



Agency Recommendation Summary

The Department of Children, Youth, and Families (DCYF) requests \$9,622,000 (\$9,532,000 General Fund- State) and 7.0 full time equivalents (FTE) in the 2025-27 Biennial Budget to provide a multi-faceted approach to secondary prevention by supporting high-need families and caregivers with children at risk of entering out-of-home care to access the supports they need through supporting Family Resource Centers (FRCs) and build on the initial implementation of the Plan of Safe Care (POSC) community pathways (comprised of both the pregnant SUD and substance-exposed infants bodies of work). This funding request will support the growth of community-based networks including provider preparedness and staffing capacity and expand community pathways.

Program Recommendation Summary

010 - Children and Families Services

DCYF requests \$2,356,000 General Fund-State in the 2025-27 Biennial Budget to support Family Resource Center Family Navigation to make referrals to prevention services.

030 - Early Learning

DCYF requests \$6,310,000 General Fund- State and 5.0 full time equivalents (FTE) in the 2025-27 Biennial Budget for a multi-faceted approach to secondary prevention by supporting high-need families and caregivers with children at risk of entering out-of-home care to access the supports they need through supporting Family Resource Centers and Plan of Safe Care.

090 - Program Support

DCYF requests \$956,000 (\$866,000 General Fund- State) and 2.0 full time equivalents (FTE) in the 2025-27 Biennial Budget under program support of the FA3 FTEs.

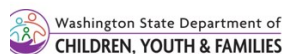
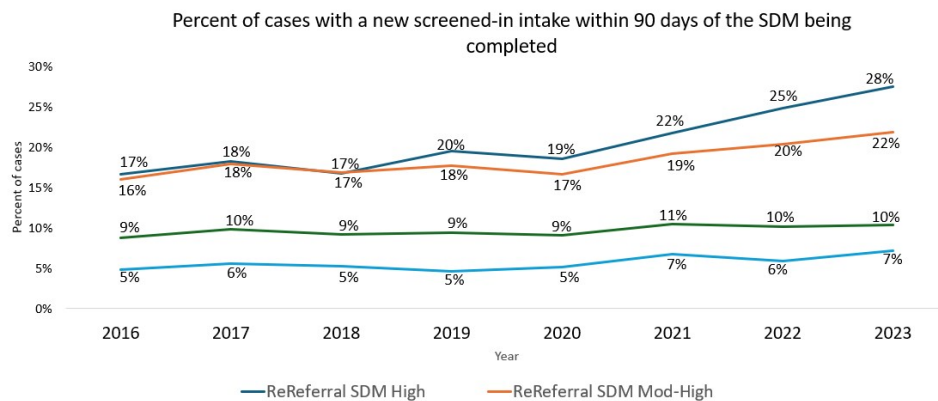
Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Staffing						
FTEs	7.0	7.0	7.0	7.0	7.0	7.0
Operating Expenditures						
Fund 001 - 1	\$785	\$1,571	\$2,356	\$1,571	\$1,571	\$3,142
Fund 001 - 1	\$3,126	\$3,184	\$6,310	\$3,148	\$3,148	\$6,296
Fund 001 - A	\$42	\$40	\$82	\$40	\$40	\$80
Fund 001 - C	\$4	\$4	\$8	\$4	\$4	\$8
Fund 001 - 1	\$489	\$377	\$866	\$277	\$277	\$554
Total Expenditures	\$4,446	\$5,176	\$9,622	\$5,040	\$5,040	\$10,080
Revenue						
001 - 0393	\$46	\$44	\$90	\$44	\$44	\$88
Total Revenue	\$46	\$44	\$90	\$44	\$44	\$88

Decision Package Description

The environment surrounding child welfare has changed dramatically in the last two years with policy changes that have resulted in fewer children entering out-of-home care (HB 1227 and Plan of Safe Care), and the fentanyl epidemic that has impacted child safety. These changes have left many high-need children and families adjacent to the child welfare system, those exiting after a child welfare investigation without placement or service intervention, those with a screened-out referral, or those with a history of child welfare involvement, at risk for either continued harm, entry/re-entry into the child welfare system, or both.

- Since FY 2018, Washington has seen a 36 percent decrease in the number of children in out-of-home care (point-in-time). HB 1227 and Plan of Safe Care (two new policies implemented in 2023) are having the intended impact of reducing removals, with an estimated 16 percent decrease in entries into care between 2023 and 2024. This trend of decreasing entries into care has resulted in an increasing portion of moderately high and high-risk families churning through the front end of the child welfare system without placement or services and being re-referred and screened into CPS. This indicates that many high-need families whose children are not placed in out-of-home care, still have many unmet needs related to child safety and well-being.



*Source: Doug Klinman, DCYF. (October 2023). CPS intakes by latest SDM risk assessment level. infoFomlink. (2016-2023). Note that 2023 numbers are through 5/1/2023 to allow for 90 days follow-up.

- Federal policy changes in the Plan of Safe Care, also implemented in 2023, mean that not all substance exposed infants are referred to CPS (as had been the case previously). Hospital staff are now directed to refer only those substance exposed infants for whom there is a safety concern. This means that many high-need families with substance exposed infants are not referred to child welfare. Data collected since the implementation of this change reveals inconsistency in hospital and community practices that require additional attention and support to keep these vulnerable infants safe and their parents supported.

In future biennium, DCYF will have the opportunity to leverage Title IV-E federal matching prevention funding through the Family First Prevention Services Act (FFPSA) to support community pathways to prevention. A community pathway is defined as any opportunity to match high risk children and families to needed services and supports outside of the formal child welfare system to prevent child welfare involvement and out of home placement. By the end of Calendar Year (CY) 2024, DCYF will submit the next iteration of Washington’s 5-year FFPSA Prevention Plan ([original plan](#)) approved in 2020 will expire by the end of 2024). DCYF anticipates the new plan to be inclusive of the community pathways described in this proposal, thus enabling DCYF to claim matching federal funds for allowable approved community-based prevention services. However, before claiming can occur, the required systems to support referrals, eligibility determination, prevention planning, case monitoring, service provision, contracting, invoicing, data collection and reporting must be in place.

DCYF is currently undergoing development of a Comprehensive Child Welfare System (CCWIS) that will comply with the U.S. Department of Health and Human Services’ (HHS) Office of the Administration for Children & Families (ACF) Final Rule on Comprehensive Child Welfare Information Systems; providing a case management information system that state and tribal Title IV-E agencies may develop to support their child welfare program needs. The CCWIS project is projected to be completed by June 30, 2029 (FY29) and at that time when DCYF is at full system implementation in FY30, the agency will have the opportunity to leverage Title IV-E federal matching prevention funding through the Family First Prevention Services Act (FFPSA) to prevent out of home placements for at-risk foster care candidates. This proposal will establish the infrastructure necessary to enable future access of federal Title IV-E FFPSA funds, and establish systems and pathways to allow DCYF and community partners to address the identified needs of candidacy groups for prevention and early intervention services and supports to keep children safe and prevent entry/re-entry into the system, and at the same time prepare the agency to claim federal funds based on the Department’s FFPSA Title IV-E Prevention plan as approved by the Federal Government, once CCWIS reaches full implementation.

This proposal establishes systems and pathways to allow DCYF and community partners to address the identified needs of high-need families for services and supports to keep children safe and prevent entry/re-entry into the child welfare system, and at the same time prepare the agency and our community partners to access federal funds for future sustainability and spread of approved prevention services. To do so, the activities in this package build on existing systems and partnership and continue to develop local system partnerships and community networks across Washington to provide supports increasing family protective factors, stability, and child/family well-being.

The two secondary prevention community pathways supported in this proposal include the FRC and POSC community pathways.

Family Resource Centers Community Pathway

DCYF will partner with Family Resource Centers to increase access to needed preventive services for high-need families in high-need communities across Washington, especially those areas with highest historical rates of child abuse and neglect intakes and where high numbers of Black and Native children are entering out-of-home care.

Family Resource Centers are place-based organizations that provide a single point of entry to a range of services for anyone in the community (see also RCW 74.14C.010). FRCs provide information, assess needs, make referrals to family services, and provide direct delivery of family services by FRC staff or contracted providers. DCYF will leverage the strong relationships built with FRC leaders, the Washington Family Support Network, parents and community partners to execute this pathway.

Family Resource Center Family Navigation (\$645,000 annually)

DCYF will contract with up to five Family Resource Centers in high needs areas at \$129,000 per FRC per year. FRC Family Navigators will conduct basic needs assessments with families, conduct basic needs assessments, facilitate check-ins to support goal completion and prevention planning, be trained to fidelity in Motivational Interviewing, make referrals to prevention services and create/maintain a family centered prevention plan. DCYF anticipates 30 families served per month, per FRC, totaling 1,800 families served per year. Families eligible for these services will include families in high-need communities approved by DCYF as candidates for future FFPSA-funded services, with need for family support and/or concrete supports.

Additionally, DCYF estimates a ramp up period in FY26, so that costs for EBPs in the first year are estimated at half of what they will be in FY27. The 6-month ramp-up period will allow time for DCYF to put initial contracts in place, and to collaborate with contracted FRCs to begin to work out initial processes for referrals, eligibility determination, prevention planning, case monitoring, service provision, contracting, invoicing, and data collection. These initial processes will be refined over the course of initial implementation.

POSC Support for Substance Using Pregnant Persons (\$360,000 annually)

Annually, the current six participating SUD-Pregnancy service providers are projected to provide service navigation and care coordination to about 258 pregnant people with SUD in nine counties. DCYF is requesting expansion to three additional providers to serve a projected additional 64 clients across three more counties.

POSC Support for Families with Substance Exposed Newborns (\$250,000 annually)

The Plan of Safe Care community-based pathway for substance-exposed newborns is in implementation and working towards statewide scale. Funds will support POSC expansion and integration, including strengthening relationships with and technical assistance for birthing hospitals, sustaining and expanding perinatal and community-based provider partnerships, supporting data collection and future phases of enhancements to the online referral portal, and the exploration and development of pathway integration (e.g. the ability for CPS POSC cases to close with a warm hand-off to the POSC community pathway).

POSC Concrete Supports (\$92,575 in FY 26 and \$185,150 in FY 27)

As the Plan of Safe Care community pathways continue to scale statewide, an emerging theme is the need for concrete goods among this population. The team providing direct service at Help Me Grow (HMG) has identified several common circumstances related to families experiencing instability and could benefit from assistance with rent payments, groceries, other basic needs, or assistance with utility payments. HMG will design the infrastructure and internal controls needed to disperse concrete goods assistance the first half of FY26, so concrete assistance will cover six months of FY26.

FRC Concrete Supports. (\$1,126,000 in FY 26 and \$1,220,000 in FY 27)

The program targets $(322+1,800=2,122)$ and an additional 15 percent (\$147,000)/year for concrete goods administrative cost.

Concrete goods are an important and increasingly standard support to engage families in services and to meet material needs that may help improve child safety and well-being and prevent child welfare involvement. Each family will receive \$500 to support needs such as rental support, groceries, basic needs, or assistance with utility payments.

DCYF will focus its FRC investment in designated high-need areas of the state, those with the top quintiles for CPS Screened-In Intakes and office catchment areas with the highest placements of Native and Black Children.

Plan of Safe Care (POSC) Community Pathway

DCYF requests funding to support the growth of community-based networks including provider preparedness and staffing capacity, expand community pathways, and prepare for FFPSA claiming for a subset of these services.

Resources required to accomplish these goals include increased contract dollars with WithinReach/Help Me Grow (HMG) Washington to support expansion of DCYF's POSC Community Pathways (Pregnancy-SUD and Substance Exposed Infants), sustain and grow provider partnerships, support data systems necessary to secure future FFPSA funding, and strategic planning, partnership development, and provider onboarding/technical assistance.

Evidence Based Practices (EBPs) (\$785,469 in 2026, \$1,570,937 in 2027)

DCYF will contract with an FRC or other community partner to ensure that the five initial FRC Community Pathway implementation sites have access to FFPSA-approved evidence-based practices (EBP) in their implementation of the initial community-based pathways. Not all families who receive resource navigation and concrete goods will need or want EBPs (parenting education, therapeutic EBPs, etc.). DCYF believes that 15% of families who receive service navigation and concrete goods will engage in an evidence-based practice. This is the approximate portion of families involved in front-end child welfare (before placement) who participate in EBPs.

Centralized Supports to Prepare for FFPSA Claiming

In addition to the two main secondary prevention contracted services described above, in order to prepare for claiming FFPSA federal match funding, DCYF will engage in training navigators in both contracted Family Resource Centers and statewide POSC community pathway in Motivational Interviewing. Finally, DCYF will contract for a centralized data system feasibility study to determine feasibility of a single data collection and reporting module that could be shared across the state to eventually support FFPSA claiming for community pathways.

Data Module Feasibility Study (\$200,000 in FY 26, \$100,000 in FY 27)

A study to determine feasibility of developing and implementing a non-governmental single standardized FFPSA data collection and reporting module for community pathways to enable community-based contracted partners to engage in FFPSA claiming in collaboration with DCYF. We anticipate most of the feasibility study will be done in FY26, with completion and wrap up in early FY27. The single centralized non-governmental data module must facilitate processes such as referrals, DCYF determination of eligibility for candidacy, documentation of the required prevention plan, documentation of monitoring of the prevention plan, generate invoicing and provider facing documentation, collection of the minimum data elements required for FFPSA reporting in federal guidance, federally compliant data transmission to DCYF for federal reporting purposes required for Title IV-E claiming.

Motivational Interviewing Training (\$72,000 for FY 26/27)

DCYF will contract to engage certified Motivational Interviewing trainers to provide fidelity training for a total of 20 navigators each year from navigators working in the contracted Family Resource Centers and the POSC community pathway provider. Motivational Interviewing is an Evidence-Based Practice that supports parent engagement, enhances participation, and has been shown highly effective at enhancing client change. It is an approved EBP in Washington's FFPSA Prevention Plan, and training contractor parent engagement navigators to fidelity will allow the navigators' engagement to be reimbursable under FFPSA.

DCYF Staffing Support

To support the investment of these community pathways and vital secondary prevention programming, and preparation for federal FFPSA claiming, seven FTEs are requested as follows.

Family Resource Center Staffing:

- One DCYF Administrator/Washington Management System 2 (WMS2).
- One DCYF Program Manager/Management Analyst 5 (MA5) (DCYF internal system integration, intake coordination, program expansion & partnerships/CW practice support)
- One DCYF Program Manager/MA5 (Perinatal SUD expansion, intake coordination)
- One MA5 FTE in PPS to develop and support Quality Assurance /Continuous Quality Improvement data collection and monitoring.
- One Program Specialist 5 (PS5) FTE in PPS to support concrete goods and community pathway contract technical assistance

Program Support Staffing:

- Two Fiscal Analyst 3 (FA3) to support fiscal invoicing and payment/data reconciliation.

As a result of these investments, DCYF anticipates there will be reduced need for intake, reduced out of home placements, reduced need for entry/re-entry into the child welfare system, and improved child safety in the funded communities. Additionally, DCYF anticipates that the systems put in place as a result of these investments, including referrals, eligibility determination, prevention planning, case monitoring, service provision, contracting, and invoicing will position the agency and our community partners to claim federal FFPSA matching funds in the future. DCYF does not anticipate that central services will be impacted by this request.

Assumptions and Calculations

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

This funding request is an expansion to both the FRC and POSC programs.

Detailed Assumptions and Calculations:

Total fund request

FY26 \$, 4,446,000 (4,400,000 GF-S), and FY27 \$,5,176,000 (5,132,000 GF-S).

Family Resource Centers Community Pathway

FY26 \$3,126,000 GF-S and FY27 \$3,184,000

DCYF requests a total of \$3,126,000 in FY26 and \$3,184,000 in FY27 to support contracts with Family Resource Centers.

Family Navigation. **\$645,000 GF-S** per fiscal year to contract with up to five FRCs to hire and support a community engagement facilitator/specialist to establish or strengthen community networks and focused prevention services using strong approaches and lessons learned from the Strengthen Families Locally initiative. This assumption is based on the 2024 staff budget of \$129,000 per FRC (\$129,000 per FTE x 5 FRCs = \$645,000). Each FRC will serve an estimated 30 families/month or 360 families/year with service navigation (including Motivational Interviewing once trained to fidelity) and concrete supports, for a total of 1,800 families serve/year across the 5 sites.

Concrete Supports.

\$1,128,000 in fiscal year 26, \$1,220,000 in FY 27

DCYF requests to provide Concrete Supports for 2,122 families served per fiscal year with service navigation. Standard calculation, up to \$500 case rate. 2,122 cases per year X \$500 = \$1,061,000 per year. An administrative cost of 15% (\$159,150/year) of the concrete goods cost is necessary for execution and delivery of the goods. It's based upon the Federal Uniform Guidance updated in the fall of 2024.

POSC Support for Substance Using Pregnant Persons.

FY 26-27 \$360,000

DCYF requests \$360,000/year to support 9 community-based providers serving 12 counties with service navigation for substance using pregnant persons. 9 providers x \$40,000/year = \$360,000.

POSC Support for Families with Substance Exposed Newborns.

FY 26-27 \$250,000

\$250,000/year to support POSC expansion and integration for families with substance exposed newborns. State dollars are currently funding POSC at \$250,000. DCYF requests \$250,000 in order to achieve statewide scale.

- 23 of 58 birthing hospitals statewide still need to be onboarded to achieve statewide scaling
 - Following onboarding, ongoing technical assistance is provided by WithinReach (included in the increased HMG contract ask) to ensure sustainability

- Following onboarding, we expect to see an increase in the number of referrals to the community-based pathway which will require more HMG staffing and local partnerships

This body of work has seen steady gains and is insufficiently funded to sustain current implementation momentum and support future phases of implementation, ongoing technical assistance to birthing hospitals and partners, expanding local perinatal and community-based provider partnerships, data collection and future phases of enhancements to the online referral portal, and system integration/infrastructure enhancement to support vulnerable infant/toddler populations in both the community and child welfare.

Plan of Safe Care (POSC) Community Pathway

FY26 \$, 785,000 and FY27 \$,1,571,000

DCYF requests \$753,750 in FY 2026 and \$897,500 in FY 2027 in contracted services to support the Plan of Safe Care Community Pathway.

Evidence Based Practices. DCYF requests \$785,469 GF-S in FY26 and \$1,570,937 GF-S in FY27 to fund five Initial FRC Community Pathway Implementation sites across the state to plan and implement successful community-based prevention approaches including FFPSA-approved evidence-based practices under a community-based pathway. This assumption is based evidence-based services average costs per family and families served.

- FY26- \$5,818 average EBP cost x 135 families served= \$785,469 (GF-S) This assumes 50 percent of FY 27 for EBP ramp up.
- FY 27-\$5,818 average EBP cost x 270 families served= (30 families/month served with service navigation x 5 sites x estimated 15% take up rate for EBPs = 270 families served w/EBPs/Year 2).

Program Support

DCYF requests \$372,000 GF-S in the 2025-2027 Biennial Budget to build systems level capacity, quality, data, and integration, and build capacity for engagement with highest need families and initial implementation of FFPSA Community Pathways.

Professional Service Contracts:

FY26 \$236,000 GF-S and FY27 \$136,000 GF-S

DCYF requests \$236,000 in FY 2026 and \$136,000 in FY 2027 to support readiness for claiming federal FFPSA matching funds through centralized supports for both community pathways.

Data Feasibility Study. DCYF requests \$200,000 in FY 2026 and \$100,000 in FY 2027 to support contracting for a data feasibility study to determine feasibility of a single data collection to eventually support FFPSA claiming. **Motivational Interviewing Training.** DCYF requests \$36,000 per fiscal year to provide Motivational Interviewing Training for up to 20 navigator staff from community partner organizations in both community pathways.

Workforce Assumptions:

DCYF requests \$2,035,675 and 7.0 Full Time Equivalents (FTEs) in the 2025-2027 Biennial Budget.

- To develop and implement partnerships, contracts (monitoring, reporting and follow-up), training necessary for internal and external partners to implement this initiative.

Family Resource Center Staffing (5FTEs):

- One DCYF Administrator/Washington Management System 2 (WMS2).
- One DCYF Program Manager/Management Analyst 5 (MA5) (DCYF internal system

integration, intake coordination, program expansion & partnerships/CW practice support)

- One DCYF Program Manager/MA5 (Perinatal SUD expansion, intake coordination)
- One MA5 FTE in PPS to develop and support Quality Assurance /Continuous Quality Improvement data collection and monitoring.
- One Program Specialist 5 (PS5) FTE in PPS to support concrete goods and community pathway contract technical assistance

Program Support Staffing (2 FTEs):

- Two Fiscal Analyst 3 (FA3) to support fiscal invoicing and payment/data reconciliation.

Historical Funding:

FY2026

- FTE = 7.0 FTE
- Total Funds = \$1,530,000

FY2027

- FTE = 7.0 FTE
- Total Funds = \$1,530,000

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 and to prevent entry/re-entry into the child welfare system. To do so, DCYF identified the need to implement and expand effective community-based secondary prevention by building community capacity to support high-need families in high-need areas of the state, adjacent to the child welfare system, to keep children safe.

POSC: Eliminate racial disproportionalities and advance racial equity –

- The POSC addresses racial equity through training and resources for birthing hospitals and referral portal enhancements integrating resources to reduce implicit bias prior to DCYF intake, hopefully resulting in a reduction of disproportionality at intake.
- Local community networks and referral partnerships are developed with the community and local providers.

Safely reduce the number/rate of children and youth in out-of-home care by half –

- Reduction in intakes and subsequent out-of-home placement of infants coincides with POSC implementation.
- POSC supports a family centered approach to child welfare safety assessment/planning and case planning.
- Opportunities to close CPS cases with a warm hand-off to the HMG pathway for longer-term community-based support.

Improve quality and availability of provider services –

- Supports expansion of community-based service navigation and care coordination with service providers statewide for individuals experiencing perinatal SUD/prenatal substance exposure and infants at risk.
- Provides training and technical assistance to providers across systems, leveraging opportunities for cross-agency partnership (e.g. DOH, WSHA, etc.)

Performance Outcomes:

FRC Process measures:

- Increasing number and percentage of high-need families at risk for out-of-home placement who will experience FRC-provided service navigation, concrete goods, referrals to community-based services and supports, and enrollment in FFPSA-fundable prevention services in identified high-need areas.

FRC Outcome measures:

- Decreases in repeated screened-in referrals for child welfare involvement in identified high-need communities with prevention funded FRCs
- Improved family safety and well-being among high-need families at risk for out-of-home placement in identified high-need communities.

POSC success related to system integration and service penetration will be measured through increased referrals through the HMG referral hub for the POSC Community Pathway, increased referrals from hospitals through the POSC Online Referral Portal, and increased connections to long-term community-based resources for child welfare involved families. Increased service penetration is expected to result in a reduction of out-of-home placements and re-referrals for child welfare involved families. Data to track performance measures will be collected through the POSC Online Referral portal, the HMG/WithinReach pregnancy-SUD hub reports, and DCYF Intake data.

Equity Impacts

Community Outreach and Engagement:

Family Resource Centers: DCYF has established regular meetings with the Family Resource Centers through the statewide Washington Family Support Network staff and at different points in time the Washington Family Support Network leadership team that includes FRC leaders. Additionally, DCYF meets regularly with the nine funded Family Resource Centers to understand their strengths, hopes and needs. This partnership developed throughout the Family Resource Center Landscape Study and since that time when funding has been provided through federal COVID response funding (CBCAP ARPA). Initial funding for these approaches were also informed by parents in the Parent Advisory Community and many other partners.

POSC: DCYF has engaged birthing hospitals and SUD providers in a robust community of practice since the inception of the POSC work. Ongoing training/technical assistance provided to birthing hospital referrers and other partner-providers will continue to focus on equity, a non-judgmental approach, and understanding both risk and protective factors. This aims to reduce disproportionality and increase appropriate POSC pathway determination. Both DCYF and WithinReach have engaged individuals with lived experience in listening sessions to inform expansion decisions..

Disproportional Impact Considerations:

Family Resource Centers: The systemic prevention interventions proposed directly address agency and state goals of advancing equity and eliminating disproportionalities. By definition, the high-need areas of the state that will be the targets of the majority of the funding include those office catchment areas where the majority of Native and Black children are being placed in out-of-home care. By strengthening community-based approaches to secondary prevention DCYF will make prevention resources more accessible to high-risk families in need in these high need communities, both before and after they come to the attention of the child welfare system, thus helping to avoid out-of-home care and other poor outcomes. Focusing on strengthening and supporting families in these highest need areas of the state is one strategy necessary if we are ever to eliminate disproportionate entries into care among Native and Black families. Ensuring all service offerings under Family First will be culturally responsive and that there are culturally specific services available for families disproportionately impacted by the child welfare system will be integral to this decision package.

POSC: Native American/Alaska Native and Black/African American infants experience removals with parental substance use indicated at disproportionately higher rates compared to white infants. The POSC body of work centers activities aimed at addressing this disproportionality through parent and community voice. Activities such as listening sessions with lived experts, partnership development with local community providers, and a targeted universalism approach will result in a better understanding of how to best serve communities across Washington through community-based referral pathways. The strategies outlined in this proposal elevate critical developmental and wrap-around supports for BIPOC children currently overrepresented in the child welfare system.

Target Communities and Populations:

Family Resource Centers: FRCs model equity and inclusion. They serve populations that are overrepresented in DCYF systems and historically furthest from opportunity. They are intentional about being culturally responsive and responsive to community voice. Their impact is amplified by the trust they can create and sustain with the community serve.

Targeted high-need communities include those with the highest out-of-home placements for Native and Black children. The service offerings paired under Family First will be inclusive of Culturally Specific and all will be culturally responsive.

POSC: Ongoing training/technical assistance provided to birthing hospital referrers and other partner-providers will continue to focus on equity, a non-judgmental approach, and understanding both risk and protective factors. This aims to reduce disproportionality and increase appropriate POSC pathway determination.

DCYF plans to have a complete outcome evaluation of the SUD-P Program by Summer 2024, which will shed light on program strengths and opportunities for improvement related to factors like location, service type, and provider type to best serve substance-using pregnant people. The evaluation will also look at providers' ability to reach and enroll pregnant people by categories including by racial group, which will inform where and how the program could improve to better reach and support Native American/Alaska Native and Black/African American communities.

Community Inputs and Incorporation:

Family Resource Centers: DCYF initially got community input from FRCs in the 2021 FRC landscape study, which included surveying as much FRCs as could be identified through a snowball sampling method. FRCs described how they are currently structured and what is needed to continue to support their work. This landscape study informed an approach for partnering with FRCs as a response to the COVID-19 pandemic.

POSC: DCYF has worked closely with WithinReach/HMG, birthing hospitals, and local community providers to inform ongoing implementation strategies. Additional input related to the scoping and testing to support long-term community collaborations and supports for families was incorporated into this proposal.

Other Collateral Connections

HEAL Act Agencies Supplemental Questions

Not Applicable

Puget Sound Recovery:

Not Applicable

State Workforce Impacts:

Not Applicable

Intergovernmental:

Family Resource Centers: Expansion of Family Resource Centers will require some coordination with Department of Commerce. Currently, through a third year of proviso funding, the Department of Commerce is contracting with Family Resource Centers in accordance with the 2023-2025 and 2024 supplemental budgets. Additionally, the Department of Commerce is contracting with the Washington Family Support Network.

DCYF staff will continue coordinating with Commerce staff and leaders to ensure there is alignment and non-duplication of efforts across these efforts.

DCYF does not anticipate opposition from Tribal, Regional, County or City governments.

POSC: The POSC body of work has historically engaged in partnerships with other state agencies/associations, the Department of Health, The Health Care Authority, and the Washington State Hospital Association. This collaboration and partnership will continue as each agency is lifting up aligned bodies of work to support and address perinatal substance use in Washington.

Stakeholder Impacts:

POSC implementation has placed strategic focus on thoughtful partnership and shared development of community-based referral pathways and relationships with community members, families with lived experience, and local providers. Input and partner engagement at the state and local levels is a strong component of initial success and will be vital to ongoing implementation and expansion. POSC implementation has placed strategic focus on thoughtful partnership and shared development of community-based referral pathways and relationships with community members, families with lived experience, and local providers. Input and partner engagement at the state and local levels is a strong component of initial success and will be vital to ongoing implementation and expansion.

State Facilities Impacts:

Not Applicable

Changes from Current Law:

Not Applicable

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 <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2026	2027	2025-27	2028	2029	2027-29
Obj. N	\$785	\$1,571	\$2,356	\$1,571	\$1,571	\$3,142
Obj. A	\$492	\$493	\$985	\$493	\$493	\$986
Obj. B	\$158	\$159	\$317	\$159	\$159	\$318
Obj. C	\$36	\$36	\$72	\$0	\$0	\$0
Obj. E	\$9	\$9	\$18	\$9	\$9	\$18
Obj. G	\$12	\$12	\$24	\$12	\$12	\$24
Obj. J	\$36	\$0	\$36	\$0	\$0	\$0
Obj. N	\$2,383	\$2,475	\$4,858	\$2,475	\$2,475	\$4,950
Obj. A	\$139	\$139	\$278	\$139	\$139	\$278
Obj. B	\$53	\$53	\$106	\$53	\$53	\$106
Obj. C	\$200	\$100	\$300	\$0	\$0	\$0
Obj. E	\$4	\$4	\$8	\$4	\$4	\$8
Obj. G	\$5	\$5	\$10	\$5	\$5	\$10
Obj. J	\$14	\$0	\$14	\$0	\$0	\$0
Obj. T	\$120	\$120	\$240	\$120	\$120	\$240

Agency Contact Information

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