

SENATE BILL REPORT

SB 6109

As of January 17, 2024

Title: An act relating to supporting children, families, and child welfare workers by improving services and clarifying the child removal process in circumstances involving high-potency synthetic opioids.

Brief Description: Supporting children and families.

Sponsors: Senators Wilson, C., Boehnke, Braun, Gildon, Hasegawa, Kuderer, Lias, Lovelett, Lovick, Nguyen, Nobles, Saldaña, Short, Warnick and Wilson, J..

Brief History:

Committee Activity: Human Services: 1/18/24.

Brief Summary of Bill

- Establishes that child abuse or neglect that is the basis for the determination of imminent risk of physical harm may include, but is not limited to, child abuse or neglect resulting from the presence of a high-potency synthetic opioid in the home or exposure of the child to a high-potency synthetic opioid.
- Directs the court, in a shelter care hearing, to give great weight to the presence of a high-potency synthetic opioid in the home or exposure of the child by a parent, guardian, or legal custodian to a high-potency synthetic opioid, which may require removal of the child to prevent imminent physical harm due to child abuse or neglect.
- Allows law enforcement to take a child into custody without a court order if there is probable cause to believe that taking the child into custody is necessary to prevent imminent physical harm to the child due to child abuse or neglect resulting from the presence of a high-potency synthetic opioid in the home or exposure of the child to a high-potency synthetic opioid.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

- Allows an administrator of a hospital or a physician to detain a child without consent of a person legally responsible for the child if there is probable cause to believe that detaining the child is necessary to prevent imminent physical harm to the child due to abuse or neglect resulting from the presence of a high-potency synthetic opioid in the home or exposure of the child to a high-potency synthetic opioid.
- Directs the provision of services to children impacted by high-potency synthetic opioids.

SENATE COMMITTEE ON HUMAN SERVICES

Staff: Alison Mendiola (786-7488)

Background: Dependency and Shelter Care Hearing. Anyone, including the Department of Children, Youth, and Families (DCYF), may file a petition in court alleging a child should be a dependent of the state due to abuse or neglect, including that which results from sexual abuse, sexual exploitation, or a pattern of severe neglect, or because there is no parent, guardian, or custodian capable of adequately caring for the child. These petitions must be verified and contain a statement of facts that constitute a dependency and the names and residence of the parents, if known. When a child is taken into custody, the court is to hold a shelter care hearing within 72 hours. The primary purpose of the shelter care hearing is to determine whether the child can be immediately and safely returned home while the dependency case is being resolved. The court must release a child to a parent unless the court finds that removal of the child is necessary to prevent imminent physical harm and that the evidence shows a causal relationship between the conditions in the home and imminent physical harm to the child.

Law Enforcement. A law enforcement officer may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe taking the child into custody is necessary to prevent imminent physical harm to the child due to child abuse or neglect, including that which results from sexual abuse, sexual exploitation, or a pattern of severe neglect, and the child would be seriously injured or could not be taken into custody if it were necessary to first obtain a court order.

Hospitals. An administrator of a hospital or similar institution or licensed physician may detain a child without consent of a person legally responsible for the child whether or not medical treatment is required, if there is probable cause to believe detaining the child is necessary to prevent imminent physical harm to the child due to child abuse or neglect, including that which results from sexual abuse, sexual exploitation, or a pattern of severe neglect, and the child would be seriously injured or could not be taken into custody if it were necessary to first obtain a court order provided that such administrator or physician shall notify or cause to be notified the appropriate law enforcement agency or child

protective services.

Family and Juvenile Court Improvement Grant Program. A superior court may apply for grants from the Family and Juvenile Court Improvement Grant Program by submitting a local improvement plan with the administrator for the courts. To be eligible for grant funds, a superior court's local improvement plan must meet the criteria developed by the administrator for the courts and approved by the board for judicial administration. The criteria must be consistent with the principles adopted for unified family courts. At a minimum, the criteria must require that the court's local improvement plan meet the following requirements:

- commit to a chief judge assignment to the family and juvenile court for a minimum of two years;
- implementation of the principle of one judicial team hearing all of the proceedings in a case involving one family, especially in dependency cases;
- require court commissioners and judges assigned to family and juvenile court to receive a minimum of 30 hours specialized training in topics related to family and juvenile matters within six months of assuming duties in family and juvenile court. Where possible, courts should utilize local, statewide, and national training forums. A judicial officer's recorded educational history may be applied toward the 30-hour requirement. The topics for training must include parentage, adoption, domestic relations, dependency and termination of parental rights, child development, the impact of child abuse and neglect, domestic violence, substance abuse, mental health, juvenile status offenses, and juvenile offenders; self-representation issues, cultural competency, or roles of family and juvenile court judges and commissioners.

Courts receiving grant money must use the funds to improve and support family and juvenile court operations based on standards developed by the administrator for the courts and approved by the board for judicial administration. The standards may allow courts to use the funds to:

- pay for family and juvenile court training of commissioners and judges or pay for pro tem commissioners and judges to assist the court while the commissioners and judges receive training;
- increase judicial and nonjudicial staff, including administrative staff to improve case coordination and referrals in family and juvenile cases, guardian ad litem volunteers or court appointed special advocates, security, and other staff; and
- improve the court facility to better meet the needs of children and families; among other approved uses.

Home Visiting. Home visiting is a voluntary, family-centered service offered to expectant parents and families with new babies and young children to support the physical, social, and emotional health and development of the child.

Pregnant and Parenting Women. Pregnant and Parenting Women (PPW) services offered through the Health Care Authority (HCA) are designed to meet the needs of pregnant

and parenting women who are seeking services. PPW offers substance use disorder residential treatment services for women and their children under the age of six for up to six months. Services may include a focus on domestic violence, childhood sexual abuse, mental health issues, employment skills and education, linkages to pre- and post-natal medical care, legal advocacy, and safe affordable housing.

Parent Child Assistance Program. The Parent Child Assistance Program (PCAP) is an evidence-informed program offered by HCA that provides intensive case management and support services to pregnant and parenting women with substance use disorders and their young children. There are currently 15 PCAP sites in Washington, serving a total of 20 counties. PCAP services include:

- referral, support, and advocacy for substance use disorder treatment and continuing care;
- assistance in accessing and using local resources such as family planning, safe housing, healthcare, domestic violence services, parent skills training, child welfare, childcare, transportation, and legal services;
- linkages to health care and appropriate therapeutic interventions for children; and
- timely advocacy based on client needs.

Summary of Bill: Child Abuse or Neglect: Establishing the Basis for a Determination of Imminent Physical Harm. Establishing the basis for the determination of imminent risk of physical harm may include, but is not limited to, child abuse or neglect resulting from the presence of a high-potency synthetic opioid in the home or exposure of the child to a high-potency synthetic opioid.

Shelter Care Hearing. At a shelter care hearing, the court is to give great weight to the presence of high-potency synthetic opioid in the home or exposure of the child by a parent, guardian, or legal custodian to a high-potency synthetic opioid, which may require the removal of the child to prevent imminent physical harm due to child abuse or neglect. When evaluating whether the presence of a high-potency synthetic opioid in the home or exposure of the child by the parent, guardian, or legal custodian to a high-potency synthetic opioid necessitates removal of the child, the court is to consider the following factors:

- the age of the child or children in the home;
- whether the child is particularly vulnerable given the child's medical or developmental conditions; and
- the risk of accidental ingestion or inhalation.

Law Enforcement. A law enforcement officer may take, or cause to be taken, a child into custody without a court order if there is probable cause to believe taking the child into custody is necessary to prevent imminent physical harm to the child due to child abuse or neglect, including that which results from the presence of a high-potency synthetic opioid in the home or exposure of the child to a high-potency synthetic opioid, in addition to reasons already permitted by law, and the child would be seriously injured or could not be taken into custody if it were necessary to first obtain a court order.

Hospitals. An administrator of a hospital or similar institution or any duly licensed physician, may detain a child without consent of a person legally responsible for the child whether or not medical treatment is required, if there is probable cause to believe detaining the child is necessary to prevent imminent physical harm to the child due to child abuse or neglect, including that which results from the presence of a high-potency synthetic opioid in the home or exposure of the child to a high-potency synthetic opioid, in addition to reasons already permitted by law, and the child would be seriously injured or could not be taken into custody if it were necessary to first obtain a court order provided that such administrator or physician shall notify or cause to be notified the appropriate law enforcement agency or child protective services.

Risk Assessment Tool. DCYF is to develop and make available to DCYF staff a high-potency synthetic opioid-specific risk assessment tool to be used by DCYF staff to determine the appropriate safety measures to take when investigating alleged child abuse and neglect referrals when high-potency synthetic opioid use or the presence of high-potency synthetic opioids is suspected or confirmed. DCYF may use an existing risk assessment instead of developing a high-potency synthetic opioid-specific risk assessment tool if the existing risk assessment includes the safety measures as described.

DCYF is to also make available to DCYF staff high-potency synthetic opioid testing strips that can detect the presence of high-potency synthetic opioids that may be used when investigating alleged child abuse and neglect referrals and otherwise as appropriate.

Services and Supports to Child Welfare Workers, Courts, and Families. DCYF is to establish a pilot program to include third-party safety plan participants and public health nurses in child protective services safety planning. The pilot program must include contracts in up to four department offices for third-party safety plan participants and public health nurses to support child protective services workers in safety planning; and provide support for cases involving high-potency synthetic opioids in families who do not have natural supports to aid in safety planning. Subject to appropriation.

Family and Juvenile Court Improvement Grant Program. The training for court commissioners and judges assigned to family and juvenile court to receive a minimum of 30 hours specialized training in topics related to family and juvenile matters within six months of assuming duties in family and juvenile court must include the risk and danger presented to children and youth by high-potency synthetic opioids and the legal standards for removal of a child based on abuse or neglect. Paying for the training of other professionals involved in child welfare court proceedings including, but not limited to, attorneys and guardians ad litem is an allowable use of grant money.

A child welfare worker who is required to respond to a private home or other private location to provide services to, monitor, or investigate a family may make a request to their supervisor to be accompanied by a second trained individual when the child welfare worker

has concerns that violence could occur based on a family member's history of violence. When requested, DCYF is to arrange for a second trained individual to accompany the child welfare worker unless it is not possible to fulfill the request under the circumstances.

The second trained individual that may accompany a child welfare worker under this section may be:

- a law enforcement officer;
- a mental health professional;
- a first responder, such as a firefighter or emergency medical personnel;
- a public health nurse; or
- an employee of DCYF who is trained as a child welfare worker and acts in a supervisory capacity with respect to other child welfare workers.

No retaliation may be taken against a child welfare worker for requesting a second trained individual accompany them in providing services to, monitoring, or investigating a family.

DCYF is to establish a pilot program for contracted child care slots for infants in child protective services in locales with the historically highest rates of child welfare screened-in intake due to the exposure or presence of high-potency synthetic opioids in the home, which may be used as part of a safety plan. Subject to appropriation.

Home Visiting. DCYF is to enter into targeted contracts with existing home visiting programs in locales with the historically highest rates of child welfare screened-in intake to serve up to 150 families. DCYF is to provide training specific to substance use disorders for the home visiting providers selected for this program. Priority for targeted contracted home visiting slots shall be given to:

- families with child protective services open cases;
- families with family assessment response open cases; and
- families with family voluntary services open cases.

DCYF is to fund therapeutic support for children three to five years old in the child welfare system due to the exposure or presence of high-potency synthetic opioids in the home. Subject to appropriation.

DCYF is to establish a pilot program to connect pregnant people with high-potency synthetic opioid-related substance use disorders in screened-out referrals to community-based resources and supports. This pilot program shall offer voluntary prevention services aimed at reducing child placements in out-of-home care. DCYF shall implement this pilot program in at least eight counties. Subject to appropriation.

DCYF is to implement and maintain a program that provides support to child welfare workers from public health nurses. The support provided by public health nurses must include supporting child welfare workers in:

- engaging and communicating with families about the risks of high-potency synthetic

- opioids and child health and safety practices;
- developing standardized risk assessment procedures related to high-potency synthetic opioids; and
- determining the level of risk presented to a child or children in specific cases. Subject to appropriation.

Pregnant and Parenting Women. The Health Care Authority (HCA) is to establish a substance use disorder inpatient program that specializes in treating pregnant and parenting women using a family preservation model. HCA shall contract for the services authorized in this section with behavioral health entities in a manner that allows leveraging of federal Medicaid funds to pay for a portion of the costs. Funding provided under this section may be used for documented start-up costs including the recruitment, hiring, and training of staff. Entities contracted to provide services must allow families to reside together while a parent is receiving treatment. Subject to appropriation.

Parent Child Assistance Program. DCYF is to establish a grant program that provides grant funding to a nonprofit organization to provide support, including behavioral health resources, housing services, and parenting education, to parents with substance use disorders in order to reduce the need for foster care placement or to shorten the time that children remain in out-of-home care when placement is necessary. The grant recipient must be a nonprofit organization that provides a parent-child assistance program and focuses on building parenting skills and confidence to ensure children have safe and healthy childhoods. Subject to appropriation.

Four legal liaison positions are established within DCYF to work with both DCYF and the Office of the Attorney General for the purpose of assisting with the preparation of child abuse and neglect court cases involving allegations of high-potency synthetic opioids. The workload of the legal liaisons is to be geographically divided to reflect where the highest risk and most vulnerable high-potency synthetic opioid-related child abuse and neglect cases are filed.

Highest risk and most vulnerable are determined by the age of the child and whether the child is particularly vulnerable given the child's medical or developmental conditions. DCYF may determine the necessary qualifications for the legal liaison positions. Subject to appropriation.

Child welfare worker means an employee of DCYF whose job includes supporting or providing child welfare services or child protective services.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

Fiscal Note: Requested on January 9, 2024

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.