Dept of Children, Youth, & Families

2025-27 First Supplemental Budget Session

Policy Level - P3 - Critical Incidents Response

## Agency Recommendation Summary

The Department of Children, Youth, and Families (DCYF) requests $4,016,000 ($3,881,000 General Fund-State) and 1.3 Full Time Equivalent (FTE) in the 2026 Supplemental Budget to address the concerning increase in DCYF-reviewable critical incidents conducted pursuant to RCW 74.13.640. Critical incidents are maltreatment-related child fatalities or near fatalities when a family has had an open child welfare case within 12 months of the incident. Most critical incidents occur in situations where DCYF did not identify an active safety threat at the time DCYF was involved in the case and the incident occurs post-case closure. To address the increase in critical incidents, DCYF is seeking increased community-based supports in targeted areas of the state to better engage parents in substance use disorder treatment, to better support safe home environments for young children, and to better connect families to services after a case is closed.

## Program Recommendation Summary

### *010 - Children and Families Services*

The Department of Children, Youth, and Families (DCYF) requests $3,478,000 ($3,350,000 General Fund-State) and 1.1 FTE in the 2026 Supplemental Budget to increase the engagement of families in Substance Use Disorder (SUD) treatment prior to case closure, improve parent child attachment and infant and maternal health, increase the availability of the Parent-Child Assistance Program (PCAP), provide Plan of Safe Care (POSC) support for families with substance exposed newborns, develop a referral system that will ensure families experience "no wrong door" when accessing community-based supports, provide SUD training for Combined In-Home Service (CIHS) and provider workforce, and modernize the Child Welfare Safety Framework.

### *030 - Early Learning*

The Department of Children, Youth, and Families (DCYF) requests $481,000 General Fund-State in the 2026 Supplemental Budget to connect families exiting the child welfare system with children older than three years of age with a Family Resource Center (FRC) in five communities and support and engage families in services to meet material needs that may help improve child safety and well-being.

### *090 - Program Support*

The Department of Children, Youth, and Families (DCYF) requests $57,000 ($50,000 GF-State) and 0.2 FTE in the 2026 Supplemental Budget to support the administrative infrastructure needed for the additional funds requested for Critical Incident Response.

## Fiscal Summary

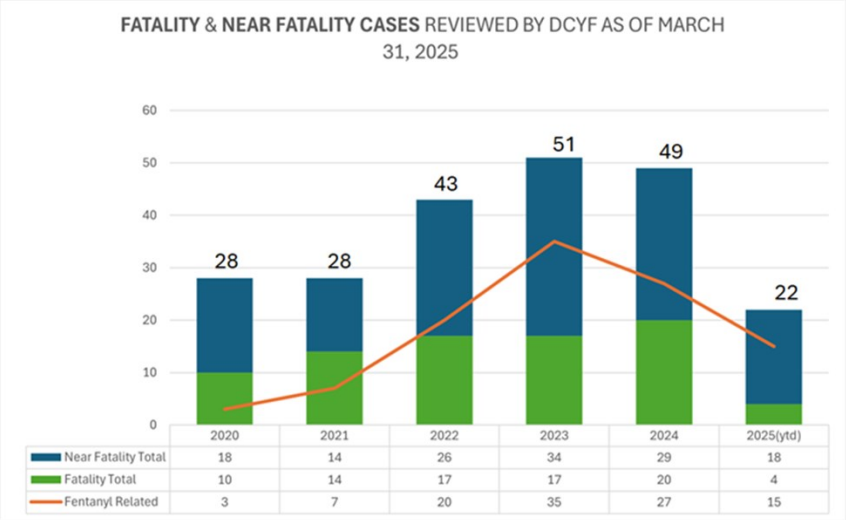
| Fiscal Summary | Fiscal Years | | Biennial | Fiscal Years | | Biennial |
|---|---|---|---|---|---|---|
| *Dollars in Thousands* | 2026 | 2027 | 2025-27 | 2028 | 2029 | 2027-29 |
| **Staffing** | | | | | | |
| FTEs | 0.2 | 2.4 | **1.3** | 2.4 | 2.4 | **2.4** |
| **Operating Expenditures** | | | | | | |
| Fund 001 - 1 | $36 | $3,314 | **$3,350** | $3,822 | $3,709 | **$7,531** |
| Fund 001 - C | $0 | $128 | **$128** | $128 | $128 | **$256** |
| Fund 001 - 1 | $6 | $44 | **$50** | $44 | $44 | **$88** |
| Fund 001 - A | $1 | $6 | **$7** | $6 | $6 | **$12** |
| Fund 001 - 1 | $0 | $481 | **$481** | $962 | $962 | **$1,924** |
| Total Expenditures | **$43** | **$3,973** | **$4,016** | **$4,962** | **$4,849** | **$9,811** |
| **Revenue** | | | | | | |
| 001 - 0393 | $0 | $128 | **$128** | $128 | $128 | **$256** |
| 001 - 0393 | $1 | $6 | **$7** | $6 | $6 | **$12** |
| Total Revenue | **$1** | **$134** | **$135** | **$134** | **$134** | **$268** |

## Decision Package Description

DCYF has seen a concerning increase in DCYF-reviewable critical incidents conducted pursuant to RCW 74.13.640. Critical incidents are maltreatment-related child fatalities or near fatalities when a family has had an open child welfare case within 12 months of the incident.

Between calendar years 2021 and 2024, critical incidents increased by 70 percent from 28 to 49 cases, as shown in the table below. In the first

quarter of calendar year 2025, DCYF saw 22 incidents, compared to 9 incidents in the first quarter of 2024. A significant percentage (80 percent in 2024) of critical incidents are among children birth to age three. Although still a relatively small percentage of total children served in DCYF's child welfare system (less than 0.02%), the increase in critical incidents represents a concerning trend among high-need families in Washington.




The fentanyl crisis continues to be one driving factor in child fatalities and near fatalities. Parental use of illicit fentanyl in the home creates a risk young children may accidentally ingest this extremely potent and dangerous drug. Critical incidents also involve families with high needs where parents have challenges that impact their ability to care for their children without safety planning, services and resources. Many families struggle with substance abuse, mental health, domestic violence, housing instability and parental stress.

Most critical incidents are situations in which there were no active safety threats identified in the home at the time the family was involved with DCYF which would have warranted DCYF to file a petition with the dependency court. Most critical incidents occur in situations where the child is deemed safe, but there are multiple risk factors in the home. Critical incidents occur, on average, five months after DCYF has closed the case. To address critical incidents, families need more community-based supports after a case is closed in high-need communities.

DCYF requests funding for a package of prevention services in five high-need communities. This focused approach to enhance community-based prevention services will result in better engagement of families in services before and after a case is closed. DCYF will contract for additional services and supports related to relational health, parent education and wrap-around services delivered through contracted providers, peers, and community systems.

**Increase the engagement of families in Substance Use Disorder (SUD) treatment prior to case closure:**

Many critical incidents are related to parental use of fentanyl and occur months after DCYF has closed the case. Many of these incidents occur in situations where there is no active safety threat identified at the time DCYF is involved in the case, but the situation is high-risk due to the parent's substance use disorder. DCYF needs increased community-based resources to voluntarily engage families in SUD treatment prior to closing the case.

DCYF case workers often play a dual role of investigation and support. As investigators, it is difficult to build the trust and rapport necessary to voluntarily engage the parents in treatment. By working with third party certified peer SUD specialists, case workers can better connect parents with the treatment they need.

DCYF requests funding to contract with third-party certified peer SUD engagement specialists to better engage families in treatment services. Peer Specialists will meet with referred parents to build a rapport; share lived experience and help parents enroll in treatment programs. DCYF caseworkers will coordinate with the Peer Specialists during case planning to match eligible families to this support.

**Improve parent child attachment and infant and maternal health**

DCYF has seen an increase in critical incidents involving medical neglect in children with developmental delays and uncommon medical conditions that appear not to have come to the attention of the medical community (like malnutrition and severe post-partum depression). Although the number of critical incidents involving safe sleep has decreased substantially in recent years, safe sleep is still a concern. Public health nurses support families in the child welfare system by supporting a healthy home environment through education, parent-child attachment, health assessments, safe sleep, and access to community resources. They also collaborate closely with social workers and other professionals to advocate for the well-being of children while empowering caregivers to meet their families' physical and emotional needs.

DCYF requests funding for public nurse health supports for parents of children under age three with an open Child Protective Services (CPS) investigation, CPS Family Assessment Response (FAR), or Family Voluntary Services (FVS) case and impacted by substance use in each of the five communities (one contract per community). Local contractors will provide home-based services both before and after a case is closed. Public health nurses and community health workers will provide holistic assessments and intervention on issues such as risk reduction and protective strategies, safe sleep, parent-child attachment and interaction, maternal and child health, child development, and medical home identification.

**Increase the availability of the Parent-Child Assistance Program (PCAP)**

PCAP is an evidence-informed program that provides intensive case management and support services to pregnant and parenting women with substance use disorders and their young children. Services include individualized recovery planning, assistance navigating SUD treatment and social services, and advocacy to address barriers to stability and safety. There are currently 15 PCAP sites in Washington, serving a total of 20 counties.

DCYF requests funding to contract with two existing PCAP providers in two high-need communities to deliver intensive case management and recovery support for pregnant and parenting individuals involved in child welfare due to substance use. Each of the two contracted sites will staff 16 additional dedicated PCAP slots, for a total of 32 additional slots.

**Increase community-based support for families post-case closure**

To address the increase in critical incidents, DCYF needs a more robust community-based support for families after a case is closed. Washington State's Community-Based Pathways initiative expands access to prevention services through trusted local organizations rather than traditional child protection agencies to ensure that families can access wrap-around services and support without the stigma often associated with child welfare involvement. This community-based approach strengthens protective factors, promotes healthy development, and helps families remain together with the support of trusted community resources. DCYF will partner with the Plan of Safe Care Community Pathway and Family Resource Centers at case closure to increase access to needed concrete supports and preventive services for families with high needs.

**Plan of Safe Care (POSC) Support for Families with Substance Exposed Newborns**

POSC is a federally-required family-centered prevention plan that connects infants with prenatal substance exposure and their families to essential resources. DCYF will contract with Help Me Grow Washington, to refer and provide assessment and services to families with children up to age three prior to closing a CPS, FAR or FVS case. DCYF will contract to refer families with high needs to a specialized team trained in perinatal substance use resources who will help families access parenting education, early intervention services, substance use treatment, housing, health insurance, state benefit programs and concrete goods. DCYF anticipates a 25 percent take up rate for this service, with 630 families served per year within five communities. DCYF is actively working on identifying which five communities to serve.

**Family Resource Centers (FRC) Family Support**

FRCs offer a single point of entry to a range of services for anyone in the community (see RCW 74.14C.010). FRCs provide information, assess needs, make referrals, and direct services through FRC staff or contracted providers. DCYF will refer families with high needs with children older than three years to FRCs prior to closing a CPS, FAR or FVS case. DCYF anticipates a 25 percent take up rate for this service, with 1,170 families served per year within the five communities. FRCs will conduct assessments of a family's strengths and ongoing needs which

may include concrete goods, housing, food, child development, and social connections. FRCs will also offer assistance with applying for public benefits to families where needed.

**Referral System Development**

Washington State Family Network (network of FRCs) and Help Me Grow Washington (HMG) will design a referral system that will ensure families experience "no wrong door" when accessing these community-based supports. These providers will develop a roadmap and process for referral and support between their systems so that when families access one system, they also seamlessly access the other.

**Provide Substance Use Disorder (SUD) training for Combined In-Home Services (CIHS) and provider workforce**

Most DCYF-reviewable critical incidents occur several months after DCYF closes a CPS, FAR or FVS case. DCYF will contract to develop and provide professional development and training to community providers to serve families impacted by fentanyl and other SUD. The goal of the training is to increase accessibility of Opioid/Fentanyl information to families and community providers while equipping the community workforce in the five communities to have effective harm reduction conversations. The training will also be available to CIHS providers to build knowledge, skills, and tools for working with families experiencing SUD. DCYF will also contract with up to two community providers per community to participate in a Child-Parent Psychotherapy Learning Collaborative.

**Modernize Child Welfare Safety Framework**

The current safety framework utilized in Washington's child welfare system was created and implemented in 2010. While the foundation of the model remains the same, the curriculum, tools, and guides have been updated to enhance child safety and address the current challenges faced in contemporary child welfare practice. DCYF has yet to adopt any of the safety framework model revisions since its original implementation, resulting in an evident gap between our work and the present-day standard for child safety assessments and planning.

DCYF requests funding to update the Child Safety Framework by piloting the Safety Assessment and Family Evaluation (SAFE) Practice Model, at two locations in communities highly impacted with High-Potency Synthetic Opioid cases. One location will be in eastern Washington, and one location will be in western Washington. To implement this pilot, DCYF will partner with a national private non-profit organization with experience providing relevant consultation, education, evaluation, and technical assistance to child welfare jurisdictions across the U.S. on the SAFE Practice Model. This will allow DCYF to update the safety framework to align with the SAFE practice model to better serve the families of Washington State.

## Assumptions and Calculations

***Expansion, Reduction, Elimination or Alteration of a current program or service:***

This proposal expands the following services:

- Parent Child Assistance Program is expanded to provide 32 total slots in two existing sites
- Plan of Safe Care is expanded to be offered at case closure.

This proposal requests the following new services:

- Peer navigators are a new contracted provider to help connect families to SUD treatment.
- Public health nurses are a new service line.
- DCYF would create a new partnership with Family Resource Centers; Washington State Family Network and Help Me Grow
- DCYF would offer new SUD training and Child Parent Psychotherapy training to contracted and community providers
- DCYF would create a new pilot updating the SAFE practice model

***Detailed Assumptions and Calculations:***

**DCYF requests $4,016,000 ($3,881,000 GF-State) and 1.3 FTE in the 2026 Supplemental.**

**Certified Peer Specialists SUD**

$677,000 GF-State in FY 2027 and ongoing, to provide one Certified Peer Specialist in each of the five communities. The Certified Peer Specialists will be co-located with contracted third-party SUD treatment providers to support engagement and retention in services.

**Public Health Nurse Intervention**

$876,000 GF-State in FY 2027, and $1,753,000 GF-State in FY 2028 and ongoing, to expand public nurse health supports for parents of children under three with an open case (investigation, FAR, or FVS) and impacted by substance use in each of the five communities (one contract per community). The cost estimate for FY 2027 is based on implementation starting January 2027.

**PCAP Slots**

$738,000 ($610,000 GF-State) in FY 2027, and $319,000 ($191,000 GF-State) in FY 2028 and ongoing, to contract with two existing PCAP providers to deliver intensive case management and recovery support for pregnant and parenting individuals involved in child welfare due to substance use. Each of the two contracted sites will staff 16 additional dedicated PCAP slots, for a total of 32 additional slots.

1) $319,000 in FY 2027. Health Care Authority's (HCA) per client rate, plus flex funding of $50 per client annually $26,464 ($827 per client rate x 32 contracted slots + $1,600 flex funding ($50 per client x 32 contracts slots).

2) $419,000 GF-State one-time in FY 2027 for expansion capacity and startup costs for two sites.

**POSC Support for Families with Substance Exposed Newborns**

$94,000 GF-State in FY 2027, and $188,000 GF-State in FY 2028 and ongoing, to connect up to 630 families per year across the five communities who are exiting the child welfare system with children up to age three to the POSC community pathway through HMG. DCYF assumes 6 months of implementation in FY 2027.

**POSC Concrete Supports**

$158,000 GF-State in FY 2027, and $315,000 GF-State in FY 2028, and ongoing, to support and engage up to 630 families in services and to meet material needs that may help improve child safety and well-being such as assistance with rental payments, supplement groceries or other basic needs, or offer assistance with utility payments.

**FRC Family Supports**

$188,000 GF-State in FY 2027, and $377,000 GF-State in FY 2028 and ongoing, to connect families exiting the child welfare system with children older than three years of age with a FRC in each of the five communities, serving an estimated 1,170 families per year. The FRC sites will provide information, assess needs, make referrals to family services, and provide direct delivery of family services by FRC staff or contracted providers.

**FRC Concrete Supports**

$293,000 GF-State in FY 2027, and $585,000 GF-State in FY 2028 and ongoing, to support and engage up to 1,170 families in services to meet material needs that may help improve child safety and well-being such as assistance with rental payments, supplement groceries or other basic needs, or offer assistance with utility payments.

**Referral System Development**

$100,000 GF-State in FY 2027, one-time, to contract with Washington State Family Network and HMG to build out a referral partnership to seamlessly serve families exiting the Child Welfare system. This cost estimate is based on 1.0 FTE for six months (0.50 FTE for each contract).

**Foundational Training for Community & CIHS Workforce Training**

$202,000 GF-State in FY 2027, and $113,000 in FY 2028 ongoing.

**SUD Training**

$182,000 GF-State in FY 2027, and $93,000 in FY 2028 and ongoing, to coordinate and provide professional development and training to community providers and CIHS providers serving families impacted by fentanyl and other SUD.

**Child-Parent Psychotherapy**

$20,000 GF-State in FY 2027, and $20,000 in FY 2028 to contract with up to two community providers per community to participate in a Child-Parent Psychotherapy Learning Collaborative.

**Modernize Child Welfare Safety Framework**

$329,000 GF-State in FY 2027 and ongoing, to partner with a national private non-profit organization with experience providing relevant consultation, education, evaluation, and technical assistance to child welfare jurisdictions across the U.S. on the SAFE Practice Model, and to modernize and align our existing safety framework to the current SAFE practice model to better serve the families of Washington State.

### *Workforce Assumptions:*

DCYF requests $361,000 ($354,000 GF-S) and 1.3 FTE and ongoing in the 2026 Supplemental budget.

1.0 FTE – Program Specialist 4 to lead planning and implementation of the Public Health Nurse Intervention, assist Health Systems Analyst in development and project management of health equity and system improvements, and coordinate with local contractors and regional child welfare offices for implementation.

0.25 FTE in FY 2026 and 1.0 FTE ongoing in FY 2027– Management Analyst 5 to support increased workload to conduct fatality and near fatality reviews within 180 days after a critical incident, analyze critical incidents, facilitate reviews, and gather data elements.

0.4 FTE – For the indirect administrative support rate of 18.43%. This rate is applied to all FTE costs to fund program support functions that scale with the FTEs requested. The administrative support rate provides critical back office supports in areas such as, but not limited to: Human Resources, Information Technology, and Fiscal. This cost is represented in object T.

### *Historical Funding:*

**Plan of Safe Care**

FY2025

- FTE = 0
- Total Funds = $250,000
- Near General Fund = $250,000
- Other Funds = $0

FY2024

- FTE = xx FTE
- Total Funds = $x million
- Near General Fund = $x million
- Other Funds = $x million

**Parent-Child Assistance Program**

FY2025

- FTE = 0
- Total Funds = $515,360
- Near General Fund = $515,360
- Other Funds = $0

FY2024

- FTE = 0
- Total Funds = $515,360
- Near General Fund = $515,360
- Other Funds = $0

**Family Resource Centers**

FY2025

- FTE = 0
- Total Funds = $1,020,836
- Near General Fund = $1,020,836
- Other Funds = $0

FY2024

- FTE = xx FTE
- Total Funds = $1,020,836
- Near General Fund = $1,020,836
- Other Funds = $0

## Strategic and Performance Outcomes

***Strategic Framework:***

This decision package supports the Governor's Results Washington Goal 4: Healthy and Safe Communities. Additionally, the DCYF Strategic outcome of safely reduce the number/rate of children and youth in out-of-home care by half. To do so, DCYF will provide targeted supports to meet the complex needs of families cycling through the front end of the system.

***Performance Outcomes:***

DCYF will better support this population and anticipates improved outcomes for families long-term by:

- Improved family safety and wellbeing among high-need families at risk for out-of-home placement in identified communities
- An increase in the number of families engaging in SUD treatment
- Improvements in assessments of child safety and referrals for services

## Equity Impacts

***Community Outreach and Engagement:***

Community partners were robustly engaged in the development of Public Health Nurse pilots, case closure warm hand-offs, training elements, and peer navigation models. DCYF Citizen Review Panels and DCYF Oversight Board have provided input into the agency's Critical Incident response. Through the Family First Prevention Services Act listening sessions, communities expressed a desire for stronger community connections. In response, this proposal builds in a warm-handoff to community-based systems at the time of case closure as well as training opportunities for the community provider workforce. Peer navigation is widely championed as well as a best practice for supporting families impacted by substance use and hence the proposal builds in a peer navigation model.

***Disproportional Impact Considerations:***

DCYF expects there to be a positive impact on populations who have been historically excluded and marginalized by governmental decisions. DCYF expects this targeted implementation, limited to five communities, to decrease disproportionality in the number of families with moderately-high/high-risk scores re-referred within 90 days without placement in these communities. Performance will inform the design of future expansion to more communities experiencing high risk.

***Target Communities and Populations:***

This proposal targets high need families with children under 3 receiving front-end child welfare intervention and impacted by substance use. Nearly 70 percent of children entering out-of-home care with parental substance use as a factor are under 3, and over 50 percent of children age 0-1 entering out-of-home care with parental substance use as a factor are children of color. The interventions proposed include system navigation components to reduce barriers and encourage participation in services, addressing the lack of services for families impacted by substance use disorder that is contributing to high rates of critical incidents.

***Community Inputs and Incorporation:***

The agency actively seeks and incorporates input from impacted communities.

## Other Collateral Connections

***HEAL Act Agencies Supplemental Questions***

Not Applicable.

***Puget Sound Recovery:***

Not Applicable.

***State Workforce Impacts:***

There is no impact to existing collective bargaining agreements, compensation or benefits.

***Intergovernmental:***

DCYF will partner with a tribal community to implement the suite of services and supports, with the tribe deciding whether to implement or how best to tailor the community supports included in the proposal to their unique community context.

***Stakeholder Impacts:***

Service contractors and community providers in the five selected communities will be impacted by this proposal. Community engagement in identified communities will be necessary to build networking and buy-in. Some communities have more infrastructure, capacity and readiness than others to participate in both upstream and intervention level supports for families with SUD.

***State Facilities Impacts:***

Not Applicable.

***Changes from Current Law:***

This request has no impact on existing statutes, rules or contracts.

***Legal or Administrative Mandates:***

Not Applicable.

***Governor's Salmon Strategy:***

Not Applicable.

## IT Addendum

***Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?***

No

## Objects of Expenditure

| Objects of Expenditure<br>*Dollars in Thousands* | Fiscal Years | | Biennial | Fiscal Years | | Biennial |
|---|---|---|---|---|---|---|
| | 2026 | 2027 | 2025-27 | 2028 | 2029 | 2027-29 |
| Obj. A | $25 | $188 | **$213** | $188 | $188 | **$376** |
| Obj. B | $8 | $60 | **$68** | $60 | $60 | **$120** |
| Obj. C | $0 | $531 | **$531** | $442 | $329 | **$771** |
| Obj. E | $0 | $4 | **$4** | $4 | $4 | **$8** |
| Obj. G | $1 | $4 | **$5** | $4 | $4 | **$8** |
| Obj. J | $2 | $12 | **$14** | $0 | $0 | **$0** |
| Obj. N | $0 | $2,643 | **$2,643** | $3,252 | $3,252 | **$6,504** |
| Obj. N | $0 | $481 | **$481** | $962 | $962 | **$1,924** |
| Obj. T | $7 | $50 | **$57** | $50 | $50 | **$100** |

## Agency Contact Information

Crystal Lester
(360) 628-3960
crystal.lester@dcyf.wa.gov