

## Substance Use and Recovery Services Plan Recommendation

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**Recommendation** –Funding for training of case workers and kinship caregivers/ foster parents with children with SUD. Along with providing equal resources to family of origin.

*Bill requirement: Section 1(3)(a), (c), (d), (e)*

### **Synopsis** –

- Numerous gaps that can exist in services for foster care children.
- The recommendation to provide/enhance substance use and SUD training and recovery support education, creating a supportive environment (CRAFT model, or other EBP) for children and TAY for foster and kinship guardians, caregivers of displaced youth.
- There is a concern that young people who use substances are being criminalized.
- There is a lack of supportive services for youth seeking recovery.
- Would like to include kinship care in training, wrap around services, and other benefits that foster care families acquire.
- Would also include servicing transition age youth not only with SU concerns but mental health as well.
- Should include other organizations in the discussion aside from DCYF, Community Youth Services and A Way Home Washington were suggested, along with those with lived experiences.
- Would like to hear from foster families that may be able to share gaps in the system.

### **Plan of Action:**

- ❖ Supportive policy to obtain and provide naloxone for case workers and foster/kinship families along with young people who use substances to be supplied naloxone. This would include training around administering naloxone and identifying overdoses.
  - Currently, DCYF has no formal policy around carrying and administering naloxone. DCYF is forming a workgroup to address the issue. DCYF has also consulted the Department of Health and reviewing trainings on naloxone.
- ❖ Provide/enhance SUD training and recovery support education, creating a supportive environment (CRAFT model, or other EBP) for children and Transition Age Youth (TAY) for foster and kinship guardians, caregivers of displaced youth. The [Safety First Curriculum](#) by Drug Policy Alliance is designed for high school aged youth. Foster families have to go through so many hours for training, policy

change recognizing SUD, how to recognize and treat an overdose, and what is recovery with an option to have training in trauma informed approach and developing support groups.

- ❖ Providing parity for family of origin as well.
  - Incorporate behavioral health training, including suicide prevention.
- ❖ Including addressing stigma by public education campaign than actual messaging about naloxone itself.

**Financial Impact:**

Dollars	FY23	FY24	FY25
<b>5476 Funding</b>	\$120,000 Training Development/Trainings \$1M Education Campaign \$1.2M Naloxone/ Foster-Kin-Case Managers *	\$40,000 Training \$1.2M Naloxone/ Foster-Kin-Case Managers *	\$40,000 Training \$1.2M Naloxone/ Foster-Kin-Case Managers *
<b>Grant Funding</b>			
<b>Total Funds</b>	\$2,320,000	\$1,240,000	\$1,240,000
<b>Staff (FTE)</b>			

\*Based on taking data from Data from the KIDS COUNT data center and from Adoption and Foster Care Analysis 2020 and providing kits for 20% of this population.

**Consideration of youth, rural areas, and tribes:**

Youth: This recommendation is focused on youth and foster/kinship individuals and families affected by SUD and drug use.

Rural Areas:

Tribes:

Marginalized Communities:

Collaboration/Existing Programs:

Feasibility Assessment/Submission to SURSA Committee: ((Y/N) & Explanation)

SURSA Committee Feedback: