



Agency Recommendation Summary

The Department of Children, Youth, and Families (DCYF) requests \$24,627,000 (\$8,746,000 GF-S, \$250,000 GF-F, \$45,000 IV-E, \$15,586,000 17B-1) and 4.75 full-time equivalent (FTE)s in the 2023-25 Biennial Budget to increase access to a continuum of prevention services and initiatives supporting DCYF's vision that all Washington's children and youth grow up safe and healthy and contribute to DCYF's goal of reducing the number of children in out-of-home care. Prevention services in this decision package include programs for families impacted by substance use disorder, continuation and expansion of Strengthening Families Locally, which is one of DCYF's community-based prevention initiatives, home visiting expansion and sustainability, and the re-design of DCYF's Family Reconciliation Services.

Program Recommendation Summary

010 - Children and Families Services

The Department of Children, Youth, and Families (DCYF) requests \$24,627,000 (\$8,746,000 GF-S, \$250,000 GF-F, \$45,000 IV-E, \$15,586,000 17B-1) and 4.75 full-time equivalent (FTE)s in the 2023-25 Biennial Budget to increase access to a continuum of prevention services and initiatives supporting DCYF's vision that all Washington's children and youth grow up safe and healthy and contribute to DCYF's goal of reducing the number of children in out-of-home care. Prevention services in this decision package include programs for families impacted by substance use disorder, continuation and expansion of Strengthening Families Locally, which is one of DCYF's community-based prevention initiatives, home visiting expansion and sustainability, and the re-design of DCYF's Family Reconciliation Services.

030 - Early Learning

The Department of Children, Youth, and Families (DCYF) requests \$24,627,000 (\$8,746,000 GF-S, \$250,000 GF-F, \$45,000 IV-E, \$15,586,000 17B-1) and 4.75 full-time equivalent (FTE)s in the 2023-25 Biennial Budget to increase access to a continuum of prevention services and initiatives supporting DCYF's vision that all Washington's children and youth grow up safe and healthy and contribute to DCYF's goal of reducing the number of children in out-of-home care. Prevention services in this decision package include programs for families impacted by substance use disorder, continuation and expansion of Strengthening Families Locally, which is one of DCYF's community-based prevention initiatives, home visiting expansion and sustainability, and the re-design of DCYF's Family Reconciliation Services.

090 - Program Support

The Department of Children, Youth, and Families (DCYF) requests \$24,627,000 (\$8,746,000 GF-S, \$250,000 GF-F, \$45,000 IV-E, \$15,586,000 17B-1) and 4.75 full-time equivalent (FTE)s in the 2023-25 Biennial Budget to increase access to a continuum of prevention services and initiatives supporting DCYF's vision that all Washington's children and youth grow up safe and healthy and contribute to DCYF's goal of reducing the number of children in out-of-home care. Prevention services in this decision package include programs for families impacted by substance use disorder, continuation and expansion of Strengthening Families Locally, which is one of DCYF's community-based prevention initiatives, home visiting expansion and sustainability, and the re-design of DCYF's Family Reconciliation Services.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Staffing						
FTEs	3.0	6.5	4.75	6.5	6.5	6.5
Operating Expenditures						
Fund 001 - 1	\$1,507	\$1,507	\$3,014	\$1,507	\$1,507	\$3,014
Fund 001 - 1	\$1,756	\$3,691	\$5,447	\$3,677	\$3,677	\$7,354
Fund 001 - 1	\$55	\$230	\$285	\$224	\$224	\$448
Fund 001 - A	\$9	\$36	\$45	\$35	\$35	\$70
Fund 001 - 2	\$250	\$0	\$250	\$0	\$0	\$0
Fund 17B - 1	\$5,323	\$8,263	\$13,586	\$9,406	\$12,206	\$21,612
Fund 17B - 1	\$1,000	\$1,000	\$2,000	\$1,000	\$0	\$1,000
Total Expenditures	\$9,900	\$14,727	\$24,627	\$15,849	\$17,649	\$33,498
Revenue						
001 - 0393	\$250	\$0	\$250	\$0	\$0	\$0
17B - 9999	\$5,323	\$8,263	\$13,586	\$9,406	\$12,206	\$21,612
001 - 0393	\$9	\$36	\$45	\$35	\$35	\$70
17B - 9999	\$1,000	\$1,000	\$2,000	\$1,000	\$0	\$1,000
Total Revenue	\$6,582	\$9,299	\$15,881	\$10,441	\$12,241	\$22,682

Decision Package Description

The Department of Children, Youth, and Families' (DCYF) vision is that all Washington's children and youth grow up safe and healthy. Additionally, the Legislature has charged DCYF with preventing harm to children and youth and implementing services and supports upstream. Changing the trajectory of rates of child maltreatment and well-being for Washington's children and families requires universal, targeted, and individualized approaches. Currently, DCYF offers innovative and proven strategies at each of these levels, yet the current level of investment relies on many project-based grants and needs to be sustained and scaled. DCYF must invest in an array of prevention strategies and interventions to build capacity of the state, communities, and families, to address the social determinants of health, build the sense of hope, belonging and safety for children and families within those communities.

There are four main areas in which DCYF is proposing investments: 1) services and supports for families with substance use disorder, 2) Strengthening Families Locally, a community-based prevention initiative, 3) home visiting expansion and sustainability, and 4) re-design of Family Reconciliation Services

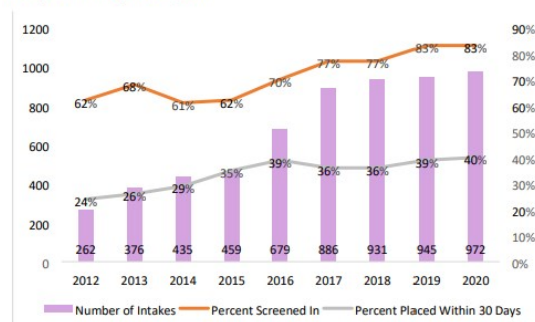
1. Services and Supports for Substance Use Disorder

Parental substance use is a major contributing factor of child placements, contributing to 71% of infant removals across the state.

This problem is getting worse over time. Between 2012 and 2020, the number of intakes with a newborn indicated as substance exposed or affected (SE/A) has increased from 262 to 972 per year. Of all infants identified as SE/A, 40% are placed into out-of-home care within 30 days.^[1] Native American and Black infants are removed due to parental substance use at disproportionately high rates – 70% and 30% higher than White infants, respectively.

Intakes with an infant identified as SE/A that screened in for investigation and resulted in a placement by intake year

Figure 3: Intakes with an infant identified as substance-exposed/affected that screened in for investigation and resulted in a placement by intake year



FamLink Infant Removals for Caregiver Alcohol or Drug Abuse FY2019; Population data derived from OFM via Integrated Client Databases via Chris Graham

DCYF has an opportunity to address this problem by:

Connecting pregnant people to voluntary prevention services before birth: In late 2020, DCYF began piloting an upstream referral pathway that connects substance-using pregnant people in screened-out referrals to community care coordinators, who then follow up to offer voluntary prevention services. Currently, DCYF is partnering with five organizations offering care coordination in eight participating counties, one of which includes a specialized pathway offering culturally responsive services to Native American clients.

DCYF is requesting funding to scale this referral pathway for pregnant people with substance use disorder statewide. This pathway would offer voluntary prevention services, which are aimed at reducing child placements in out-of-home care, to the estimated 560 eligible individuals that are reported to the agency during pregnancy annually. Currently, partner organizations supporting the pilot program are donating care coordination services in the eight pilot counties. DCYF's partner agencies need more funding to sustain and expand this effort across the state.

Funding would be administered to organizations who are equipped to offer these services. Care coordinators would offer clients connection to wrap-around supports including substance use treatment, legal advocacy, home visiting programs, and other prevention services aimed at reducing future agency involvement. DCYF expects that this referral pathway will reduce the number of children who are removed after birth due to parental substance use, and thus will reduce the number of children being placed in out-of-home care.

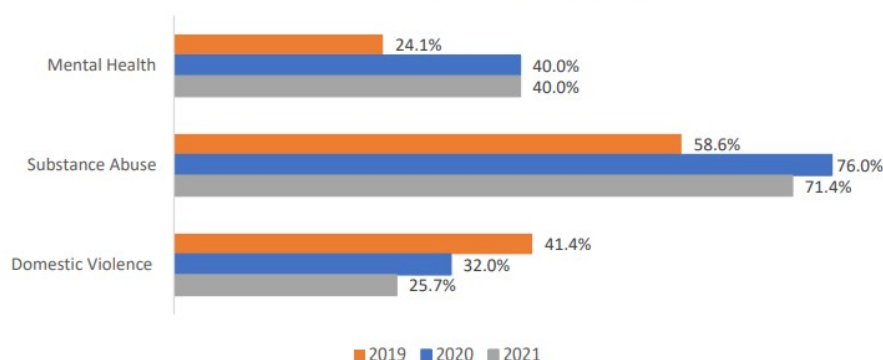
Connecting substance-exposed infants and their families to services at the time of birth: It is estimated the prevalence of substance exposure is between 10-12% of all births in Washington.^[2] The Plan of Safe Care (POSC) is a family-centered prevention tool encompassing an array of services and resources to support birthing parents to safely parent substance-exposed newborns. All infants who are exposed to substances prenatally can use POSC to get access to services. For infants who are exposed to certain substances, such as marijuana, methadone, or taking opioids as prescribed, and no safety risks are present, hospitals can now use POSC without having to also call into the

CPS intake line, in accordance with the Federal Comprehensive Addiction and Recovery Act. Through POSC, birthing hospitals utilize an online referral portal to connect families to Help Me Grow Washington to provide wrap-around resources. As of June 2022, six of the 57 birthing hospitals in Washington are piloting the POSC referral portal for eligible families to be connected to state benefit programs and community supports.

DCYF is requesting funding to scale the Plan of Safe Care (POSC) pilot statewide to all 57 birthing hospitals, in partnership with WithinReach and Help Me Grow Washington. At full statewide implementation, 57 birthing hospitals across Washington would annually refer over 4,000 families to Help Me Grow, who in turn would offer over 40,000 connections to state benefit programs and both general and specialized community-based supports. DCYF expects this referral pathway will reduce the number of children who are removed after birth due to parental substance use and/or family instability, and thus will reduce the number of children being placed in out-of-home care.

Connecting all DCYF-involved families with SUD supports aimed at reducing child placements. There has been an increase in child fatalities where there are contributing factors of SUD in the adults. Recent data published by the Office of the Family and Children’s Ombuds indicate that 76% of child-maltreatment fatalities in 2020 had substance use disorder as a risk factor, and 71% in 2021. The DCYF child fatality review committees have indicated that there is a need for additional specialized support for caseworkers in the area of substance use disorder treatment.

Figure 8: Family Risk Factors in Child-Maltreatment Fatalities, 2019-2021



DCYF’s funding request is to create a network of Substance Use Disorder Professionals (SUDPs) across the state. 12 SUDPs (2 per region) will offer consultation assistance, assessments, training and QA/CQI efforts with child welfare staff about SUD, and linkage to appropriate services and supports. DCYF anticipates that the SUDPs will also support the upstream referral pathway for pregnant people, POSC, and the Parent Child Assistance Program as needed.

DCYF fully supports Health Care Authority’s (HCA) funding request to double the number of PCAP slots which is reflected in their Decision Package. This request is to connect families with the Parent Child Assistance Program (PCAP). The Parent-Child Assistance Program (PCAP) is a home visiting model providing case management services to substance using pregnant people and parents with young children. These services can be valuable for child welfare involved families who often are challenged to access substance abuse treatment services, and often require these services in order to keep their children safely at home. With the funding requested through Health Care Authority’s (HCA) Decision Package, the number of PCAP slots for child welfare families will double from 56 to 112 in order to keep families together, improve permanency, and speed up SUD service delivery in King, Yakima, Spokane, Pierce, Clallam counties. This program, funded through the Health Care Authority, can support families for up to three years. DCYF would like to eventually include PCAP in the Family First Prevention Services Act (FFPSA) Prevention Plan, however in order to do so more rigorous evaluation is needed. This funding request includes an evaluation of outcomes by RDA, so that DCYF can start the process of ensuring PCAP meets the evidence base of FFPSA to draw down FFPSA federal funding.

DCYF fully supports HCA’s funding request to increase the intermediate treatment beds for PPW by 54 slots which is reflected in their Decision Package. The request is to increase the number of intermediate treatment beds for pregnant and parenting women (PPW). This proposal aims to increase intermediate treatment beds by 54 slots. These beds include the availability of children to be placed with their parents. To address this challenge, the SUD plan will primarily focus on adding the sleeping facilities through existing PPI programs which are funded through HCA. Through this, the parent will be able to receive treatment while continuing to interact with their children. Providing an opportunity for treatment that maintains the parent-child relationship is critical for child development. Children experience better developmental outcomes when their foundational relationships with primary caregivers remain intact.

2. Strengthening Families Locally

DCYF proposes maintaining and expanding the Strengthening Families Locally program. Strengthening Families Locally is a community-based prevention initiative that has been funded through a grant from the Administration for Children, Youth, and Families and is occurring in four locales across Washington where there is a high rate of child maltreatment. Together, communities are provided resources to build a community prevention plan geared towards the reduction of child maltreatment. The current federal grant provided one-time funding and ends in September of 2024.

DCYF requests funding to sustain the existing four communities and expand to 4-6 additional[RN1] communities. In SFY23, all four communities will have developed a community prevention plan, and have been testing various strategies that the community selected together (priority projects) and are continuing to engage parents and community members to evaluate the progress and impact of the project. Funding should be made available to ensure the facilitation supports and prevention plan strategies are sustained and integrated into community shared practices and strategies. It is also important to be able to develop additional priority projects that are responsive to the changing community needs. Utilizing the same methodology from the original design, DCYF will select 4-6 additional communities to expand this model. Communities will be selected by utilizing data about the child welfare offices with the highest racial disproportionality with Black and American Indian/Alaska Native families.

3. Home Visiting

Home visiting is an integral component in DCYF's prevention strategy, and focuses on family level support. Home visiting has been proven to lead to reductions in maltreatment and the Legislature has made steady investments in growing this service line through the Home Visiting Service Account over the past decade. Per a legislative proviso in the 2021 legislative session, the Home Visiting Advisory Committee (HVAC) came together to deliver recommendations to the Legislature and DCYF on strategies for supporting home visiting providers and serving additional families. The below proposals reflect the HVAC recommendations. To ensure a supported workforce, quality of services, and increased access, DCYF requests funding to sustain home visiting providers, develop and build home visiting data systems and professional development, and expansion of home visiting programs.

DCYF requests funding to sustain home visiting providers and partners who support families including increases to contracts to support wage/cost increases. DCYF proposes to utilize findings of the home visiting cost study being conducted in SFY23 to increase funding to current home visiting contractors, specifically to address home visitor and supervisor wages and address increases in costs for other aspects of home visiting services. See also HVAC Recommendations, that include specific recommendations related to contract increases and wages. This request represents a significant increase to invest in salaries and benefits for the home visiting workforce, supporting long overdue increases to support livable wages. The funding request will provide a 30% increase to providers in the 2023-25 Biennium and an additional 20% in the 2025-27 Biennium. The funding increase will be primarily directed to support home visiting organizations to address gaps in compensation packages for the home visiting workforce.

DCYF requests funding to develop and build on home visiting data systems, professional development & engagement. Over the past decade, DCYF has partnered with various entities, including two primary statewide partners, Department of Health and Start Early Washington to develop and maintain data systems, training, and implementation supports for home visiting programs supported by the Home Visiting Services Account. Investments[RN2] in improving the data system, which DCYF administers with support from DOH, will enable more consistent data reporting across providers and models within HVSA as well as build capacity to use data analysis to drive program improvement. Investments in professional development, in partnership with Start Early Washington, will ensure home visitors can address the full needs of WA families as well as support the retention of a diverse workforce. Lastly, investments in community engagement within this program line will ensure DCYF can engage with parents and community members across a wide range of program improvements.

DCYF requests funding to expand home visiting programs and conduct system advisement. Followed by community engagement and planning in SFY24 that will have a focus engagement and capacity building with rural and BIPOC communities and providers, DCYF is requesting to provide 325-400 new home visiting slots for families. DCYF is proposing to support increased parent/caregiver voices at the community and state level, including the Home Visiting Advisory Committee (HVAC). This requires investment to ensure parents are well-supported to share their expertise and voice, including providing honoraria and childcare stipends, which appropriate, are to provide for participation in meetings.

4. Re-Design of Family Reconciliation Services: Placeholder

This is a placeholder request pending the recommendations included in the report due to the governor and appropriate legislative committees by December 1, 2022 as a result of the co-design sessions occurring between July and November 2022. Family Reconciliation Services (FRS) is a targeted prevention service that helps families in crisis avoid further system involvement by offering services and supports which achieve reconciliation between a parent and their adolescent child, strengthen the family to avoid out of home placement, and alleviate situations that

present an immediate threat to the health or stability of the youth or family. The Legislature provided DCYF with funding in the 2022 Supplement Budget to re-design FRS using co-design approaches that center youth and families with lived experience and elevate cross system and community partnerships. Co-design sessions with lived experts, system professionals, and community providers to re-design FRS are actively occurring between July and November 2022 with recommendations anticipated to become available December 1, 2022.

Assumptions and Calculations

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

DCYF is requesting funding to scale this referral pathway for pregnant people with substance use disorder statewide, this referral pathway connects substance-exposed infants and their families to services at the time of birth and to scale the Plan of Safe Care (POSC) pilot statewide to all 57 birthing hospitals.

Additional expansion for Strengthening Families Locally will allow DCYC to select 4-6 additional communities.

Through Home Visiting, additional support is requested to increased parent/caregiver voices at the community and state level through community engagement and planning in SFY24.

Potential re-design of Family Reconciliation Services pending report recommendations as a result of the co-design sessions occurring between July and November 2022.

Detailed Assumptions and Calculations:

Services and Supports for Substance Use Disorder –

DCYF requests \$3,014,000 GF-S for the 23-25 Biennium (\$1,507,000 GF-S in FY24 and \$1,507,000 in GF-S in FY25)

Direct Client Services: Total expenditures for the 23-25 Biennium are \$3,014,000

Creating a network of Substance Use Disorder Professionals (SUDPs) across the state.

- \$966,816 in FY24, and each fiscal year thereafter to support the cost of 12 SUDPs (2 per region). This assumption is based on a cost of \$80,568 per SUDP ($\$80,568 \times 12 = \$966,816$). These costs include an annual salary of \$62,426, annual healthcare costs of \$13,092, and benefits and associated costs of \$5,050 (including: training and development, concrete goods, travel, PC/docking station lease, cell phone)
- \$290,000 in FY24, and each fiscal year thereafter to sustain and scale the current referral pathway for voluntary prevention services for pregnant people with substance use disorder state-wide. This assumption is based on \$290,000 per year to offer voluntary prevention services to the estimated 560 eligible clients per year at \$518 per client ($\$560 \text{ eligible clients} \times \$518 \text{ per client/year} = \$290,080$).
- \$250,000 in FY24, and each fiscal year thereafter to scale the POSC pilot statewide to all 57 birthing hospitals. This assumption is based on \$250,000 per year to contract with all 57 birthing hospitals ($\$4,386 \text{ per birthing hospital} \times 57 = \$250,020$).

Sustain and Expand Strengthening Families Locally –

DCYF requests \$5,000,000 for the 23-25 Biennium (\$4,750,000 GF-S and \$250,000 GF-F):

\$1,500,000 GF-S, \$250,000 GF-F in FY24 and \$3,250,000 GF-S in FY25.

Professional Service Contracts: Total expenditures for the 23-25 Biennium are \$500,000.

- \$250,000 GF-F in FY24, and \$250,000 GF-S in FY25, and each fiscal year thereafter to sustain the current Sensemaker software, Research and Data Analysis (RDA) with the Department of Social and Health Services (DSHS), and Parent Leadership and Community Cafes. These resources support the current community prevention plan geared towards the reduction of child maltreatment for the existing four communities, and expansion to four-six additional communities. Funding will ensure the facilitation supports and prevention plan strategies are sustained and integrated into community shared practices and strategies.

Direct Client Services: Total expenditures for the 23-25 Biennium are \$4,500,000.

- **Sustaining** - \$1,200,000 in FY25, and each fiscal year thereafter. This assumption is based on an increase to \$300,000 per community for four communities in FY25 ($\$300,000 \times 4 \text{ communities} = \$1,200,000 \text{ per year}$), and each fiscal year thereafter.

- **Expansion** – \$1,500,000 in FY24, \$1,800,000 in FY25, and each fiscal year thereafter. This assumption is based on \$250,000 per community for six communities in SFY24 ($\$250,000 \times 6 = \$1,500,000$), with an increase to \$300,000 per community for four communities in FY25 ($\$300,000 \times 4 = \$1,200,000$), and each fiscal year thereafter.

Sustain and Expand Home Visiting:

The Department of Children, Youth, and Families (DCYF) requests \$15,225,000 in 17B-1 for the 23-25 Biennium: \$6,200,000 17B-1 in FY24, and \$9,025,000 17B-1 in FY25.

Professional Service Contracts: Total expenditures for the 23-25 Biennium are \$2,925,000.

- **Develop and build on home visiting data systems, professional development & engagement** - \$1,550,000 in FY24, \$1,375,000 in FY25, and \$1,325,000 in FY26, and each fiscal year thereafter.
 - This assumption is based on \$175,000 for building community and organizing capacity for expansion in FY24, \$300,000 for professional development ($\$200 \text{ per hour for } 750 \text{ hours per year} - \$150,000 \times 2 = \$300,000$), \$200,000 for system development ($\$100,000 \text{ per year} \times 2 = \$200,000$), \$250,000 for RDA with DSHS ($\$125,000 \text{ per year} \times 2 = \$250,000$), and \$2,000,000 ($\$1,000,000 \text{ per year} \times 2 = \$2,000,000$) for home visiting data systems phased in approach.

Direct Client Services: Total expenditures for the 23-25 Biennium are \$12,300,000.

- **Sustaining** – \$4,650,000 in FY24 and FY25, and \$7,650,000 in FY26, and each fiscal year thereafter.
 - This assumption is based on a 30% increase in compensation including salaries and benefits in FY24 and FY25, and an additional 20% increase in the 25-27 biennium.
- **Expansion** - \$3,000,000 in FY25 and FY26, and \$6,000,000 in FY27, and each fiscal year thereafter.
 - This assumption is based on expansion every other year. The funding will provide 325-400 new home visiting slots for families in rural and BIPOC Communities beginning in FY25, and an additional 325-400 in FY27. This assumption is based on \$9,000 per slot for an average of 333 slots ($\$9,000 \times 333 = \$2,997,000$).

Workforce Assumptions:

DCYF requests \$1,388,000 (\$982,000 GF-S, \$45,000 IV-E, \$361,000 17B-1), and a total of 6.5 Full Time Equivalent Staff (FTEs) in the 23-25 Biennium: \$311,000 GF-S, \$9,000 IV-E, \$123,000 17B-1, and 3.0 Full Time Equivalent Staff (FTEs) in FY24, and \$671,000 GF-S, \$36,000 IV-E, \$238,000, 17B-1 and an additional 3.5 FTEs in FY25.

Sustain and Expand Strengthening Families Locally: Total costs for the 23-25 Biennium are \$981,000 (\$944,000 GF-S, \$37,000 IV-E)

- DCYF assumes the cost of sustaining and expanding Strengthening Families Locally requires 2.0 FTE, costing \$305,000 in FY24 and 4.5 FTE (2.0 FTE + an additional 2.5 FTE = 4.5 FTE), costing \$667,000 in FY25, and 4.5 FTE costing \$644,000 in FY26, and each fiscal year thereafter. These costs include salaries, benefits, goods and services, travel, one-time capital outlay, and indirect costs associated with each FTE. These FTE are comprised of:
 - 2.0 Program Special 5's (PS5): 1.0 PS5 ongoing, starting FY24 and 1.0 PS5, ongoing starting FY25, will sustain the existing four communities, support the setup of Strong Community Networks, run and manage the project, and manage contracts in year one, and support expansion to an additional 4-6 communities in year two.
 - 0.5 Washington Management Services 2 (WMS2) ongoing, starting FY25, will allow DCYF to sustain the current position for Strengthening Families Locally, and supervision of the project.
 - 1.0 Management Analyst 5 (MA5) ongoing, starting FY24, will assist in the analysis of the project and provide synthesis of the results.
 - 1.0 IT Data Management Journey (ITDM) ongoing, starting FY25, to run data for locales, Strong Community Networks, and support data processing.

Sustain and Expand Home Visiting: Total costs for the 23-25 Biennium are \$431,000 (\$62,000 GF-S, \$361,000 17B, \$8,000 IV-E)

- DCYF assumes the cost of sustaining and expanding Home Visiting requires 1.0 FTE costing \$146,000 in FY24, 2 FTE (1 FTE + an additional 1.0 ongoing FTE = 2 FTE) costing \$285,000 in FY25, and 2.0 ongoing FTEs costing \$272,000 in FY26, and each fiscal year thereafter. These costs include salaries, benefits, goods and services, travel, one-time capital outlay, and indirect costs associated with each FTE. These FTE are comprised of:
 - 1.0 MA4 ongoing, starting FY24 to supporting the fiscal components of Home Visiting, and manage program processes and analysis.
 - 1.0 PS5 ongoing, starting FY25 to coordinate with contractors, process invoicing, provide coaching, and complete programmatic reviews.

Strategic and Performance Outcomes

Strategic Framework:

This proposal contributes to the Governor's Result WA goal of healthy and safe communities, by providing families and communities with the suite of services necessary to prevent entry into the child welfare system.

The proposal relates to DCYF's Strategic Plan goal of reducing the number of children and youth in out-of-home care by half. This package accomplishes this through implementing and expanding effective community-driven secondary prevention. Home visiting and substance use programming efforts expand high quality implementation of evidence-informed services and strengthening families locally expands innovative community-based strategies for child maltreatment prevention.

Performance Outcomes:

This proposal would contribute to the following performance outcomes:

- Reducing the number of children in out-of-home care
 - Implement innovative community-based strategies for child maltreatment prevention.
 - Invest in high quality implementation of evidence-informed services in high need communities around the state.

This proposal would contribute to the following incremental performance metrics:

- Increase share of SUD PPI accessing substance use treatment, home visiting programs, and other prevention supports prior to birth.
- Decrease share of SUD PPI who experience a subsequent screen-in to child welfare.
- Increase availability of community resources and support for the underserved population of substance exposed newborns and families.

Equity Impacts

Community outreach and engagement:

Robust stakeholder engagement including CWAC, ELAC, HVAC, and other state agencies such as HCA.

Disproportional Impact Considerations:

Children of color are disproportionately likely to enter into out-of-home care, investments in prevention services will continue to reduce the number of children in care and reduce disproportionality.

Target Populations or Communities:

Families and children at risk of DCYF involvement, including families with substance use disorder.

Other Collateral Connections

Puget Sound Recovery:

Not applicable.

State Workforce Impacts:

Not applicable.

Intergovernmental:

Substance Use Services

DCYF's work in providing support for families with substance use disorder requires heavy collaboration with the Health Care Authority (HCA). HCA can provide the treatment resources and beds using Medicaid funding. Our work on the Parent Child Assistance Program is an example of our partnership, which is a program managed and funded in Health Care Authority's budget for referrals HCA receives from DCYF.

Home Visiting Services:

DCYF partners with the Department of Health for data and reporting in the home visiting field. DCYF partners with Tribes to provide home visiting and identify prevention approaches. Local county governments are often providing additional resources for home visiting slots that follow the same models funded by the state.

Strengthening Families Locally:

In communities where DCYF has Strengthen Families Locally, local government entities show up as integral partners in identifying metrics as well as projects for funding.

Stakeholder Response:

Substance Use Services:

- Service providers: Support
- HCA: Support

Home Visiting

- Home Visiting Advisory Council – Support
- Start Early (private partner of the Home Visiting Services Account) – Support

Strengthening Families Locally

- DCYF Prevention Leadership Table – Support

Family Reconciliation Services

- Community-based youth serving organizations – Support
- Lived experts including caregivers, birth parents, and young people – Support

State Facilities Impacts:

Not applicable.

Changes from Current Law:

Not applicable.

Legal or Administrative Mandates:

Not applicable.

Reference Documents

[Appendix5ITaddendum Prevention 8.5.22.docx](#)

IT Addendum

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

Yes

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2024	2025	2023-25	2026	2027	2025-27
Obj. N	\$1,507	\$1,507	\$3,014	\$1,507	\$1,507	\$3,014
Obj. A	\$257	\$475	\$732	\$475	\$475	\$950
Obj. B	\$87	\$160	\$247	\$160	\$160	\$320
Obj. C	\$800	\$625	\$1,425	\$575	\$375	\$950
Obj. E	\$6	\$10	\$16	\$10	\$10	\$20
Obj. G	\$7	\$12	\$19	\$13	\$13	\$26
Obj. J	\$22	\$22	\$44	\$0	\$0	\$0
Obj. N	\$6,150	\$10,650	\$16,800	\$11,850	\$14,850	\$26,700
Obj. A	\$0	\$105	\$105	\$105	\$105	\$210
Obj. B	\$0	\$32	\$32	\$32	\$32	\$64
Obj. C	\$1,000	\$1,000	\$2,000	\$1,000	\$0	\$1,000
Obj. E	\$0	\$3	\$3	\$3	\$3	\$6
Obj. G	\$0	\$2	\$2	\$2	\$2	\$4
Obj. J	\$0	\$7	\$7	\$0	\$0	\$0
Obj. S	\$64	\$117	\$181	\$117	\$117	\$234

Agency Contact Information

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