

Risk of Fentanyl

DCYF Oversight Board

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Fentanyl and the Challenges to DCYF

- Challenges in assessing child safety when investigating child abuse or neglect when parental fentanyl use is a factor in the case.
- Changes to child welfare removal standards has resulted in a 22% decrease in out of home placements, meaning more high risk cases are being managed in the child's home through safety planning.
- Significant increase in child fatalities and near fatalities involving fentanyl (within 12 months of an open child welfare case.)
- Lack of appropriate treatment and detox services available, especially that allow the child to stay with the parent.



**Child welfare
involved families
have high rates of
substance use
disorder and low
rates of accessing
treatment:**

**Substance Use Disorder Treatment
Penetration among Child Welfare-
Involved Caregivers (2020):**

- 27% of child welfare involved families have a caregiver with substance use disorder
- 58% of caregivers with a child placed out of home have substance use disorder.
- SUD treatment penetration for child welfare involved families low – only 39% of child welfare involved caregivers receive SUD treatment.



Nationally, fentanyl & opioid-related child fatalities are rising

National trends:

- Opioids are the leading cause of fatal poisonings among children under age 5.¹
- The vast majority of pediatric opioid deaths are due to fentanyl.²
- A majority of fentanyl related pediatric opioid deaths occur in the home.²



¹ Christopher E. Gaw, Allison E. Curry, Kevin C. Osterhoudt, Joanne N. Wood, Daniel J. Corwin; Characteristics of Fatal Poisonings Among Infants and Young Children in the United States. *Pediatrics* April 2023; 151 (4): e2022059016. 10.1542/peds.2022-059016

² Gaither JR. National Trends in Pediatric Deaths From Fentanyl, 1999-2021. *JAMA Pediatr.* 2023;177(7):733–735. doi:10.1001/jamapediatrics.2023.0793

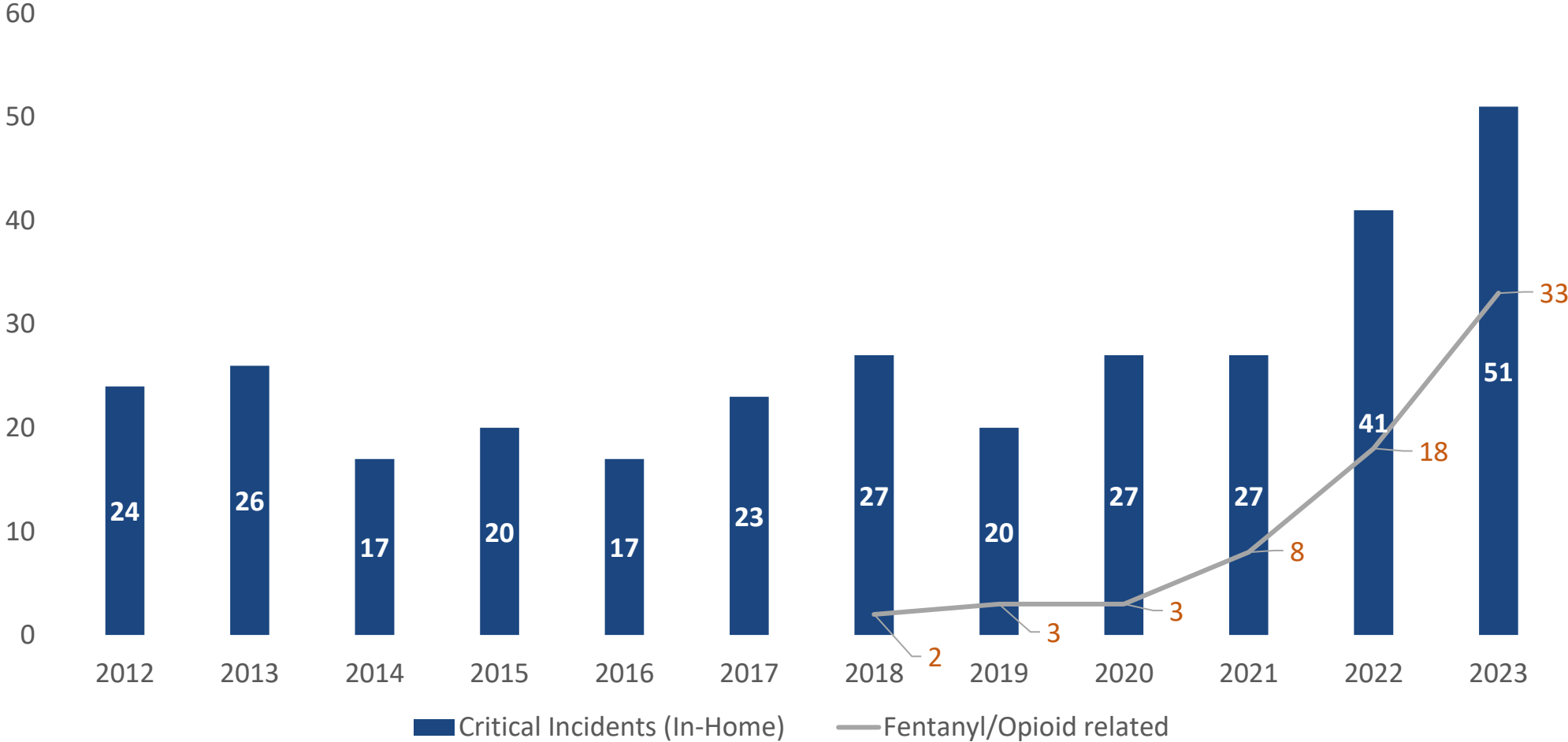
The Fentanyl Crisis is the driving factor behind an increase in critical incidents involving children in Washington

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

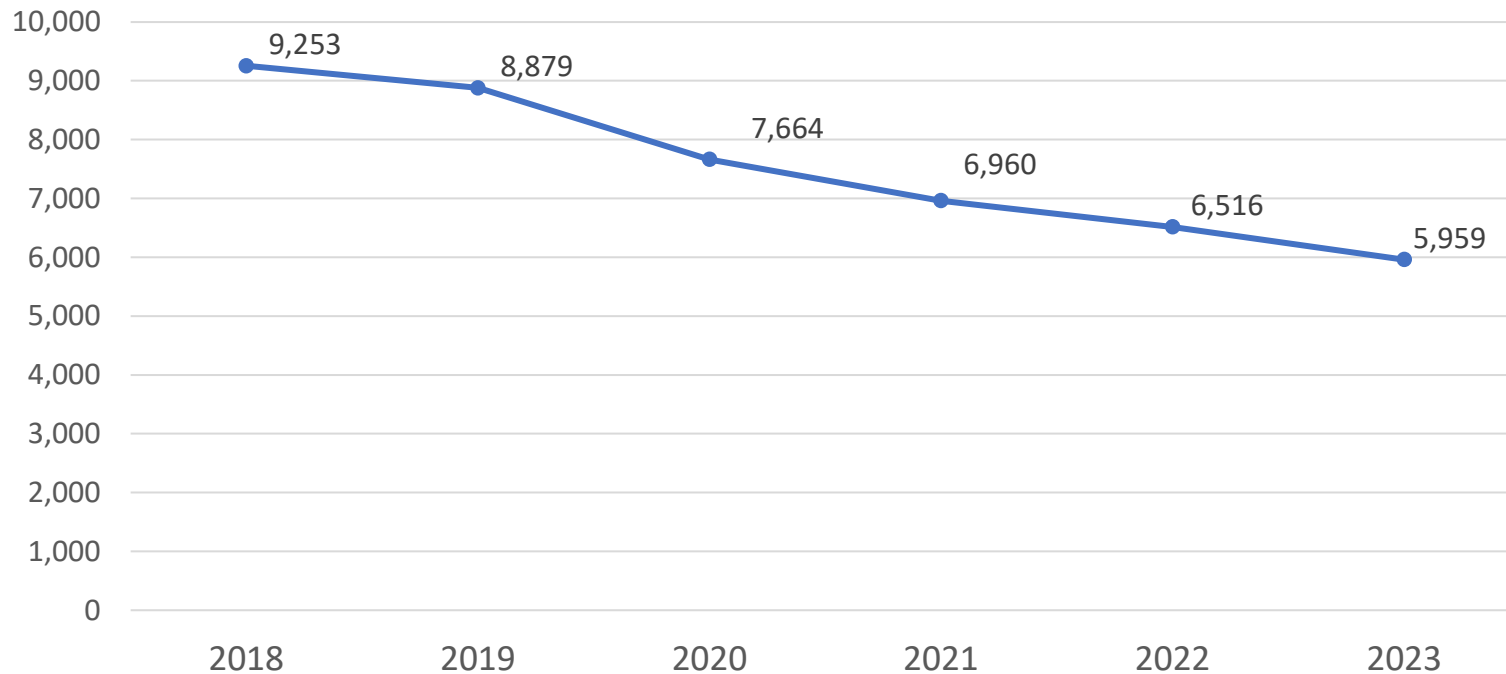


Fentanyl-related critical incidents are increasing among children in Washington State

88% - (29 of the 33) fentanyl related critical incidents in 2023 involved children age 2 and under



Long term trend: 35.6% decrease in children placed out of home



- 35.6% decrease in the number of children in out-of-home care (point in time count) since FY 2018
- This trend is largely consistent with the national trends on children in out of home care.



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



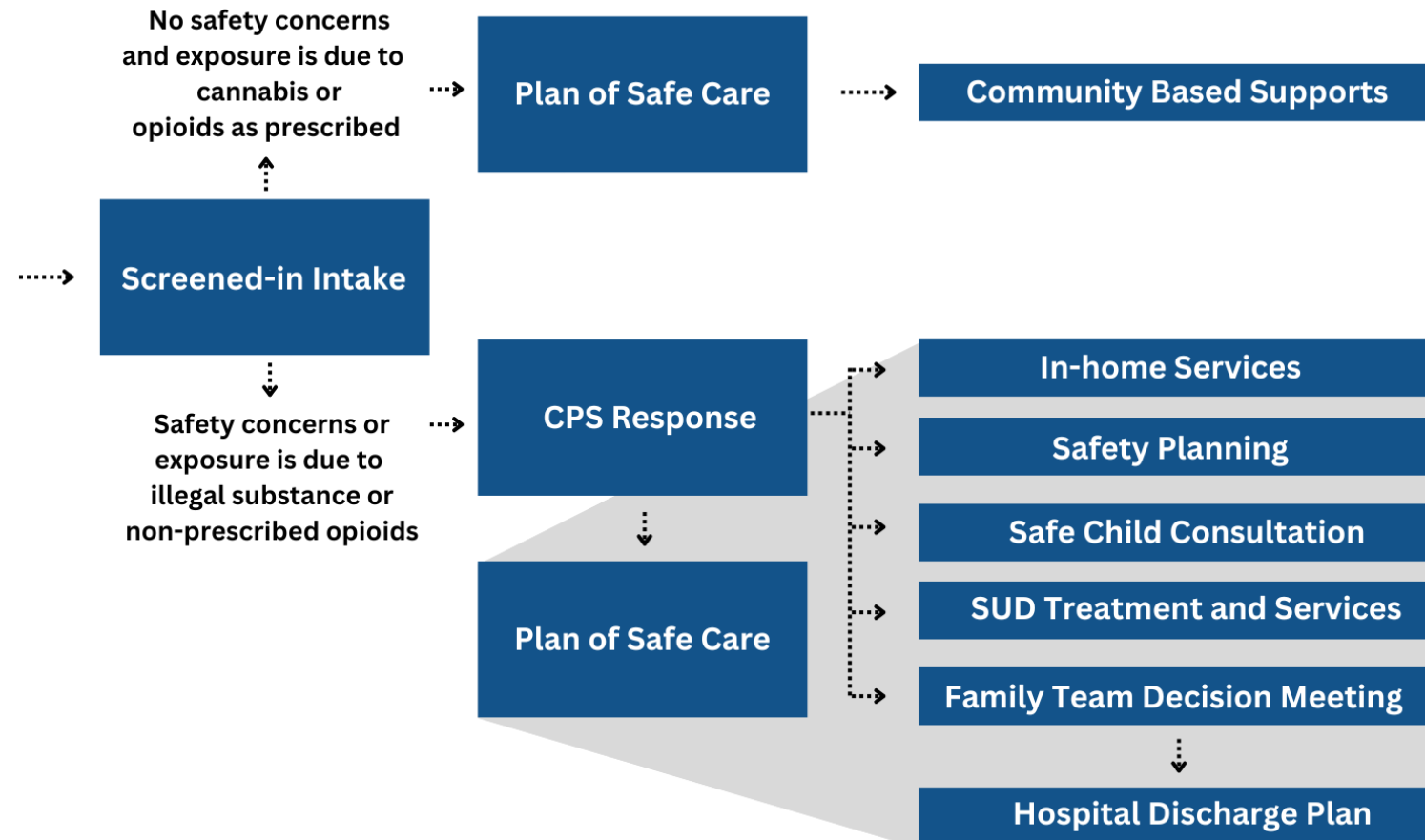
The Keeping Families Together Act and Plan of Safe Care overlap to prevent removals among substance affected newborns

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



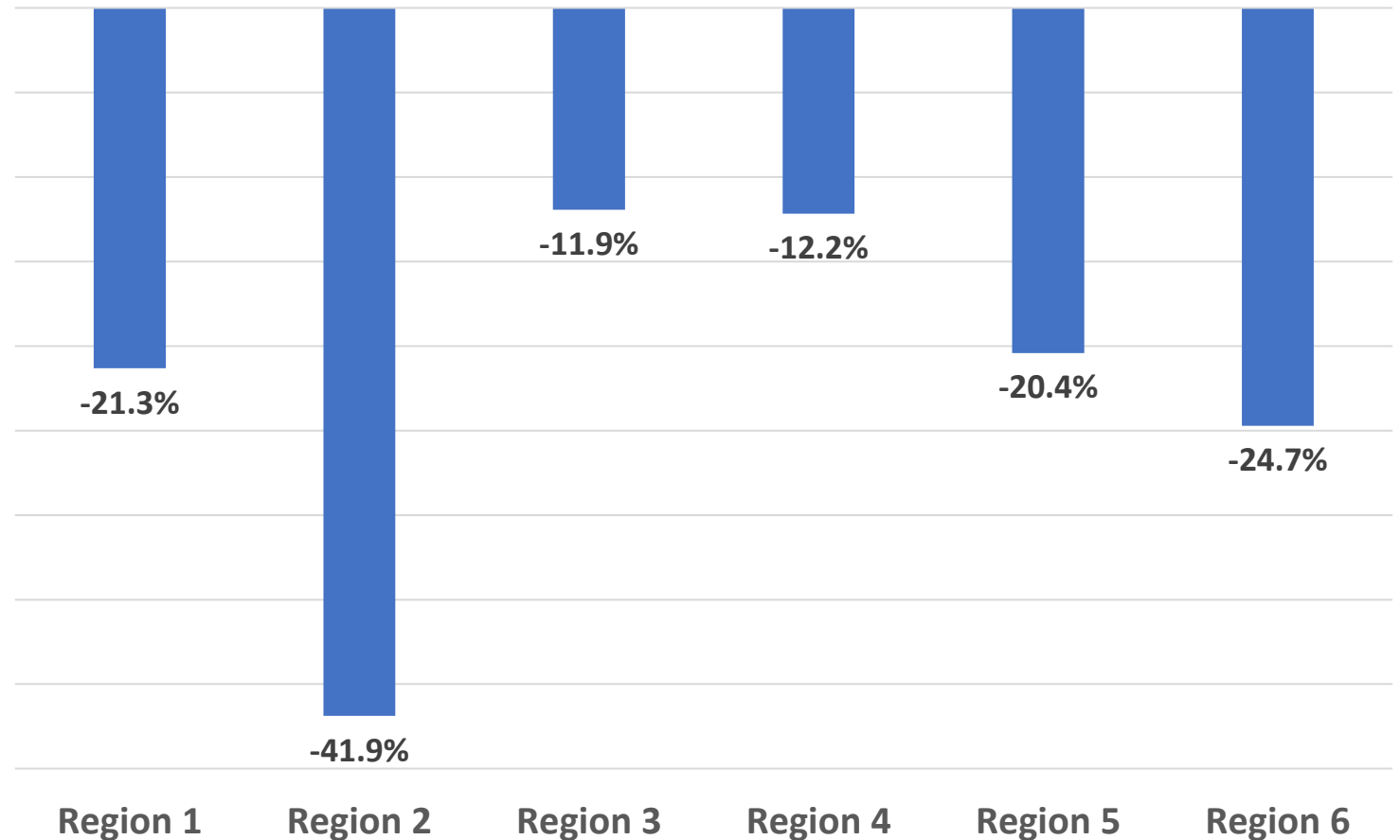
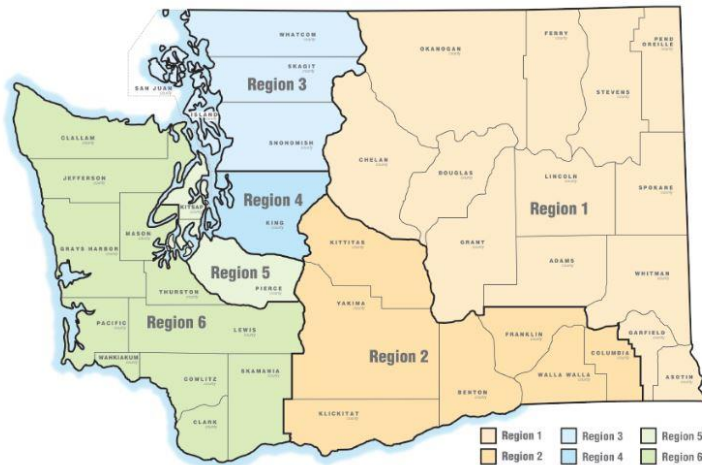
For more information visit:
www.dcyf.wa.gov/safety/plan-safe-care

Entries into care have decreased by 22.8% since the new law went into effect

Total Fewer Children Entering Care by Removal County
 July 1 – December 31, 2023, compared to July 1 – December 31, 2022

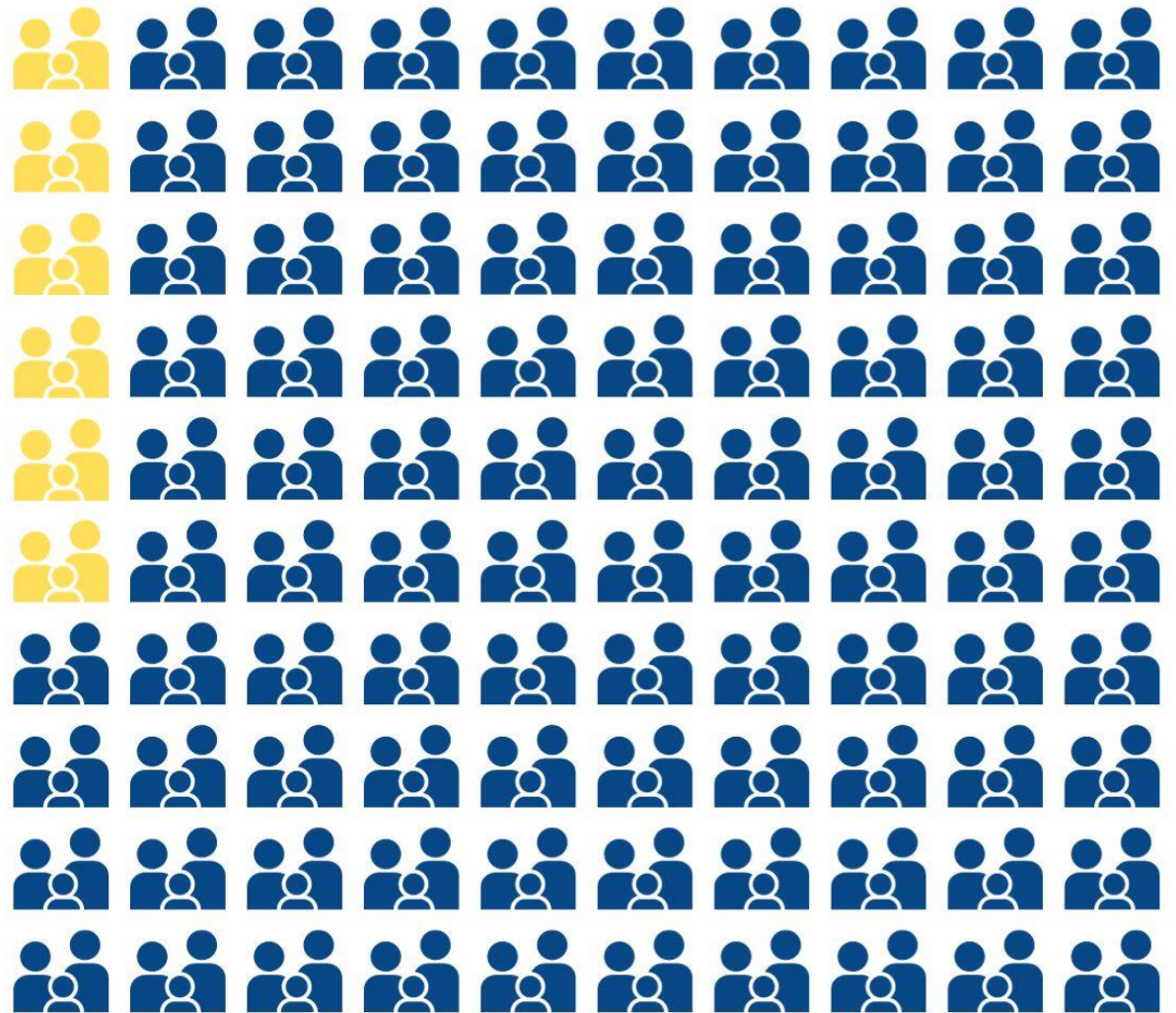
Statewide:

- 22.8% reduction in children entering care
- Largest reductions in Pierce and Yakima Counties



DCYF is managing many more **high risk child welfare cases** in the home without seeking removal of the child:

- In 2022, DCYF caseworkers provided a face-to-face response for 60,989 children involving allegations of child abuse or neglect. **Only 6% resulted in removal.**
- When fentanyl is a factor in the case caseworkers must assess if there is an **active safety threat** in the home.
- A lack of information on the dangers of parental fentanyl use makes **assessing child safety challenging.**



What we are looking for when investigating threats to child safety involving Fentanyl:

- Who is using, where are they using and where do they keep it?
- Who is in the home? Who is visiting the home?
- Is the living situation safe if fentanyl is present?
- Are there natural supports (like family and friends) who can participate in an in-home safety plan
- Are safety services and resources available and reliable? Child Care, Crisis Intervention.
- Is detox or treatment available immediately that will allow the parents and children to stay together if removal is necessary?

A lack of SUD treatment jeopardizes child safety:

In order to prevent out of home placement DCYF needs access to:

- 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
- Improved access to MOUD (medication for opioid use disorder)



Child welfare needs for responding to fentanyl:

Expansion of Treatment Options

We need a continuum of detox, medication assisted treatment, inpatient and outpatient services, and various model types. Residential treatment beds where parents and children can stay together, like **Pregnant and Parenting Women (PPW) treatment** beds are of particular importance.

Collaboration with Department of Health on Public Health Information

We are working with DOH to develop public health information on the risks to children related to parental use of fentanyl to guide caseworkers, courts and safety planning.

Expansion of Community Based Supports

Home visiting models, like those funded through DCYF's Home Visiting Services Account, as well as SUD-specific models like **Parent Child Assistance Program (PCAP)**

Prevention and Early Intervention

Models like **Plan of Safe Care** which connect families to community resources when there is no safety threat present, and our **Pregnant and Parenting Intake Pilot** which connects families to community-based services when there is a screened-out intake due to no child present



Questions?

