



Children & Youth with Special Health Care Needs

www.doh.wa.gov/cyshcn

COMMUNICATION NETWORK MEETING

April 11, 2024

CYSHCN Communication Network Purpose:

Provide for exchange of information among those programs and entities that serve children with special health care needs and their families and facilitate an opportunity to learn more about statewide policies, programs and issues critical to this unique population.

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Attendees

Due to continued social distancing requirements enacted by Governor Inslee, Communication Network will be conducted entirely in an online format.

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| Guests: | |
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Children and Youth with Special Health Care Needs (CYSHCN) Program Update

www.doh.wa.gov/YouandYourFamily/InfantsChildrenandTeens/HealthandSafety/ChildrenwithSpecialHealthCareNeeds.aspx

General Updates

Ama Owusu-Madrigal has been hired as our new CYSHCN epidemiologist. She will also be supporting EHDDI and Essentials for Childhood. Brynn Stopczynski will continue to support our epi work during the initial transition period.

[MCHBG Needs Assessment Discovery Survey](#) is out now – please share widely

The DOH CYSHCN Team and family and community partners are currently working with the National Center for Services for CYSHCN on developing Blueprint Implementation Projects

Child Health Intake Form (CHIF) Database

CHIF data will continue to be collected quarterly by spreadsheet as we've done since July 2022.

Please direct any questions about CHIF to the CHIF Inbox- DOH-CHIF@doh.wa.gov.

For more information, contact Amanda Simon at Amanda.Simon@doh.wa.gov

CYSHCN Communication & Early Childhood

Washington STEM's [2023 State of the Children statewide report](#) is out now in English and Spanish.

[Neurodevelopment Center StoryMap](#) is published! Read more about the NDC through an interactive map.

For more information, contact Linda Ramirez at Linda.Ramirez@doh.wa.gov

Washington Statewide Leadership Initiative (WSLI) and DOH Family Engagement

Revising Care Coordination Toolkit.

Launched a new Family and Youth Engagement Community of Practice within Title V programs at DOH.

Supporting a Family Advisory Council on Care Coordination work July 2023-present

Standing up Type 1 Diabetes family support through PAVE in partnership with Parent to Parent.

For more WSLI or DOH Family Engagement information, contact Nikki Dyer at 360-236-3536 or nikki.dyer@doh.wa.gov.

CYSHCN Program Nutrition Updates

[Understanding Eating Disorders in Adolescents: A Guide for Healthcare Providers](#) is finalized. We would love help sharing this document to providers.

[Empowering Culinary Exploration: Tips for Teaching Cooking Skills to Youth with Disabilities](#) is now online.

Consider joining the [Type 1 Diabetes \(T1D\) workgroup](#) if this is a population of interest, we meet monthly, the 4th Wednesday at 8AM

T1D Statewide Coordinator in partnership with PAVE/P2P will be in full swing supporting newly diagnosed T1D families in 2024 and [Teen Connect](#) virtual group continues

For more information, please contact Khimberly Schoenacker at 360-236-3573 or khimberly.schoenacker@doh.wa.gov.

CYSHCN Behavioral and Adolescent Health

Pediatric Mental Health Care Access (PMHCA) -[SAFES](#) program actively accepting referrals

PMHCA expansion funds projects continuing with SCH ED, UW Medical Home Partnership, and Reclaiming Futures focusing on consultation with emergency departments, school-based health centers and autism assessment training/tools.

Seattle Children's Mental Health Hospital Consultation Service launched last week—providing provider-to-provider consultation and resource assistance to hospitals in need of support for their mental health boarders (flyer in chat)

For more information, contact Renee Tinder at Renee.Tinder@doh.wa.gov

Essentials for Childhood (EFC)

No Update at this time.

For more information, contact or see www.doh.wa.gov/efc.

Universal Developmental Screening (UDS)

For more information, contact Marilyn Dold at Marilyn.dold@doh.wa.gov.

MCH LHJ Contracts Updates

For more information, please contact Mary Myhre at Mary.Myhre@doh.wa.gov

CYSHCN Communication Network Agenda

| Time | Topic | Presenter |
|-------------|---|--|
| 9:00-9:30 | Welcome, Agenda, Program Updates | Amanda Simon |
| 9:30-9:50 | Family Voice: Centering Joy in the Neurodivergent Community | Shaunté Johnson |
| 9:50-10:00 | Break | |
| 10:00-11:00 | Domestic violence, neglect, and Child Protective Services (CPS) | Jasmine Hodges, MA, DCYF Sandy McCool, DCYF |
| 11:00-11:05 | Break | |
| 11:05-11:55 | Domestic violence, neglect, and Child Protective Services (CPS) | Jasmine Hodges, MA, DCYF Sandy McCool, DCYF |
| 11:55-12:00 | Final Questions & Closing | Amanda Simon |
| 12:00-12:10 | Break | |
| 12:10-1:00 | Optional Networking Session | Amanda Simon |

Guest Presentations

Family Voice: Centering Joy in the Neurodivergent Community

Shaunté Johnson, Educator, Homeschool Mother, UW LEND Family Advocate

Introduction:

- Shaunté represents one of the most amazing and gifted children, as well as all individuals. His name is Apollo-Kahn Johnson, Apollo is Shaunté's son who has autism.
- How do you center joy in the neural divergent community? Why it is important, why as providers and caretakers, we should and shall use joy as a model, in order for us to pursue the endeavor of helping individuals with IDD.
- Raising a child with autism has been one of the most amazing, yet difficult experiences of Shaunté and family's life. Shaunté son's journey has opened our eyes to a fresh way of being while also teaching us what parts of life are truly important. Shaunté wishes someone would

have told them not only about the early signs and stages of autism, but equally coached them on how to POSTURE during the journey. Luckily Apollo-Kahn Johnson, even with limited verbal communication, has gifted the world an opportunity to know the importance of centering joy well before autism became the label that medical care providers would describe him as.

Background:

- Joy is not present inherently or described in the medical field when referring to children with IDD.
 - Shaunte describes “autism as a gift”, because it taught them how to be different in this world.
 - Apollo-Kahan was five years old when he was first diagnosed.
 - Shaunte and her family wanted to establish their own identity before a diagnoses and before anyone could decide how he was going to experience the world.
- Most interactions between provider and parent have a sense of devastation.
- Joy is a posture and identity that one can choose even in the midst of hardship.
 - Shaunte and her family had already decided what they were going to be before an autism diagnoses.

Objective:

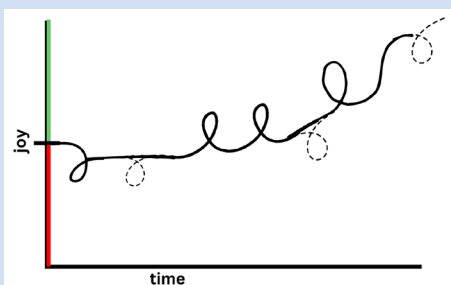
- Celebrate multiple ways of being vs only celebrating once individual achieves neurotypical milestones.
 - See the world through his eyes.
 - Shaunte started homeschooling and saw how her child fully thriving.
- Dismantle neurotypical ways of thought and looking at diagnosis/linear model with an added perspective.
 - Shaunte describes that the Grief Model is not what she describes her child’s autism diagnosis.
- Empower the parent to take hold of the experience they will have, as well as take action to protect their child’s identity, joy, and intersectionality’s prior/after their diagnosis.
 - Be supported.
- Transition the culture to where parents become a partner with the provider to aid their child’s development.

Project:

Model #1: Leaning into Partnership

- Shift from a Provider to Parent Model, to a Provider AND Parent Model

Model #2: Joy Continuum



- No every day is sunshine and rainbows, because some days might not be the best day. Joy is not to be seen as happy but to see the glass is still full to see what is or what there is to come.

Conclusion:

- We are only observers and supporters of a person who actually experience what it means to be neurodivergent.
- The goal is to have a celebratory posture, joy and positive trajectory for our loved ones.
- The loved one’s experiences and life doesn’t have to look like what you imagined.

Question and Answers:

Q: How do we contact Shaunte?

A: Shauntenj@gmail.com or 206-825-0123

Q: Did you use DDA as a resource?

A: No, but worked at P2P and was a great resources

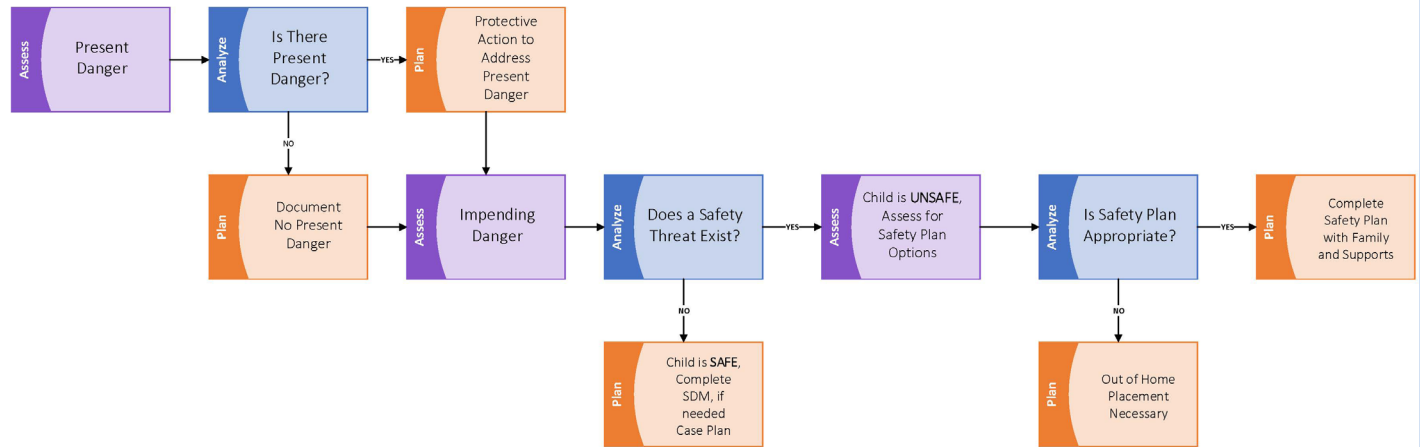
Domestic Violence, Neglect, and Child Protective Services (CPS)

Jasmine Hodges, MA, DCYF; Sandy McCool, DCYF

DCYF Uses The Safety Framework To Assess Child Safety: Workers continually assess safety throughout the life of the case.

- The Safety Framework is based on nationally recognized safety-based model which has demonstrated effectiveness in reducing out of home placements when a child has been deemed “unsafe.”

DCYF Safety Framework:



Task & Purpose:

- **Gathering Information:** Comprehensive information required to complete a global assessment, identify impending danger and develop quality plans.
- **Identification of Safety Threat:** To identify the domain of concern which will help support specific catered plans to mitigate the threat to safety.
- **Identification of Threshold Criteria:** To identify if a child is UNSAFE and is in impending danger.
- **Safety Plan Analysis:** To assess information gathered to determine if an unsafe child is able to remain in the home with a safety plan.

Gathering Information:

The Child Safety Framework uses six areas of focus when gathering information.

1. Extent of maltreatment
2. Circumstances accompanying the maltreatment
3. Child functioning
4. Parenting disciplines
5. Parenting practices
6. Parent daily functions (outside of the role of parental unit)

Risk Factors and Safety Issues:

- **Risk Factor:** A situation that can be linked with a harmful result over time.
- **Safety Issue:** A situation that is linked with a major harmful result in the near future.

Safety Threat:

- DCYF currently has 17 safety threats defining different categories related to... Family behavior, conditions or circumstances that create present or immediate danger resulting in severe impacts on the child.

Present Danger:

- Present danger is immediate, significant, and clearly observable severe harm or threat of severe harm occurring in the present.

Impending Danger:

Parenting behavior that is harmful and destructive to a child's cognitive, social, emotional or physical development that is likely to occur in the immediate or near future that could result in one or more of the following outcomes:

- Serious or severe harm
- Injury requiring medical attention
- Life endangering illness
- Death

Present Danger:

- Present Danger threats are controlled by immediate protective actions.
- Protective Action Plans are limited in scope and time; we do not have all the information but we cannot walk away without taking action.

Impending Danger:

- Impending Danger threats are controlled by safety plans.
- Safety plans are developed with families and other child safety supports.

What is the purpose of the plan and why is there more than one type of plan?

- Protective Action Plans
- Safety Plans
- Case Plans

Safety Plans and Case Plans are different, but work together:

Safety Planning:

- Does not require change in parent's attitude or behavior
- Control threats immediately
 - Childcare
 - Harm reduction kits
 - Pregnant and parenting individual treatment
 - Friends, family and other safety plan participants

Case Planning:

- Requires changing parental behavior
- Control threats over time

- Substance use disorder treatment
- Mental Health Treatment
- Combined In-Home Services
- Domestic violence services

Safety Threshold:

In order to determine that a threat exists, the following five criteria must be met:

1. Severe impacts on the child
2. Occurring immediate or in the near future
3. Out of control
4. Vulnerable child
5. Observable and specific

What is the criteria to safety plan?

- The Safety Plan Analysis is based on a guide that delves into four different domains:
 - There is a parent/caregiver or adult in the home.
 - The home is calm enough to allow safety providers to function in the home.
 - The adults in the home agree to cooperate with and allow an In-Home Safety Plan
 - Sufficient, appropriate, reliable resources are available and willing to provide safety services and tasks.

Mandatory Reporting:

- Region 1: 1.800.557.9671
- Region 2: 855.420.5888
- Region 3: 866.829.2153
- Region 4: 1.800.609.8764
- Region 5: 1.888.713.6115
- Region 6: 1.866.764.2233

Mandatory Reporting & Keeping Families Together Act:

- Medical Practitioners
- Nurses
- Dentists
- Social service counselors/therapists
- Psychologist
- Medical examiners
- Pharmacists
- School personnel
- Childcare providers
- Law enforcement officers
- Juvenile probation officers
- Corrections employees
- DSHS employees
- DCYF employees
- Placement and liaison specialists
- Responsible living skills program staff

- HOPE center staff
- State family and children’s ombudsman
- Any volunteer in the ombudsman’s office
- Adults residing with child suspected to have severely abused
- Clergy

What is Child Abuse/Neglect? WAC 110-30-0030

- Physical Abuse: The non-accidental infliction of physical injury on or physical mistreatment of a child
- Sexual Abuse: Committing or allowing any sexual offense against a child as defined in criminal code.
- Sexual exploitation: Allowing or causing a child to engage in prostitution, sexually explicit activity.
- Neglect or Maltreatment: An act, failure to act, or cumulative effects of a pattern of conduct, behavior, or inaction that shows a serious disregard of consequences and constitutes a clear and present danger to a child’s health, welfare, or safety.
- Abandonment: The lack of parental intention to return to the parenting role.
- What is Child Abuse/Neglect? WAC 110-30-0030

Addressing Disproportionality:

- Children and families are better served when the state provides support to allow children to be cared for by their loved ones and in their communities.
- Decades of research show that Black and Indigenous children are still disproportionately removed from their families and communities despite reform efforts.
- Families of color are more likely to be reported, have substantiated finding, have their children removed and remain in care for longer periods of time.

DCYF Intake and Screening Process:

Mandatory Reporter Toolkit:

What questions will be asked when you call?

- Child’s full legal name
- Date of birth
- Any known address
- Phone/email contact information
- Parent and caregiver’s full legal
- Nonresidential parent information
- Other children
- Phone/email contact information

Additional Information:

- Statements they have made to you or others about the child or the situation.
- Information that leads you to suspect drug or alcohol abuse or possible violence in the home.
- Indications of cognitive impairments or mental health concerns in the parent.
- Make sure to provide behaviorally specific concerns and describe exactly what has been seen, heard or done.
- Anything seems to impact the parents’ ability to adequately and safely respond to the child’s need.

If other concerns have ever been discussed with them, whether by you or someone else, report their reaction and what steps were or were not taken to address the situation.

- Screened Out: No case opened, can be sent to Law Enforcement for criminal Third Party Referral
- CPS Risk Only: No allegations but child(ren) may be unsafe due to level of Risk
- CPS Investigation: Response time 24 or 72 hours. Moderately High or High Risk Allegations.
- CPS Family Assessment Response (FAR): Response time 72 hours. Low or Moderate Risk Allegations.
- Family Reconciliation Services (FRS): Request for Services due to Conflict in the Home. Ages 12-17
- Other: Request for Services assigned to FVS or CFWS. Ages 0-12

Questions and Answers:

Q: Despite efforts to address disproportionality in child welfare, disparities persist, particularly impacting Black and Indigenous children. What specific plans or procedures has DCYF implemented to rectify this bias?

A: Once of the specific things that we've done in response to the Keeping Families Together Act is the implementation of the Safe Child Consultations, which I'll go over more when I take over, but we've got all of these different discussion items in an entire section on. Racial equity and social justice and we're really asking our staff and really promoting that when it comes to making decisions about children's safety and about placement that we really need to rely on a standardized framework.

Q: What is the advantage of calling the local numbers versus the that in harm number?

A: The have the same screening tools, same screening processes, just our local numbers are daytime and sub normal business hours. Our centralized intake line is after hours weekends, and they also hold the daytime.

Q: How do I ensure that a referral is made to the CYSHCN nurse in that county and a referral to Birth-3/Early Intervention Program?

A: The best way to connect if you are talking about a very specific case and making sure that the child is getting what they need is to directly find out who the social worker is on the case so you can connect with them. Depending on what office, what contracts, things look different.

Q: When do clients get support after removal and what are they given a physical list of requirements?

A: Again, that's on a case-by-case basis. That's something you would really want to check in with the caseworker for a variety of reasons. Clients at every single point throughout a case understand exactly what the safety concerns are and they should understand and it should be clear what's needed to mitigate those safety concerns.

Q: You work toward reunification even if the child is being abused?

A: DCYF are mandated by RCW law to always have a concurrent plan of return home being the primary focus point unless we have gotten to a point where we feel that it is no longer sustainable. DCYF does not make this decision, only the court does.

Q: Who would a parent contact to change the Medicaid plan from Foster Care to classic Medicaid if that was missed?

A: Trishia.benshoof@dcyf.wa.gov

CSHCN Coordinator Updates by County

Gathered from counties and shared on a quarterly basis.

Grays Harbor County Public Health

Stefani Joesten, CYSHCN Coordinator

No updates at this time

Grant County Health District

Janetta Garza, CYSHCN Coordinator

No updates at this time

Island County Public Health

Loretta D. Bezold, RN, BSN, IBCLC, Public Health Nurse

No updates at this time

Jefferson County Public Health

Cynde Marx, CYSHCN Coordinator

No updates at this time

Pacific County Public Health and Human Services

Brianne Cline, CYSHCN Coordinator

Translated intake and demographics forms to Spanish to better serve Pacific County.

<https://www.pacificcountyhealth.com/special-care>

San Juan County

Kristen Rezabek, MS, RDN, CD, CDE

No updates at this time

Spokane Regional Health District

Kristin Lester, Public Health Nurse, CYSHCN Coordinator

Started a Spokane Autism Collaborative with local COE's and other practitioners and have met twice so far this year. Working with SRHD Communications to create an MCO CM/CC brochure. Engaging with community partners regarding becoming an HMG sub-affiliate. Working on the process to add local resources to HMG WA and 211.

<https://srhd.org/programs-and-services/children-youth-with-special-health-care-needs>

Thurston County Public Health and Social Services

Bonnie Peterson, CYSHCN Coordinator

We have been getting steady referrals from Work First for evaluations and CYSHCN. Helping with our Maternal Child Health needs assessment surveys, one for providers and another for families. I reached out to our regional DDA and South Sound Parent to Parent and asked for help to fill out the survey and distribute the surveys to families who have children with special needs.

<https://www.thurstoncountywa.gov/departments/public-health-and-social-services/community-wellness/parent-and-child-cyshcn>

Yakima County- Children's Village

Tracie Hoppis, Manager of Family Support Services, Yakima County CYSHCN Lead

Continuing to convene monthly Yakima County Care Coordinator's meetings with recent presentations from Comprehensive Healthcare Youth Mobile Outreach project, Northwest Access Fund, and Yakima County Volunteer Attorney Services.

Leadership with Central Washington Interagency Transition (to adulthood) Network; February's meeting highlighted inclusive social/recreational programming for adults with disabilities.

<https://www.yakimachildreenvillage.org/>

Neurodevelopmental Center (NDC) Updates

Peace Health Children's Therapy - Whatcom County

Kris Gaggero, Clinic Manager

No updates at this time

Children's Therapy Skagit Valley Hospital

Erin Kavi, Lead Therapist

www.skagitvalleyhospital.org

No updates at this time

Children's Therapy Valley Medical Center

Kari Tanta, Rehab Manager

www.valleymed.org

No updates at this time

Kinding

Kathy Fortner Director of Operations

www.kinding.org

No updates at this time

HOLLY RIDGE

Alicia Skelly, Infant Toddler Program Director

No updates at this time

Children's Therapy Center

Karen Smith Steadman Early Intervention Program Director and Jodi Van Vleet Center (3-18) Program Director

No updates at this time

May Bridge Children's Therapy Services

Kari Tanta, Rehab Manager

- Toy give aways at main hospital site and 7 OP therapy centers for the holidays
- Valentine's Day book give away to promote literacy
- Monthly SibShops at our Puyallup location (open to all see web site for details)
- Physical Medicine and Rehab provider in our Renton location on Tuesdays bringing PM&R closer to home for families
- Expanded group offerings (post-Covid) now happening at our Puyallup and Renton locations
- New staff onboarded in all locations expanding access!
- Augmentative Communication Evaluations expanded to Renton therapy site
- Extensive therapy website re-vamp, including comprehensive new caregiver and family resource page - please check it out and share!

<https://www.marybridge.org/services/rehabilitation-physical-therapy/>

Health Plan Updates

Wellpoint (Amerigroup Washington)

Derek Steele

[Home | Wellpoint Washington, Inc.](#)

[Coverage Area Includes: All Counties except Adams, Chelan, Clallam, Clark, Cowlitz, Douglas, Ferry, Grant, Kittitas, Lincoln, Okanogan, Skamania, and Wahkiakum]

Please note that Amerigroup has changed their name to Wellpoint.

Community Health Plan of Washington (CHPW)

www.chpw.org

[Coverage Area Includes All Counties except Clallam, Columbia, Garfield, Jefferson, Klickitat, Lincoln, Mason, Skamania, and Whitman]

No updates at this time.

Coordinated Care

Sherry Bennatts, Senior Manager of Case Management

www.coordinatedcarehealth.com

No updates at this time

Molina Healthcare of Washington

Kelly Anderson, MBA, BS, RN, CCM

www.molinahealthcare.com

No updates at this time.

UnitedHealthcare

Cassie Mitson, RN, CPN

www.uhc.com

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[Coverage Area Includes: All Counties except Clallam, Cowlitz, Garfield, Pend Oreille, San Juan, Skagit, and Whatcom]

No updates at this time.

Partner Updates

Washington State Parent to Parent Network

Tracie Hoppis, Manager

WA P2P welcomed a new partner, The Green Apple Project, serving Asotin County.

Additional funding (\$400,000) from DDA was allocated to Parent to Parent and Informing Families (DDC) this last legislative session.

Parent to Parent's annual Coordinator Training will be held at the Rainbow Lodge Retreat Center in North Bend, May 20-22.

<https://arcwa.org/parent-to-parent/>

Washington State Medical Home Partnerships Project for CYSHCN

Kate Orville

www.medicalhome.org

- 1) Autism Center of Excellence Training Sept 29th- 82 COE eligible of which 38 are now COE certified and 50 attending partners. Feb 2, 2024, COE training has 52 COE eligible clinicians registered and 27 partners (MCOs, CSHCN Coordinators, LMHC, SLPs etc) Register: <https://redcap.link/Feb2024COE>
- 2) With funding from the DOH CYSHCN program, we are able to offer autism evaluation tools and training to community COEs and EI (SLP/OT etc) partners. a) School Medical Autism Review Team (SMART) members from Jefferson, Skagit, King, Benton-Franklin and Thurston Counties participated in ADOS-2 training in September and October; SMART members including those from Yakima and Spokane will be doing ADOS-2 training in March. b) The Screening Tool for Autism in Toddlers and Young Children (STAT) is a highly regarded, family friendly focused screening tool. We are collaborating with Wendy Stone, PhD a co-developer of the tool to provide training and tool kits to interested COEs and EI clinicians/teachers across WA. We currently have 4 all day virtual training days set up with COEs and EI in different cohorts, 20 slots per training... The EI cohorts are filled (Jan 16 and April 3) The COE cohorts are filling fast (Feb 9 and April 17) Participants for the first two cohorts come from 20 counties across WA. We expect to be able to offer additional training later this year.
- 3) WA INCLUDE Collaborative ECHOs- MHPP staff participated as faculty for the ECHO Autism Orange cohort for new autism diagnosticians and the ECHO Intellectual/Developmental Disability (I/DD) Resources and Resource Navigation. LHJ CYSHCN Coordinators and MCO staff make up big, knowledgeable groups of the Resources Navigation cohort (this ECHO will start again in April). There is also an I/DD Systems Wraparound ECHO with leaders from different systems (HCA, DDA, etc) learning about and problem solving cases where I/DD and mental health are both heavily involved and an I/DD psychiatric care ECHO. 2024 sessions are available to enroll in now at <https://wainclude.org/> (note you need to first sign up for the website, then enroll in your ECHO(s)).
- 4) MHPP colleague Sophie Lu, ARNP, and her husband Mark are the new parents of baby girl Hallie Huynh Maleng was born on 12/1/23. Hallie, Sophie, and Mark are doing well and enjoying their time together snuggling and reading. Sophie is on maternity leave until July 2024.

University of Washington CSHCN Nutrition Project at CHDD

Mari Mazon, MS, RDN, CD and Sarah Harsh, MS, RDN, CD

University of Washington – Center on Human Development and Disability (CHDD)

Nutrition Training Contract <http://depts.washington.edu/cshcnnut/>

We held our 27th Nutrition Network Training in December 2023 and welcomed 18 registered dietitian nutritionists to the CSHCN Nutrition Network. Our newest members serve Adams, Thurston, Mason, Grays Harbor, Kitsap, King, Pierce, Snohomish, Skagit, Chelan, Douglas, Benton, Franklin, Walla Walla, Stevens, Pend Oreille, and Ferry Counties. The Nutrition Network now has over 200 active members.

Mari Mazon, MS, RDN, CD and Sarah Harsh, MS, RDN, CD

Washington State Fathers Network (WSFN)

Matthew Rickmon, Director

www.fathersnetwork.org

No updates at this time

Family to Family Health Information Center (F2FHIC)

Jill McCormick

www.familyvoicesofwashington.com

No updates at this time.

Open Doors for Multicultural Families

www.multiculturalfamilies.org

No updates at this time.

Washington Autism Alliance & Advocacy (WAAA)

www.washingtonautismadvocacy.org

No updates at this time.

Office of Superintendent of Public Instruction (OSPI)

www.k12.wa.us/HealthServices/default.aspx

No updates at this time

Seattle Children's Hospital

www.seattlechildrens.org

No updates at this time.

Lifespan Respite Washington (LRW)

Linda Porter

www.lifespanrespitewa.org

No updates at this time.

WithinReach

www.withinreachwa.org

No updates at this time.

State Updates

Department of Children, Youth, and Families

Early Support for Infants and Toddlers (DCYF-ESIT)

Lori Holbrook

www.dcyf.wa.gov/esit

No updates at this time

DSHS, Fostering Well-Being (FWB)

Autumn Wade, Amanda McCleskey, Jesenia Stark, and Kyser Corcoran

No updates at this time

DSHS, Developmental Disabilities Administration (DDA), Waiver Unit

No updates at this time.

DSHS / DDA, Medically Intensive Children's Program

No updates at this time

DCYF, Family & Community Supports, Division of Partnership, Prevention and Services

Marilyn Gisser, Primary & Community Prevention Specialist

Hello,

Please share this (or <https://content.govdelivery.com/accounts/WADEL/bulletins/392e1fb>)

Crisis Respite Capacity Building Funding Opportunity

Strengthening Families Washington (SFWA) at the Department of Children, Youth, and Families (DCYF) is pleased to announce that DCYF has released a Request for Proposal (RFP) to develop crisis respite capacity in Washington State. Crisis respite is short-term care for children when their parents or caregivers need a break for any reason, whether they are exhausted and worn-out from the demands of parenting or when they experience difficult life circumstances or other unexpected events and have no safe alternatives for care.

We invite proposals from organizations who are interested in developing crisis respite capacity in Washington State communities, Tribal Nations, Recognized American Indian Organizations (RAIOs) and Native Serving Organizations through either in Option 1, crisis respite exploration and planning, or Option 2, implementation.

DCYF will post this Solicitation, and all Amendments and announcements relating to this Solicitation, on WEBS. You can access WEBS at <https://fortress.wa.gov/es/webscust>. All bidders must be registered in WEBS to download this solicitation and receive notifications regarding amendments to the solicitation.

The deadline for submitting proposals is May 8, 2024, by 4 p.m.

Please share this opportunity with community partners and organizations throughout the state. If you have any questions, please email dcyf.contracts@dcyf.wa.gov.

DSHS / ALISA, Kinship Care and Lifespan Respite

www.dshs.wa.gov/kinshipcare

No updates at this time.

DOH Screening and Genetics Unit

Nini Shridhar, State Genetics Coordinator

In response to identifying an unmet need for provider knowledge on ordering and interpreting prenatal genetic tests, the Genetics Program has published comprehensive Prenatal Resources for Patients and Providers. These Resources were created by the Prenatal Genetics Task Force convened by the DOH last year to provide guidance and information to non-genetic providers ordering carrier screening and prenatal genetic tests, and information to patients to aid in their decision-making process around prenatal tests.

The Resources, published as 3 landing pages are listed below. The landing pages include guidance, clinical workflows, tables, factsheets, videos, visuals, insurance FAQ's, glossary of prenatal genetic terms, and links to relevant external resources.

Carrier Screening | Washington State Department of Health

Prenatal Genetic Screening Information for Patients | Washington State Department of Health

Prenatal Genetic Screening Resources for Providers | Washington State Department of Health

Please share these resources with your providers and partners.

- [Carrier Screening | Washington State Department of Health](#)
- [Prenatal Genetic Screening Information for Patients | Washington State Department of Health](#)
- [Prenatal Genetic Screening Resources for Providers | Washington State Department of Health](#)

www.doh.wa.gov/YouandYourFamily/InfantsChildrenandTeens/HealthandSafety/GeneticServices.aspx

Health Care Authority

No updates at this time.

Attachments

- Agenda ([PDF](#)) (wa.gov)
- Meeting presentation slides ([PDF](#)) (wa.gov)

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- Meeting recording ([youtu.be](#))

Next Meeting

July 11, 2024

Virtual Meeting