

Keeping Families Together Act

DCYF External Webinar

October 16, 2023

www.dcyf.wa.gov



Washington State Department of
CHILDREN, YOUTH & FAMILIES

Goals:

- Provide information on how DCYF is implementing the removal standards under the Keeping Families Together Act
- Share preliminary data on how the change in removal standards is impacting entries into care
- Discuss the relationship between Fentanyl and the increase in critical incidents
- Share information on our urgent need for SUD treatment to keep families together



AGENDA

Welcome and Overview

Allison Krutsinger

Director

Office of Public Affairs

**The Keeping Families Together
Act: How we are implementing**

Dorene Perez

Deputy Assistant Secretary

Child Welfare

What we are seeing

Vickie Ybarra

Interim Assistant Secretary

Partnership, Prevention and Services

What we are doing

Allison Krutsinger



The Keeping Families Together Act

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



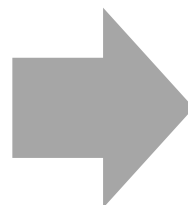
The Keeping Families Together Act:

- 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

The change in removal standards was 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



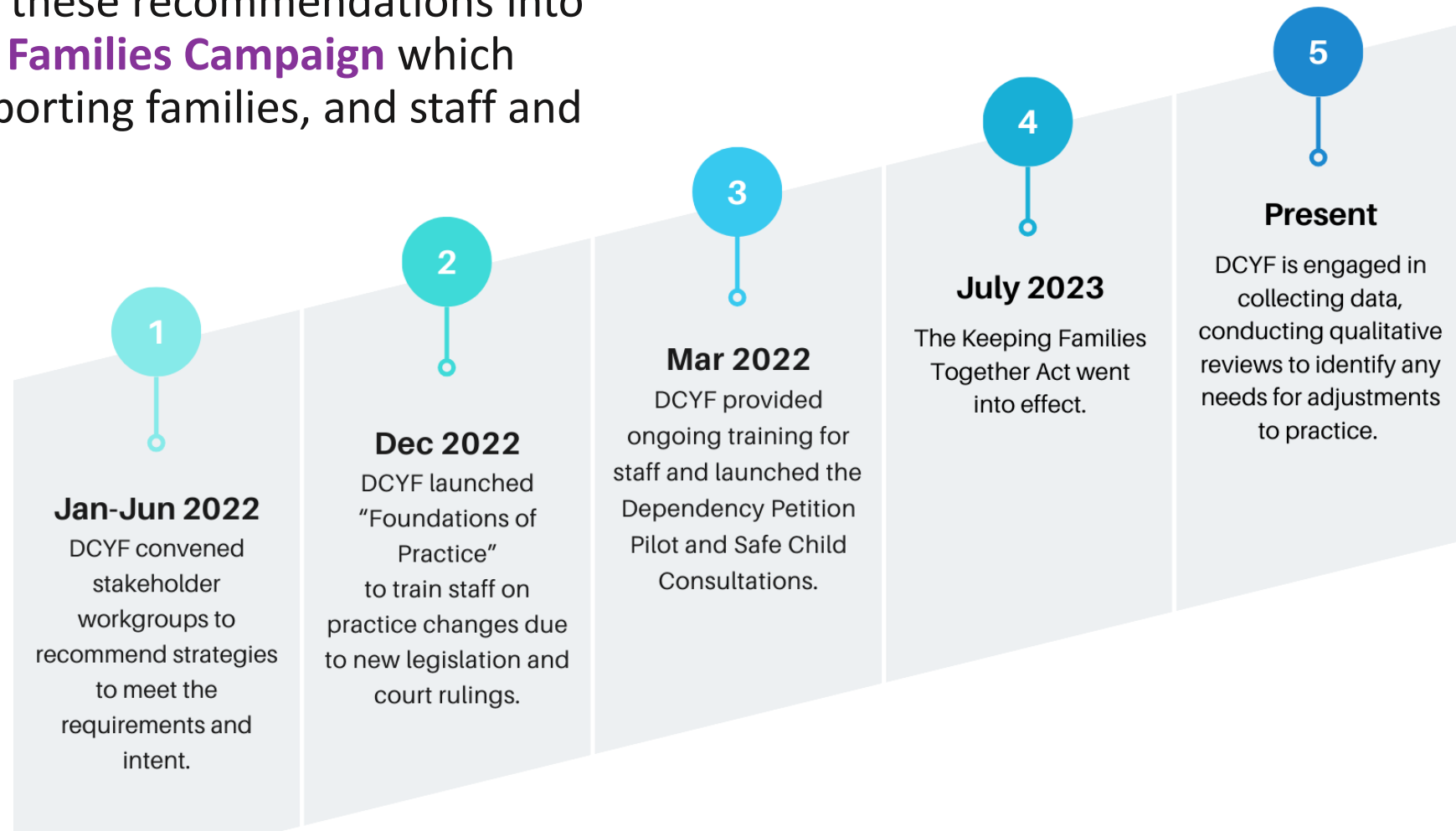
Safety Threat:

- **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



How we are implementing:

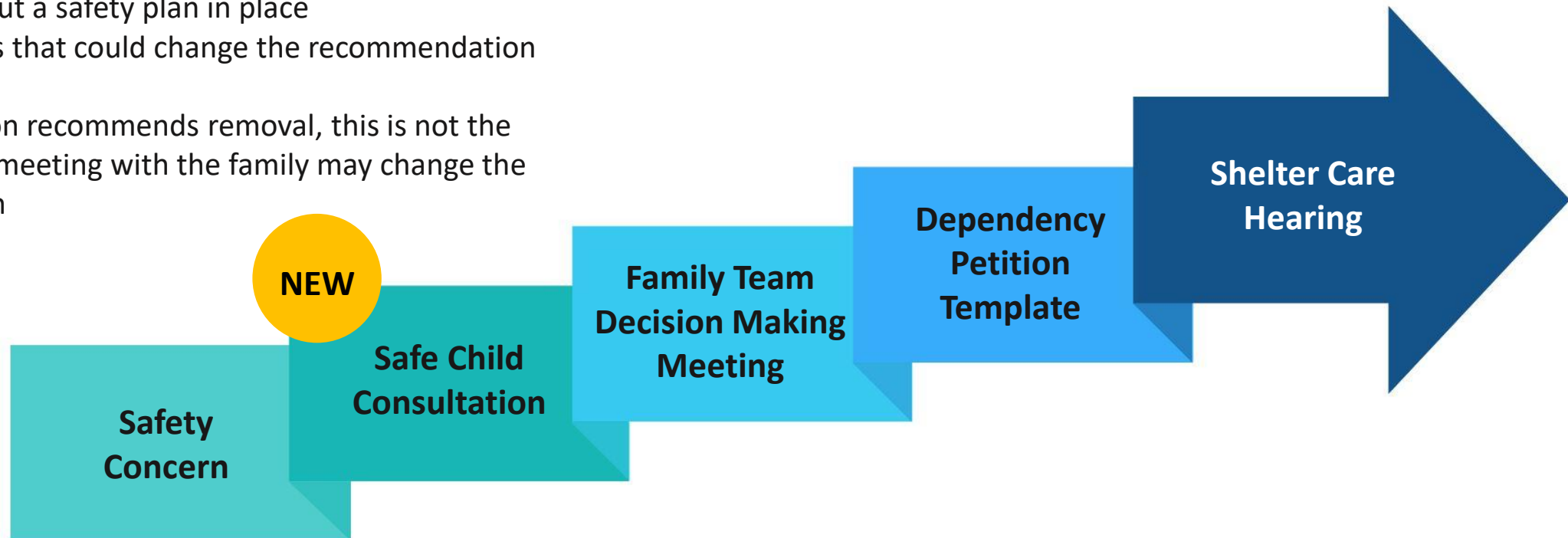
- In 2022, DCYF convened **stakeholder workgroups** to recommend strategies to meet the requirements and intent
- DCYF incorporated many of these recommendations into key projects in the **Thriving Families Campaign** which focuses on prevention, supporting families, and staff and strengthening our practice.



New Safe Child Consultation Process:

Safe Child Consultations are held prior to filing a dependency petition:

- The priority is to keep children at home by supporting the case worker to put a safety plan in place
- Considers factors that could change the recommendation for removal
- If the consultation recommends removal, this is not the final decision. A meeting with the family may change the recommendation



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





Fentanyl is more available and very dangerous:

- Fentanyl is a **synthetic opioid** like morphine, but 50 to 100 times more potent
- Illegal fentanyl is sold as powder, pills, and other formats such as nasal sprays and eye drops
- Fentanyl can be **colorful pills** look like vitamins or candy
- Pills can look like real prescription drugs and are often **mixed with other drugs**.
- Fentanyl is highly dangerous and highly addictive
- **People are often unaware the drug that they are consuming has fentanyl**

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.

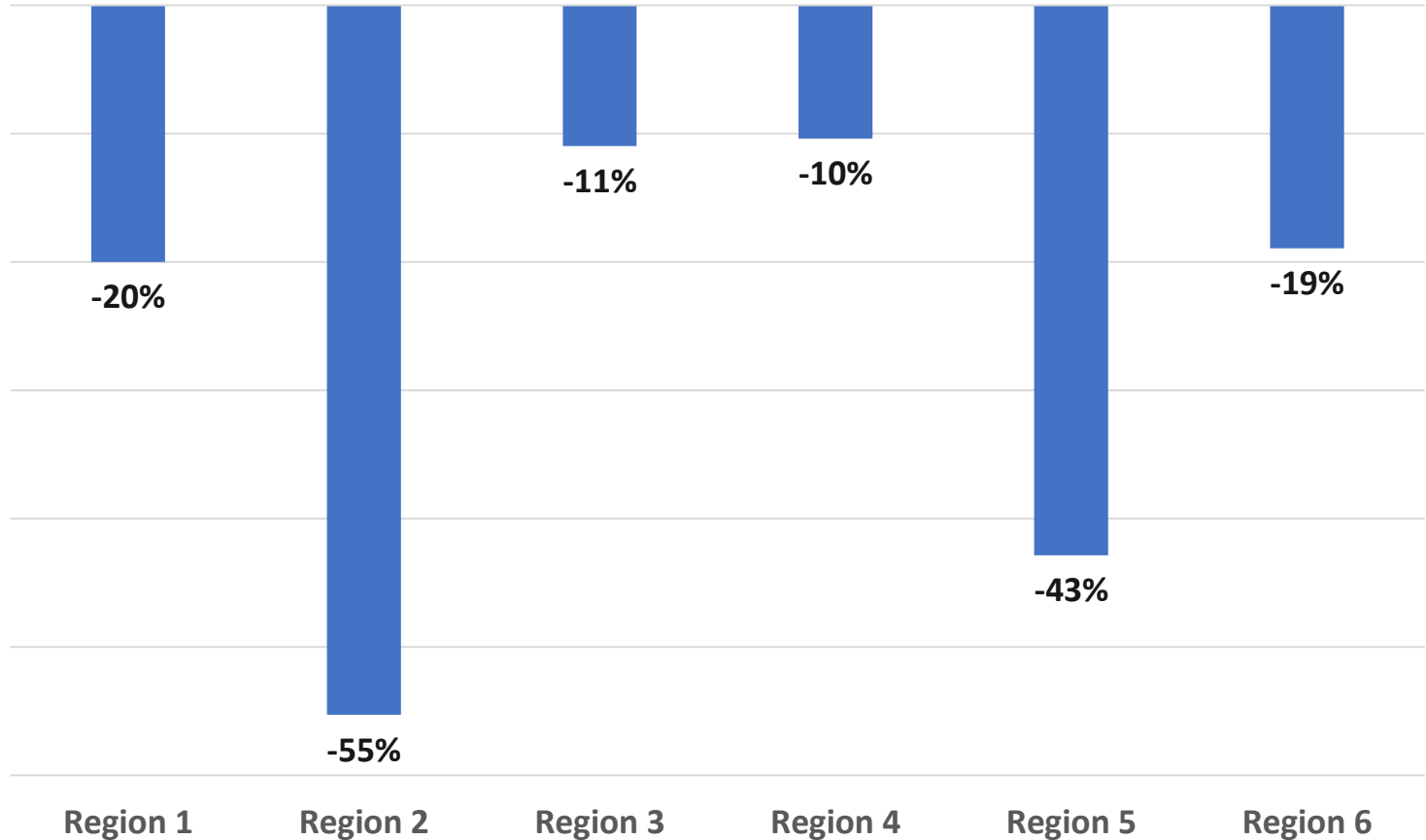


Entries into care have decreased by 24.6% since the new law went into effect

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		

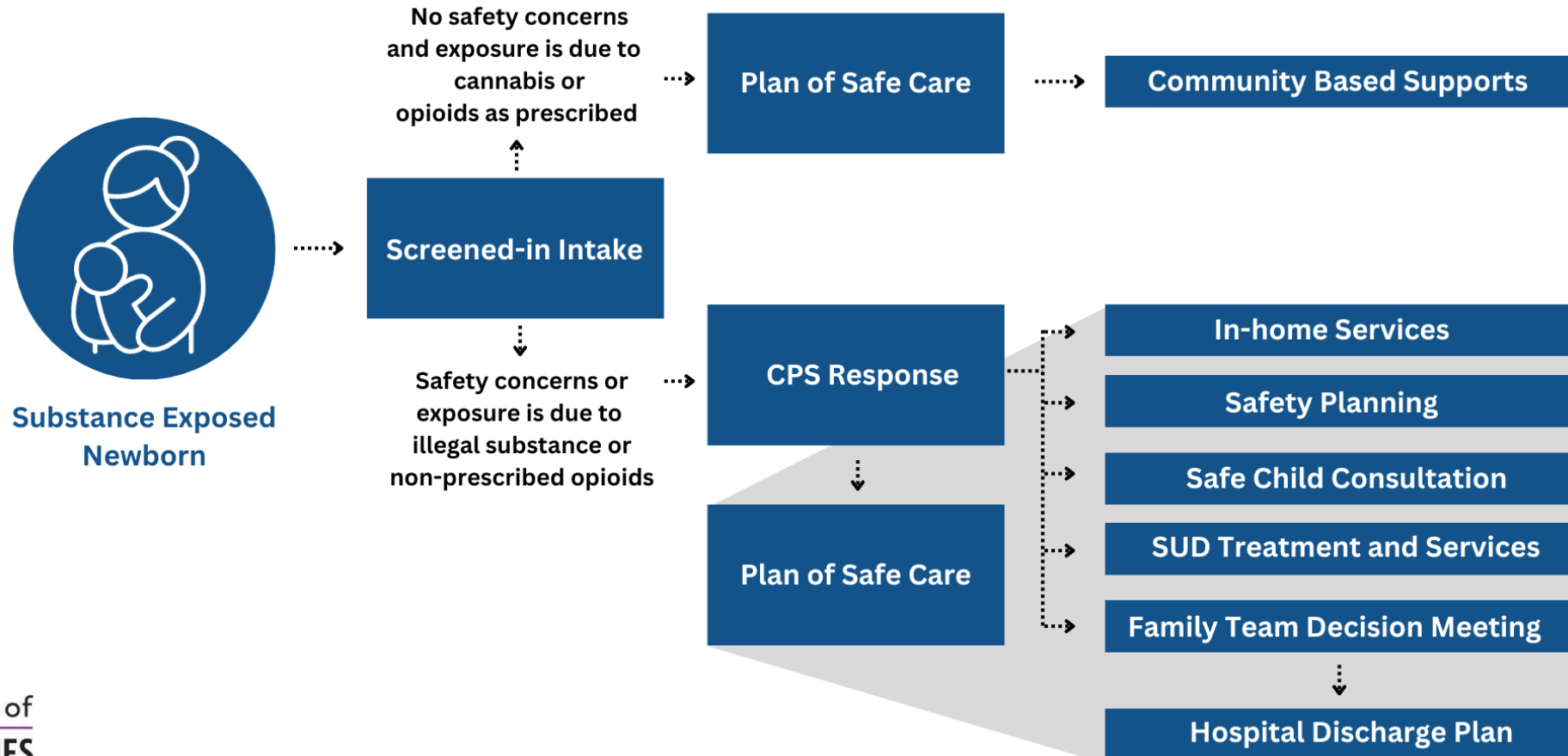
The largest reductions in out of home placements are among infants

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

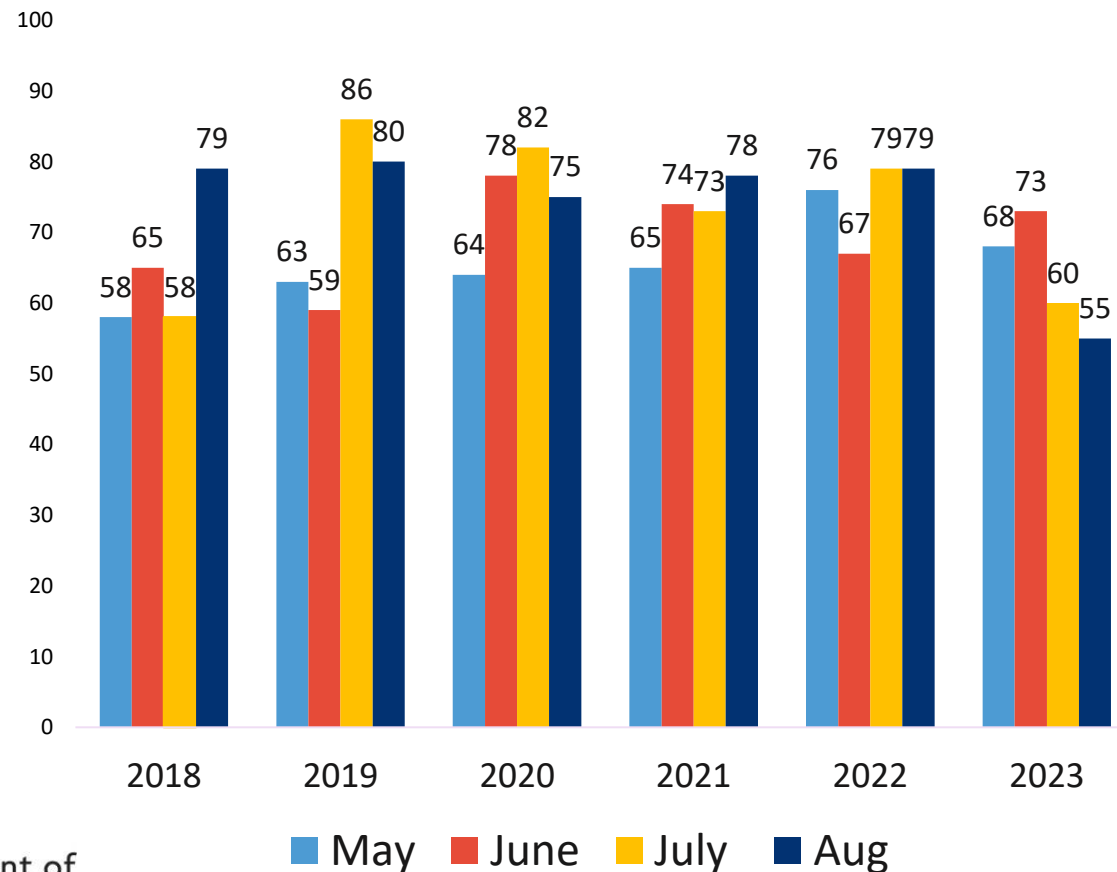
When safety concerns are present and DCYF initiates a CPS response, a Plan of Safe Care is still created to inform services and supports for the family



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

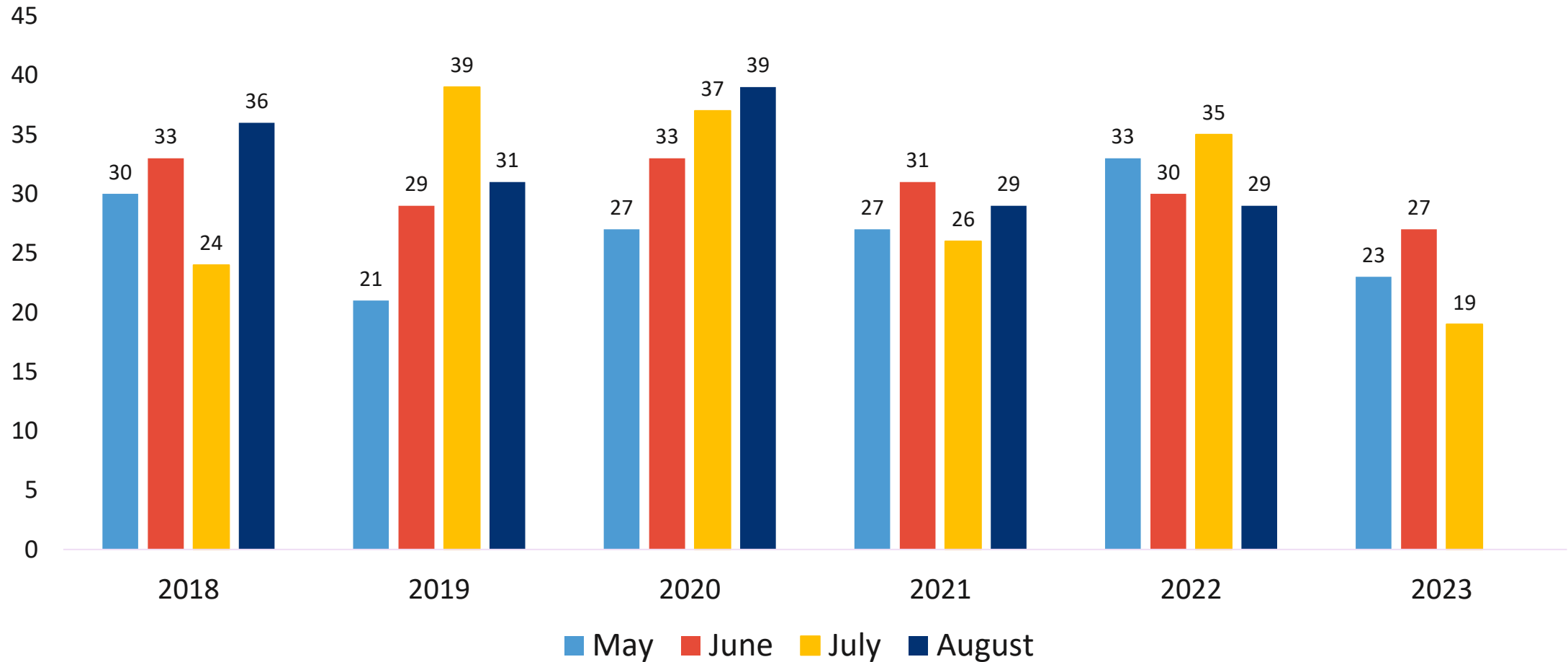
Screened-in intakes of substance exposed infants are declining

Number of screened-in intakes indicated substance exposed infant



Out of home placements of substance exposed infants are declining

Number of infants placed within 30 days of an intake alleging substance exposure



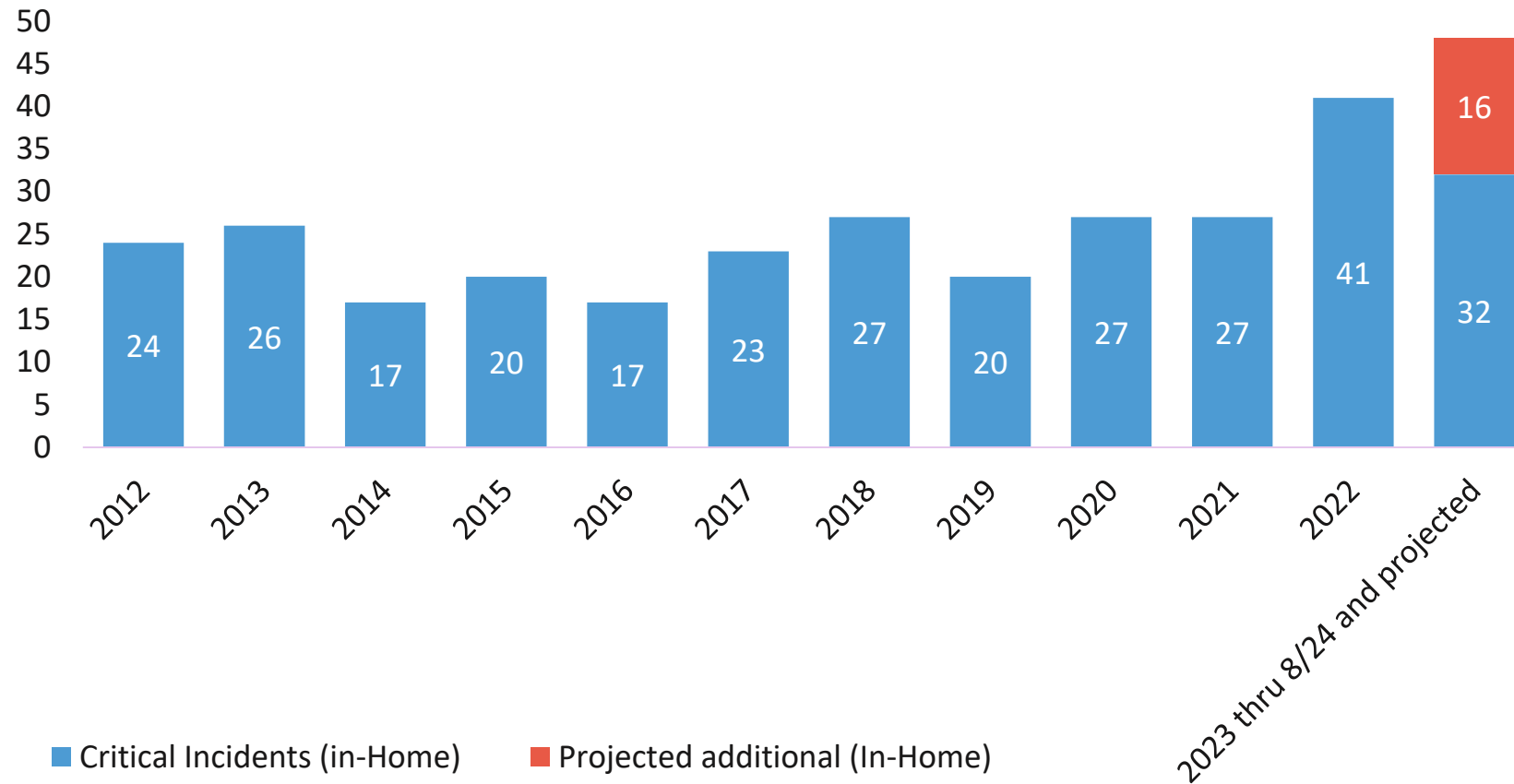
The Fentanyl Crisis is the driving factor behind an increase in critical incidents involving children in Washington

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



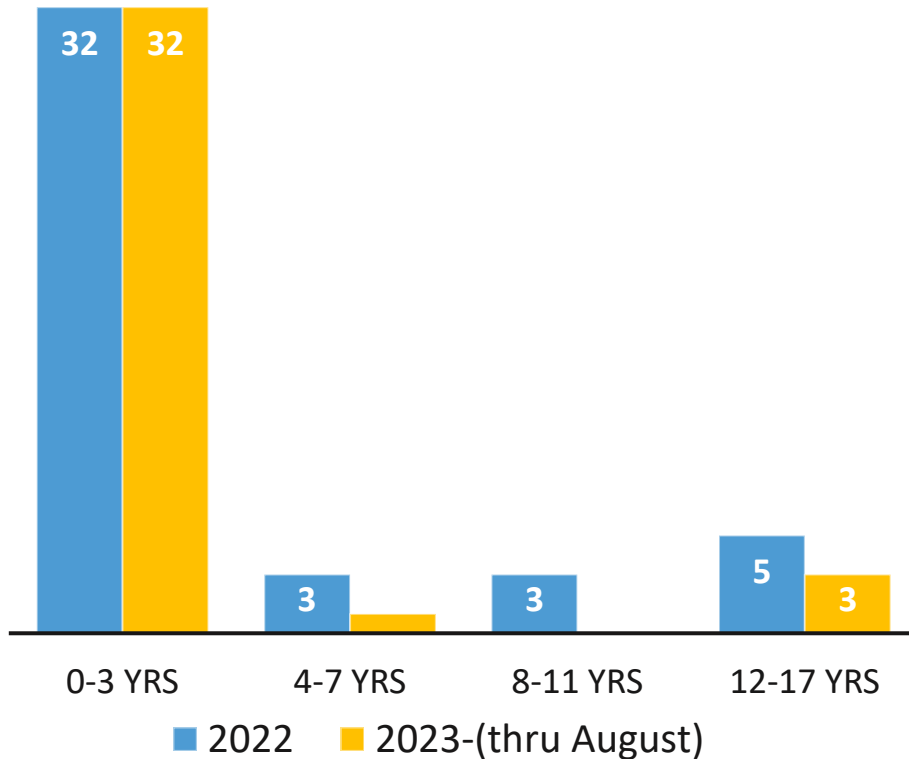
Fentanyl-related critical incidents are increasing among children in Washington State

CRITICAL INCIDENT (IN-HOME)

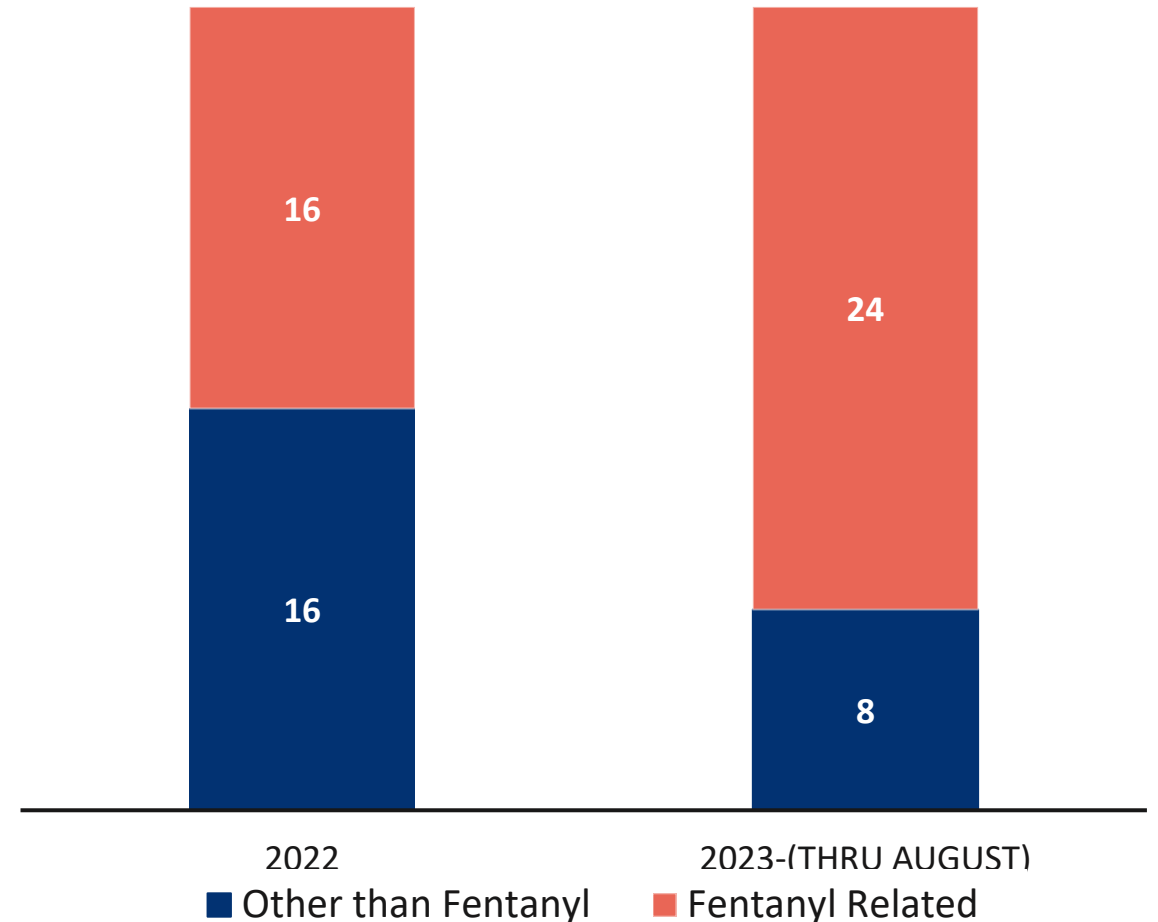


Fentanyl-related critical incidents involving young children are increasing at a concerning rate

Total Fatality and Near Fatality case reviews by age group



Fentanyl related critical incidents for 0-3 yrs

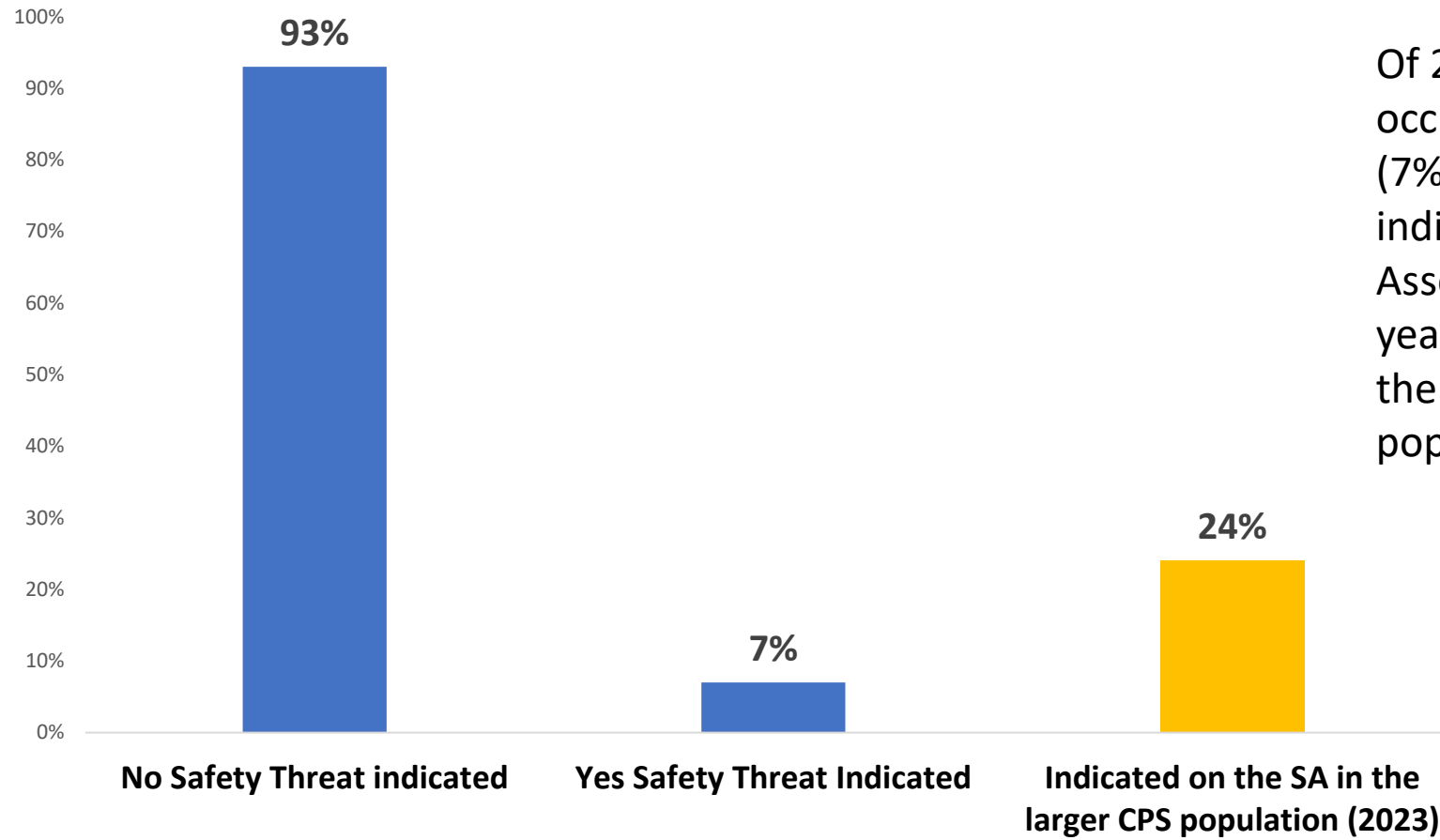


DCYF Child Welfare Programs. (August 2023). *AIRS Report & Child welfare management dashboard* [January-August 2023]. FamLink



The vast majority of critical incidents are cases in which there was no indicated safety threat at the time of assessment

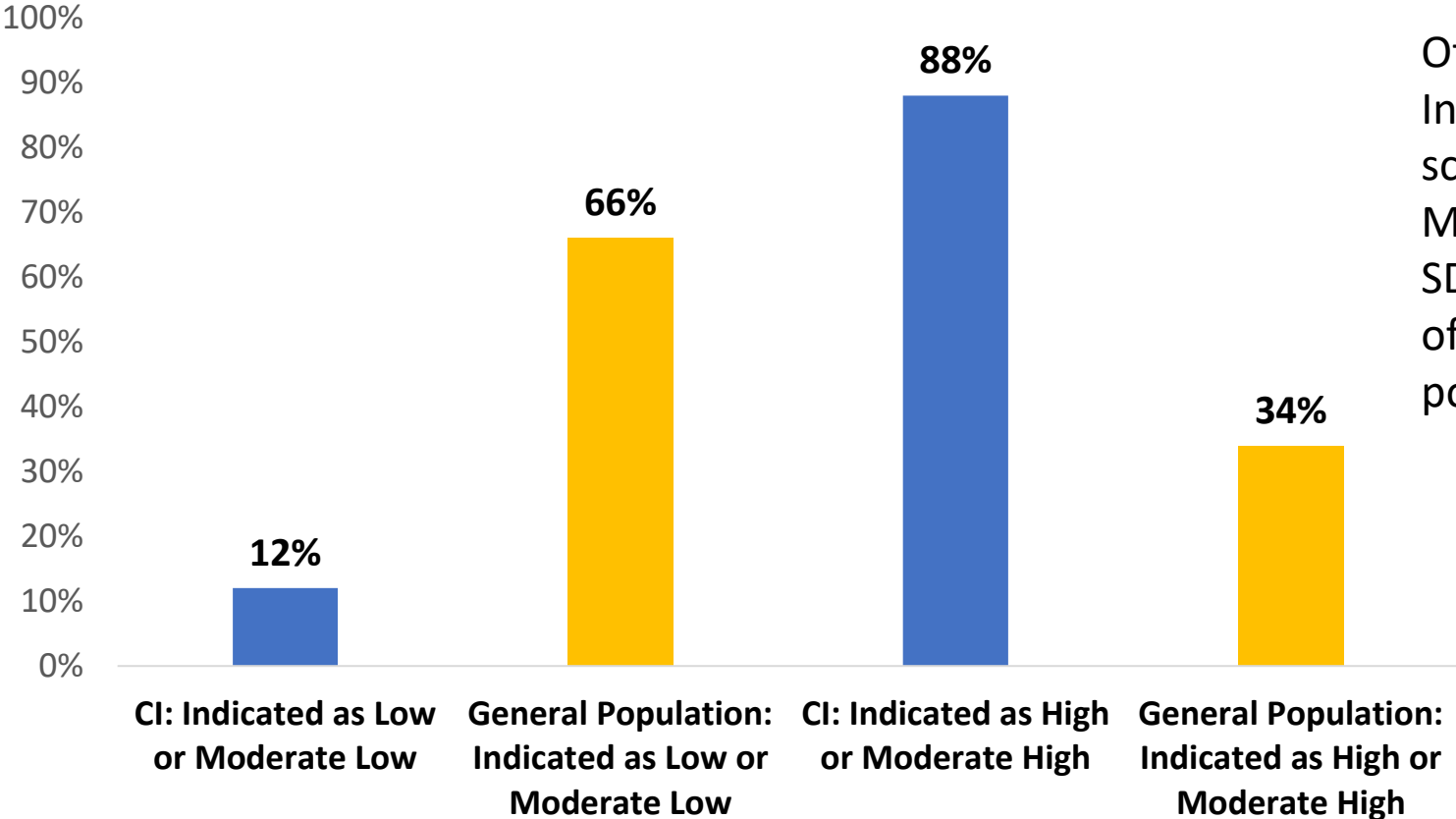
*necessary data: SA done within 1 year and prior to the critical incident



Of 29 Critical Incidents occurring this year, 2 (7%) cases had an indicated Safety Assessment in the past year compared to 24% in the general CPS population



In the vast majority of critical incidents, the risk assessment identified the situation as moderately high or high-risk



Of the 25 Critical Incidents (CI)* 23 (89%) scored as High or Moderate High on the SDM compared to 34% of the general CPS population



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)

