

## Department of Children, Youth and Families (DCYF) Oversight Board

### Board Meeting Record

Thursday, March 20, 2025, 9:15 am – 1:00 p.m., virtual meeting & Helen Sommers Building

**Member Attendance:** Anna Armstrong, Bobbe Bridge, Sen. Leonard Christian, Dr. Ben de Haan, Dr. Marian Harris, Pamela Javier, Danielle Johnson, Ruth Kagi, Lois Martin, Dr. Diane Liebe (Co-chair), Mary Sprute Garland

**Staff in Attendance:** Lyscha Marcynyszyn, PhD, *Executive Director* & Nickolaus Colgan, *Administrative Coordinator*

**Public in Attendance:** Kathy Elkins, *community member*, Victoria Rivera, *community member*, Shannon Cherry-Anderson, *Region 3 Volunteer 1624 Caregiver Representative*, and Angela Kraemer, *Angela's Family Services*

*Only public attendees who chose to identify themselves during the meeting, or who made public comment, are recorded in the official meeting minutes.*

### Welcome, Roll Call, & Opening Remarks

The meeting was called into order at 9:15 a.m. and co-chair Dr. Diane Liebe started the meeting with introductions. Lyscha Marcynyszyn did roll call of DCYF Oversight Board members and quorum was met. Lyscha proposed approval of the February 21, 2025, meeting minutes and asked for any edits to the draft minutes. With no edits provided, Lyscha requested a motion be made for approval, Dr. Diane Liebe made a motion to approve the minutes and Ruth Kagi seconded. Lyscha requested all in favor to approve, board members voted 8 yeas and one abstention.

### Juvenile Rehabilitation Outcomes Subcommittee Update | Bobbe Bridge, Subcommittee Co-chair

DCYF presented at both subcommittee meetings to provide the landscape for Juvenile Rehabilitation and allow for productive back and forth conversation. Bobbe Bridge described the role of the subcommittee in ensuring DCYF is collecting the right kind of data to best serve the youth. When completed, the subcommittee will have a list of action items and recommendations to bring to the full board to discuss.

#### Questions/Takeaways:

- Ben de Haan pointed out there is considerable overlap between the two subcommittees (Annual Report & Juvenile Rehabilitation Outcomes) and recommended the two come together at some point to compare recommendations.
- Aside from looking at the data, has there been any discussion around doing walkthroughs through some facilities? This should be considered in the workplan for this subcommittee.

### Family First Prevention Services Act (FFPSA) Update | Dr. Vickie Ybarra, Assistant Secretary, Partnership, Prevention, and Services

FFPSA is a relatively new Title IV-E funding source (2018) to support DCYF prevention efforts to prevent entry or re-entry into foster care. Requirements include: (a) a federally approved state prevention plan, (b) evidence-based practices approved by the Title IV-E Clearinghouse or a culturally responsive, Tribal preventive service when a Tribal Title IV-E agreement exists with DCYF, and (c) federal reporting requirements from child welfare case management system. Washington state was one of the first states to have an approved state prevention plan. **Clarified at subsequent meeting:** CCWIS is not linked to the data collection necessary to claim FFPSA.

## Questions/Takeaways:

- Board members expressed concern about DCYF not being able to draw down federal funding until 2029 because their Comprehensive Child Welfare Information System (CCWIS) is currently undergoing development.
  - The 2029 estimated timeline for getting CCWIS up and active is entirely based on receiving the funding. Any funding delays will result in delays getting it active.
  - Due to federal regulations, reporting requirements are very strict and FFPSA Claiming must be linked to CCWIS development.
  - DCYF is doing some exploration to see what can possibly be done with the current system, FamLink, as a risk mitigation strategy.
  - Our Chief Information Officer (CIO) is looking into some small things that can be done to address this (e.g., what is possible to modify?)
- Are other states able to draw down FFPSA funding?
  - DCYF: Yes, for example, Kentucky. I asked DCYF staff to look into whether Illinois, who is doing remarkable things in their Community Based Planning, is able to draw down FFPSA funding without using a CCWIS. However, Illinois is not claiming. Each state uses different configurations of funding (e.g., TANF, block grants) so it can look really different.
- What is the status of the draft plan since the previous plan expired?
  - DCYF: The feds were supposed to have gotten back to us by today, however, we just received an extension of 45 days. It's hard to determine if the federal government will keep extending it going forward instead of providing feedback given the new administration.
- When looking at FFPSA funding, is DCYF looking into partnering with medical practices since they are often a place where infants and families are coming into contact with care providers?
  - DCYF: Yes, the work being done today already has a partnership with medical practices along with law enforcement.
- I do have a question about some of the stop gap measures. Has DCYF considered a modular approach to CCWIS over a monolith? Some states have considered this. Going smaller to start to expedite funding seems beneficial. Given that there is not currently a contract in place to build this, once it is carried out, it will still take a long time to get this massive data system built. Starting with smaller segments could ease that burden. Is it possible to consider some shorter solutions that would be CCWIS compliant?
  - DCYF: The plan for CCWIS is already modular. It's my understanding that some of the more recent data systems that have gone up have gone up in as little as 3 years (a small pool of providers who have been able to do this work).
- Is DCYF aware of the amount of money that will be generated once CCWIS is operational and DCYF is able to collect data and bill the federal government?
  - DCYF: There are many factors. When FFPSA became available, the initial assumption was \$11 million annually. After further review, we believe it will be smaller and because we are already maximizing a variety of federal sources that can't be used as matching funds for FFPSA as a result. We are very interested in the community-based pathway because it's something that currently doesn't exist at scale in Washington. The problem is that we must get the state dollars to match the federal funds if we expand a community-based pathway, however, we are committed to trying.
- For the tribes who have their own independent IV-E programs, are they eligible to draw down funding from FFPSA?
  - DCYF: Yes, they are, if they have approved IV-E plans. However, at this time, none have submitted a FFPSA plan.

## Reducing Racial and Ethnic Disproportionality and Disparities in System Involvement Across Child and Youth Outcomes | Jenny Heddin, DCYF Deputy Secretary – Chief of Staff and Dr. Vickie Ybarra, Assistant Secretary, Partnership, Prevention, and Services

In the DCYF Oversight Board 2024 Annual Report to the Governor's Office "mixed" results were found for the Reducing Racial and Ethnic Disproportionality and Disparities in System Involvement Across Child and Youth Outcomes outcome. This means that DCYF achieved improvements for some of the outcomes the Board examined, but not others.

- Some data show certain populations not prepared for kindergarten, but other data also show more child kindergarten readiness.
  - Some of the data show all kids entering kindergarten in the state versus the other data which shows just numbers enrolled in Early Childhood Education and Assistance Program<sup>1</sup> (ECEAP) which is smaller since not every child is enrolled in ECEAP.
- Washington ranks very high in the quality of services offered, but only 44<sup>th</sup> in the country for children served. We are not reaching enough kids to move the dial further for the whole population.
- What is the percentage of empty ECEAP slots and does this vary geographically?
  - Don't have that data currently on slots but can provide it.
- What role does DCYF play in the number of children of color enrolled in ECEAP? If a parent requests services, are they automatically being guided toward ECEAP, or are they given the choice to look at family homes/centers based on that family's socio-economic status?
  - DCYF: DCYF call centers would be responsible for this, but we can get the official answer for you from our Early Learning department.
- Is there a correlation between Black children who are overrepresented in the ECEAP system, but their numbers for the WAKids assessment are still very low, and those WAKids numbers are based on the ECEAP numbers. If we have a high-quality system, why are they still not doing well?
  - DCYF: The children who are being served are doing better on kindergarten readiness, but DCYF is serving a small number of children.
  - There are other reports that look at kindergarten readiness and disproportionality based solely on those children who attended ECEAP, which DCYF can provide the Board.
- When looking at the disproportionality in placements they are listed by ratios, where can the actual numbers be located?
  - The Disproportionality dashboard contains more detailed information.
- The number of children and families in poverty has decreased for some families of color who have had children enter out-of-home care. How does that compare to the overall population of this group overall in the state?
  - Unsure on that number at this point, DCYF can dig into that and try and find those numbers.
- Is there any data on disproportionality that exists on the group of children who re-enter care within 12 months?
  - DCYF is very concerned about that group and can look into getting that data for the Board.
- How is DCYF measuring whether Geographic Targeting is working?
  - This is a new practice for DCYF, and we are looking to see if this is feasible, are they scalable, and are they reducing the number of children entering the children and placement. The department needs more time to do analysis and answer that.
- It was my understanding that we didn't have many kids eligible for parole or on parole?
  - That is correct. There were only 14 Asian/Pacific Islander youth who were eligible for parole. To follow up on the question about parole services specifically, we also offer voluntary post-

---

<sup>1</sup> The Early Childhood Education and Assistance Program (ECEAP) is Washington's pre-kindergarten program that prepares 3- and 4-year-old children from families furthest from opportunity for success in school and in life. DCYF oversees the program.

care services and that is something that we can also examine. That is, who is involved in the more formal system and who is utilizing the more voluntary system of supports and why.

- What are the eligibility requirements?
  - 100% of the youth who are exiting facilities are offered voluntary post-care services. We could certainly look at who's using the services and why.
- When did it start that all youth leaving facilities were offered services?
  - DCYF will follow up with a write-up about the post-care services program and how it has impacted the youth who leave juvenile rehabilitation facilities. DCYF is doing a lot of substance abuse treatment work as part of those services as well.

## Federal Updates | Jenny Heddin, DCYF Deputy Secretary – Chief of Staff

### Questions/Takeaways:

- Continuous resolution did end up passing and is now good for a whole year. Does not include a significant cut in DCYF's resources.
- At this point, DCYF is operating as normal and able to pull funding. DCYF is still worried about what layoffs may look like on the federal level.
- Are inquiries being made about LGBTQ youth in the system and disproportionality?
  - There were some directives around removing language related to federal programs from the DCYF website and we expect there to be further questions down the road around the DEI work we do.

## Public Comment | Co-Chair Diane Liebe

Kathy Elkins, Community member, Kathy began by asking how many children and families DCYF has harmed with false accusations and missed opportunities to protect children? She continued stating that too many innocent families are falsely accused, and too many abused children are left unprotected. Kathy noted an error made in the January DCYF Oversight Board minutes and used that as a segway to her main point, it is nearly impossible to document the words said in a meeting and she requests that DCYF allow families to record interviews. She said the system is too broken, and this could help to reduce harm from false allegations and missed opportunities to protect children. She also stated that Washington is the only state that does not allow punitive damages and requires two party consent for recording. She stated that secret recordings were made during the Thigpen investigation, but they are not able to be shared because it is illegal and against policy. Kathy recommended allowing for the recording of investigations and then using speech-to-text software to transcribe the conversations. She concluded by saying that she is concerned over doctors using family income as an indicator for abuse because doctors do not have access to family income so they can only decide based on how someone looks.

Shannon Cherry-Anderson, Region 3 Volunteer 1624 Caregiver Representative, Shannon read a letter on behalf of an individual who is concerned about retribution. The letter contained concerns over HB 1227 including the increase in the standard of removal to a point where it is at risk of harm to children and families, and the effects it has had on the community. The writer of the letter is a combined in-home provider contracted by DCYF to provide parenting services, including family preservation services. The writer stated they have witnessed the firsthand unintentional consequences of HB 1227: fewer families are engaging in services, children being returned home too soon, newborns are not removed while older children are removed, workers are asked to enter homes that are unsanitary and dangerous including homes where parents are actively using drugs. The letter concluded that they are not seeing sufficient action on any of these concerns and emphasized the need to protect children during the fentanyl crisis and to listen to the concerns of those working on the ground.

Victoria Rivera, Community member, Victoria stated that there are families who have no history of drug use or criminal history who take their infants to the ER for various symptoms including lethargy, swollen limbs, or they are a medically fragile child presenting with unknown symptoms. Upon investigation doctors may find brain bleeding, unexplained fractures, or other injuries, and while these medical issues should be taken seriously, they can exist for reasons other than abuse. She stated that since pediatric doctors are trained on what signs to look for as indicators of abuse many of these families are becoming collateral damage in the child welfare system. She continued that DCYF workers are also trained to look for abuse, not medical symptoms. She asked those present to consider how challenging it might be for innocent families to challenge professionals in a system like this. She continued a “better safe than sorry” approach has led to families being falsely accused of abuse. She asked the Board question how these cases are handled and help mandate the collection of comprehensive data on child abuse investigations involving doctors contracted by DCYF and strengthening oversight through medical reviews which can help improve systemic issues.

Angela Kraemer, Angela’s Family Services, Angela has been a Family Time provider for nearly 17 years and services both sides of the states [Eastern and Western]. Angela spoke about issues related to HB 1227 stating that there has been a rise in infant mortality rates and child injury. She continued that it is imperative that DCYF collaborate with legislators to reverse or enhance this bill. She continued that another source of concern is not removing infants from mothers who are actively using fentanyl and meth upon birth. She said that parents who are actively using drugs have difficulties in caring for their children, putting their lives at risk. She continued, situations like these open the state up to lawsuits, which could significantly impact the budget. She shared on a personal note that when she was born addicted to drugs and was sent home with her biological mom, however, she was eventually adopted. She said that she is very grateful to have been removed from her biological mom and adopted into a stable home. She concluded by asking everyone to remember the dangerous situation providers are put in daily.

A summary of the written public comment that was submitted to board members for their review on March 18, 2025, is summarized below.

Sara Skelton, Community member, Sara noted her concerns about potential changes to the Title 110 language. She outlined multiple sections where change has been suggested and provided her thoughts about where she disagrees with the change. She believes that when changes like these are made it is a cause for why foster parents are closing out their licenses. She recommended that research be done on how these changes will not only affect the youth, but also the system as a whole.

Jessica Adams, Community member, Jessica shared that her grandniece was removed from her parents due to 11 broken bones, a human bite mark on her face and malnutrition. She continued that various red flags including lack of care came up during an eight-month DCYF investigation and the child was continuously placed back with her family. Jessica said that this is due to HB 1227 and suggested interviewing the children and using a family’s history to build up a case to prevent future placement back with the family and abuse.

Dena Johnson, Attachment Focused Trauma Therapist, Dena wrote that as a Licensed Mental Health Counselor she has firsthand experience with families impacted by CPS, foster care, and adoption. She continued that with the misguided push to honor biology over safety, the state has done a grave disservice to children in care. Because of HB 1227, she sees children in her caseload who bounce around homes for up to seven years and potentially to 20 different placements, being placed back and forth between foster care and their biological family. Within her work she has struggled to get help for these kids as law enforcement and judges are unable to intervene due to HB 1227.

Kristina Johnson, Community member, Kristina suggested that the Board hear from foster parents as well as other stakeholders instead of just divisions of DCYF. She continued that it is beneficial to gain insight into the

real issues that DCYF has from those on the ground. She recommended that the board talk with the 1624 representatives [Foster Parent 1624 Consultant Teams] and have them present to the Board. These representatives collect issues from their region and have the ability to present them to DCYF.

Tracie Jefferson, Keeping Kids SAFE, Tracie shared multiple concerns about HB 1227 from anonymous people who are afraid of retaliation from DCYF because they are either caregivers or professionals working with children.

Concern 1: the person writing expressed deep concern about the impact of HB 1227 on the children and families they serve. They continued that because of this bill they are no longer able to provide the necessary support to these families. They concluded that they are concerned that these children will grow up remembering the adults in their lives not protecting them.

Concern 2: the person writing expressed concerns about HB 1227, primarily, the increase in the standard of removal and the risk of harm to children and families, and the effects it has had on the community. The writer of the letter is a combined in-home provider contracted by DCYF to provide parenting services, including family preservation services. The writer stated they have witnessed the firsthand unintentional consequences of HB 1227 including, fewer families engaging in services, children returning home too soon, newborns not being removed while older children are removed, workers asked to enter homes that are unsanitary and dangerous, and homes where parents are actively using drugs. The letter concluded that they are not seeing sufficient action on any of these concerns and emphasized the need to protect children during the fentanyl crisis and to listen to the concerns of those working on the ground.

Concern 3: the person writing this is a foster parent who is concerned over the implementation of HB 1227. They received two foster kids and stated the social workers did not communicate properly how this bill would change things for them. The foster kids started receiving more visits with their biological parents and ultimately were placed back in their parents' care in a sober living facility. The writer does not believe that a sober living facility is an appropriate place to raise toddlers, nor do they feel that the parents have done enough to demonstrate that they can maintain sobriety and a healthy environment.

## **Revisiting the Board's Shared Values Document | Lyscha Marcynyszyn, Executive Director and Co-Chair Dr. Diane Liebe**

Lyscha Marcynyszyn reviewed the Share Values document created in 2019 to check for any updates. Lois Martin provided helpful feedback in writing prior to the meeting. Her edits together with edits discussed during the board meeting will be incorporated into the document and then sent to the board for review. Lyscha will also streamline and condense the document.

### **Questions/Takeaways:**

- One value previously agreed upon was not to use titles during board meetings. After discussion, it was decided that it is fine to use titles during meetings.

## **Meeting Debrief | Lyscha Marcynyszyn, Executive Director and Co-Chair Dr. Diane Liebe**

### **Questions/Takeaways:**

- I like hearing how others receive things, but I also like sitting back and listening. I will speak up when I have something to say or ask. I look forward to offering my points of view on these topics.
- Something that could be helpful is a glossary of acronyms (e.g. What does JR-25 mean, FFPSA?)
- There are a lot of kids out there that we don't see and who aren't reported on.

- I was very appreciative of the current data that was received today, it was an area I don't know as much about, and it was very helpful.
- The weekly newsflash and recap is helpful.
- Staff will meet with Pamela on how best to communicate additional questions to DCYF.
- I was particularly struck by the issues around FFPSA and the fact that it is still not implemented. We talked about how to focus on child welfare during the retreat.
  - The Board should focus on starting the Child Welfare Worker Well-being Subcommittee to discuss this further.
- The public comments, especially the written public comments, were very impactful and made me think about how we are going to work with stakeholders. It is important to hear from the boots on the ground folks since we can't dialogue with those sharing public comments.
- Previously we relied heavily on presentations, but there is not a solid plan for a follow up on many of these issues that are very complicated. At the last meeting we had a presentation on the staff engagement survey and there are still deep conversations to have around that. Unsure what the best way to go about that. The presentation today was great, but the data has some issues that should be discussed further but does not seem appropriate to get in the weeds of during the presentations. The Claiming issue for IV-E is critical, what we need to do is figure out a plan. There needs to be a structural pathway to get the right people to dig in on these topics that are presented on.

### Closing Remarks and Adjourn

Co-Chair Dr. Diane Liebe thanked all attendees for their time today and reminded the board that the next meeting will take place on May 15 from 9 AM – 1 PM.

**Adjourned at 12:30 pm on Thursday, March 20, 2025.**