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How does the FIRST Legal Clinic keep newborns safely with their parents?

“We believe in you until you believe in yourself. We want to hold you up until you find your legs.”

—Jennifer Justice, Former Client and Current Parent Ally, FIRST Clinic

Jennifer Justice is a mother of four. When her third child was born, she was using substances. Child Protective Services (CPS) became involved right away and all three of her children were removed and placed with her parents. Five years later, she had become further involved in substance use, at a time she was pregnant, facing homelessness, and experiencing depression. Although she wanted to do “everything differently,” she did not know where to turn, struggling to find prenatal care and other support to address her circumstances. She recalls a sense of dissociation as she approached her due date, anticipating that CPS once again would take the infant she was about to deliver.¹

Her path changed dramatically, however, when staff from a hospital-based [program for substance using pregnant people](#) connected her to the [Family Intervention Response to Stop Trauma \(FIRST\) Legal Clinic](#). Through the FIRST Clinic, Justice connected with Adam Ballout, an attorney, and Gina WasseMiller, a parent ally, both of whom provided her with the support she needed to keep her newborn safe — and with her. Now sober for four years, she works as a parent ally for FIRST Clinic.

[Keeping newborns and mothers safely together](#) immediately following birth is a best practice for both baby and parent, positively impacting short- and long-term well-being outcomes.² The minutes, hours, and days immediately after birth are a critical time for bonding. Child safety is paramount, and the traditional model

of child welfare — in which parents facing substance use disorder must prove that they are worthy of remaining with their newborns — is in opposition to this best practice.³

The FIRST Clinic, in Snohomish County, Wash., is a medical-legal partnership that has been offering free [pre-petition legal representation](#) to parents with substance-exposed infants since 2019. Its mission is to prevent trauma that unnecessary family separation causes.

The FIRST Clinic staff believe that substance use disorder is a response to trauma and should be viewed through a lens of compassionate care rather than with judgment and punishment.⁴ It aims to keep mother and newborn together by surrounding parents with support including legal advice, connections to community resources, and a parent ally. The FIRST Clinic also seeks to reduce inequities in accessing legal services as well as systemic racism within the legal system.

As dependency attorneys for over a dozen years, the founders of the FIRST Clinic represented parents in emergency shelter care hearings. They realized that their involvement always came too late as CPS already had removed the children (in Washington state, parents are appointed attorneys three days after giving birth). The founders believed that if they were involved months, weeks, or even days earlier, outcomes could be different.

“The opposite of addiction is not sobriety. The opposite of addiction is human connection. We can’t do this without love. Love is at the heart of what we do. Without that, we wouldn’t be effective.”

—Adam Ballout, President and Community Outreach, FIRST Clinic⁵

Impact

By helping parents develop safety plans and, when needed, alternative custody arrangements, the FIRST Clinic has helped prevent case filings in 82% of its cases and has helped prevent removals in 89% of 1,150 cases, spending less than five hours on average of attorney time per case.⁶

A survey of 60 parents who received services from the FIRST Clinic in 2023 and 2024 found that 97% of parents would recommend its services to other parents.

The FIRST Clinic is increasingly recognized locally, nationally, and internationally for the positive impact it has on families. It won the 2023 [Pro Bono and Public Service Award](#) from the Washington State Bar Association.

“The best part is when CPS never shows up. You can see the joy, a weight off their shoulders. It’s been a gift. Every parent deserves a chance.”

—Jennifer Justice, Former Client and Current Parent Ally, FIRST Clinic

Core Components

The FIRST Clinic receives referrals from hospitals, community agencies, word of mouth, and the Washington State Department of Children, Youth, and Families (DCYF). When a referral is received, a multidisciplinary team of attorneys and parent allies, supported by a diverse set of partners, provide

immediate wraparound services to prevent unnecessary family separation. Current and former clients receive additional care through support groups.

Multidisciplinary approach

The team at the FIRST Clinic consists of three attorneys and two parent allies, as well as contracted conflict attorneys. The team is structured in a non-hierarchical fashion to ensure that all staff voices matter and different roles and perspectives are equally valued. Team members also have opportunities to grow. “It’s important that people with lived experience have something that’s helping them grow,” parent ally Gina WasseMiller said. “We are a team. There is not one person up here or over there that’s higher than another. We are all together as one.”

Parent allies

The FIRST Clinic currently employs two experienced parent allies who provide families support and referrals to a range of services within the community, including home visiting, drug/alcohol assessment, and inpatient and outpatient treatment. [Parents with lived experience](#) are able to connect in a way that professionals from other fields, including social workers and attorneys, may not. As trusted messengers who have successfully navigated the system, they can connect parents with resources, provide guidance and emotional support, and help parents understand the processes and culture of the child welfare system. “The attorneys are so important for that initial contact and that confidential, safe space,” WasseMiller said. “Then it’s the warm handoff and the ability of the parent ally to share their personal experience, strength, and hope that empowers mothers and keeps the engagement going.”

Jennifer Justice recalls her experience first working with Gina: “Gina was like a ray of sunshine. You could feel it coming through the phone. I was like, ‘Who is this person?’ But something inside of me trusted her because she spoke a language I understood. She wasn’t talking at me; she was talking to me. She was respectful. Gina had been through what I was going through and was successful. Today, I get to show up for parents in their most vulnerable moments, whether they’re still in active use and homeless on the streets or in a hospital after just giving birth and CPS is in their room.”

Immediate wraparound services

The FIRST Clinic operates as a first responder. After receiving referrals (from hospitals, DCYF, the community, or other sources), staff make immediate contact with the parent. Parent allies and attorneys are available around the clock. “We work seven days a week, 365 days a year,” Justice said. “Life doesn’t happen 9 to 5.” Ideally, FIRST Clinic staff connect with parents before a baby is born. When that isn’t possible, they aim to arrive at the birthing hospital within 30 minutes after birth to advise parents of their rights and begin arranging services.

A FIRST Clinic attorney joins meetings with child protection agency staff to begin assessments and determine what referrals and services would be most helpful. When temporary custody arrangements, such as guardianship, are needed, the attorney counsels the parent and helps identify relatives or other kin who could care for the infant. If it is determined that the parent should enter residential treatment, the attorney advocates for mother and infant to stay together, when safe and appropriate.

Service planning

The FIRST Clinic [creates plans](#) for as many different scenarios as possible. Plans include natural supports (such as family members) and community supports. Every plan is created with input from parents,

Being Gina

The Institute for Family’s film [Being Gina](#) chronicles Gina WasseMiller’s journey from struggling with substance use disorder and losing her children to becoming a parent ally at the FIRST Clinic.

A companion [discussion guide](#) provides questions for child welfare professionals, community leaders, and advocates to consider as they work to create positive, family-centered systems change.

incorporating what they are comfortable with and what they are willing to do. Jennifer Justice recalled the family team decision-making meeting in her case: “If it weren’t for what I had done with Adam (Ballout) and Gina (Wassemiller) ahead of time, I would have lost my son. They had given me stability, resources, skills, and education about my rights. They created this amazing plan with me. My son has never spent a day away from me because of it.”

Now, as a parent ally, Justice supports parents in whatever ways they need. “In the beginning, I might be working with a mom once a month, and then it goes to twice a month, and then every week,” she said. “But I have some moms who need me every single day, from the minute I meet her to the minute her case is closed. She needs to tell me about the food she ate, about the diapers she changed. I’m OK with that. I needed that level of support and trust and guidance. Sometimes I just needed someone to listen to me.”

Support groups

The FIRST Clinic offers weekly virtual support groups for current and former clients, providing an opportunity for parents to build relationships, provide and receive emotional support, and get connected to needed services. Even though clients may stop receiving formal services, “you’re a FIRST Clinic mom for life,” Justice said. “We will always be there for you.”

“I never hand a mom a piece of paper with resources and say, ‘Call this person, and if they don’t answer, try this.’ I call with them. I make sure it’s the right person on the other end and I make sure it’s a good fit.”

—Gina Wassemiller, Parent Ally, FIRST Clinic

Lessons Learned

The importance of partnership development and navigating funding restrictions are some of the key lessons that the FIRST Clinic team has learned over the past several years.

Building partnerships

Over time, the FIRST Clinic has established a diverse, robust set of partnerships, given the complex issue of infant separation cannot be addressed solely through legal avenues. Medical partners include two local hospitals and the state chapter of the American Academy of Pediatrics. Community partners include treatment providers, the [Parent-Child Assistance Program](#) at the University of Washington, the local YWCA’s [Homeward House](#), and the Washington State Bar Association. Government partners include DCYF, the Washington State Office of Public Defense, and Snohomish County. The FIRST Clinic also partners with drug and alcohol evaluators, social workers, nurses, and doulas. “So many providers are not only willing but excited to help,” said Taila AyAy, vice president and executive director of the FIRST Clinic. “They want to meet parents where they are and see families together.”

Justice discussed the importance of cultivating and maintaining partnerships: “Outside of the work we do with moms, we spend a lot of time building relationships within the community because without those, we’re not helping anybody. We need to know the community resources, understand them, and track them as they constantly change. That takes time. Our relationships with the medical providers, hospitals, inpatient programs, the Parent-Child Assistance Program — those are essential to our success.”

Thinking outside the box

The FIRST Clinic team is creative in their thinking and approach, including when helping to develop safety plans for families. “The most creative safety plan I ever did was for a mom in a hotel,” Wassemiller recalls. “She was there for 12 days and required 24-hour supervision. I had a few hours I couldn’t get covered. I

reached out to the embedded social worker and asked if she knew of anybody. She said, ‘I have a mom who wants to give back.’ The woman’s son had died in a tragic accident. She wanted to help the community and was willing to help with that part of the safety plan. That mom and baby were never separated. The experience helped the Department think outside the box and plan around their most vulnerable client, a newborn coming out of the hospital.”

Building community

In addition to its online weekly support group, the FIRST Clinic aims to provide more opportunities to build and maintain community. “I want to see more in-person community,” Wassemiller said. “It’s breaking my heart that these moms don’t have friendships and bonds. I got a call from a FIRST Clinic mom who said, ‘I need help. I don’t have any friends. I don’t have anybody to go to the park with me and my kid. I don’t have anybody to talk to about daily stuff.’ I can’t not do something based on that phone call.”

Varied funding sources

The FIRST Clinic started as an entirely pro bono operation. Since then, varied funding sources have included the state Office of Public Defense, private philanthropy, [Within Reach \(a Washington state nonprofit\)](#), federal Community-Based Child Abuse Prevention dollars granted through DCYF, and other areas of state government.

While the FIRST Clinic has benefited from the funding received from various sources since then, much of that funding has come with strings attached, which complicates the use of the funds. For example, the FIRST Clinic has limited funding to work with families once a CPS case has been opened, which has the potential to leave families feeling abandoned. The organization is seeking additional funding to address this gap.

“My trauma has purpose today. I get to heal, not just the broken parts of myself but I get to be there for someone else and not be judgmental. I get to be protective, very ‘mama bear’ to some stranger who knows nothing about me, and I can try to bring that same ray of sunshine like Gina brought to me.”

—Jennifer Justice, Former Client and Current Parent Ally, FIRST Clinic

Moving Forward

The momentum created by the FIRST Clinic’s success has helped to propel pre-petition legal advocacy nationally. The team is active in a national [preventive legal advocacy and pre-petition cohort](#) facilitated by the Barton Center at Emory Law School, consults with states across the country, and has been featured in newsletters published by the [American Bar Association](#). “I was not expecting the culture shift and the acceptance of pre-petition legal advocacy to happen as fast as it did,” AyAy said. “I knew there was a need and that families would benefit, but I was surprised at how quickly DCYF came on board and was willing to partner with us. I was also surprised by how fast the court system accepted what was happening and was very supportive of it. The last couple years, we’ve seen drastic changes. There’s been a nationwide push to change child welfare. That’s helped propel this movement across the nation.”

Moving upstream

The FIRST Clinic still receives many of its clients on an emergency basis (as soon as a baby is born). It is now involved in a pilot program in one region of the state, however, in which it receives screened-out intakes from DCYF. AyAy emphasized this important shift upstream: “We are working with community partners — hospitals, doulas, clinics, treatment facilities — to connect with parents while they are still

pregnant. Our hope is that we can work with families so far upstream that when babies are born, they don't have any system involvement.”

Policy work

In addition to serving families throughout the state, the FIRST Clinic [promotes policy change and systemic change](#) nationally, resulting in an impact that extends well beyond the borders of Snohomish County and Washington state. This [policy brief](#) supporting legislation for pre-petition legal advocacy funding is an example of how the team is working to change the trajectory of families across the nation. “Those in charge of child *protection* should not necessarily be in charge of child *welfare*,” AyAy said. “You need somebody who can ask the family what they need and assess how the family can be strengthened as opposed to assessing for threats and risks. It's hard to wear both hats.”

Including parents in advocacy

Many parents who receive services from the FIRST Clinic express interest in staying involved through volunteering, advocacy, sharing their story, or becoming a parent ally. Several clients have testified before the Washington Legislature about bills affecting families, and clients have also participated in meetings with the Washington State Department of Health, Zero to Three, Within Reach, and DCYF.

Shifting mindsets and changing practice

WasseMiller recounted the culture change that the FIRST Clinic brought about with partners: “When FIRST Clinic attorneys first joined a family team decision-making meeting, people asked, ‘What are you guys doing here? This isn't a dependency.’ (One of our attorneys) said, ‘Everybody has a right to an attorney, and I'm here for her.’ We created a new culture and now when we go into meetings people say, ‘Great. This mom is working with FIRST Clinic. What's your plan?’”

The FIRST Clinic aims to connect disciplines that may not typically work together, providing learning across roles and perspectives that is needed to transform the child welfare and family law systems, as well as influence the fields of housing, medicine, public health, and social work. The FIRST Clinic currently is partnering with graduate schools around Washington state to provide opportunities for students to engage with FIRST Clinic clients.

¹ Content of this brief was informed by consultation with Taila AyAy, Vice President and Executive Director, Adam Ballout, President and Community Outreach, Jennifer Justice, Parent Ally, and Gina WasseMiller, Parent Ally, FIRST Clinic.

² Crenshaw, J. T., (2014). [Healthy birth practice #6: Keep mother and baby together—it's best or mother, baby, and breastfeeding](#). *Journal of Perinatal Education*, 23(4), 211-217. doi: 10.1891/1058-1243.23.4.211

³ Toohey, M., Palmer, G. (2024). [Supporting Substance-Using Caregivers: Pregnancy, Birth, and Early Childhood](#).

⁴ All people who work for the FIRST Clinic are contracted employees, not staff; however, for ease of reading, the word “staff” is used throughout this brief.

⁵ Sourced from [2023 APEX Awards, FIRST Legal Clinic](#) video, Washington State Bar Association.

⁶ Outcome data as of August 2024.

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