






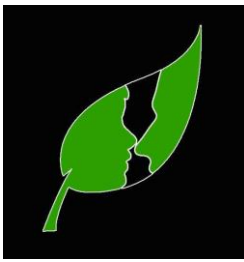
Southwest FYSPRT Meeting Agenda

Date: February 28th, 2022

Time: 4:00 p.m. – 6:00 p.m.

Location: [Zoom Meeting](#)

Co-facilitators: Michelle Karnath, Kirstin Peterson, Katie Favela Note Taker: Kirstin Peterson		Time Allowed
Welcome and Introductions:	<ul style="list-style-type: none">General Announcements	4:00-4:10
Safe Babies Court- Sauna McCloskey and Helen Sullivan	<p>Transforming the child welfare system so that every baby, toddler and family heals and thrives. The discussion and design phase was started a little over a year ago and presentations are now starting in the community.</p> <p>These are the main key aspects of safe babies court...</p> <div><h3>What is Safe Babies Court?</h3><div><div><p>New approach to working with families of infants and toddlers in the Child Welfare system. It may be referred to as an Early Childhood Court.</p></div><div><p>The science is clear: the first 3 years of life is the MOST CRITICAL phase of brain development and lays the foundation for lifelong interactions and perceptions of the world.</p></div><div><p>Through a coordinated team approach, families meet every other month to identify family strengths and needs, resources/referrals to overcome barriers and discuss action steps to work through safety threats/risks and working towards reunification.</p></div><div><p>Participation is voluntary</p></div><div><p>Status review court hearing are held every 60 days to demonstrate progress on reunification goals, identify any remaining needs or referrals to address safety risks/threats , discuss parenting time interactions and/or make decisions on reunification</p></div></div><p>Why we need Safe Babies Court?</p><p>Every 6 minutes a baby or toddler is removed from their parents in the US due to neglect or abuse and sent to live out of home placement.</p><p>Children under 3 enter into Foster Care at a higher rate than any other group</p></div>	4:15-4:45



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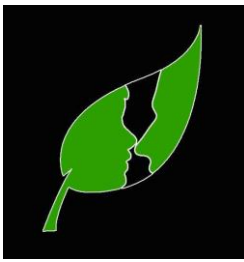
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<p>at 32%.</p> <p>At 24.5% WA has the 3rd highest rate for Foster Care entry for children from ages 0 to 12 months.</p> <p>Dependency filings have increased over the past 3 years in Clark County, 45% pf those were children under the age of 2.</p> <p>SBC will also address racial inequities. Children’s and families in the BIPOC population have a high representation in the Dependency courts and they are working to change that.</p> <div data-bbox="321 892 1328 1648"> <p>Safe Babies Court Team Approach - different teams & collaboration</p> <div> <p>Washington State Early Childhood Court Advisory Board</p> <p>Clark County Safe Babies Court Leadership Team</p> <div> <div> <p>Family Teams</p> <ul style="list-style-type: none"> • Meets every other month that includes the parents, social workers, attorney, service providers, parent allies, resource/caregivers and is facilitated by a community coordinator • Takes a child-centered strengths-based approach to review protective factors and needs of each family member and work on action plans for reunification goals as well as discussing the concurrent plan </div> <div> <p>Active Community Team</p> <ul style="list-style-type: none"> • Currently recruiting members • Meets 4-6x/ year initially • Assists in sharing resources and identifying service gaps; • Intentional partnerships to streamline processes and remove access issues • Reviews data for system reform and/or disparities </div> </div> </div> </div>	

They are currently recruiting members to their network to increase collaboration and their Active Community Team.

Outcomes



















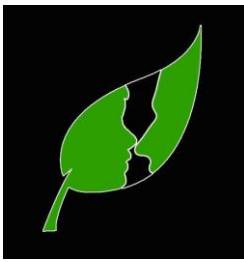
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	<p>Of those kiddos coming through the court, 93% are placed permanently within a year.</p> <div><table><tr><th>Strengthen</th><th>Collaborate</th><th>Equity</th><th>Prioritize</th><th>Build</th></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Strengthen parental capacity to care for their children</td><td>Collaborate to address service gaps and disparities to meet child and family needs</td><td>Remove barriers to racial equity and social justice</td><td>Prioritize developmentally appropriate and evidence-based practices</td><td>Build trauma-responsive systems to support families and professionals</td></tr></table></div> <p>They promote evidence based practices and work, and work to be trauma informed and trauma responsive.</p> <p>Even though they are focusing on ages 0-3 they will also focus and offer services to all children in the family. They also work to help the parents be able to have parenting time.</p>	Strengthen	Collaborate	Equity	Prioritize	Build						Strengthen parental capacity to care for their children	Collaborate to address service gaps and disparities to meet child and family needs	Remove barriers to racial equity and social justice	Prioritize developmentally appropriate and evidence-based practices	Build trauma-responsive systems to support families and professionals	
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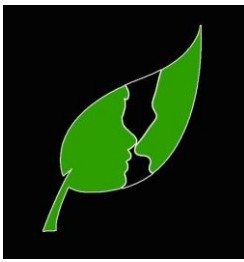
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	<p>For More Information:</p> <div>  Visit: www.clark.wa.gov/therapeutic-courts </div> <div>  Contact: Shauna.McCloskey@clark.wa.gov hssullivan@aol.com </div> <div>  Shauna work cell: 360-605-3373 </div> <p>Questions:</p> <p>Is a parent ally a position within the department? How do they find these allies?</p> <p><i>Parents for Parents offer parent allies and offer Dependency 101 for newer parents involved in the process. They will soon have a family connections program through Xchange Recovery that will offer additional support for families.</i></p> <p>If a family isn't assigned an ally how do they know that that support exists? <i>They are offered the service but they do not have to take it.</i></p>	
Challenge and Solution Form Workshop- Kirstin Peterson	<ul style="list-style-type: none"> Lack of outreach surrounding cultures that may not often seek help and not having providers that represent their community. Student loan forgiveness expansion to un-licensed clinicians providing community based services. (Rewording for question below) How do we understand what evidence based programs/ models are working to support families in a less intensive wrap around model and how to increase support for these. Changing the way that Medicaid is funded for children receiving services under the age of 18, so regardless of the level of need they can receive services in their own home. Creating a more cohesive approach with children, families and their providers. 	4:45-5:15



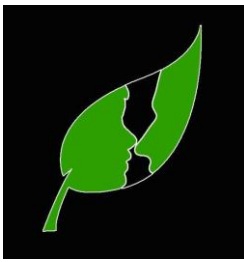
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	<ul style="list-style-type: none"> Oregon providers in Portland being licensed in Washington so that they can access providers that are available to them regardless of where they live. <p>This discussion will be put on next month's agenda to identify which issue to work on first. Then we as a group will work together to complete the form.</p>	
Statewide FYSPRT Meeting Feedback- Michelle Karnath	<p>1. Strengths and appreciations about non-emergency medical transportation.</p> <p>Quite a few positive experiences with Med Transport, occasionally there are bad drivers but they are few and far between. Staff have been very helpful even in last minute situations.</p> <p>2. Are your Regional FYSPRT participants experiencing any of the following concerns related to non-emergency medical transportation. If yes for any of these challenges, please add a few sentences to describe the challenge/experience in your region/system.</p> <ol style="list-style-type: none"> Challenge 1 - transportation between communities Challenge 2 - drivers are not trained to work with children and youth who experience behavioral health challenges <p>Driver are not trained to deal with Mental Health.</p> <ol style="list-style-type: none"> Challenge 3 - exceeding the speed limit, dropping child off after dark at the wrong address. Transportation broker phone lines close at 4pm <p>Call back from the system when on a wait is hit or miss. If you are on hold at 4:30pm you are disconnected, this was noted by multiple individuals and providers. Some families only have so many minutes on their phone and being on hold for an hour to then be disconnected is a significant barrier. Inconsistent approach to speed, either significantly under or over.</p> <ol style="list-style-type: none"> Challenge 4 - if there is a grievance process, families, youth and providers cannot easily access it <p>Their website is difficult to navigate and the process for reporting a driver is not easily identifiable.</p>	5:15- 5:25



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	<p>e. Challenge 5 - Inconsistent messages when families, youth or providers call the transportation broker for information</p> <p>No response from online outreach through website (though this was a different county).</p> <p>3. Are your Regional FYSPRT participants experiencing a challenge related to non-emergency medical transportation that is not listed above? If so, please share a few sentences about the challenge.</p> <p>Long wait times present a barrier to scheduling rides and getting individuals set up.</p>	
Adulting 101/ YAE Update- Briana Mason	Adulting 101- Every other Wednesday, \$20 gift cards available. Next meeting is on physical health and they will have someone from the Special Olympics coming to present on listening to your body. If you are a provider you are more than welcome to join with a youth but it is asked they you give them space to share. Working to share further with regional school counselors.	5:25- 5:35
Wrap up/ Evaluations/ Questions:	Fill Out The Evaluation Here	5:55- 6:00