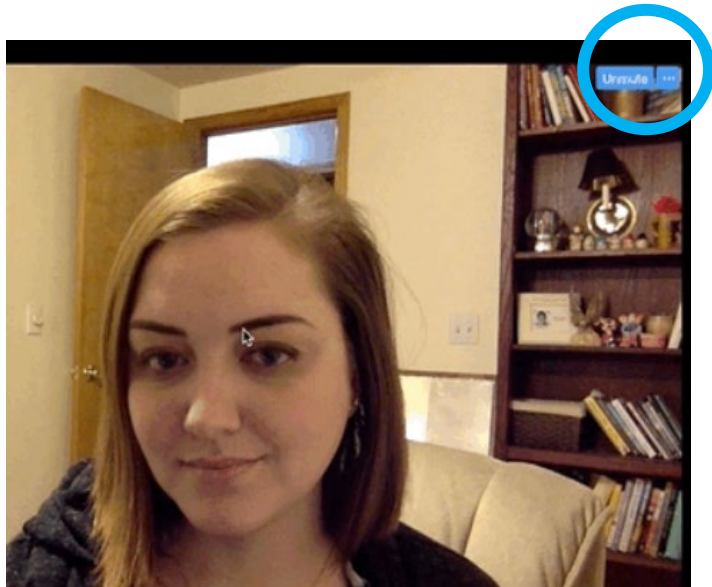


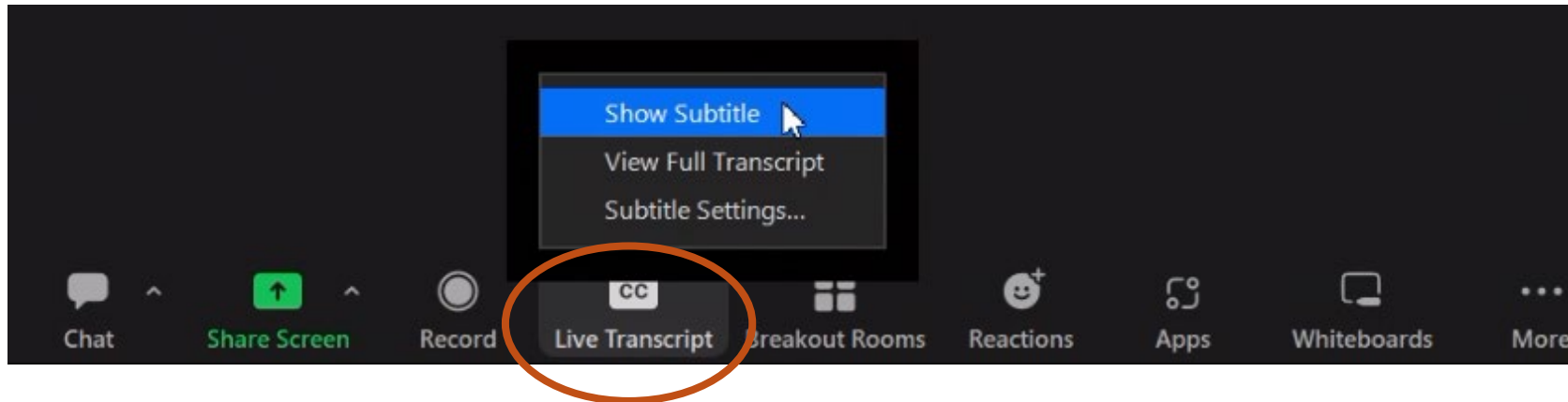
# Welcome to the COMM NET Meeting



- ✓ Click the 3 dots in the top right of your image
- ✓ Select **RENAME**
- ✓ Enter...
  - ✓ First name,
  - ✓ Pronouns,
  - ✓ Your organization/agency name
- ✓ If you don't see your image, check your view settings at the top of the bar and set to see all webcams or Side-by-Side Gallery View
- ✓ Please make sure you are **muted**, and your **camera is turned off** if not speaking.

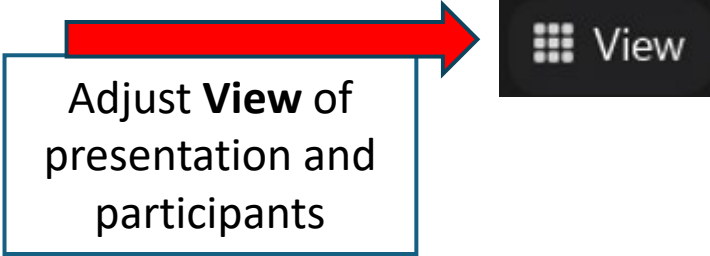
# Transcriptions

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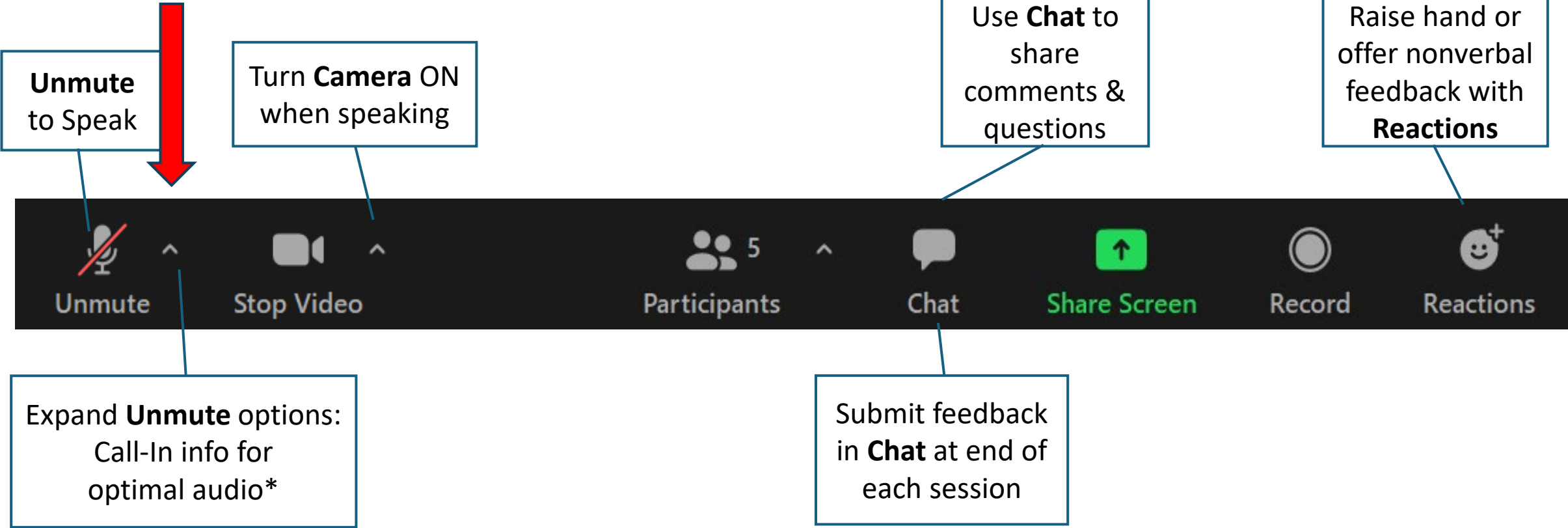
If you would like to access Transcription resources during the meeting, please select [Live Transcript](#) and click [Show Subtitle](#)

# Zoom Toolbar



Adjust **View** of presentation and participants

View



**Unmute to Speak**

Turn **Camera ON** when speaking

Use **Chat** to share comments & questions

Raise hand or offer nonverbal feedback with **Reactions**

Expand **Unmute** options:  
Call-In info for optimal audio\*

Submit feedback in **Chat** at end of each session

Unmute

Stop Video

Participants 5

Chat

Share Screen

Record

Reactions



## COMMUNICATION NETWORK MEETING

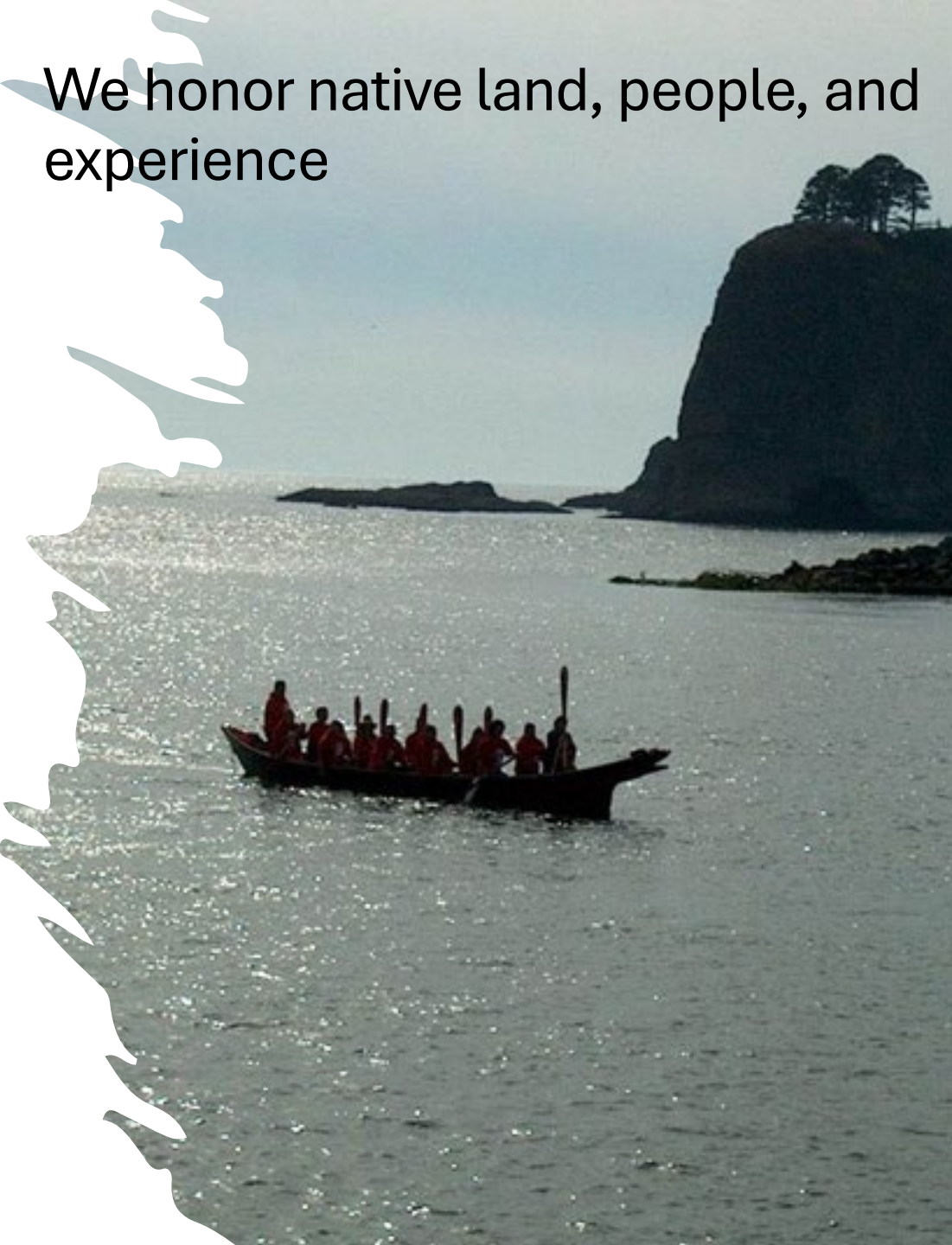
Children & Youth with Special Healthcare Needs - 01/11/24

## Housekeeping Items:

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- Please list your NAME, PRONOUNS and AFFILIATION in the chat
- Ice breaker: if you could travel anywhere in the world, where would it be?
- If you are new, please add your email address in the chat so we can make sure you are added to our future community network list
- This meeting will be recorded
- ASL interpreters

# We honor native land, people, and experience



- The Washington State Department of Health Children and Youth with Special Healthcare Needs (CYSHCN) program recognizes and honor the original occupants and stewards of the land where we all individually and collectively gather.
- The CYSHCN program honors the survival, the adaptations, the forced assimilation, and the resilience and creativity of Native peoples—past, present, and future. We encourage CYSHCN partners to consider their responsibilities to the people and land, both here and elsewhere, and to stand in solidarity with Native, Indigenous, and First Nations People, and their sovereignty, cultural heritage, and lives.
- We also pause to recognize and acknowledge the labor upon which our country, state, and institutions are built.
- We remember that our country is built on the labor of enslaved people who were kidnapped and brought to the U.S. from the African continent and recognize the continued contribution of their survivors. We also acknowledge all immigrant labor, including voluntary, involuntary, trafficked, forced, and undocumented peoples who contributed to the building of the country and continue to serve within our labor force. We acknowledge all unpaid care-giving labor.
- To the people who contributed this immeasurable work and their descendants, we acknowledge our/their indelible mark on the space in which we gather today. It is our collective responsibility to critically interrogate these histories, to repair harm, and to honor, protect, and sustain this land.

*\*This land acknowledgement is adapted from Seattle Colleges*

Please share the people you honor of the land you are occupying in the chatbox  
[Native-Land.ca](https://www.native-land.ca) | [Our home on native land \(native-land.ca\)](https://www.native-land.ca)

## 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	<b>Break</b>	
10:00-11:00	Domestic violence, neglect, and Child Protective Services (CPS)	Jasmine Hodges, MA, DCYF Sandy McCool, DCYF
11:00-11:05	<b>Break</b>	
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	<b>Break</b>	
12:10-1:00	Optional Networking Session	Amanda Simon

## DOH-CYSHCN Team:

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**Monica Burke, PhD**  
*CYSHCN Program Director*



**Nikki Dyer, MA Ed**  
*Family Engagement Specialist*



**Renee Tinder, MPH**  
*CYSHCN Behavioral & Adolescent Consultant*



**Linda Ramirez**  
*CYSHCN Communications & Early Childhood Consultant*



**Kimberly Schoenacker, RDN, CD**  
*CYSHCN Nutrition Consultant*



**Amanda Simon, MPH, CTRS**  
*Process Improvement Specialist*



## Updates:

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### **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

### **CHIF**

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](mailto:DOH-CHIF@doh.wa.gov).

### **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.

## Updates Continued:

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### **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.

### **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 boards (flyer in chat)



## Updates Continued:

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### **Nutrition**

[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 4<sup>th</sup> 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

# Centering Joy in the Neurodivergent Community

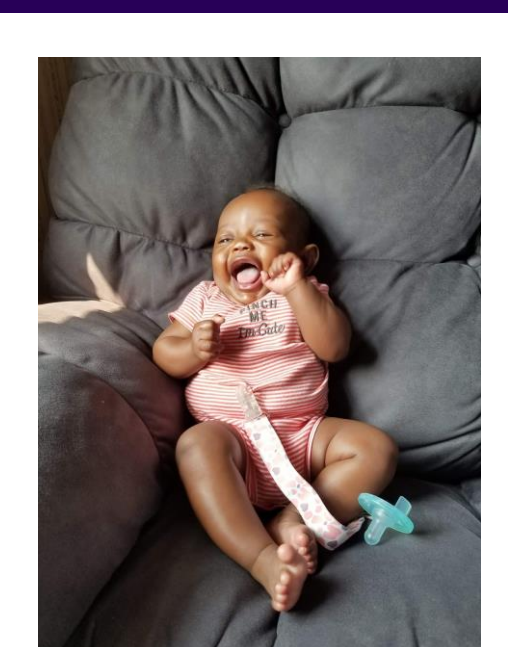


Shaunté Johnson, Educator, Homeschool Mother, UW LEND Family Advocate

## Introduction

Raising a child with autism has been one of the most amazing, yet difficult experiences of our family's life. Our son's journey has opened our eyes to a fresh way of being while also teaching us what parts of life are truly important. I wish someone would have told us not only about the early signs and stages of autism, but equally coached us 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



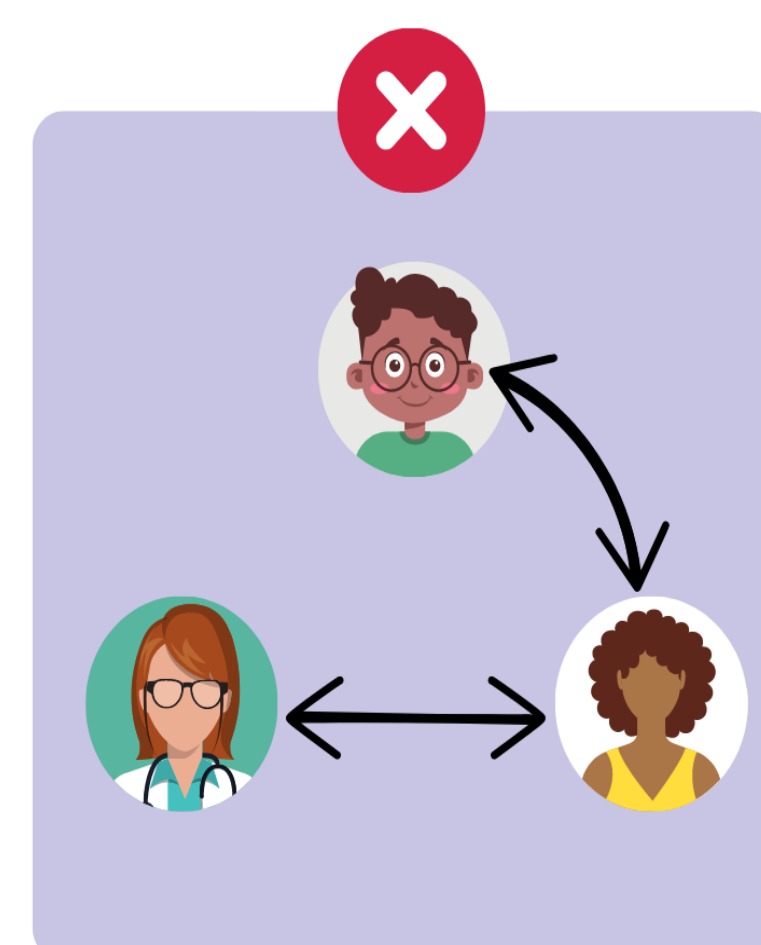
- Joy is not present inherently or described in the medical field when referring to children with IDD
- Most interactions between provider and parent have a sense of devastation
- Joy is a posture and identity that one can choose even in the midst of hardship

## Objective

- Celebrate multiple ways of being vs only celebrating once individual achieves neurotypical milestones
- Dismantle neurotypical ways of thought and looking at diagnosis/linear model with an added perspective
- Empower the parent to take hold of their experience they will have, as well as take action to protect their child's identity, joy, and intersectionality's prior/after their diagnosis
- Transition the culture to where parents become a partner with the provider to aid their child's development

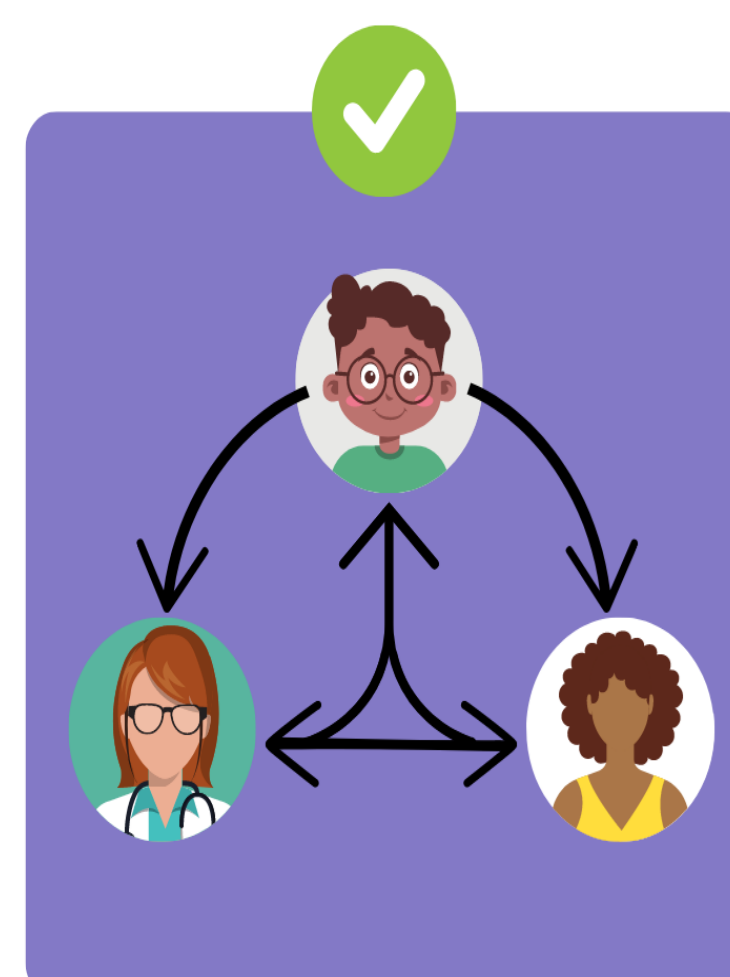
## Project

### Model #1 Leaning into Partnership

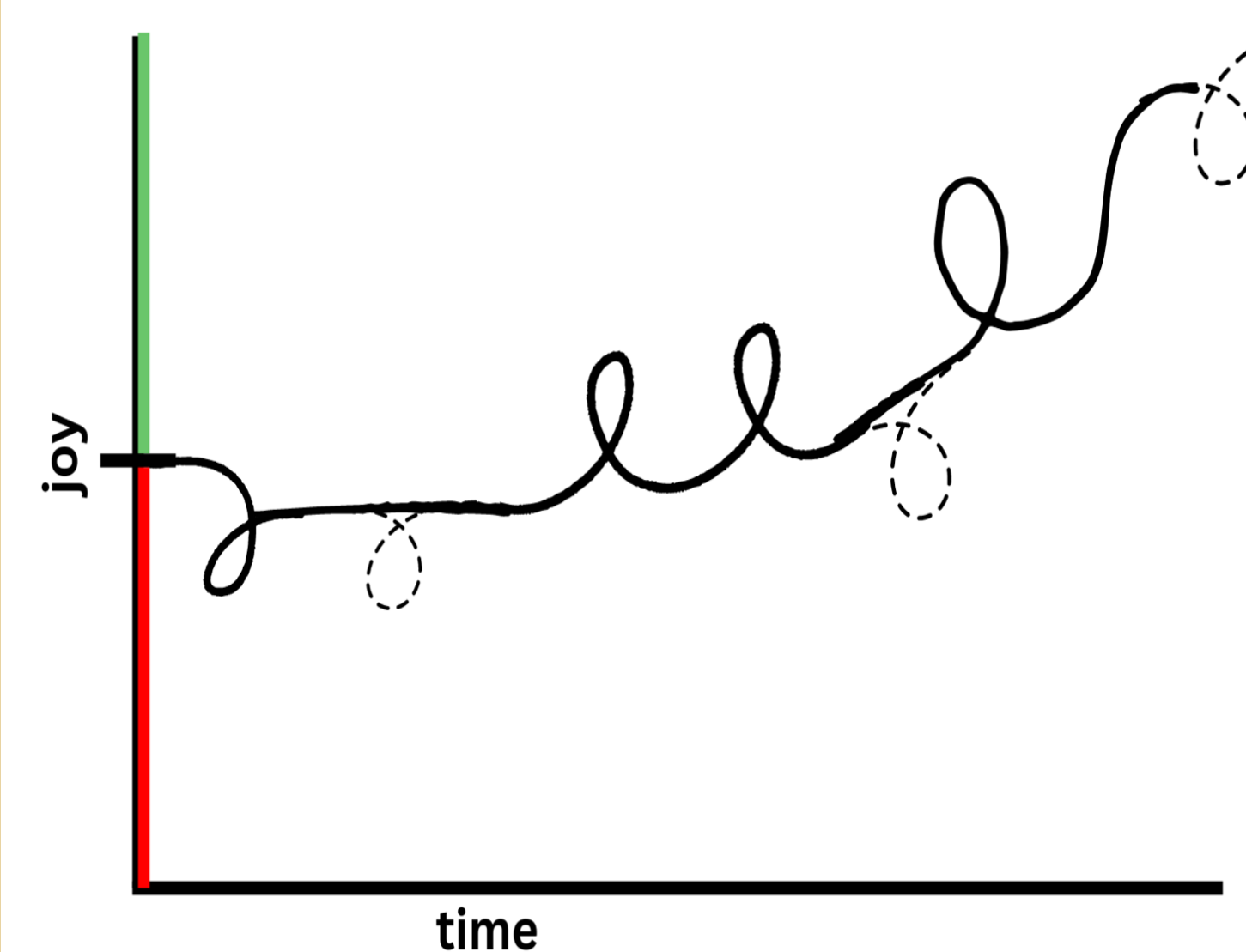


Shift from a  
Provider to  
Parent Model...

...to a Provider  
AND Parent  
Model



### Model #2 Joy Continuum



## 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.

## Resources

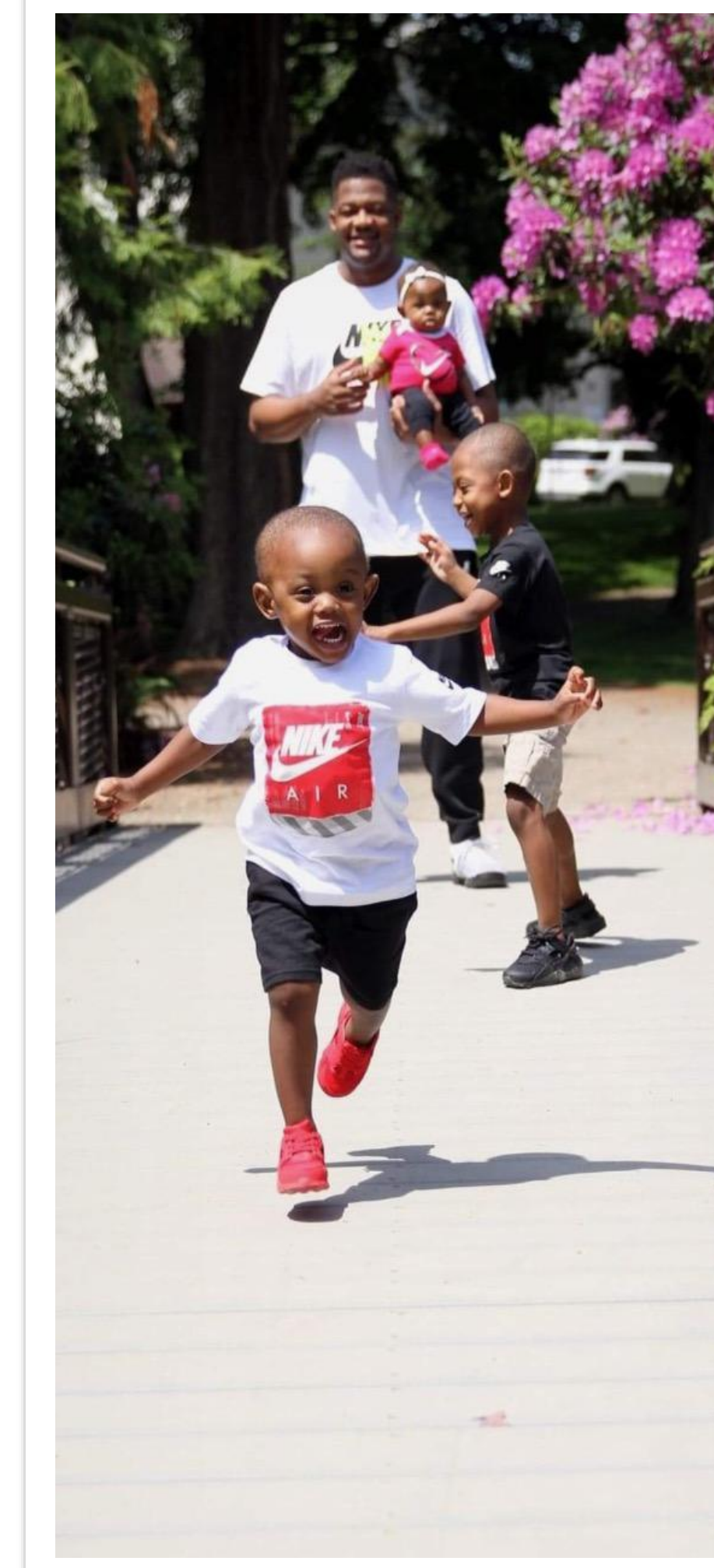
### OUR LIVED EXPERIENCE!

*"Pure logical thinking cannot yield us any knowledge of the empirical world; all knowledge of reality starts from experience and ends in it. Information is not knowledge. The only source of knowledge is experience. You need experience to gain wisdom."*

-Albert Einstein

## Acknowledgements

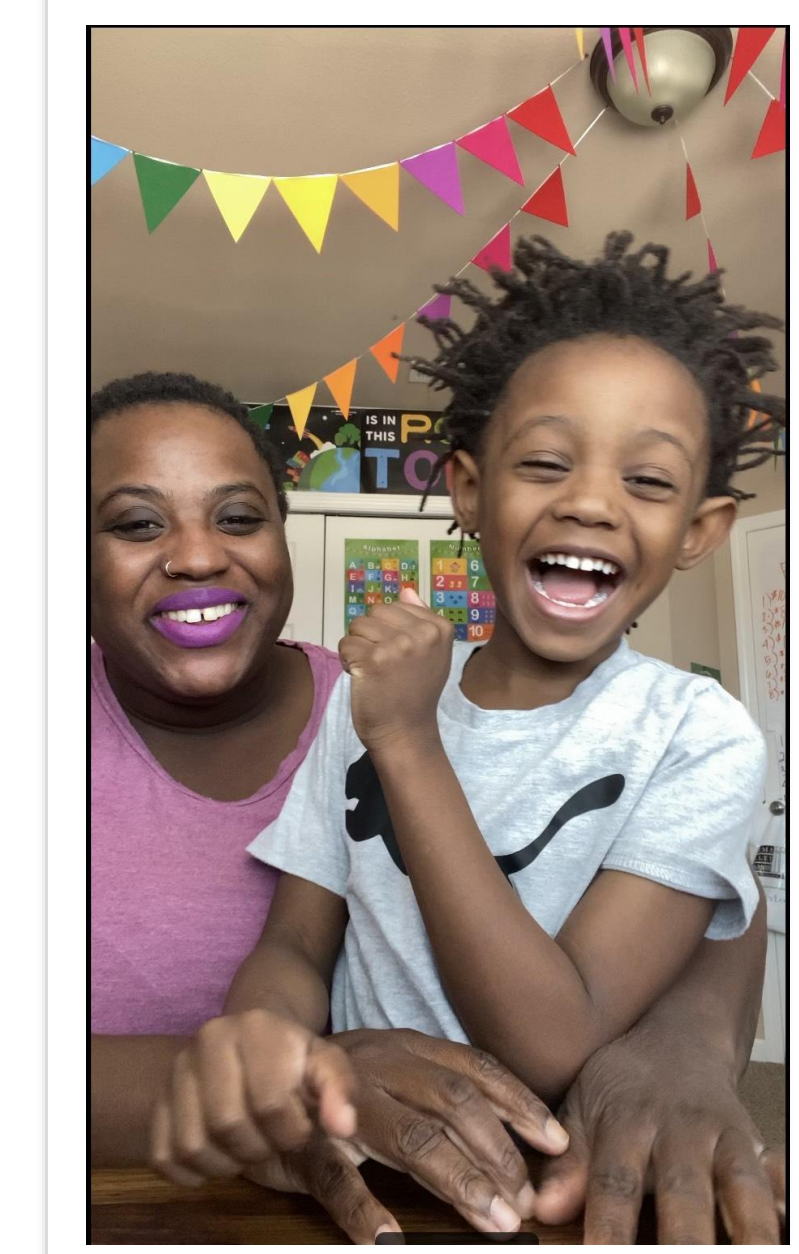
THANK YOU to **Katie Buck**, my mentor, whose support and time made this project possible.



Father: Anthony Johnson



Siblings: Blade-Milan & Kaine-Carter



Mom: Shaunté Johnson



Megan, Private SP



Alicia, Private OT

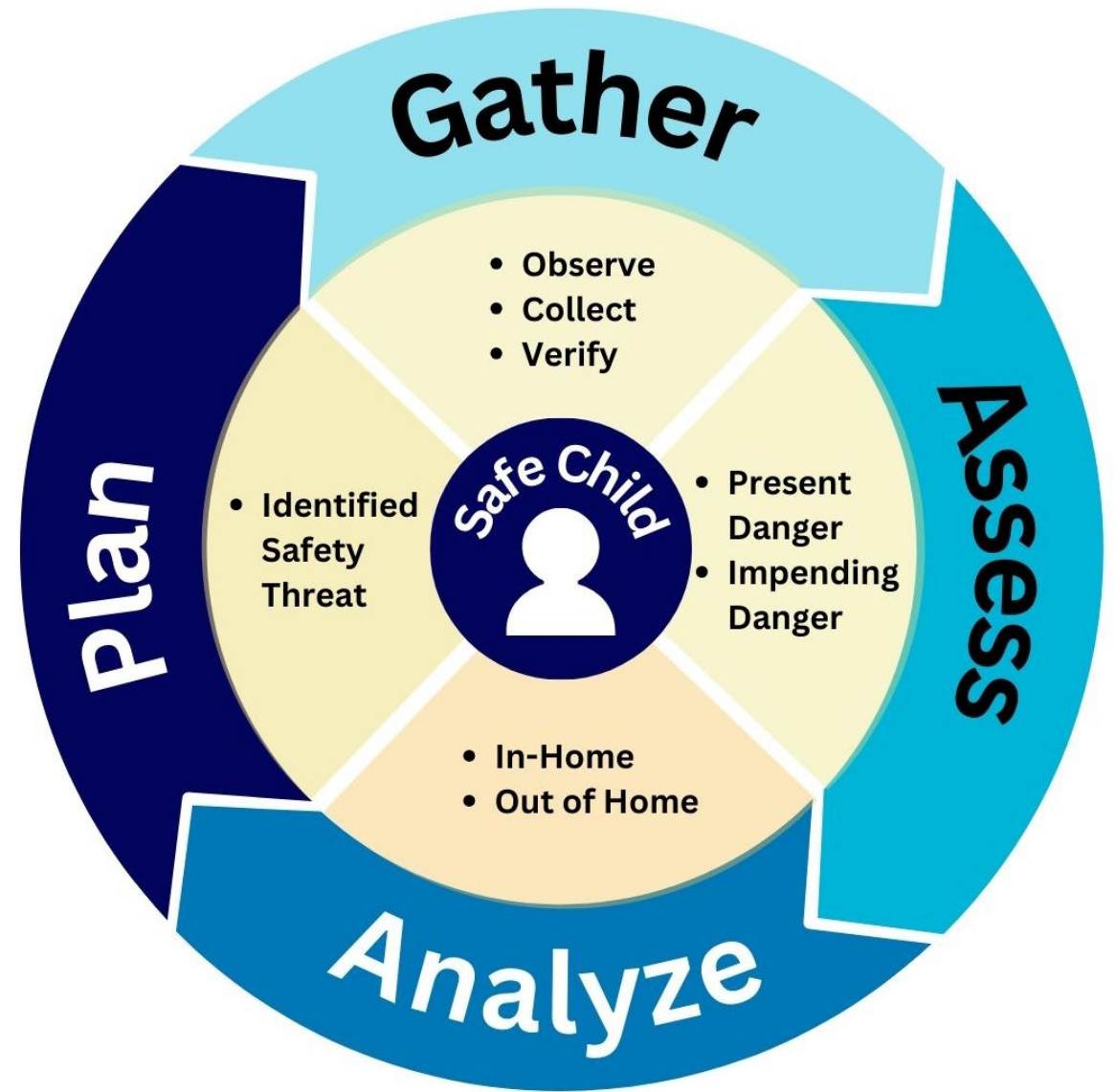


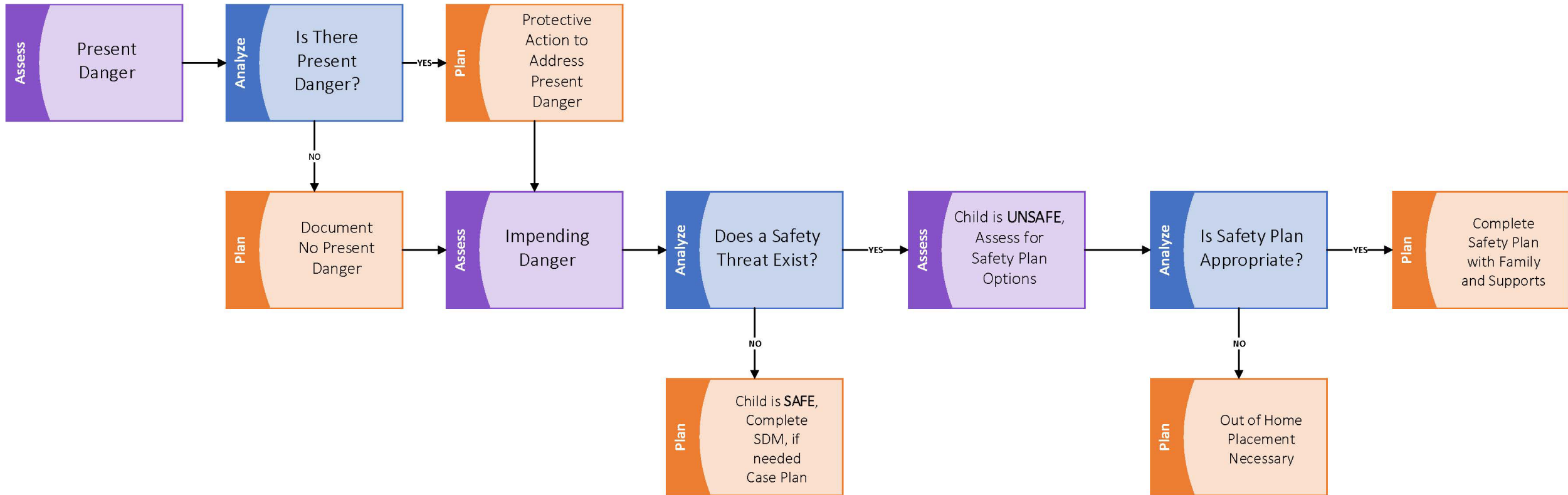
10-MINUTE BREAK  
Please return by 10:00

# 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 a nationally recognized safety-based model which has demonstrated effectiveness in reducing out of home placements when a child as been deemed “unsafe.”*





## Task

Gathering Information (6)

Identification of Safety Threat (17)

Identification of Threshold Criteria (5)

Safety Plan Analysis (4)

## Purpose

Comprehensive information required to complete a global assessment, identify impending danger and develop quality plans

To identify the domain of concern which will help support specific catered plans to mitigate the threat to safety

To identify if a child is UNSAFE and is in impending danger

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



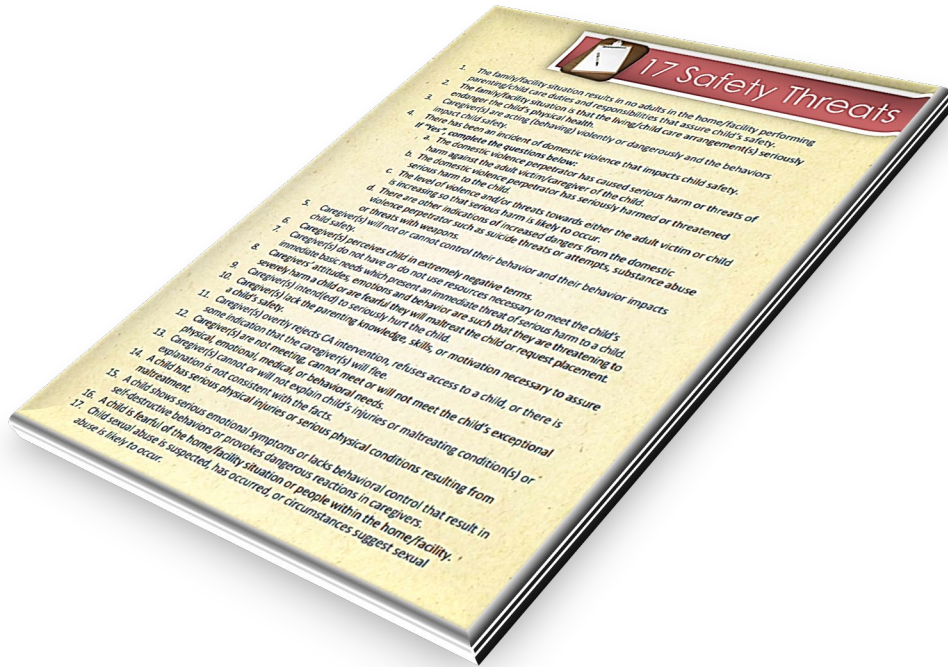
- **Risk Factor**: A situation that can be linked with a harmful result over time.
- **Safety Issue**: A situation that is linked with a major harmful result in the near future.



# 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

Present Danger is assessed at every contact DCYF has with a child.



# 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 are there **more than one** type of plan?



PROTECTIVE ACTION  
PLANS



SAFETY PLANS



CASE PLANS

Original: December 19, 2022  
Revised Date: August 29, 2023

**Child Welfare Programs Division**

*Jasmine Hodges, Statewide Safety Program Manager*

[www.dcyf.wa.gov](http://www.dcyf.wa.gov)

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



## Safety Planning

- Childcare
  - Harm reduction kits
  - Pregnant and Parenting Individual Treatment
  - Friends, family and other safety plan participants
- Does not require change in parent's attitude or behavior
  - Controls threats immediately



## 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

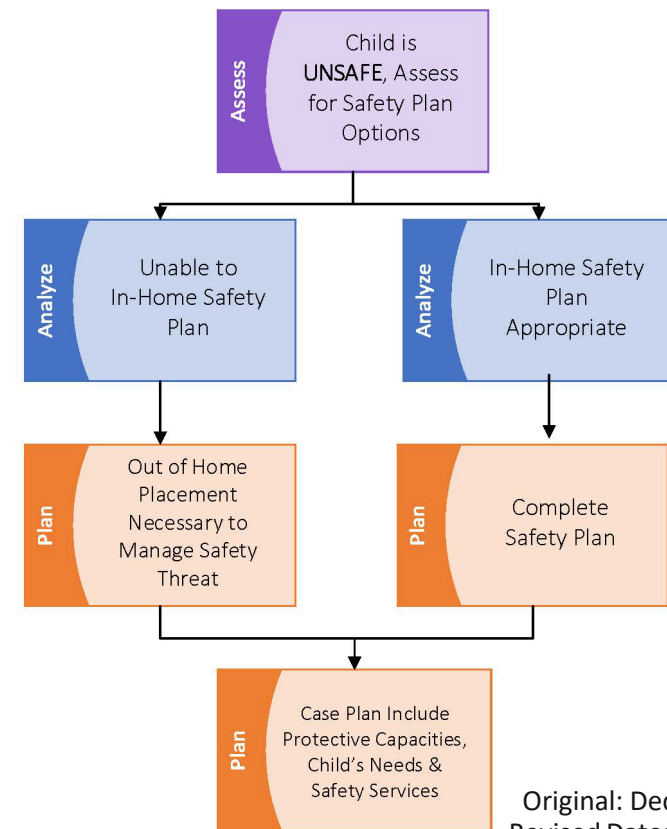
In order to determine that a threat exists, the following **five** criteria must be met:

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.

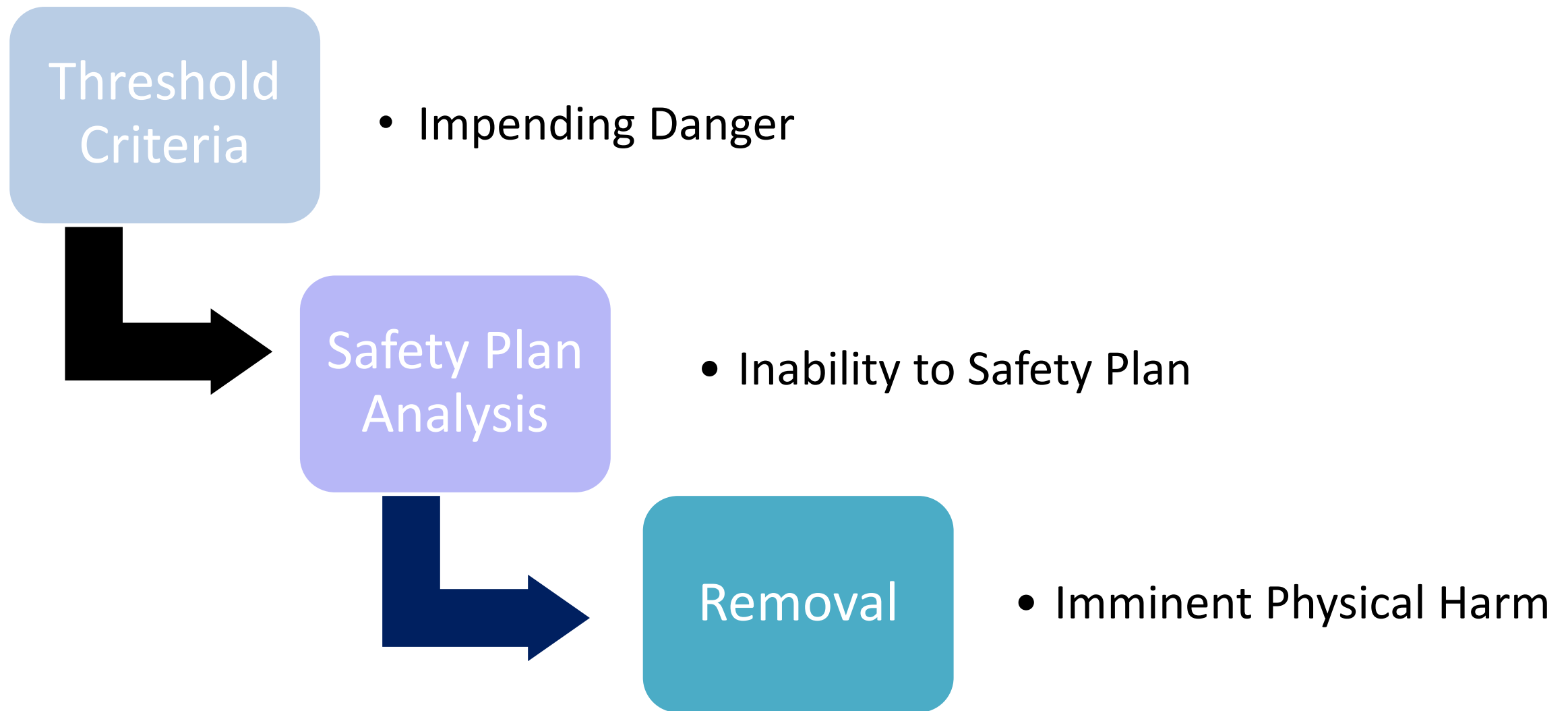


Original: December 19, 2022  
Revised Date: August 29, 2023

**Child Welfare Programs Division**

*Jasmine Hodges, Statewide Safety Program Manager*

[www.dcyf.wa.gov](http://www.dcyf.wa.gov)



# 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





10-MINUTE BREAK  
Please return by 12:10

# Mandatory Reporting & Keeping Families Together Act

Communication Network Meeting Presentation

[www.dcyf.wa.gov](http://www.dcyf.wa.gov)



Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

# Mandatory Reporting

Child Abuse and Neglect





# Mandatory Reporters

- Medical practitioners
- Nurses
- Dentists
- Social service counselors/therapists
- Psychologists
- 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 been 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.*





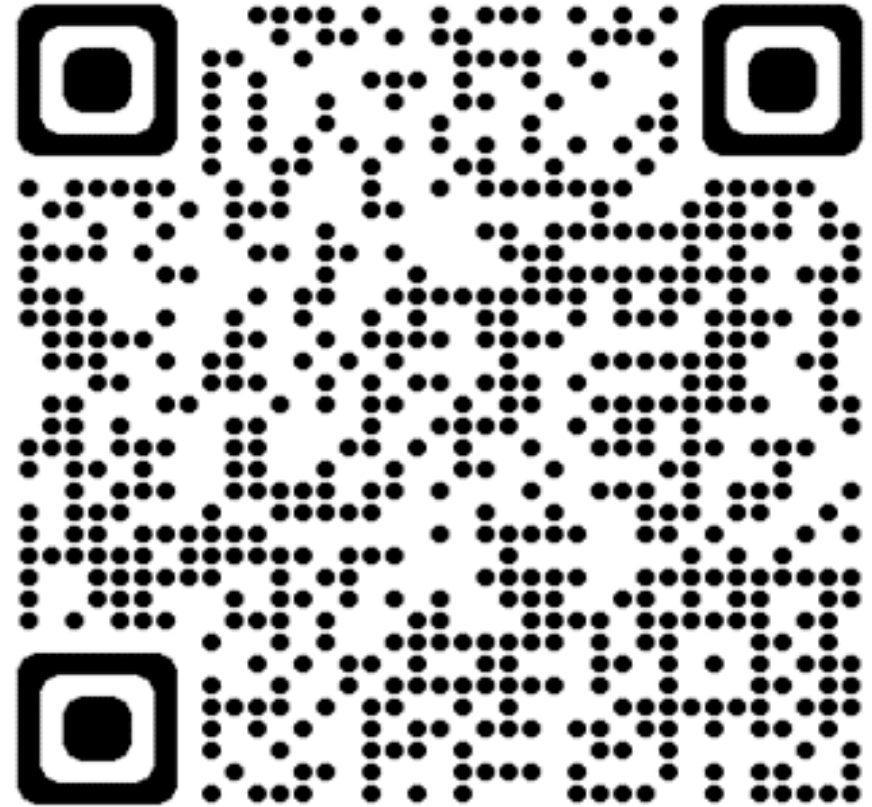
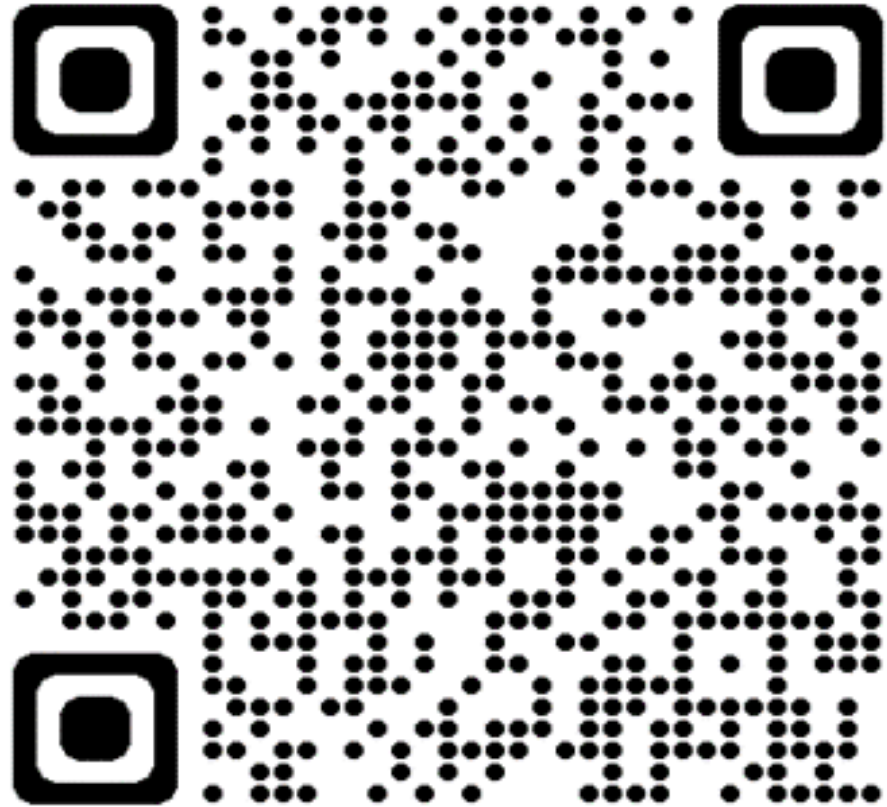
# Addressing Disproportionality

- 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.



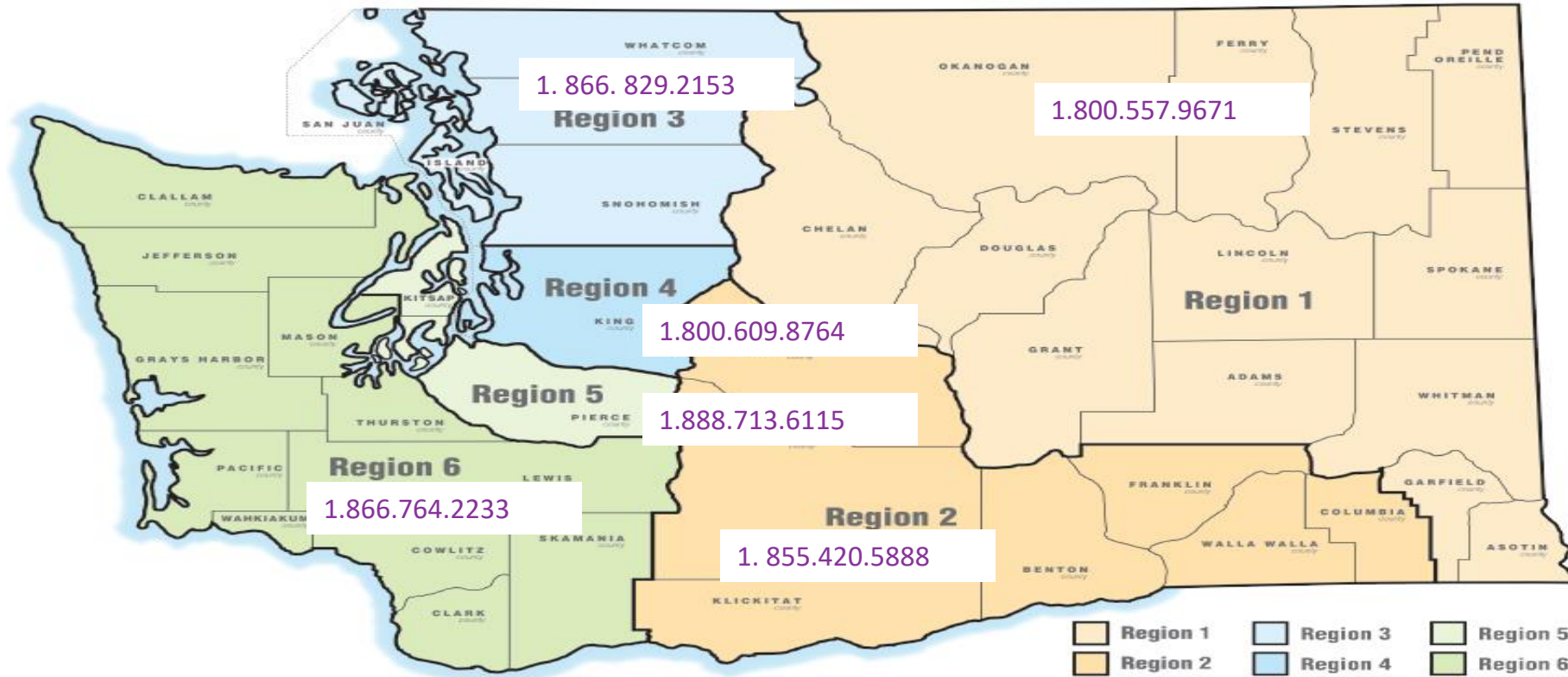


# DCYF Intake and Screening Process



Mandatory Reporter Toolkit

# Reporting Suspected Child Abuse or Neglect



**Tollfree Intake 1.866.363.4276**

# What questions will be asked when you call?

- Child's full legal name
- Date of birth
- Any known address
- Phone/email contact information
- Parents and caregiver's full legal name
- 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 that seems to impact the parents' ability to adequately and safely respond to the child's needs.

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.



Also report what is going well in the family



## 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

## Closing and Next Steps:

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- Meeting Minutes and Recording will be available in the coming weeks
  - Please fill out [evaluation](#)
  - Please fill out [form](#) with any program updates
  - Send questions or additional info to Linda:  
[Linda.Ramirez@doh.wa.gov](mailto:Linda.Ramirez@doh.wa.gov)
- Dan Thompson Memorial Fund Video Project: Relationships
  - Zoom Link:  
<https://us06web.zoom.us/j/81388847423?pwd=zb5hJALytcWiuebHjpkQstjMkuPOK9.1>
  - Meeting ID: 813 8884 7423 Passcode: 371507



To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).