

FINAL BILL REPORT

E2SSB 6109

Brief Description: Supporting children and families.

Sponsors: Senate Committee on Ways & Means (originally sponsored by Senators Wilson, C., Boehnke, Braun, Gildon, Hasegawa, Kuderer, Lias, Lovelett, Lovick, Nguyen, Nobles, Saldaña, Short, Warnick and Wilson, J.).

Senate Committee on Human Services

Senate Committee on Ways & Means

House Committee on Human Services, Youth, & Early Learning

House Committee on Appropriations

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

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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.

Summary:

Child Welfare Process. A court must give great weight to the lethality of high-potency synthetic opioids and public health guidance from the Department of Health (DOH) related to high-potency synthetic opioids when considering whether the child may remain in the home of a parent when considering:

- whether to issue a pickup order;
- whether placing or maintaining a child in shelter care is necessary to prevent imminent physical harm to a child;
- whether a parent, guardian, or legal custodian's participation in any prevention services would prevent or eliminate the need for the child's removal; and
- whether a manifest danger exists that the child will suffer serious abuse or neglect if the child is not removed from the home during a dispositional hearing.

The child abuse or neglect establishing the basis for a determination of imminent physical harm during a request for a pickup order, law enforcement removal, and hospital hold may include, but is not limited to, child abuse or neglect resulting from a high-potency synthetic opioid.

High-potency synthetic opioid is defined to mean an unprescribed synthetic opioid classified as a Schedule II Controlled Substance or Controlled Substance Analog in state law or by the Pharmacy Quality Assurance Commission in rule including, but not limited to, fentanyl.

Training and information. The list of topics that must be included in the required judicial training for Family and Juvenile Court Improvement Grant recipients are expanded to include:

- substance use disorder, including the risk and danger to children;
- how to apply the child safety framework to crucial aspects of dependency cases, including safety assessment, safety planning and case planning; and
- the legal standards for removal of a child based on abuse or neglect.

The Administrative Office of the Courts must develop, deliver, and regularly update training for judicial officers and dependency court system partners regarding child safety and the risk and danger presented to children and youth by high-potency synthetic opioids and other substances impacting families.

The DOH, in collaboration with the DCYF, must convene a work group on children and exposure to fentanyl to provide information for child welfare workers, juvenile courts, and families regarding the risks of fentanyl exposure for children and child welfare workers in child protective services investigations. The information must be made available to child

welfare court professionals.

Services and staff positions. Legal liaison positions within the DCYF are established in at least one of each of the six DCYF regions to work with both the DCYF and the Office of the Attorney General for the purpose of assisting with the preparation of child abuse and neglect court cases.

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 parental substance use disorder was a factor in the case.

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.

HCA shall expand specific treatment and services to children and youth with prenatal substance exposure who would benefit from evidence-based services impacting their behavioral and physical health.

DCYF shall establish two pilot programs to implement an evidence-based, comprehensive, intensive, in-home parenting services support model to serve children and families from birth to age 18 who are involved in child welfare, children's mental health, or juvenile justice systems. There must be one pilot on each side of the state. This section expires July 1, 2026.

DOH shall support Promotoras in at least two communities. These Promotoras shall provide culturally sensitive, lay health education for the Latinx community, and act as liaisons between their community, health professionals, and human and social service organizations. DCYF is to establish a pilot program to include third-party safety plan participants and public health nurses in child protective services safety planning.

DCYF must make available to DCYF staff high-potency synthetic opioid testing strips that can detect the presence of high-potency synthetic opioids that may be provided to families for their personal use or used by DCYF staff to maintain their safety.

The bill is null and void unless funded in the operating budget.

Votes on Final Passage:

Senate 42 7

House 94 0 (House amended)

Senate 46 3 (Senate concurred)

Effective: Ninety days after adjournment of session in which bill is passed. However, the bill is null and void unless funded in the budget.