



National Center on
Substance Abuse
and Child Welfare

IN-DEPTH TECHNICAL ASSISTANCE (IDTA)

SITE PROFILE

WASHINGTON

LEAD AGENCY: WASHINGTON STATE DEPARTMENT OF CHILDREN, YOUTH & FAMILIES (DCYF)

LOCATION: OLYMPIA, WA

PROJECT ABSTRACT

Washington state received In-Depth Technical Assistance (IDTA) from the National Center on Substance Abuse and Child Welfare (NCSACW) from September 2019 through September 2021. The engagement focused on: 1) supporting infants and families with prenatal exposure; and 2) implementing legislation, policies, and protocols to align state practice with federal changes in the Child Abuse Prevention and Treatment Act (CAPTA).

The state team developed and implemented a pilot approach for Plans of Safe Care during these 2 years. In the pilot approach, hospitals developed the Plans of Safe Care and referred families to [Help Me Grow Washington](#) (HMG) for service access. HMG is a resource and referral system designed to support families with young children. The initial pilot included two counties and expanded to another 13 hospitals at the end of the IDTA engagement. The team also developed plans for a statewide rollout.

MAJOR PROGRAM GOALS

1. Develop a coordinated statewide public health framework for implementing Plans of Safe Care for all infants exposed to substance abuse *regardless of child welfare involvement*:

- The framework will include: 1) clear policies and definitions for making notifications of an infant exposed to substances in Washington state, and 2) a combination of practice guidelines and operating procedures reflective of partner agency policies.
- Practice guidelines will: 1) outline differential response options, including the notification process and how it differs from a child protective response; and 2) be rooted in a racial equity lens to ensure children of color are not brought into care disproportionately.
- The framework will focus on a mission and vision that guides partner agencies to amend their practices to improve outcomes for infants and families.

2. Engage healthcare payors (Medicaid, Healthcare Authority, Insurance Commissioner) to adopt universal verbal screening practices by prenatal care providers and birthing hospitals to:

- Eliminate racial disparities in identification of substance use and ensure all pregnant women with SUDs are referred to supportive services, and
- Ensure providers receive adequate training to integrate screening practices effectively.

3. Utilize the public health-based Plans of Safe Care to change practitioner responses to prenatal substance exposure by

- Increasing understanding of recovery and medication needs for the treatment of substance use disorders (SUDs) across providers, including healthcare, maternal child health, infant health care, and child welfare
- Strengthening links between infant and maternal health care providers and SUD treatment providers, including medication assisted treatment providers
- Incorporating the understanding of recovery and medication needs for the treatment of SUDs into practice across providers, including healthcare, maternal child health, and child welfare

GOVERNANCE STRUCTURE

The core team overseeing the initiative reflected a cross-disciplinary engagement and included representatives from the Department of Health, Public Health, Health Care Authority, Behavioral Health and Recovery, Washington State Hospital Association, and HMG state affiliate WithinReach. Washington's DCYF led the team.

The core team reported monthly to state child welfare leadership on the Plan of Safe Care implementation process. The leadership team included the assistant secretary of Prevention and Client Services; the assistant secretary of Child Welfare Field Operations; the director of Tribal Relations; the director of the Office of Innovation, Alignment, and Accountability; as well as several of their staff members in leadership roles.

PLAN OF SAFE CARE PROTOCOL

Washington developed a two-tiered pathway for POSCs. Depending on the level of risk involved, the POSC is developed by either the DCYF case workers or Help Me Grow Washington. If the hospital has identified any risk issues, the family is referred to DCYF who then creates the POSC. If there are no risks identified, the hospital will initiate the Plan of Safe Care and the family will be referred to HMG who will assist with service connection. DCYF will receive only de-identified aggregate information about families referred to HMG.

[HMG Washington](#) is a resource and referral system tailored to support families with young children. HMG will work with the parent or caregiver to connect them with services based on the Plan of Safe Care the health care provider develops.

The following definitions identify which infants require a Plan of Safe Care in Washington state:

- **Prenatal substance exposure:** The presence of alcohol or any controlled substance verified by a positive toxicology test result in the infant or in the birthing parent at the birth event.
- **Affected by withdrawal:** A group of behavioral and physiological features in an infant following the abrupt discontinuation of a substance that has the capability of producing physical dependence; no potential clinical signs of withdrawal in the neonate may be attributed to in-utero exposure to alcohol or other drugs without appropriate assessment and diagnostic testing to rule out other causes.
- **Fetal alcohol spectrum disorder (FASD):** The range of effects that can occur in an individual whose birthing parent drank alcohol during pregnancy. These effects may include physical, mental, behavioral, and/or learning disabilities with possible lifelong implications.

To further clarify when a report is required, and when the alternate notification pathway can be used, Washington developed the following reporting criteria. Note that any case of a newborn with risk or safety concerns requires a report to DCYF regardless of exposure type:

Requires a report to DCYF hotline	No report required; hospital develops the Plan of Safe Care and refers to HMG
Any case of a newborn with safety concerns	A healthcare provider verifies that the birthing parent is taking methadone or buprenorphine as prescribed and there are no safety concerns
A newborn has a positive toxicology with confirmatory testing for an illegal substance or a non-prescribed substance(s)	A healthcare provider verifies that the birthing parent is taking opioids as prescribed by her clinician, and there are no safety concerns
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 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 healthcare provider has evidence of ongoing substance use by the birthing parent that creates safety concerns for the infant	A newborn is prenatally exposed to marijuana and there are no safety concerns.
A newborn is diagnosed with an FASD, <i>or</i> the infant has known prenatal alcohol exposure when there are safety concerns for the infant	

Washington State Online Portal Walkthrough

Washington's DCYF recognized that an online reporting system would provide de-identified data and enable healthcare providers to make referrals directly to HMG across the state. DCYF provided funding to Help Me Grow state affiliate WithinReach to support development of the portal in early 2021.

The online portal

- Collects de-identified data on all infants exposed to substances, including information on race and ethnicity, type of substance exposed to, and whether verbal screening or testing was used
- Ensures that infants requiring a Plan of Safe Care notification, but not a child welfare response, receive an HMG referral for support. DCYF will not receive any identifying data on these families

The portal will direct health care providers to report to DCYF if there are any identified safety concerns. DCYF will have access to the de-identified data in the portal. HMG will only receive client-level data from the portal to support care coordination and referral work.

PRODUCTS

The Washington team developed a suite of products to support implementation, including:

- Parent-facing brochures on the purpose of Plans of Safe Care and the supports provided by HMG
- Clinician rack cards to help with identification and referral pathways
- Implementation webinars to train new hospitals
- An online portal to support referrals and data collection

To access some of these materials, see [Washington's Plan of Safe Care website](#).

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