

Opioid Use Continuum-of-Care for Children, Youth, and Families Involved in Child Welfare and Juvenile Rehabilitation

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Washington State Department of
CHILDREN, YOUTH & FAMILIES

Kym Ahrens, MD – Juvenile Rehabilitation Medical Director

Michelle Balcom, MSW – Early Learning Program Manager

Jimmy Vallembois – Substance Use Disorder Program Manager

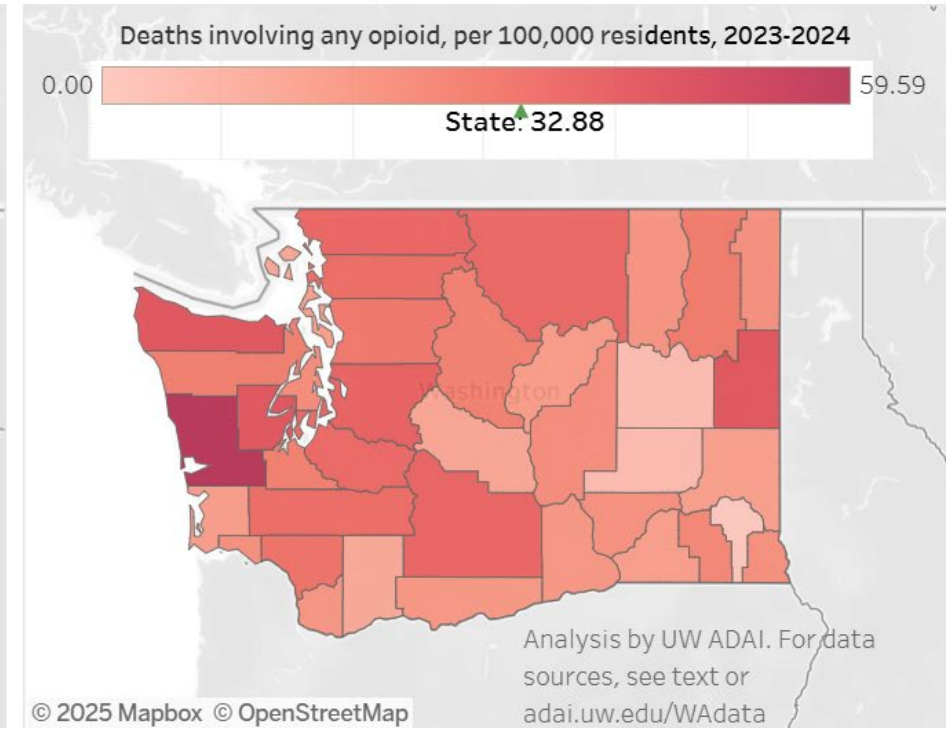
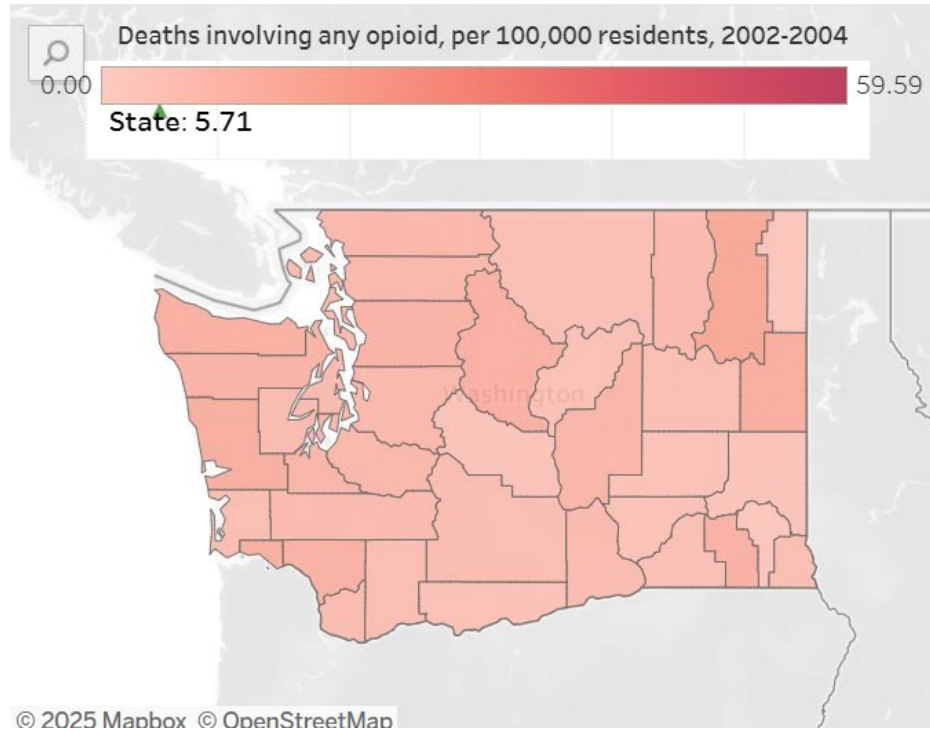
Sarah Veele, PhD- Director DCYF Office of Innovation, Alignment & Accountability

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Why Focus on Opioid Prevention and Use?



- Critical issue, but also reflective of common best practices for continuum of care.
- Impactful efforts underway in DCYF and urgent demand for more.



DCYF Strategic and Racial Equity Plan: Addressing Substance Use

Safely Reduce the Number of Children and Youth in Out-of-Home Care by Half

Improve Service Availability

Availability of high-quality services prevents children and youth from entering care, strengthens families to avoid removal, addresses children’s needs related to trauma, supports the culture and identity of children and youth, and speeds reunification.

- Universal Family Time service availability.
- Behavioral health, including substance use disorder treatment.

Create Successful Transitions Into Adulthood for Youth and Young Adults in Our Care

Strengthen Therapeutic Environments

We know that youth, on average, experience worse behavioral health the longer they are in our systems.

- Provide effective substance use treatment for all JR and foster youth with SUD diagnosis.

DCYF TARGET POPULATIONS BY OUTCOME GOAL

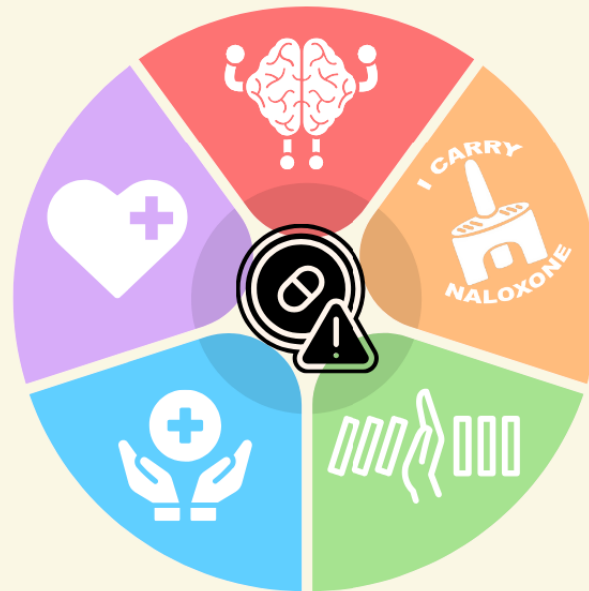
Category	Outcome Goal	DCYF Target Populations
HEALTH	Healthy birthweight	Pregnant women with Substance Use Disorder, teen moms, others at-risk
	Child/youth development	Children at risk of delay, children with special needs B-5, Child Welfare, JR
	Child/youth mental/behavioral health	B-5, Child Welfare, JR



SUBSTANCE USE

Continuum of Care

In a comprehensive strategy, all parts of the continuum of care collaborate to develop a comprehensive approach that can address the opioid crisis. Addiction recovery isn't a one-size-fits-all process. Each stage of the continuum is beneficial, but not everyone starts at step one or completes every step. The main goal is to find whatever works best for individuals and build on that.



Prevention

- Risk Factors and Protective Factors.
- Education and Stigma Reduction
- Mental Health and Family Healing
- Prescribing practices among health care providers

Harm Reduction

- Evidenced-based practices and services
- Naloxone (Narcan) training and distribution
- Meeting people where they are at
- Dignity and health for people who use drugs.

Intervention

- Evidence-based brief early intervention strategies
- Behavioral interventions
- Social, Emotional and Wellbeing Interventions
- Crisis Services, detox and stabilization

Treatment

Treatment system in which clients enter treatment at a level appropriate to their needs and then step up to more intense treatment or down to less intense treatment as needed.

Recovery and Maintenance

- Recovery fellowship - groups and activities
- Sober living
- Aftercare
- Peer Recovery supports
- Community services and supports such as housing, case management, supported employment and supported education.

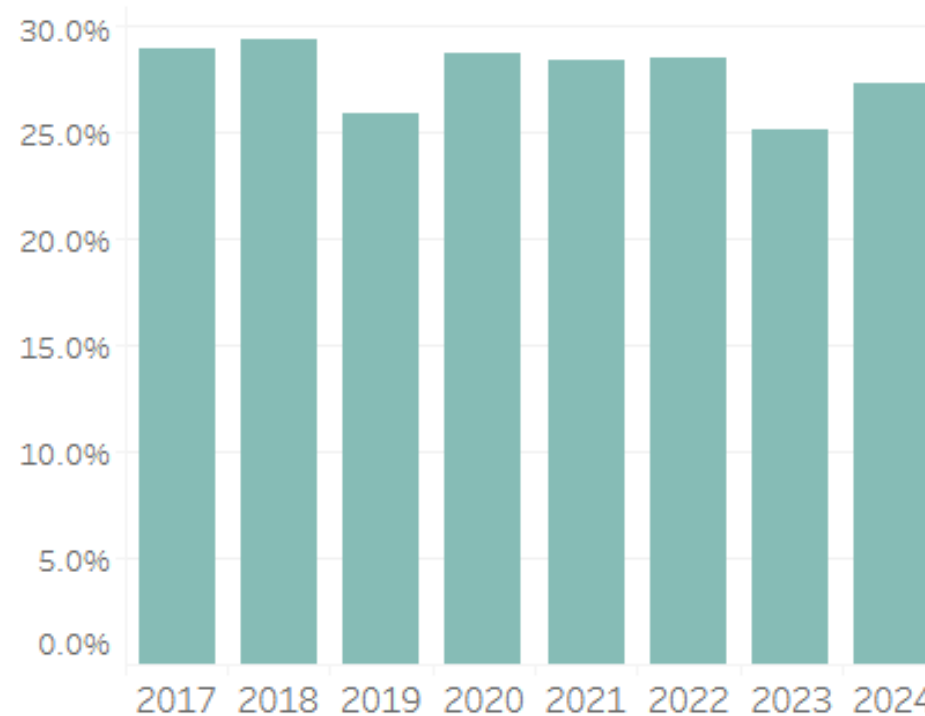


OUD Continuum of Care Best Practices: What research tells us

- Cross-system collaboration: Working with providers to create process for rapid referral to treatment; caseworker training¹
 - Process for rapid referral to behavioral health and medication (Medications for Opioid Use Disorder)
 - Providers can assist with engagement and motivation during treatment
 - Co-developing caseworker training
 - Engagement sessions between caseworkers and providers to discuss collaboration and coordination; additional bi-directional communication for ongoing case consultation²
- Safety Planning:
 - Home safety strategies
 - Training family in use of Naloxone²
- Residential family SUD treatment^{3,4}
- Universal screening for youth placed in out-of-home care ⁵ and juvenile justice settings⁶

Substance Use and the Child Welfare System

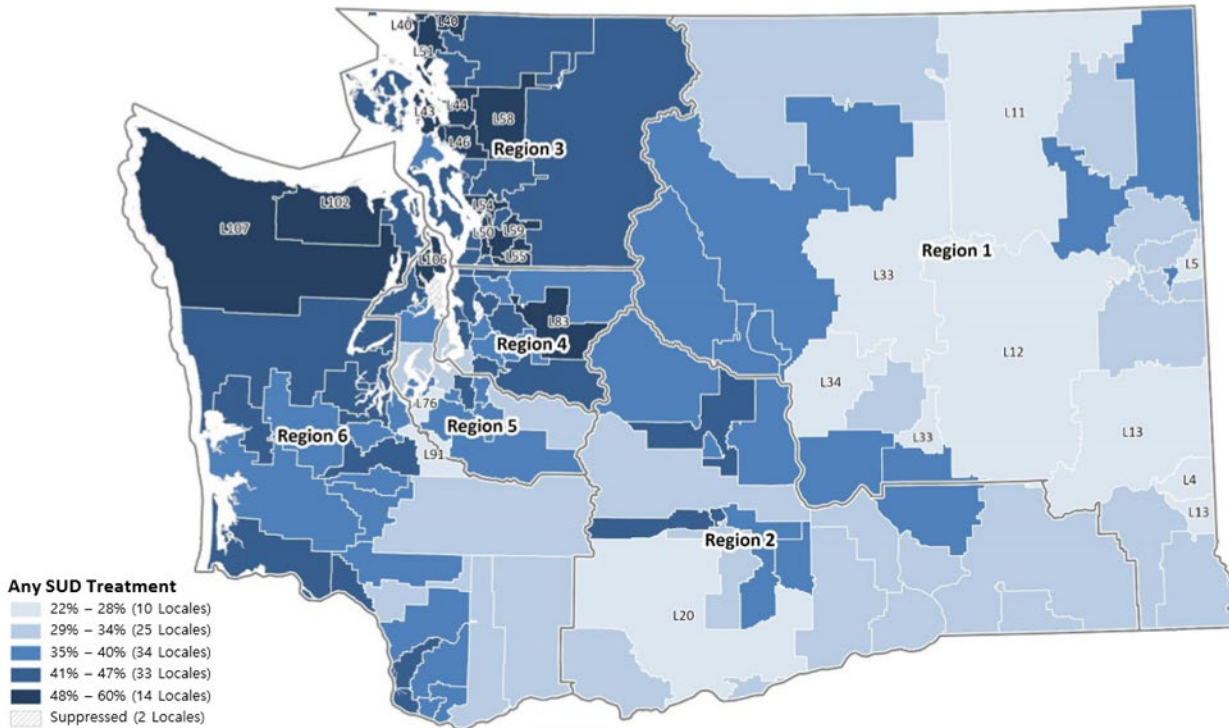
For more than 1 in 4 (27%) children entering Out- of-Home Care, parental substance use was a contributing factor.



Opioid Use and the Child Welfare System: Access to Treatment

Proportion with Any Substance Use Disorder Treatment by Locale

Caregivers with Child Welfare Involvement and SUD, SFY 2015-2018

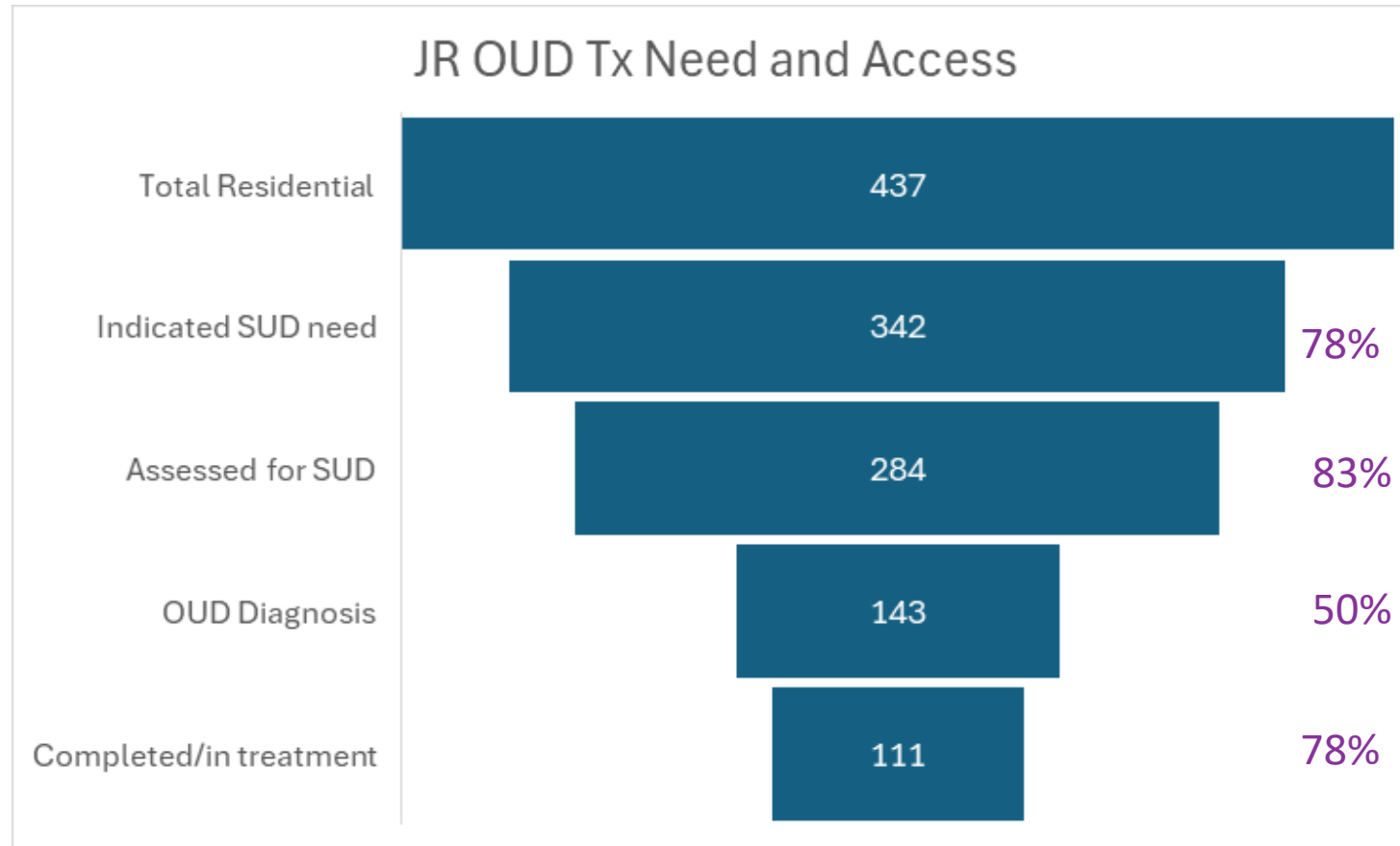


COHORT 1
Child welfare
involved caregivers
by DCYF region,
CY 2023

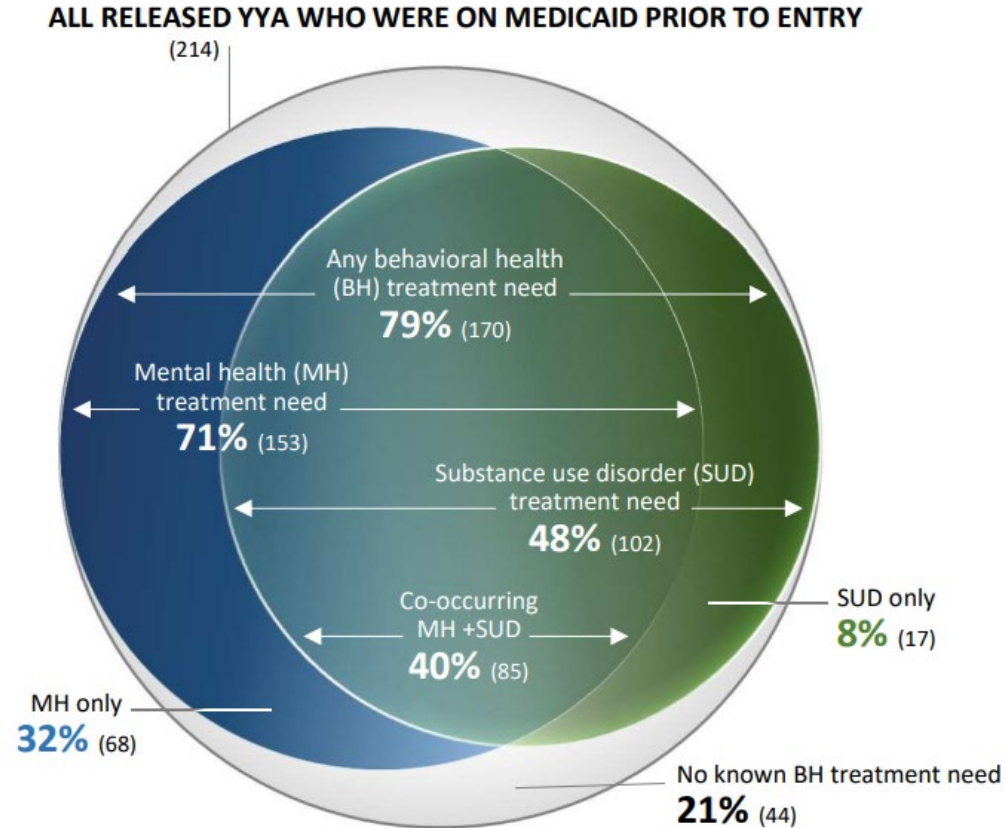
Population with OUD Tx Need	Among the Population with OUD Tx Need... and Enrolled in Medicaid					
	Those Who Received MOUD Tx		Those with Unmet Need for MOUD Tx ³			
	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Region 1	500	7%	257	52%	241	48%
Region 2	277	5%	154	56%	123	44%
Region 3	580	10%	260	45%	315	55%
Region 4	379	5%	138	37%	237	63%
Region 5	384	5%	151	40%	231	60%
Region 6	572	6%	270	47%	299	53%
ALL*	2,692	6%	1,230	46%	1,446	54%



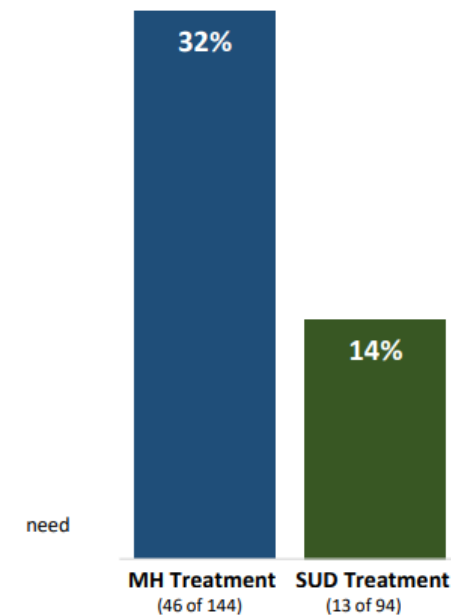
Need for Care: Opioid Use and the Juvenile Rehabilitation System



Co-Occurring Needs and Treatment After Release: Opioid Use and the Juvenile Rehabilitation System



Q *How many YYA with a MH or SUD treatment need received treatment services within three months of exit?*
OF EXITERS WITH MEDICAID COVERAGE POST-RELEASE WITH THE IDENTIFIED BEHAVIORAL HEALTH TREATMENT NEED PRE-ENTRY.



Calendar Year 2022



Michelle Balcom

Who Needs a Plan of Safe Care in Washington?

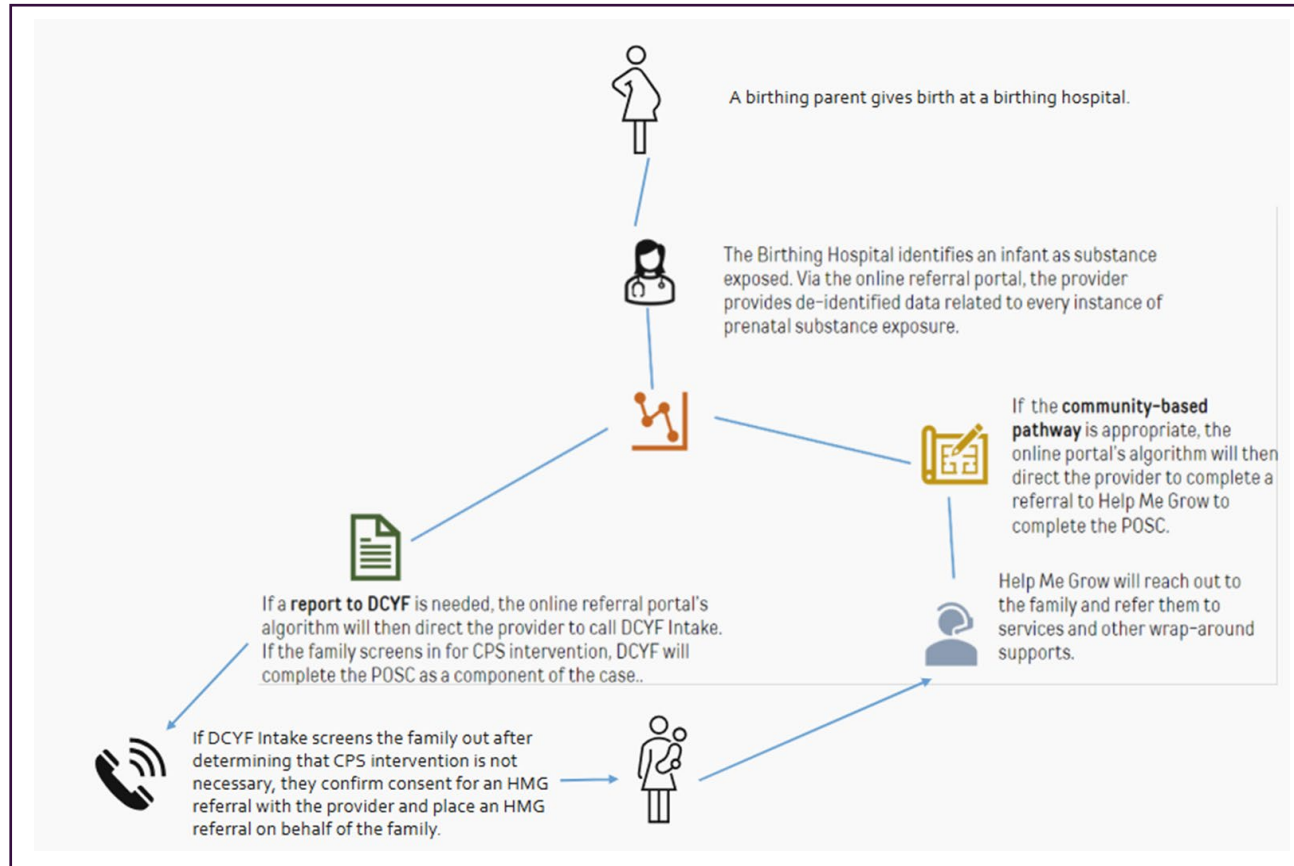
Newborns who have experienced **prenatal substance exposure**, newborns who are **affected by withdrawal**, or the range of effects identified by **Fetal Alcohol Spectrum Disorder** or known prenatal alcohol exposure should have a Plan of Safe Care.

Families meeting these criteria will receive a Plan of Safe Care in the community, through Help Me Grow, or from DCYF if there is an open CPS case.



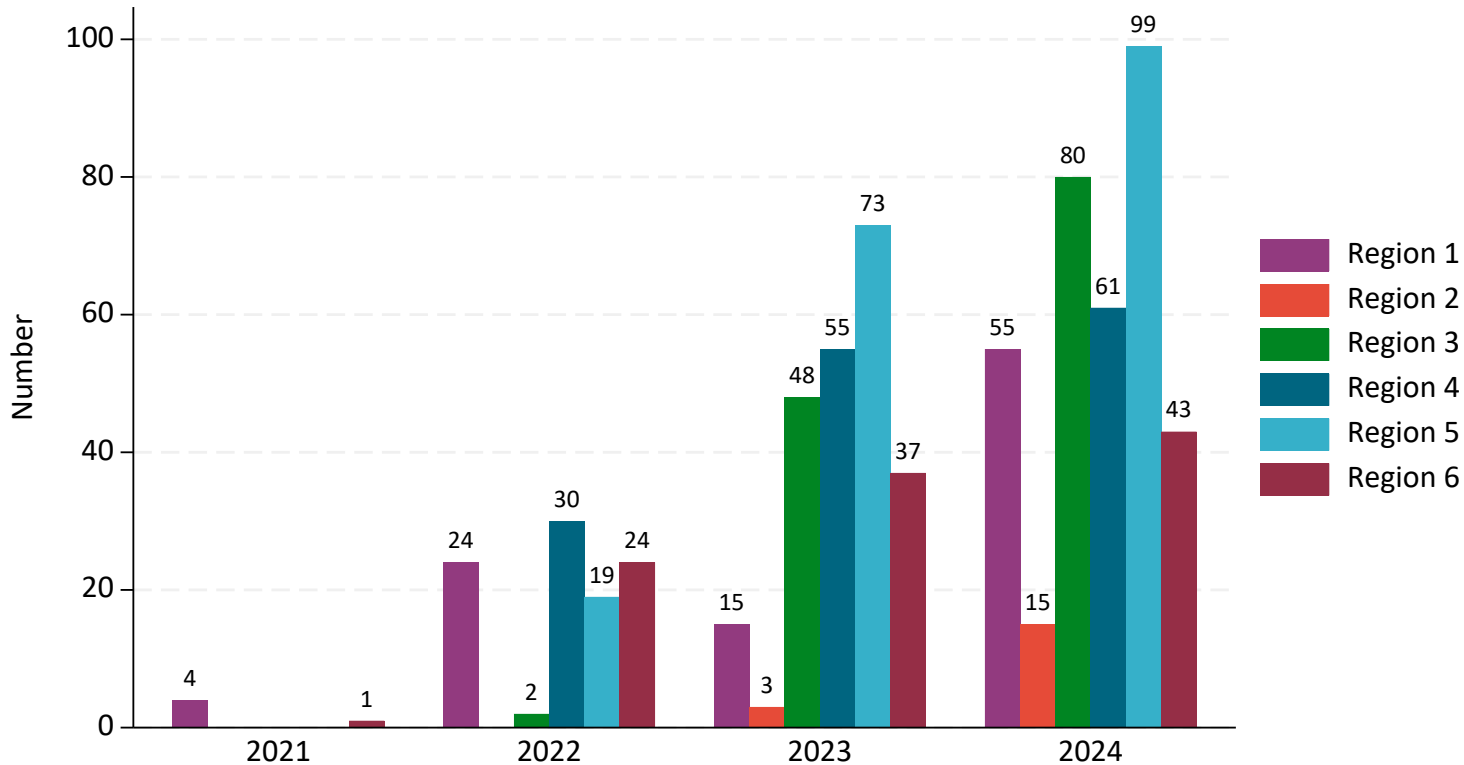
Michelle Balcom

Plan of Safe Care / Pre-Natal Substance Exposure



Michelle Balcom Plan of Safe Care

Figure 1: Plan of Safe Care (POSC) Entries in Portal by Region



Note: Years before 2024 had some missing data for county which was used to determine Region

There were an additional 10 referrals directly from DCYF staff. A referral from a DCYF case worker indicates a screened-out intake was sent back to Help Me Grow. These are not included in the figures as they may duplicate referral numbers (double-counting POSC newborns).

The following is the breakdown of these 10 referrals by region in 2024:

Region 1: 2

Region 2: 2

Region 3: 0

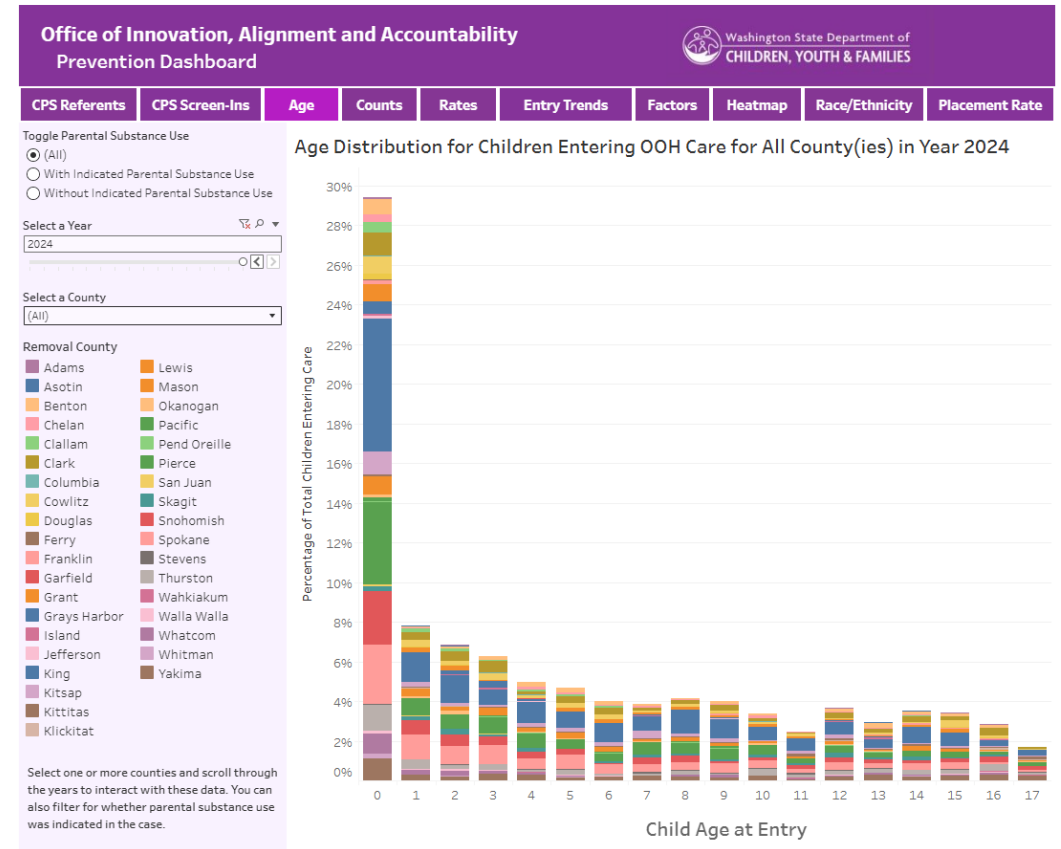
Region 4: 3

Region 5: 1

Region 6: 1; 1 missing Region



Children Entering Out of Home Care Statewide With Indicated Parental Substance Use



Pregnancy SUD Pilot/Pregnancy Support Pathway

6 Pilot Sites Serving 9 Counties

FIRST Legal Clinic	Island, San Juan, Skagit, Snohomish, Whatcom
American Indian Community Center: Good Heart Behavioral Health	Spokane (American Indian & Alaska Native Site)
Kitsap PCAP	Kitsap
Spokane Regional Health: Nurse-Family Partnership	Spokane (Non-American Indian & Alaska Native Site)
United Way of Pierce County/South Sound 211	Pierce
<u>WithinReach</u> : Help Me Grow WA	King + Counties Not Covered by Partners



POSC Systemic Successes & Challenges

- Challenge: This work involves a shift in the way that we all think about mandatory reporting
- Success: POSC Community of Practice provides a space for shared learning and has led to invitations to new spaces, new community partner relationships, supporting that shift in thinking
- Challenge: Consistent practice following POSC (by birthing hospitals and by DCYF staff)
- Success: Strong collaboration among program leads, across teams in DCYF to identify ways to support the field and birthing hospitals






What are we doing next?

- Transitioning to “maintenance” mode for hospital training
 - Development of online POSC training platform
- Strengthening relationships with NICU
 - Opportunity to engage families around relapse planning and harm reduction strategies (such as safe storage)
- Building relationships and trust with community partners
 - Families more readily trust community partners than they trust DCYF
 - Strong, trusting relationships with community partners allow opportunities to share knowledge and can result in families receiving support further upstream
 - Important to maintain and strengthen existing relationships beyond initial implementation

Jimmy Vallembois

Service Gaps in SUD Treatment for Child Welfare-Involved Caregivers



-  **Prevention**
Risk Factors and Protective Factors.
Education and Stigma Reduction
Mental Health and Family Healing
Prescribing practices among health care providers
-  **Harm Reduction**
Evidenced-based practices and services
Naloxone (Narcan) training and distribution
Meeting people where they are at
Dignity and health for people who use drugs.
-  **Intervention**
Evidence-based brief early intervention strategies
Behavioral interventions
Social, Emotional and Wellbeing Interventions
Crisis Services, detox and stabilization
-  **Treatment**
Treatment system in which clients enter treatment at a level appropriate to their needs and then step up to more intense treatment or down to less intense treatment as needed.
-  **Recovery and Maintenance**
Recovery fellowship - groups and activities
Sober living
Aftercare
Peer Recovery supports
Community services and supports such as housing, case management, supported employment and supported education.







Kym Ahrens

Opioid Resources in JR

JR has services across the prevention to treatment and systems involvement continua

Education for youth (harm reduction focus)	Education for staff	Naloxone (within facilities and to youth on release)	High quality CPR training with integration of naloxone initial steps
Focusing of NCCHC drills on overdose events	Enhanced screening of staff and visitors	Comprehensive substance use screening and treatment	Routine and indicated drug screening
Critical incident review team	MOUD including long-acting buprenorphine (Sublocade, Brixadi)	Evidence-based medical treatments for other substance use disorders	Robust transition support (POST program, other)

All

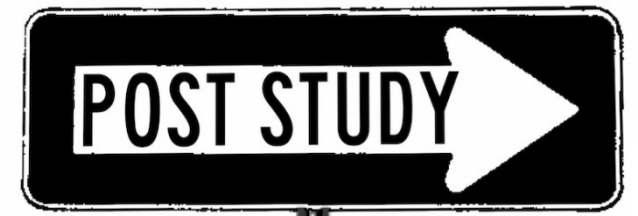
	Prevention Risk Factors and Protective Factors. Education and Stigma Reduction Mental Health and Family Healing Prescribing practices among health care providers
	Harm Reduction Evidenced-based practices and services Naloxone (Narcan) training and distribution Meeting people where they are at Dignity and health for people who use drugs.
	Intervention Evidence-based brief early intervention strategies Behavioral interventions Social, Emotional and Wellbeing Interventions Crisis Services, detox and stabilization
	Treatment Treatment system in which clients enter treatment at a level appropriate to their needs and then step up to more intense treatment or down to less intense treatment as needed.
	Recovery and Maintenance Recovery fellowship - groups and activities Sober living Aftercare Peer Recovery supports Community services and supports such as housing, case management, supported employment and supported education.



Kym Ahrens

The POST Program

- All youth releasing from DCYF JR are eligible
- Program = based on the evidence-based treatment model of ACRA/ACC delivered by non-SUDPs
- Includes:
 - Goal setting
 - Assertive case management
 - Motivational Interviewing
 - Drug refusal, relapse/use prevention and prosocial skills
- NIH study demonstrating marked reductions in alcohol and marijuana use compared with prior to being locked up at 3- and 6-months post-release
- Excellent participation and retention (participation = 89%, retention = ~75%)



Positive
Outcomes
through
Supported
Transitions



National Institute
on Drug Abuse



Washington State Department of
CHILDREN, YOUTH & FAMILIES



Seattle Children's
HOSPITAL • RESEARCH • FOUNDATION



SOCIAL DEVELOPMENT RESEARCH GROUP
UNIVERSITY of WASHINGTON

DCYF Efforts on Treatment and Recovery

Child Welfare

- Facilitating access to treatment and SUD services for adolescents and parents involved in our system that need access to treatment

Juvenile Rehabilitation

- Provide MOUD and other behavioral health supports while youth are in DCYF facilities
- Providing increased transition supports so that youth can effectively transition to community-based services

Across DCYF Systems

Seeing increased need for community-based treatment services for child welfare and juvenile rehabilitation clients. Successful prevention efforts as well as reunification and re-entry depend on access to treatment.

Thank you!

Contact:

Sarah Veele, PhD MPH

Director- Office of Innovation, Alignment & Accountability

Sarah.Veele@dcyf.wa.gov



Additional Resources

DOH Opioid and Drug Use Database:

- doh.wa.gov/data-and-statistical-reports/washington-tracking-network-wtn/opioids/overdose-dashboard

Results Washington: The Opioid and Overdose Crisis in Washington State(Jan 2024)

- <https://results.wa.gov/sites/default/files/OpioidPPRSlides-FINAL.pdf>
- <https://tvw.org/video/governors-results-washington-initiative-2024011377/?eventID=2024011377>

Community Based POSC Referrals in 2024

No referrals from:

- Adams
- Asotin
- Columbia
- Ferry
- Franklin
- Garfield
- Kittitas
- Klickitat
- Lewis
- Okanogan
- Pacific
- Pend Oreille
- San Juan
- Skamania
- Stevens
- Wahkiakum

Top counties for referrals:

- King
- Pierce
- Snohomish

County	Count
Benton	1
Chelan	7
Clallam	1
Clark	4
Cowlitz	1
Douglas	2
Grant	1
Grays Harbor	1
Island	2
Jefferson	2
King	86
Kitsap	5
Lincoln	1
Mason	1
Pierce	66
Skagit	2
Snohomish	38
Spokane	10
Thurston	6
Whatcom	8
Yakima	2
Total	247

