



2026 ANNUAL PROGRESS AND SERVICES REPORT (APSR)



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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Washington State Department of **CHILDREN, YOUTH & FAMILIES**

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Acknowledgement

The federal reporting unit within the Department of Children, Youth, and Families (DCYF) extends many thanks to the staff, program managers, administrators, and executive leadership for contributing to the completion of the 2026 Annual Progress and Services Report. The subject matter expertise provided about child welfare practice in Washington state is invaluable and has built a report that is an accurate reflection of the great work occurring with children, youth, and families. Thank you again for your commitment and contribution to this report while protecting children and strengthening families so they flourish.

General Information

The Administration for Children and Families' (ACF), program instructions AC-ACYF-CB-PI-25-01 requires that all state agencies responsible for administering or supervising child welfare (CW) programs under Title IV-B subparts 1 and 2, and Title IV-E of the Social Security Act to submit an Annual Progress and Services Report (APSR). This is the first APSR related to the 2025 - 2029 Child and Family Services Plan (CFSP).

DCYF is the lead agency for state-funded services that support children, youth, and families to build resilience and health, and to improve educational outcomes. The focus is to support children, youth, and families at their most vulnerable points, giving them the tools they need to succeed with a focus on prevention and early intervention.

Point of Contact

The point of contact for the CFSP and APSR is:

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Collaboration

DCYF has an ethos that supports collaboration, coordination, and partnerships with a wide variety of internal and external partners such as tribes, courts, youth, parents, caregivers, and community collaborators. DCYF employs a continuous improvement cycle that encourages and facilitates ongoing year-round engagement with system partners to successfully implement the strategies and activities identified in the CFSP. This work can include initiatives such as implementation of the Program Improvement Plan (PIP), Family First Prevention Services Act (FFPSA), Family Practice Model (FPM), Indian Child Welfare Act (ICWA) policy revisions, and legislative mandates and changes. Through engagement, consultation, and collaboration, DCYF continuously assesses the needs of children, youth, and families and uses input to adjust strategies as well as monitor progress in outcomes and measures. DCYF is refining guidance and resources to enact feedback loops, so that DCYF collaborators are aware of their impact to improving services to children and families. DCYF is also addressing compensating people with lived experience who participate in ongoing workgroups as part of the principles of co-design.

Most of DCYF's advisory groups are co-led with tribal partners or community members. Agenda topics are suggested, reviewed, and approved by an executive committee or co-chairs made up of tribal partners and/or community volunteers and DCYF staff. This model facilitates trust and relationship building by recognizing the wisdom and experience of DCYF's partners. The executive committee or co-chairs are empowered to help the DCYF Community Engagement team and program staff remain accountable to feedback provided. DCYF teams strive to enact feedback loops, either through feedback loop documents, living work plans that track questions and suggested topics from community members, or other informal means. The partnership with community members in planning is the method for determining the feedback loop. In addition to regular planning/executive team meetings, advisory group members are sent a reflection survey after meetings to improve the meeting process and plan for future meetings. These reflection surveys are themselves examples of feedback loops when DCYF makes process changes based on the responses from advisory groups. A few examples of process changes made based off reflection survey responses include:

- Creating a biography document for members to introduce themselves and sharing that in the chat to allow more time for discussion on agenda items.

- Maintaining an online option when meeting in person to accommodate people who choose to attend virtually or are unable to meet in person.
- Opening a group charter to adjust meeting frequency to better meet the needs of members.
- Limiting breakout rooms to members only, so staff presence doesn't impact the feedback shared in small groups.

Early Learning Advisory Council (ELAC)

ELAC informs DCYF's work to create a statewide early learning system that helps all children realize their full potential. Membership includes parents, child care providers, health and safety experts, legislators, representatives of tribal nations, independent schools, and K-12 and higher education. There are six regular meetings each year, held on the first Tuesday of odd months. Meetings are open to the public. At each meeting, attendees review a feedback loop document outlining how DCYF program staff implemented or did not implement their input and feedback. ELAC meeting agendas are developed by the ELAC Executive Committee in partnership with the DCYF Community Engagement, Licensing, and Early Learning teams.

Early Learning Provider Supports Subcommittee

This group is a subcommittee of the ELAC and advises on all services around early learning providers including, but not limited to, licensing policy, Washington Administrative Code (WAC) changes, agency request legislation, administrative concerns, subsidy rules/rates, trauma expertise, intervention and prevention, developmental disabilities, whole family health, and Early Achievers procedures and protocols. Members are selected based on professional qualifications, regional representation, and relevant experience in early learning. Members serve two-year terms. As a subcommittee of ELAC, Provider Supports has a similar feedback process.

Parent Advisory Group (PAG)

PAG is a group of parents and caregivers of children (prenatal through age 17) who serve as a sounding board for decisions, ideas, and questions that shape the future of DCYF. PAG members represent the unique experiences and perspectives of their families and communities. PAG has six regular meetings each year on the third Wednesday of odd months.

Washington State Partnership Council on Juvenile Justice (WA-PCJJ)

WA-PCJJ is the primary state advisory group for matters pertaining to juvenile justice in Washington, and functions as a common point of analysis, planning, and advocacy for youth involved or youth at risk of involvement in the juvenile justice system.

Members are appointed by the Governor. Twenty-five percent of members are youth or young adults under the age of 28 at the time of their appointment. Over 50% of membership also must be non-governmental employees.

The council produces a biennial report to the Governor and state Legislature on key findings of the statewide juvenile justice system and includes recommendations on how to make improvements to the system both locally and at the state level.

State Interagency Coordinating Council (SICC)

SICC assists DCYF and other participating agencies in implementing a collaborative and comprehensive statewide system of early intervention services for infants and toddlers who have disabilities and their families. SICC meets virtually once a

month, with in-person meetings once a year. The process of setting the agenda is a team effort between DCYF and the Executive Steering Committee, which is made up of the SICC Chair, Vice Chair, and the Chairs of all SICC ad-hoc committees. Chair and Vice Chair are required to be parent representatives with children five years old and under who have disabilities and have had or are receiving Early Support for Infants and Toddlers (ESIT) services. The committee discusses future topics for upcoming meetings. They also review and discuss staple items, such as parent stories from the Parent Institute for Engagement, County Interagency Coordinating Council (CICC) reporting updates on their communities, ESIT staff updates, state agencies and the SICC ad-hoc committee updates. All written reports are included and attached to the SICC agenda. Membership includes individuals with the following experience or role:

- Parents/caregivers
- Early intervention provider agency staff, including:
 - Family Resource Coordinator
 - Western Washington Representation
 - Speech Language Pathologists
 - Medical Representative (Medical Doctor, Nurse, etc.)
 - Parent/Parent Institute for Engagement Representative

County Interagency Coordinating Councils (CICC)

In accordance with Revised Code of Washington (RCW) 43.216.574, all ESIT Provider Agencies must maintain a CICC within the geographic service area to advise and assist in the implementation of local early support services or participate and collaborate with an Early Learning Coalition (ELC) to enhance existing early support services and assist each community to meet the needs of infants and toddlers with disabilities and their families.

ESIT Provider Agencies must make all reasonable efforts to ensure the CICC actively recruits members to achieve balanced representation from various regions and communities. Examples of such representatives include:

- Child care agencies;
- Department of Social and Health Services (DSHS) Community Services Offices;
- DCYF Child Welfare Division responsible for foster care placement;
- Early Head Start programs;
- Early learning child care agencies;
- Educational Service Districts;
- Head Start programs;
- Local agencies and providers who provide early support services;
- Local agencies and providers who provide services to infants and toddlers without disabilities and their families;
- Medical providers/hospitals/private health care;
- Military, if appropriate;
- School Districts;
- School District McKinney-Vento Coordinators;
- Tribal governments/programs;
- Inspire Development Centers; and
- Washington Work First

Regional Foster Parent 1624 Consultation Teams

This is a committee of caregivers and DCYF staff who meet regionally to discuss foster parent issues of concern. Teams include foster parent representatives elected for a two-year term by other caregivers in their region, elected representatives from the Foster Parent Association of Washington State, and DCYF staff appointed by agency leadership. Meeting time and cadence varies by region.

Home Visiting Advisory Committee (HVAC)

The purpose of HVAC is to advise the Home Visiting Services Account (HVSA) partnership. The committee provides oversight and strategic direction to Washington state's home visiting systems building and expansion of services. The committee is comprised of home visiting providers, advocates, state agency partners, and other allied professionals. HVAC meeting agendas and workplan are determined by a planning team made up of state agency and community partners.

Children's Justice Task Force

Children's Justice Task Force provides recommendations to DCYF in the development, establishment, and operation of programs that promote safety and protection of children. The task force agendas and work topics are determined by the task force and their co-chairs in collaboration with DCYF. Membership includes representation of the following:

- Child advocates and representatives
- Civil and Superior Court
- Disability representative
- Former foster child and foster care liaison
- Juvenile Rehabilitation (JR)
- Medical and mental health providers
- Prosecutor
- Special education
- Tribal representative

Indian Child Welfare (ICW) Subcommittee

The subcommittee was created to assist DCYF in tribal collaboration effort prior to the implementation of service delivery. The subcommittee brings together DCYF and tribal staff to discuss policy, WACs, and legislative issues and allows DCYF to hear concerns or tribal impact directly from the tribes.

Tribal Policy Advisory Committee (TPAC)

The primary focus of the TPAC is to inform DCYF leadership on tribal priorities regarding CW, early learning, and juvenile rehabilitation programs. TPAC provides an avenue for ongoing dialogue on substantive issues impacting children and families in tribal communities.

Indian Policy Early Learning Committee

The objective of Indian Policy Early Learning Committee is to assist the collective needs of the tribal governments with other American Indian organizations to assure quality and comprehensive service delivery to all American Indians and

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Alaska Natives in Washington state. Each federally recognized tribe of Washington state is eligible to determine one delegate by tribal resolution as well as determine any number of alternates that they desire.

Kinship Care Oversight Committee (KCOC)

Multiple state agencies and the kinship community participate in the KCOC, including kinship caregivers, child and caregiver advocates, non-profit service providers, tribes, and legal community representatives. KCOC meets monthly, providing a forum to exchange information about state policy changes, local initiatives, and concerns, and monitor, guide, and report on kinship care recommendations and implementation activities.

Passion to Action (P2A)

P2A is a statewide organization of youth, ages 14 - 24, who are or have been in foster care in Washington state. P2A members provide DCYF with input and feedback in the form of recommendations regarding the agency's policies, practices, and publications. In addition, members are often involved in trainings and presentations to share their experiences of being in the foster care system.

Assessment of Current Performance

Outcomes

Safety Outcome 1: Children Are First and Foremost, Protected from Abuse and Neglect

Central Case Review Team (CCRT) Case Review Data

	Baseline	CY 2024
Safety Outcome 1	95%	93%
Item 1: Timeliness of initiating investigations of reports of child maltreatment	95% (20 of 21)	93% (62 of 67)
<i>Data source: Child and Family Services Review (CFSR) Portal, Onsite Review Instrument Report, Calendar Year (CY) 2024, Baseline: January-April 2024</i>		

Item 1 Strengths	
Timeliness of Initiating Investigations of Reports of Child Maltreatment	
State	93% (62 of 67)
Region 1	100% (17 of 17)
Region 2	100% (6 of 6)
Region 3	70% (7 of 10)
Region 4	89% (8 of 9)
Region 5	100% (13 of 13)
Region 6	92% (11 of 12)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

When the investigation or face-to-face contact with the child was not initiated in accordance with the state's time frame, 29% of reports had circumstances beyond agency control.

Intake Review: CPS and CPS Risk-Only Intakes

In December 2024, DCYF conducted a statewide review of child protective services (CPS) intake practices as part of its

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continuous quality improvement (CQI) plan. The review focused on evaluating intake decision-making and the application of the intake Structured Decision Making (SDM©) tool. Delayed from 2022 due to internal reorganization and staffing vacancies, this review follows the last valid statewide intake review conducted in June 2020.

A team of administrators, program managers, and quality assurance (QA)/CQI leads updated the review tool to include questions on screening decisions and risk-only intakes. The tool was developed using the DCYF intake process and response policy, training materials, and the intake Structured Decision Making (SDM©) tool to ensure a comprehensive review process.

The findings, expected to be published in 2025, will guide updates to policies, training, and practice guides. Additionally, the intake and CPS leads are working on increasing consensus building throughout the state. The 2024 intake case review further refined this approach by identifying the types of intakes best suited for consensus-building.

During the review period, 22 intakes were presented to the intake consensus team, consisting of intake area administrators and supervisors. The team analyzed narratives and walked through screening decision processes. Through discussion, they worked to confirm consensus on screening decisions. When consensus was not reached or additional questions arose, the intake program manager sought guidance from the assistant attorney general (AAG) to finalize decisions.

Insights from the 2024 intake case review underscored the value of streamlining the intake consensus building process by incorporating QA/CQI and CPS leads, further enhancing efficiency. Findings from this review will shape future consensus staffings, with the intake case review tool serving as a framework to guide discussions and support final consensus decisions.

Timeliness of Initial Face-to-Face Contact (IFF) by Case Type and Region							
	R1	R2	R3	R4	R5	R6	State
CPS-FAR	5,361	2,902	3,978	4,484	4,343	6,264	27,332
IFF Within Timeframe	4,935 (92%)	2,652 (91%)	3,716 (93%)	3,980 (89%)	4,003 (92%)	5,564 (89%)	24,850 (91%)
Attempted IFF Within Timeframe	291 (5%)	179 (6%)	213 (5%)	391 (9%)	256 (6%)	491 (8%)	1,821 (7%)
Late IFF/No or Attempted IFF	135 (3%)	71 (2%)	49 (1%)	113 (3%)	84 (2%)	209 (3%)	661 (2%)
CPS-Investigation	4,537	3,898	2,883	3,764	4,146	4,404	23,637
IFF Within Timeframe	3,993 (88%)	3,370 (86%)	2,560 (89%)	3,186 (85%)	3,590 (87%)	3,788 (86%)	20,487 (87%)
Attempted IFF Within Timeframe	411 (9%)	426 (11%)	284 (10%)	471 (13%)	450 (11%)	456 (10%)	2,498 (11%)
Late IFF/No or Attempted IFF	133 (3%)	102 (3%)	39 (1.4%)	107 (3%)	106 (3%)	160 (4%)	652 (3%)
CPS-Risk Only	1,087	1,007	1,067	1,226	1,253	1,472	7,029
IFF Within Timeframe	890 (82%)	823 (82%)	892 (84%)	918 (75%)	962 (77%)	1,085 (74%)	5,489 (78%)
Attempted IFF Within Timeframe	151 (14%)	130 (13%)	136 (13%)	243 (20%)	199 (16%)	252 (17%)	1,111 (16%)
Late IFF/No or Attempted IFF	46 (4%)	54 (5%)	39 (4%)	65 (5%)	92 (7%)	135 (9%)	429 (6%)
<i>Data Source: IFF timeliness report, infoFamLink, CY2024</i>							

DCYF remains dedicated to ensuring timely responses to child maltreatment reports in alignment with agency policies and state statutes. The 2024 case review data revealed notable achievements and areas for improvement in this critical area.

Timeliness in initiating investigations remains a priority for child welfare (CW) leadership. Based on the CCRT reviews during the period under review (PUR), five intakes did not meet established timeframes. While progress has been made compared to 2023 trends, challenges persist in completing initial child contacts within the 24-hour emergent intake timeframe. The 2024 data also highlighted the complexity of this issue, with no clear patterns or trends identified in specific CPS responses or timeframes.

Despite these challenges, the agency demonstrated significant strengths in its 2024 case review data. An inspiring 92.5% of cases were rated as strengths, with only 7.5% identified as an area needing improvement. DCYF anticipates meeting the federal compliance expectation of 95% for timely initial investigations and face-to-face contact with children during future reviews.

The licensing division (LD) CPS is a distinct branch of CPS that investigates a broader range of caregivers than CW/CPS, which focuses on abuse and neglect in family settings. LD/CPS investigates secondary caregivers, including foster parents, group care staff, hospital personnel, child care providers, residential school staff, behavioral health workers, and juvenile rehabilitation staff.

LD/CPS continues the use of investigation extensions, due to the complexity of cases and the permissions required for certain facilities. IFF data includes all investigations, as it's not possible to isolate those involving children in DCYF custody.

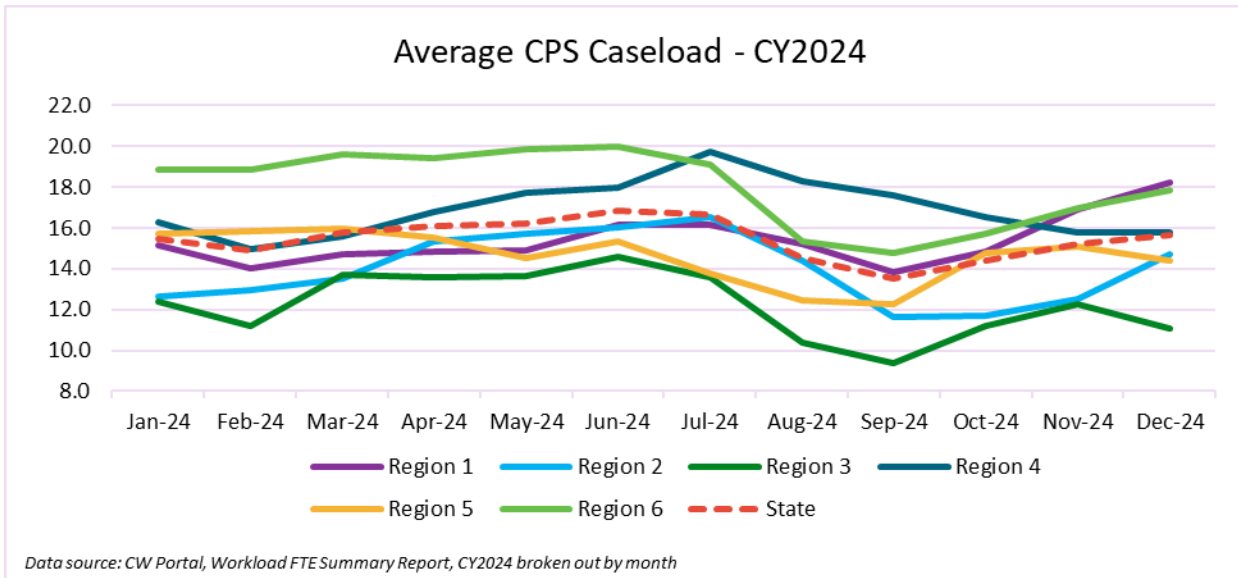
Extensions and exceptions are used in specific situations, such as:

- When a child is safe with an adult but parental permission is needed for an interview.
- When a child's identity is initially unknown and must be determined during a facility visit.
- When licensing concerns evolve into a CPS investigation.
- When an additional victim is identified after the investigation begins.

In many of these cases, parents or guardians can refuse interviews, resulting in exceptions to IFF timelines. Delays may also occur when a child is only generally described during intake, but their exact identity is currently unknown.

Despite these challenges, LD/CPS maintains a 99.3% timeliness rate, even with extensions and exceptions. A quality review of face-to-face contacts is planned for CY 2025 to ensure both policy compliance and timeliness.

Additional factors are increased case assignments impacting caseworker ability to timely close older cases during times of year DCYF receives higher rates of intakes (e.g. March, June, September, and December).



Though the average caseload fluctuated across the state, most regions maintained a similar pattern of spikes and drops with Region 4 and Region 6 experiencing the highest average caseloads. This is not surprising given these are Washington’s two largest regions by demographics and geography, respectively. Staff have indicated common contributors to higher caseload sizes are attributed to CPS cases remaining open for services instead of transferring to voluntary services caseworkers. As CPS policies open for revision, DCYF will be implementing efforts to increase consistency statewide supporting timely case transfers to voluntary services caseworkers including focus on the importance of a warm hand-off case transfer from CPS to voluntary services. A warm handoff is a transfer between two members of the agency that occurs in person and with the family. This process ensures that the family is included in the conversation about their case plan, allowing them to hear discussions regarding their situation, current status, and case plan. Warm handoffs help to reduce barriers associated with the referral process and can improve family engagement.

DCYF has also focused on enhancing the quality of face-to-face contacts. In CY 2024, the agency successfully completed required interactions within established timeframes, with regional practices prioritizing thorough assessments of present danger, safety, and environmental factors. Significant progress has been observed in compliance with IFF timeframes, and efforts are underway to further improve documentation of quality practices. For example, a CREDIT (Coding, Reporting, Efficiency, Documentation, Integrity, Transparency) Companion, a job-aid to support CPS caseworker timely and accurate documentation of IFFs, was recently made available to the field. This guide helps workers better understand the components of IFF documentation in FamLink to ensure their work is linked accurately to administrative reporting.

Looking ahead, DCYF plans to revise its CPS IFF policy to align with broader CPS practices, focusing on improving child welfare services by distinguishing investigative functions from family support efforts.

In response to ongoing efforts to enhance CW practices, this review underscores the critical importance of thorough documentation, environmental observations, and direct engagement with children during initial assessments. While leadership transitions postponed the dissemination of findings, the forthcoming policy revisions and workforce training initiatives reflect DCYF’s commitment to strengthening investigative consistency and adherence to best practices in child protection. Updates to workforce training, including Workforce Core (WFC) and CPS in-service modules are also in progress to strengthen the quality and documentation of IFF contacts.

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Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate

Central Case Review Team (CCRT) Case Review Data

	Baseline	CY 2024
Safety Outcome 2	67%	69%
Item 2: Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of-home care	89% (16 of 18)	61% (38 of 62)
Item 3: Risk assessment and safety management	67% (48 of 72)	69% (148 of 216)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024, Baseline: January-April 2024</i>		

Update on State Plan Goal 2: Safety

Strategy 2.1: Assessment Redesign

DCYF recently concluded the first phase of the assessment redesign project with the support of Chapin Hall. The assessment redesign project is part of a broader transformation effort and sought to improve CW assessments, guide caseworker decision-making, engage family members in case planning, and improve outcomes. After a review of several assessments, DCYF opted to pilot the North Carolina Family Assessment Scale for General Services & Reunification (NCFAS-G+R) assessment. The NCFAS G+R was used with minimal changes as an ongoing, strengths and challenges assessment. Portions of the NCFAS G+R were also added to a modified initial assessment. In addition, the team developed a Brief Support Inventory (BSI). The assessments were reviewed internally then tested by several caseworkers during two pilot studies that lasted 10-12 weeks, each as part of their standard work with families. Upon completion, caseworkers evaluated the assessments using a debrief survey and focus group sessions. The assessments were also reviewed with the DCYF parent advisory group (PAG) and parent allies from the Family Intervention Response to Stop Trauma (FIRST) Clinic through structured focus groups.

On average, participants expressed positive feedback about the assessments, indicating that they had the potential to facilitate deeper and more empowering interactions with families. Additionally, caseworkers appreciated the utility built into the new tools, guiding caseworkers around key policies and resources. The tools also align with the goal of creating assessment tools with better supported validity and reliability. Caseworkers emphasized that transforming the system would require changing practice more broadly. They also emphasized that workloads would need to change to allow deeper engagement with families. Similarly, parent advocates emphasized that communication with families should be more transparent and consistent and that assessments need to be able to capture families' individual needs.

To expand on this learning, DCYF plans an implementation pilot of the tools being designed. This effort would start with implementing the new tools in one DCYF office to continue tool modification and system transformation efforts, and to build alignment among the assessment process, the [Family Practice Model](#), Comprehensive Child Welfare Information System ([CCWIS](#)) [preparation](#), and [Family First implementation](#). The planning process for this pilot will begin in CY 2025.

Strategy 2.2: National Partnership for Child Safety (NPCS)

NPCS is a quality improvement collaborative comprised of jurisdictions whose mission is to improve child safety and prevent child maltreatment and fatalities.

To facilitate data-sharing across jurisdictions, the NPCS incorporates tools such as the Safe Systems Improvement Tool (SSIT) which is a retrospective critical incident review tool designed for use in CW systems. Learnings from

aggregated SSIT data can be leveraged into systems-level quality improvement as part of an evidence-based safety science approach to enhancing child safety. DCYF began utilizing the SSIT in January 2025.

As of Oct. 1, 2024, NPCCS participants from across the collaborative had completed 711 reviews that identified 1,841 improvement opportunities, which are retrospective areas for improvement that may have impacted child safety outcomes. Among these, themes related to better teamwork and coordination were most frequently cited, appearing in over 50% of reviews. Utilizing this theme, DCYF identified an internal improvement opportunity related to communication between the LD and the CW division. In September 2024 a systems mapping event was facilitated by NPCCS with over 30 members from the LD, CW division, QA/CQI section, and Office of Family and Children Ombuds participating. The mapping event identified some key areas for communication improvement by both divisions. The results of the mapping event were presented to divisional leadership. CW and LD agreed to implement improving communication and collaboration strategies between the divisions. Additionally, divisional leadership meet monthly to discuss on-going coordination or any issues that arise in the regions.

Other key insights from the mapping sessions were included in the licensing division's final decision to restructure from a pre/post licensure process to a full kinship/foster care model. Under the new model, one licenser will work with the family from point of initial license through the life of that license. A few of the benefits include:

- Licensing division primary worker will specialize either in kinship licensing or foster care licensing.
- One primary assigned worker in licensing division for CW to coordinate with.
- Licensing division caseloads will be reduced to better support all licensed caregivers.

Strategy 2.3: Services Expansion

The services expansion project supports increased service delivery across the state and created a centralized and standardized system of provider availability and access that is robust, supportive, and responsive.

DCYF is working to keep families together in their own homes and communities whenever safely possible and to expedite safe family reunification and connection to community support whenever out-of-home placement is necessary. A robust service array that delivers both a contracted and community-based network of support is necessary to keep families together or reunify children with their families as soon as possible.

In 2024, combined in-home services (CIHS) began making progress towards shifting from a fee-for-service model to a case rate. Please see Payment Methodology in [*Systemic Factor: Service Array and Resource Development*](#) for additional information.

The Office of Innovation, Alignment and Accountability (OIAA) provided a preliminary service penetration report in March 2023. The data supported the initial CIHS targeted expansion. In 2024, OIAA hired staff responsible for on-going service penetration reports. OIAA is on track to deliver the Service Penetration Report mid-CY 2025.

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Item 2 Strengths	
Services to the family to protect child(ren) in the home and prevent removal or re-entry into out-of-home care	
State	61% (38 of 62)
Region 1	70% (7 of 10)
Region 2	83% (5 of 6)
Region 3	67% (8 of 12)
Region 4	11% (1 of 9)
Region 5	45% (5 of 11)
Region 6	86% (12 of 14)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

Case review data for services to family to protect child(ren) in the home and prevent removal or re-entry into foster care identifies areas for growth to improve service-matching and efforts to expand the service array. The statewide case review score is 61% and shows that some areas are doing well identifying appropriate prevention services. For example, 83% and 86% of cases reviewed in Regions 2 and 6, respectively, illustrate that appropriate prevention services were identified and offered. Service-matching support families to access services is an important component of family preservation. Strength in this area is also dependent on service provider availability.

Item 3 Strengths	
Risk assessment and safety management	
State	69% (148 of 216)
Region 1	53% (19 of 36)
Region 2	78% (28 of 36)
Region 3	75% (27 of 36)
Region 4	67% (24 of 36)
Region 5	67% (24 of 36)
Region 6	72% (26 of 36)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

A statewide case review of risk and safety identified the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care 69% of the time. Considerable effort continues to be placed on risk and safety assessment, gathering information, consultation and shared decision-making, such as safe child consults, developing and monitoring safety plans, and developing case plans with families. Although many CPS caseworkers offer short-term services, such as Homebuilders®, most families participating in services are engaged in either a family assessment response (FAR) intervention agreeing to services or are transferred from CPS investigations to family voluntary services (FVS).

Priority Performance Measures (PPMs)

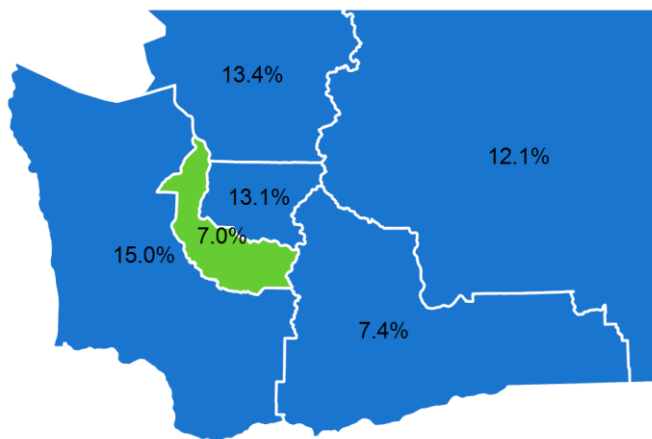
Recurrence of Maltreatment

State: 11.9% | Federal Target: 7.0% or less

Jul 2022 – Jun 2023

The percentage of children on a CPS intake with a founded allegation of maltreatment during the cohort period who have another founded allegation of maltreatment within 12 months of the initial founded allegation.

REPORTING LAG: 6 quarters



Data source: CW Portal, Priority Performance Measure, Recurrence of Maltreatment

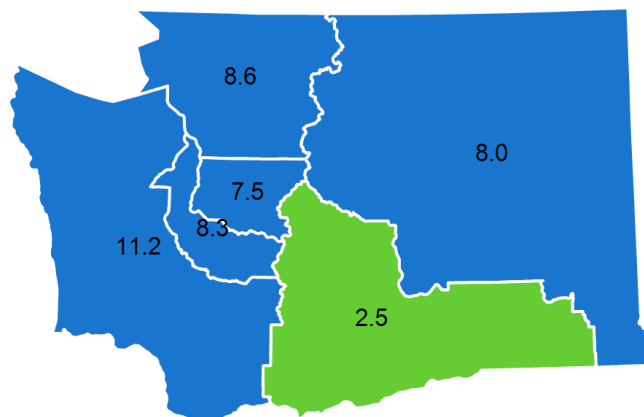
Maltreatment in Care

State: 8.2 | Federal Target: 6.0 or less

Jul 2023 - Jun 2024

The rate of victimization by any perpetrator per 100,000 days in care for children in DCYF placement and care authority (PCA) for more than seven consecutive days during an annual cohort period.

REPORTING LAG: 2 quarters



Data source: CW Portal, Priority Performance Measure, Maltreatment in Care

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Maltreatment in care is the rate of victimization by any perpetrator per 100,000 days in care for children in DCYF PCA for more than seven consecutive days during an annual cohort period. Perpetrators included in this measure include, but are not limited to, biological family, caregivers, and other children.

Maltreatment in Care			
Rate of Victimization per 100,000 days in care by placement setting*			
July 2023-June 2024			
Placement Setting	Rate per 100,000 days	Number of victims	Days in care
Kinship Care	7.0	78	1,109,427
Foster Care – licensed	8.2	58	707,333
Congregate Care	12.7	4	31,471
Mixed Settings	10.8	45	415,872

Data source: CW Portal, Priority Performance Measure, Maltreatment in Care
** Placement setting is where the child spent at least 75% of their time in care.*

On average, kinship care is the safest placement setting with the lowest rate of victimization. DCYF prioritizes kinship care as a key strategy to ensure the safety and well-being of children in care. Kinship care involves placing children with relatives or suitable others, such as close family friends, whenever possible. This approach is based on the understanding that children tend to experience better outcomes when they are placed with familiar caregivers.

Congregate care has the highest rate of victimization, indicating a need for improvement in safety measures. Mixed settings and licensed foster care fall in between, with mixed settings being closer to congregate care in terms of victimization rates. This data supports the strategy of prioritizing kinship placements to ensure the safety and well-being of children in care.

Washington state has implemented several initiatives to support kinship caregivers, ensuring they can provide a stable and nurturing environment for children. See [Permanency Outcome 1](#) for more information related to kin-first initiatives.

Improving Data Accuracy to Enhance Child Safety

Accurately identifying children who experience maltreatment while under DCYF care is critical to addressing and reducing negative outcomes. To improve data quality, the agency must record the most recent known date of alleged child maltreatment.

Children often disclose abuse or neglect after family separation or placement in foster or kinship care, and referents may not know an exact incident date. When the date is unknown, current practice defaults to the intake date, which compromises the reliability of maltreatment in care data.

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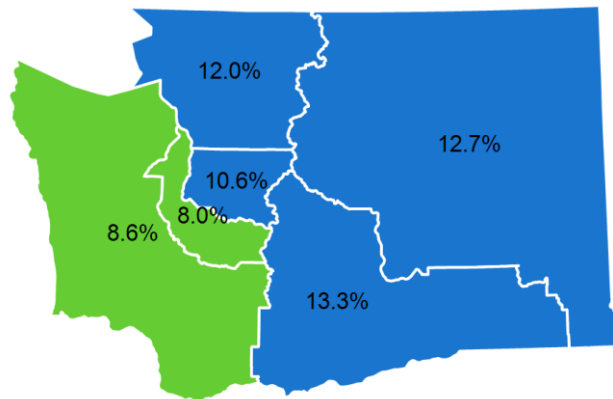
Re-Entry into Care

State: 10.6% | Federal Target: 9.0% or less

Jan 2023 - Dec 2023

The percentage of all children who discharge to reunification or guardianship during the exit cohort period and return to out-of-home care within 12 months of their discharge.

REPORTING LAG: 4 quarters



Data source: CW Portal, Priority Performance Measure, Re-Entry into Care

Re-entry into care – CPS Intake or Placement after Child and Family Welfare Services (CFWS) Case Closure Percent of children who experience CPS intake or placement after CFWS case closure by placement setting* July 2022-June 2023			
Placement Setting	Rate	Children referred to CFWS	Total Cases
Kinship Care	21.1%	256	1,213
Foster Care – licensed	30.2%	207	686
Congregate Care	35.7%	76	213
Mixed Settings	28.7%	81	282
ALL CASES	25.9%	620	2,394

Data source: CW Portal, Priority Performance Measure, Re-entry into care
* Placement setting is where the child spent at least 75% of their time in care.

Re-entry into care Re-entry rate by prior placement setting* January 2023-December 2023			
Placement Setting	Re-entry Rate	Number of re-entries	Total Cases
Kinship Care	8.2%	117	1,430
Foster Care – licensed	12.3%	94	763
Congregate Care	19.9%	48	241
Mixed Settings	10.6%	33	312
ALL CASES	10.6	292	2,746

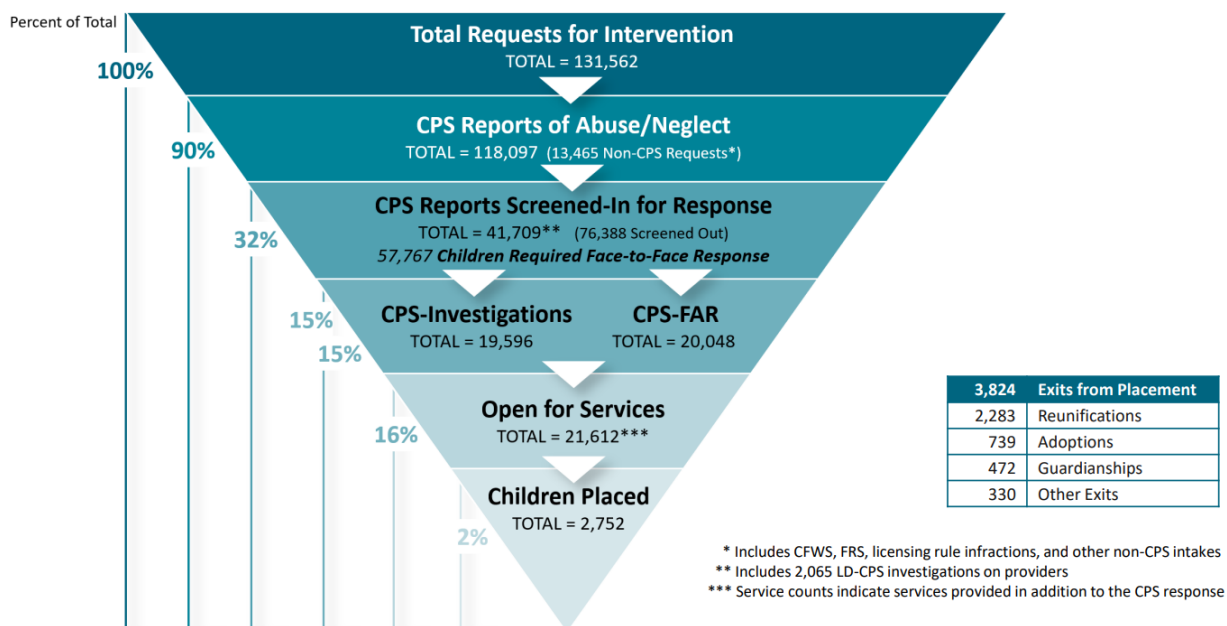
Data source: CW Portal, Priority Performance Measure, Re-entry into care
* Prior placement setting is where the child spent at least 75% of their time in care during their first removal in the cohort period.

The data indicates that kinship care is the most effective placement setting in reducing re-entry into care. This supports the strategy of prioritizing kinship placements to provide children with a stable and supportive environment, thereby decreasing the likelihood of future CPS involvement and re-entry into care.

Improvement Efforts

DCYF has several strategies in various stages of implementation to support children to remain safely in their home and improve data in this outcome area. For example, ongoing implementation and change management support related to HB 1227 – The Keeping Families Together Act, and efforts to align CW practice with [Family First Prevention Services Act](#) (FFPSA). Most notable is the upcoming practice support for case planning with families, to support identification of risk on CPS cases, and planning for long-term child safety by matching voluntary services to safety threats and risks. This approach to case planning on CPS cases should improve outcomes related to preventing removal and aligns with FFPSA implementation efforts.

Child Welfare Overview FY 2024



Published: January 2025
 Source: FamLink data, children age 0-17
 Office of Innovation, Alignment, and Accountability
www.dcyf.wa.gov/practice/oiaa/reports

In State Fiscal Year (SFY) 2024 numbers were slightly lower, with 41,709 (43,710 SFY 2023) intakes in SFY 2024 screening-in for CPS intervention, and 21,612 (22,378 SFY 2023) remaining open for services, in both years over half of screened-in intakes remained open for services. This proportion is notable as it represents an opportunity to prevent out-of-home placement for most families receiving a CPS intervention.

Additional data identifying service-matching and service acquisition as an area of practice improvement is the CY 2023 combined in-home service referral data reflecting service penetration rates for DCYF’s contracted evidence based practice (EBP) services. While caseworkers are referring to EBP services, the penetration rates are low given the overall volume of cases receiving voluntary services. Refer to [Systemic Factor: Service Array and Resource Development](#) for more information.

In addition to streamlining policy and supporting practice improvement efforts for CPS and FVS cases, DCYF is exploring strategies to better resource those in the CW workforce providing voluntary services to families. Two strategies already in process include changes to FVS caseload size per the 2024 Workload Study Report for the Legislature and piloting FAR services cases carried by FVS caseworkers. These two strategies will come together as DCYF explores a recommended FVS caseload size of five families (in-home) or children (out-of-home via Voluntary Placement Agreement (VPA)) and integration of FAR services cases into FVS caseloads as families participating in the FAR pathway agree to voluntary services. Additional recommendations include weighting more complex cases (e.g., more than three children, language or disability needs, etc.), acknowledging the more complexities families face, the higher the workload for the FVS caseworker.

DCYF will continue to analyze data and identify expansion strategies to learn more from the FAR services pilot. Initial results from this pilot indicate dedicated FAR service caseworkers carrying FAR services cases were more likely to create a case plan with families. This includes an increased likelihood families were referred to an EBP and a more comprehensive assessment of risk and safety on the majority of pilot cases. Additionally, families were less likely to receive an intake after participating in voluntary services through the FAR services pilot when compared to traditional FAR services case assignment. These initial results point to better outcomes for families.

Safe Child Consultations (SCCs)

SCCs are internal meetings held before filing a Juvenile Court petition prompted by safety assessments indicating imminent risk not manageable by a safety plan. They help caseworkers explore alternatives to removal, identify service barriers, and document factors that may impact the decision. Final decisions may change following a family team decision meeting.

In 2024, about 2,082 SCCs were held. From August to December, 61% involved high-potency synthetic opioids. Due to their complexity, SCCs have become critical in safety planning. A qualitative review in 2025 will assess trends and decision-making in these cases.

Caseworkers report that SCCs provide essential support, improve court preparation, and enhance their ability to make reasonable efforts to prevent removal. While Area Administrators (AA) are required participants, Quality Practice Specialists (QPS) may attend in their place. SCCs are not always led by QPS, nor is their attendance mandatory. These meetings focus on strengthening safety framework learning and fostering a collaborative approach in complex cases.

The Office of Innovation, Alignment, and Accountability is validating SCC data to support regional analysis and targeted interventions. While some regions use SCCs consistently, others prioritize staffing for complex cases, highlighting the need for both scale and flexibility. Data-informed insights are key to improving outcomes and optimizing CW practices.

Voluntary Placement Agreements (VPAs)

In 2024, two key practice changes impacted VPAs: the launch of the Office of Public Defense (OPD) VPA Hotline and three pilot preventative legal clinics in regions 2, 3, and 4. These OPD-contracted clinics, modeled after the successful FIRST Clinic in Region 3, provide pre-dependency legal and peer support to families during voluntary services. Attorneys advise families throughout the VPA process, particularly in safety and shared planning.

VPAs allow for temporary out-of-home placement to address active safety threats, aiming for resolution and reunification within 90 days without court involvement. Launched on Jan. 1, 2024, the VPA Hotline offers legal consultation to families considering a VPA and received nearly 800 calls statewide. DCYF caseworkers provide hotline information when offering a VPA, and flyers are posted in offices.

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DCYF and OPD are collaborating to better track and understand VPA use, including how often they're offered, when legal consultation occurs, and whether families sign a VPA. While some scenarios aren't captured in current data - such as law enforcement placements followed by a VPA - 453 VPAs were recorded in 2024. DCYF is developing a report to improve data quality and analysis for FVS cases.

Children (zero to 17) placed in out of home care through a voluntary removal manner	
Region	Count of VPAs
Region 1	81
Region 2	43
Region 3	97
Region 4	72
Region 5	73
Region 6	87
State Total	453

Source: DCYF, OIAA, CW Reporting, Out of Home Exits and Entries

Regional High-Potency Synthetic Opioid (HPSO) Safety Symposiums

In partnership with the Washington Association of Child Advocate Programs and the Administrative Office of the Courts (AOC), DCYF co-hosted four statewide symposiums focused on the impact of fentanyl on families involved with the CW system, with an average of 60 professionals attending each event.

DCYF staff and external partners received updated Washington State Department of Health (DOH) guidance and explored how child dependency courts can respond to the fentanyl crisis. Sessions covered treatment referrals, harm reduction kits, HPSO testing, Narcan® use, inter-agency planning, and insights from lived experts.

Participants rated the symposiums 4.3 out of 5 for satisfaction and likelihood to recommend. Feedback highlighted engaging presenters, attendees, and impactful personal stories. Interactive activities like breakout groups, mock cases, and peace-making circles were valued for promoting empathy, collaboration, and shared responsibility in addressing substance use challenges.

Safety Summit Project

The safety summit project was developed in collaboration with AOC, OPD, Washington Advocates, the Attorney General's Office (AGO), DCYF, and a parent with lived experience to help local dependency court systems enhance safety practice by developing a common understanding and language for talking about child safety. Court communities that participate in the safety summit project gain a basic cross-system understanding of how to apply the Safety Framework to crucial aspects of cases (safety assessment, safety planning, conditions for return, family time, and case planning) in tangible ways that ultimately result in a more effective dependency system and better outcomes for families. When all court and system partners utilize a shared understanding and language to clearly and consistently articulate safety-related information - including the harms of removal - the court can engage parties in meaningful inquiries around assessments of safety, safety planning, and case planning in ways that support improved outcomes for children and families.

In 2024, Snohomish County held a safety summit. Three additional counties in Washington state have applied for safety summits to occur in 2025.

Improvements to Concrete Goods and Basic Needs Programming

In 2024, the Division of Partnership, Prevention, and Services (PPS) held listening sessions with DCYF staff and partners to assess and improve the CW concrete goods program. Feedback from caseworkers, supervisors, program managers, fiscal teams, and others informed a multi-year improvement roadmap.

Key initiatives included:

- Basic needs assessment: Partnered with OIAA and Chapin Hall to pilot the Brief Support Inventory (BSI), a tool to assess material hardship. Pilots received input from parents with lived experience, and DCYF is now seeking resources for broader implementation.
- Short-term housing support: PPS led an inter-division workgroup to improve referral processes for hotel assistance when housing is a safety concern. New guidance, to be implemented in 2025, supports better coordination with the CW housing program.
- Centralized resources & training: CW launched a new intranet page, updated the practice guide, and established regular training for staff and partners to ensure consistent access to tools and information.
- Basic needs directory: A statewide resource directory was drafted to help families and staff locate support for food, housing, child care, transportation, and other essentials. It is set to launch on the DCYF website in 2025.

Permanency Outcome 1: Children have permanency and stability in their living situations.

Central Case Review Team (CCRT) Case Review Data

	Baseline	CY 2024
Permanency Outcome 1	15%	14%
Item 4: Stability of Foster Care Placement	85% (41 of 48)	88% (126 of 144)
Item 5: Permanency Goal for the Child	40% (19 of 47)	42% (59 of 140)
Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	17% (8 of 48)	22% (31 of 144)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024, Baseline: January-April 2024</i>		

Update on State Plan Goal 3: Permanency

Strategy 3.1: Caregiver Support

The vision and mission of the caregiver supports project is to implement a continuum of placement resources that enable safe, stable, and supported placements for children in the care of DCYF. The continuum will increase access and align caregiver support services to assist the caregiver in meeting the needs of the child or youth in their care while decreasing gaps in the allocation of resources.

Within this reporting period, the caregiver supports project has executed eight caregiver supports contracts to six different agencies across the state to provide placement support to all caregivers, including unlicensed, licensed by DCYF, kin, and relative caregivers.

Strategy 3.2: Kinship Engagement Unit (KEU)

The KEU pilots launched in Spokane (Region 1) and Vancouver (Region 6) in August 2024, serving a combined total of 34 D.S. Settlement class members. The pilots prioritize youth not placed with relatives or in trial return home (TRH) settings. To ensure quality engagement, case assignments have been intentionally paced at every 3–4 weeks, allowing KEU staff to thoroughly review each case, analyze past placements, and identify future options.

KEU uses a child-focused approach to engage children, youth, and their families, emphasizing careful planning and supportive practices. Key activities include:

- Family Connection platform: Used to create genograms and log engagement.
- Case file reviews: Identify overlooked connections and explore new placement opportunities.
- Staff collaboration: KEU participates in case discussions and planning meetings (e.g., Family Team Decision Making (FTDM)) to coordinate support and avoid overpromising.
- Child and family interviews: Conducted in the youth’s preferred format (phone, in-person, virtual, or text) to identify potential supports.
- Reconnection efforts: Contact past supports, including from previously failed or denied placements, to strengthen the child’s network.
- Kin support: Assist kin in navigating systems, as outlined in the kinship engagement protocol.

This methodical approach supports a deeper understanding of each child’s needs and helps build a stable, lasting support system.

Strategy 3.3: Family Group Planning

CW meetings encompass shared planning meetings (SPMs) that bring together parents, children, youth, caregivers, and other identified supports to plan effectively for child and youth safety, permanency, and well-being.

Under the D.S. settlement agreement, DCYF must revise SPM policies and establish a QA process addressing five key functions. To support this, DCYF created centralized regional CW meeting teams and received July 2024 funding for 10 facilitators, trainers, supervisors, a program manager, a QA/CQI analyst, and updates to the meeting model.

DCYF partnered with Evident Change to implement team decision making as the new statewide model. Input from lived experts and system partners has informed draft policies, with final revisions pending further feedback. Evident Change will also deliver facilitator curriculum and “train the trainer” sessions.

A foundations of practice (FOP) training now includes guidance on documenting kin involvement and family customs. Monthly meetings with meeting administrators support continuous training improvements.

A review of 36 SPMs showed gaps in listing meeting invitees and capturing youth, family, and kin voices, as well as available community resources. This is being addressed through a new reference guide for staff and facilitators, an upcoming FOP session, and a youth-focused flyer to encourage engagement.

Best practices are regularly discussed in community of practice (COP) meetings. A statewide workgroup is also developing strategies to increase relative and kin participation in planning meetings.

DCYF struggled in CY 2024 to meet all the requirements for Permanency Outcome 1. Although progress was made in improving placement stability for children and youth in foster care, the state continues to experience difficulties in establishing timely and appropriate permanency goals. Furthermore, both DCYF and the courts have struggled to consistently demonstrate concerted efforts to achieve those goals.

Item 4 Strengths	
Stability of Foster Care Placement	
State	88% (126 of 144)
Region 1	88% (21 of 24)
Region 2	92% (22 of 24)
Region 3	83% (20 of 24)
Region 4	96% (23 of 24)
Region 5	79% (19 of 24)
Region 6	88% (21 of 24)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

Overall, Washington is performing well on item 4. Investments in supporting all caregivers, early identification of kinship caregivers, and support of kinship caregivers is reducing the number of placement changes experienced by children and youth in out of home care. A caregiver support plan may be appropriate if a caregiver is struggling to provide care or if the placement is at risk of disruption for various reasons. This comprehensive, personalized plan is designed to address the specific needs of the person requiring care. It includes critical information about the person receiving care, such as their health condition, treatment, care needs, and provider contacts. Creating a caregiver support plan can help caregivers better manage their responsibilities and prevent caregiver burnout. DCYF’s performance on this measure has steadily and consistently improved over time.

Despite improved performance on placement stability, when children and youth do experience placement changes, it is not always a move towards their intended goal. Placement changes during the period under review (PUR) were planned by the agency in an effort to achieve the child’s case goals or to meet the needs of the child in 39% of cases reviewed. These placement changes may occur because:

- Children or youth were emergently placed with kin at removal before the placement could be fully evaluated.
- Caregivers don’t agree with the agency or court ordered permanent plan identified for children or youth.
- Children or youth with complex needs and difficulty locating a caregiver matched to meet their needs or sufficient services to preserve the placement.

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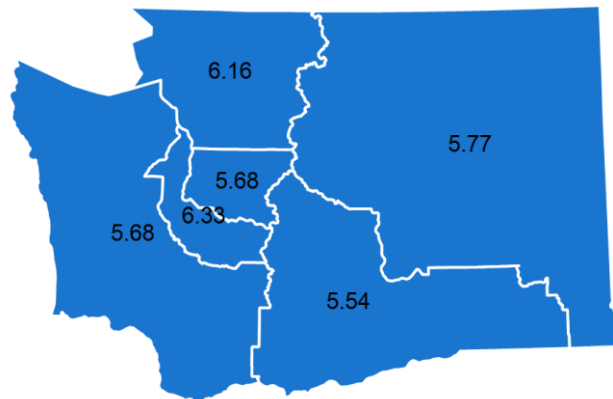
Placement Stability- Moves per 1,000 Days in Care

State: 5.84 | Federal Target: 3.90 or less

Oct 2023 - Sep 2024

Rate of placement moves per 1,000 total days in DCYF PCA during the measurement period for children who entered out-of-home care in the cohort period for more than seven days.

REPORTING LAG: 1 quarter



Data source: CW Portal, Priority Performance Measure, Placement Stability

One strategy utilized to improve placement stability is FTDM. The goal of an FTDM is to build consensus regarding a decision that provides the safest and least-restrictive placement in the best interest of the child. Policy requires FTDMs to be held whenever critical decisions are needed regarding the placement of children or youth following an emergent removal from their home, potential changes in out-of-home placement, and reunification or placement into a permanent home. FTDMs are used to engage parents, youth, caregivers, and legal parties in shared decision-making regarding placement, which includes identifying resources or other support to assist caregivers in caring for the child or youth.

In CY 2024, 29% (3266 of 11250) of FTDMs were for change of placement.	
Of FTDMs for change of placement:	
Change to less restrictive placement	21%
Change to more restrictive placement	11%
Change to same level placement	29%
Maintain child in present placement	35%
Unable to reach consensus	4%

Data source: CW Portal, FTDM report, CY 2024

See [Strategy 3.3 Family Group Planning](#), for information.

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Children or youth placed with kin or relatives by region	
State	58%
Region 1	55%
Region 2	63%
Region 3	58%
Region 4	60%
Region 5	59%
Region 6	58%
<i>Data source: CW Portal, Relative vs Non-relative Report, on 12/31/24</i>	

Kinship placements continue to rise in Washington, reflecting positive legislative, judicial, and agency efforts to prioritize and support kin caregivers. All DCYF regions now place more children with kin. Support includes child-only TANF for unlicensed caregivers, monthly foster payments for licensed kin, and access to concrete goods like safety gear, school supplies, and transportation support. Kin also benefit from programs like the Alliance for Professional Development, Training and Caregiver Excellence (Alliance CaRES) and kinship navigators, offering training, mentorship, and help navigating systems.

DCYF’s LD has improved kinship support through new forms, updated policies, and educational materials developed with providers, licensors, and the Office of Tribal Relations (OTR). As of December 2024, 68% of kin placements were licensed, with a goal of reaching 80%.

To increase placement stability, LD also revised the foster home application process to identify families open to caring for teens or children with complex needs early on. This targeted recruitment approach, launched in Washington Caregiver Application Portal (WA CAP) on June 28, 2024, assigns home study specialists within 45 days. By year-end, 73 targeted families were identified, with 14 licensed.

Item 5 Strengths Permanency Goal for the Child	
State	42% (59 of 140)
Region 1	43% (10 of 23)
Region 2	50% (12 of 24)
Region 3	35% (8 of 23)
Region 4	38% (9 of 24)
Region 5	48% (11 of 23)
Region 6	39% (9 of 23)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

- The permanency goals that were in effect during the PUR were established in a timely manner in 71% of the cases reviewed.
- Permanency goals in effect during the PUR were appropriate to the child’s needs for permanency and to the circumstances of the case in 55% of the cases reviewed.
- DCYF filed or joined a termination of parental rights (TPR) petition before the PUR or in a timely manner during the PUR in 40% of the cases reviewed.

Washington continues to face challenges in identifying appropriate permanency goals. Recent legislation (HB 1747, HB 1227) and court decisions (K.W., L.C.S.) have emphasized reunification and guardianship over adoption, leading to cases

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where these plans are recommended or ordered even when not suitable. Some staff report feeling obligated to recommend these plans regardless of the circumstances of the case.

DCYF policy requires concurrent permanent plans in all court reports, which can result in recommending multiple plans even when only one plan is appropriate. The policy also excludes Another Permanent Planned Living Arrangement (APPLA) as a supported plan.

As of June 2024, SB 5908 expanded financial subsidies for Extended Foster Care (EFC), removing participation requirements and making EFC more attractive than adoption or guardianship. EFC now offers direct support to young adults with fewer restrictions.

Despite this, policy still requires recommending reunification, guardianship, or adoption, even when a youth plans to enter EFC. DCYF is revising this policy to better align with federal standards and current practice needs.

ASFA compliance, by region, CY 2024	
State	80% (2,170 of 2,703)
Region 1	65% (326 of 502)
Region 2	86% (327 of 380)
Region 3	83% (267 of 320)
Region 4	77% (312 of 407)
Region 5	86% (370 of 432)
Region 6	86% (568 of 662)
<i>Data source: Adoption and Safe Families Act (ASFA) compliance detail report, as of date of pull 1/24/25</i>	

Region 1's Adoption and Safe Families Act (ASFA) compliance lags behind the other regions. Barriers experienced by this region included local judges that allow repeated continuances on dependency fact-finding hearings, judicial hesitation to change plans from return home to adoption or guardianship despite a lack of progress made correcting the conditions so the child could reunify, and higher than normal staff and AAG turnover.

Of the 2170 cases considered AFSA compliant	
On a TRH	13% (279 of 2,170)
Compelling reasons documented	66% (1424 of 2,170)
TPR filed	22% (484 of 2,170)
<i>Data source: AFSA compliance detail report, as of date of pull 1/24/25</i>	

A strategy to improve performance is SPMs. See Strategy 3.3 Family Group Planning for more information.

Item 6 Strengths	
Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	
State	22% (31 of 144)
Region 1	17% (4 of 24)
Region 2	25% (6 of 24)
Region 3	33% (8 of 24)
Region 4	17% (4 of 24)
Region 5	17% (4 of 24)
Region 6	21% (5 of 24)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

The agency and court made concerted efforts to achieve permanency in a timely manner during the PUR in 20% of cases through reunification, guardianship, adoption, or other planned living arrangements. This reflects ongoing difficulties in identifying appropriate permanent plans in a timely manner, as well as a systemic tendency to keep cases open longer to support reunification efforts, meet the high legal standards for terminating parental rights, or maintain placements with kin who may not pursue legal permanency.

Delays also result from continued searches for relatives even after a child is legally free. Statewide, court congestion further slows access to guardianship and termination trials. Since guardianship was prioritized over adoption in state law, more guardianship cases are contested and require trials, adding to delays. Permanency can also be postponed when a child moves to a new caregiver willing to pursue guardianship, after a previous caregiver was only open to adoption.

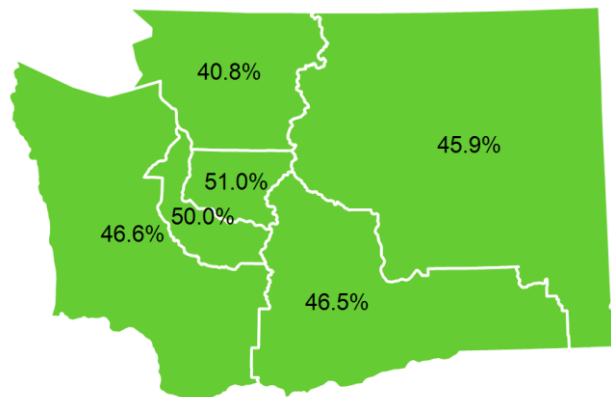
Permanency Within 12 Months of Placement Entry

State: 46.8% | Federal Target: 38.0% or more

Jan 2023 - Dec 2023

The percentage of children entering out-of-home care for more than seven days during the cohort period that are discharged to reunification, guardianship, adoption, or are transferred to tribal custody, within 12 months.

REPORTING LAG: 4 quarters



Data source: CW Portal, Priority Performance Measure, Permanency Within 12 Months of Placement Entry

DCYF’s performance on permanency within 12 months of placement entry exceeds federal targets. Achieving early permanency is an area of success for Washington’s system. Performance on this measure includes dependent children and youth who are in their six-month TRH. Region 6’s performance on this measure is particularly noteworthy, as they’ve improved their performance by more than 10 percentage points over the previous year. Overall, Washington improved its performance on this outcome in CY 2023 by 4.5 percentage points over CY 2022.

Of note for this PPM is that if the child is on a TRH for more than 30 days during that initial 12-month period, the federal measurement considers permanency achieved, despite DCYF continuing to have placement care authority over the case for a minimum of six months post-TRH, as required by Revised Code of Washington (RCW) 13.34.138.

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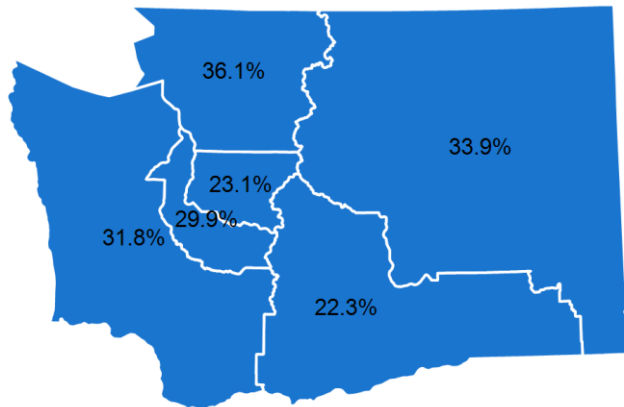
Permanency Within 12 Months for Children in Care 12-23 Months

State: 30.0% | Federal Target: 46.0% or more

Jan 2024 - Dec 2024

The percentage of children who have been in DCYF PCA for 12-23 months as of the first day of a 12-month measurement period who are discharged to reunification, guardianship, or adoption, or are transferred to tribal custody, by or before the end of a 12-month measurement period.

REPORTING LAG: 4 quarters



Data source: CW Portal, Priority Performance Measure, Permanency Within 12 Months for Children in Care 12-23 Months

Washington does not meet federal targets for permanency among children in care between 12 and 23 months. This is partially a reflection of the six-month TRH period, meaning that if the child is not on TRH by month 17, DCYF will continue to have PCA beyond month 23 due to RCW 13.34.138, resulting in permanency not being achieved. Case review qualitative data shows that cases with long lengths of stay are due to difficulties in meeting requirements for termination of parental rights (TPR), sole focus on reunification for long periods even when not appropriate to case circumstances, and difficulties in kinship placements meeting requirements for permanency. DCYF has improved performance in CY 2024 by 1.7 percentage points from CY 2023. Region 4, while still performing below average in the state, has improved its performance 6.4 percentage points from CY 2023.

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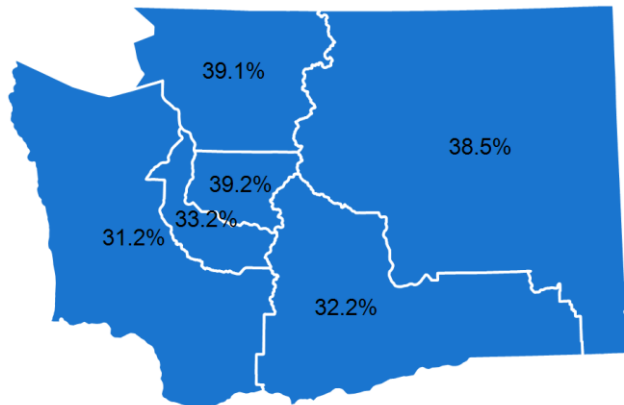
Permanency Within 12 Months for Children in Care 24+ Months

State: 35.2% | Federal Target: 42.0% or more

Jan 2024 - Dec 2024

The percentage of children who have been in DCYF PCA for 24 months or longer as of the first day of a 12-month measurement period who are discharged to reunification, guardianship, or adoption, or are transferred to tribal custody, by or before the end of a 12-month measurement period.

REPORTING LAG: 4 quarters



Data source: CW Portal, Priority Performance Measure, Permanency Within 12 Months for Children in Care 24+ Months
Washington did not meet federal targets for permanency within 12 months among children in care for greater than 23 months. Case review qualitative data reflect cases with long lengths of stay for the exact issues as those cases not meeting federal targets for permanency among children in care between 12 and 23 months.

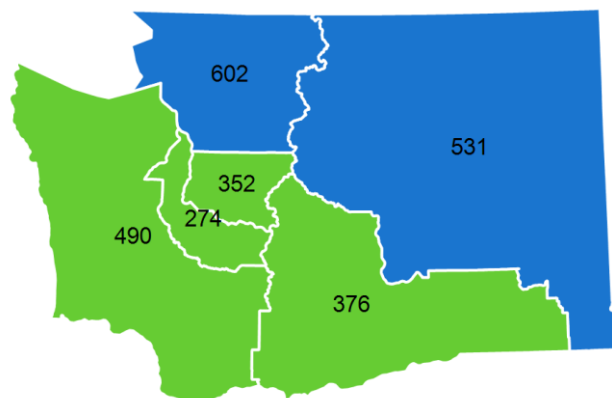
Median Length of Stay- Out of Home

State: 440 | State Target: 500.0 or less

Apr 2022 - Mar 2023

Median length of stay (LOS) in out-of-home care for children entering out-of-home care for more than seven days during the cohort period.

REPORTING LAG: 7 quarters



Data source: CW Portal, Priority Performance Measure, Median Length of Stay - Out of Home

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Washington is not meeting its state target for median length of stay with the median length of stay steadily increasing over the last few years, however some regions are having success in reducing the length of stay. This appears to correspond with the legislative and judicial decisions that favor reunification, guardianship, and placement with kinship caregivers, even when caregivers may not be permanent resources. This impacted DCYF’s ability to demonstrate efforts required in a termination or guardianship trial.

Completed permanent plans, CY 2024	
Adoption	19% (653 of 3443)
Reunification	67% (2292 of 3443)
Guardianship	14% (498 of 3443)
<i>Data source: CW Portal, Entries and Exits, CY 2024</i>	

Permanency trends in Washington continue to favor reunification and guardianship over adoption. More children are reunified. The rates of adoption are declining while rates of guardianship are increasing.

Children and youth in guardianship as a primary or secondary plan					
	Children in Out of home Care	Children in Out of Home Care w/ Guardianship as Primary Plan in Legal Section	Children in Out of Home Care with Guardianship as Alternate Plan in Legal Section	Children in Out of Home Care w/ Guardianship as Primary Plan in comprehensive family evaluation (CFE)	Children in Out of Home Care with Guardianship as Alternate Plan in CFE
State	5063	900	917	975	1352
Region 1	994	162	204	167	322
Region 2	602	135	212	121	256
Region 3	596	120	*	128	216
Region 4	899	118	70	145	104
Region 5	744	135	163	165	145
Region 6	1228	230	265	249	309
<i>Data Source: CW Portal, Permanency Monitoring report, point in time data as of 1/31/2025</i>					

Children and youth exiting in guardianship in CY 2024			
	T11 Guardianship of a Minor	Total T13 Guardianships	Total Guardianships (any type)
State	89	409	498
Region 1	15	66	81
Region 2	14	90	104
Region 3	11	73	84
Region 4	15	58	73
Region 5	14	52	66
Region 6	20	70	90
<i>Data source: CW Portal, Entries and Exits, CY 2024</i>			

Improvement Efforts

Guardianship Plans Analysis and Strategies for Improvement

The 2024 data on children and youth with guardianship plans offers key insights for DCYF and the broader CW system, with important implications for future strategies.

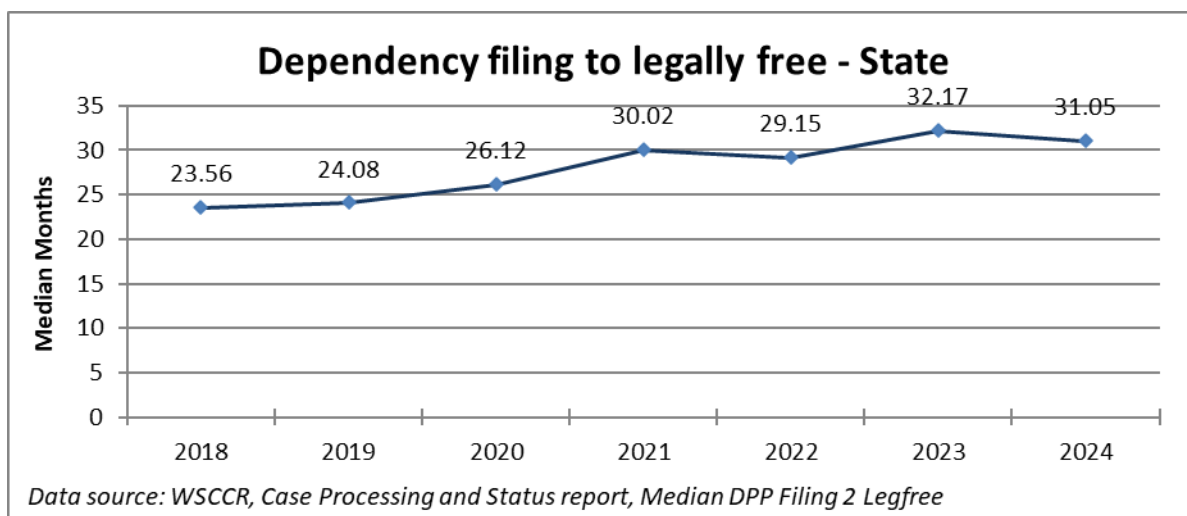
Key Findings:

- Growing demand: High numbers of children in out-of-home care with guardianship plans- especially in Region 6- highlight the need for increased support and resources to ensure successful placements.
- Regional variation: Differences across regions suggest the need for tailored, region-specific strategies to address local challenges and support caregivers more effectively.
- Length of stay: An ongoing increase in time children spend in care before achieving permanency emphasizes the need for timely interventions to reduce delays and improve outcomes.
- Data discrepancies: Gaps between guardianship and adoption numbers in legally free reports point to the need for improved data tracking and reporting to support accurate decision-making.
- Stable guardianship rates: Consistent guardianship rates from the previous year show it's a viable permanency option, but continued promotion and support are needed, especially before terminating parental rights.
- Policy impact: Initiatives like the kin-first policy and guardianship subsidy program appear to be driving increases in guardianship, underscoring the value of legislative and programmatic support.

The number of termination petitions filed in CY 2024 continues to decline, reflecting fewer children in out-of-home care and a reduced percentage of cases with adoption as the permanent plan. In CY 2017, 1,366 children exited care through adoption (33% of exits); by CY 2024, that number dropped to 653 (19%).

While DCYF works to reunify children safely and promptly, those remaining in care tend to face more complex challenges, leading to longer stays. As a result, the median length of stay is increasing, even as total out-of-home placements decrease.

There has been a shift in permanency outcomes, adoptions have declined, while reunifications and guardianships have increased.



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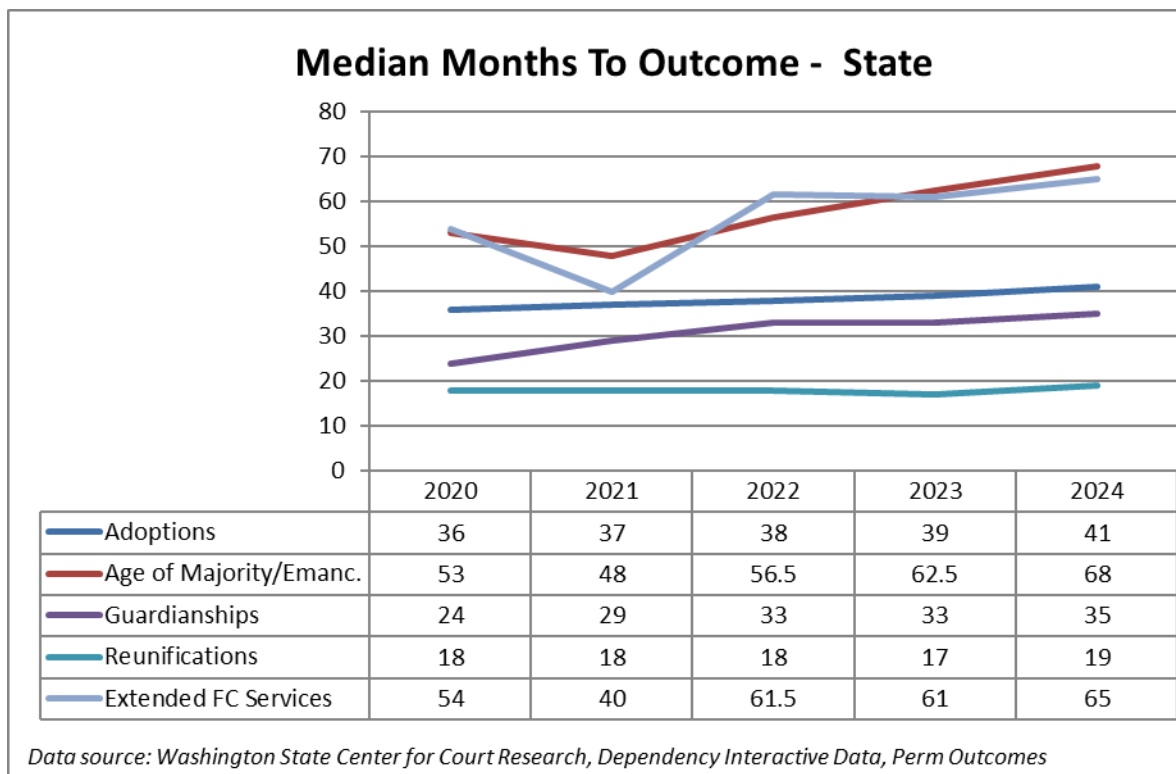
The time from dependency establishment to a child becoming legally free has increased in recent years, with a slight decrease in 2024. This trend is largely due to increased reunification efforts and a rise in guardianships. Adoption data by age and region is provided below.

As previously noted, fewer youth are becoming legally free. DCYF prioritizes guardianship before considering adoption, which has led to a more complex population of children becoming legally free and staying in care longer.

Even after a child is legally free, DCYF continues to assess relatives as permanent options. If a child moves from a non-relative home to a newly identified relative, the relative must complete a home study, and best practice dictates the child must live there for at least six months before adoption. This can add up to nine months to the child's stay. To address this, DCYF is working more closely with relative search to identify relatives earlier in the process.

Legally Free Youth in CY 2024 who are Now Adopted, by Age Group and Region							
Age Group	State	R1	R2	R3	R4	R5	R6
0-5 years	392 (26%)	79	39	48	90	66	70
6-11 years	171 (11%)	30	18	11	47	15	50
12-17 years	89 (6%)	16	7	12	24	16	14
TOTAL	652	125 (8%)	64 (4%)	71 (5%)	161 (11%)	97 (6%)	134 (9%)

Data Source: Legally Free report, infoFamLink, CY2024



The median months to achieve permanency in Washington is higher than federal targets across all plans. The median months to achieve reunification have remained relatively stable over the past few years, which includes the six-month TRH period. Median months to achieve guardianship has increased by 45 percentage points over the past five years. This

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is primarily due to more guardianship being contested and requiring trials before they can be established. The median months to achieve adoption have increased by 15 percentage points over the past five years.

Permanency Outcome 2: The Continuity of Family Relationships and Connections is Preserved for Children.

Central Case Review Team (CCRT) Case Review Data

	Baseline	CY 2024
Permanency Outcome 2	79%	82%
Item 7: Placement with Siblings	78% (18 of 23)	82% (65 of 79)
Item 8: Visiting with Parents and Siblings in Foster Care	66% (21 of 32)	68% (65 of 96)
Item 9: Preserving Connections	90% (43 of 48)	87% (122 of 141)
Item 10: Relative Placement	92% (44 of 48)	90% (129 of 144)
Item 11: Relationship of Child in Care with Parents	65% (20 of 31)	70% (57 of 81)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024, Baseline: January-April 2024</i>		

Update on State Plan Goal 3: Permanency

Strategy 3.4: Professional Therapeutic Foster Care (PTFC)

The D.S. settlement requires DCYF to develop and implement a contract and licensing category for PTFC. This licensing category is intended to support children and their immediate families when reunification or placement with extended or chosen family is not possible due to the child’s developmental disabilities or behavioral health needs. PTFC intends to connect young people to their chosen and biological families while providing therapeutic support.

In 2024, the PTFC work group, composed of internal and external partners and lived experts, was established and met twice monthly from January to December 2024 to inform the development of the PTFC program outline, training recommendations for PTFC parents and child placing agencies (CPA), program communication to DCYF staff, and the PTFC contract statement of work.

On Oct. 1, 2024, the new and revised Washington Administrative Codes (WACs) for PTFC took effect. These WACs outline the eligibility and licensing requirements for PTFC.

Unlike previous models, PTFC requires CPAs to deliver therapeutic services in addition to coordinating care. This shift impacts existing CPA roles and must be carefully considered in contract development and rate modeling. The request for application (RFA) is anticipated to be posted by summer 2025. Once CPAs have contracts, DCYF will partner to develop recruitment strategies and goals, as well as begin to assess program progress.

Strategy 3.5: Revised Licensing Standards

The group care negotiated rule making (NRM) virtual sessions concluded in August 2024, after a two-month delay to finalize changes to laws and address D.S. settlement and youth-driven requirements. To assist, the NRM team held listening sessions in early August with nine participant groups to identify ways to incorporate flexibility in the new WAC. This additional time has caused delays to the final implementation timeline, but progress remains on track.

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The NRM team continues communication via email, GovDelivery, and website updates and is working with internal partners and the Alliance for Professional Development, Training and Caregiver Excellence (Alliance) to identify training opportunities. Despite the extended timeline, efforts are focused on supporting licensee’s ahead of the updated WAC implementation.

In collaboration with OTR, the NRM team hosted two tribal roundtables in July and August, gathering input on appropriate rules for tribal children. The team also worked with leadership to address nearly 300 comments from 99 partners on the draft WAC and held two dinner-dialogue sessions with youth and parents for feedback.

Many licensees are already updating their policies for the new rules effective Jan. 1, 2026. The NRM team continues aligning internal policies, procedures, and contracts with the revised WAC.

In collaboration with internal and external partners, the NRM team developed an eight-month training plan, starting in May 2026 and concluding in December 2026. The plan, presented at the October 2024 foster care town hall, includes in-person, virtual, and internet-based training. The group care NRM website published a one-page document with training details.

The foster care NRM team hosted six listening sessions in July 2024 for foster parents, caregivers, and LD representatives. In September, a monthly group for parents with lived experience was established to review the WAC. The team also hosted four dinner-dialogue events for foster parents interested in regional representation. Monthly meetings with youth with lived experience began in October.

Foster care negotiations began in October 2024, with an expected conclusion in April 2025. Negotiation representation includes foster parents, CPAs, tribal CPAs, LD staff, and youth and parents with lived experience. After negotiations, the NRM team will host dinner-dialogue events for youth and parents.

Item 7 Strengths	
Placement with Siblings	
State	82% (65 of 79)
Region 1	82% (14 of 17)
Region 2	77% (10 of 13)
Region 3	91% (10 of 11)
Region 4	92% (11 of 12)
Region 5	82% (9 of 11)
Region 6	73% (11 of 15)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

- The child was placed with all siblings who also were in foster care during the entire period under review (PUR) in 48% of cases reviewed
- When children were separated from siblings there was a valid reason for the child’s separation during the PUR in 66% of cases reviewed

Placement with siblings as of March 2025	
Sibling groups (in out of home care or on TRH)	1,185
Children in care with at least one sibling also in care	2,889
Children in out-of-home placement with at least one sibling in care	2,393 (83%)
Children in out-of-home placement placed with some or <u>all</u> of their siblings	1,941 (81%)
<i>Data source: CW Portal, Visitation Plan Parent Child Visits Summary, as of pull date 3/5/25</i>	

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DCYF continues the commitment to active efforts in supporting placement with siblings through the support and licensing of kinship caregivers, thus continuing to assess current practices and needs of kinship caregivers to shape the future of kinship standards for licensing. More details are included in the [Foster and Adoptive Parent Licensing, Recruitment, and Retention](#).

Family Time

Early, consistent, and frequent visitation is crucial for maintaining parent-child relationships and makes it possible for parents and children to safely reunify. DCYF refers to visitation as Family Time.

The table below is the percentage of cases reviewed by the case review team that documented strength in concerted efforts to ensure visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members.

Item 8 Strengths	
Visiting with Parents and Siblings in Foster Care	
State	68% (65 of 96)
Region 1	71% (12 of 17)
Region 2	53% (9 of 17)
Region 3	78% (14 of 18)
Region 4	64% (9 of 14)
Region 5	75% (9 of 12)
Region 6	67% (12 of 18)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

Beyond the strength assessment, case reviews looked at frequency and quality of the visits the children had with their mothers, fathers, and siblings. The CRRT found the following:

- Concerted efforts were made to ensure visitation between the child and his or her mother was of sufficient frequency to maintain or promote the continuity of the relationship in 89% of cases reviewed. Concerted efforts were made to ensure that the quality of visitation with the mother was sufficient in 84% of these cases.
- Concerted efforts were made to ensure visitation between the child and his or her father was of sufficient frequency to maintain or promote the continuity of the relationship in 90% of cases reviewed. Concerted efforts were made to ensure that the quality of visitation with the father was sufficient in 88% of these cases.
- Concerted efforts were made to ensure visitation between the child and his or her sibling(s) was of sufficient frequency to maintain or promote the continuity of the relationship in 60% of cases reviewed. Concerted efforts were made to ensure that the quality of visitation with the sibling(s) was sufficient in 97% of these cases.

Barriers to visitation included transportation challenges, long travel times, and significant distances, especially when children are placed far from their parents or siblings. DCYF addresses these challenges on a case-by-case basis, tailoring solutions to each family’s needs.

Visitation schedules and locations are adjusted to reduce travel burdens, and when parents are unable to travel, DCYF considers the impact of time and distance on the child. Contracted Family Time providers can transport children but not parents. To support visitation, DCYF has provided parents with bus passes, gas vouchers, car repairs, cell phones, and phone minutes when needed. Despite these supports, some parents still did not engage in visitation due to factors such as illness or severe weather.

Sibling Visits

When siblings are not placed together, a minimum of two face-to-face visits per month are required. Additional forms of contact are encouraged to supplement the time in between those visits such as telephone calls, video chats, emails, and letters. Sibling visits will occur even when exceptional circumstances cause Family Time visits with parents to end. Siblings visiting parents together meets the requirement of a sibling visit.

Natural community connections are encouraged to support sibling visits, such as activities arranged by caregivers or relative placements of separated sibling groups. If formal support is needed, contracted Family Time providers provide transportation and supervision of sibling visits. Providers can bill for a sibling visit activity fee that enables the purchase of meals and other incidentals for the visits.

Emergent 72-Hour Initial Visits

Per policy, an initial Family Time visit must happen between a parent and child within 72 hours of a child's PCA in DCYF. The timeline for these visits includes weekends and holidays. Initial visits are supervised and can be facilitated by DCYF staff, relatives/kin, caregivers, natural community support, or a contracted visit provider.

Contracted providers serve most of the Family Time visit population. The 72-Hour Emergent contract is specific to this need and has a separate referral process than ongoing Family Time visits. There are three providers serving this contract: Family Impact Network, serving Regions 1 and 2; Reunified, serving Regions 3 and 4; and Reliable, serving Regions 5 and 6.

Ongoing Family Time

A separate referral is required for ongoing Family Time. This referral is created from information in the Family Time visit plan. In CY 2024, 33% of the population eligible for Family Time did not have a current visit plan. The majority of those were expired plans. The Family Time visit plan is effective for up to 60 calendar days from the child's initial placement. Ongoing assessments of risk and safety and review of Family Time plans will occur every 3-6 months until the child returns home or permanency is achieved. A new Family Time visit plan is required when the supervision level, frequency of visits, duration, or participants change, as well as when an existing referral is expiring. Family Time visit plans will be reviewed at all SPMs, monthly supervisory case reviews, and court hearings.

Addressing Quality and Consistency

DCYF is preparing to evaluate whether there are significant associations between the timeliness of starting visits and child social-emotional health, placement stability, and timely permanency. Family Time providers provided 92% of visits in CY 2024. This is an average of 13,000 visits statewide per month. Data for provider timeliness was first available for CY 2023 and was assessed for the first time in CY 2024. The department tracks this data as part of performance-based contracting.

In addition to data available to the department, a provider dashboard was developed and released through the data system referred to as SPROUT. SPROUT is the system that manages Family Time referrals, visit reports, and billing. Providers can now track their target goals in real time. This informs their administrative practices and staff development. The Family Time program now has a baseline of performance metrics; e.g., initial provider acceptance rate, time to first visit (average), percent of missed visits, percent of referrals with no referrals, and overall provider acceptance rate. Performance will be evaluated as part of the performance-based contracting process.

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Item 9 Strengths	
Preserving Connections	
State	87% (122 of 141)
Region 1	87% (20 of 23)
Region 2	83% (20 of 24)
Region 3	100% (23 of 23)
Region 4	83% (20 of 24)
Region 5	91% (21 of 23)
Region 6	75% (18 of 24)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

- Concerted efforts were made to maintain the child’s important connections in 87% of cases reviewed

Tribal Inquiry

In compliance with Indian Child Welfare Act (ICWA) and Washington Indian Child Welfare Act (WICWA), DCYF must identify and verify whether a child meets the definition of an American Indian child early in the case to preserve the American Indian child’s identity and to protect the interests of the child’s tribe. Caseworkers are required to inquire about tribal heritage or American Indian ancestry for both parents during the first contact for each screened-in intake. If either parent, or other persons who could reasonably be expected to have information when the parent was unavailable, indicates tribal heritage, caseworkers must send a referral to the Native American inquiry request (NAIR) unit within 10 business days. Upon receipt of a referral, NAIR performs extensive searches of familial and tribal affiliations for the purpose of preparing comprehensive family ancestry charts on behalf of each child. The family ancestry chart and tribal inquiries are then sent to each identified federally recognized tribe to confirm the child's status with the tribe and the level of involvement the tribe may elect to have in the case.

The table below indicates the number of Tribal Inquiries sent to federally recognized tribal partners and the number of children determined to be a member or eligible for membership based on tribal response.

Tribal Inquiries completed by NAIR		
	CY2023	CY2024
Referrals received from CW	5,258	6,102
Tribal Inquiries sent to Tribes	22,290	15,520
Children determined to be members based on Tribal response	150	182
Children determined to be eligible for membership based on Tribal response	162	186
<i>Data Source: Administrative Services Division, Operations: Relative & Tribal Supports</i>		

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Item 10 Strengths Relative Placement	
State	90% (129 of 144)
Region 1	92% (22 of 24)
Region 2	92% (22 of 24)
Region 3	96% (23 of 24)
Region 4	92% (22 of 24)
Region 5	88% (21 of 24)
Region 6	79% (19 of 24)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

- The child’s current or most recent placement was with a relative during the PUR in 61% of cases reviewed. This placement was appropriate to the child’s needs in 98% of these cases.
- Concerted efforts were made to identify, locate, inform, and evaluate maternal relatives as potential placements for the child, with the result that maternal relatives were ruled out as placement resources during the PUR in 67% of cases reviewed.
- Concerted efforts were made to identify, locate, inform, and evaluate paternal relatives as potential placements for the child, with the result that paternal relatives were ruled out as placement resources during the PUR in 67% of cases reviewed.

Relative Search

Over the past several years, judicial and legislative decisions have increased expectations for DCYF to identify and place with kinship caregivers. The agency has met these expectations by making policy changes to favor kinship providers and increasing financial resources available to support kinship caregivers.

When a child or youth enters out of home care, DCYF is required to notify all adult relatives within 30 days. When a relative search is conducted by the relative search unit (RSU), every identified adult family member receives a letter regarding their relative child or youth who is placed in out-of-home care. Relatives are asked to respond within 10 days of receipt and to indicate the level of support they desire to provide.

Relative search unit	CY 2023	CY 2024
Relative search referrals	3,974	3,865
Relative searches completed	3,555	3,169
Letters sent to potential relatives	163,220	158,463
Relatives interested in placement	4,475	3,963
Relatives interested in providing family support	4,059	4,021
<u>Relatives not able or unwilling to help at this time</u>	5,945	4,186
Telephone calls/emails received from relatives	9,976	8,454
<i>Data source: Administrative Services Division, Operations: Relative & Tribal Supports</i>		

Additionally, each relative inquiry letter that is sent from the RSU asks if the child or parent has any tribal heritage or American Indian ancestry. This provides an opportunity for DCYF to receive information from extended family members who are not involved in the case but may have a deeper knowledge of the family’s history.

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Relatives reporting tribal heritage or American Indian ancestry		
	CY 2023	CY 2024
Case determined to have tribal heritage or American Indian ancestry based on relative response to Relative Search Inquiry letter	117	83
<i>Data source: Administrative Services Division, Operations: Relative & Tribal Supports</i>		

DCYF works to place children with relatives who can support their identity, utilize family strengths and resources, and actively participate in the child and family support team. Relative placements are a coordinated effort involving multiple DCYF programs and collaboration with the courts.

Relative placement begins with identifying and notifying potential relatives through collaboration across multiple DCYF roles. The family meetings program, RSU, and caseworker ensure relatives are engaged early and throughout the case. The relative engagement unit further supports family connections by providing resources and guidance on permanency options. The relative engagement unit REU has handled 433 referrals and contacted nearly 8,000 relatives as of March 2025.

Background checks for all purposes, including relative placements, are handled by DCYF’s centralized statewide background check units. Centralization has helped reduce background checks as a barrier to relative placements.

The DCYF secretary's list removed certain offenses unrelated to child safety. DCYF follows state and federal laws when reviewing background information before approving unsupervised access to children.

If a person’s criminal or negative history isn't automatically disqualifying but may impact child safety or well-being, DCYF conducts a suitability assessment to evaluate their character and competence. This process has made denials of relative placements rare.

The data table below shows the number of background checks processed, how many passed, and how many did not pass due to federally disqualifying crimes or suitability assessments. For all CW purposes, less than one percent did not pass.

Child Welfare Background Checks	
	CY 2024
Completed	18,960
Passed: No SA required	18,016 (95.0%)
Passed: SA required	837 (4.4%)
Did not pass: Federally disqualifying crimes	54 (0.3%)
Did not pass: SA required	53 (0.3%)
<i>Data source: Administrative Services Division, Provider Supports: Background Check Unit</i>	

The main barrier DCYF faces when processing background checks is the lack of a standalone system independent of the Department of Social and Health Services’ (DSHS) background check central unit (BCCU) and background check system. DCYF is not in compliance with Federal Bureau of Investigation (FBI) requirements due to receiving criminal history from DSHS instead of directly to DCYF, thus decoupling from DSHS is a large priority. The background check unit, in coordination with information technology (IT) staff, is actively exploring technology solutions to create a background check system independent from BCCU. The two teams are meeting monthly to discuss business system needs, cost analysis, and timeline for implementation.

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Item 11 Strengths	
Relationship of Child in Care with Parents	
State	70% (57 of 81)
Region 1	73% (11 of 15)
Region 2	71% (10 of 14)
Region 3	88% (14 of 16)
Region 4	44% (4 of 9)
Region 5	91% (10 of 11)
Region 6	50% (8 of 16)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

- Concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother during the PUR in 73% of cases reviewed.
- Concerted efforts made to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father during the PUR in 74% of cases reviewed.

DCYF has pursued several strategies to support parent-child relationship and bonding such as supporting parents to attend appointments for their child (like school and medical); encouraging resource caregivers to maintain contact with parents when safe and appropriate; and supporting evidence-based parent-child services.

Well-Being Outcome 1: Families Have Enhanced Capacity to Provide for Their Children’s Needs.

Central Case Review Team (CCRT) Case Review Data

	Baseline	CY 2024
Well-Being Outcome 1	47%	50%
Item 12: Needs and Services of Child, Parents, and Foster Parents	47% (34 of 72)	51% (110 of 216)
Item 13: Child and Family Involvement in Case Planning	48% (31 of 64)	54% (103 of 192)
Item 14: Caseworker Visits with Child	79% (57 of 72)	77% (166 of 216)
Item 15: Caseworker Visits with Parents	39% (22 of 56)	47% (79 of 169)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024, Baseline: January-April 2024</i>		

Update on State Plan Goal 4: Well-being

Emerging Adulthood Housing Program

The emerging adulthood housing program experienced delays due to the late launch of the adolescent transitional living program (ATLP). Two providers, Ohana Crisis Center (Region 2) and Dominion Academy (Region 5), opened in late 2024, with Apple Brooke (Region 1) expected to open in May 2025. Despite a decrease in eligible 16-17-year-olds, ATLP providers are maintaining communication with placement teams to manage waitlists. The EAHP workgroup, formed in August 2024, is focused on policy updates, program expansion, and developing a service model for youth with higher needs transitioning into ATLP. QA efforts are ongoing, with quarterly data reviews and reports beginning in 2025.

The EAHP workgroup has been actively engaged in refining service models, with a focus on creating tailored support for youth with complex needs transitioning from programs like therapeutic foster care and CLIP. This includes evaluating best practices from other frameworks and revising licensing and program requirements to ensure services align with the developmental needs of youth. By prioritizing these recommendations, the workgroup aims to build a stronger foundation for future services and expand the EAHP continuum, ensuring that youth are better prepared for successful independent living (IL).

Qualified Residential Treatment Program (QRTP)

DCYF ensures children and youth referred to QRTP placement undergo a QRTP assessment before placement and every 90 days thereafter. These assessments are conducted by intensive resources program consultants (IRPCs), who are qualified and objective professionals within the placement continuum unit. They gather input from children, youth, families, and other supports, and conduct in-person visits every 90 days. The team has completed motivational interviewing (MI) training to improve engagement and interviewing skills and hold monthly meetings for ongoing support. Bi-monthly inter-rater reliability meetings were introduced in 2024 to ensure consistent scoring of assessments, with positive results reported by the FFPSA CQI managers.

The benchmark activity for CY 2024 was to identify trainings to grow child and family interviewing and engagement skills for qualified individuals completing QRTP assessments. The MI training was identified as mandatory trainings for IRPCs to increase and improve engagement and interviewing skills. This was completed in June 2024. The benchmark activity for CY 2025, to develop a process for reviewing QRTP assessments and assessors, has also been completed.

Statewide Hub Home Model

In response to the D.S. settlement, DCYF contracted with the Mockingbird Society (TMS) to implement the Mockingbird family hub home model statewide, establishing at least one hub per region for youth with complex needs. The program aims to provide permanent placements with adequate supports, including reunification, stabilization, and therapy services. DCYF has hired a Mockingbird Family program manager and four liaisons to support the implementation and expansion. Workgroups with various system partners have been formed to develop QA benchmarks, training frameworks, and criteria for selecting hub and satellite homes.

The implementation plan faced delays due to complex contracting processes and difficulties in procuring contracts with child placing agencies (CPAs). Despite adjustments to the budget and incentives for CPAs, no bids were received during the procurement process, leading DCYF to shift to launching DCYF-managed hubs. To minimize further delays, DCYF conducted a workgroup with TMS to discuss the program framework and D.S. requirements. Following the rescheduled TMS immersion workgroup in November 2024, DCYF revised its implementation plan to incorporate settlement requirements and fidelity markers, and postponed additional workgroups to 2025 to adjust the timeline. Input from various community partners, including caregivers, youth, and other service providers, continues to shape the program's development and ensure its alignment with the needs of all involved.

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Item 12 Strengths

Needs and Services of Child, Parents and Foster Parents

State	51% (110 of 216)
Region 1	39% (14 of 36)
Region 2	47% (17 of 36)
Region 3	64% (23 of 36)
Region 4	53% (19 of 36)
Region 5	56% (20 of 36)
Region 6	47% (17 of 36)

Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024

ITEM 12: Needs and Services of Child, Parents and Foster Parents, Sub-Items, State Level Data

	Item 12-A (Needs Assessment and Services to Children)	Item 12-B (Needs Assessment and Services to Parents)	Item 12-C (Needs Assessment and Services to Foster Parents)
CY 2024	72% (155 of 216)	49% (83 of 171)	79% (110 of 140)

Data Source: CFSR Portal, Onsite Review Instrument Report (as of 1/12/2025)

A formal or informal initial and/or ongoing comprehensive assessment was conducted during the PUR that accurately assessed the children’s needs in 75% of cases reviewed. Appropriate services were provided to meet the children’s identified needs in 59% of cases. DCYF’s practice of assessing needs is stronger than the practice of providing appropriate services. Some identified barriers that impacted the provision of appropriate services include insufficient provider availability and lack of communication between the agency and provider.

A formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the mother’s needs was conducted during the PUR in 60% of cases reviewed. Appropriate services were provided to the mother to meet identified needs in 57% of these cases.

A formal or informal initial and/or ongoing comprehensive assessment that accurately assessed the father’s needs was conducted during the PUR in 53% of cases reviewed. Appropriate services were provided to the father to meet identified needs in 48% of these cases. Information related to substance use disorder supports for parents can be found in the [Service Array](#) systemic section.

The needs of the foster or pre-adoptive parents were adequately assessed during the PUR on an ongoing basis (with respect to services they need to provide appropriate care and supervision to ensure the safety and well-being of the children in their care) in 81% of cases reviewed. Appropriate services were provided to address identified needs in 75% of these cases.

DCYF has a stronger performance in making efforts to assess the needs and provide services to children and caregivers compared to efforts made to assess the needs and provide services for parents. This is due in part to DCYF’s strong performance on monthly health and safety visits with children as seen in Item 14: Caseworker Visits with Child. DCYF continues to struggle with achieving monthly visits with parents as seen in Item 15: Caseworker Visits with Parents. An improvement effort related to needs and services is [Strategy 2.3: Services Expansion](#).

Item 13 Strengths	
Child and Family Involvement in Case Planning	
State	54% (103 of 192)
Region 1	41% (14 of 34)
Region 2	53% (17 of 32)
Region 3	70% (23 of 33)
Region 4	44% (12 of 27)
Region 5	65% (22 of 34)
Region 6	47% (15 of 32)
Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024	

- Concerted efforts were made to actively involve the child in the case planning process in 74% of cases reviewed.
- Concerted efforts were made to actively involve the mother in the case planning process in 60% of cases reviewed.
- Concerted efforts were made to actively involve the father in the case planning process in 51% of cases reviewed.

DCYF is engaged in a variety of efforts to improve performance on case planning with children and families. This includes [Item 20: Written Case Plans](#) and tactics from the state plan, [Goal 1: Workforce Recruitment, Retention and Support](#) including MI training for staff, family practice model (FPM) support for staff engagement with clients, and the assessment redesign pilot.

A minor FamLink change was prioritized and completed in October 2024 to add a case plan drop-down value to the file upload function of FamLink. This change allows for written case plans to be completed with families and then uploaded into the electronic case file. It also allows the agency to pull reports on performance without requiring staff to re-enter the information from their written case plan into FamLink’s case planning module, thus increasing opportunities for compliance with policy while decreasing the work required to meet policy expectations.

In Spring 2024, two case planning tools were developed with input from staff and parents with lived experience. Both tools were intentionally designed to be completed in tandem with families and to include their voice and choice. One tool is embedded with MI techniques. This tool was piloted in the assessment redesign project and was positively received by staff and parents; however, it requires some level of knowledge of MI. Not all staff have been trained to use MI and they have various levels of comfort and confidence using MI. A second tool was designed to be easy to use, with the clear goal of being simple and straightforward for staff to integrate into their daily work. Use of either tool is acceptable. DCYF continues to analyze the results of the assessment redesign pilot and implement practice changes for the [FFPSA](#). Because final decisions have not been made on either project, committing to a single specific case plan tool was identified as premature. The decision to allow staff to choose between the two case planning tools is a change management strategy chosen to support staff in developing the practice of creating written case plans, in tandem with families, and uploading them in the electronic case file to allow performance measurement.

Case planning training will be developed and delivered to the CW workforce in the second through fourth quarters of CY 2025 as part of a broader initiative to improve case planning practices. Using change management strategies, the training will emphasize elevating family voice and leveraging family strengths and protective factors. It will also promote shared planning with families to reduce risk and support long-term child safety and well-being. Staff will be trained to connect families with both DCYF-contracted and community-based services, especially as cases near closure. This approach will strengthen family support networks and prepare the workforce for future implementation of FFPSA community pathways.

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Item 14 Strengths

Caseworker Visits with Child

State	77% (166 of 216)
Region 1	64% (23 of 36)
Region 2	81% (29 of 36)
Region 3	86% (31 of 36)
Region 4	67% (24 of 36)
Region 5	81% (29 of 36)
Region 6	83% (30 of 36)

Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024

The frequency of the visits between the caseworker and the child(ren) during the PUR was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals in 86% of cases. The quality of these visits was sufficient in 86% of these cases.

Typical pattern of visit between caseworker and child(ren) for Item 14

Less than once a week, but at least twice a month	31 (14%)
Less than twice a month, but at least once a month	157 (73%)
Less than once a month	26 (12%)
Never	2 (1%)

Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024

Monthly Health and Safety visits with child

State	97%
Region 1	98%
Region 2	97%
Region 3	99%
Region 4	97%
Region 5	96%
Region 6	97%

Data source: CW Portal, Monthly Health and Safety Visits with Child, CY 2024

DCYF continues to place a high priority on the completion of monthly health and safety visits. Quantitative data is measured and shared back to assigned staff, supervisors, and field offices several times per month. This allows for regular review, reminders, and clean-up of missing information. Regional QA/CQI teams conduct qualitative reviews of narrative documentation of health and safety visits once or twice per year. Managers and supervisors receive the results of the qualitative reviews for their staff so they can evaluate individual performance as well as unit or office performance. Aggregated trends and themes are shared with offices and regions to support quality improvement. QPS use office-level and region-level trends to engage in targeted training to improve practice.

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Item 15 Strengths

Caseworker Visits with Parents

State	47% (79 of 169)
Region 1	33% (10 of 30)
Region 2	43% (13 of 30)
Region 3	59% (17 of 29)
Region 4	39% (9 of 23)
Region 5	57% (16 of 28)
Region 6	48% (14 of 29)

Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024

Monthly caseworker visits with parents

	Mother	Father
State	44%	31%
Region 1	44%	29%
Region 2	46%	28%
Region 3	49%	37%
Region 4	45%	34%
Region 5	41%	29%
Region 6	43%	29%

Data source: CW Portal, Monthly Social Visits with Parent, CY 2024

The frequency of the visits between the caseworker and the mother of the child(ren) during the PUR was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals in 62% of cases. The quality of these visits was sufficient in 70% of these cases.

Typical pattern of visit between caseworker and mother of the child(ren) for Item 15

Less than once a week, but at least twice a month	20 (13%)
Less than twice a month, but at least once a month	51 (34%)
Less than once a month	71 (47%)
Never	10 (7%)

Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024

The frequency of the visits between the caseworker and the father of the child(ren) during the PUR was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals in 53% of cases. The quality of these visits was sufficient in 65% of these cases.

Typical pattern of visit between caseworker and father of the child(ren) for Item 15

Less than once a week, but at least twice a month	6 (5%)
Less than twice a month, but at least once a month	30 (25%)
Less than once a month	58 (48%)
Never	27 (22%)

Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024

DCYF continues to struggle with improving monthly parent meeting compliance, despite shared recognition of its importance. Regional QA teams use both quantitative and qualitative reviews to monitor progress. One helpful strategy has been assigning staff to conduct absent parent searches. QA teams have observed that lower caseloads correlate

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with higher compliance, while heavier caseloads result in lower compliance. Region 3 has improved outcomes by requiring caseworkers to report engagement efforts for parents without recent documented meetings and by regularly sharing data with staff and supervisors.

Improvement Efforts

To better support families in providing for the needs of children, DCYF is seeking to improve engagement with children, parents, and caregivers. This requires supporting the workforce in reinvesting the percentage of time spent face-to-face with clients and encouraging the client’s voice and choice in the case planning process. This feedback is emphasized consistently when consulting with youth and parents with lived experience in the CW system. Complex policies, procedures, and forms diminish time available for client engagement. Through the FPM, the assessment redesign, the separation of policy and procedures, and the workload study, DCYF is seeking to streamline processes for caseworkers and providing them with a workload that allows for prioritizing client engagement and individualized planning across all programs.

Well-Being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs.

Central Case Review Team (CCRT) Case Review Data

	Baseline	CY 2024
Well-Being Outcome 2	98%	97%
Item 16: Educational Needs of the Child	98% (39 of 40)	97% (114 of 118)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024, Baseline: January-April 2024</i>		

Item 16 Strengths	
Educational Needs of the Child	
State	97% (114 of 118)
Region 1	90% (18 of 20)
Region 2	100% (19 of 19)
Region 3	100% (20 of 20)
Region 4	95% (20 of 21)
Region 5	100% (17 of 17)
Region 6	95% (20 of 21)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024</i>	

- Concerted efforts were made to accurately assess the children’s educational needs during the period under review (PUR) in 97% of cases reviewed.
- DCYF engaged in concerted efforts to address the children’s educational needs through appropriate services during the PUR in 94% of cases reviewed.

DCYF prioritizes the educational needs of children and youth in foster care by assessing needs early and addressing them through appropriate services and partnerships.

DCYF’s education team at headquarters (HQ) provides ongoing training and technical assistance to caseworkers and community partners to ensure that educational needs are consistently and accurately addressed. A strong focus on

collaboration with the Office of Superintendent of Public Instruction (OSPI), Treehouse, and other key partners continues to enhance the state's ability to identify and address educational difficulties for children in foster care.

Child Health and Education Tracking (CHET) Education Domain

Children who enter and then remain in out-of-home care for 30 days or longer receive a CHET screening report. The CHET program is designed to screen, identify, and organize essential child well-being information into a report to help caseworkers develop a plan to address both immediate and long-term needs of children in out-of-home placement. One domain of the CHET report is the educational domain which includes gathering and then summarizing academic records for school aged children and youth, pre-K through grade 12. The CHET screening report is used to understand the child's current educational status as well as to determine if any additional services are needed. Ongoing needs are identified for further follow-up and the CHET screener makes referrals for services as needed. The statewide CHET completion rate for gathering and summarizing academic records to complete the education domain in CY 2024 was 98% within the first 30 days of placement. In addition, the CHET program obtained, documented, and uploaded 798 children's educational records into the FamLink system in CY 2024. Barriers to completing the education domain of the CHET report timely primarily occurred during the summer months when records access due to school closures/minimal staff occurred.

Regular School Attendance

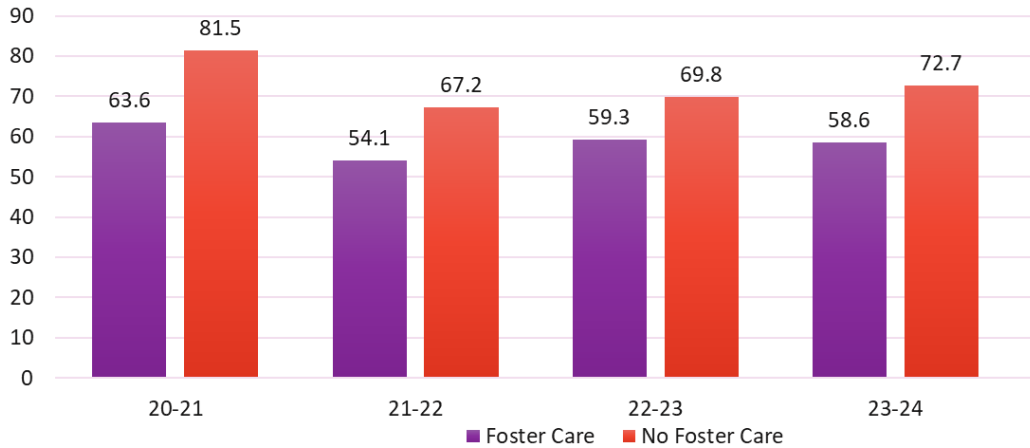
Regular attendance, defined as fewer than two absences per month, remains a challenge for students in foster care. In 2023–2024 school year, regular attendance among students in foster care was 58.6%, compared to 72.7% among students not in foster care. This gap underscores the importance of continued support and collaboration between DCYF, schools, and community partners.

Addressing the obstacles to regular attendance requires a multifaceted approach. Many students in foster care experience instability related to placement moves, trauma, transportation disruptions, and other systemic factors that interfere with their ability to attend school consistently. Strategies for improvement include providing transportation assistance, coordinating with caregivers to ensure school stability, and offering supportive services that address the root causes of absenteeism.

DCYF collaborates closely with Treehouse who plays a key role in this work through both its graduation success and educational advocacy programs. While graduation success supports older youth, the educational advocacy team works directly with caregivers, schools, and caseworkers to resolve issues related to enrollment and attendance. Advocates help remove systemic barriers, mediate school-related challenges, and ensure students have the resources and access needed to stay in school.

In addition, DCYF has taken steps to educate and equip caseworkers to support attendance by clarifying the educational rights of youth in foster care. Caseworkers are becoming better positioned to promote stability and ensure educational continuity. Collaborative efforts between DCYF, schools, and community organizations are essential to identify and support students to attend school regularly.

Regular Attendance by School year Percent of students with fewer than 2 absences per month



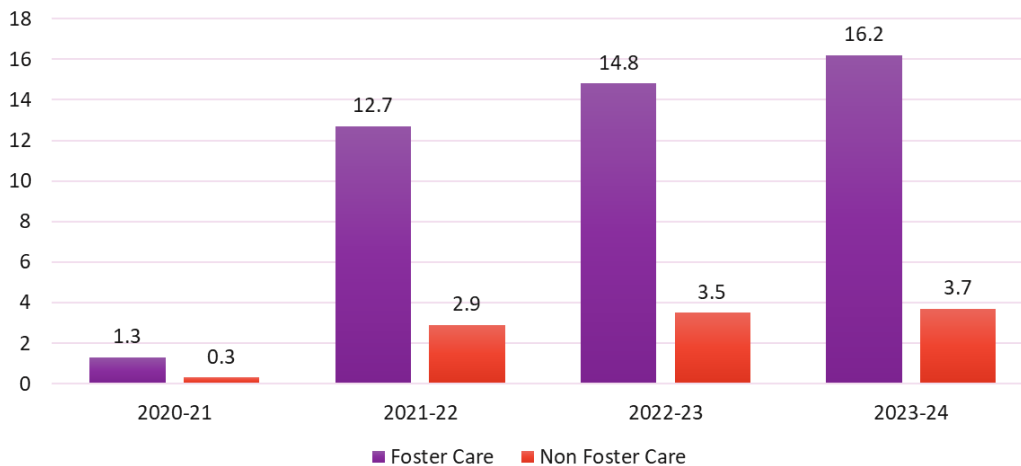
Data source: OSPI Scorecard, State total, Regular attendance, <http://reportcard.ospi.k12.wa.us/>

Exclusionary Discipline

Exclusionary discipline practices impact students in foster care at a growing rate. In the 2023–2024 school year, 16.2% of students in foster care were excluded from school for a behavioral violation, compared to 3.7% of their peers.

DCYF is actively engaging with system partners, including OSPI and school district staff, through feedback loops like regional education meetings, where discipline is a recurring topic of concern. These meetings allow DCYF and OSPI to share best practices and examine local policies that may contribute to these outcomes. DCYF and OSPI are concerned about this pattern and are actively analyzing the root causes and potential interventions, such as trauma-informed and restorative approaches that can reduce exclusionary discipline for students in foster care.

Exclusionary Discipline Rates Percent of students excluded from school due to a behavioral violation



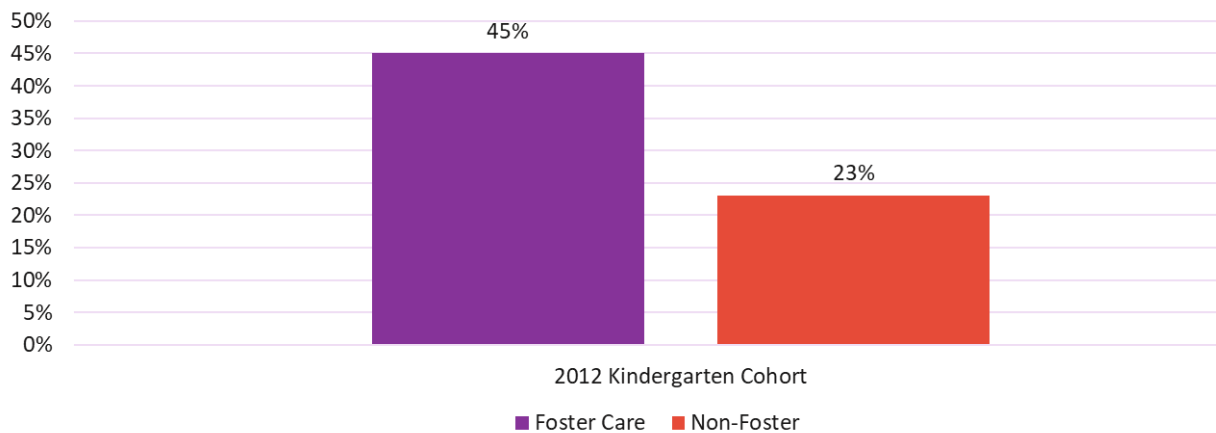
Data source: OSPI Scorecard, State total, Student discipline, Discipline rate, <http://reportcard.ospi.k12.wa.us/>

Special Education

Students in foster care are nearly twice as likely as their non-foster care peers to be identified as having a disability, with 45% of students in foster care identified compared to 23% of students not in care. Recognizing the complexity of navigating special education systems while a student is involved in the CW system, DCYF collaborated with OSPI’s Special Education division to develop joint guidance on educational decision-making. The guidance clarifies who may act as the educational decision-maker for students in foster care. DCYF’s school notification form has been updated to include a decision-making flowchart to support caseworkers in identifying the educational decision-maker. This resource has helped reduce confusion and delays in services and is a direct result of feedback from caseworkers, school districts, legal partners, and caregivers through DCYF’s ongoing interagency meetings and feedback loops.

Disability Status of Students

as measured from a cohort of students in kindergarten in 2012



*Data source: ERDC P20 Data System, 2012 Kindergarten Cohort Project-Education-Impact
 Data note: This graph shows students who have an identified disability, including those students who are not receiving special education services or an accommodation under section 504.*

Graduation Rates

Graduation rates for students in foster care remain significantly lower than for their non-foster care peers. In the 2023–2024 school year, only 51.2% of students in foster care graduated, compared to 82.9% of non-foster care students. Although there was some improvement between 2020–2021 school year (48.2%) and 2021–2022 school year (53.3%), progress has plateaued. This persistent gap highlights the ongoing need for targeted support and educational stability for youth in foster care as they transition to adulthood.

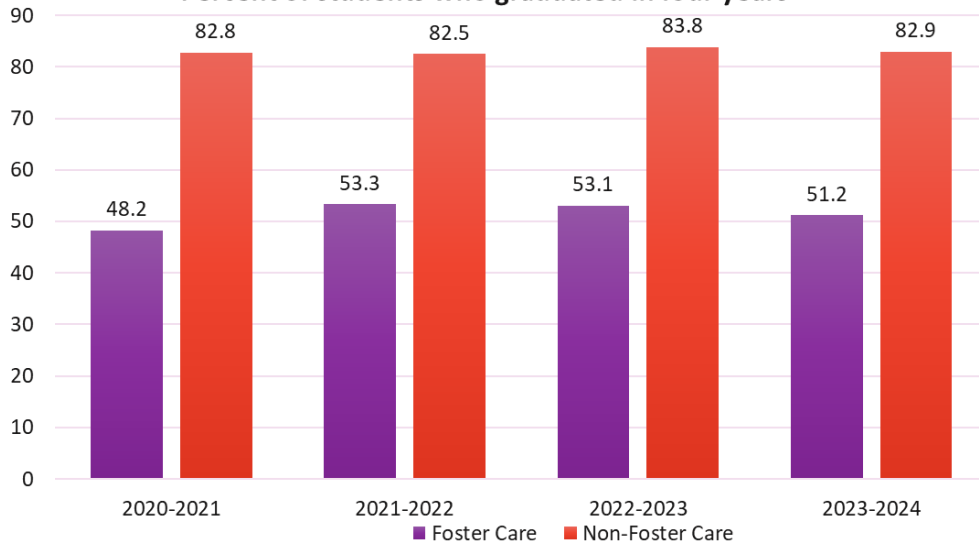
To address these gaps, DCYF partners closely with Treehouse, whose graduation success program provides individualized academic coaching, planning, and support to help students in foster care graduate from high school. This program focuses on improving school engagement, goal setting, long-term planning and removing obstacles to graduation. Additionally, DCYF’s education team trains caseworkers and community partners on supporting youth through the high school and post-secondary transition process.

Washington’s graduation rate reflects only those students who earn a regular high school diploma within four years. Students who pursue and complete a GED are not included in this count – they are instead classified as dropouts. This means that the graduation rate may underrepresent educational attainment among youth in foster care, who are more likely to pursue a GED due to factors such as placement instability, credit loss, or delayed enrollment. Research by the Washington State Institute for Public Policy has found that students in foster care are significantly more likely to earn a GED than their non-foster care peers, suggesting that traditional graduation rates alone do not provide a full picture of

foster youth’s academic outcomes.

Four-Year Graduation Rates

Percent of students who graduated in four years



Data source: OSPI Scorecard, State total, Graduation, <http://reportcard.ospi.k12.wa.us/>

System Partner Collaboration and Feedback Loops

DCYF maintains strong and sustained partnerships with key partners to identify challenges, gather feedback, and inform system-level improvements. Multiple continuous feedback loops with partners provide the opportunity to identify challenges, share successes, and develop responsive strategies.

- OSPI - Weekly meetings with OSPI allow for real-time identification and problem-solving around emerging issues. Additionally, monthly regional education meetings bring together caseworkers, school districts, OSPI, Treehouse staff, and DCYF education leads to share updates and hear directly from the field. These regular feedback loops ensure that policies and practices are informed by the experiences of those implementing them.
- Treehouse – The Treehouse educational advocacy program is a public-private partnership and collaboration with OSPI, DCYF, and Treehouse. The program plays a pivotal role in supporting students in foster care by providing timely and appropriate educational interventions tailored to individual academic and developmental needs. Through this partnership, students receive support to succeed academically.
- Legal system partners - DCYF collaborates with the Administrative Office of the Courts, OPD, and the Office of Civil Legal Aid to train judicial officers and attorneys on educational rights for youth in care, including specific trainings on special education and school stability, helping to align understanding across systems and reduce delays in service delivery.

DCYF will continue to work closely with community partners to address systemic issues and coordinate efforts to improve educational outcomes for youth in foster care. DCYF’s collaborative efforts with key partners and the establishment of robust feedback mechanisms are instrumental in assessing and addressing the educational needs of children in foster care.

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Data Access and Internal Reporting

Since 2018, DCYF has maintained a statewide data-sharing agreement with OSPI that facilitates nightly data transfers, providing caseworkers access to individual student education data in the FamLink system, enabling them to better assess and support students’ educational needs. The same data sharing agreement also enables school districts to receive current information on which students are in foster care, improving identification and service delivery at the district level.

In 2024, OIAA developed the foster care education report, a new internal report that integrates the OSPI data with FamLink data. This tool provides both aggregate data to identify system-wide trends and student-level data to support targeted interventions.

Next Steps

- Leverage newly available student-level education data to support caseworkers and improve case planning through enhanced visibility into attendance, discipline, academic progress, and individualized education plan (IEP) status.
- Expand statewide trainings to increase understanding of foster care students’ educational rights and needs across schools, courts, and DCYF staff.
- Strengthen regional partnerships through ongoing feedback loops to ensure shared accountability and joint problem-solving with OSPI, Treehouse, school districts, and legal partners.
- Monitor trends in exclusionary discipline and collaborate with OSPI to identify promising practices and policies that reduce removals.
- Promote implementation of the joint special education guidance to clarify decision-making roles and support timely and effective educational planning for students in foster care.

Well-Being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs.

Central Case Review Team (CCRT) Case Review Data

	Baseline	CY 2024
Well-Being Outcome 3	71%	67%
Item 17: Physical Health of the Child	76% (41 of 54)	78% (127 of 162)
Item 18: Mental/Behavioral Health of the Child	70% (21 of 30)	61% (53 of 87)
<i>Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024, Baseline: January-April 2024</i>		

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Item 17 Strengths

Physical Health of the Child

State	78% (127 of 162)
Region 1	81% (21 of 26)
Region 2	66% (19 of 29)
Region 3	79% (22 of 28)
Region 4	64% (18 of 28)
Region 5	96% (24 of 25)
Region 6	88% (23 of 26)

Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024

- DCYF accurately assessed the children’s physical health needs during the PUR in 93% of cases reviewed. Appropriate services were provided to address all identified physical health needs in 90% of these cases.
- DCYF accurately assessed the children’s dental health needs during the PUR in 83% of cases reviewed. Appropriate services were provided to address all identified dental health needs in 80% of these cases.
- Item 17 was met 78% of the time, with barriers to success including frequent moves for children, long wait lists, and difficulty navigating the health care system.

Item 18 Strengths

Mental/Behavioral Health of the Child

State	61% (53 of 87)
Region 1	39% (7 of 18)
Region 2	70% (7 of 10)
Region 3	87% (13 of 15)
Region 4	50% (8 of 16)
Region 5	50% (6 of 12)
Region 6	75% (12 of 16)

Data source: CFSR Portal, Onsite Review Instrument Report, CY 2024

- An accurate initial or ongoing assessment of the children’s mental/behavioral health needs was conducted to inform case planning decisions during the PUR in 67% of cases reviewed. Appropriate services were provided to address the children’s mental/behavioral health needs in 61% of these cases.
- Data shows that item 18 was met 61% of the time across the state. When looking at the rationale that indicates barriers to this item being met, access to timely services was a primary identified barrier. This barrier is multifaceted and requires multiple levels of problem solving.

Meeting Health and Behavioral Health Needs

Children and youth in out-of-home care continue to have unique barriers to health care. For example, moving from one caregiver or community to another, lack of provider availability, behavioral health provider turn-over, and caseworker turn-over can all impact assessment of need and timely access to behavioral health services. DCYF has several ways that it works to address the unique barriers and decrease health gaps. Detailed goals regarding health and behavioral health care can be found in the [Healthcare Oversight and Coordination Plan](#). Information related to substance use disorder supports can be found in the [Service Array](#) systemic section.

Child Health and Education Tracking (CHET) Physical Health Domain

Children in care for 30+ days receive a CHET screening, including a physical health domain and an early and periodic

screening, diagnosis, and treatment exam. In CY 2024, 96% received the exam within 30 days and 99% by day 60. Delays were due to appointment availability, placement changes, and record retrieval issues. CHET reports document unmet needs and refer children to Apple Health Core Connections (AHCC) which is statewide foster care Medicaid managed care organization, as needed.

For substance-exposed newborns, CHET screeners ensure documentation of prenatal exposure and refer infants to Early Support for Infants and Toddlers (ESIT) as part of a Plan of Safe Care (POSC). DCYF is exploring staff training opportunities to improve POSC documentation and follow-through. The CHET physical health domain also monitors dental health. Dental records and follow-up needs are recorded in CHET reports, with unresolved issues noted for ongoing resolution by caregivers and caseworkers.

Child Health and Education Tracking (CHET) Emotional and Behavioral Health Domain

The CHET report also includes an emotional and behavioral health domain. This domain includes standardized screenings for emotional and behavioral health using validated screening tools. The screening tools screen for internalizing and externalizing behaviors, attentional behaviors, trauma concerns, overall child/infant mental health, substance use concerns, and commercially sexually exploited child concerns. Results from the screening tools are used to develop an appropriate case plan and assist in placement decisions for the child. The caseworker is notified when the results from the screening tools score within a possible “concerns” range, which indicates a need for further mental health assessment. This is documented in the “Items Needing Follow-up” section of the CHET report. The statewide completion rate for the emotional and behavioral health domain by day 30 of placement in CY 2024 was 98%.

Ongoing Mental Health (OMH)

The OMH screening is a follow-up to the CHET emotional/behavioral health screening and includes a brief check for unmet physical and dental health needs. It targets children ages 3–17 in out-of-home care for over six months, with screeners contacting caregivers to either re-administer standardized tools or conduct a check-in if the child is already in services. Youth aged 11 and up are invited to participate voluntarily. Screenings are not formal assessments but may identify the need for further evaluation, with findings shared with caregivers, caseworkers, and supervisors.

In CY 2023, 629 children were eligible for a six-month OMH screening; 43% were already receiving services, while 48% completed screenings—of which 45% showed possible concerns. A 12-month rescreening pilot in CY 2024 included 508 children; 57% were already in services, and 22% completed screenings—of which 44% showed possible concerns. The OMH program plans to continue 12-month screenings if staffing allows.

Systemic Factors

Statewide Information System

DCYF’s statewide information system, FamLink, supports the bi-annual Adoption and Foster Care Analysis Reporting System (AFCARS) reporting required to accurately track the status, demographics, location, and placement goals of children in foster care. While DCYF has historically used the 1993 AFCARS format, it is now finalizing implementation of AFCARS 2.0 to align with updated federal standards aimed at improving data accuracy and completeness.

A new XML file format has been developed, and DCYF is currently refining data quality and integrating newly required elements by leveraging existing data. The transition to the Statewide Automated Child Welfare Information System (SACWIS) permissible elements of AFCARS 2.0 is scheduled for April 2025. During this transition, DCYF will work closely with business partners and federal agencies to ensure reliable, comprehensive reporting, and minimize compliance risks.

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Due to limitations in the legacy FamLink system and the current project’s scope, some required data elements cannot be captured and will be reported as null values. These gaps prevent full compliance with AFCARS 2.0 requirements. Long-term compliance will be achieved through the future implementation of the Comprehensive Child Welfare Information System (CCWIS), which will replace FamLink and enable more robust data capture and reporting. Full compliance is not expected until the planned implementation of CCWIS, projected for 2029. The chart below shows DCYF’s AFCARS timeliness submission in 2024.

AFCARS submission timeliness errors				
Data Element	2023A	2023B	2024A	2024B
FC-22 Removal Transaction Date	69 Errors (0.63%)	32 (0.38%)	32 (0.38%)	37 (0.45%)
FC-57 Foster Care Discharge Transaction Date	109 Errors (4.39%)	72 (3.72%)	72 (3.72%)	79 (4.04%)
<i>Data Source: DCYF AFCARS Submissions Reports</i>				

Improvement Efforts

On Jan. 1, 2024, child welfare (CW) implemented a new statewide process for documenting child placements using the existing child location application. CW designed this new streamlined process to improve the statewide timeliness of placement documentation. Caseworkers now send placement forms with all relevant placement information to a regional placement desk. Regional placement coordinators then document the placement information into the child location application. In 2024, CW documented 7,689 placements and 72% of those were documented within three days of the child’s placement. This statewide compliance continues to improve in CY 2025.

Entry of Placement Events	
	Calendar Year (CY) 2024
Total Placement Events Entered	7,689
Entered Via Child Location Application	6,971 (91%)
Entries Made Within three days	5,524 (72%)
<i>Data source: CW Portal, Lag Placement Entry Detail, CY 2024</i>	

Data integrity efforts also improved the accurate measurement of timely placement documentation. Improvements were made to both the lag placement entry detail report and to the measurement of timely placement documentation compliance. These improvements allow for more accurate tracking of placement documentation. Using this improved data, a bimonthly timely and accurate placement entry dashboard is provided to regional leads and CW leadership to support frequent monitoring of timely placement documentation. Timely placement compliance by region is also a discussion at monthly CW leadership team meetings. These monthly discussions address any issues with the placement documentation process.

Additionally, CW created a placement entry guide to support this process. Any enhancements or modifications to the timely placement documentation process are updated in this guide so staff have step-by-step instructions to support ongoing timely placement documentation.

Case Review System

The case review system functions to ensure that children and families participate in the development of their case plan and that ongoing court hearings and requirements occur timely. The most impactful changes to court hearings in the past few years include the pandemic, HB 1227 Keeping Families Together Act, and an expansion of cases where Indian ICWA applies.

The pandemic initially delayed some hearings, required courts to adopt virtual participation options, and resulted in calendar congestion. In Washington, the backlog of trials from the pandemic are nearly resolved. There is still some

impact from delayed access to trials present in the data related to timely termination trials and guardianship trials. Most courts continue to have virtual hearing options. This increased parent attendance and participation in hearings.

HB 1227 impacted court hearings because it increased the legal standard regarding child removal. This resulted in more complicated pre-dependency hearings with increased parent participation that has resulted in a longer period before the initial hearing on dependency petitions. HB 1227 did not change the legal standard to establish dependency. When a child is not removed, the courts and legal parties sometimes struggle with whether a dependency fact-finding should occur or if the case can be resolved and dismissed before disposition of the dependency. The increased complexity and delays in pre-dependency hearings contribute to delays in timely fact-finding hearings, which impacts the timeliness of the initial review hearing and initial permanency planning hearing. In 2024, SB 6109 funded six legal liaisons within DCYF to support caseworkers in the court process and build relationships between DCYF and court partners.

Z.J.G., No. 98003-9 Washington Supreme Court ruling clarified the scope on when DCYF has a reason to know a child is or may be an American Indian child for purposes of applying ICWA and WICWA. In alignment with the commencement of the revised ICW policies and procedures on July 1, 2024, the ICW legal unit was launched to ensure timely and consistent practice around the service of ICWA notice. ICWA notice must be provided to tribes, parents or American Indian custodians, and the Bureau of Indian Affairs (BIA) for the 30-day shelter care hearing, guardianship fact-finding, and Termination of Parental Rights (TPR) proceedings when there is reason to know a child is or may be an American Indian child. The ICW legal unit prepares all required DCYF documents for the accompaniment of the certified ICWA notice sent out by the Attorney General's Office (AGO). The ICW legal unit also maintains all tribal response to ICWA notice records in FamLink, along with the court determination of a child's American Indian status for the purpose of each dependency, guardianship and TPR case requiring an ICWA finding. The establishment of the ICW legal unit has helped Washington to meet legal requirements and reduced the number of cases where trials were untimely due to lack of tribal notice.

Washington state has invested in the Family and Juvenile Court Improvement Program (FJCIP) to support court systems that manage family and juvenile cases including compliance with dependency timelines. FJCIP coordinators operate in 15 counties; these counties handle 80% of the dependency cases in Washington. Each participating court has a dedicated FJCIP coordinator who facilitates system improvement efforts and supports system learning by gathering and analyzing data which is shared with local dependency system partner groups. Data on the dependency dashboard shows that counties with FJCIPs improved performance over counties without FJCIPs on the timeliness of all hearings including fact-finding; all review hearings; all permanency planning hearings; TPR petitions filed within 15 months; adoptions completed within six months of termination orders; and permanency achievement within 15 months of out-of-home care.

Washington held its first semiannual data dependency summit on March 28, 2025. The summit brings together FJCIP coordinators with DCYF quality assurance (QA)/CQI teams, the DCYF federal reporting team, and the legal liaisons to increase inter-agency data sharing and analysis of factors that impact court processes and timeliness.

DCYF has lacked a uniform method for documenting written case plans and quantifying compliance with policy requirements. The case plan function in FamLink was designed to be created through individual and family level objectives that are inserted into the Comprehensive Family Evaluation (CFE). This process is cumbersome to complete and is difficult to do in tandem with families.

Every dependency case has a court report, which contains the essential elements of the case plan. The document is completed by the caseworker and reflects identified issues informed by DCYF assessment tools. The case plan document is complicated and long which has been a barrier in understanding the case plan for parents. The new case plan tools were designed to be appropriate for use as prevention plans or reunification plans to support engagement with families in all programs. Consistency using forms and aligning expectations across programs was another change management

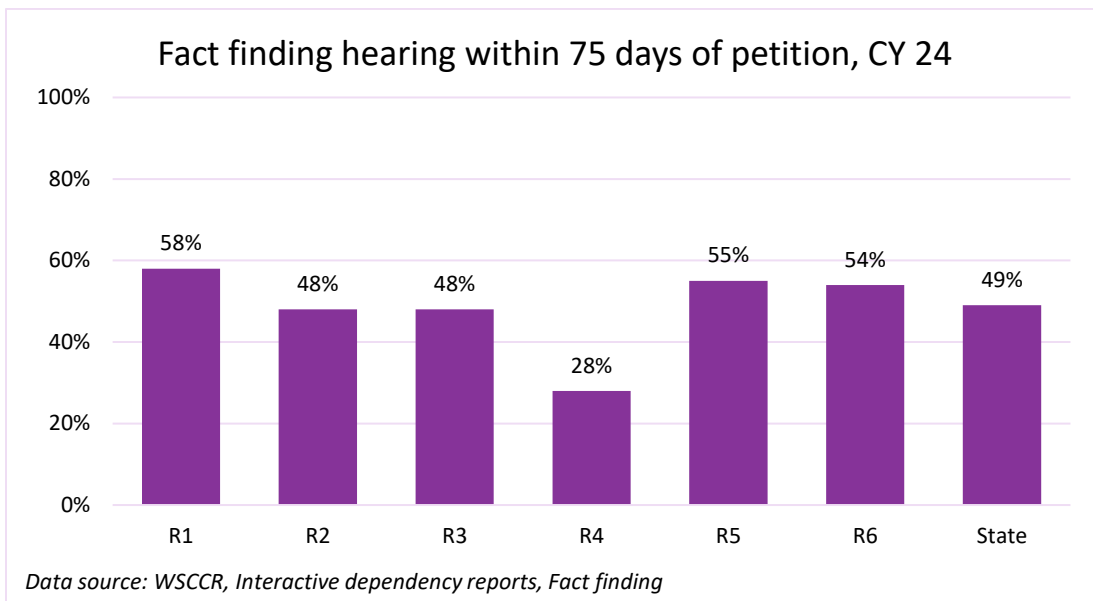
strategy identified to support staff and improve performance.

The Administrative Office of the Courts (AOC) and Washington State Center for Court Research track all juvenile dependency and termination cases filed in Washington state’s courts. The information on timeliness of dependency cases is publicly available on the dependency dashboard. Court records from AOC’s Superior Court Management and Information System are matched with information from DCYF’s FamLink system, allowing for internal analysis of data that can be drilled down to case level details.

Dependency filings have continued to decline year after year. A decrease in filing rates began prior to the passage of HB 1227 in 2021, which went into effect in 2023, and the downward trend has continued since then. This data could be attributed to ongoing efforts within Washington’s CW system to keep families together.

Washington is exploring a new process for court tracking of ICW voluntary placement agreements (VPAs). These are required to occur before a judicial officer, but currently there are no standard forms and codes used to collect data. Some counties code these as dependency petitions because they don’t have other appropriate codes.

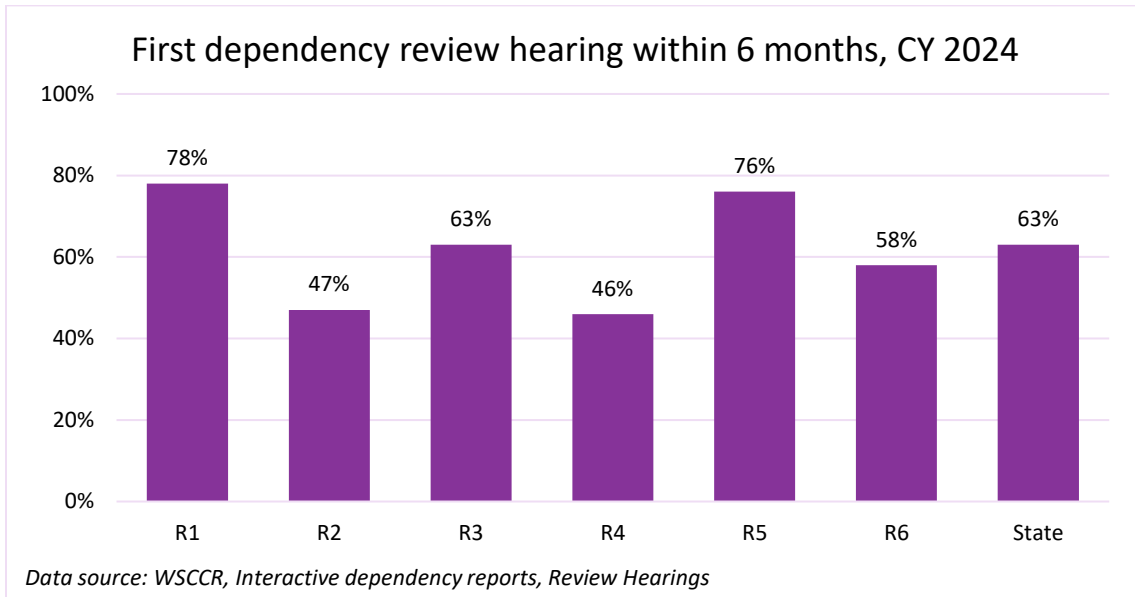
Fact-finding is one of the first major judicial events in the dependency process, and delays in fact-finding may prolong court involvement and increase the amount of time a child spends in foster care. The figure below illustrates the percentage of cases with a fact-finding trial within 75 days of the filing of the dependency petition.



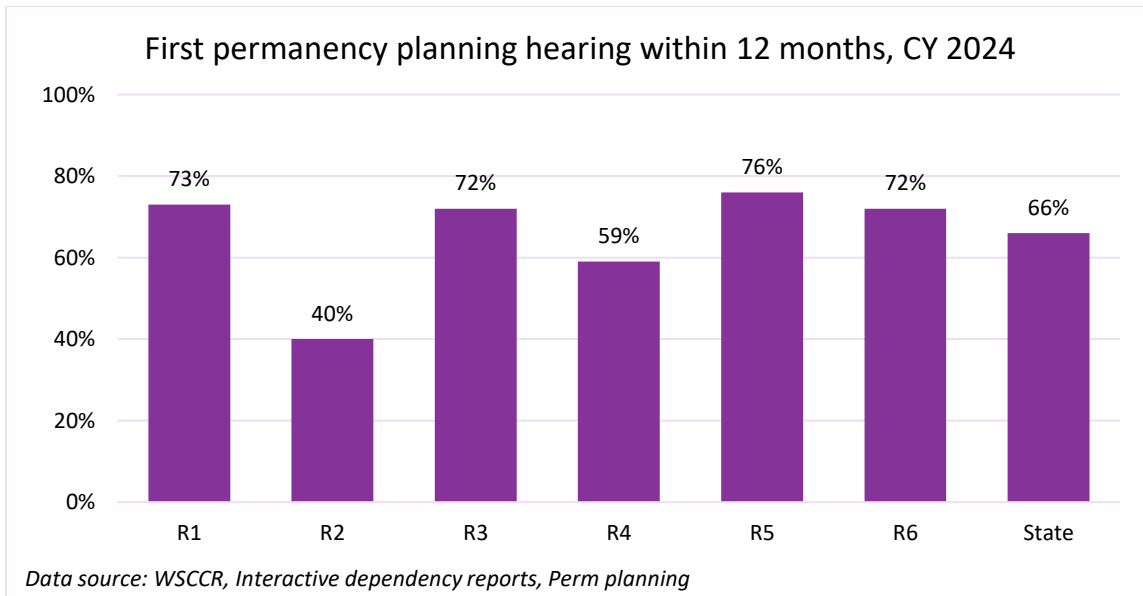
As indicated in the Child and Family Services Plan (CFSP), Washington recently implemented new court codes to track judicial findings of exceptional circumstances for continuing the fact-finding hearing. The codes formalize requests for, and findings of, exceptional circumstances. It’s too early for any analysis of the data, however, the act of implementing the new codes and required practices to track findings of exceptional circumstances prompted dialogue between judges. It is anticipated that the act of tracking the findings is likely to have an impact on the behavior of court partners and judges.

The purpose of a review hearing is to assess the progress of the parties and determine whether court supervision should continue. The figures below illustrate the percentage of first dependency review hearings within six months and the

percentage of all dependency review hearings within six months. Untimely fact-finding hearings relate to untimely first dependency review hearings. When there are delays in establishing dependency or holding a fact-finding trial for dependency, holding the first review hearing within six months of the original placement date is less likely to occur.



The purpose of a permanency planning hearing is to inquire into the welfare of the child and progress of the case, and to reach decisions regarding permanent placement. The figures below illustrate the percentage of cases with first permanency planning hearing within 12 months of placement and all dependency permanency planning hearings within 12 months.



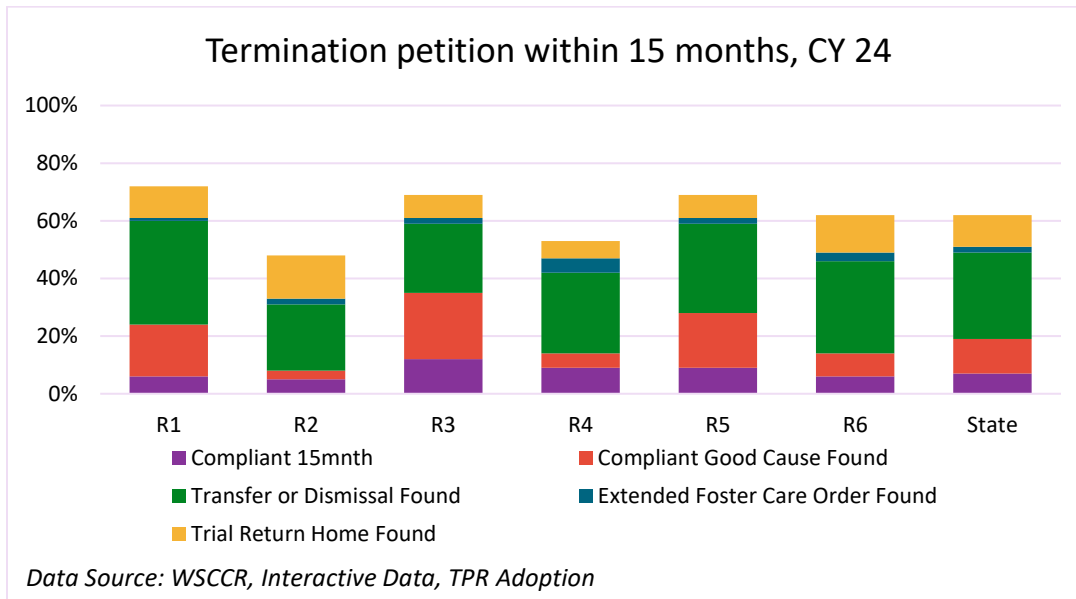
Washington’s overall performance on timely review hearings and permanency planning hearings is better than performance on the first dependency review hearing and first permanency planning hearing, suggesting the initial hearings are the most difficult to hold timely. Statewide, 89% of all review hearings are held within six months versus 63% of first dependency hearings. Similarly, 89% of all permanency planning hearings are within 12 months of the previous hearing statewide, while 66% of first permanency planning hearings are within 12 months. Regions 1 and 5

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consistently have the highest compliance with timely hearings while Region 2 and 4 consistently have the lowest compliance with timely hearings. Regions 1 and 2 are more rural and Regions 4 and 5 are densely populated regions.

The Adoptions and Safe Families Act requires Washington to begin the process of terminating parental rights when children have been in foster care for 15 of the most recent 22 months. Exceptions to this rule are cases where the child is being cared for by a relative, there is a compelling reason why termination would not be in the best interest of the child, or the state has failed to offer the necessary services to the family.

The chart below shows compliance with ASFA by filing the TPR petition or documenting a compelling reason.



Adoption within six months of termination	
	CY 2024
Statewide	20%
Region 1	21%
Region 2	20%
Region 3	27%
Region 4	15%
Region 5	22%
Region 6	19%

Data Source: Washington State Center for Court Research Dependency Interactive Data; Adoption 6mths

Washington state expects children who are legally free to be adopted within six months, but currently only about 20% meet this timeline, a rate consistent across the state and lower than in prior years. Several factors contribute to this decline. Children becoming legally free may have more complex needs and there has been an increase in private agency foster home studies that initially do not recommend adoption. This is partly due to private agencies facing resource constraints and delaying updates to home studies unless adoption is nearly certain. DCYF continues to collaborate with agencies to address these challenges.

Additionally, when children become legally free, a new relative search is conducted, which can delay permanency and may result in placement with extended family. In 2024, changes to how legally free cases are created also contributed to

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delays to disclosures to the adoptive family. A unit solely dedicated to creating legally free cases was merged into a unit that covers all disclosure requests. This caused initial delays in file preparation, though timeliness has since improved. Addressing these systemic issues will remain a focus moving forward.

Improvement Efforts

Washington courts track and report on whether resource families received timely notification of dependency hearings as required by Revised Codes of Washington (RCWs) 13.34.096 and 13.34.145 and whether caregivers submitted reports to the court.

Notice to caregiver and caregiver report to court – CY 2024			
Adequate and timely notice given to the child’s caregiver		Court received a caregiver report	
Yes	No	Oral	Written
9187	40	765	1018

Data source: WSCCR, Interactive dependency reports, Case processing and status, CY 2024

Caregiver Notification

In CY 2024, DCYF made significant strides in ensuring caregivers were adequately informed and involved in court proceedings. The data reveals that caregivers received timely notice in 9,187 instances, demonstrating high compliance with notification requirements. This commitment to keeping caregivers informed is crucial for the welfare of the children under their care. However, there were 40 cases where timely notice was not provided, indicating an opportunity for improvement.

There is a notable difference between the number of caregiver reports received by the court and the number of hearing notices issued. This discrepancy is due to factors such as inadequate tracking mechanisms, confusion about report submission, hearing continuances, and instances where no testimony was heard during court sessions.

While the data demonstrates caregivers are consistently notified, caregivers voice concern that they are not notified consistently. Further exploration of discrepancies is necessary to understand the differences between the data and the reports of those with lived experience.

Moving forward, addressing the few instances of inadequate notice and continuing to support caregivers in their reporting efforts will be key to ongoing positive trends. DCYF will continue to monitor this over the next year for changes.

Caregiver Report to the Court

The Caregiver's Report to the Court is a formal report, either submitted in writing by caregivers to provide firsthand information about the child in their care or given verbally in court. This report is shared with judges and commissioners to help them better understand the child's needs, progress, and overall well-being. It typically includes details about the child's physical and emotional condition, strengths, special interests, activities, social interactions, and school progress.

Out of the total reports received, 1,018 were written, compared to 765 oral reports. The active participation of caregivers, as reflected in the 1,783 total reports, underscores their vital role in the judicial process and their dedication to providing valuable insights and information.

Overall, the data from 2024 portrays a system that attempts to keep caregivers informed and involved. This engagement is essential for the well-being of children and the effectiveness of the court's decisions.

Challenges

After meeting with kinship caregivers, foster parents, and representatives from the Washington courts, several challenges were identified. First are submission issues which include written reports not being recorded if not submitted as a standalone document with a coversheet and practice variance in notifications to caregivers about upcoming hearings. Second are inconsistent recordings for oral reports due to variation in court procedures. Last is documentation gaps specifically for interim reviews.

To address ongoing challenges with caregiver reporting, DCYF developed a comprehensive enhancement strategy focused on internal improvements, collaboration with courts, and updates to the caregiver report form.

Internally, DCYF will implement several improvements to better support caregivers and staff. The placement packet letter will be updated to include clear instructions on preparing and submitting caregiver reports, with an emphasis on the importance of timely submissions when children are first placed. The kinship caregiver publication will also be revised to include guidance on the caregiver report process, outlining expectations and offering tips for effective reporting. CW staff training will incorporate a brief overview of caregiver reporting requirements, notification best practices, and a clear outline of the process for submitting reports to the court clerk. Additionally, DCYF will introduce the caregiver report form and related information at caregiver forums and community meetings, ensuring foster parents and kinship caregivers are well-informed and supported.

Collaboration with the courts is another critical component of the strategy. DCYF will work closely with court partners to improve and standardize documentation practices, ensuring that oral caregiver reports are accurately and consistently recorded. Regular meetings with court representatives will be established to discuss challenges, share best practices, and identify process gaps. DCYF will also engage with the assistant attorney generals (AAGs) to explore updates to pattern forms, aiming to streamline the documentation of oral caregiver reports in court proceedings.

Finally, the caregiver report form itself will be updated through a collaborative process. A workgroup will be formed, including foster parents, kinship caregivers, caseworkers, court representatives, and community partners. This group will review the existing form and recommend updates to improve clarity and usability. Feedback from caregivers with lived experience will be incorporated to ensure the revised form is practical and user-friendly. Once finalized, the updated form will be shared widely with community organizations, DCYF staff, and court systems to promote consistent use and understanding.

Through these combined efforts, DCYF aims to strengthen caregiver engagement, enhance court communication, and ensure more effective and timely reporting in support of CW outcomes.

Quality Assurance (QA) System

DCYF has an inter-divisional (QA)/CQI system statewide. Each region has a QA/CQI team that works closely with office staff, regional leadership, and the headquarters (HQ) QA/CQI section, as well as other divisions to make improvements statewide.

The HQ QA/CQI section consists of the central case review team (CCRT) (one supervisor and seven staff), five QA/CQI managers (one performance improvement and federal reporting manager, two data analysts, and two targeted reviewers), critical incident review (CIR) unit (one supervisor and three full time staff), two Family First Prevention Services Act (FFPSA) QA managers, one targeted reviewer, and the statewide QA/CQI administrator. The QA/CQI administrator reports to the senior administrator for Support, Integration, and Quality Improvement. The statewide

QA/CQI administrator works closely with the CW director of CW programs and practice. This section within CW provides data and answers policy and data related questions for the CW assistant secretary and regional leadership. CW has a QA/CQI and research, policy and implementation administrator reports to the data and policy administrator. This team works closely with the regional QA/CQI teams. The QA/CQI administrator, the director of CW programs and practice, and the Office of Innovation, Alignment and Accountability (OIAA) performance data manager hold monthly collaboration meetings. The regional teams report directly to CW leadership. Each regional QA/CQI team, like the HQ QA/CQI teams, gathers and analyzes data from a variety of internal and external system partners. Regional QA/CQI teams meet monthly to discuss the results of qualitative and quantitative reviews within each region, share information regarding regional projects, and discuss successes and areas needing improvement.

The CCRT began a new statewide review process in January 2024. The goal of revising the review process during CY 2024 was for the review process to become seamless no matter if the review is associated with the Child and Family Services Review (CFSR), Program Improvement Plan (PIP), or ongoing CQI efforts. By standardizing the review process the QA/CQI cycle has become a valuable tool for regularly improving practice. DCYF cultivates an environment where direct line caseworkers and supervisors strive to learn how their practice can be improved through constructive feedback.

Following a CCRT regional review, a debrief is provided to regional leadership which includes the regional administrator, deputy regional administrator, office area administrators (AA), regional QA/CQI staff, regional quality practice specialist (QPS) staff, and any other participants the region believes should receive the information. The debriefs include detailed information regarding the qualitative reviews that have occurred over the previous seven months regarding CCRT results, critical incident reviews, FFPSA reviews, targeted reviews, and some administrative data. The debriefs provide a comprehensive overview of all the qualitative reviews in the region and identify some common themes or trends across all review types.

The CIR unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. If DCYF provided services to the deceased or severely injured child within 12 months of the critical incident, Washington state law requires the convening of a committee of community professionals to review the case history, case practice, policies, and the CW system. State law requires the committees to be comprised of professional experts in disciplines relevant to the dynamics of the case under review. It is also the practice of the CIR unit to invite representatives of the child's tribe when applicable. More information on the CIR unit can be found in [*Title IV-B Part 1 Efforts to Track and Prevent Child Maltreatment Deaths.*](#)

DCYF is exploring how to claim FFPSA dollars through its approved FFPSA plan. To begin claiming for FFPSA funding, DCYF must commit to a timely and successful implementation of its CCWIS or develop an alternative way to track FFPSA implementation and outcomes. Between now and the implementation of CCWIS, DCYF CW must commit to improving the documentation associated with written case plans which are uploaded into the system. DCYF must also expand its service array to better meet the needs of the family within the community where they reside. This includes addressing service needs within areas of 'service deserts' and utilizing the existing evidence based practice (EBP) providers to maximize claiming opportunities.

The FFPSA QA reviewers would like to identify office readiness for every DCYF CW office across the state based on a standardized set of criteria. Office readiness would include an assessment of criteria such as current utilization of claimable EBPs compared to referrals to non-EBP services and EBP provider capacity within the office catchment area. Using this approach to a phased in FFPSA implementation, DCYF will be able to maximize its claiming capacity during the early phases of implementation. FFPSA baseline office reviews identify incremental improvement opportunities at the

office casework level and systemic improvement opportunities at the regional and statewide level. These reviews will assist the office catchment area to successfully implement the FFPSA plan and goals.

During CY 2024, the FFPSA QA workers completed a targeted review of a service model approach to differential response cases which was implemented in offices within Region 2.

The QA/CQI team is working to standardize an evidence-informed CQI approach, much like the standardization of the qualitative review approach by the CCRT. The QA/CQI team developed a project plan for a recurring approach to CQI. This approach would establish a semi-annual convening focused on reviewing and discussing data relevant to round four of the CFSR and the subsequent PIP. The primary goal of these convenings will be to create a structured and collaborative environment for continuous data analysis, ensuring that key CW partners are engaged in interpreting data and making informed decisions to improve CW services. The secondary goal is to normalize ongoing data analysis as an integral part of performance improvement, promoting data-informed decision-making throughout the life of the CFSR and PIP process.

By bringing together collaborators, including state and federal agencies, tribal partners, lived experts, community partners, and data analysts, these convenings will ensure a shared understanding of data trends, identify emerging issues, and promote evidence-based strategies that support child safety, permanency, and well-being.

Office of Innovation, Alignment and Accountability (OIAA) QA/CQI Unit

OIAA's QA/CQI staff partner in the five client serving divisions to align practices with minimum standards established in DCYF's QA CQI Framework. During Phase 1 implementation, the QA/CQI team compared each section's documentation within the divisions against these minimum standards. The process concluded with each section receiving a standards analysis report containing their final ratings for each standard. In addition, each division received a roll up report with the averaged and consolidated final ratings from each of their sections. Based on documentation provided during the standards analysis process, OIAA QA/CQI staff created a QA/CQI manual for each section that brings together multiple components to produce high-level improvement including staff training, roles and responsibilities, data collection and reporting, QA activities, theory of change, CQI model, and CQI activities. Additional supports created in phase 1 include a monthly community of practice that is open to all DCYF employees who participate in QA/CQI activities, a SharePoint site including QA/CQI tools and templates, community of practice presentations and notes, and QA/CQI manuals.

The licensing, early learning, and partnership, prevention and services divisions started Phase 2 implementation in CY 2024. The CW and juvenile rehabilitation divisions are scheduled to begin Phase 2 in early CY 2025. During phase 2, OIAA's QA/CQI team will develop QA 101, CQI 101 and Lean 101 training for Phase 2 leads and other DCYF staff. Additional Phase 2 deliverables include: a consolidated list of divisional and sectional federal, state, and agency reporting requirements, establishing an official CQI model or methodology for use in each division, development, and implementation of a CQI feedback loop for use in each division/section, and developing a division/section theory of change.

Staff and Provider Training

Initial Staff Training

DCYF meets the requirement to provide initial staff training that includes the basic skills and knowledge required for the social service specialist positions.

Regional Core Training (RCT)

The initial staff training is known as RCT and is provided through a master agreement with the University of Washington (UW) Alliance for Professional Development, Training and Caregiver Excellence (Alliance). RCT is designed to prepare newly hired caseworkers with the basic knowledge, skills, and values of CW. RCT went through a recent revision in July 2024 to incorporate instruction of legislative and practice updates.

In CY 2024, a total of 24 training cohorts were offered. A total of 380 DCYF trainees were registered to participate in RCT during CY 2024 and 308 completed the training course. Some common reasons that participants do not complete the foundation training are:

- Participants leave the agency
- Participants enroll in the incorrect cohort
- The supervisor enrolled the participant in error

DCYF continued to see increased numbers of participants from non-case carrying positions in CY 2024. These participants, with the agreement of their chain of command, had training plans that were tailored to their learning needs and as a result they did not complete RCT, but their respective training plans.

The Alliance engaged community system partners in the RCT redesign project, workforce core (WFC). Several focus groups were held across the state to invite conversation around the envisioning of WFC. The Alliance included those with lived experience, youth, and caregiver voice. WFC is being revised to replace RCT, DCYF CW programs and practice and the Alliance are working closely on revisions to prepare for the launch of this training in late 2025.

Training Evaluation

Partners for Our Children (P4C) at the UW, School of Social Work is the evaluation partner for the Alliance. The training evaluation approach is informed by implementation research, recognizing that improved client outcomes are impacted by the competencies of the workforce, organizational drivers (such as data systems and administrative support), and agency leadership. Unless otherwise noted, P4C survey ratings use a six-point Likert scale where 1 represents 'strongly disagree' and 6 represents 'strongly agree'.

The Alliance continues to collaborate with DCYF to develop new courses and edit existing courses via workgroup, which includes the Alliance development and facilitation specialist, DCYF subject matter experts, and an evaluator. Piloting of new courses to elicit feedback and edits before launch has also been successful. A process that identifies roles/responsibilities for each workgroup member is being developed.

The Alliance collaborated with DCYF's Office of Practice and Professional Learning (OPPL) to develop the trainer standards, a self-assessment tool, and observation rubric. The Alliance and OPPL began testing the self-assessment tool and observation rubric in October 2024. In addition, the Alliance developed a plan for implementing the trainer standards and observations starting in April 2025.

RCT Evaluation

RCT participants are administered an evaluation at the completion of the RCT cohort calendar. Among 140 (response rate-46%) survey participants, the average rating of the extent to which RCT met the 12 identified learning objectives was 4.9 out of 6.0.

Foundation of Practice Modules and Shelter Care Simulation

All case carrying staff are required to complete the foundation of practice modules and the shelter care hearing module approximately two months after completion of RCT. Learners are enrolled directly from their RCT cohort into a corresponding regional training module. These trainings are intended to deepen the learning from RCT.

These trainings are offered to small regional groups with the support of regional quality practice specialists (QPS), a local AAG, and a judicial officer. The first day of training is often facilitated by an Alliance facilitator and a regional QPS; the second day consists of a shelter care simulation and a debrief. The judicial officer and AAG offer feedback to participants from a legal perspective. The facilitator or coach offer a debrief using the debriefing with good judgment model and focus on knowledge, skills, and behaviors associated with testimony.

In CY 2024 262 participants completed the course, and 260 (99%) completed the course survey. The average rating across ten items was 5.5 out of 6.0. In comments many learners indicated that they appreciated the realistic opportunity to practice skills and receive feedback from judicial and legal partners in simulation, and that they would like more time to prepare and practice for giving testimony in court.

Licensing Division Customization of RCT

Licensing Division (LD) foster care staff are trained by the Alliance for onboarding and ongoing training needs. The LD workforce development team (WDT) establishes relevant training options to the licensing functions required in position descriptions for all foster care licensors, home study specialists, regional licensors, caregiver engagement unit, LD/Child Protective Services (CPS) investigators, and safety and monitoring licensors.

An analysis of RCT sessions highlighted the need for a tailored approach to LD staff participation. Each LD program was reviewed and adjusted to align staff job duties with their attendance in the RCT series. In collaboration with the Alliance and the DCYF state training team, LD WDT developed a course in the Washington State Learning Center. This course allows LD participants to receive training certification for the customized approach, ensuring more efficient use of their time during training. WDT will continue to assess the effectiveness of this customized model and develop onboarding curriculum for all LD programs.

Foundational Learning and a Training System

Foundational learning is designed to prepare learners with the basic knowledge, skills, and understanding of their roles. These trainings enable individuals to meet standards for their roles, and they help meet mandatory on-going professional development requirements.

In general, foundational learning comprises cohesive developmental curricula in which knowledge and values are broadened and deepened. Learners are introduced to the skills necessary to engage in the responsibilities required for their role. Foundational learning provides participants with blended learning opportunities, including classroom instruction, reflective activities, and skill-based practice opportunities.

These learning opportunities are active, interactive, and collaborative and they support the early transfer of learning from classroom-based instruction to direct application of skills.

Initial Staff Training for Tribal Staff

The Alliance is committed to providing training for the 29 federally recognized American Indian tribes of Washington state, as well as any caregivers, caseworkers, administrators, or other staff necessary to understand the needs of tribal communities and American Indian children. Tribal caseworkers are encouraged to attend any available training alongside DCYF caseworkers and supervisors.

In 2024, there were 17 tribal staff who registered and participated in RCT. Tribal participants are requested to create profiles through the Alliance learning management system to ensure credit is received for course completions. Training passports are provided to verify any session completed as not all are relevant to staff working for tribes across the state. There was a total of nine tribal CW staff who completed 320 hours of core training. Additionally, there were 59 completions for continued learning courses.

The Alliance continues to partner with the Office of Tribal Relations (OTR) to revise training to support the needs of tribal members and communities. The revised comprehensive qualified expert witness (QEW) training launched in October 2024 to tribally contracted QEWs and staff identified within DCYF. Other courses in development include the Washington State Indian Child Welfare (ICW) training, understanding and implementing active efforts, tribal inquiry, and ICW legal.

Alliance team members participate in the ICW sub-committee and regional meetings. This has provided invaluable insight into the specialized needs of tribes and enhanced collaboration on how the Alliance addresses tribal sovereignty and self-determination within training. The Alliance participated in policy revisions, preparing and planning for training on revisions, and responding to impacts to practice and curricula. Sixty-five American ICW policy trainings occurred with more than 1,470 DCYF staff receiving completions.

Supervisor Core Training (SCT)

SCT is administered through UW, the Alliance and is Washington state's core training to prepare newly hired supervisors and social service specialist 4s (SSS4), with the basic knowledge, skills, and values to enhance and grow their careers in CW. SCT emphasizes the importance of supervisors in supporting staff and promoting CW work through reflective supervision. A key component of this process is learner centered coaching, which supervisors can use to coach and guide staff. Learner centered coaching consists of five three-hour webinars that include specific skill development opportunities with feedback, as well as follow-up coaching activities to support the integration of coaching into leadership practice.

Due to recent legislative mandates, policy updates, and advancements in best practices, several updates were made to the SCT curriculum. The updates ensure that supervisors are well-equipped to respond to current legal frameworks and practices, and are trained in approaches that prioritize family preservation, relative placements, and trauma-informed care. The Alliance updates training in consultation with DCYF regarding policy and practice changes.

A greater emphasis has been placed on incorporating motivational interviewing (MI) techniques throughout the curriculum, empowering supervisors to model and engage with staff in ways that promote collaboration, reduce resistance, and increase motivation for change.

SCT spans 100 hours and is designed to be completed over a five-month period. The training is divided into three parts and progresses sequentially. Part 1 focuses on self-paced eLearning modules and 1:1 coaching. Part 2 consists of live webinar sessions that include discussion, activities, and simulations. Part 3 emphasizes applied practice where supervisors conduct coaching sessions with their staff and receive feedback to refine their skills. The goal is to complete all three parts within 12 months of the hire date.

In CY 2024, five cohorts were offered. A total of 70 supervisors and SSS4s registered to participate in SCT during CY 2024 and 24 completed the training course. Some common reasons that participants do not complete SCT are:

- Workload demands and inability to obtain coverage
- Scheduled leave and illness

- Change of position
- Left the agency

There was no SCT survey data received in CY 2024. P4C continues to work with the Alliance QA manager and project leads to promote survey administration within courses with the goal of increasing feedback, especially for courses and programs where evaluation data is missing or consistently low.

Area Administrator Core Training

Area administrators (AAs) need to achieve competency in understanding CW practice as well as in the higher levels of systems management. This training provides AAs with an introduction of baseline competencies for middle managers in CW and opportunities to develop and practice new skills regarding these competencies. The course is broken down into six parts of managing self, managing others, managing systems, and managing outward as the four main themes integrated throughout the training.

AA core training is provided by a contracted facilitator who has taught the course for the past ten years. The Alliance is consulting with DCYF in State Fiscal Year (SFY) 2025 to discuss possible revisions to the course based on new legislative and policy changes.

In CY 2024, the Alliance provided three virtual AA cohorts. A total of 10 AAs completed the full three modules of the AA core training. Among ten survey respondents, they rated the learning experience 5.9 out of 6.0 and the facilitation 5.7 out of 6.0.

Ongoing Staff Training

Following the completion of RCT, DCYF caseworkers must successfully complete specific training within the first and second years of employment. Additionally, caseworkers and supervisors must complete program specific training within one year of transferring to a new position. DCYF's training policy identifies which training is required based on an employee's program and position. All training registrations and completions are tracked through DCYF's learning management system.

There is not a required number of training hours designated for each employee, but required courses are identified through the training policy. The Alliance facilitators leading RCT cohorts provide a written training plan to new employees and their supervisors upon completion of RCT. The development of a new WFC and updating of classroom courses is occurring to meet legislative mandates, reflect policy updates, and ensure progressive or more in-depth learning opportunities. The Alliance worked closely with CW program managers at DCYF to ensure courses were focused on assessing child safety through use of the child safety framework and structured decision making - risk assessment tools. A full list of new and revised trainings can be found on the Alliance Reports and Publications website.

DCYF supervisors are responsible for managing an employee's required training. Additionally, the Alliance is now offering continuing education units (CEUs) for some topic specific courses that enhance social service specialists' or supervisors' knowledge and skills. Courses available for CEU credit are approved by DCYF.

Alliance Coaching

Coaching sessions are an effective method in responding to and providing immediate attention to the DCYF workforce. In CY 2024, the Alliance provided 403.5 hours of coaching. Coaching sessions occurred virtually and in-person with an average of 1.47 hours spent per learner. In CY 2024, the Alliance provided 144.5 hours of coaching to DCYF supervisors and area administrators.

The Alliance currently offers individual skill development opportunities such as:

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- Coaching for ad hoc needs
- Coaching for assessment
- Coaching for organization and case prioritization
- Coaching for child safety throughout the life of a case
- Coaching for ICW: working with tribes and tribal families
- Coaching for permanency
- Coaching for area administrators and supervisors

In CY 2024, the Alliance coaching team and DCYF's FFPSA team offered coaching to staff across the state in MI. The coaches collaborated with the FFPSA team to provide MI competency assessment coaching to caseworkers who completed the introduction and advanced MI training. Staff must demonstrate two MI adherent conversations, one of which must be a direct client interaction, coded to fidelity using the assessment tool to achieve proficiency in identified MI strategies. MI is identified as an evidence-based practice by the Title IV-E Prevention Services Clearinghouse.

Facilitated cohort learning sessions are provided to larger groups to support the learning topic. In CY 2024, there were 44 cohort learning sessions with 138 learners.

The Alliance offers group-facilitated cohort learning sessions such as:

- Facilitated cohort learning to support case planning and service delivery
- Facilitated cohort learning to support domestic violence practice
- Facilitated cohort learning to support ICW practice
- Facilitated cohort learning to support MI
- Facilitated cohort learning to support the best interest of the child

Child Welfare Training and Advancement Program

The Child Welfare Training and Advancement Program (CWTAP) is Washington state's Title IV-E education program. The program is administered through three universities - UW Seattle, UW Tacoma, and Eastern Washington University. CWTAP currently offers tuition assistance and educational support and mentoring to both Bachelors of Arts in Social Work (BASW) and Master of Social Work (MSW) students. All three universities work in partnership on the administration and oversight of CWTAP. They share the same marketing material, application and interview processes, and join yearly to host a professional conference called the student institute.

Historically, CWTAP was offered to MSW students seeking a career in public CW. In 2023 CWTAP expanded to include BASW students in support of DCYF efforts to recruit qualified professional staff. Updates on the BASW program and evaluation findings can be found in [Goal 1-Tactic 1.1.3](#).

The MSW CWTAP continues to offer tuition assistance and educational support and mentoring to students and place them at DCYF CW offices for their generalist and specialized practicums. For the 2024-2025 school year, there are 152 enrolled students in the MSW CWTAP.

CWTAP continues to have strong partnerships with the DCYF CW program, the Alliance, P4C, and tribal and community partners. The shared knowledge provides students with a well-rounded education and solid preparation for public CW work.

The annual CWTAP student institute convened on Feb. 28-March 2, 2025, in Spokane, which brought students together from the three partner Universities. Students gained experience presenting at a conference, hearing from leaders in CW,

and networking with their peers from across the state. The 2025 student institute included 121 MSW students, 10 BASW students, plus staff, faculty, presenters and keynotes.

Evaluation of MSW CWTAP

Of the 73 MSW graduates in 2024, 77% completed surveys evaluating satisfaction, preparation for public CW work, and social work competencies. Respondents appreciated seminars, the student institute, and support from field instructors, field advisors, and mentors. The benefits of practicum placements and networking are also recognized by respondents. Current employees also value tuition assistance and professional development opportunities. Over 90% of prospective employees felt well prepared for DCYF work through CWTAP. Suggestions for improvement included more cross-program experience, post-graduation networking, clearer communication, and support during the employment transition. The students surveyed self-rated their proficiency across 17 core social work competencies, including engaging families and applying critical thinking. The average rating was 4.3 out of 5.

Workforce Development Team (WDT) Onboarding Track Training

The WDT continues to design onboarding track training tailored to the needs of new LD employees, including the kinship and foster licensing track training. This program is also available to veteran staff seeking a refresher and features guest speakers, provider panels, and LD employees sharing lived experiences.

Since the last APSR, the WDT held two kinship and foster licensing track trainings. In October 2024, an in-person session served 18 staff, with 14 attending three days and four attending an additional day on regional licensing job duties.

WDT works closely with supervisors and their newly hired staff to successfully register staff. WDT also provides an onboarding lead who meets with the supervisor and new employee to connect them with resources and relevant training options required by the new staff's position description. LD seeks to fully equip, strengthen, and establish its workforce with consistent practices focused on continuous improvement of services to children, youth, and families, and strives to ensure new employees are set up for success. During CY 2024, the WDT facilitated 39 onboarding contacts, conducted 14 instructor-led training sessions, and created four e-Learning modules for LD staff.

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Service Array and Resource Development

In CY 2024, improvements were made in maintaining service availability and capacity information, expanding services in rural areas, increasing service pathways, and developing resources for service matching. DCYF is dedicated to making continuous efforts toward the utilization, timeliness, and individualization of services.

Combined In-Home Services (CIHS) by Program CY 2023	
Program Types	Percent of cases receiving service
Family Preservation Services (FPS)	5.7%
Crisis Family Intervention (CFI)	0.3%
Homebuilders	1.2%
A participant in the case is aged 0-5	
Promoting First Relationships	2.3%
Incredible Years (IY)	1.3%
Project Safe Care	1.9%
Parent Child Interaction Therapy (PCIT)	0.5%
A participant in the case is age 6-17	
Positive Parenting Program	3.8%
Functional Family Therapy (FFT)	1.2%
Any service provided	12.2%
<i>Data source: OIAA, CIHS service penetration rate, CY 2023</i>	

In CY 2023, 12.2% of families with a screened-in intake were provided CIHS. DCYF has a goal of 65% of cases being offered a service to protect children in the home and prevent removal or re-entry into out of home care. In CY 2024, 61% of cases were referred to a service.

Improvement Efforts

Family First Prevention Services (P.L. 115-123)

Through the implementation of the FFPSA, DCYF is actively exploring new opportunities to expand the range of services and support available to children, youth, and families in Washington state. This effort is centered around fostering community participation in child safety and family well-being.

By prioritizing family-centered and trauma-informed approaches, DCYF aims to enhance the core aspects of safety, permanency, and well-being. Reducing the stigma associated with seeking help is a crucial component of this initiative. Promoting engaged communities where families can access timely community services is expected to significantly reduce the necessity for formal CW system involvement.

In CY 2024, communities across Washington state engaged in activities to identify their specific needs. A summary of those findings by Chapin Hall revealed an interest in more responsive services, addressing provider gaps in rural areas, and the installation of services in family-trusted locations that families already access. The information will be used to build a community-based service approach.

Service Array Plan (HB 1227)

HB 1227, aligned with the FFPSA, aims to reduce foster care entries by expanding family support services. During shelter care hearings, parents can request services to address safety concerns, allowing children to remain safely at home. DCYF staff then help connect families with appropriate services.

DCYF worked with courts, tribes, service providers, and lived experts, alongside the Harvard Government Performance Lab (HGPL), to identify barriers and define action steps through July 2026. These include improving service assessment and matching, maintaining service availability data, expanding services, and filling service gaps through DCYF staff and community partners.

In CY 2024, DCYF improved assessment tools, streamlined contracts, and began expanding telehealth, transportation aid, and a statewide resource directory.

Substance Use Disorder Supports

DCYF is expanding support for families impacted by substance use by contracting six regional substance use disorder professionals (SUDPs). Each SUDP will serve a designated region, based out of a primary DCYF office but available statewide as needed. These professionals will improve access to services, help close treatment gaps, and support in maintaining family stability. This investment reflects DCYF's commitment to addressing synthetic opioid impacts and reducing the need for out-of-home placements.

Distribution of Naloxone

DCYF continues distributing naloxone (Narcan®) to youth, caregivers, and parents at risk of opioid exposure. As of Nov. 13, 2024, over 23,000 doses have been distributed statewide, with 753 overdose reversals documented. DCYF partners with communities to raise awareness, ensure access, and emphasize the life-saving value of Narcan® during emergencies.

Harm Reduction Kit Initiative

Harm reduction kits, including Narcan®, fentanyl test strips, lock boxes, and educational materials, are distributed to help families manage substance use risks. As of January 2025, more than 615 kits have been delivered statewide. Kits are adaptable to local needs and reflect DCYF's harm reduction approach to improving child and family safety.

Community Education and Presentations

Throughout CY 2024, DCYF delivered presentations at conferences and hosted monthly substance use disorder (SUD) trainings to educate CW staff and partners on harm reduction strategies. These efforts strengthen interagency collaboration and raise awareness about DCYF's tools for supporting families impacted by substance use.

Payment Methodology

In 2024, CIHS made progress towards shifting from a fee-for-service model to a case rate. Rate modeling updates and refinement will stabilize the rise and fall of the number of referrals and payment methodology. DCYF partnered with Public Consulting Group (PCG) to finalize scope of work, update the CIHS model baseline, update the CIHS rate model workbook, and create CIHS rate model and a summary of recommendations.

PCG provided DCYF with two final rate modeling recommendations:

- Create a uniform rate methodology for all CIHS services
- Establish a schedule/frequency to conduct regular updates to CIHS rates based on market rate components and policy change

DCYF remains committed to updating the rate model and will continue to make progress depending on funding availability.

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Family Preservation Services (FPS)

Community Based Child Abuse Prevention (CBCAP) and Home Visiting Services Account (HVSA)

DCYF serves as the lead agency for several key prevention grants, including the CBCAP, Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, and Community Collaborations grants, which concluded in March 2025. These grants support community-level planning, family resource centers (FRCs), fatherhood programs, peer mental health groups, and evidence-based home visiting services.

Managed by the family and community support section, these programs focus on preventing child abuse and neglect, promoting positive outcomes, and building family and community resilience. CBCAP funding supports non-CW involved prevention services, while HVSA and MIECHV support over 3,000 families through eight home visiting models across Washington state.

To strengthen connections between CW and early learning, DCYF expanded collaboration with home visiting programs. Child welfare early learning navigators (CWELNs) now help refer families to services like child care, Early Support for Infants and Toddlers (ESIT), and home visiting statewide.

Unduplicated count of families served by HVSA, SFY 2023		
	SFY 2023	SFY 2024
Number Newly Enrolled	1,267 (42%)	1,263 (38%)
Number Continuing	1,732 (58%)	2,028 (62%)
Total Served	2,999	3,291
<i>Data Source: Washington Department Health & DCYF, HVSA data</i>		

Family Preservation Improvements

In December 2023, DCYF convened a workgroup to enhance FPS, the most frequently used CW intervention. Although FPS is widely utilized, it is not classified as an evidence-based program and is not eligible for reimbursement under the FFPSA. To address this, DCYF introduced MI training for FPS providers in October 2024 to align services more closely with caseworker practices and strengthen the program’s foundation for future reimbursement.

The FPS Upgrade Workgroup—made up of CIHS providers, field operations staff, regional consultants, and program managers—met four times between December 2023 and January 2024. The group recommended extending FPS services for up to six months with approval following a Transition Plan Meeting involving the provider and family. MI training, when combined with coaching and fidelity coding, equips FPS providers to deliver more measurable and effective services, ultimately improving outcomes such as reduced maltreatment risk and fewer out-of-home placements.

Under DCYF contracts, providers are compensated for completing MI training and up to four coaching sessions. By September 2025, DCYF expects to have trained at least 158 providers and is currently planning for continued fidelity support beyond the expiration of the Family First Transition Act (FFTA) grant on Sept. 30, 2025.

Homebuilders Expansion Exploration

In CY 2024, DCYF successfully allocated funding to allow capacity building utilizing proviso money. Vancouver successfully increased capacity by two full-time equivalent (FTE) positions. Although funding was available for expansion in Spokane and South Pierce by 4 providers, securing appropriate applicants was a barrier and unattainable during this exploration phase. Due to the inability to hire and retain staff along with the budget freeze, earmarked funding was reallocated.

Summary of the evaluation revealed funding availability, provider retention, and re-evaluation of the Homebuilders' rate model need to be secured before further resources could be allocated towards this project. The Expansion Project Closeout Report was approved and finalized in January 2025.

Enhancement of Combined In-Home Services (CIHS) Family Assessment Tool

In collaboration with the Praed Foundation, DCYF is preparing to transition from the Child and Adolescent Needs and Strengths-Family tool to the Family Advocacy and Support Tool (FAST) in CY 2026. FAST is designed to support collaborative service planning by focusing on family strengths and individualized goals.

To support this shift, DCYF partnered with the University of Kentucky to implement the Transformation Collaborative Outcomes Management (TCOM) framework and develop a customized version of FAST. This approach aims to improve action planning and outcomes tracking, furthering DCYF's goal of safely preserving families and keeping children in their homes. DCYF plans to begin procurement for FAST Trainers in fall 2025, with full implementation scheduled throughout 2026.

Community Specific Services

In 2024, DCYF developed pilot procurements to expand access to prevention services for specific communities. This effort led to new partnerships with federally recognized tribes, Recognized American Indian Organizations, and local community-based organizations to deliver targeted services. These pilots are designed to inform broader statewide strategies and improve the agency's prevention efforts.

In 2025, DCYF will continue implementing these pilot services in select counties and through statewide telehealth access where possible. The programs vary in focus and delivery method, including parenting support, family connection services, and in-home services. The agency has also submitted a funding request to continue Positive Indian Parenting through contracts with tribes, Recognized American Indian Organizations, and Native-serving organizations, with the goal of supporting broader statewide implementation.

Quarterly Combined In-Home Services (CIHS) Capacity Review (QCCR)

In November 2024, the Service Array Team implemented a new quarterly capacity request (QCCR) to collect data from providers. Some examples of data collected on service referrals include counts/type, provider/agency capacity, and specialties. The intention of the reporting tool is to create a formalized and systematic way to gain capacity information, improving upon previous random inquiries. The tool aims to provide limited regional and statewide view of service utilization, establish a foundation of service availability, and to inform statewide education and recruitment efforts.

Two virtual sessions for technical assistance and office hours were hosted by the Service Array team to help transition providers. The QCCR had a 98% response rate from providers during the last quarter. Data from the QCCR was analyzed for the last two quarters and is proven beneficial when determining service needs, populations served, and service gaps. DCYF will continue to use the QCCR to bolster services, support staff and providers, and increase service utilization.

Annual Combined In-Home Services (CIHS) Quality Assurance (QA) Report

The annual CIHS QA report, which was previously structured as a semi-annual report, is currently undergoing comprehensive review and redesign. This process is being conducted in collaboration with CIHS providers to ensure that the revised format aligns with both provider needs and DCYF's QA objectives. The goal of this redesign is to enhance the report's utility in capturing meaningful data, reducing the administrative burden, and informing ongoing QA efforts to support service effectiveness and compliance. The Annual CIHS QA Report is anticipated to be completed by July 2025.

Combined In-Home Services (CIHS) Annual Focused Reviews

In collaboration with the Contracts Compliance team, the Service Array Consultant team is leading efforts on developing the CIHS annual focused review process. This initiative is designed to prioritize CQI and service effectiveness, ensuring that families receive high-quality, evidence-based interventions. The annual focused review will serve as a structured assessment to identify provider strengths, highlight areas for improvement, and inform targeted training, education, and support efforts. By leveraging data-informed insights, this process aims to enhance service delivery, promote best practices, and strengthen overall program outcomes.

Service Capacity

Capacity is defined as the number of cases a single clinician can manage at a given time, recognizing that this number may fluctuate based on case complexity and service demands. Efforts to standardize capacity data collection are underway to ensure accuracy and consistency in reporting. By refining data collection methods, DCYF aims to obtain reliable, data-informed insights that support strategic service expansion while addressing regional needs. Standardizing this process will help mitigate oversaturation in certain areas while ensuring access to services for families statewide. This approach enhances resource allocation, provider planning, and overall service availability to better meet the needs of communities.

Service Matching

Combined In-Home Services (CIHS) Directory

In December 2023, CIHS providers transitioned to reporting weekly availability through automation via SmartSheet. With the implementation of automation, the Service Array team reviews weekly availability, provider communication, enters additional weekly updates and daily Homebuilders availability when feasible. Automation allows DCYF the ability to monitor provider comments and adjust provider information as needed or requested. This information is immediately reflected and linked to the statewide service directory for all DCYF access. This tool was created to standardize and localize available contracted providers to DCYF across the state to support caseworkers in connecting families to services efficiently and timely. A public facing directory for providers and tribal partners is also available to allow for public transparency on services available.

E-Learning

A previously established e-learning training course on service referrals was regenerated and revised to reflect current systems and practice. The original e-learning was fifteen minutes in duration while the new training was expanded to two parts to include a service matching scenario. This course offers step-by-step guidance on utilizing the Service Referral tool in FamLink, specifically focusing on In-Home or Reunification service types. Participants navigate through the basic workflow, covering the process of creating, completing, and submitting a referral for approval, and ultimately service delivery.

Telehealth

DCYF piloted telehealth service delivery options under CIHS in Regions 1 and 2 from August 2023 through September 2024. The telehealth pilot recommendations came from multiple sources including the HB 1227 Service Array Plan Workgroup, Service Expansion Report, as well as a specific workgroup comprised of DCYF field operations staff, leadership, and CIHS providers. Executive leadership and CWLT approved full or partial telehealth for the following services:

- Crisis Family Intervention (CFI)
- FPS

- Functional Family Therapy (FFT)
- Incredible Years (IY)
- Parent Child Interactive Therapy (PCIT)
- Promoting First Relationships
- Safe Care
- Positive Parenting Program

Data evaluation supported the implementation of telehealth statewide. When safe and appropriate, offering telehealth delivery options for CIHS allows for additional flexibility and research demonstrates how services are still therapeutically effective. DCYF successfully launched telehealth utilization in CIHS statewide, effective Oct. 1, 2024. Functional Family Therapy (FFT) is an exception to telehealth provision as model fidelity research with a telehealth component is still being collected for review and analysis.

Agency Responsiveness to the Community

State Engagement and Consultation with System partners

Washington state has a well-established tradition and framework for engaging with system partners and community members both at the regional and state level. Meaningful engagement occurs through regularly scheduled advisory groups and workgroups, webinars, and in-person and online town halls or community forums. Engagement also occurs throughout the development, implementation, and monitoring of DCYF's CFSP, Annual Progress and Services Report (APSR) and (PIP).

DCYF collaborates and consults with system partners through advisory groups, oversight committees, provider meetings, improvement initiatives, and implementation of new legislative requirements. Regularly scheduled meetings are held with specific system partner groups, including but not limited to, courts, tribes, behavioral health representatives, youth and youth serving organizations, parent representatives, foster parents, kinship caregivers, contracted providers, and internal staff to assess the needs of children and families to monitor progress toward achieving identified outcomes and measures. Through this system partner input and feedback, DCYF can identify areas of strength, areas needing improvement, discuss best practices, and develop strategies for improvement. As mentioned in the [collaboration](#) section of this report, these meetings build upon each other to constantly improve the engagement process and the agency's responsiveness to the community.

Examples of engagement include the following:

- [Assessment Redesign](#) project with parents and caregivers to improve the initial assessment
- Expanding [Family Practice Model \(FPM\)](#) guidance to include parent and caregiver voice and lived experience through co-design with the Parent Advisory Group (PAG)
- Listening sessions with community members on issues and best practices to inform the development of a DCYF Community Engagement Framework and Toolkit

Strengths

DCYF has a strong advisory mechanism made up of advisory groups, temporary work groups, and one-off engagement projects. Staff understand the importance of including the voices of impacted populations in decision making and strive to identify opportunities for engagement. The management and reporting structure within the Office of Public Affairs (OPA) facilitates oversight and support of engagement efforts across the agency. It is intended that the agency

engagement structure be streamlined, consistent across the agency, and supportive of effective two-way communication between DCYF and communities. Agency advisory groups are co-led with tribes and community partners and focus on continuous improvement through reflection surveys and feedback loops. More information can be found in the [Collaboration](#) section of this report.

Throughout 2024 DCYF retained a consultant to help build a framework and toolkit to create consistency and bring in best practice to community engagement across the agency. Community members and staff participated in listening sessions to inform this work. The resulting framework and toolkit is in the finalization phase and will begin implementation in Fall 2025. The framework and toolkit will provide guidance and resources to staff to elevate the voices of those impacted by agency services and programs. The framework focuses on transparency in decision making, involving community members and system partners early and often, the importance of feedback loops, and sharing the impact of community and system partner voice.

Challenges

One of the biggest issues DCYF faces is that there is not a dedicated funding source to compensate lived experts for the knowledge, time, and lived experience they contribute to participate in advisory group meetings. A dedicated compensation program at DCYF would help ensure that the perspectives of individuals who have first-hand experience with agency programs and services can be leveraged in development of effective and responsive services, programming, and supports. DCYF is working to develop guidance and support to staff in requesting funds from alternative sources to enable community compensation which will be included in the final framework and toolkit.

Another issue is that DCYF lacks a software program for system partner management to track system partner activity across the agency. A system would help DCYF capitalize on community input without fatiguing the partners DCYF relies on to provide valuable insights. While DCYF continues to build a robust system partner base, a software program to identify the person's areas of expertise, interests, and activities across the agency would increase effectiveness and efficiency. Budget challenges have paused strategy conversation around this effort, but DCYF is including resources related to finding past recommendations and input from community in the Community Engagement Framework and Toolkit.

Coordination of CFSP Services with Other Federal Programs

DCYF continues to engage in ongoing coordination of services with other federal or federally assisted programs serving the same population. The Title IV-E program is coordinated with other programs available to children in the state of Washington funded under titles IV-A (TANF), IV-B (CW Services), XVI (Supplemental Security Income), XIX (Medicaid), and II of the Social Security Act in accordance with all appropriate provisions under federal law.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

DCYF's foster and adoptive parent licensing system ensures that all licensed foster homes and child care institutions meet state standards to qualify for Title IV-B or IV-E federal funding. Only fully licensed homes are eligible for reimbursement; while unlicensed kinship placements support family connections, they do not qualify for IV-E or IV-B funds unless the caregiver becomes licensed. To begin the licensing process, unlicensed kin placements must complete a home inspection, home study, background checks (including Federal Bureau of Investigation (FBI) fingerprints for household members 16+), and, when needed, out-of-state child abuse registry checks.

To increase support for kinship caregivers, DCYF is creating a new Washington Administrative Code (WAC) chapter and related procedures to simplify licensing. This effort supports the state's goal to license more than 80% of kinship

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caregivers by the end of 2025, improving access to financial resources. The streamlined process benefits caregivers, tribes (depending on their licensing agreements), DCYF staff, and child placing agencies (CPAs) by reducing barriers and aligning with national standards. No changes are expected for non-kin foster parents. The new kinship licensing standards and home study process take effect June 30, 2025.

Improvement in Home Study Update process

DCYF introduced a streamlined Kinship Home Study Update form in November 2024 to simplify the licensing process for kinship caregivers. Aligned with national kinship standards, the form reduces duplication and cuts the number of questions by 40%. It is used to add children to existing kinship home studies or to update for adoption without other changes. This temporary form will be replaced by a full Kinship Home Study in summer 2025. Developed with input from multiple partners, the form improves efficiency and supports caregivers in navigating licensing more easily.

DCYF, in partnership with The Alliance, also offers Kinship Core Training to help caregivers meet licensing requirements. Kinship Core Training includes four sessions covering system navigation, trauma-informed care, behavior management, and connections. Sessions can be taken individually or in full, depending on caregiver needs.

The upcoming Kinship Home Study, based on national assessment standards, eliminates unnecessary questions and prioritizes child safety and caregiver strengths. It ensures consistency and improves outcomes while supporting access to financial resources available only to licensed caregivers. As of December 2024, 68% of kinship caregivers with active placements were licensed—and 32% remained unlicensed or were in the process to become licensed. This represents 70% of children in kinship care are placed with licensed kinship families.

Kinship Homes and Licensure for CY 2024				
Placement Type	Kinship Families		Children in kinship care	
Unlicensed	593	32%	767	30%
Licensed	1,289	68%	1811	70%
Grand Total	1,882	100%	2,578	100%

Data Source: InfoFamLink relatives vs. non-relative report as of 12/31/24

In 2024, the Washington Caregiver Application Portal (WA CAP) online portal introduced several changes to streamline the foster care and kinship licensing process. Updates included removing unnecessary information gathering steps for kinship applicants, adding questions to engage applicants open to caring for older youth, improving tribal membership verification, linking to Foster Parent Rights, and automating email reminders to reduce delays in renewals and updates.

WA CAP processed 1,947 inquiries (1,464 kinship and 483 general foster care), resulting in 1,331 new licensed homes (1,104 kinship and 227 general). CPAs were also integrated into the system, receiving 357 inquiries. All license applications are now managed within WA CAP.

Requirements for criminal background checks

Washington state’s comprehensive background checks exceed the federal Adam Walsh Protection and Safety Act requirements to check national crime information databases and state child abuse registries. The background check includes reviewing adverse and negative action information from Washington’s licensed programs and court dispositions that may not be reflected in the in-state or national background check result. Background checks are required for all

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household individuals aged 16 and older and not just the prospective caregivers. DCYF’s Secretary’s List goes beyond the federally disqualifying crimes if the crime is directly related to children or safety, but an individual with additional crimes undergoes an individualized assessment of their character, suitability, and competence to determine if these crimes or negative actions relate directly to child safety, permanency, or well-being. Suitability assessment staff review criminal history and negative actions, obtain and review police reports and other documentation, interview applicants using trauma-informed questions, review CW history, contact assigned staff, and write summarized assessments. DCYF does not have its own background check system and relies on other governmental agencies to facilitate the criminal history portion of the background check process. This renders DCYF non-compliant with the FBI and the agency has made decoupling from the DSHS system a priority. The lack of an independent system also results in increased turnaround times. In 2023, the multi-license provider background check process was implemented. This process allows providers to obtain a dual license in CW and child care and reduces the number of times an applicant must complete a background check during the dual license process.

Diligent recruitment of foster and adoptive homes

DCYF operates a comprehensive foster, kinship, and adoptive care program under RCW 74.13.325, aiming to expand the pool of caregivers through targeted recruitment and retention, in partnership with CPAs, tribes, and community organizations. CPAs are licensed to conduct home studies and supervise placements, sharing DCYF’s goal of reunification or, when necessary, adoption. Tribal partners play a vital role in recruiting and supporting tribal families to care for Native youth.

Efforts to prioritize kinship care have led to a shift in placement needs. With more children placed with relatives, those needing community foster care often come from sibling groups, are age 12 or older, or have higher emotional, developmental, or physical needs.

As of early 2025, there were 4,859 licensed foster homes in Washington, including community and kinship homes. Kinship licenses increased by 992 in 2024, reflecting progress in reducing licensing barriers. However, community foster home numbers declined by about 660, highlighting ongoing challenges in caregiver retention, which are addressed in the [Retention and Support](#) section.

Beginning of CY 2024		Beginning of CY 2025		Difference
State Foster Home (General)	2,004	State Foster Home (General)	1,435	↓ 569
State Foster Home (Kinship)	1,325	State Foster Home (Kinship)	2,302	↑ 977
CPA Foster Home (General)	1,184	CPA Foster Home (General)	1,087	↓ 97
CPA Foster Home (Kinship)	10	CPA Foster Home (Kinship)	25	↑ 15
Tribal Licensed Foster Home	11	Tribal Licensed Foster Home	10	↓ 1
Total	4,534	Total	4,859	↑ 325
<i>Data Source: InfoFamLink Count of CW Licensed Providers by Location and Type, data 1/1/2024 and 1/1/2025.</i>				

Changes in Placement Resources and Needs

DCYF has seen a significant decrease in the number of young people in need of out-of-home placement. There were 4,731 young people in out-of-home care on Dec. 31, 2024, which is 608 fewer children than a year ago, and the lowest number of young people placed outside their own homes since DCYF started tracking these counts over 40 years ago. With less young people entering out-of-home care, and 60% of those being placed in kinship care, the reliance on community foster care has changed. Young people who used to be placed in community foster care are now placed with relatives or close family friends. Community foster parents are being asked to provide short-term care and be support to

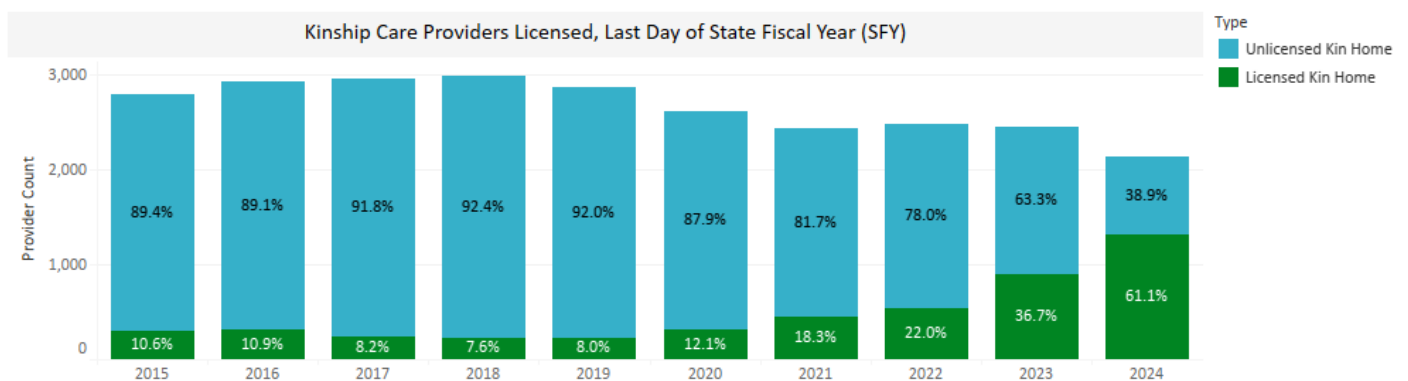
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parents in their journey toward reunification. Being a community foster parent now looks significantly different than it did ten years ago. With these shifts, the need for highly skilled and experienced community foster parents to be an available placement resource is even more essential.

Retention and Support

DCYF prioritizes retaining caregivers by offering training and support tailored to the needs of youth in care, recognizing this as key to improving safety, well-being, and permanency. Since the pandemic, foster parent retention has directly affected placement stability.

Data shows a steady decline in state and CPA community foster homes since 2015, alongside a rise in licensed kinship homes. By the end of 2024, licensed kinship homes outnumbered state community foster homes in all regions, and state community foster homes outnumbered CPA homes in all but Region 5.

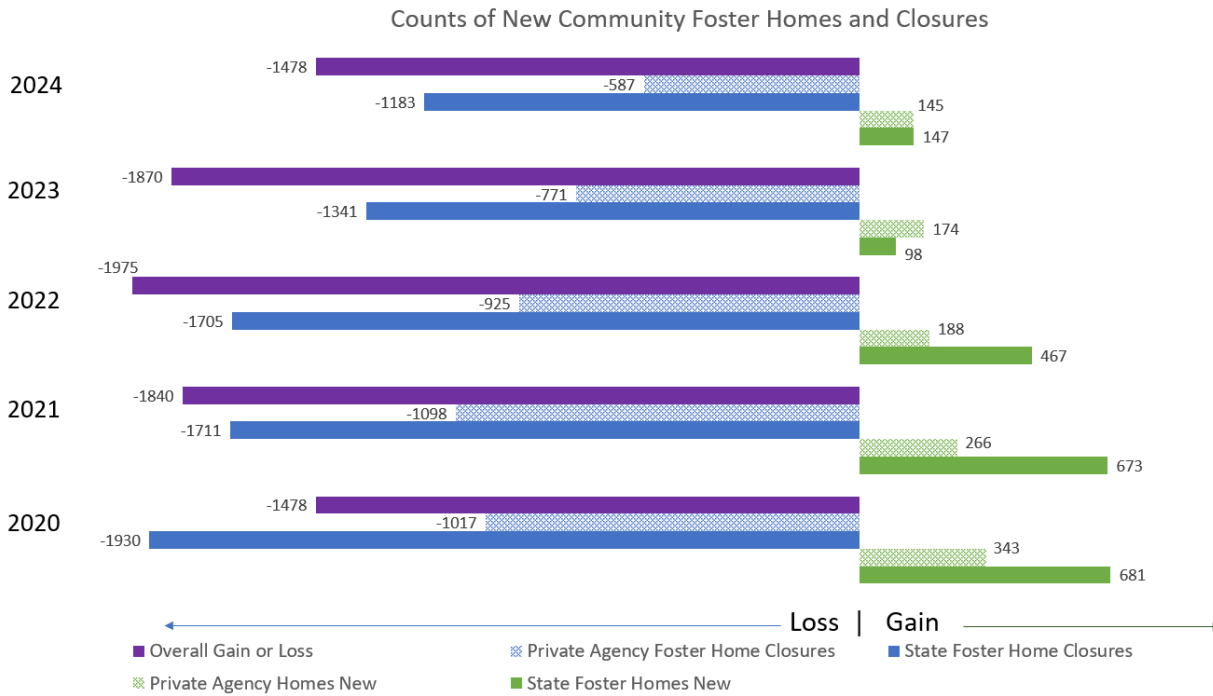


Data source: Chen, P., & Villwock, M. (2024). *CW Agency Performance Report, State Fiscal Year 2014-2024*. DCYF, Office of Innovation, Alignment, and Accountability. Olympia, WA.

The rise in licensed kinship homes is encouraging, especially as more young people are placed with kin. However, when viewed alongside the ongoing loss of community foster homes, it highlights the impact of caregiver retention challenges, particularly the loss of experienced foster parents. DCYF sees the highest drop-off in foster parents at the end of their initial three-year license.

Community foster parents build skills over time, and short-term retention undermines this growth. Currently, more community foster homes are closing than opening, resulting in a shrinking pool of less experienced caregivers.

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Data source: CW portal, CW Licensed Providers by Location and Type on 2/20/2025. Overall gain or loss determined by subtracting foster homes (general LD and private agency) that closed in each year from new foster homes (general LD and private agency). New foster homes calculated from InfoFamLink, Licensing Timeliness on 3/5/2025.

Alliance Caregiver Retention, Education, and Support Program and Caregiver Support Initiatives

DCYF continues its partnership with the Alliance Caregiver Retention, Education, and Support Program (Alliance CaRES) program to support and retain caregivers, with 84% satisfaction reported in the 2024 caregiver survey. Alliance CaRES staff connect with all newly licensed caregivers at key milestones and follow up with kinship caregivers after new placements. Ongoing support includes discussion groups and access to experienced mentors statewide.

Caregiver Survey

In 2024, DCYF and the Department of Social and Health Services' (DSHS) Research and Data Analysis unit surveyed 1,342 caregivers (884 kinship and 458 foster). Results show higher satisfaction among kinship caregivers. Caregivers valued caseworker support, available resources, and training. Key areas for improvement include more consistent communication, better service coordination, clearer information about available resources, and more financial support.

Caregiver Support Project

In January 2024, DCYF launched a seven-level caregiver support model, replacing the previous four-tier system. The model helps match placement support to children’s needs and is available to all licensed and unlicensed caregivers. Contracts are rolling out statewide and will be fully implemented by 2026.

D.S. Settlement

As part of the D.S. settlement agreement, DCYF is committed to system improvements, including caregiver-related initiatives like professional therapeutic foster care (PFTC), hub homes, and kinship engagement.

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Looking Ahead to 2025

DCYF is launching an inter-divisional workgroup to develop a unified caregiver retention framework. The team will focus on communication, support strategies, and region-specific actions to improve caregiver experience and retention. DCYF will analyze data to assess the impact of these efforts.

Recruitment Efforts

DCYF uses three main recruitment strategies to find adoptive and foster homes: general, targeted, and child-specific. Six targeted recruitment specialists focus on attracting caregivers who can keep siblings together, support reunification, and care for youth with complex needs or those 12 and older.

Targeted recruitment specialists efforts include outreach, community events, material distribution, and direct engagement with potential caregivers. These strategies aim to expand the pool of qualified families, particularly for children with medical, emotional, behavioral, or developmental challenges.

At the start of 2025, 14% of state and CPA-licensed foster homes were inactive, meaning they were on hold or hadn't accepted a placement in six months. Some families cited fewer youth entering care or mismatched placement needs.

DCYF prioritizes recruiting and developing experienced caregivers for youth who need higher levels of support. Since first-time foster parents rarely start in therapeutic roles, the agency works to grow current caregivers into these positions through contracted CPAs offering behavioral rehabilitation services (BRS).

Despite ongoing placement challenges, DCYF saw progress in 2024 with a 60% reduction in placement exceptions, the first major drop in years.

Placement Exception Usage	
Calendar Year	Exceptional Placement Nights (Hotel, Office, Leased Facility) Per Year
CY 2021	3,088
CY 2022	4,515
CY 2023	4,084
CY 2024	1,619

Data Source: InfoFamLink, Administrative Incident Reporting System Placement Exception Report CY 2021-2024. Data does not include night-to-night stays.

Prospective Foster Parents Inquiry Data

DCYF contracts with Northwest Resource Associates to operate the Statewide Recruitment Information Center (SRIC), which allows prospective foster, kinship, and adoptive families to inquire online or by phone. In 2024, DCYF received 3,046 inquiries, a 4.6 percentage point decrease from the previous year. The SRIC tracks inquiry details such as location, motivation, and interest, providing valuable data for recruitment analysis.

New inquiries receive welcome emails, and those interested in caring for youth 12+ are given additional follow-up. By the end of 2024, DCYF began using training completion data for better outreach and analysis.

Inquiries primarily come from the DCYF website (93% of total), with Region 5 and 6 accounting for 42% of all inquiries. Many respondents are interested in general foster care (52%) or adoption from foster care (33%), with 43% interested in caring for young children and 14% for youth 12 and older.

The main reasons for inquiries include internet searches (18%), foster or adoptive parent referrals (13%), and DCYF's website (10%). Demographically, 30% of respondents are aged 31-40, 81% are female, and 64% are partnered.

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Inquiries Regional Breakdown CY 2024						
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Statewide
501	299	410	558	606	672	3,046
<i>Data Source: SRIC Report 1/1/24 to 12/31/24.</i>						

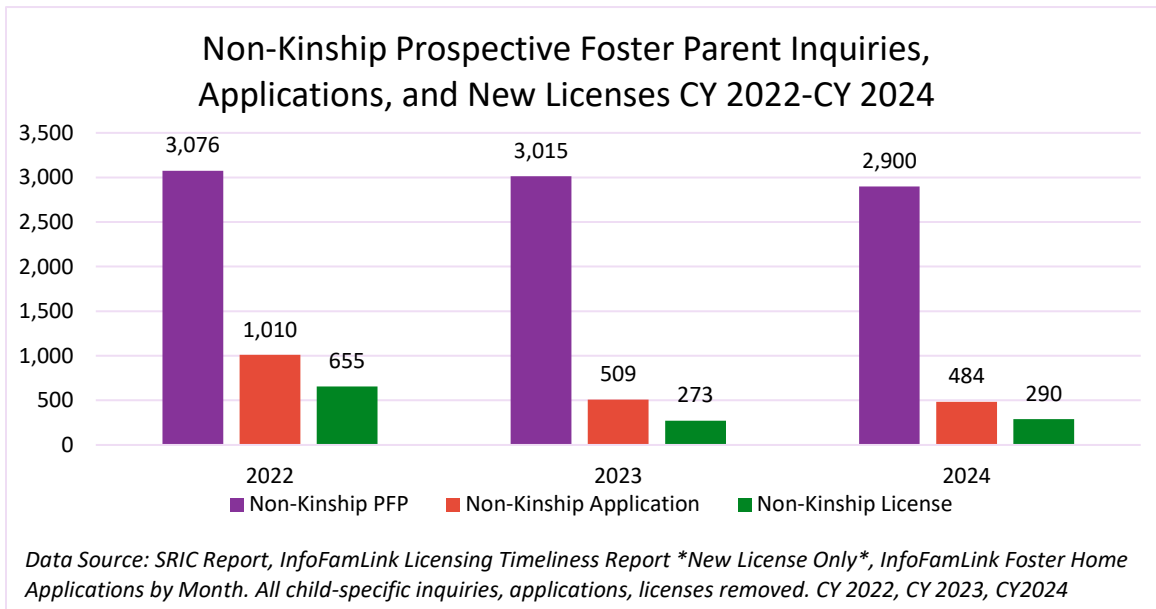
Licensing Pathway: Inquiries, Applications, Licenses

DCYF uses an online portal for prospective foster and kinship caregivers to apply for licenses and home study assessments, streamlining the process. Targeted recruitment plans focus on increasing resources for youth 12+ and those with complex needs. Families willing to care for these children are identified as targeted recruitment families (TRFs), receiving expedited licensing.

From July to December 2024, 54% of general foster care applicants were TRFs. DCYF is assessing if this strategy improves licensing completion. In 2025, DCYF will restructure its licensing process, separating kinship and community foster care to improve communication, consistency, and retention.

Kinship Placement Focus and Family Finding Efforts

DCYF prioritizes kinship care, recognizing its benefits for stability, connection, and well-being. Initiatives like HB 1227 emphasize kin placements, leading to a 1.5 percentage point increase in kinship placements in 2024. Continued family finding, reduced barriers, and support during the home study process are contributing to this trend.



Child Specific Recruitment

DCYF employs various child-specific recruitment methods to find permanent homes for children and youth in need, including local and national adoption exchanges, Reverse Matching Events, in-depth profiles, and local events like KidsFest. These efforts aim to match children, especially those with complex needs or older youth, with appropriate caregivers.

In 2024, Northwest Adoption Exchange posted 150 children and processed 170 inquiries from families, a 50 percentage point increase from the previous period. They also hosted adoption consortiums and developed in-depth profiles for 83

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youth, helping 35 find permanent families. Northwest Adoption Exchange’s monthly “Spotlighting Youth Voices” email series saw 6,200 views in SFY 2024.

The Wendy’s Wonderful Kids® (WWK) model continues to focus on child-focused recruitment, serving 73 children, achieving 27 matches, and 4 permanent outcomes. WWK emphasizes finding permanent homes through family searches and building connections outside of placements.

The Kinship Engagement Unit (KEU) pilot, launched in August 2024, works to connect youth with extended family and friends to support reunification or maintain family unity, starting in Spokane and Vancouver. This collaborative project aims to provide necessary support for families to stay together.

State use of cross-jurisdictional resources for permanency placements

DCYF follows the Interstate Compact on the Placement of Children (ICPC) to assess potential placements across state lines. This legally binding agreement ensures protection for children placed through ICPC. The process requires a home study and placement approval from the receiving state. If the full study isn't completed in 60 days, a preliminary report is issued, with the final study due within 180 days.

Timeframe for ICPCs Sent by Washington	Count of Home Study	% by Timeframe
(1) 60 Days or Less	163	39%
(2) 61-120 Days	151	36%
(3) 121-180 Days	38	9%
(4) Greater than 180 Days	15	4%
Not yet completed	52	12%
Total	419	100%

Data source: DCYF, OIAA, CW Reporting, ICPC Detail

In 2024, DCYF submitted 419 home study requests to other states, 86% for relatives or parents. The number of requests has decreased due to a reduction in children entering care. DCYF received 606 home study requests, with 84% from relatives. Timeliness for completed studies has improved, with 65% processed in 60 days or less.

Timeframe for ICPCs Received by Washington	Count of Home Study	% by Timeframe
(1) 60 Days or Less	395	65%
(2) 61-120 Days	123	20%
(3) 121-180 Days	40	7%
(4) Greater than 180 Days	14	2%
Not yet completed	34	6%
Total	606	100%

Data source: DCYF, OIAA, CW Reporting, ICPC Detail

LD implemented new standards to streamline the home study process, including updates for families needing a different type of study as a child’s case progresses. This has improved ICPC home study timeframes.

In 2024, DCYF finalized 49 adoptions through ICPC. Barriers to timely home studies include family circumstances and staffing shortages. The ICPC unit works to resolve these issues and ensures timely permanency by consulting with caseworkers and supervisors.

A revised ICPC, with accountability measures, could improve home study completion times. 18 states have adopted the revised ICPC, and DCYF is exploring its feasibility. DCYF also has not onboarded the National Electronic Interstate Compact Enterprise (NEICE), which would streamline document processing.

ICPC training is available through e-learning and virtual sessions. The ICPC program manager meets quarterly with LD to discuss program changes and to improve timeliness.

Update on Plan for Enacting State’s Vision

Goal 1: Workforce Recruitment, Retention, and Support

Ensure a strong child welfare (CW) infrastructure so that the workforce is supported, engaging, and well-trained.

Measure of Progress:

Metric	Baseline	Year 1 Interim Target	Year 1 Actual	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Interim Target	Data Source
CW workforce turnover rate decreases	17.3%	17%	16.8%	16.5%	16%	15.5%	15%	HR dashboard

Strategy 1.1: Washington’s child welfare (CW) system effectively and efficiently recruits qualified people.

Year	Benchmark activity or measure	Status
CY 2024	<ul style="list-style-type: none"> Tactic 1.1.3 – Evaluation of CWTAP expansion to Bachelor of Arts in Social Work (BASW) program pilot 	Complete
CY 2025	<ul style="list-style-type: none"> Tactic 1.1.2 – Develop SSS templates 	Complete
CY 2026	<ul style="list-style-type: none"> Tactic 1.1.2 – Implement the use of SSS templates Tactic 1.1.4 – Monitoring of targeted recruitment 	
CY 2027	<ul style="list-style-type: none"> Continued monitoring and improvement cycles 	
CY 2028	<ul style="list-style-type: none"> Continued monitoring and improvement cycles 	

Tactic 1.1.1: Clarification and expansion of degree requirements for SSS positions

The CW Division, in partnership with Human Resources (HR) completed an update to the qualifications for the Social Service Specialist (SSS) series. Workers in the SSS class are responsible for implementing CW practices and policies to ensure safety, permanency, and wellbeing of children and families in Washington state’s CW system. The class includes entry-level (SSS1), mid-level (SSS2), advanced-level (SSS3) case-carrying and non-case carrying staff, lead workers (SSS4), and supervisors (SSS5). Prior to this effort, there was no consistent approach to recruitment announcements or hiring of caseworkers to fill existing vacancies, and existing guidelines were outdated. This resulted in confusion in the appropriate level of placement of newly hired staff with varying types of degrees, training, and experience; thus, creating barriers to filling vacant positions as supervisors preferred candidates with relevant degrees, knowledge, and experience backgrounds.

The goal of the update was to eliminate the barriers to entry into the series while also creating a clear pathway for promotion from a SSS to an area administrator (AA). In response to new legislation, DCYF introduced an equivalent education/experience option throughout the series, offering candidates more ways to qualify for advancement. There is

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now a no degree requirement path for entering the series as a SSS, opening up more opportunities for both current staff and those seeking a new career; and reducing the time it takes to fill vacancies.

Tactic 1.1.2: Develop SSS templates for approval by HR that would not require additional class and compensation review when the standard template is used

DCYF created templated position descriptions to simplify the position description process and make sure all new staff have an updated and signed position description. Current efforts to date have created the following position description templates and show the impact:

Position Classification	Year Created	Number of Positions Impacted
Social Service Specialist 3	2024	1,599 positions combined with Active Efforts
Social Service Specialist 3 – Active Efforts	2024	See above
Social Service Specialist 4	2025	82 positions
Social Service Specialist 5	2025	336 positions
Secretary Senior	2024	125 positions
Office Manager	2024	32 positions
Deputy Regional Administrator (WMS)	2024	7 positions
CW Field Area Administrator (WMS)	2024	36 positions
Quality Assurance (QA) and Continuous Quality Improvement (CQI) Area Administrator	2024	6 positions
		Current total: 2,223

This work aims to streamline the creation of position descriptions for CW staff. The descriptions provide clarity and consistency about job duties and their role within the division. It strengthens the workforce by clearly outlining expectations, removing unnecessary language, and ensuring duties are documented and well-defined.

Tactic 1.1.3: Expansion of Child Welfare Training and Advancement Program (CWTAP) to BASW program

The BASW Child Welfare Training and Advancement program (CWTAP) operates similarly to the longstanding Master of Social Work (MSW) CWTAP in Washington. CWTAP provides social work students with tuition assistance, educational support and mentoring, and a practicum at a DCYF CW Program office. In return, upon graduation, students will work for the DCYF CW Program as a SSS1 or higher for an equal amount of time they received tuition assistance.

During the pilot year of the BASW program school year 2023-24, 15 BASW CWTAP students enrolled and one withdrew during the academic year. In that year, 14 students graduated, 13 were employed at DCYF, and one deferred employment while obtaining their MSW. For the 2024-2025 academic year the program expanded to include junior year students; seven juniors and 12 seniors are currently enrolled in the program. Based on the hiring needs of DCYF for SSS1 positions, 2025-2026 recruitment of the BASW CWTAP will be limited to seniors only.

Evaluation of BASW CWTAP

Among the first CWTAP cohort of BASW graduates, 11 out of 14 (response rate=79%) completed an online survey in spring 2024 to assess their experiences in the program, their preparation for employment at DCYF, and development of social work competencies. Students most often noted that financial assistance for tuition and having a career interest in CW, were the strongest factors in their decision to enroll in CWTAP. During the program, students generally reported

feeling supported, particularly in their practicum placements and in interactions with DCYF staff. Students reported feeling either completely or adequately prepared for work at DCYF following graduation, and nearly all felt supported by their Field Advisors/Instructors in the DCYF application process. Among those who participated in a mock interview, they mainly reported that it was a helpful experience to practice and prepare for hiring interviews. When asked to rate how well CWTAP supported the development across 16 CW BASW competencies, student ratings averaged 4.4 out of 5.0 using a 5-point scale where one represents “strongly disagree” and five represents “strongly agree”. Students gave the strongest ratings in the following areas of practice: 1) upholding the values of fairness and tribal sovereignty, 2) identifying how child development impacts case practice, and 3) recognizing the effects of trauma on children and families.

Tactic 1.1.4: Targeted Recruitment of interns and volunteers

In September 2024, the CW Division launched a new program focused on recruiting interns and volunteers through outreach and partnerships with high schools, two-year colleges, and four-year universities in Washington and other states.

The program aims to raise awareness of public CW, recruit future workforce, support field offices and programs, reduce turnover, and enhance staff wellness. DCYF is building partnerships with local and national educational institutions, with plans to expand high school involvement. Each participating institution has an affiliation agreement with DCYF.

The program infrastructure includes onboarding, training, development of an internal SharePoint site, and offboarding. In collaboration with HR and DCYF Communications, updates were made to the DCYF jobs website to provide contact information for those interested in internships and volunteer opportunities.

Since Feb. 11, 2025, DCYF has received 33 internship applications from two-year and four-year colleges and 16 new volunteer applications. These numbers do not include current interns and volunteers already serving in the CW division across the state.

Strategy 1.2: Washington’s child welfare (CW) workforce is trained to support the children, youth, and families of Washington.

Year	Benchmark activity or measure	Status
CY 2024	• Tactic 1.2.1 – Launch Phase 1 and 2 of NEO pilot (agencywide)	Complete
	• Tactic 1.2.2 – Launch the Workforce Core (WFC) pilot	Complete
	• Tactic 1.2.4 – Finalization of ICW policies	Complete
	• Tactic 1.2.1 – Revise and launch new and consistent statewide onboarding of new CW staff	Complete
CY 2025	• Tactic 1.2.1 – Launch Phase 4-6 of NEO pilot	
	• Tactic 1.2.3 – Post-training supports for new staff implemented	
	• Tactic 1.2.4 – ICW policy redesign training and implementation roll-out	
CY 2026	• Tactic 1.2.4 – Continued ICW policy training and implementation	
CY 2027	• Tactic 1.2.1 – Evaluation of NEO improvements	
CY 2028	• Continued monitoring and improvement cycles	

Tactic 1.2.1: New Employee Orientation and Onboarding

One important facet of supporting a strong CW workforce is helping new staff make a successful launch in their roles. In the interest of providing a supportive, warm welcome to the agency, DCYF’s HR division proposed a multi-phased onboarding framework to accomplish that objective. The framework covers the first six months of employment, focusing on these important stages:

Pre-start activity	Intentional preparation to support new staff upon their arrival.
The first two weeks	New staff are introduced, according to the preparation in step one, to their work, their team, and the resources available to support a successful start.
Role-specific formal training	Provided by an agency training partner to provide them with the knowledge needed to engage successfully in casework management.
Intentional post-training follow-up	Ensuring they continue to receive the support they need as they transition more fully into their work responsibilities.
Ongoing intentional support	Until they reach basic proficiency.

DCYF is experimenting with several approaches to identify the best-practice for steps one and two; development of the other steps will follow. In addition to the above, all new DCYF staff participate in a seven-hour orientation over two days. The focus is to introduce them to the vitality of the mission and how the various parts of DCYF form a whole. Along the way they meet a variety of agency leaders, make cross-functional connections that go beyond their immediate work specialty, and gain a sense of the “heart” and focus of DCYF. In 2024 more than 550 new staff participated.

These phases help the agency focus on this early critical employment stage, with the intent that staff feel well-supported and enthusiastic about a long-term career with DCYF.

Tactic 1.2.2: Workforce Core (WFC) pilot

WFC is the redesigned foundation training for CW and Licensing Division (LD) SSS levels one through three, with revisions expected to be completed by September 2025. This will replace the current Regional Core Training (RCT).

The 13-week WFC Pilot ran from January to March 2024, with one cohort of 13 learners. The curriculum uses a flipped classroom model to encourage active learning through experiential activities, eLearning, and both in-person and virtual classes.

DCYF and the Alliance for Professional Development, Training and Caregiver Excellence (Alliance) are collaborating on further revisions to this curriculum. Learners will focus on the knowledge, skills, and values needed for engagement, assessment, and planning with families. The integration of the Family Practice Model (FPM) aims to provide consistency across the state in these areas.

Workforce Core (WFC) Evaluation

Learners (n=13) completed feedback surveys after each of the four training blocks, with a response rate of over 90%. They rated their learning experiences and answered open-ended questions. Ratings were based on a six-point scale, with 1 being strongly disagree and 6 being strongly agree.

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Workforce Core Training	Avg rating	Best supported learning by	Suggestions from learners
Foundation	5.1	In-person supported engagement in learning Good framework of DCYF values & roles	Provide more guidance on field experiences, condense orientation, organize materials
Engagement	5.0	Opportunities to practice interviewing and testimony skills	More practice before simulations
Assessment	4.8	Case assignments supported application of learning	More FamLink practice
Case Planning and Service Delivery	4.6	Helped address personal biases; cases assignment helped supported learning; receiving feedback on simulations	Travel to and from course sessions was demanding

Tactic 1.2.3: Post-RCT support for new staff

To support the success of new staff after completing eight weeks of RCT, ongoing professional support is provided through regular feedback and supervision. This includes close supervision for entry-level staff and graduated case assignments as they gain experience.

Quality Practice Specialists (QPS) assist by coaching, accompanying staff on field assignments, ensuring policy and practice integration, offering refresher trainings, and clarifying job responsibilities.

To further support staff, SSS4 positions have been added across the state to provide additional coaching, hands-on training, and limited supervision when necessary. They also assist with tasks like writing court reports, navigating Indian Child Welfare Act (ICWA), and collaborating with caregivers and attorneys.

SSSS positions, which do not carry cases, provide critical support to staff by handling tasks such as transportation, supervising children awaiting placement, and supporting limited case management duties, easing the workload of other staff.

Regional QA units offer tailored practice support, ensuring new staff understand Statewide Automated Child Welfare Information System (SACWIS) documentation, how CW work is measured, and data elements related to IV-E funding.

Tactic 1.2.4: ICW policy redesign

The ICW Policy Redesign updates CW policies, procedures, forms, and training in response to two Washington State Supreme Court decisions: *In re Dependency of Z.J.G.* (2020) and *In re Dependency of G.J.A.* (2021).

In *Z.J.G.*, the Court ruled that if any participant in a CW case suggests a child may have tribal heritage, the court must treat the child as potentially an American Indian child, triggering the application of ICWA and WICWA protections. This expands the scope of cases requiring DCYF to notify tribes, train staff, and enhance supporting information technology (IT) systems.

In *G.J.A.*, the Court clarified that DCYF must provide active efforts to prevent the out-of-home placement of American Indian children and the termination of parental rights. This includes more staffing for collaborative case planning, training, compliance monitoring, and expanded contracts with tribes for services.

DCYF developed policy updates in collaboration with tribal partners, internal experts, union representatives, and other system partners. The updated ICW policies were released to CW staff in June 2024.

In 2025, training will roll out statewide, including:

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- A revised, mandatory two-day in-person Washington State ICWA training within the first two years of hire.
- Two new eLearning modules: ICW Legal and ICW Native American Inquiry Request (NAIR), available on the DCYF Intranet for ongoing learning and policy adherence.

Strategy 1.3: Washington’s child welfare (CW) infrastructure provides ongoing support and development opportunities to the child welfare (CW) workforce.

Year	Benchmark activity or measure	Status
CY 2024	• Tactic 1.3.1 – Launch licensure training and support program for CW staff	Complete
	• Tactic 1.3.3 – The pilot cohort of Appreciative Inquiry launched	Complete
	• Tactic 1.3.4 – Pilot three MI specific trainings: <i>Client-Centered Grounding in WFC</i> , <i>Foundations of Motivational Interviewing (MI) in CW</i> , and <i>Advanced Practice in MI</i>	Complete
	• Tactic 1.3.5 – Begin implementation of practice profiles developed through the FPM	Complete
	• Tactic 1.3.6 – Develop updated workload model and submit to legislature	Complete
	• Tactic 1.3.7 – Comprehensive Child Welfare Information System (CCWIS) solution procurement complete	Complete
	• Tactic 1.3.7 – Comprehensive Child Welfare Information System (CCWIS) solution procurement complete	Initiated
CY 2025	• Develop evaluation framework for CW Workforce Recruitment, Retention, and Support Program	
	• Conduct first evaluation post implementation of subprojects launched by the CW Workforce Recruitment, Retention, and Support Program	
CY 2026	• Tactic 1.3.4 – Completion of 22 MI cohort trainings since CY 2024	
	• Tactic 1.3.4 – Completion of nine MI Leadership Series cohorts	
CY 2027	• Tactic 1.3.7 – Completion of CCWIS solution development	
CY 2028	• Tactic 1.3.7 – Initiation of CCWIS solution deployment	

Tactic 1.3.1: Licensure training and support for CW staff

The Social Work Licensure Training and Support program for CW staff was created in response to a 2022 internal survey, where 84% of staff indicated they would stay with CW if supported with licensure. The program developed in collaboration with licensed CW staff and leadership and launched in September 2024 for 100 eligible staff pursuing an associate social work license in Washington. As of March 2025, 75 staff are participating, with 25 more expected by June 2025, and plans to expand further.

The program focuses on:

- Maintaining licensure credentials
- Providing required internal supervision
- Supporting staff through the board exam process
- Offering free or low-cost continuing education resources

Benefits of Licensure:

- Enhances staff's ability to help children and families with emotional healing and trauma recovery.
- Licensure ensures adherence to the Social Work Code of Ethics and provides public protection.
- Guarantees high standards of care within CW services.
- Establishes credibility and promotes collaboration with other licensed professionals.
- Expands CW practice scope and career advancement opportunities.

The program offers structured support with internal licensure supervision, clinical guidance from CW-experienced professionals, and peer learning through group sessions. Participants will gain clinical skills aligned with CW practices, track client hours, and access resources like exam prep materials and professional associations.

Tactic 1.3.2: Mental health support for CW staff

The DCYF Resilience Support Team (RST) provides peer support, critical incident supports, and crisis debriefing that’s available to all staff. Peer supporters are assigned to each of CW’s regions of operation, and regular office visits in addition to phone or videoconferencing-based support. Peer support volunteers, some who are full-time CW staff, also provide peer support for their local workforces. The RST is also trained in evidence-based crisis debriefing, and provides onsite support after a critical incident, such as a staff assault, or death of a client. The RST also provides resilience and wellness-related consultation and training to supervisors, managers, and all staff.

In CY 2024, 1338 DCYF staff participated in peer support sessions and 949 individuals participated in critical incident response support sessions. These include possible repeat interactions.

DCYF also contracted with community-based behavioral health providers to provide behavioral health support after a work-place critical incident. Like the Washington State Employee Assistance program (EAP), the contracted providers are available in-person or via telehealth. In CY 2024, 49 employee referrals were made to contracted providers.

The RST is also engaged in routine outreach to CW staff, speaking at team meetings and conferences, and distributing pamphlets and posters to CW field offices across the state.

Tactic 1.3.3: Appreciative Inquiry

Appreciative Inquiry is an agencywide initiative focused on empowering staff to identifying strengths in the DCYF work environment and to build on those strengths to reflect DCYF’s stated values and principles. A team from across DCYF conducted over 150 interviews, including individual interviews, small group discussions, and agencywide presentations. Eight key questions were selected to guide activities around retention, support, collaboration, communication, trauma-informed practices, kin-first philosophy, and partnerships:

- Why do we stay?
- What practices help staff grow?
- Where do staff feel supported?
- Where do divisions collaborate effectively?
- Where do staff feel informed and empowered?
- What does it look like when staff feel safe, supported, and trusted?
- Where have we successfully adopted a kin-first philosophy?
- How do we build successful partnerships?

Based on insights from these interviews, the team is now using the identified strengths to explore new ideas for areas needing improvement. The team has held multiple group sessions to discuss these positive cores and brainstorm small and large-scale ideas to expand these successes.

The core team also participated in trainings on healing-centered care, trauma-informed practices, navigating uncertainty, and promoting staff well-being.

In the next six months, DCYF will develop actionable plans to implement strategies to expand on successes across the agency.

Tactic 1.3.4: Motivational Interviewing (MI)

MI is an evidence based practice (EBP) approved under Washington state's Title IV-E Prevention Plan for reimbursement. It is an effective engagement strategy, enhancing participation of children, youth, and families in services, which helps DCYF better match services to individual needs. MI's client-centered approach promotes sustained family motivation and continued engagement with services at appropriate levels of support.

MI training options include Introduction, Advanced, Leadership, and Bridging MI with Trauma-Informed Care. The Leadership course targets administrative roles and does not require advanced training. In 2025, specialized MI sessions were provided based on program needs, including training for After Hours staff and MI skills for meeting facilitators.

Coaching and coding staff to fidelity is a key part of MI implementation, assessed through the Motivational Interviewing Competency Assessment. A select group of trained staff participate in coaching and coding, with the Family First team and the Alliance working to increase engagement in these activities. Since January 2024, staff received initial coaching and are encouraged to submit recordings for coding within two weeks of advanced training. Regional coaching cohorts offer monthly skill-building sessions, increasing the completion of coded recordings.

Virtual MI training has been in high demand, with waitlists often exceeding capacity. The number of courses was expanded, though in-person sessions were paused from June 2023 due to budget concerns and travel restrictions.

MI training for DCYF staff has been a joint effort between the Family First team, the Institute for Individual and Organizational Change (IFIOC), and the Alliance. From 2022 to 2024, the Alliance prepared to take over MI training, beginning in the second half of 2024. However, in January 2025, the responsibility for MI training shifted back to IFIOC due to a funding gap, limiting coaching and coding support to just the Family First program consultants.

An MI resource library on DCYF's intranet provides staff with audio and video examples of MI techniques specific to CW interactions. The Family First team, in collaboration with the Alliance, continues to develop additional relevant resources.

Tactic 1.3.5: Family Practice Model (FPM) framework

DCYF adopted the FPM as its guiding infrastructure for practice improvement in CW. The FPM emphasizes shared commitments—by the workforce to children and families, and by the agency to support staff. It organizes practice around five core elements: Policy, Practice Guides, Practice Profiles, Worker Supports, and QA.

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Category	2024 Accomplishments	2025 Plans
Practice Profiles	Launched seven profiles: Intake, Level of Intervention, Placement Matching, Placement Stability, Plan with Families, Kinship Connections, and Youth Transitions.	Enhance profiles through lived expert input via Co-Design sessions.
Communication & Engagement	Held over 200 presentations statewide; conducted grassroots networking and regional co-design.	Pause in design to integrate client feedback via surveys and mapping experiences.
Policy Reform	Began separating policy from procedures; developed new implementation process using FPM.	Continue reorganization of policy; apply consistent, FPM-aligned processes for updates.
Practice Guides	Created templates and glossary; initiated development and interim housing of procedures removed from policy.	Complete and implement guides; roll out practice changes in bundled, user-friendly formats.
Training & Onboarding	Updated Alliance trainings and onboarding to align with FPM and Practice Profiles.	Further integrate FPM into onboarding, SharePoint, and intranet platforms.
QA	Launched CQI infrastructure; implemented regional QA efforts and improved communication practices.	Maintain and evolve QA supports amid reduced staffing capacity.
Staffing & Resources	Built support infrastructure; staffing constrained by budget cuts.	Continue implementation with reduced FPM team; one staff member to return in April 2025.
Guiding Values	Embedded inclusion, compassion, and transparency into FPM work.	Deepen commitment to values through tools, practices, and lived expert inclusion.

DCYF remains committed to embedding the DCYF’s values and principles into daily practice, supporting both staff and families through the continued rollout of the FPM.

Tactic 1.3.6: CW and ICW Workload Study

DCYF’s Strategic Priorities for 2021-2026 calls for the agency to improve the quality and intention of practice. In that work, DCYF staff is the most valuable resource. The new workload model accounts for the impacts of changes to laws, the application of laws and the changing landscape of case complexity for CW staff.

The 2024 CW Workload Model report to the legislature utilizes the 2023 workload study, as well as input from frontline staff to develop a new workload model. This report provides official counts of average caseloads for each CW program area. DCYF administrators monitor state and regional trends to address workload distribution across and within programs and use this information to identify staffing needs.

The new proposed workload model identifies and quantifies additional factors that increase workload for caseworkers when working with specific types of cases. The current workload model only took into consideration the additional time it takes for caseworkers to meet the requirement to provide active efforts when ICWA applies to the case. The revised

model incorporates additional workload considerations for applying ICWA. Additionally, it accounts for an increase in workload associated in cases involving children with disabilities, those requiring language interpretation or translation services, situations necessitating removals, scenarios involving staff with less than three years of tenure, and incidents with three or more victims in Child Protective Services (CPS) investigations, Family Assessment Response (FAR), and Family Voluntary Services (FVS) cases.

The new workload model presents a dynamic approach to staffing. It calculates staffing needs by evaluating the actual time available for duties, the duration of tasks, and the number of cases. This method aims to provide an objective basis for staffing needs by considering all factors that influence the completion of work, including mandatory training. This ensures that staffing levels are directly correlated to specific tasks and activities.

The new model integrates three principal metrics:

- The average "work time available" for each full-time equivalent (FTE) employee, which includes time spent on non-client-facing activities
- The time required to perform essential job functions, as determined by the 2023 workload study and subsequent focus groups
- A rolling 12-month historical case count, which is instrumental in forecasting future caseloads and budgetary requirements

By integrating these metrics, the model more accurately projects staffing needs, ensuring that resources are aligned with demand.

Tactic 1.3.7: Comprehensive Child Welfare Information System (CCWIS) Project

The CCWIS Project initiated a procurement process in CY 2024 to identify a Vendor to partner with DCYF in developing, designing and implementing technology solutions to meet the needs of the workforce. The procurement phase of the project is anticipated to continue through most of CY 2025 with a vendor being contracted in late summer 2025. Organizational change management planning has been initiated for the CCWIS project to engage and support users of the case management system.

Holistic Progress

The collection of workforce recruitment, retention, and support efforts outlined in this section contributed to a stabilized, supported, and thriving CW workforce; and improved the overall health of the agency. DCYF is closely partnering with staff in these efforts to implement effective retention strategies and ensuring continuous feedback loop and ongoing dialogue between management and staff on what is and is not working.

By implementing these strategies, the DCYF workforce dashboard, updated January 2025, shows a reduction in the annual turnover of CW staff by 10.1% between 2021 and 2024. The CW turnover rate at end of 2024 was 16.8%, compared to 26.9% at end of 2021. The current CW turnover rate is lower than the estimated national average of 30% according to a report published by Casey Family Programs in 2023.

Goal 2: Safety

Child safety is a priority for all. Children are protected from abuse and neglect and are safely maintained in their own homes whenever possible and appropriate.

Measure of Progress:

Original Date: June 30, 2025 | Partnership, Prevention, and Services Division
Approved for distribution by Amy Matchett and Sidse Nielsen, Data Analysts

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Metric	Baseline	Year 1 Interim Target	Year 1 Actual	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Interim Target	Data Source
Timeliness of initiating investigations of reports of child maltreatment	95%	95%	93%	95%	95%	95%	95%	Central Case Review Team (CCRT): Child and Family Services Review (CFSR) Item 1

Strategy 2.1: Assessment redesign

The vision is to develop a comprehensive CW assessment system that is fully integrated with the FPM and meets the needs of DCYF caseworkers and the children, youth, and families DCYF serves.

Year	Benchmark activity or measure	Status
CY 2024	<ul style="list-style-type: none"> Pilot of Strengths and Challenges assessment Pilot of one standardized behavioral health assessment 	Complete Complete
CY 2025	<ul style="list-style-type: none"> Transfer Strengths and Challenges assessment from Core Redesign Team to permanent assessment oversight structure for training implementation and ongoing QA/CQI 	
CY 2026	<ul style="list-style-type: none"> Transfer standardized behavioral health assessment from Core Redesign Team to permanent assessment oversight structure for training implementation and ongoing QA/CQI 	
CY 2027	<ul style="list-style-type: none"> Continued assessment redesign process 	
CY 2028	<ul style="list-style-type: none"> Plan for full adoption and implementation of redesigned assessments (dependency: CCWIS implementation) 	

Progress on this strategy can be found in [Safety Outcome 2](#).

Strategy 2.2: National Partnership for Child Safety (NPCS)

NPCS was initially formed in 2018, is a quality improvement collaborative to improve child safety and reduce child maltreatment fatalities through the application of safety science and shared data.

The purpose of Systems-Focused Critical Incident Reviews (SCIR) is to support an environment of safety that leads to improvements for families and the professionals (e.g., caseworkers) who care for them. System-Focused Critical Incident Reviews draw on the sciences of safety, improvement, and implementation and operate from a core set of values: family-centered, workforce informed, and systems-focused.

Year	Benchmark activity or measure	Status
CY 2024	<ul style="list-style-type: none"> Decrease child abuse and neglect fatalities 	Incomplete
CY 2025	<ul style="list-style-type: none"> Decrease instances of repeat maltreatment 	
CY 2026	<ul style="list-style-type: none"> Safely increase ratio of exits to entries 	
CY 2027	<ul style="list-style-type: none"> Re-evaluate goals through the CQI process 	
CY 2028	<ul style="list-style-type: none"> Re-evaluate goals through the CQI process 	

Progress on this strategy can be found in [Safety Outcome 2](#).

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Strategy 2.3: Services expansion

This project supports increased service delivery across the state, a centralized and standardized system of provider availability and access that is robust, supportive, and responsive.

Year	Benchmark activity or measure	Status
CY 2024	• Updated rate modeling for In-Home Services	Complete
	• Contract finalization with five American Indian and Alaska Native (AI/AN) providers for services	Complete
	• Contract finalization with African American community providers for services	Complete
CY 2025	• Service penetration report	
CY 2026	• Report of findings and recommendations for community specific providers	
CY 2027	• TBD based on report of findings and recommendations for community specific providers and service penetration report	
CY 2028	• Continued monitoring and program improvement	

Progress on this strategy can be found in [Safety Outcome 2](#).

Goal 3: Permanency

Children have safe and stable homes, connected to their communities and the people, places, and things that matter most to them.

Measure of Progress:

Metric	Baseline	Year 1 Interim Target	Year 1 Actual	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Interim Target	Data Source
Stability of foster care placement	85%	87%	88%	88%	88%	89%	89%	CCRT: CFSR Item 4
Permanency goal for child	40%	42%	42%	43%	50%	58%	65%	CCRT: CFSR Item 5
Achieving reunification, guardianship, adoption, or other planned permanent living arrangement	17%	26%	22%	36%	42%	48%	54%	CCRT: CFSR Item 6
The continuity of family relationships and connections is preserved for children.	79%	81%	82%	83%	84%	85%	85%	CCRT: CFSR Permanency Outcome 2

Strategy 3.1: Caregiver Supports

The vision of the Caregiver Supports Project is to implement a continuum of placement resources that enable safe, stable, and supported placements for children in the care of DCYF. The continuum will increase access to caregiver supports and align supports to the varied needs of youth and children in out-of-home placement.

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Year	Benchmark activity or measure	Status
CY 2024	<ul style="list-style-type: none"> Staff trained on new caregiver supports model 	Complete
CY 2025	<ul style="list-style-type: none"> Continued Caregiver Support Contract execution 	
CY 2026	<ul style="list-style-type: none"> Complete Caregiver Supports Contract execution in all 14 catchment areas Establish QA metrics and processes for tracking 	
CY 2027	<ul style="list-style-type: none"> Continued monitoring and program improvement 	
CY 2028	<ul style="list-style-type: none"> Continued monitoring and program improvement 	

Progress on this strategy can be found in [Permanency Outcome 1](#).

Strategy 3.2: Kinship Engagement Unit (KEU)

The purpose of the KEU is to implement a family finding model to identify and engage D.S. settlement class members' extended family members and friends to support families to safely reunify or stay together.

Year	Benchmark activity or measure	Status
CY 2024	<ul style="list-style-type: none"> Implementation of KEU Pilot in 2 regions 	Complete
CY 2025	<ul style="list-style-type: none"> Assess pilot; development of integrated approach to engagement with kin 	
CY 2026	<ul style="list-style-type: none"> To be determined 	
CY 2027	<ul style="list-style-type: none"> To be determined 	
CY 2028	<ul style="list-style-type: none"> To be determined 	

This strategy is pivoting. DCYF will not be expanding KEU to all regions and are not pursuing legislative funding to do so. The assessment of the pilot will be used to help inform strategies for an integrated approach to engagement with kin.

Progress to date on this strategy can be found in [Permanency Outcome 1](#).

Strategy 3.3: Family Group Planning

Family Group Planning encompasses all types of SPMs.

Year	Benchmark activity or measure	Status
CY 2024	<ul style="list-style-type: none"> Update and revise SPM and other meeting policies to include individuals with lived experience and system partner input 	Delayed
	<ul style="list-style-type: none"> Update facilitator training 	Complete
CY 2025	<ul style="list-style-type: none"> Develop QA measures and processes 	
CY 2026	<ul style="list-style-type: none"> Stage 2 system partner engagement for continued program improvement 	
CY 2027	<ul style="list-style-type: none"> Continued monitoring and program improvement 	
CY 2028	<ul style="list-style-type: none"> Continued monitoring and program improvement 	

Progress on this strategy can be found in [Permanency Outcome 1](#).

Strategy 3.4: Professional Therapeutic Foster Care (PTFC)

The D.S. settlement requires DCYF to develop and implement a contract and licensing category for PTFC. This licensing category is intended to support children and their immediate families when reunification or placement with extended or chosen family is not possible due to the child’s developmental disabilities or behavioral needs.

Year	Benchmark activity or measure	Status
CY 2024	• Contract with child placing agencies (CPAs)	Delayed
	• Develop targeted recruitment goals with contracted CPAs	Delayed
CY 2025	• Launch Phase 1 and 2 of PTFC	
CY 2026	• Launch Phase 3 of PTFC	
CY 2027	• Program evaluation of Phases 1-3	
CY 2028	• Continued monitoring and program improvement	

Progress on this strategy can be found in [Permanency Outcome 2](#).

Strategy 3.5: Revised Licensing Standards

In response to the D.S. settlement, DCYF agreed to amend contracts and policies, as well as to engage in negotiated rule making (NRM) to amend licensing requirements for foster care placements, to be more developmentally appropriate and/or flexible to meet individual youth’s needs.

Year	Benchmark activity or measure	Status
CY 2024	• Establish NRM workgroup	Complete
	• Recommendations made on proposed Washington Administrative Code (WAC) and rules language made by NRM workgroup	Complete
CY 2025	• Negotiate rule requirements and language	
	• Amend necessary facility policy and procedure to fully align with updated WAC and contract requirements	
	• Finalize LD and CPA WAC trainings	
CY 2026	• Amend necessary CPA policy and procedure to fully align with updated WAC and contract requirements	
	• Launch LD and CPA WAC trainings	
CY 2027	• Launch foster parent eLearning in-service training for the interpretation and implementation of amended WAC rules	
CY 2028	• Continued monitoring and quality improvement	

Progress on this strategy can be found in [Permanency Outcome 2](#).

Goal 4: Well-being

Families have enhanced capacity to provide for their children’s needs. Children receive appropriate services to meet their educational, physical, and mental health needs.

Measure of Progress:

Metric	Baseline	Year 1 Interim Target	Year 1 Actual	Year 2 Interim Target	Year 3 Interim Target	Year 4 Interim Target	Year 5 Interim Target	Data Source
The agency makes concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family.	47%	53%	51%	59%	62%	66%	69%	CCRT: CFSR Item 12
Child and family involvement in case planning	48%	54%	54%	60%	63%	67%	70%	CCRT: CFSR Item 13
Caseworker visits with child	79%	81%	77%	82%	83%	84%	85%	CCRT: CFSR Item 14
Caseworker visits with parents	39%	46%	47%	53%	57%	61%	65%	CCRT: CFSR Item 15
Four-year graduation rate of youth in foster care	53%	55%	51%	57%	59%	61%	63%	Office of Superintendent of Public Instruction (OSPI) Graduation Report Card
Children receive adequate services to meet their physical and mental health needs	71%	74%	67%	77%	79%	81%	82%	CCRT: CFSR Well-being Outcome 3

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Strategy 4.1: Emerging adulthood housing program

The D.S. settlement agreement requires DCYF to continue developing and implementing an array of supported housing programs for youth and young adults from ages 16 through 20 years with living unit configurations tailored to the needs of youth.

Year	Benchmark activity or measure	Status
CY 2024	<ul style="list-style-type: none"> Increase from 14 to 34 Adolescent Transitional Living Program (ATLP) beds Establish four new ATLP providers 	Partially Complete Partially Complete
CY 2025	<ul style="list-style-type: none"> Establish EAHP service model workgroup to develop recommendations for new service model Draft concept paper for new EAHP service model 	
CY 2026	<ul style="list-style-type: none"> TBD based on CY2025 benchmark activities 	
CY 2027	<ul style="list-style-type: none"> Continued monitoring and quality improvement 	
CY 2028	<ul style="list-style-type: none"> Continued monitoring and quality improvement 	

Progress on this strategy can be found in [Well-being Outcome 1](#).

Strategy 4.2: Qualified residential treatment program (QRTP)

DCYF will ensure that all children will have a Qualified Residential Treatment Program (QRTP) assessment prior to placement in a QRTP and every 90 days for the duration of placement in the QRTP.

Year	Benchmark activity or measure	Status
CY 2024	<ul style="list-style-type: none"> Identify trainings to grow child and family interviewing and engagement skills for qualified individuals completing QRTP assessments 	Complete
CY 2025	<ul style="list-style-type: none"> Develop process to review QRTP assessments and assessors 	Complete
CY 2026	<ul style="list-style-type: none"> Continued monitoring and quality improvement 	
CY 2027	<ul style="list-style-type: none"> Continued monitoring and quality improvement 	
CY 2028	<ul style="list-style-type: none"> Continued monitoring and quality improvement 	

Progress on this strategy can be found in [Well-being Outcome 1](#).

Strategy 4.3: Statewide Hub Home Model

In response to the D.S. settlement, DCYF will expand implementation of the Mockingbird Family (MBF) Hub-Home Model statewide and establish at least one Hub per region whose Hub Home parents have experience caring for young people who currently or previously qualified for intensive resources and support such as Wraparound with Intensive Services or behavior rehabilitation services (BRS).

Year	Benchmark activity or measure	Status
CY 2024	<ul style="list-style-type: none"> Develop and execute CPA contracts Launch Hub Homes Establish QA benchmarks 	Altered Delayed Delayed
CY 2025	<ul style="list-style-type: none"> TBD based on the QA benchmarks developed collaboratively with Mockingbird 	
CY 2026	<ul style="list-style-type: none"> Continued monitoring and quality improvement 	
CY 2027	<ul style="list-style-type: none"> Continued monitoring and quality improvement 	
CY 2028	<ul style="list-style-type: none"> Continued monitoring and quality improvement 	

Progress on this strategy can be found in [Well-being Outcome 1](#).

Program Support

Research, Evaluation, Management Information System, and Quality Assurance Systems

The DCYF Office of Innovation, Alignment and Accountability (OIAA) was established to build agency capacity to make evidence-informed decisions, continuously learn, improve, and successfully enact system reform. OIAA supports DCYF through research, evaluation, reporting, and other projects focused on influencing policy and practice changes within DCYF.

The OIAA Evaluation and Research Team supports the department's research priorities, which are aligned with the agency's strategic plan. Internal research is developed to advance this work, which is planned on an annual cycle. External research partnerships are assessed for alignment with the plan before support is provided.

OIAA annually develops and publishes their evaluation and research agenda, detailing how it is aligned with the DCYF Strategic Priorities and with focused agency work currently underway. Unlike academic institutions, the OIAA research and evaluation agenda must be responsive to policy timelines. This means that most projects take less than a year to complete from start to finish. Because OIAA does not have the capacity to conduct all research that might benefit the agency, they annually produce a list of priority research questions for external partners to focus their proposed studies on. This list of questions is also clearly aligned with the agency priorities and focused agency work to ensure that external resources committed to research and evaluation are also targeted.

OIAA research reports conducted to support the needs of child welfare (CW), released externally prior to CY 2024, are located on the DCYF OIAA webpage.

Examples of OIAA research activities currently underway to inform DCYF include:

- Review, development, and selection of assessment tools, which align with and support the CW family practice model (FPM)
- Validation studies of current assessment tools
- Monitoring and dashboarding on the potential connections among placement reduction, increases in re-referral, and critical incidents
- Monitoring and dashboarding the trends of the mental health status of the children entering out-of-home care
- Research on the impacts of practice and policy changes for children in out-of-home care
- Exploratory research on the value of implementing Adverse Placement Scores (APS) (e.g., placement outside of the child's community, not placed with one's siblings, placed in a non-family like setting) to support better placement options for children in out-of-home care
- Research and evaluation of the impacts of the current in-home services offered to support families involved with CW
- Placement reduction monitoring and reporting
- Research on placement exceptions (e.g., one night stay, hotel, etc.)
- Analysis of safety plans and safety plan failures
- Evaluation of ICW policies and procedural changes
- Reviews of research about the agency conducted by external researchers and connection to policy implications
- Research support for Performance Based Contracting

OIAA is responsible for supporting the implementation of the Family First Prevention Services Act (FFPSA) in the following ways:

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- Construct the evaluation plans for the approved evidence based practices (EBPs) in the federally approved DCYF Prevention Plan
- Conduct (or contract for) the required FFPSA evaluation once the services are funded with FFPSA dollars
- Support the work of the Office of Tribal Relations (OTR). Since the beginning of FFPSA planning OIAA staff have worked with the Office of Tribal Affairs to ensure DCYF is leveraging the opportunity of FFPSA funding in expanding prevention opportunities in Washington’s tribal communities
- Support work for determining EBPs that may be eligible for FFPSA funding and align with agency/client needs
- Produced a population-based service needs assessment that will help guide the service array

OIAA’s Quality Assurance (QA)/Continuous Quality Improvement (CQI) staff partner in the five client serving divisions to align practices with minimum standards established in DCYF’s QA/CQI Framework. During Phase 1 implementation, the QA/CQI team compared each section’s documentation within the divisions against these minimum standards. The Licensing, Early Learning and Partnership, Prevention and Services Divisions started Phase 2 implementation in CY 2024. The CW and Juvenile Rehabilitation (JR) divisions are scheduled to begin Phase 2 in early CY 2025. More information on this project can be found in [*System Factor: Quality Assurance System*](#).

The OIAA Analytics and Reporting Team focuses on developing and providing comprehensive dashboards and reports to support practice improvements. Many of the dashboards provided by the Analytics team are public facing and have been developed to engage DCYF community system partners to communicate and support agency efforts to support reductions in child maltreatment. Dashboards also allow OIAA to highlight agency commitments to support outcomes for children, youth, and family. External-facing analytics products are made available through the DCYF website.

Reporting products are internal and used for practice improvement, to improve data entry and monitor performance measures. Washington’s Transitional Comprehensive Child Welfare Information System (CCWIS) system, FamLink, is the source for administrative data used in CW reports, which identify practice strengths, capture key required data elements to ensure practice requirements are being met and support ongoing practice improvement. These reports are made available through the CW reporting portal (infoFamLink), and staff at all levels of the agency have access to them. Summary and case level detail reports are refreshed nightly and are available to caseworkers and supervisors across the state who use the reports in their daily work, through e-mail subscriptions or direct access.

Reporting Products are prioritized by the Report Advisory Group, which is made up of regional and program administrators. All new proposed reports and enhancements are reviewed with this team quarterly to identify which reports should be prioritized to support practice improvement. Program managers are invited to the meetings to help inform the Report Advisory Group of the request and how fulfilling the report changes would improve practice implementation.

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Top Reports and Dashboards developed or modified in CY 2024, by OIAA, include:

ProductName	Type	Reasons Work Completed	Implemented
Initial License	Report	A bug was found which was limiting the new homes supported under HB 1227 from being identified as Initial Licenses. This was corrected and implements	January 2024
Family Time – 72 Hour Visitation	Report	A new report was created to identify children placed in out of home care and monitor if visitation was occurring within 72 hours of placement	February 2024
Prevention Dashboard	Dashboard	This dashboard was updated to include CY 2023 data and provides external and internal partners with data surrounding Strengthen Families Locally	March 2024
CW Overview	Report	The CW Report was made available through the reporting portal and also on the internet, to allow internal staff and external partners to see outcomes for the prior 12 month period being reported	April 2024
Caregiver Support Summary	Report	This tool was created to support the new roll out of foster care rate assessments, allowing for a more robust assessment of the child’s medical needs, to provide better support to caregivers	May 2024
In Home Pre Fact Finding	Report	This report was designed to support the proposed increase of in-home cases, with court oversight, that do not qualify as a Trial Return Home (TRH).	July 2024
Relative vs Non-Relative	Report	New data was added to this report to help support those youth who are currently in the D.S. settlement or have shown placement instability and may need extra supports to help stabilize them. In addition, there was data added to understand the new implementation of Reason to Know data fields	September and December 2024
CWELN Tracking Report	Report	This tool was created to support Child Welfare Early Learning Navigators in understanding which families were provided extra support through this program	October 2024
Agency Performance Dashboard	Dashboard	This dashboard includes measures of out-of-home care including entries, exits, re-entry, placement by age, and length of stay, and additional measures on intake decisions and kinship care licensure.	December 2024
Supplemental Dashboard	Dashboard	This dashboard includes additional CW measures, such as Monthly Visits, permanency, and kinship placements.	December 2024

Technical Assistance

During CY 2024 DCYF received technical assistance from the following sources for program support in working toward enacting the state’s vision and implementation of FFPSA.

Casey Family Programs works to influence long-lasting improvements to the well-being of children, families, and the communities where they live. Consultation and resources on public policy, research, and analysis are provided. Monthly learning collaboratives and community-based pathway forums focused on FFPSA implementation provide learning,

resources, and networking opportunities. The Casey Family Programs negotiated DCYF state agreement includes technical assistance focused on:

- Adopting safety science to establish and promote a workforce environment and service approach grounded in safety principles for both staff and those served
- Building mentoring and relationships between biological parents and caregivers
- Expand support to family resource centers (FRCs) to provide services in community
- Engage in national forums to reduce the need for group placements
- Transforming and enhancing services to reduce entries and time in care by assisting families through concrete service supports

An overarching aspect of the work with DCYF involves ensuring that people, staff, and communities are treated fairly and have access to the support and opportunities they need to succeed.

Chapin Hall supports FFPSA implementation through research, reports, and presentation deliverables. Beginning in CY 2024 Chapin Hall began a new contract focused on designing and implementing a community-based pathway. Chapin Hall's support through December 2025 provides guidance on strategic direction, governance, data analysis, and infrastructure for FFPSA community-based pathway implementation. Primary implementation will occur with Plan of Safe Care (POSC), FRCs, and Family Reconciliation Services. Key deliverables include:

- Research and planning outputs
- Setting up a community-based pathway governance and necessary facilitation guides
- Develop data analysis reports and visualizations
- Conducting data analysis on statewide service needs

All technical assistance will be geared towards developing the community-based pathway alignment with the updated 5-Year Prevention Plan submitted to the Children's Bureau on Dec. 23, 2024

The Capacity Building Center for States developed a comprehensive work plan for the Family First team which remained in effect from the end of CY 2023 until September 2024, when the Children's Bureau ended the Center's contract.

Key focuses included:

- Peer-to-peer technical consultation for Combined In-Home Services (CIHS)
- Developing funding structures to support claiming
- Creating internal and external communication plans
- Planning and supporting home visiting referrals from CW caseworkers

The Center also facilitated community engagement for developing the updated 5-Year Prevention Plan. This included designing collaborative forums and town halls, as well as engaging with tribal nations to ensure the presence of prevention service access for tribes with Title IV-E agreements, aligning with the Washington Indian Child Welfare Act (ICWA). Facilitated participation covered Regions 1, 2, and 6.

In late 2024, the Children's Bureau announced that JBS International won the contract to support technical assistance into 2025 and beyond.

The Children’s Bureau provides on-going guidance in the daily implementation of FFPSA. Quarterly meetings are held to review progress, address any questions or issues at hand, and identify resource support that enable implementation efforts.

The Harvard Government Performance Lab (HGPL) supported the POSC pilot launched in CY 2022 to connect screened-out families with substance exposed infants to prevention supports. HGPL transitioned this work to DCYF in June 2024. The HGPL completed two service procurements for service array expansion in CY 2023-CY 2024. Contract services for the HGPL concluded in June 2024.

Foster America began providing technical assistance to DCYF and in support of FFPSA fiscal claiming in August 2024. The Foster America team will be supporting DCYF in 2025 and beyond, following recommendations identified during a six-month road mapping process for prevention transformation. Their technical assistance will focus on four key areas: Co-Design, Collaboration, Finance, and Learning.

Public Consulting Group provided facilitation support as the FFPSA team engaged communities throughout Washington state for development of the updated 5-Year Prevention plan submitted to the Children’s Bureau on Dec. 23, 2024. Facilitation occurred in regions 3, 4, and 5. PCG also helped develop and provide a listening session to present an overview of the feedback received during the community engagement process.

Further planned technical assistance provided by Public Consulting Group in CY 2025 includes the following activities to support the design and implementation of the community-based pathway:

- Assist in developing external communication and engagement materials
- Assist in facilitating community listening sessions and workgroups
- Conducting community virtual survey and analyzing results
- Facilitating payment for lived experts’ participation
- Managing project logistics for community engagement sessions
- Requesting and receiving WSIRB approval for community listening sessions and surveys
- Identifying data elements and costs for Title IV-E prevention claiming
- Developing readiness strategies for prevention services claiming

Doris Duke Foundation Learning Collaborative will provide technical assistance over the next three years to support peer learning opportunities for approximately 16 jurisdictions planning or launching the FFPSA community-based pathway. Developed under the Foundation’s recently launched *Opportunities for Prevention & Transformation Initiative (Opt-In)* the Learning Collaborative builds on efforts in Kentucky, Oregon, South Carolina, and Washington, D.C to test a prevention focused alternative to the punitive CW system. These jurisdictions aim to improve outcomes by supporting families reported to and screened out by the Child Protective Services (CPS) hotline by aligning with FFPSA’s upstream service intentions.

Quality Assurance

See [*Systemic Factor: Quality Assurance System*](#).

Update on Service Descriptions

Stephanie Tubbs Jones Child Welfare Services Program (title IV-B, subpart 1)

Services for Children Adopted from Other Countries

DCYF provides services and supports to families of children and youth adopted from other countries in a way that is consistent with those provided to all Washington families. Examples of agencies that provide these services are the Developmental Disability Administration, the Health Care Authority's (HCA) Division of Behavioral Health and Recovery, and the Economic Services Administration's Community Service Division.

As with families who adopt from the child welfare (CW) system, families with children adopted from other countries have equal access to services provided by DCYF such as Family Voluntary Services (FVS), Family Reconciliation Services, and Child and Family Welfare Services (CFWS). A family who adopts a child from another country is not eligible for adoption support unless the child meets the requirements outlined in Washington Administrative Code (WAC) 110-80-0040.

In Washington, the Post Adoption Support Coalition brings together adoptive parents—from private, international, and CW adoptions—to address shared challenges and access resources. The group meets consistently with regular involvement from foster parent agencies, support groups, trainers, mental health professionals, and DCYF staff. The focus for the coming year is to engage adoptive families as co-facilitators, ensuring the group is led by those with lived experience. This shift aims to better meet family needs and inform DCYF of service gaps. DCYF staff meet regularly with the Adoption Success Committee. This committee consists of adoptive parents, adult adoptees, HCA, agencies that facilitate in-state and international adoptions, and a private community residential establishment program. Informational publications, training, and a media list have been developed to share information with adoptive parents on resources and support available to all state adoptive families. This committee meets regularly to assess progress, review documents and plan for future goals.

There are additional support groups available in the community including Parent Trust where staff are available to address a number of parenting-related topics. Adoptee Mentoring Society is also a community resource that centers adoptee voices which host virtual support groups as well as one on one mentors.

DCYF continues to expand its work with community partners on the development of resources for all Washington families with adopted children. Information on resources is shared with school districts, professional organizations, medical clinics, and public and private agencies that provide medical, behavioral, economic, or mental health services to families residing in Washington. DCYF CW program staff and community mental health providers also participate in the National Adoption Competence Mental Health Training Initiative. This training provides information on the mental health needs of youth adopted internationally, domestically, and from CW.

Accurately identifying disrupted international adoptions and the originating agency that come to the attention of DCYF is difficult primarily because the current digital system does not require entry as to where a child is born, nor is there an obvious way to track if a child was adopted internationally. DCYF is in the process of updating the system and one goal for that tracking system is to gather more reliable information on this population.

Services for Children Under the Age of Five

Early Support for Infants and Toddlers

The Early Support for Infants and Toddlers (ESIT) program enhances child development through family-centered services in natural environments like homes and communities. Eligibility is based on a 25% developmental delay, a qualifying

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diagnosis, or clinical opinion. ESIT contracts with 22 provider agencies, two tribal nations, and four County Lead Agencies (CLA), which serve about 60% of children enrolled. In State Fiscal Year (SFY) 2024, ESIT served 24,149 children using federal, state, county, and local funds.

ESIT collaborates with strategic partners such as the Preschool Development Grant, Child Care Development Fund, Individuals with Disabilities Education Act Part B/619, and universities like the University of Washington (UW) and Portland State University.

Current initiatives include:

- **Enhanced Medicaid Billing:** Streamlining ESIT and Medicaid to reduce provider burden, increase access for Medicaid-enrolled children, and improve coordinated care.
- **ESIT Statewide Integrated Monitoring System:** Ensuring fair services while focusing on compliance and better outcomes.
- **Access to Child Online Record Network:** A new data management system for case management, state and federal reporting, and potential billing.
- **Revised Early Childhood Transition Policy:** Allowing parents to opt out of sharing personally identifiable information with Office of Superintendent of Public Instruction (OSPI) and local school districts.
- **Revised Payment and Fee Policies:** Improving clarity and addressing financial burdens for families.
- **ESIT Credential:** A required credential for all service providers by 2026, establishing foundational knowledge for all staff.

ESIT collaborates with Child Welfare Early Learning Navigator (CWELN) staff to strengthen state and local-level partnerships to serve children in the child welfare (CW) system. ESIT also participates in DCYF’s Statewide Cross-Program Division Leads meetings to share resources, address barriers, and reduce duplication of efforts.

A practice guide, *Cross-System Partnership for Children in Out-of-Home Care*, was developed by ESIT and CW teams to assist providers working with infants and toddlers in foster care or with parents receiving CW services.

Referral data from ESIT provider agencies reflects sources such as Child Health & Education Tracking (CHET) Screeners, Child Protective Services (CPS), and CW services.

ESIT Referral data		
	SFY 2023	SFY 2024
ESIT CHET Referrals	274	264
ESIT CPS Referrals	293	237
ESIT CW Services Referrals	303	277
<i>Data Source: ESIT statewide data management system</i>		

Child Welfare Early Learning Navigators (CWELN)

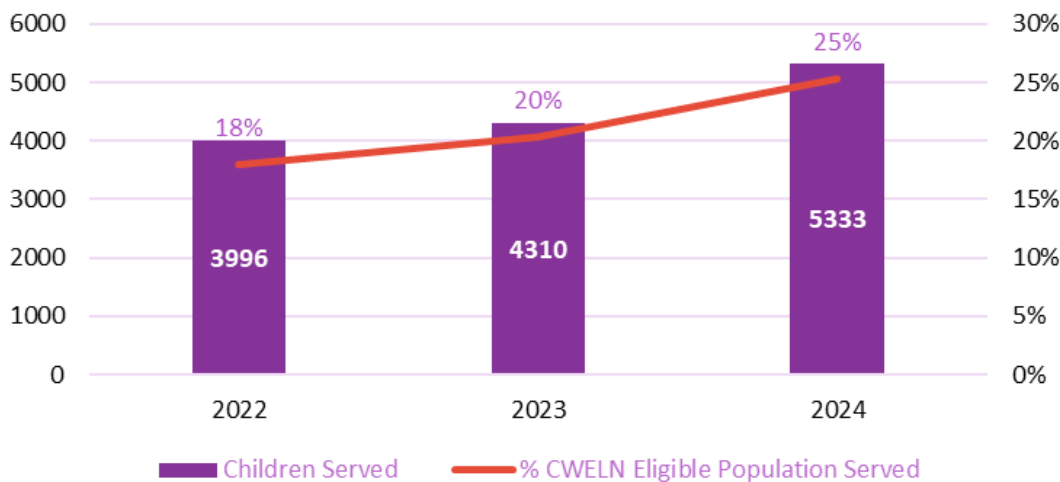
The CWELN program connects families with young children to early learning and family support services, linking early learning and CW functions to promote school success and prevent maltreatment. Funded through the Child Care Development Fund, CWELN expanded in 2024, adding five navigators, including a tribal CWELN in Region 5, ensuring each region now has at least one navigator. Engagement strategies with caseworkers were refined, and new tools, such as the Child Welfare Policy 5400 – Child Care Referral Decision Tree, were developed to assist CW staff. The program also secured additional funding through the Building Early Childhood Child Welfare Partnerships ACF/CB grant and continued to receive national recognition.

In 2024, CWELNs partnered with community organizations, early care centers, child advocacy groups, and early learning coalitions. Connections with the Early Childhood Intervention and Prevention Services program (ECLIPSE), Head Start, Early Childhood Education and Assistance Program (ECEAP), and the Licensing Division (LD) improved coordination and facilitated warm hand-offs for families.

Children Served

In 2024, CWELNs served 5,333 children and their families with meeting their early learning needs. CWELNs worked towards statewide expansion in 2024. In alignment with this expansion, from 2022 to 2024, CWELN grew from serving 18% of eligible children statewide to 25% of eligible children. Additionally, when comparing children served in 2024 to 2023, navigators served over one thousand additional children, an increase of 24 percentage points.

CY2022-2024: Eligible Children Served by the Child Welfare Early Learning Navigators (CWELN)

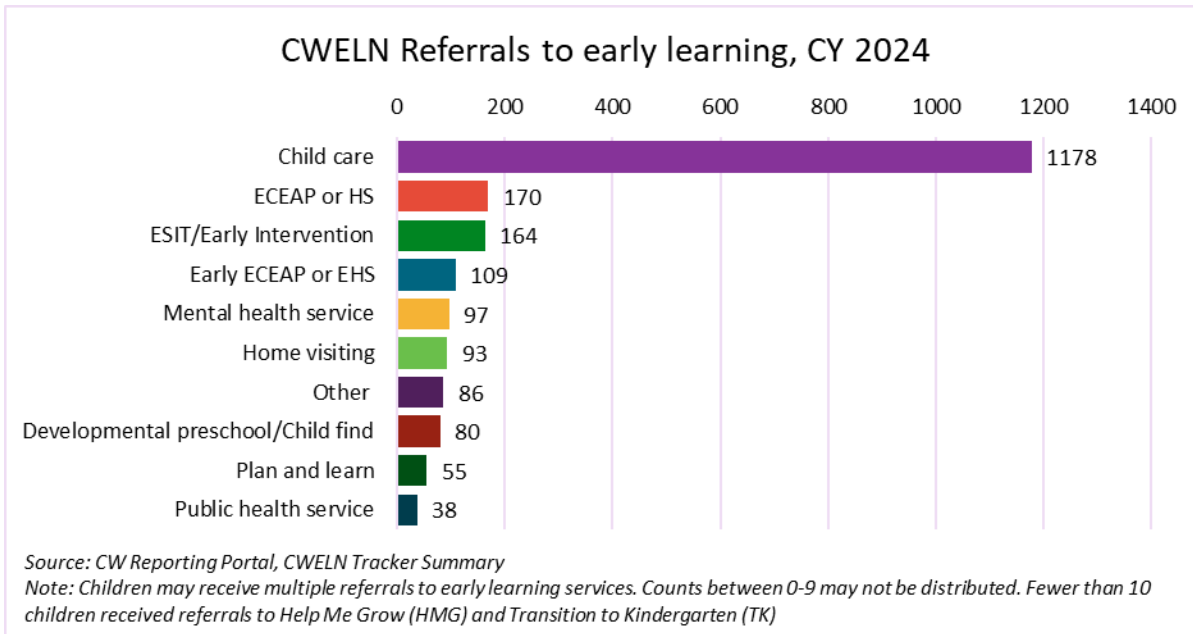


Data Source: CW Reporting Portal, CWELN Tracker Summary

Note: Eligible children are any child age zero to five with an active CW intake. Served children represent families contacted by a navigator. Although this graph represents statewide eligibility, navigators only provide support in assigned CW offices.

Needs Met by Resource

In 2024, 39% (2,070) of the children contacted by CWELNs received one or more referrals to early learning services. Of those referrals, 57% were referrals to child care, 8% were to ESIT Early Intervention services, 8% were to ECEAP or Head Start, and 5% were to Early ECEAP or Early Head Start.



In looking ahead to 2025, priorities include expanding the CWELN team. Efforts will also focus on enhancing communication and outreach with internal and external partners as the program develops a structured communication schedule. And finally, the program will work to develop a practice guide to complement and support policy implementation.

Home Visiting

Home Visiting programs, funded by state and federal sources, provide home-based assessments, support, and resource referrals for families from pregnancy through early childhood. DCYF currently funds eight home visiting models, each focused on child development and parent/caregiver attachment, with slight variations in eligible populations and outcomes.

Recent initiatives include:

- **ESSB 6109 Legislative Initiative:** Aimed at creating dedicated slots for families in CW experiencing substance use. After months of planning and program selection, the initiative was halted in November 2024 due to budget constraints.
- **Home Visiting Expansion:** The state allocated \$1 million for the expansion of voluntary home visiting programs, with expansion efforts underway as of February 2025.
- **Family First Prevention Services Act (FFPSA) – Community Pathways:** The state home visiting team partnered with the FFPSA team to develop referral pathways from CW offices to home visiting programs, also collaborating with CWELNs.

Strengthening Families Washington promotes protective factors to reduce child abuse and neglect, managing affiliations with Prevent Child Abuse America and the Washington State Children’s Trust Fund. Funded by the Child Abuse Prevention and Treatment Act (CAPTA) Part II program, initiatives focus on primary and secondary prevention for at-risk families, such as those with substance use or barriers to CW involvement.

Strengthening Families Locally concluded in March 2025 after five years, funded by the Administration for Children and Families (ACF’s) Community Collaborations for Child Welfare program. The initiative worked in four high-maltreatment

areas, building capacity, collaboration, and data access to address root causes of child maltreatment. It supported families with children under five, offering services like peer support, housing aid, and doula training. Many projects were time-limited due to lack of sustainable funding, with a final grant report and evaluation expected in the coming year.

Early Childhood Courts

DCYF partners with five county court jurisdictions in Washington to operate Early Childhood Courts (ECC) in Spokane, Kitsap, Pierce, Clark, and Thurston counties. Collaboration involves the Washington Safe Baby Court State Advisory Board, the Administrative Office of the Courts (AOC), and Zero to Three (ZTT), which provides training and technical support. The Safe Baby Court State Advisory Board has funding to support ECC development through 2027. AOC works with ECC Coordinators to collect and analyze data and support reports to the ZTT national safe baby court database.

DCYF collaborates with each court to establish memorandum of understanding (MOUs) and provide Infant/Early Childhood Mental Health (IECMH) training in partnership with the Barnard Center for Infant and Early Childhood Mental Health.

ECC eligibility previously required a dependency case with at least one child aged 0-3. However, the 2025 legislative session passed a bill extending eligibility to children up to age six. DCYF will provide training to support this change and strengthen understanding of ECC benefits and the ZTT model. Additionally, DCYF is developing a Quality Assurance (QA)/Continuous Quality Improvement (CQI) plan to assess service acquisition, case outcomes, and adherence to the ZTT model.

Child Parent Psychotherapy (CPP)

DCYF partners with the Health Care Authority (HCA) and the Barnard Center for IECMH to map CPP providers, increasing access for CW cases. CPP, a Medicaid-funded intervention for children ages zero to five and their parents, addresses trauma and adversities. With philanthropic support, the Barnard Center hosts CPP learning cohorts to certify clinicians across Washington in this relationship-based, two-generation approach.

DCYF will continue expanding CPP access, aligning with efforts to increase community referrals, Washington's Prevention Plan, and preparing the workforce for FFPSA implementation. Initial outreach has focused on Early Childhood Courts (ECC), where CPP is a key addition. ECC Coordinators are trained to connect with local CPP providers for referral partnerships. Upcoming outreach will include training the CWELN team to identify CPS cases suitable for CPP referrals and fostering connections between local CPP-certified clinicians. This will increase CPP referrals in CW cases, including those in ECCs, CPS, FVS, or CFWS.

Child Care

Access to safe, affordable child care is critical for families facing basic need challenges such as housing, food, and transportation. High-quality child care supports early learning and children's development, preparing them for future success. DCYF helps child care providers and educators build knowledge, recognizing that child care enables parents to work, pursue education, and participate in services, including those in open CW cases. Licensed providers engage families in child development strategies, offer parenting resources, and foster social connections to help parents advocate for their children.

Working Connections Child Care (WCCC)

WCCC helps eligible families pay for child care. When a family qualifies for child care subsidy benefits and chooses an eligible provider, the state pays a portion of the cost of child care. Parents may be responsible for a copayment to their provider each month.

Child Welfare Continuing Child Care

Child care is a key service in CW, with a streamlined subsidy program launching in July 2026. Families with open CW cases are eligible for 12 months of WCCC with no copayment or income/work requirements. Eligible case types include in-home CPS Investigations, CPS Family Assessment Response (FAR), FVS, and CFWS in-home or reunification, but not out-of-home caregivers planning adoption/guardianship. Eligibility requires the child to live with a parent/guardian, child care to be part of the case plan, and the benefit to be accessed within six months of case closure. Caseworkers refer families via FamLink, with technical assistance from Early Learning program managers and CWELNs. This benefit is a significant relief for families needing reliable, cost-free child care.

Evidence-Based Services and Service Array Expansion

CW caseworkers access various evidence based practices (EBPs) for families with children ages zero to five, focusing on safety, risk, and protective factors. Services are tailored through collaboration with families and provider availability. See [Systemic Factor: Service Array and Resource Development](#) for information regarding Combined In-Home Services (CIHS).

In 2023, 6% of cases with children ages zero to five received an EBP. EBP utilization by age zero to five participants:

- Promoting First Relationships: 2.3%
- Incredible Years: 1.3%
- Project SafeCare: 1.9%
- Parent-Child Interaction Therapy: 0.5%

The services continuum section will continue to develop capacity in every county to have at a minimum, access to crisis stabilization services, EBPs for ages zero to five, and EBPs for ages six to 18. The table below identifies service capacity for families with young children during quarter one of SFY 2026.

Service capacity for families with young children, SFY 2026, Q1							
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Total
Families with young children	154	55	151	252	202	159	973 (36%)
<i>Data source: Quarterly CIHS Capacity Review, SFY Q1</i>							

System integration goals for Child Welfare and Early Learning referral pathways

DCYF prioritizes system integration between CW and early childhood systems. Help Me Grow (HMG) Washington, a statewide resource and referral hub, connects families with early learning services and supports CW caseworkers in making referrals. DCYF is expanding referrals from CW caseworkers to the Plan of Safe Care (POSC) when cases close, ensuring families access community resources.

DCYF leverages POSC to engage ESIT for substance-exposed newborns, automatically linking them to ESIT services. A cross-agency workgroup, including Health Care Authority, Washington State Department of Health (DOH), and DCYF, is working on aligning IECMH policies and practices, focusing on fair access, workforce development, and systems coordination.

Substance Use Disorder (SUD)-Pregnancy Pathway

The SUD Pregnancy Pathway partners with the Parent Child Assistance Program (PCAP) to offer support and advocacy for pregnant and parenting individuals with substance use issues. DCYF is seeking state funding to expand PCAP statewide.

IECMH consultation is available for Early Achievers child care providers through Child Care Aware of Washington's Holding Hope program.

Early Childhood Intervention Prevention Services Program (ECLIPSE)

ECLIPSE, a trauma-informed intervention, is available for families in Early ECEAP/ECEAP programs, offering additional mental health support.

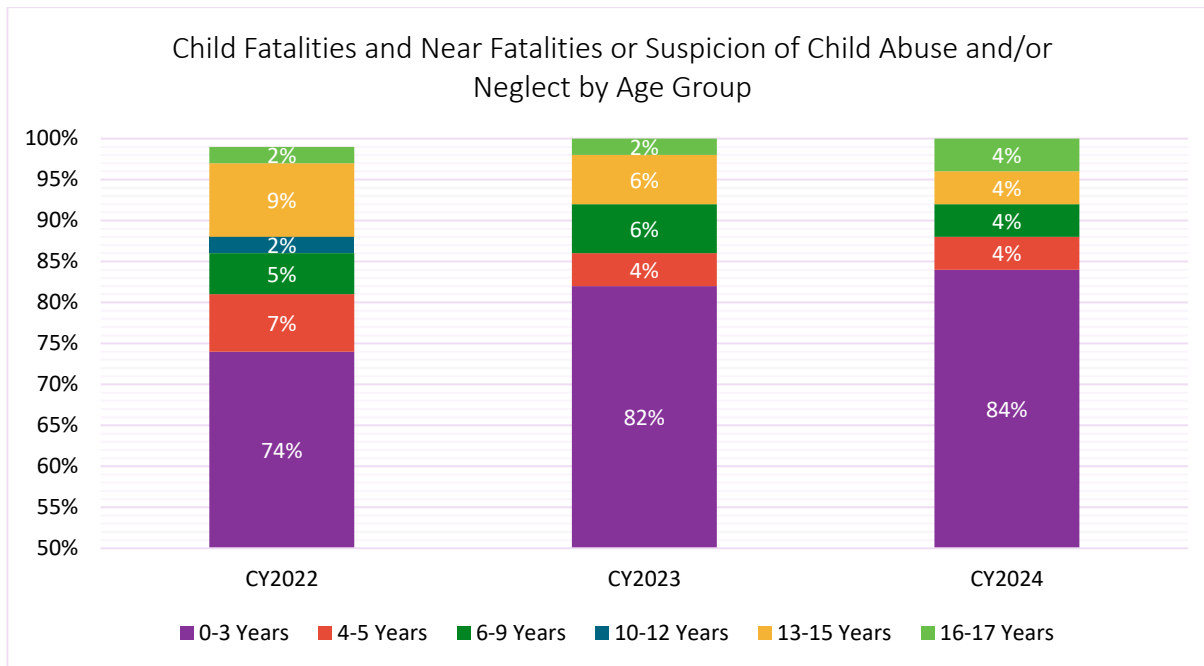
DCYF's IECMH work includes relational interventions like Child Parent Psychotherapy (CPP), and the expansion of IECMH consultation through the Fair Start for Kids Act. ECLIPSE services are integrated with ECEAP, providing a continuum of care with mental health support for children, families, and staff. Ongoing collaboration across DCYF and state agencies aims to improve access to IECMH services for CW families.

Efforts to Track and Prevent Child Maltreatment Deaths

Washington state's Critical Incident Review (CIR) unit is responsible for reviewing cases when a child dies or suffers near-fatal injuries attributed to child abuse or neglect. If DCYF provided services to the deceased or severely injured child within 12 months of the critical incident, Washington state law requires the convening of a committee of community professionals to review the case history, case practice, policies, and the CW system. State law requires the committees to be comprised of professional experts in disciplines relevant to the dynamics of the case under review. It is also the practice of the CIR unit to invite representatives of the child's tribe when applicable.

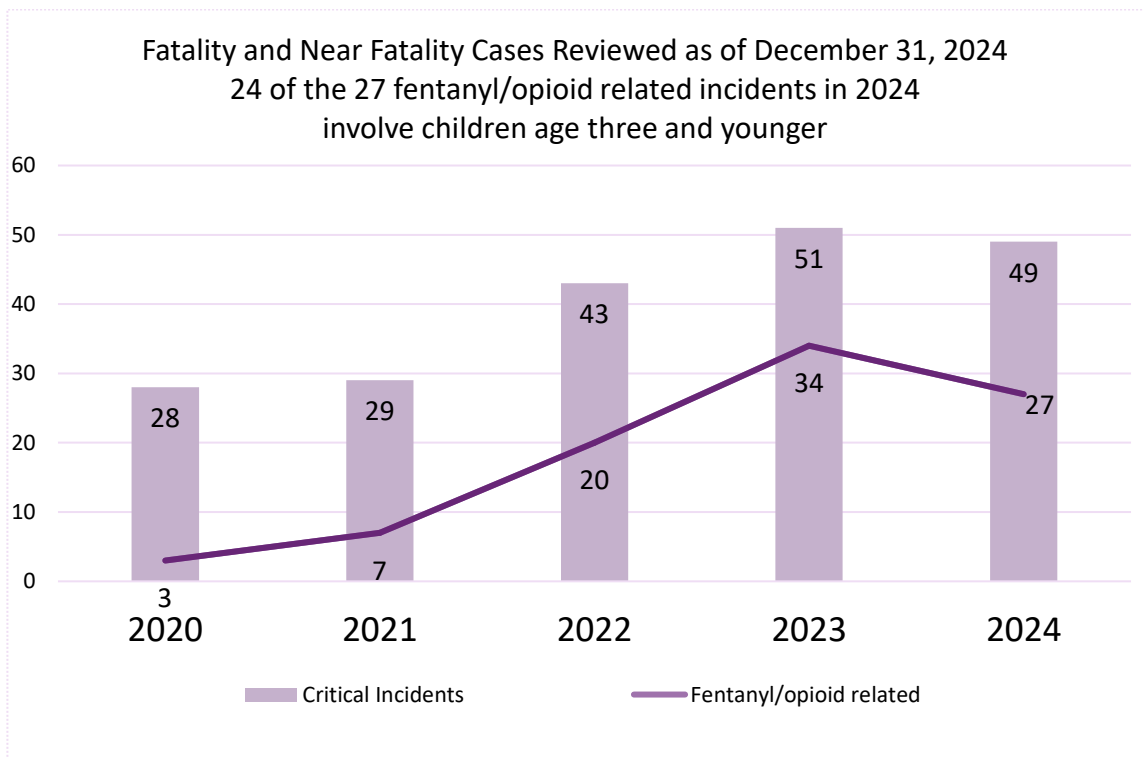
The purpose of the reviews is to evaluate DCYF's delivery of services, as well as the system response to the identified needs of the family. The evaluation or review of DCYF's services, and community response to concerns about child abuse and neglect issues in a family, helps DCYF to identify areas for improvement through education, training, policy, and legislative changes. During the report review process, committees may identify improvement opportunities. Improvement opportunities are defined as the gap between what the family needed and what they received from the CW system. Improvement opportunities may also identify systemic problems. Completed child fatality review reports are published online, and a compilation of reports is shared quarterly with the appropriate Washington state legislators.

Children under age three, due to their age and development, are the most vulnerable to serious injury or death from abuse. In CY 2024, out of the 49 children who suffered near fatal injuries or died from abuse or neglect related injuries, 84% were three years old or younger. This represents an increase from the prior years. Historically, Sudden Infant Death Syndrome (SIDs)/Sudden Unexplained Infant Death (SUID) or an infant sleeping with an impaired adult was the most common cause of death for infants and toddlers ages birth to three years and was the most common cause of death resulting from child maltreatment. This trend is declining. In CY 2024, DCYF conducted two child fatality reviews regarding infants who died in an unsafe sleeping environment. Blunt force trauma (inflicted injury) was another common cause of death among infants and toddlers. In CY 2024 DCYF conducted 13 reviews of children who died or suffered near fatal injuries from inflicted abuse (blunt force trauma). The most prevalent cause of death and near fatal injury is due to children ingesting narcotics, mostly fentanyl or other opioids. In CY 2024, DCYF conducted near fatality and fatality reviews on 29 children who overdosed on narcotics. Children who are three years old and younger accounted for 24 of the 29 overdose/ingestion cases in CY 2024.



Data source: Administrative Incident Reporting and Fatality Reviews, January 2022- December 2024

To appropriately analyze the data collected by the CIR unit, additional resources must be secured to develop capacity for CQI efforts. Since 2019 the workload of the CIR team has increased 220% without additional resources. This has led to the CIR unit minimally meeting statutory review requirements without the ability to analyze, learn, and educate CW direct line staff, supervisors, program managers, and administrators regarding the lessons learned from the CIRs. The graphic below illustrates the increased workload over the last five years and the impact of the fentanyl epidemic.



Data source: Administrative Incident Reporting and Fatality Reviews, January 2020- December 2024

In November 2024 the CIR unit received funding to hire two temporary critical incident reviewers until June 2025 to address the increased workload. A decision package (DP) was presented to the legislature to permanently fund these two additional reviewers.

In addition to the temporary positions, DCYF has implemented a number of SUD objectives to address the increased critical incidents related to the fentanyl epidemic. Details regarding each of these efforts can be found in the [Well-being Outcome 3](#) section of this report. These objectives include:

- Regional substance use disorder professionals (SUDPs)
- Distribution of naloxone (Narcan)
- Harm reduction kit initiative
- Community education and presentations

Senate Bill 6109 mandated the convening of a workgroup to provide information regarding the risks of fentanyl exposure for children receiving CW or child protection services. The workgroup includes members of DOH, DCYF, AOC, Partners for Our Children (P4C), Office of Public Defense (OPD), those with lived experience, hospitals, and others. In June 2024 DOH issued Public Health Guidance on High-Potency Synthetic Opioids.

In March 2024, the CIR unit discontinued the process of identifying individual review recommendations. The critical incident review committees, which are facilitated by the CIR team, identify specific improvement opportunities within each case reviewed. These improvement opportunities are presented quarterly to the DCYF critical incident steering committee by the CIR team facilitators. The steering committee identifies a specific improvement opportunity to be system mapped by both internal and external partners. Specific partners to participate in the mapping process are recommended by the steering committee based on the improvement opportunity identified to be mapped. DCYF currently utilizes the support of the University of Kentucky through the National Partnership for Child Safety (NPCS) to assist in the mapping process. The systems mapping support from the University of Kentucky is temporary. DCYF will need to build capacity to absorb this work function into its regular review process.

Through the safety-focused learning process following unfortunate critical incidents, staff, supervisors, and administration are provided a space to openly discuss the systemic issues that affected service delivery to the family. In April 2024 the CIR team and the CAPTA program manager held a convening with a Citizen Review Panel (CRP) subcommittee to review and analyze all the critical incident reviews which occurred during the previous calendar year. This working session provided the CRPs with information regarding the critical incidents that occurred in 2023 and identified themes and trends across all the critical incidents. The CRP subcommittee brought this knowledge back to their respective CRP panels to determine the next steps of how they will utilize this information to inform their yearly recommendations to DCYF.

During CY 2025 the CIR unit and broader QA/CQI team will be monitoring the effectiveness of the SUD objectives to address the increased critical incidents related to the fentanyl epidemic to determine if there has been an impact on reducing the number of child maltreatment deaths. The CIR unit will continue to develop an ongoing cadence for the system mapping process to identify systemic issues and make improvements to the overall CW system. In January 2025 the CIR unit began applying the Safe Systems Improvement Tool (SSIT) to every critical incident review. The SSIT is an information integration tool used to assess a family (youth and caregivers) need and the multi-layered systemic contributors to any unmet needs. DCYF will continue to work with the NPCS to identify themes and trends associated with the SSIT and categorize topics for the system mapping process.

MaryLee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)

The below services are available across the state for any family who meets the service criteria and are supported by Title IV-B, subpart 2 funding:

- Family Preservation Services
 - Include services such as PCIT and FPS.
 - 30% of Title IV-B subpart 2 funding.
- Family Reunification Services
 - Counseling, therapy, or treatment services using Evidence-Based Practices, Promising Practices, or recognized therapeutic techniques.
 - 20% of Title IV-B subpart 2 funding.
- Adoption Promotion Support and Services
 - Includes medical and dental coverage, non-recurring costs up to \$1,500, and counseling services.
 - 20% of Title IV-B subpart 2 funding.
- Family Support Services
 - Contracted providers in communities throughout Washington state that provide parent education and support.
 - 20% of Title IV-B subpart 2 funding.
- Administrative
 - Title IV-B subpart 2 is allocated its share of indirect administrative costs through base 619, some of these costs include: salaries, benefits, goods, and services for Finance and Performance Evaluation Division (FPED), DCYF Information technology (does not include staff working on FamLink) and leases.
 - 10% of Title IV-B subpart 2 funding.

Service Decision Making Process for Family Support Services

DCYF establishes local and regional contracts and partners with community-based providers to address the needs of the children, youth, and families served by the local area. DCYF seeks to expand the provider network and resources when identified services are not available in a local area so that children, youth, and families can be served in their local communities with relevant services.

Populations at Greatest Risk of Maltreatment

Washington continues to identify infants and young children aged zero to five as the population at greatest risk of maltreatment. In CY 2024, children aged zero to five comprised 47% of all screened-in intakes: 49% of CPS Investigations, 35% of CPS- FAR, and 16% of CPS Risk-Only intakes. CPS Risk-only intakes indicate there isn't a clear allegation of abuse or neglect, but the circumstances show a child in imminent risk of serious harm. For several years DCYF has provided intentional focus on Risk-Only screening criteria and process to improve consistency statewide, especially when infants and young children are identified.

Intakes for children under six – Calendar Year (CY) 2024		
Screened out	24,439	53% of intakes
Screened in	21,997	47% of intakes
Case assignment type for screened in intakes		
CPS-Investigation	10,801	49%
CPS-FAR	7,737	35%
CPS-Risk only	3,459	16%
<i>Data source: CW portal, CPS victims by CAN</i>		

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DCYF has multiple prevention efforts supporting Washington’s infants and young children. The 2024 Intake Review analysis highlights the need for better screening of zero to five-year-olds, especially in cases involving parental substance use. Most newborns are screened into CPS Investigations via the Risk-Only CPS pathway.

The opioid epidemic, particularly fentanyl, continues to harm infants and toddlers, with a rise in critical incidents from fentanyl ingestion. In response, SB 6109 empowers courts to consider fentanyl-related cases more heavily, and DCYF is developing training for caseworkers on managing families using fentanyl and other substances. Although pilots for related services could not launch due to budget constraints, DCYF will continue to seek ways to connect families with needed resources.

Data shows trends in parental relapse after case closure, a persistent issue for five years. DCYF plans targeted training and the development of an Infant Safety Dashboard to improve case trajectories, re-referrals, and outcomes, starting in 2025.

Infant Safety Policy

DCYF’s Infant Safety Education and Intervention policy requires caseworkers to develop a POSC for infants with withdrawal symptoms or born to dependent youth. A recent review showed only 24% (61 of 251) of required POSCs were completed. DCYF is considering expanding POSC use to all prenatal substance-exposed cases for long-term support.

Of the cases reviewed, 172 met the CW policy requirement that the newborn was treated for withdrawal at the time of birth. It’s important to recognize that eligibility per Child Abuse Prevention and Treatment Act (CAPTA) is prenatal substance exposure, which may or may not result in withdrawal symptoms at the time of birth. Of the 251 cases reviewed, 79 met the federal requirement of prenatal substance exposure and did not experience withdrawals because of prenatal substance exposure.

In 2024, 52% of intakes involved infants aged zero to 30 days, with 16% exposed to substances. CW caseworkers assess infant sleep environments, educate families on safe sleep, and provide resources. Regional initiatives and consultations support practice, focusing on infant safety and critical incidents.

Intakes in CY 2024 - focus on substance exposed infants		
Screened out for age zero	3,532	48% of intakes for age zero
Screened in for age zero	3,881	52% of intakes for age zero
Substance exposed	616	16% of screened in intakes
Risk only	590	96% of substance exposed infants
<i>Data source: CW portal, CPS victims by CAN</i>		

Although critical incidents involving accidental ingestion have surpassed those involving unsafe sleep environments, infant safe sleep practices are an ongoing focus for CW cases with infants aged zero to one year. CW caseworkers are required by policy to assess infant sleep environments at every in-home contact as well as additional assessment of secondary sleep environments, such as a grandmother’s home. Caseworkers provide education and concrete resources to ensure a safe sleep environment, supporting families to safely assemble portable cribs, stationary cribs, or bassinets. Future infant safety-focused workforce training will include examples and clarity around assessing safe sleep and identifying the threshold at which failure to provide a safe sleep environment, despite intervention and resources, becomes an active safety threat.

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Workforce Development

DCYF continues workforce development efforts, including the CWELN Program, which helps caseworkers connect families with early learning services. Training for caseworkers includes IECMH courses, focusing on attachment theory, baby cues, and reflective supervision. In 2024, 356 staff participated in IECMH training, strengthening caseworker skills in working with families with young children.

The Parent Child Interaction Feeding/Teaching Scales Assessment, used for relationship-based assessments, helps caseworkers identify strengths and needs in parent-child relationships, guiding service-matching. DCYF is exploring ways to integrate this tool into practice and safety assessments for children aged zero to three.

DCYF Infant/Early Childhood Mental Health trainings in CY 2024	
Course	Completed courses
IECMH 101 - Attachment Theory	122
IECMH 101 - Baby Cues	71
IECMH 101 - Parenting Behaviors and Attachment Strategies	89
IECMH 101 - Reflective Supervision	42
Child Interaction Feeding Scales Certification	10
Child Interaction Feeding Scales Recertification	2
Child Interaction Teaching Scales Certification	20
Total	356
<i>Data source: DCYF Learning Center</i>	

Kinship Navigator Funding

Washington's IV-E agency, DCYF, continues to lead the Federal Fiscal Year (FFY) 2024 Kinship Navigator grant. The Aging and Long-Term Support Administration (AL TSA) of the Department of Social and Health Services (DSHS) manages the statewide Kinship Navigator program, collaborating with the Area Agencies on Aging and community partners, as well as the Tribal Kinship Navigator Program in coordination with participating tribes.

DCYF is pleased to announce that the Washington State Kinship Navigator Case Management Model received a supported practice rating from the Title IV-E Prevention Clearinghouse in September 2024.

Washington state is using FFY 2024 Kinship Navigator funds from FFPSA to monitor adherence to the enhanced kinship navigator model and continue evaluation activities. This includes CQI, assessing program infrastructure, and consistency to achieve a supported practice rating by the Prevention Services Clearinghouse, ensuring sustainable funding.

Current Year Deliverables

DCYF remains committed to ongoing program evaluation. DCYF's goal was to establish the program as well-supported practice by using 12-month post-intervention data. DCYF used the program manual for case management and trained pilot site Kinship Navigators with six new videos on program fidelity. Additionally, DCYF held monthly virtual meetings with pilot sites to oversee case management.

In terms of funding and staffing, DCYF continued to receive a combination of state and federal funds for evaluation of the Washington Kinship Navigator Program. There was also partial funding for an AL TSA staff member who supported implementation, consultation, and fidelity.

The statewide outreach campaign included online outreach for kinship caregivers, service providers, agency staff, and communities. DCYF identified agency contacts and services for kinship families, developed and distributed infographic fact sheets, and managed a centralized kinship email for referrals. Cross-training collaboration between AL TSA and DCYF

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also occurred to explain programs and pathways for kinship families. Additionally, DCYF partnered with 2-1-1 Washington for resource connection. DCYF also offered caregiver training on kinship, caregiving experiences, and parenting strategies. Dr. Joseph Crumbley’s “Inherent Strengths in Kinship Families” series was offered statewide, with ongoing evaluation.

Lastly, DCYF participated in virtual committees, community coalition meetings, and the Kinship Caregiver Oversight Committee (KCOC). The KCOC is an interdisciplinary team that meets for the purpose of hearing guidance from kinship caregivers to help inform agency initiative, and give input and guide agencies on practice and services for the kinship community. Gift card incentives were used to encourage caregiver participation in surveys and foster caregiver involvement through partnership with DCYF. Unfortunately, the funding for gift cards will end in September 2025.

Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

The Monthly Caseworker Visits grant aims to enhance the quality of monthly visits conducted by caseworkers with children in the care and custody of DCYF. The primary focus is on improving caseworker assessments regarding the safety, permanency, and overall well-being of children. Additionally, the grant supports initiatives for the recruitment, retention, and training of caseworkers.

Monthly Casework visits with child – FFY 2024							
	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	State
Compliance of Monthly Caseworker Visits (2/3)	99%	98%	99%	98%	99%	98%	99%
Compliance of Monthly Visits That Occurred in Child’s Home (4/2)	89%	92%	96%	92%	91%	87%	90%
<i>Data Source: Federal Health and Safety Measure Report for FFY 2024, infoFamLink; run 12/3/2024</i>							

The standards for caseworker visits and expected frequency are contained in DCYF Policy 4420. During FFY 2024, DCYF maintained high performance of 99% for monthly health and safety visits, with 90% of these visits occurring in the home.

The services provided during health and safety visits are coded proportionally to match the service that was delivered. The grant continues to be used for CFWS program indexing due to the challenges in coding across multiple program areas such as licensing, placement stabilization, homes study, foster care, interpreting services, etc.

Regional QA/CQI staff oversee performance and collaborate with local office personnel to ensure that contacts are accurately entered, coded, and documented in FamLink. Ongoing collaboration among CW program staff, caseworkers, fiscal staff, and the Office of Innovation, Alignment, and Accountability ensures that the correct reporting population is included in the report and that DCYF reports this measure as accurately.

All caseworkers receive training during regional and Supervisor Core Trainings on quality contacts with children, youth and families. Ongoing professional development and training is provided to caseworkers through regional programs trainings, qualitative practice reviews, and coaching to strengthen areas needing improvement.

Additional Services Information

Adoption and Legal Guardianship Incentive Payments

DCYF uses adoption and guardianship incentive payments to develop or strengthen support for children and families. Over the past year, the program has collaborated with the Financial and Business Services Division to create a more streamlined and understandable process for managing these funds. However, since the funds must be spent within three years of receipt and the annual amounts vary, developing a consistent spending plan remains a challenge.

DCYF used adoption and guardianship incentive payments to fund two staff positions within a Kinship Engagement Unit (KEU), created to help reduce the number of youth placed in qualified residential treatment programs (QRTP), emergency rooms, and temporary placements such as night-to-night, office, and hotel stays. The KEU consisted of a four-person team supporting both Region 1 and Region 6. Staff from this unit are members of the Partnership, Prevention, and Services (PPS), LD, and CW Divisions. This collaborative, cross-divisional structure ensured each staff member had supervision within their own division, with overall program oversight provided by the guardianship/kinship program manager. The two kinship engagement coordinators paid through adoption incentive funds were split between the two sites; one worked in Region 1 and one worked in Region 6. There was a total of 24 youth served and who received kinship engagement coordination.

Adoption and guardianship incentive payments provided funds to meet the KEU additional costs exceeding personnel costs. Funds covered computer equipment for two staff and the Connect Our Kids family search tool used for maintaining the data of the KEU staff. The Connect Our Kids program had been vetted for use by the Information Technology (IT) division, previously used by Wendy's Wonderful Kids® (WWK) recruiters through the Dave Thomas Foundation for Adoption.

The goal of this multi-division, cross-agency approach is to provide stability for the youth with the highest incidents of placement instability. Two staff were hired in early June with the final hired in July 2024. After intensive training, the team began finding relatives, suitable others, and supportive people for the youth on their caseload. This effort was described in the APSR for the last review period and part of the D.S. settlement agreement.

Funds were used to purchase training materials and pay staff fees for the WISE-Up program. This training provides parents and youth with answers to the questions they receive about being adopted or being in foster care. It provides empowerment for youth when faced with difficult questions. Four staff were trained in the program using a train-the-trainer model from the Center for Adoption Support and Education. Funds also purchased training materials, books, and activity items for those providing future training. Staff from the adoption support Spokane, Yakima, Everett, and Tacoma offices received the training.

Funds were reserved to assist with youth empowerment, a youth directed contract to assist where youth have a voice in placement. An example included an event where youth helped to choose a home, they felt would be appropriate for them to visit and get to know the family. It gave the youth an opportunity to have a voice in their permanent placements. The youth were given family write-ups, and they chose the home they felt best matched their preference.

Post adoption/permanency staff and families described a need for support that provides information and referrals, crisis support, an opportunity for peer support/training, and a place to find information about situations that impact families post permanency. In addition, a group of staff from CW, adoptions, post adoption, and CPS/FVS discussed the need for additional supports to help with reunifications and kinship placements post permanency. Items described included: cell phones for adolescents, financial literacy for adolescents and their parents, and supports to ease reunification struggles. Parents and caregivers shared with DCYF staff the need for support such as travel vouchers for employment, housing

necessities for child reunifications/kinship placements, and funds to purchase work clothing and work supplies. To address the identified needs outlined above, DCYF reached out to the Oregon Post Adoption Resource Center (ORPARC), which is an organization that provides support to adoptive, guardianship, and kinship families, including information and referral, training, a digital lending library, and individual support. DCYF is unable to contract for all services that ORPARC offers currently, however, ORPARC offered to work with DCYF to develop a contract to purchase access to the digital lending library resource. By December 2025, the viability of accessing this support will be explored by DCYF.

Guardianship Supports

DCYF offers the benefit of Guardianship Assistance payments to relatives who commit to providing long term care for children in Washington’s CW system and who meet eligibility criteria.

Guardianship subsidies continue to increase as DCYF commits to the kin-first philosophy and legislative changes. DCYF continues to see an increase in guardianships attributed to legislation that updated Revised Code of Washington (RCW) 13.34.180. This requires DCYF to rule out guardianship prior to terminating parental rights. Additional factors contributing to the rise in guardianships include the Initial License program, which provides financial support to families and helps guide them through the licensing process. This has led to an increase in licensed kinship homes. DCYF expects further growth in both guardianships and participation in the Guardianship Assistance Program (GAP) as new licensing standards for kinship caregivers continue to be developed. These updated standards are designed to make the licensing process more accessible and ensure caregivers receive the support they need from staff.

GAP continues to undergo significant transformation, marked by key policy and programmatic updates. One major milestone is the implementation of the new GAP and Extended GAP rules under Chapter 110-85 WAC, which took effect on May 15, 2024.

Centralization of the GAP Program

The GAP program changed from a regional-based model to a centralized headquarters (HQ) based model. This change aims to streamline operations, improve service delivery, and ensure consistent support across all regions. Implementation was finalized in March 2025.

With the adoption of Chapter 110-85 WAC, a new set of standards was introduced for negotiating GAP subsidies. In alignment with WAC 110-85-0100, which outlines the factors that determine the amount of the GAP cash payment, DCYF will implement a comprehensive, needs-based approach to subsidy negotiation. Through the application and interview process, detailed information will be gathered to assess both the child's needs and the family's circumstances. This process is designed to ensure fair and consistent outcomes for all families. The new approach took effect in March 2025, coinciding with the centralization of the program.

DCYF provides support to qualified caregivers through GAP. Funding is to support eligible families as authorized under Title IV-E of the Social Security Act, and through additional state dollars, to provide benefits including:

- Medical coverage (Medicaid).
- Up to \$2,000 per child for reimbursement of guardianship related expenses.
- Evidence-based in-home parenting interventions.
- A monthly cash payment.
- Training through the Alliance for Professional Development, Training and Caregiver Excellence (Alliance) and Apple Health Core Connections (AHCC).
- Adoption savings funds can help pre- or post-adoptive guardianship families address barriers to permanency by supporting medical, household, or other essential needs.

Adoption Savings

During CY 2024, Adoption Savings funds were used for a variety of services to support permanency, to include both adoption and guardianship.

- Salary and benefits packages for the following positions:
 - Adoption Support Resource Specialist - This position is responsible for completing a caregiver support level determination for unlicensed relatives and suitable others at initial adoption support application. This position also completes a mock rate assessment or caregiver support level determination when families request to modify the amount of monthly maintenance they receive through adoption support post-adoption. Washington state law requires that the adoption support monthly maintenance payment not exceed the legislative maximum percentage of the rate the child would receive if in a licensed foster home. The percentage is statutorily set forth and is based on the age of the child at adoption. Prior to hiring this position, negotiation for relatives and suitable others was not comparable.
 - Secretary Senior Position - This position is responsible for supporting families post-permanency with administrative tasks involved in maintaining Adoption Support contracts. They are a point of contact for families to connect them with the appropriate staff, assist with address changes, issue eligibility notifications for post-18 & provide ICAMA support.

- Services and Supports
 - [Combined In-Home Services](#) (CIHS) Evidence-Based & Evidence Informed Practices
 - Catastrophic Event Payments
 - One-time only payment up to \$1,500 to assist post-adoptive and post-guardianship families experiencing a natural disaster, death in the family, medical/behavioral health events, and other needs as approved
 - Direct financial assistance to providers for parental & family counseling support
 - Promoting & Supporting Permanency Committee (PSPC)
 - The PSPC reviews funding requests aimed at removing obstacles to permanency or stabilizing post-permanency. This includes both deciding on the funding request and processing the payment, if applicable.
 - A monthly staffing day is held that includes participation from caseworkers, supervisors, management, fiscal and permanency staff to provide financial support to pre- and post-adoptive and guardianship families. Support is broad and may include, extraordinary costs needed to promote permanency (i.e. ramps, utility wheelchairs, van conversions, bathroom conversions, etc.), home repairs or needs required for adoption home study approval, and other needs to promote or maintain permanency.

To assist in promoting these services and supports, as well as build connections with the families benefiting from these services, DCYF has enhanced communication with staff, community partners, and adoptive families through:

- Quarterly Adoption Support Newsletter
- Publications and other educational materials
- Washington State Adoption Support Website
- Adoption Support Monthly Informational Session
- Adoption Support Monthly Digest (internal)
- Increased training within, and outside of, DCYF
- Utilizing established DCYF communication channels (DCYF Digest, Caregiver Connection)
- Strengthening partnership with other program areas

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With the help of improved communications, the amount of spent adoption savings on established services has continued to increase year to year – almost doubling over the past two years. In addition, streamlined administrative processes, and consistent meetings with fiscal partners positively contributes to accurate tracking and coding of adoption savings expenditures.

Adoption Savings Expended	
FFY 2022	\$258,375
FFY 2023	\$431,811
FFY 2024	\$501,732
<i>Data source: CB 496 Part IV report, dated Oct. 30, 2024</i>	

Planned for CY 2025

DCYF is taking a step back to fully assess and develop a strategic plan around a range of permanency supports and utilizing adoption savings to fund them. Currently, the project is conceptualized as a multi-pronged approach with the goals of increasing capacity and strengthening families post-permanency and decreasing the instances of both formal instability (foster care re-entry & termination of parental rights (TPR)) and informal instability (when a child lives temporarily elsewhere). To align with a data-driven approach, DCYF staff have created a process to track formal adoption disruption and dissolution to better identify areas of practice and support that are lacking or need improvement. This data, along with published research on this topic, will help to guide the framework to address this issue.

In CY 2025, DCYF will also engage with internal staff, community partners, adoptive/guardian families and lived experts in a variety of approaches that may include, but are not limited to surveys, workgroups and listening sessions. These engagement opportunities will support a collaborative approach to define project goals and scope, and a consistent method for communication and feedback. The current concept focuses on two main areas. First, education and training, which may include enhanced education and training for staff, education and training for community partners and mental health practitioners and improving the inventory of available resources. Second responsive and tailored services and supports, which will have the goal of submitting a DP and/or ARL requesting legislative approval for appropriation of adoption savings funds to begin the work of contracting with community agencies to provide a range of pre-and-post permanency supports for adoptive and guardianship families.

In addition to the above identified plans for 2025, DCYF will submit a request to the National Center for Enhanced Post-Adoption Support to become a site to receive on-site technical assistance.

We anticipate a significant amount of the adoption savings will be spent in the next 5 years on the following:

- Pre-and-post permanency contracts state-wide. We are planning to submit a decision package (DP) and agency request legislation for consideration in the 2027 legislative session, for a portion of the unexpended funds, and a dedicated account to hold future funds. The DP will outline the continuum of services we will solicit for in the Request for Proposal process.
- Maintenance of the services and roles previously described.

In the same timeframe, we expect the annual adoption savings calculation to begin to decrease due to a decrease in dependency filings, termination filings, adoption finalizations, and an increase in Guardianships in our state.

Between the anticipated increase in annual expenditures, and a decrease in the annual savings calculations we anticipate reaching a point where our expenditures and savings calculations will equalize.

Adoption Savings Challenges

Washington state does not have a dedicated account available to hold unspent adoption savings funds which result in unspent funds being moved into the General Fund. In addition, DCYF determined that legislative approval is needed both to access unspent dollars for new services, and to request creation of a dedicated account. For the past three years, attempts have been made to request legislative approval as outlined above, through DP proposals and agency request legislation (ARL). Until approval is granted, the amount of federally reported unspent funds will continue to increase.

Washington state is facing a \$16 billion budget shortfall over the next four years, which will impact all state agencies. Adoption Savings are state-only funds, raising concerns about the feasibility of accessing additional resources in the coming years given the current fiscal climate.

Family First Prevention Services Act (FFPSA) Transition Grants

Preliminary efforts to update the state's prevention plan started in 2023, but by 2024, the focus shifted to submitting an updated five-year Prevention Plan. Washington's previous plan expired in October 2024, and the updated plan was due by Dec. 31, 2024. Given DCYF's priorities around expanding prevention services and leveraging new flexibilities, an updated plan was submitted on Dec. 23, 2024, with retroactive approval from Oct. 1, 2024. The plan has yet to be approved.

The updated plan builds on previous amendments, adds new EBPs, and expands eligibility to include children and families not directly involved in the CW system. It also introduces flexibility for tribal nations with Title IV-E agreements. The plan was developed through regional forums, engaging both lived experts and community service providers. It aims to reduce foster care placements by improving prevention and early intervention services.

Key updates in the plan include:

- New EBPs: DCYF will implement a rigorous evaluation strategy for these practices.
- Expanded Service Eligibility: Services will extend beyond in-home cases to include those outside the traditional CW system.
- Tribal Flexibility: Title IV-E agreements will allow tribal nations to build prevention programs with DCYF support.

Next steps include reviewing feedback from the Children's Bureau and revising the plan as necessary. After approval, DCYF will align its implementation plan accordingly and continue working with tribal nations to expand Title IV-E Agreements.

Technology Requirements

DCYF is transitioning its CW IT systems to a new Comprehensive Child Welfare Information System (CCWIS) by 2029. Meanwhile, updates to the existing FamLink system are underway to meet federal Title IV-E fund claiming requirements. These updates are expected to take up to two years, with full implementation anticipated by the end of 2026.

Child Welfare (CW) Practice Alignment

Family First is part of DCYF's broader initiative to support Thriving Families. This initiative aligns with legislative actions like HB 1227 and emphasizes preventing child placement in foster care, increasing relative caregiver use, and prioritizing assessments. Training, office readiness, and policy alignment support these efforts.

Regional Support

DCYF's Family First program consultants support both statewide and regional efforts, maintaining regular communication with CW staff and overseeing training. Consultants help shift the focus toward prevention by emphasizing family partnership and self-determination. They also provide case consultation and coaching, helping staff integrate Motivational Interviewing (MI) into their practice.

Home Visiting Services

Home Visiting services are part of Washington's approved Family First plan, but there are challenges related to referrals and reimbursement, preventing eligible families from accessing services. DCYF is working to bridge data gaps and improve referrals for CW-involved families. This will help integrate home visiting into prevention efforts as part of the Family First framework.

Motivational Interviewing (MI)

MI is a key EBP for Family First and has been widely adopted for staff development. Training efforts have expanded, with specialized sessions for after-hours staff and those in leadership roles. MI coaching is provided to increase fidelity. Challenges include a transition in MI service providers and limited resources for coaching, which will impact implementation.

Family Resource Centers

Family Resource Centers (FRCs) are key partners in designing a community-based pathway for Family First eligibility groups not involved in the traditional CW system. DCYF has been working with FRCs and other community partners since 2022 to build this pathway and incorporate multiple perspectives into the process.

John H. Chafee

Agency Administering Chafee

DCYF administers, supervises, and oversees the Chafee funded programs, Independent Living (IL) and Education and Training Vouchers (ETV). The programs are part of an array of services available to youth transitioning from state foster care.

Description of Program Design and Delivery

The IL program created a rate model in 2024 and procured new contracts that cover Apr. 1, 2024-Sept. 30, 2025. There are four providers across the state serving youth ages 15 through 22 years old. The rate model, Chaffee grant, and state funds support 752 youth per month, with each provider serving designated catchment areas. The current funding does not allow all youth referred to be served timely, forcing some areas to have a waitlist. DCYF is reviewing options to reduce or eliminate waitlists within the existing budget.

DCYF caseworkers refer eligible youth starting at age 15-years old to the IL program. The assigned provider must make at least eight attempts to engage the youth within 60 days, on different days of the week and at different times using all available methods of contact to include phone calls, text messages, email, and social media platforms in this voluntary program. During the engagement timeframe youth complete the Casey Life Skills Assessment (CLSA), co-develop the Learning Plan and Progress Report Form with an IL case manager, and create goals with activities to work on based on their CLSA scores.

If the provider is unable to engage a youth, the caseworker is notified and asked to assist. IL providers recognize that youth engagement relies heavily on establishing relationships that can bring about trust. Once a youth engages in

services they are moved into active status and are required to meet with their IL caseworker monthly to review their identified goals, work on life skills, and update their Learning Plan and Progress Report form. Providers facilitate up to two workshops per catchment area per week for youth to build community and receive experiential learning opportunities to increase protective factors and promote healthy adolescent brain development.

Youth Engagement/Involvement

Passion to Action (P2A) serves as the foster youth and alumni advisory group that reviews and informs DCYF's programs, policies, forms and publications helping create best practices for staff. P2A brings awareness of youths needs to increase supportive experiences in the foster care system. They are involved in developing training and curriculum and participate in community outreach. The Youth Empowerment program manager facilitates meetings every six weeks, solicits meeting topics with youth, DCYF and community partners, and provides opportunities for youth to use their voice at local, state, and federal conferences, events, panels and workshops. P2A youth provide technical assistance to the IL program on a consistent basis. Most recently they helped create and test the Learning Plan and Progress Report form and a Youth Satisfaction Survey provided to all youth connected to a contracted provider. DCYF financially supports P2A with travel expenses, meals, and stipends for participating in meetings, and community events. DCYF continues to partner with The Mockingbird Society (TMS) and supports the development of their yearly youth summit topics. TMS is a strong external voice in advocating for system change.

Transition Planning Processes

Youth and young adults' engagement is central to planning their transition from foster care to adulthood. Starting at age 14, caseworkers begin conversations during shared planning meetings (SPMs) and health and safety visits to help youth identify future goals. By age 15, youth are eligible for the IL Skills Program, which builds skills for independence.

Between ages 17 and 17.5, transition planning meetings are held with the youth, their attorney, two supportive adults of their choosing, and community partners. Together, they create a plan tailored to the youth's needs for adulthood. For young adults remaining in extended care, a similar meeting occurs between ages 20 and 20.5 to prepare for turning 21.

To monitor progress, the Adolescent Transition Program Manager sends a monthly data dashboard tracking demographics, planning meeting completion, and youth turning 17. Regional communities of practice meet monthly to review data, share challenges, and strengthen staff support for transition planning. Weekly drop-in hours offer technical assistance, data support, and case-specific consultation, ensuring staff are equipped to help youth succeed.

National Youth in Transition Database (NYTD) data and integration

DCYF works collaboratively with providers offering ongoing technical assistance and training regarding NYTD reporting to ensure compliance with federal requirements. DCYF communicates regularly with providers to set expectations regarding data collection. Discussions include:

- NYTD elements
- IL monthly NYTD reports
- Monthly IL provider table reports
- Quarterly reports
- Capturing services delivered to youth

DCYF contracts with the Washington Department of Social and Health Services (DSHS), Research and Data Analysis unit to complete the NYTD survey with eligible youth and roll up the NYTD Survey data each year. The report is shared with P2A youth to gather ideas on how to use data for programming and discuss themes.

DCYF connects client level IL services to providers and generates reports for NYTD services being provided to IL youth. Reports are provided monthly to IL providers for QA and meeting contract obligations. Report information is pulled based on what providers input into FamLink. Providers review reports received against their internal records to ensure youth services are documented.

Serving Youth Across the State

For the purposes of IL, Washington state is divided into seven service catchment areas. Providers serve youth in their area and ensure there are no service deserts within the program. There are tribal contracts with 20 tribes within the state to provide support and IL services to eligible tribal youth. All political subdivisions in the state are served through these efforts.

Serving Youth of Various Ages and Stages of Achieving Independence

The IL program serves eligible youth ages 15 to 23 regardless of their state of dependency. Eligible youth from other states can be referred by their dependency caseworker, previous, IL worker, or they can self-refer for services. Services are youth driven and based on their CLSA score and their self-identified goals.

Extended Foster Care (EFC)

Under SB 5908, youth eligible for Extended Foster Care (EFC) must:

- Be dependent on their 18th birthday, and
- Choose to enroll in the program.

This change aims to remove enrollment barriers and increase engagement. EFC participants are considered non-minor dependents and can live in various settings, including:

- Supervised Independent Living (SIL), such as apartments, shared housing, dormitories, homelessness, and incarceration
- Foster care
- Living with relatives

Over 81% of EFC youth live in SIL placements. Youth can enter and exit the program via a Voluntary Placement Agreement (VPA) until age 21. EFC participants receive case management similar to youth under 18, with individualized case plans focusing on:

- Education,
- Employment readiness,
- IL skills.

IL services are crucial for developing these skills, and participation increases as youth approach age 21. However, DCYF doesn't track IL service usage or outcomes.

EFC enrollment is rising due to outreach by community advocates, youth attorneys, and youth-serving agencies, along with the 2018-2019 SB 6222 legislation that expanded eligibility to youth from dependency guardianships, juvenile rehabilitation, in-home placements, and those with dependency status at 18

DCYF regularly collaborates with youth advocates, attorneys, and community partners to address gaps and inform program development.

Challenges include:

- Data limitations: DCYF lacks data on IL service usage and outcomes, hindering evaluation.
- Housing availability: Affordable housing remains a challenge in some regions.
- Entry barriers: 27% of youth turning 18 in foster care don't enter EFC, indicating a need for better transition planning and outreach.

Public and Private Sector Involvement

DCYF partners with Mentor Washington, a public-private collaboration with Costco Wholesale, to provide mentoring to youth receiving CW and Juvenile Rehabilitation (JR) services. Mentor Washington supports over 200 organizations statewide, focusing on youth in JR facilities and community programs. Peer-to-peer mentoring connects individuals with lived experiences to youth in these settings.

Additionally, DCYF collaborates with Friends of the Children to provide highly trained mentors for 100 youth in foster care, using a trauma-informed approach to support children and families. The Foster Youth Mentoring pilot connects youth with foster care experience to trained mentors, fostering growth, hope, and mental health improvement.

Driver's Assistance Program

The Treehouse Drivers Assistance program supports foster youth ages 15-21, including those in EFC, in navigating the driver's licensing process. The program covers education, permit, license, insurance, car registration, and maintenance costs.

Coordination with Other Programs

DCYF partners with Coordinated Care of Washington for the Apple Health Core Connections (AHCC) program, providing physical and behavioral health services to youth in foster care, adoption support, and alumni of foster care, up to age 21. AHCC offers comprehensive services, including health care coordination, behavioral health, and specialist services, as well as a SafeLink cell phone program for members aged 18 and older.

Local Housing Programs

DCYF works with the Office of Homeless Youth Prevention and Protection to prevent homelessness, supporting youth through programs like the Young Adult Housing Program (YAHP) and Independent Youth Housing Program. Partnerships with local housing authorities also support youth in finding safe, affordable housing.

Programs for Disabled Youth

DCYF partners with agencies such as the Washington State Developmental Disabilities Administration and the Department of Vocational Rehabilitation to help youth with disabilities transition from foster care to adult services and employment.

School-to-Work Programs

The Career Connected Pathways (CCP) program helps youth in foster care access employment and career training opportunities through internships, apprenticeships, and partnerships with employers. DCYF also collaborates with organizations like Job Corps, WorkSource, and YouthForce to help youth find and maintain employment.

Access to Medicaid for Former Foster Youth

DCYF partners with the Health Care Authority (HCA) on Medicaid and the updated rule of youth being able to move to another state and being eligible for their new states foster care Medicaid program.

Education and Training Vouchers (ETV) Program

To streamline services, DCYF has implemented the following strategies:

- **Eligibility and Awards:** Upon confirming eligibility, students receive a letter detailing next steps and are connected with Designated Support Staff if available. Award letters and spending plans follow. DCYF assists with vendor registration and payment setup.
- **Regional Support:** Students receive consistent support from regional staff and may contact ETV staff directly or via a monitored email. Tasks are divided among staff to improve processing speed (e.g., letters, vendor forms, and payments).
- **Database Modernization:** DCYF is transitioning to a cloud-based student portal, enhancing access and communication. Real-time OIAA data improves outreach to eligible high school graduates.
- **Ongoing Engagement:** Staff meet with students virtually or in person to expedite documentation. ETV also coordinates with financial aid offices to reduce delays in receiving student records.
- **Outreach and Training:** Regular trainings are offered to DCYF staff and community partners to ensure students are identified and supported promptly.

Ensuring Non-Duplication and Compliance with Cost of Attendance

The ETV database tracks each student's Cost of Attendance and financial aid. Awards (up to \$5,000) are based on unmet need and split by term. Students confirm awards via email. If aid or cost changes mid-year, awards are adjusted. Staff help students access financial documents through their portals or directly from schools.

Coordination with Education and Training Programs

ETV collaborates with campus Designated Support Staff to assist students with paperwork, access services, and support engagement. Staff made in-person visits to seven campuses in 2024–2025 and regularly participate in regional Passport meetings and events hosted by the College Success Foundation. ETV maintains close partnerships with school district staff through Office of Superintendent of Public Instruction (OSPI) and with providers like Treehouse and IL programs.

Successes and Partnerships

Since April 2024, ETV has attended 135 youth staffings across multiple regions, reaching both current and future students. These meetings enhance awareness, build trust, and train partners—including caseworkers, attorneys, and caregivers. ETV has strong, ongoing partnerships with regional Passport teams, IL providers, Treehouse, and OSPI programs. Participation in staffings and community events has improved engagement and student outcomes.

Student Engagement and Feedback

In-person meetings and virtual 1:1s have improved support and reduced delays in processing. A fall 2024 student survey revealed students appreciate staff support but face barriers such as housing insecurity and form navigation. DCYF is responding by offering targeted office hours and referring students to resources. A new graphic and revised forms are underway to simplify the process.

Program Improvements

Updates include a revised brochure with QR code, interpreter access, and enhanced tribal outreach. Real-time OIAA data has improved coordination with school contacts. Staff are finalizing a consent form with college financial aid offices to streamline access to key documents.

Challenges

The current Access database is outdated and unsupported, delaying the transition to the new portal. Information technology (IT) support is pending. Staff also face low student engagement due to external life demands, and turnover in the Career Connected Pathways program has slowed development.

Partner Feedback

A survey of 45 partners found most have some knowledge of ETV but want clearer process explanations. DCYF responded by offering refresher trainings, improving materials, and simplifying forms. Zoom support and clearer guidance have helped students and staff alike.

Rising Need

Former foster youth face the highest rates of basic needs insecurity (75.9%). With reductions in Passport scholarship funds, 91% of ETV students now receive full awards, up from 75% the prior year. Demand for ETV funding is expected to increase.

Chafee Training

ETV information is part of the Education from the Alliance for Professional Development, Training and Caregiver Excellence (Alliance) training. DCYF is exploring expansion through the Learning Center. Tribal engagement includes direct presentations, inclusion in tribal newsletters, and meetings with tribal colleges and education compact schools to ensure access to services.

Consultation with Tribes

The state contracts with tribes within Washington to provide their own IL services to tribal youth. The IL Tribal contract is very broad. The contract provides a structure of what the tribe may provide for youth. Many tribes use funding to support youth IL goals such as driver's education, the purchasing of computers, etc. Some use the funds to support staff who provide IL skills to youth. Each year the state renews the contract and allocates Chafee funding to each participating tribe to serve youth as they see fit. Tribes provide quarterly reports that include youth served, activities provided, and expenditures that were incurred for the reporting period. To receive funding for the next year, the tribe must submit quarterly expenditure reports and complete the NYTD requirements.

Tribes interested in receiving information about the programs to be carried out under the Chafee program are notified and provided with information. Outreach includes the Tribal IL program manager and Emerging Adulthood program manager attending the Tribal Policy Advisory Council (TPAC) meetings to provide information on programs and services for adolescents, in addition to contacting the individual tribes. There is ongoing communication including emails, virtual meetings, phone calls, and in-person visits with tribal child welfare (CW) directors regarding IL activities, requirements, eligibility, and trainings. Efforts to coordinate with tribes include providing a program framework to the tribes of what can be included in providing IL to youth and requesting the tribes to create programs based on their needs and capacity. The tribal IL contract is a template that outlines eligibility, payment structure, federal requirements, and suggested services that are authorized under the contract. The tribal IL program manager reviewed the contract with the tribes and provided updating of the requirements to tribes who requested assistance. Tribes were given ideas on how to operate their programs so that the services are rendered to meet the unique needs of each tribal community. Ongoing technical assistance is provided to the tribes regarding FamLink, NYTD data entry, and services.

Chafee benefits and services are currently available and provided for American Indian children and youth. Services are defined by each tribe to meet their unique individual identity and community needs. Tribal youth also have access to services provided from state contracted IL providers. All tribes who requested a contract to provide IL services have received one.

Consultation and Coordination Between State and Tribes

The Office of Tribal Relations (OTR) discussed the APSR and gathered input from the tribes in Washington at the Indian Child Welfare (ICW) Sub-Committee Meeting on Feb. 12, 2025. The APSR is provided to tribes upon approval from Administration for Children and Families (ACF).

Government-to-Government Policies and Procedures

Washington state recognizes the distinct heritage and legal status of tribal governments. American Indian tribes have the authority to, among other things, govern their people and their land; define their tribal membership criteria; create tribal legislation, law enforcement, and court systems; and impose taxes in certain situations. Based on this recognition, DCYF follows a government-to-government relationship in seeking consultation and participation by representatives of tribal governments in policy development.

10.03 Policy

As outlined in DCYF's Administrative Policy 10.03, regional planning with tribes is a key component of the agency's partnership efforts. OTR-ICW Consultants are responsible for scheduling and facilitating 10.03 meetings between tribes and DCYF regional staff. These meetings serve to develop collaborative plans for how DCYF will coordinate and engage with tribes. Additionally, DCYF invites tribal participation in the hiring process for all positions that may involve working with tribes.

Consultation and Collaboration

In Washington state, DCYF uses the word consultation as a formal process to help the state and tribes agree on policies, laws, or codes that may impact tribes. The consultation process is defined in DCYF's Administrative Policy 10.03 and Chapter 43.376 Revised Code of Washington (RCW): Government-To-Government Relationship With Indian Tribes, which outlines DCYF's government-to-government relationships.

DCYF holds formal Impasse meetings with tribes throughout the year to resolve specific case issues between a tribe and an office or region as needed. Each month, DCYF meets with tribes through the ICW Sub-Committee to share CW information. Additionally, DCYF holds quarterly meetings with tribes through the Tribal Advisory Committee (TPAC) to provide updates on all areas of the agency.

Memorandum of Agreement (MOA)

DCYF offers all tribes an opportunity to enter into a Memorandum of Agreement (MOA) in collaboration with the tribes. DCYF has MOAs with 14 tribes and is working to complete MOAs with several others. In December 2024, DCYF completed the first MOA with an out of state tribe and updated the MOA template in collaboration with the tribes. In 2025 DCYF continues to engage tribes in completing or updating their current MOA's.

DCYF continues to maintain a list of tribal contacts for intake and after hours staff to reference when a new abuse or neglect intake is received. This list allows staff a quick reference for contacting the tribe during the screening process to gather as much information about the family as possible.

Indian Child Welfare (ICW) Policies and Procedures

The Indian Child Welfare Act (ICWA) evaluator drafted a literature review that summarizes and relies on existing evidence that supports the changes to DCYF's ICW Policies and Procedures. The evaluator is also creating a logic model that details specific mechanisms and metrics of these changes to ICW policies and practices that will inform the upcoming evaluation work. This work will help to track and understand CW trends in American Indian and Alaska Native

(AI/AN) and AI/AN-multi communities and how changes to practices and services may improve these outcomes across time.

DCYF implemented the newly revised ICW policies and procedures statewide in July 2024, and the Alliance for Professional Development, Training, and Caregiver Excellence (Alliance) delivered training across the state. Moving forward, DCYF continues to assess and expand training opportunities for staff on the new policies.

Indian Child Welfare (ICW) Compliance

Case Reviews

Two pilot case reviews were completed in 2024 in the Bellingham and Delridge offices. The reviews were conducted virtually. The review teams were comprised of OTR staff and staff from the Alliance. The pilots allowed the review process and measures to be tested. Additionally, the reviews provided baseline data to the two volunteer field offices who partnered with the OTR team.

Since the completion of the 2024 pilot reviews, the quality assurance team has been collaborating with tribes and members of the Alliance to revise and update all involved tools, i.e. review tool, reviewers guide and training curriculum. Reviewer training will be provided to those interested in contributing to the review process in May and June 2025. The Statewide ICW Case Record Reviews will roll out beginning in July 2025 and is anticipated to be completed in early November 2025.

Qualified Expert Witness (QEW)

In August 2024, OTR began managing the QEW program and associated contracts. Upon launch of the QEW program, DCYF contracted 14 QEWs to fill the 178 requests for a QEW from August to December 2024. OTR continues to partner with the Alliance on providing ongoing comprehensive QEW training to contractors and interested parties. The QEW program goals for 2025 will focus on bolstering recruitment and onboarding efforts for new QEW's and streamlining data collection.

Local Indian Child Welfare Advisory Committee (LICWAC)

The regional ICW consultants provide LICWAC training for DCYF staff and LICWAC members, as identified in the 10.03 plans. LICWAC training is ongoing throughout the state, and one regional consultant also presented at a statewide Court Appointed Special Advocates conference.

LICWAC policy has been revised several times since it was created, and DCYF is working to ensure that all LICWAC teams are using the most up to date policies. DCYF will use listening sessions to bring awareness to all teams of the current policy.

Since ICW policy rollout in July 2024, the goal has been to create statewide consistency as to LICWAC. The LICWAC coordinator, in partnership with regional consultants, has worked together to provide training to local regions and existing LICWAC committees to ensure all participants understand the purpose and intent of LICWAC. As of January 2025, there are 12 LICWAC committees statewide, working to ensure the protection of the American Indian identity of American Indian children, their rights as American Indian children, and the maximum utilization of available Indian resources. The existing LICWAC committees continue to assist DCYF staff in cooperative planning for American Indian children and assist DCYF staff in providing relevant services.

Licensing

DCYF actively engaged tribes in the negotiated rule making (NRM) process to ensure tribal perspectives were incorporated into the updated Washington Administrative Codes (WAC) for Group Care Licensing, Foster Care Licensing,

and the development of a new WAC chapter for Kinship Care Licensing. This collaborative effort resulted in the creation of a new WAC “Additional Requirements When Caring for Indian Children” which ensures that the unique needs of American Indian children are addressed within each licensing chapter.

This tribal engagement in the NRM process represents the first ever government-to-government collaboration in the development and revisions of WACs affecting tribes and tribal communities.

Review of Service & Contract Needs

DCYF engages with tribes throughout the year to discuss service and contract needs. This will start at the regional level with a meeting with all the tribes to assess what services are needed throughout the state.

Services Landscape Analysis

DCYF contracted with Kauffman & Associates to conduct a Services Landscape Analysis. The purpose of the contract was to support DCYF in expanding service contracts with tribal governments. The analysis aimed to assess the current state of services and identify how to better align with legislative mandates. It was designed to inform DCYF’s understanding of the strengths, resources, and service needs of children, youth, and families involved with CW services in Washington state.

Although the analysis was intended to address a range of service considerations, the project faced multiple delays and was ultimately not completed. The contract expired in May 2024. However, elements of the original project have been integrated into a new initiative, the Service Framework Redesign, which is now underway.

Service Framework Redesign

In April 2024, DCYF through its Partnership, Prevention & Services Division, partnered with Public Consulting Group (PCG) to conduct a year-long analysis of how contracted services are managed and delivered across the state for children, youth, and families involved in CW and juvenile rehabilitation. This redesign effort focused on ten key service lines and included listening sessions with over 170 participants—such as contract managers, service providers, referrers, individuals with lived experience, and tribal professionals—to understand current gaps and challenges. Playing a key role, OTR ensured tribal voices were centered in the process. The project aimed to strengthen service access and recommend contracting improvements—especially for rural, remote, and tribal communities—while ensuring the final recommendations align with agency priorities and budget realities. The report containing the analysis findings and recommendations was published in March 2025.

Partnership with the Alliance

The Alliance will continue to support and coordinate access to training for tribal staff and caregivers. In addition, it has been invited to participate in the ICW case review process. The Alliance also delivers Native American Inquiry Request (NAIR) referral training and Family Team Decision Making (FTDM) sessions across all regions.

In collaboration with OTR, the Alliance has played a key role in the successful rollout of the new ICW Policy trainings. This comprehensive effort included both eLearning modules and in-person sessions, reaching over 1,660 DCYF staff. Two webinars were also offered specifically for tribal partners.

At the start of the year, a mandatory eLearning module was launched and completed by 1,660 DCYF staff. The training covered the history of the ICWA and explained the updates to ICW policies in response to Washington State Supreme Court decisions. Following the eLearning, 65 in-person training sessions were delivered, reaching nearly 1,500 staff and focusing on the new ICW policies.

Looking ahead, DCYF plans to offer three additional ICW trainings next year. The Washington State ICWA training—a mandatory two-day, in-person course for new hires within their first two years—was updated in 2024 to reflect the latest policy changes. Two new eLearning modules, covering ICW Legal and ICW NAIR, will be launched in 2025. These modules will provide ongoing training and will be available on the DCYF intranet for staff to reference as needed.

Indian Children Youth and Families Conference

OTR hosted the Indian Children Youth and Families Conference in October 2024 with sessions and over 400 attendees over two days.

Communication with Tribes

OTR will develop and provide training on the 10.03/Consultation Policy to both DCYF and tribal staff beginning in 2025. The OTR website provides DCYF and tribal staff with policy and contact information. OTR also sends out a monthly newsletter that provides tribes and DCYF staff with updates.

Title IV-E Outreach

DCYF meets with any tribe that would like to discuss IV-E options. The IV-E team work with the tribes in Washington to assist their CW department with an administrative claims. DCYF also started outreach efforts around IV-E agreements about the [Family First Prevention and Services Act](#), although technology issues have created a delay in DCYF’s ability to claim Family First Prevention Services Act (FFPSA) reimbursement.

Tribal Child Welfare Early Learning Navigator (CWELN)

The CWELN program aims to prevent deeper involvement in CW by connecting families with early learning resources during initial engagement. The Tribal CWELN actively reviews CW cases, verifies FamLink data, and codes case notes as “Active Efforts” when ICWA/Reason to Know applies—ensuring casework aligns with ICWA and WICWA requirements.

In 2025, the OTR Tribal Early Learning team will continue evaluating the CWELN program’s impact on tribal families with young children in CW. These findings will guide the development of a practice guide informed by updated ICWA policies, enhancing relevant service delivery and strengthening partnerships with tribal communities.

Updates on Targeted Plans within 2025 - 2029 Child and Family Services Plan (CFSP)

Foster and Adoptive Parent Diligent Recruitment Plan

See [Attachment B](#).

Healthcare Oversight and Coordination Plan

See [Attachment C](#).

Training Plan

Provided as a separate document.

Disaster Plan

Provided as a separate document.

Statistical and Supporting Information

CAPTA Annual State Data Report Items

Information on Child Protective Workforce

Number of families that received differential response as a preventative service during the year.

Number of Child Protective Services (CPS) Intakes Screened-In for Family Assessment Response	
Calendar Year	Number
2024	20,460
<i>Data Source: CW Portal, Family Assessment Response (FAR) & Investigation Intake Detail report</i>	

Family assessment/Investigation (CPS) – average caseload. Standard is 12-15 families. DCYF uses a FamLink Workload Full-Time Equivalent (FTE) Summary Report to monitor all caseload ratios.

Family Assessment/Investigation (CPS) – Average Caseload, CY 2024						
Month	CPS Investigations Standard: 12-15 Families			CPS FAR Standard: 12-15 Families		
	CPS Cases	CPS worker %	CPS Ratio	CPS Cases	CPS worker %	CPS Ratio
Jan-24	3,323.1	218.7	15.2	3,245.4	205.9	15.8
Feb-24	3,233.4	211.8	15.3	3,123.6	214.1	14.6
Mar-24	3,410.3	214.9	15.9	3,299.3	210.3	15.7
Apr-24	3,511.5	210.8	16.7	3,482.0	223.3	15.6
May-24	3,562.9	217.0	16.4	3,501.5	217.9	16.1
Jun-24	3,644.8	213.7	17.1	3,740.3	223.8	16.7
Jul-24	3,649.5	221.3	16.5	3,649.0	217.4	16.8
Aug-24	3,355.7	230.7	14.5	3,069.5	210.7	14.6
Sep-24	3,174.9	234.8	13.5	2,802.3	208.0	13.5
Oct-24	3,174.9	234.8	13.5	2,802.3	208.0	13.5
Nov-24	3,556.8	231.1	15.4	3,480.8	231.3	15.1
Dec-24	3,594.6	231.0	15.6	3,437.7	218.9	15.7
<i>Data Source: CW Portal, Workload FTE Summary, reports as of the 3rd of the respective month reported</i>						

Information on the education, qualification, and training requirements established by the State for child protective service personnel, data on the education, qualifications, and training of personnel, and demographic information of personnel (sections 106(d)(10)(A-C)).

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DCYF Child Welfare (CW) CPS Workforce		
	Personnel	
Race/Ethnicity	Count	Percentage
American Indian/Alaskan	17	2.63
Asian or Pacific Islander	33	5.11
Black/Not Hispanic Origin	54	8.36
Hispanic	72	11.15
White/Not Hispanic Origin	315	48.76
Unknown	155	23.99
Total	646	100
Gender	Count	Percentage
Female	549	84.98
Male	97	15.02
Total	646	100
Age	Count	Percentage
Under 35 Years Old	267	41.33
35 - 45 Years Old	200	30.96
46 - 60 Years Old	143	22.14
Over 60 Years Old	36	5.57
Total	646	100
Education	Count	Percentage
Voc. or Bus. School	1	0.15
Less Than HS Grad	0	0
High School or GED	0	0
Some College-2Qtrs+	8	1.24
AA Degree	8	1.24
College Grad 4-Yr Degree	309	47.83
Some Grad Work	10	1.55
MA/MS/Master of Social Work (MSW) Degree	131	20.28
Other <u>Master's Degree</u>	4	0.62
PHD, LLD, MD, JD	2	0.31
Unknown	173	26.78
Total	646	100%
<i>Data source: DCYF Human Resources (HR)</i>		

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DCYF Child Welfare (CW) Child Protective Services (CPS) Workforce

Information on the education, qualifications, and training requirements established by the state for child protective service personnel.

Social Service Specialist 1	Social Service Specialist 2	Social Service Specialist 3	Social Service Specialist 4	Social Service Specialist 5
<p>A Bachelor’s degree in social services, human services, behavioral sciences.</p> <p>OR</p> <p>A Bachelor’s degree which includes 30 semester or 45 quarter credits in a Social Services discipline. Credits can be obtained within first 18 months of employment.</p> <p>OR</p> <p>Four (4) years of paid work experience in one of the following: caring for children, counseling youth, educating youth AND 30 semester or 45 quarter credits in a Social Services discipline. Credits can be obtained within first 18 months of employment.</p>	<p>A Master’s degree in social services, human services, behavioral sciences, or Master’s degree which includes 30 semester or 45 quarter credits in a Social Services discipline AND completed practicum.</p> <p>OR</p> <p>A Bachelor’s degree which includes 30 semester or 45 quarter credits in a Social Services discipline AND One (1) year of paid social service experience.**</p> <p>OR</p> <p>One (1) year of experience** as a Social Service Specialist 1.</p> <p>OR</p> <p>Five years of paid social service experience** AND 30 semester or 45 quarter credits in a Social Services discipline.</p> <p><i>**Paid Social Service experience (assessing risk and safety and providing direct family-centered practice services is not required).</i></p>	<p>A Master’s degree in social services, human services, behavioral sciences, or Master’s degree which includes 30 semester or 45 quarter credits in a Social Services discipline AND One (1) year of paid social service experience* in planning, administering, developing, or delivery of public CW, social, health, or chemical dependency treatment programs.</p> <p>OR</p> <p>A Bachelor’s degree in social services, human services, behavioral sciences, OR Bachelor’s degree which includes 30 semester or 45 quarter credits in a Social Services discipline AND Two (2) years of paid social service experience* in planning, administering, developing, or delivery of public CW, social, health, or chemical dependency treatment programs.</p> <p>OR</p> <p>One year as a Social Service Specialist 2.</p> <p>OR</p> <p>Six (6) years of paid social service experience* AND 30 semester or 45 quarter</p>	<p>A Master’s degree in social services, human services, behavioral sciences or Master’s degree which includes 30 semester or 45 quarter credits in a Social Services discipline and two years of paid social service experience* in planning, administering, developing, or delivery of public CW, social, health, or chemical dependency treatment programs.</p> <p>OR</p> <p>A Bachelor’s degree in social services, human services, behavioral sciences, or Bachelor’s degree which includes 30 semester or 45 quarter credits in a Social Services discipline AND Three (3) years of paid social service experience* in planning, administering, developing, or delivery of public CW, social, health, or chemical dependency treatment programs.</p> <p>OR</p> <p>One year of experience as a Social Service Specialist 3.</p> <p>OR</p> <p>Seven years of paid social service experience. Paid Social</p>	<p>A Master’s degree in social services, human services, behavioral sciences, or Master’s degree which includes 30 semester or 45 quarter credits in a Social Services discipline AND three years of paid social service experience*.</p> <p>OR</p> <p>A Bachelor’s degree in social services, human services, behavioral sciences OR any Bachelor’s degree which includes 30 semester or 45 quarter credits in a Social Services discipline AND four years of paid social service experience*.</p> <p>OR</p> <p>One year of experience as a Social Service Specialist 4.</p> <p>OR</p> <p>Two years of experience as a Social Service Specialist 3.</p> <p>OR</p> <p>Eight (8) years of paid social service experience* AND 30 semester or 45 quarter credits in a Social Services discipline.</p> <p>NOTE: A two-year Master’s degree in one of the above</p>

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		<p>credits in a Social Services discipline.</p> <p><i>*Paid Social Service experience must include at least one (1) year assessing risk and safety to children and providing direct family-centered practice services.</i></p>	<p>Service experience must include at least one year assessing risk and safety to children and providing direct family-centered practice services. <u>AND</u> 30 semester or 45 quarter credits in a Social Services discipline completed at a college recognized by the U.S. Dept. of Education or the Council for Higher Education Accreditation (CHEA).</p> <p>NOTE: A two-year Master's degree in one of the above fields that included a practicum may be substituted for one year of paid social service experience.</p> <p>NOTE: Employees must successfully complete the formal training course sponsored by their division within one year of their appointment.</p> <p><i>* Paid Social Service experience which must include assessing risk and safety to children and providing direct family-centered practice services.</i></p>	<p>fields that includes a practicum may be substituted for one year of paid social service experience.</p> <p><i>*Paid social service experience must include assessing risk and safety to children and providing direct family-centered practice services.</i></p>
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Data Source: DCYF Class and Compensation Unit

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Juvenile Justice Transfers

DCYF gathers data from the FamLink Statewide Automated Child Welfare Information System (SACWIS) System on children who are incarcerated in Juvenile Rehabilitation (JR) during the year. The current reporting includes youth in DCYF care and custody that experience one or more placement events at one or more of the JR facilities including what are defined as the community settings. JR division reports there are 11 state run facilities: three institutions and eight community facilities.

Juvenile Justice Transfers for CY 2024					
Race	Female		Male		Total
	12-15 years old	16-18 years old	12-15 years old	16-18 years old	
African American		1	1	2	4
Asian/Pacific Islander		3	1	1	5
Hispanic				2	2
Native American	1		3	1	5
White	1	1	1	3	6
Total	2	5	6	9	22

Data source: DCYF FamLink; Includes any youth in an open episode for any length of stay during CY2024, who were placed into a state regulated DCYF/JR facility while in out of home care anytime during CY2024. Includes placements in any of the following facilities: GREEN HILL SCHOOL DSHS/DJR, ECHO GLEN, NASELLE YOUTH CAMP, SUNRISE STATE COMMUNITY FACILITY, RIDGEVIEW STATE COMMUNITY FACILITY, CANYON VIEW STATE COMMUNITY FACILITY, TWIN RIVERS STATE COMMUNITY FACILITY, PARKE CREEK STATE COMMUNITY FACILITY, WOODINVILLE STATE COMMUNITY FACILITY, OAKRIDGE STATE COMMUNITY FACILITY, TOUCHSTONE STATE COMMUNITY FACILITY

Education and Training Vouchers (ETV)

See Annual Reporting of Education and Training Voucher Awarded, provided as a separate document.

Inter-Country Adoptions

See Services for [Title IV-B Part 1: Children Adopted from Other Countries.](#)

Monthly Caseworker Visit Data

Federal Fiscal Year (FFY) 2025 data will be reported by Dec. 15, 2025, as required in ACYF-CB-PI-12-01.

Financial Information

Title IV-B Subpart 1

- Washington State expenditures of Title IV-B subpart 1 funds in federal fiscal year 2005 for childcare, foster care maintenance, and adoption assistance payments was \$0 and we will not be expending any of these funds in these areas in federal fiscal year 2024.
- The amount of non-federal funds expended by Washington State for foster care maintenance payments that may be used as match for Title IV-B subpart 1 award in federal fiscal year 2005 was \$0 and we will not be expending any of these funds in these areas in federal fiscal year 2026.

Title IV-B Subpart 2

- The 1992 base year amount was **\$24.3 M**
- The state and local share expenditure amounts for Title IV-B subpart 2 for federal fiscal year 2022 was \$5,045,911 for PSSF (Family Preservation) and \$318,957 for FPCV (Caseworker Visitation).

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- Washington State does not plan to revise the use of Title IV-B subpart 2 funds based on the amendment to P.L. 112-34.

Title IV-B Subpart 2 Services: Examples of Key Service Providers	
Family Preservation (30% of grant)	DCYF contracts with providers throughout Washington State for Family Preservation Services (FPS). Key services include: <ul style="list-style-type: none"> ▪ Parent Child Interaction Therapy (PCIT) ▪ Intensive Family Preservation Services (IFPS)/ HomeBuilders ▪ Incredible Years ▪ Positive Parenting Program- Triple P
Family Support Services (20% of grant)	DCYF contracts with providers for Parent Education and Support in communities throughout Washington state.
Family Reunification Services (20% of grant)	DCYF contracts with providers for family reunification services throughout Washington State. Key services include: <ul style="list-style-type: none"> ▪ Family Preservation Services ▪ Parent Child Interaction Therapy ▪ Evaluations and Treatment
Adoption Promotion Supports and Services (20% of grant)	Qualified providers in local communities provide adoption medical services. Services include counseling, psychological and neuropsychological evaluations for legally free children who are the neediest and difficult to adopt. Adoption services are provided by adoption caseworkers who facilitate adoptions and perform home studies, as well as, Adoption Support program staff who negotiate adoption support agreements, and provide case management for about 18,000 children and families.
Administrative (10% of grant)	Title IVB-2 is allocated its share of indirect administrative costs through the approved Public Administration Cost Allocation Plan (PACAP), some of these cost include: salaries, benefits, goods, and services.

See CFS-101 Forms, provided as a separate document.

Attachments

[Attachment A — CAPTA and Citizen Review Panels](#)

[Attachment B — Foster and Adoptive Parent Diligent Recruitment Plan](#)

[Attachment C — Healthcare Oversight and Coordination Plan](#)

[Attachment D — Acronyms and Abbreviations](#)

Attachment A – CAPTA and Citizen Review Panels

Child Abuse Prevention and Treatment Act (CAPTA) Report

Use of State Grant Fund

DCYF provides services throughout Washington state to families and individuals who are referred to CPS, Family Voluntary Services (FVS) or Family Reconciliation Services to strengthen families and prevent child abuse and neglect.

Activities funded by the CAPTA state grant include:

- Regional quality practice specialists (QPS), CPS program managers, and safety administrators
 - The regional QPS, CPS program managers, and safety administrators support intake, assessment, screening, and investigation of reports of abuse and neglect. Funding supports six positions.
- Critical incident case review specialists
 - The critical incident case review specialists provide clinical consultation to management and critical incident case review teams on complex and high-risk cases. These cases involve child fatalities, near fatalities, other critical incidents, high risk, high profile, complex cases, or tort cases. Funding supports five positions.
- CAPTA grant program manager
 - The CAPTA grant program manager position provides support and facilitation of the three Citizen Review Panels (CRPs) and subcommittees of the CRPs. The position provides support for grant funding and provides support to other programs that utilize CAPTA grant funds. Funding supports one position.
- Infant and early childhood prevention administrator
 - The Infant and early childhood prevention administrator oversees Plan of Safe Care (POSC) work, including POSC policies and practices. Funding supports one position.
- Intake and investigation program manager
 - The intake and investigation program manager implements and manages policies and tools that provide the framework of the Intake and Investigation program. The position leads work to build consistency across all regions and offices regarding screening of intake types, responses to child abuse or neglect, investigations as well as the assessment of data. Funding supports one position.
- Domestic violence program manager
 - The domestic violence program manager position implements and manages policies and tools that provide the framework of the domestic violence program. This position leads work to build consistency and best practices related to the intersection of domestic violence and child welfare (CW). Position is new and recently recruited. Funding supports one position.
- Monetary support to develop new domestic violence workgroup and resources. This included travel to a domestic violence conference.
- Monetary support for the CRPs in-person meetings during the spring and fall and attendance at the National CRP Conference.
- Monetary support for POSC through Within Reach.
- Monetary support to the North West Children’s Healing Centered and Trauma Forum. This sponsorship was provided to support 139 staff to attend the training on the impact of trauma on children.
- Monetary support of DCYF’s Engaging Father Project and Award.
- Continued support of accredited Community Advocacy Center.
- Trauma training for DCYF staff.

- Continued support via First 5 FUNdamentals for those with lived experience to participate in program feedback and CRP participation.
- Continued support and education around the Family Practice Model (FPM) that was developed through an in-depth system partner process.

CAPTA Goals

DCYF works closely with families, valuing their insight and understanding of their own circumstances. To support sound decision-making, DCYF conducts thorough assessments to objectively evaluate family dynamics and promote fair outcomes. The goal is to connect families with resources that help them provide safe and stable care for their children. By improving consistency in CW practices, DCYF aims to reduce removals, lessen trauma, and enhance the overall health and stability of communities.

In alignment with the 2025-2029 Child and Family Service Plan (CFSP), DCYF will continue the work of integrating POSC into this approach. The POSC will serve as a comprehensive strategy to support infants and their families, particularly those affected by prenatal substance exposure. This plan will ensure that both the health and SUD treatment needs of the infant, and the affected family or caregiver are addressed. By incorporating the POSC, DCYS aims to provide holistic support to families, promoting positive outcomes. Key goals and accomplishments for POSC work is outlined in the appropriate sections below.

Additionally, DCYF is committed to strengthening partnerships by collaborating and consulting with a variety of system partners. Building and maintaining strong relationships with groups like the CRPs, outlined later in this section, and the Children's Justice Task Force is an ongoing effort that requires trust, transparency, and shared commitment. While continuously building a strong relationship with these groups and system partners, DCYF can co-create solutions that address systemic barriers, elevate the voices of those with lived experience, and drive lasting improvements in policy and practice. This collaborative approach ensures that this work is not only responsive to the needs of children and families but also informed, leading to more effective interventions and stronger outcomes.

Goals for CY 2025

- Continue expansion of the service array in preparation for the implementation of the Family First Prevention Services Act (FFPSA).
- Continue Motivational Interviewing (MI) training for staff through the Alliance for Professional Development, Training and Caregiver Excellence (Alliance).
- Continue work on decreasing out-of-home care and repeat maltreatment by increasing preventative services and service delivery, in CPS-Investigation, CPS-FAR, and FVS. This will be supported through the continued training of MI, along with targeted expansion of preventative services as part of FFPSA.
- Continue ongoing sustainability of engagement by designating engagement regional leads to ensure that engagement continues to be prioritized. This includes engagement with fathers and ongoing work to improve engagement with incarcerated parents.
- Continue the implementation of the [FPM](#). This includes work on improving Practice Profiles by engaging teams of lived experts. This work will include journey mapping and story collection.
- Decrease out-of-home care and repeat maltreatment by increasing preventative services and service delivery, in CPS investigation, CPS-FAR, and FVS. This will be supported through the continued training of MI, along with the targeted expansion of preventative services as part of the [FFPSA](#).
- Continue to support the CRPs as they research and address their areas of focus.
- Continue to build a better recommendation and feedback loop between the CRPs and DCYF staff and leadership.

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- Continue to build and improve upon collaborative relationships between CRPs, other advisory bodies, community partners, and DCYF.
- Continue to bring the POSC community-based prevention pathway to scale statewide through engagement and training with hospitals, cross-system collaboration, and sustaining a robust provider and community network supporting families experiencing perinatal substance use.
- Continue to maintain the Help Me Grow (HMG) POSC community-based pathway contract with WithinReach.
- Continue to analyze and report on POSC data collected through the online portal:
 - Race/ethnicity of newborn and birthing parent.
 - Zip code.
 - Birthing parent's age.
 - Type of substance exposure.
 - Screening information for the newborn and birthing parent.
- Develop a multi-year plan to expand POSC in Washington. This expansion includes:
 - Outreach and technical assistance with community providers and mandated reporters.
 - Conduct semi-annual listening sessions with families.
 - Scaling the piloted Pregnancy SUD hub to include POSC training to DCYF intake staff to include referrals from all DCYF offices.
 - Provide POSC training to CPS, FVS, and Child and Family Welfare Services (CFWS) programs to expand caseworker referrals to POSC community-based pathway to include DCYF POSC cases that are closing.
 - Streamline and build out the referral pathway infrastructure.
 - Include opportunities to share POSC work and data nationally.
 - Work with Chapin Hall to develop a POSC case study to share with other states.
 - Ongoing cross-sector collaboration and partnership with state agencies.
 - Ongoing consultation and collaboration with tribal partners.
 - Ongoing monthly POSC Community of Practice Meetings.
 - Identifying external consultant to support exploration and evaluation of community needs and actions DCYF will take to collaborate internally and collect lived experience from community.
 - Develop and provide ongoing training for DCYF intake staff.
- Continue to enhance the general child protection system through evaluation, development, improvement and reinforce use of risk and safety assessment tools and protocols.
- Continue improvements to training and work around safety and risk. Considerations around updates to safety framework and possible pilot project.
- Onboard domestic violence program manager to manage domestic violence programs and improve overall practice when domestic violence is indicated in a CW case. This includes continued work around data integrity in tracking domestic violence as a risk factor.
- Continue to work on mandatory reporting, including exploration of a Community Response Guide to help improve accuracy of mandated reporting and alignment with services to connect families to resources when CW involvement is not necessary.
- Continue work on parent ally pilot project. This work will include a review of the CY 2023 pilot, including the barriers and challenges, to develop a working pilot to implement in the upcoming year.
- Continue to improve data integrity in tracking domestic violence as a risk factor.
- Increase retention of staff at all levels through collaborative work with CRPs and DCYF HR, support for staff education and training, and updated mandatory reporter education.

American Rescue Plan Act Funds

DCYF developed a budget and plan for use of the American Rescue Plan Act (ARPA) funds with internal and external system partners input regarding use of the funding. Planning and coordination work occurred to ensure DCYF is maximizing support by coordinating CAPTA with Community-Based Child Abuse Prevention (CBCAP) fund planning. The following outlines the use of this funding:

Mandated Reporting Campaign

Following a two-year, cross-system workgroup with representation of mandatory reporters and lived experts, updates to Washington's Mandatory Reporting eLearning are live. The eLearning is available through the Alliance for Professional Development Learning Center, where users must register for an account, and an eLearning file is available to other agencies including school districts, hospitals, law enforcement, and other mandatory reporting agencies to add to their learning management systems to track employee completions. Mandatory reporters can access the eLearning via the DCYF website for easy access. The trainings were successful and well received by attendees.

In December 2024 DCYF Communications sent out a press release and created a blog announcing the launch. The press release was emailed to DCYF staff, court partners, Washington school district administrators, law enforcement, and child placing agencies (CPAs).

The DCYF regional CPS and safety leads met with HQ staff to develop a slide deck for live training to complement the new eLearning. The slide deck will be used for training community members who want an overview of mandatory reporting, or a facilitated discussion following eLearning completion.

Mandatory reporting materials are underway and a poster that is legislatively required is updated and available online. Posters will be printed and shared with mandatory reporters to be posted in their locations.

The workgroup will reconvene in April and May 2025 to finalize a bias tool and a publication about false reporting.

Grants to Community Resource Centers for Direct Concrete Goods

DCYF is supporting nine Family Resource Centers (FRCs) to provide prevention services to families and enhance these organizations' capacity to serve their communities. DCYF approved an additional funding of \$105,000 from the ARPA funding that will continue into 2025.

The cost of living in Washington state increased substantially during the pandemic and this carried over into Federal Fiscal Year (FFY) 2024. While the child tax credit was very impactful initially, families experienced hardships as the prices of food, gas, child care, and housing have continued to increase. Economic hardship and parental stress can impact a parent's ability to be present and supportive for their children and family.

This funding has allowed FRCs to provide needed goods to the families they serve or expand their services. FRCs have set up processes and procedures for documenting the needs of families and how those needs were met. Some of the FRCs have diaper banks, community closets, and food pantries on site. While some FRCs hold special events to provide families with goods for specific uses, such as school supplies and clothes, winter clothes, and hygiene bags. Additionally, providing goods has helped FRCs engage with families who might otherwise not feel comfortable asking for help. By providing goods without judgement, they gain trust, build relationships, and can connect their clients to other services.

Lived Experience Expert Stipend Reimbursement

DCYF contracted with community partner, First 5 Fundamentals, to reduce barriers and provide stipends for individuals with lived experience that participate in Program Feedback requests, CRP meetings, and mandatory reporting workgroups.

FOCUS Parent Ally Pilot

From July 2022 until April 2024, DCYF contracted with a community-based agency to pilot peer support service navigation programs in two Washington communities for CPS and FVS cases. The Spokane Central office and the Aberdeen office were chosen as two communities with differing demographics and neither having an existing parent support program. The program pilot was given the name FOCUS – Family Outreach, Connections, and Unconditional Support, and was based on the successful work of Washington’s Parents for Parents Program for families with court-involved CFWS cases.

Recommendations for consideration for a subsequent pilot and/or implementation and scaling have been summarized from two reports for DCYF. The first, and primary is an April 2024 report from the contracted agency piloting the FOCUS Program, Amara. The second, a February 2025 report from Zero to Three (ZTT) detailing outcomes and recommendations from in-person listening sessions with Washington families formerly or currently involved with CW. These listening sessions were led by parent leaders with lived expertise at the intersection of substance use disorder and CW and were held across six Washington communities in April 2024.

The primary role of the FOCUS Program peer support navigator was to create and build a trusted relationship with the parent that facilitated coaching and support as the parent navigates CW involvement. During the pilot, peer support navigators often filled in gaps to provide for basic needs, accomplish practical yet important household tasks, and support accessing resources in ways that were otherwise not addressed by other systems of service providers. Examples of such tasks include:

- Accessing basic needs supports such as food pantries or diaper banks
- Lice/bedbug treatment
- Transportation to complete laundry/purchase groceries
- Manual labor – taking items to the dump and assisting with furniture assembly
- Assisting with childproofing homes

Tasks directly supporting navigating CW system involvement included attending Shared Planning Meetings (SPMs) and court hearings, warm hand-off referrals to community-based services and resources, and providing transportation to support case plans when requested by the DCYF caseworker to remove a transportation barrier. It is important to note regarding the latter; future program design should include parameters and guidelines as to when/why the DCYF caseworker can request assistance with transportation for the family. Otherwise, the entirety of the peer support navigator’s time could be spent providing transportation services, and result in unintended program budget impacts for mileage reimbursement.

The FOCUS Program report identifies two paramount recommendations: (1) to ensure adequate and sustainable funding to support hiring and supervisory/training needs for lived experts and other program staff, and (2) a recommendation for peer support services to be provided by a community partner versus DCYF directly. Both the FOCUS pilot and ZTT listening session feedback has shown that developing trust and engagement from parents will be more challenging otherwise. Related, the FOCUS pilot found that lived experts working as peer support navigators faced multi-directional stigma and bias from community members regarding their collaboration with DCYF and from DCYF or other system partners for their past CW involvement. To mitigate bias and stigma toward peer support navigators, future work should ensure bias and stigma training for all partners (DCYF and community providers) as a collaborative implementation strategy.

In addition to mindful implementation and utilizing proven change management strategies the importance of centering the perspective and insight from those with lived experience and expertise in all program design and implementation efforts will be critical. This can be done by consistently soliciting feedback via listening sessions or a lived expert advisory council, by providing compensation to lived experts, and by ensuring those supervising lived experts doing the work are supported and equipped to do so.

DCYF is exploring funding options and revised pilot structure based on learnings from the first pilot. DCYF identified the following to be critical for a subsequent pilot or implementation and scaling:

- Clearly articulated mission, vision, and values of the contracted agency integrated into program design.
- Develop an implementation training plan for DCYF, contracted agency, and community partners:
 - Mandated supporting and mandated reporting training community-wide
 - MI for peer support navigators
 - Training for DCYF caseworkers related to family engagement and teaming with peer support navigators
 - Trauma Informed Care and Bias training for all partners
- Develop clear processes to:
 - Address feedback about the program or the peer support navigators
 - Address conflict with DCYF related to case direction
 - Collect ongoing feedback from caseworkers and families through subsequent pilot and/or implementation to inform needed shifts in program design
- Desired program design and community characteristics:
 - Existing community pathways and/or strong community agency collaborations between DCYF CW and behavioral health care coordination across all levels in the community
 - Free Legal Clinics to establish strong collaborations
 - Offering the Office of Public Defense (OPD) Voluntary Placement Agreement (VPA) Hotline on any case in which a VPA is discussed
 - Reflective supervision model to include clinical consultation as needed and provide a safe place for peer support navigators to process secondary trauma, professional boundaries, ethical practices, and relapse prevention

Regarding program design related to hiring practices, onboarding, and employment of lived experts, DCYF is recommending community agencies providing peer support navigation services develop a fair and manageable hiring and training process. Program design will need to develop hiring guidelines/requirements related to established time in recovery and time since DCYF case closure. The process should include flexible employment options of full-time, part-time, or contracted positions, and fair benefits and compensation. Onboarding activities should include access to and awareness of Employee Assistance Programs and practical, free resources to support relapse prevention. Onboarding training should include Washington State Health Care Authority (HCA) peer specialist certification training, technology training as needed, professional writing skills, and special topics impacting families including but not limited to; trauma, child development, and domestic violence. On-the-job training should include shadowing opportunities with more experienced peer support navigators, and a comprehensive individualized training and professional development plan supported by the supervisor.

Summary of Accomplishments

- Continued work and implementation of the FPM and alignment with the assessment redesign project.

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- Continued substance use and prevention program with [harm reduction kits](#) distributed to families when need is identified. These kits include lock boxes, fentanyl testing strips, and rescue medication.
- Comprehensive substance use education for both clients and staff on substances including Fentanyl.
- Continued work to identify sustainable funding sources to provide supportive living modality for those seeking SUD treatment.
- Supported providers in continuing to work with and provide resources to families.
- Recruitment of DCYF Domestic Violence Program Manager position.
- Ongoing work of developing an Intake portal for mandated reporters.
- Completed updated mandated reporting training that includes more comprehensive information including specific training around implicit bias and online tool kit for mandated reporters.
- Ongoing mandatory reporting training provided to the community statewide, including partnership with Office of Superintendent of Public Instruction (OSPI).
- Explored the use and implementation of the Community Response Guide developed by Evident Change, by meeting with jurisdiction representatives from Los Angeles and San Deigo Counties in California and the state of New Hampshire.
- Continued support for the Child Welfare Early Learning Navigator project.
- Continued training in [MI](#) for caseload-carrying DCYF staff.
- Continued services expansion to increase service delivery across the state, a centralized and standardized system of provider availability and access that is robust and supportive.
- Ongoing work to improve engagement with fathers through DCYF's Engaging Fathers Project. This project provides resources and information about parenting that can empower fathers and help them to navigate the child welfare system successfully.
- Continued work with incarcerated parents through regional leads and engagement program manager.
- Implementation of Senate Bill 6109, clarifying state statues on emergency child removal and collaborative work with Department of Health (DOH) and poison information centers on public health information related to synthetic opioids for CW worker, courts, and families.
- [FFPSA](#) updated plan and continued work on community-based pathways.
- POSC is a family-centered prevention plan designed to promote the safety and well-being of birthing parents, caregivers, and their infants with prenatal substance exposure. The following outline the key accomplishments for State Fiscal Year (SFY) 2024:
 - Successfully onboarded 94% of all birthing hospitals in Washington state to utilize the POSC online referral portal. Developed partnership roadmap with key partner Washington State Hospital Association.
 - Provided ongoing technical assistance and training support to birth hospitals across the state participating in POSC.
 - WithinReach, in partnership with First Legal Clinic, hosted a series of listening sessions with parents with SUD experience to develop and refine outreach and messaging in scripting and materials.
 - Updated the online referral portal to strengthen a shared understanding of "safety concerns" and include a bias checkpoint.
 - Developed a POSC self-referral pathway to HMG Washington for individuals experiencing perinatal substance use.
 - DCYF contract with WithinReach supports monthly POSC Community of Practice Meetings and the creation of a newsletter

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- Collaboration with WithinReach, HMG and Washington State Hospital Association on developing guidelines for hospitals to update their policies to align with POSC requirements.
- Collaborated with internal programs to update mandated reporter training.
- Participated in POSC national sharing opportunities that included the White House Convening and the Dorris Duke Prevention Learning Collaborative.

Child Protective Services (CPS) Investigative (CAPTA) Findings Notification & Founded Findings Policy

Washington state's definition of child abuse and neglect, outlined in Revised Code of Washington (RCW) 26.44.020, will be updated effective July 1, 2025. These updates include the addition of female genital mutilation, as defined in RCW 18.130.460, and severe forms of trafficking, as described in RCW 9A.40.100. DCYF is in the process of updating the Washington Administrative Code (WAC) to reflect these expanded definitions.

As part of the DCYF executive decision to separate practice from policy, the CPS investigative findings notification and founded findings review policies are being revised. This separation aims to allow divisions to manage their own procedures. CW procedures will remain internal, except for tasks specifically assigned to tribes.

Policy updates are being developed in collaboration with the Policy and Rules Office and involve multiple phases. The findings policy and notification letter to subjects are also under review to align with changes in RCW and WAC, as well as to incorporate accessibility language. The next steps will include updates to CW training materials and the development of information and guides specific to female genital mutilation and severe forms of trafficking.

CAPTA Review Hearings

CAPTA Review Hearings, CY 2024	
Outcomes and Status for Referrals appealed to Office of Administration Hearings in 2024	290
Decisions issued by Administrative Law Judge	37
<i>Founded/Affirmed</i>	<i>37</i>
<i>Unfounded/Reversed</i>	<i>0</i>
Findings changed to Unfounded by area administrator (AA) based on new information or insufficient evidence, or reversed by Juvenile Court Dependency Judge or Superior Court Judge	7
Findings changed to Erroneous Subject / Victim by area administrator	0
Transferred to Attorney General's Office (AGO) for licensing, dependency or conflict cases	35
Scheduled for a pending administrative hearing	204
Hearing completed and decision pending from Office of Administration Hearings	7
Petitions for Review to Board of Appeals	1
<i>Data source: Mareen Bartlett, Special Assistant Attorney General for CAPTA, CY2024, March 2024</i>	

Washington State Citizen Review Panel (CRP) Reports

Process

The CRPs meet in-person at least once annually for a two-day general meeting. The PIFS CRP meets on the third Thursday of every month virtually. The CYF CRP meets the second Tuesday of every month virtually. The SIO CRP meets the first Monday of every month virtually. The CRP Co-Chairs and the CRP Facilitator schedule additional meetings when appropriate.

The CRP Facilitator works with the CRP Co-Chairs to determine presenters and speakers that align with the determined area of focus. The CRP Facilitator distributes research deemed important and relevant to the work of the CRPs between regularly scheduled meetings. CRP members can make data requests from DCYF using a designated data request form

when the data is determined relevant to the work of the panel. The CRP Facilitator submits completed data request forms and provides the requested data to the panel members once the request has been completed. The presenters, research, and data are used to inform the work of the panel and improve annual recommendations.

The CRPs submit draft recommendations to the CRP Facilitator by September 15th of each year. These draft recommendations are used to build the annual report that is published by October 31 of each year. Once the report is published and distributed, DCYF has six months to respond in writing to the annual recommendations. The CRP Annual Report and the DCYF Written Response are included in the Annual Progress and Services Report (APSR) to the federal government each year.

Prevention, Investigation, And Family Services Citizen Review Panel

The Prevention, Investigation, and Family Services Citizen Review Panel (PIFS CRP) is made up of volunteer representatives with expert knowledge and experience in preventative services and investigative techniques related to child abuse and neglect. These individuals include those with professional experience and with lived experience. This panel is committed to improving preventative services and investigation outcomes to increase the safety and well-being of children and families.

PIFS CRP Members

- Jennifer Justice
- Jenny White
- Taila AyAy
- Tiffani Buck
- Carol Mitchell
- Paula Reed
- Connie Mollerstuen
- Tif Junker

Children, Youth, And Families Statewide Citizen Review Panel

The Children, Youth, and Families Statewide Citizen Review Panel (CYF CRP) is made up of volunteer representatives with expert knowledge and experience in CW. These individuals include those with professional experience and with lived experience who have knowledge and understanding of the CW system, most notably during court involvement and/or after a removal has occurred.

CYF CRP Members

- Katherine Kameron
- Jacob D'Annuzio
- Ron Murphy
- Ryan Murrey
- Jason Bragg
- Kelly Warner-King
- Laurie Lippold
- Heather Smith
- Anna Marie Dall
- Karrina Guilbault

- Jasmine Hodges
- Shauna Magee

SIO Citizen Review Panel

The Citizen Review Panel (CRP) is composed of volunteer representatives with expert knowledge and experience in the CW system. This panel examines factors that influence the effectiveness and fairness of the system and its impact on the individuals and families it serves. Members include professionals with backgrounds in CW, as well as individuals with personal experience navigating the system.

SIO CRP Members

- Dr. Marian Harris
- Dr. Chereese Phillips
- Shrounda Selivanoff
- Janelle Hawes
- Buffy Via
- Keoki Kauanoë
- Deborah Purce
- Kimberly Booker
- Kendra Maroney
- Bernice Morehead
- Lisa Russell
- Shyi'A Mason

CRP Work

During fiscal year 2023-2024 the CRPs inquired and learned in depth about the following issues and participated in workshops to help specific program areas.

All CRPs

- California CRP mandatory reporting presentation by Juliet Cox, Child and Family Policy Institute of California.
- Community Resource Guide Tool presentation by Phil Decter and Emerson from Evident Change.
- CRP Co-Chairs and lived experts attended the National Citizen Review Panel Conference in San Diego.
- CRP discussion with Center for States.
- CRP members provided feedback on the updated Caseworker Concrete Goods Guide and a Prenatal SUD Toolkit.
- Discussion on Critical Incident CRP Subcommittee work.
- Economic and concrete supports presentation by Yasmin Grewal-Kök, Policy Fellow at Chapin Hall.
- Human Resources (HR) workshop with Marcos Rodriguez, DCYF HR Director, Heather Mellor, DCYF HR Operations Administrator, Natalie Green, DCYF Assistant Secretary of Child Welfare, and Steven Loduah, DCYF HR Talent Acquisition Manager.
- Plan of Safe Care (POSC) workgroup with Alissa Copeland, DCYF Early Learning Program Manager.

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- Presentation and discussion on Guaranteed Basic Income and CW Pilot with Dr. William Schneider, Associate Professor and Faculty Director for the Children and Family Research Center at University of Illinois Urbana-Champaign School of Social Work.
- Presentation and discussion on substance use disorder (SUD) work at DCYF with Jimmy Vallembois, DCYF SUD Program Manager.
- Presentation and discussion on supporting education stability for students in foster care with Peggy Carlson, DCYF Education Program Administrator.
- Safety Framework Workgroup with Jasmine Hodges, prior DCYF Child Safety Program Manager.

PIFS CRP

- Data requests made by the PIFS CRP included data on pandemic funding and the impact it had/did not have on any decline in intakes and details around the type of intakes that were impacted (neglect, sexual abuse, physical abuse).
- Discussion on implementation of HB 1227 (Keeping Families Together Act) with Julie Watts, DCYF Senior Policy Advisor.
- Discussion on housing and housing resources for DCYF involved families with Greg Williamson, DCYF Adolescent Housing Program Manager.
- Discussion on concrete supports with Jesse Stigile, DCYF Community Support Services Program Specialist.
- Discussion on the Pregnant and Parenting Women (PPW) and Family Preservation Model with Ashley Piña, Health Care Authority (HCA) Pregnant Parenting Family Substance Use Disorder Policy Administrator.
- Discussion on implementation of SB 6109 with Michelle Hetzel, DCYF CFWS Program Manager.
- Review of email resources sent from CRP Facilitator. These included articles and research on current areas of focus. Information was provided to the GRIT Program in Tacoma, WA.
- Guaranteed Basic Income (GBI) pilot program in Washington, DC with welfare involved families, and a GBI pilot program in Sacramento.

CYF CRP

- Concrete Goods Caseworker Guide and concrete supports continued updates provided in writing and in-person by Jesse Stigile, DCYF Community Support Services Program Specialist.
- Critical incident discussion with Paul Smith, DCYF Supervisor of Critical Incident Review Team.
- Data requests that included a request for budget data (specifically around concrete supports, professional and CIHS) and overall costs associated with foster care.
- DCYF budget discussion with Vickie Ybarra, DCYF Interim Assistant Secretary of Partnerships, Prevention, and Services, and Jim Smith, DCYF Budget Director.
- Fentanyl discussion with Dr. Scott Phillips, Executive and Medical Director for Washington Poison Center.
- Field practice around concrete goods with Adrienne Franklin, DCYF Director of CW Programs and Practice, Delton Hauck, DCYF In-Home Services Administrator, and Jesse Stigile, DCYF Community Support Services Program Specialist.
- Presentation on new Mandatory Reporting training and materials by Karolyn Smith, Community Engagement Administrator for Child Welfare.
- Review of email resources sent from CRP Facilitator. These included articles and research on current areas of focus. Information was provided to the CYF CRP on the GRIT Program in Tacoma, WA, a Guaranteed Basic Income (GBI) pilot program in Washington, DC with welfare involved families, and a GBI pilot program in Sacramento.

SOI CRP

- CW legislation updates and discussions during legislation session.
- Data requests made by the SIO CRP include children in out-of-home care with demographic information, DCYF field staff information by regions, field staff interview on caseworker contact (this request was denied by field operations), and data on recruitment and retention of DCYF staff with demographic information.
- DCYF HR discussion with Marcos Rodriguez DCYF Director of HR, Heather Mellor, DCYF HR Operations Administrator, Dr. Joel Odimba, DCYF Welfare Workforce Support, and Alice Coil. This presentation and discussion included updated data on recruitment and retention of staff.
- DCYF involved youth and their intersection with the court system. The Honorable Joseph Evans from Pierce County Superior Court met with the SIO CRP to discuss youth and their intersection between CW and the court system.
- DCYF Worker Contact – Subcommittee work including developing and submitting a proposal to DCYF to interview area administrators, regional administrators, and caseworkers. Proposal was declined.
- Mandatory Reporting Workgroup – Discussion around project and SIO CRP members collaboration.
- Review of email resources sent from CRP Facilitator. These included articles and research on current areas of focus. Information was provided to the GRIT Program in Tacoma, WA, a Guaranteed Basic Income (GBI) pilot program in Washington, DC with welfare involved families, and a GBI pilot program in Sacramento.
- Safety framework discussion with Jasmine Hodges, prior DCYF Child Safety Program Manager.
- Service continuum and FFPSA discussion with Maria Zdzieblowski, DCYF Director of Service Continuum, and Phyllis Duncan-Souza, DCYF FFPSA Program Administrator.

Critical Incident Review Citizen Review Panel Subcommittee

The Critical Incident Review CRP Subcommittee is made up of members from all three CRPs that have an interest and understanding of child fatality and near fatalities, either in a professional or from a lived experience perspective.

CIR CRP Subcommittee Members

- Jacob D'Annunzio
- Ryan Murrey
- Jason Bragg
- Kelly Warner-King
- Laurie Lippold
- Heather Smith
- Jasmine Hodges
- Shauna Magee
- Kimberly Booker
- Shrounda Selivanoff
- Jennifer Justice
- Tiffani Buck
- Carol Mitchell
- Paula Reed
- Tif Junker

CIR CRP Subcommittee Process

The CIR CRP Subcommittee has two meetings annually. These meetings include DCYF Critical Incident and Field Operation staff. The meeting participants are divided into groups with assigned cases to review. Themes and trends are identified during the case reviews and those identified trends and themes are discussed as the larger group reconvenes.

The CIR CRP Subcommittee meets virtually to debrief the in-person meeting and determine identified themes and recommendations.

CIR CRP Subcommittee Work Plan

The CIR CRP Subcommittee met in March 2024 for an all-day in-person meeting. Additionally, this team met virtually to debrief and discuss possible recommendations around the identified theme.

CRP Recommendations and DCYF Response

Prevention, Investigation, and Family Services CRP Recommendations and DCYF Response Plan of Safe Care (POSC)

- **Problem Statement:** Within Reach WA and HMG are currently funded through DCYF to provide application support and care coordination to access community services for the POSC at birth. Birthing hospitals received training and resources on the updated mandatory reporting guidance for prenatal substance exposure and WithinReach and HMG services are now accessible to every region in the state.
 - Because these referrals occur through the POSC portal at birth many potential referrals that could benefit from the services are missed.
- **Recommendation:** Invest in expanding WithinReach and HMG services and access so that:
 - Prenatal providers can refer mothers/birth parents into services.
 - Mothers/birth parents seeking services, and their families can self-refer into services without needing a gatekeeper for access (caseworker, social worker, prenatal provider, CPS etc.).

DCYF Response to PIFS CRP Recommendation

Prenatal providers can refer mothers/birth parents into services recommendation in Progress. In 2020, DCYF initiated the Prenatal SUD Pilot with the goal of reducing the rate of infant removals shortly after birth by connecting substance-using pregnant individuals that come to the attention of DCYF to community care coordinators that offer voluntary prevention services like SUD treatment, home-visiting, and basic needs supports. Braiding philanthropic, federal and state dollars, the pilot launched in three counties in October 2021 and has since expanded to nine counties in partnership with six providers. Now known as the Pregnancy Support Pathways Hub, DCYF plans to expand beyond the current nine counties to a statewide model over the next year. Prenatal providers can currently refer expecting mothers/birth parents with substance use to DCYF Intake who can reroute screened-out individuals to the Pregnancy Support Pathways Hub.

In an effort to decouple support from CPS for this population, a small test was conducted in 2024 to assess a referral pathway for pregnant individuals using substances from hospital social workers directly to HMG Washington, bypassing CPS altogether. A provider toolkit was developed with initial scripting and procedure detailed. In this intentionally small two-week pilot, two social workers successfully sent five referrals to HMG Washington's Mental & Behavioral Health Team who successfully connected with 100% of referred clients. DCYF is currently seeking funding to build upon this test to increase direct referrals to the Pregnancy Support Pathways Hub. An essential piece of this work is to provide capacity

to the Hub to establish connections with the prenatal workforce, including both health (OB-GYNs, midwives, doulas, etc.) and social service providers (emergency room social workers, law enforcement, etc.) where pregnant individuals using substances are encountered. Upon connection, WithinReach (state affiliate of HMG Washington) would offer technical assistance to prenatal providers to support direct referrals to the Hub.

Mothers/birth parents seeking services, and their families can self-refer into services without needing a gatekeeper for access (caseworker, social worker, prenatal provider, CPS etc.).

Recommendation complete, with improvements and associated work planned.

In September 2024, WithinReach (state affiliate of HMG Washington) launched a self-referral form allowing perinatal clients experiencing SUD to refer themselves or a partner to HMG’s Mental & Behavioral Health Team. If the checkbox is selected for “Are you or your partner pregnant?” or “Have you or your partner given birth within the last three months,” a new checkbox appears to select interest in “Treatment options and resources for substance and alcohol use disorders.” If a client refers themselves or a partner through this form and checks the subsequent box, the referral will be put into the HMG Washington Mental & Behavioral Health team’s queue for follow-up and as appropriate, coordination with the Pregnancy Support Pathways Hub.

With the back-end technology required to route referrals to the appropriate team now in place, WithinReach will continue to finesse the cosmetics and iterate upon the language used within the self-referral pathway. DCYF is also interested in engaging key partners around developing a statewide public awareness campaign (example: Colorado’s Tough as a Mother) connecting pregnant and parenting mothers to SUD treatment services and recovery support within their communities. Such a campaign could simultaneously drive families to HMG’s new perinatal substance use self-referral pathway.

Prevention Services and Community-Based Organization (CBO) Funding

- **Problem Statement:** Barriers in accessing sustainable funding for community-based organizations that support service delivery to families at risk of CW involvement are many. These barriers are not limited to but do include the following:
 - Complex funding applications that can negatively impact small organizations.
 - Limited eligibility and restrictive criteria are associated with some funding streams.
 - Short-term funding that may impact a smaller organization’s ability to maintain funding and can interfere with service delivery.
 - Restrictions on spending of funds limit the CBO’s ability to provide tailored services to meet the unique needs of families.
 - Addressing barriers associated with funding streams can assure CBOs can effectively support families and work to prevent CW involvement.
- **Recommendation:** Prevention funding that is more streamlined and includes improved accessibility and flexibility in funding would empower CBOs to provide sustainable high quality prevention services to families in crisis, reducing the need for more intensive CW interventions.

DCYF Response to PIFS CRP Recommendation:

DCYF is interested in reducing unnecessary application and contract complexity that may be negatively impacting smaller community-based organizations preventing DCYF from maintaining an adequate array of prevention services. DCYF’s Partnership, Prevention, and Services (PPS) division is undertaking the following activities to address this need:

- **Tailored Contracts.** In FY 2022-2024, DCYF engaged in deep system learning and assessments to better understand the needs for prevention in local communities, particularly for families who experience elevated rates of involvement in the CW system. DCYF partnered with the Harvard Government Performance Lab (HGPL) for that deep system learning and produced several joint products which informed contracting for FY 2025. In CY 2024, PPS program staff have worked to implement tailored contracts using a more community-responsive and flexible model to procure and contract. This has resulted in contracts with tribes and community-based organizations serving families in high-need communities. We anticipate that in CY 2025 DCYF will have documented learnings from those experiences sufficient to bring specific systems recommendations to the DCYF Accountability Group for Quality and Availability of Services. Systems recommendations approved by the Accountability Group would then go to DCYF Executive Leadership Table for review and approval.
- **Community Pathways under Family First.** DCYF has been establishing the infrastructure and supports implementing Community Pathways in WA state that will serve families with prevention identifiers more upstream to prevent CW system involvement. DCYF submitted two decision packages (DP) for the 25-27 Biennium Legislative Session that expand upon these pathways. The Community Pathways DP will expand the POSC supports to substance exposed infants as well as pregnant people who use substances. In addition, DCYF requested a new pathway with Family Resource Centers (FRCs) which are considered community-based organizations to ensure trusted place-based opportunities in local communities with the highest need. The Community-Based Family Reconciliation Services DP focuses on achieving reconciliation between the parent/caregiver(s) and child(ren)/youth when conflicts or crises arise to minimize involvement with the CW and juvenile rehabilitation systems. Every community pathway has been designed to include concrete and economic supports as a prevention strategy.

Poverty Reduction and Child Welfare Involvement

Problem Statement: Poverty is a significant contributor to CW involvement in the United States and in Washington state.

Families experiencing poverty often face stressors that include a lack of access to some basic needs such as stable housing, sufficient food, health care, and child care. Unfortunately, these stressors can impact a family and, in some cases, trigger an intervention from CPS. In many situations, it is the underlying problem of poverty that triggered CW involvement and not willful neglect. Families that are experiencing poverty are often over surveilled, subject to additional scrutiny from institutions like schools, health care providers, and social services. Additionally, research on economically disadvantaged neighborhoods and child maltreatment referrals indicates that families experiencing higher rates of poverty are more likely to be involved in the CW system. This over representation highlights the need for DCYF to examine the relationship between economic hardship, community conditions, and system involvement.

Recommendation: Research from Chapin Hall (2021 and 2023) indicate that material hardship increases the risk of CW involvement and help with housing, utilities, and cash assistance programs reduce child maltreatment and involvement with CPS.

The PIFS CRP recommends that DCYF develop and facilitate a task force composed of DCYF staff, CRP members, community partners, individuals with lived experience, subject matter experts in child maltreatment, poverty, and public policy. The task force would explore the feasibility of sponsoring a program to evaluate the effectiveness of temporary economic support and its effectiveness in preventing recurrent child maltreatment among Washington families.

Several similar pilot projects are currently underway across the United States, including the largest with 800 families who were referred to Illinois Department of Children and Family Services. These initiatives aim to assess the impact of guaranteed basic income in stabilizing families and reducing CW involvement. If DCYF is committed to prioritizing

prevention and reducing the recurrence of CW cases, addressing economic disparities and the underlying problems of poverty must be a priority.

By exploring the potential of economic support as a preventative measure, DCYF can align its resources with evidence-based practices that target poverty-related stressors contributing to child maltreatment. This approach supports DCYF's mission to enhance family well-being and DCYF's dedication to prevention while also reinforcing DCYF's mission to protect children and strengthen families.

DCYF Response to PIFS CRP Recommendation:

DCYF acknowledges that the ongoing and historical effects of poverty play a significant role in CW involvement and foster care placements in Washington State. Analysis by DCYF shows that much of the difference in foster care entry occur before the agency becomes directly involved, with higher rates of reports being made prior to any intake decisions.

To address immediate needs, DCYF operates a program that provides concrete goods to support families engaged with the CW system, where financial hardship may impact their ability to ensure their children's safety. DCYF leadership has shared data with the CRP on the costs and distribution of these goods, underscoring DCYF's commitment to addressing poverty-related needs.

Given that the effectiveness of temporary economic supports in preventing recurrent child maltreatment is already well-documented, DCYF believes additional research or evaluation in this area is unnecessary. The value of these supports has been firmly established by existing studies. Rather than forming a new task force for further evaluation, DCYF suggests that a more appropriate recommendation might be to advocate for the implementation of temporary economic supports on a broader scale in Washington state. This could be addressed through collaboration with organizations like the Economic Services Administration (in DSHS) or the Washington Economic Justice Alliance (formerly the Governor's Poverty Reduction Workgroup), which are leading efforts to reduce poverty. The Washington Economic Justice Alliance has already played a key role in initiatives such as the implementation of the Washington Working Families Tax Credit.

Children, Youth, and Families CRP Recommendations and DCYF Response

After reviewing the CRP Recommendations and DCYF Response from FY 2022-2023, the CYF CRP would like to continue the work of the Contracts and Services Subcommittee into FY 2024-2025. The CYF CRP is recommending that DCYF develop the DCYF and CRP Joint Workgroup on DCYF Contracting and Services as referenced in the FY 2022-2023 Response. The Workgroup should include the following:

- CRP Members
- DCYF Staff Knowledgeable in Contracting and Service Delivery (CIHS, Professional, Psychological)
- Service Providers
- Community Partners

DCYF Response to CYF CRP Recommendation:

DCYF agrees that having a strong robust service array is necessary to serve families holistically and adequately. Although a Contracting and Services Workgroup was not convened, many efforts have been made to address improvement of the contract service array. Over the past year, DCYF teams have undertaken substantial work, some visible publicly, to inventory and expand current services, including Contracted In-Home Services and Psych/Professional services. We are able to substantially expand Combined In-Home Services (CIHS) service slots this past year, and put forward a Decision Package to continue improvement of CIHS. We still have challenges in the rural/specialized provider space, and DCYF has an annual priority for CY 2025 to help us move close to being able to address this (both a PPS and a

Leadership Team priority). We also have worked on expanding services in the Psych/Prof service line, but in the absence of rates increases, DCYF has hit a wall as to expansion efforts.

DCYF is in the final stages of a comprehensive Service Framework Project that identified the following goals:

- Creating a service delivery model that is nimble and responsive to the widespread and evolving needs of children, youth, and families;
- Creating a service delivery model designed and informed by those closest to the work and outcomes;
- Streamlining access to and delivery of services across DCYF divisions in a consistent way statewide;
- Supporting a robust and resilient service provider workforce that is nimble and will meet the changing needs of DCYF and families served; Increasing family preservation and safety-focused services necessary at the front end of CW cases to adapt to the changing environment, and;
- Increasing utilization of contracted services across the spectrum of DCYF involvement.

DCYF contracted with Public Consulting group to complete a national landscape scan to identify best practices for the delivery of contracted services. Included in this project were comprehensive listening sessions to those closest to the work. Over this past summer listening sessions were held with 170+ individuals that either received services within the last 2 years (lived experts), individuals that manage/execute contracted services (DCYF staff), those that deliver services (providers), and those that refer to services (DCYF staff and external partners – OPD, CASA, AOC etc.). Participants with lived experience were recruited from the Parent Advisory Group, Office of Public Defense (OPD), Tribal Nations, CRPs, Contracted service providers and others. The final recommendations and report will be published publicly along with a recorded presentation going in depth on the recommended changes and listening sessions. The presentation and report are set to be published in April 2025. This will be shared directly with the CRPs at that time.

DCYF supports the CRP’s recommendation to convene a Contracting and Services Workgroup. To ensure the group’s work is focused and impactful, DCYF proposes collaborating with the CRP to identify a specific area of focus within contracting and service delivery. This approach will help avoid duplicating efforts and build on the progress DCYF has made over the past year in addressing related issues.

The CYF CRP included a recommendation that was originally made by the Prevention, Investigation, and Family Services (PIFS) CRP and included a recommendation to address poverty reduction and CW involvement. Rather than duplicating the response, DCYF has addressed this recommendation comprehensively in the PIFS CRP section of this report. Please refer to that section for detailed discussion on the recommendation and DCYF’s response.

SIO CRP Recommendations and DCYF Response

The SIO CRP recommends modifications to prevention service plans to incorporate effective programs identified by other panels. These programs have received scientific ratings from the California Evidence-Based Clearinghouse and are designed to improve outcomes through family-focused, community-based interventions. The CRP recommends the following:

- DC Children’s Trust Fund (DCCTF) – Effective Black Parenting Program (EBPP; Authored by CICC): A parenting skills-building program designed for small groups or large seminars. The curriculum focuses on strengthening parenting practices through structured sessions.
 - Scientific Rating: 3 – Promising Research Evidence
 - Child Welfare Relevance: High

- **Strong African American Families Program (SAAF):** A family-centered intervention that aims to enhance caregiver-child relationships, reduce risk behaviors among youth, and promote positive adolescent development. The program provides direct services to both caregivers and children, including weekly two-hour sessions over seven weeks.
 - Scientific Rating: 1 – Well-Supported by Research Evidence
 - Child Welfare Relevance: Medium
- **Family Spirit:** A home-visiting program that supports young parents from pregnancy through early childhood. The program consists of 63 structured lessons and focuses on improving health and developmental outcomes for both parents and children. While originally developed for specific community settings, it can be adapted for broader use.
 - Scientific Rating: 3 – Promising Research Evidence
 - Child Welfare Relevance: High
- **Familias Unidas:** A family-centered intervention aimed at preventing substance use and behavioral risks among adolescents. The program emphasizes strengthening parenting skills, improving family communication, and increasing caregiver involvement. It has been reviewed by the Title IV-E Prevention Services Clearinghouse and is listed as a Well-Supported Practice based on multiple high-quality studies.
 - Scientific Rating: Well-Supported Practice
 - Child Welfare Relevance: High

DCYF Response to SIO CRP Recommendation:

DCYF recognizes the importance of providing services that meet the specific needs of children and families. For more than two years, DCYF has engaged in ongoing discussions with all the CRPs, including the Contracts and Services CRP Subcommittee and the SIO CRP, fostering collaboration and dialogue. These meetings and the involvement of CRP members have directly influenced DCYF's work, helping to shape policies and practices that improve service delivery. DCYF remains committed to continuing this partnership to improve outcomes for the communities it serves.

In FY 2022–2024, DCYF conducted system learning and assessments to better understand local community needs for prevention services, with a focus on families who are more frequently involved in the CW system. DCYF partnered with the Harvard Government Performance Lab (HGPL) to conduct this work and developed several joint products that informed contracting for FY 2025. DCYF also posted a Request for Information to gather insights from local communities across the state about services needed for children and families and used this information to design a pilot procurement. In the coming year, DCYF will implement pilot service contracts aimed at informing broader service delivery statewide.

The SIO CRP included a recommendation that was originally made by the Prevention, Investigation, and Family Services (PIFS) CRP and included a recommendation to address poverty reduction and CW involvement. Rather than duplicating the response, DCYF has addressed this recommendation comprehensively in the PIFS CRP section of this report. Please refer to that section for detailed discussion on the recommendation and DCYF's response.

Critical Incident Review (CIR) CRP Subcommittee Identified Themes and Recommendations for Practice Improvement and DCYF Response

The CIR CRP Subcommittee offers the following recommendations for DCYF to consider as a way to improve engagement with families:

- The subcommittee reviewed a wide range of cases, including several in which families expressed challenges in building trust with DCYF. Based on these observations, the subcommittee recommends enhancing efforts to strengthen communication and relationships with families who have historically experienced barriers in their interactions with the agency. DCYF should consider improved caseworker training. Staff should receive regular,

comprehensive training focused on strengthening communication skills, building trust, and increasing awareness of how past experiences and external factors may affect family engagement. Training should be mandatory and include content on how personal assumptions can influence service delivery. Evidence-based service delivery programs. The CRP identified several programs from the California Evidence-Based Clearinghouse that have demonstrated success in supporting families. The CIR Subcommittee recommends that DCYF consider implementing these programs to improve service quality and family engagement.

- Incorporate peer navigators or parent allies with relevant lived experience. Individuals who have previously engaged with DCYF and successfully navigated the system can offer guidance and support to other families, helping to build trust and improve communication.
- Partner with Community-Based Organizations (CBOs) that are already active in local communities. These organizations often have strong connections with families and can play a valuable role in helping DCYF foster more effective and meaningful engagement.
- DCYF should address barriers to engagement that include transportation challenges, employment related barriers, and concrete supports.
 - Transportation and employment barriers can include the inability to secure reliable transportation, no paid time off, and lack of leave. This can result in missed court dates and/or service engagement. These barriers can be viewed as non-compliance with case plans. For parents in low-wage or hourly employment, the fear of losing income may impact their ability to fully engage.
- Father Engagement. DCYF should continue to work to improve father engagement. This could include:
 - This training should address assumptions or misconceptions that may underestimate the involvement of fathers in caregiving.
 - Continue to partner with and develop fatherhood programs that are also culturally responsive.
 - Peer navigators to engage fathers and provide positive role models.
- Additionally, the CIR Subcommittee identified the following areas of concern during their review of the 2023 Critical Incidents:
 - Need for improved housing and housing stability for families with DCYF involvement.
 - DCYF should consider expanding trauma-informed care training to help staff better understand the emotional and psychological challenges faced by families involved with the agency.
 - The CIR Subcommittee identified that challenges existed between systems servicing families with DCYF involvement. DCYF should work with existing systems (courts, attorneys, hospitals, service delivery) to ensure that families have contact and access to necessary services and resources.
 - All staff should carry Narcan and provide to any/all families with DCYF involvement.
 - Safety Plans – CIR Subcommittee identified a need for staff to revisit safety plans during the life of a case. Review policy and training around addressing needs for safety plan revision.

DCYF Response to CIR CRP Subcommittee Recommendations:

DCYF recognizes the importance of family and community involvement and is committed to addressing the subcommittee’s recommendations. In fiscal year 2023-2024, DCYF continued efforts to improve communication and partnerships with families, with a focus on those who have historically experienced limited access to resources and support.

As part of this work, DCYF has supported services that reflect the values and traditions of tribal communities.

The initiatives described here and in the related CRP section contribute to DCYF's broader strategy to strengthen prevention services for children, youth, and families. By expanding access to community-based support and parent education, DCYF seeks to improve outcomes and ensure families receive help that will meet their needs close to home.

DCYF is using MI to better help its clients. MI is included in the CFSP as a tool to improve engagement. MI's client centered approach supports sustainment of the family's motivation toward progress. MI's focus is motivating children and families to succeed through precisely tailored support, guaranteeing optimal service matching and active participation.

In addition, DCYF has integrated the Family Practice Model (FPM) with the intent to provide practical guidance for workers in CW using values-based case management, including engaging, assessing, and planning with families. The FPM also provides information and tools for staff that include training, coaching, professional development, and personal supports.

DCYF recognizes the value of peer navigators and parent partners in building trust and improving engagement. DCYF initiated a pilot project that ended in late 2023. DCYF is currently reviewing the closing report from Amara, the community partner who conducted the pilot project, and working with program staff to address barriers that were developed during the initial project. DCYF is reviewing the possibility of launching another pilot, addressing the challenges that have been identified. DCYF will notify the CRP of the status of this project when more information is available.

DCYF is aware of the practical challenges that deter family engagement, including transportation issues, employment-related barriers, and the need for concrete supports. We are actively seeking solutions to mitigate these obstacles, such as providing flexible service hours, offering transportation assistance, and connecting families to resources that alleviate economic pressures. While efforts are underway to reduce these barriers, DCYF recognizes the ongoing need to enhance access to services and support families with essential resources and programs.

DCYF acknowledges the additional areas of concern the CIR CRP Subcommittee outlined in their recommendation, and provides the following:

- Housing stability for youth and families involved with DCYF is a valid and serious concern. The 2023 budget allocated \$2.374 million for the biennium to establish the Foster Care Housing Program (FCHP), enabling DCYF to provide contracted housing supportive services for youth eligible for the Foster Youth to Independence (FYI) voucher. Contracts are in place across all six state regions, leveraging existing relationships with Independent Living (IL) Services contractors to enhance outreach and coordination. To address housing challenges in CW cases and transitions from care, DCYF signed a Memorandum of Understanding (MOU) with the Association of Washington Housing Authorities and a non-profit housing provider, securing 2,167 vouchers and apartments. DCYF also commits to offering supportive services to help young people secure and maintain housing despite barriers such as lack of rental or credit history, criminal background, or trauma-related challenges.
- DCYF staff can carry Naloxone. Additionally, staff can provide Harm Reduction Kits to families who struggle with SUD. In the Harm Reduction Kits families are provided with a lock box, fentanyl testing strips, Naloxone, and educational materials to raise awareness about the dangers of synthetic opioids. Since November 1, 2024, DCYF has distributed more than 23,000 doses of Naloxone with 753 doses successfully reversing overdoses and saving lives.

- DCYF utilizes funding from sources like CAPTA to sponsor staff training. Most recently, staff had the opportunity to attend the annual NW Children’s Foundation Forum where the latest research on trauma, healing resilience, and preventing burnout was provided.
- Safety Plans are a vital part of successful case planning. Under DCYF Policy 1130, Safety Plans should be reviewed and monitored a minimum of twice monthly as long as the safety threat exists, and a safety plan should be revised, and a new safety assessment should be done as threats emerge or are eliminated throughout the life of a case. DCYF continuously provides training on safety planning through both mandatory and voluntary programs. Safety planning is integrated into required trainings, such as the all-state mandatory Senate Bill 6109 training on High Potency Synthetic Opioids (HPSOs), as well as voluntary trainings like Foundations of Practice. Additionally, safety planning is reinforced through the implementation of Safe Child Consultations (SCCs) and the accompanying trainings. The Alliance incorporates safety planning as a key component of its core curriculum. Furthermore, regional QA/QPS staff conduct regular safety plan trainings at their discretion, with ongoing discussions held monthly through the Safety Leads Meeting.

Attachment B — Foster and Adoptive Parent Diligent Recruitment Plan

Introduction

In partnership with region-based foster care recruiters, child placing agencies and tribal partners, the statewide Caregiver Retention, Education and Support (CaRES) Program, Northwest Resource Associates (NWRA), and the Alliance for Profession Development, Training, and Caregiver Excellence endeavors to strengthen, improve, and diversify recruitment efforts to identify potential kinship, foster and adoptive families.

Child & Youth Data and Demographics

As of January 1, 2025, DCYF had 4,724 young people placed in out of home care, 58% of whom were placed in kinship care.

Young people Placed in Out of Home Care Regional Breakdown		
DCYF Region	Number of Young People	Regional Percentage
Region 1	895	19%
Region 2	554	12%
Region 3	552	12%
Region 4	849	18%
Region 5	711	15%
Region 6	1,163	25%
Statewide	4,724	100%

Data Source: InfoFamlink Relative versus Non-Relative Report as of January 1, 2025.

Age of Young people Placed in Out of Home Care		
Age Range	Number of Young People	Percentage of Total
0 to 5 years old	2,599	49%
6 to 11 years old	1,339	25%
12 to 17 years old	1,332	25%

Data Source: InfoFamlink Relative versus Non-Relative Report as of January 1, 2025.

Of those placed in out of home care at the beginning of calendar year 2025, approximately 837 young people were identified as legally free and in need of permanency.

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Regional Breakdown of Legally Free Young people		
Region	Total Number of Young People	Regional Percentage
Region 1	161	19%
Region 2	71	8%
Region 3	67	8%
Region 4	185	22%
Region 5	118	14%
Region 6	235	28%
Statewide	837	100%

Data Source: InfoFamlink DCYF, OIAA, CW Reporting, Legally Free Children as of 12/31/2024.

Age of Legally Free Young people		
Age Range	Number of Young People	Percentage of Total
0 to 5 years old	313	37%
6 to 11 years old	203	24%
12 to 17 years old	321	38%
Total	837	100%

Data Source: InfoFamlink DCYF, OIAA, CW Reporting, Legally Free Children as of 12/31/2024.

Caregiver (Kinship, Foster, and Adoptive) Recruitment & Retention

Family Finding Efforts

DCYF continues to work toward strengthening placement resources available to provide a safe, stable, and nurturing environment for young people placed in out-of-home care.

DCYF strives for every young person to be placed with kin when removed from their home of origin. Current laws and policy require that the court place with a kinship caregiver unless placement into foster care is necessary because no relative can provide for the "basic safety" of the child. In addition to DCYF caseworkers and placement coordinators helping to identify relatives and family connections, DCYF has a unit dedicated to searching for kin. The Relative Search Unit (RSU) is supported by Public Law 110-351, Fostering Connections to Success. This federal law requires that child welfare agencies throughout the United States notify all adult relatives when a young person is removed from parental custody.

When a young person is removed from their home and enters state care either through a voluntary placement agreement or court intervention, DCYF is required to notify all adult relatives within 30 days.

The statewide RSU is tasked with identifying potential relative support for all young people whom DCYF has legal custody of regardless of whether the young person is placed with a relative, suitable other, or in a foster care placement.

DCYF's kinship placements have continued to grow, showing promising gains year over year. In the past seven years, increasing 12 percentage points.

Year	Kinship Placements Statewide		Total	% Kin Care
	Kinship	Non-Kinship		
2019	4,126	4,805	8,931	46%
2020	3,764	4,287	8,051	47%
2021	3,528	3,752	7,280	48%
2022	3,313	3,204	6,517	51%
2023	3,373	3,726	6,099	55%
2024	2,996	2,274	5,270	57%
2025	2,760	1,964	4,724	58%

Data Source: InfoFamlink Relative versus Non-Relative Report 12/31 of years 2019-2024.

Non-Kinship Foster and Adoptive Family Recruitment

DCYF’s internal foster care recruitment program includes six targeted recruitment specialists (TRS) who develop and implement recruitment campaigns targeting quality caregivers able to meet the needs of young people placed in out-of-home care.

During recruitment connections, events, and activities, TRS are specifically looking to identify caregivers who are:

- Supportive of siblings staying together.
- Aware that foster care is temporary.
- Supportive of parents and their path towards reunification.
- Open to care for medically fragile/medically complex young people.
- Open to caring for young people with extensive emotional, behavioral, and physical needs.

When young people cannot be placed with kin, a general foster home is sought for placement. As agency priorities around prevention have shifted, less young people are entering out-of-home care and of those that are placed, more are being placed in kinship care. With those dynamics, the young people in need of foster care tend to be older and/or present with greater needs. To continue developing a robust placement continuum, DCYF will implement recruitment strategies with a collective focus on the following areas:

- Increase the pool of caregivers for young people with extensive emotional, developmental, behavioral, and physical needs.
- Increase caregivers with the skills, ability, and desire to parent young people 12 and older.

Targeted recruitment "routes the recruitment message directly to the people who are most likely to follow through to become foster or adoptive parents. It focuses on families in targeted communities where homes are needed, as well as on families with specific backgrounds that match the backgrounds and needs of children awaiting homes."¹ Recruitment efforts target potential caregivers who are more likely, based on personal and professional experiences, to meet the unique placement needs of young people, including sibling groups, adolescents, or those with complex needs.

¹ Annie E. Casey Foundation. (2012). Building Successful Resource Families Practice Guide: A Guide for Public Agencies. Baltimore, MD: Annie E. Casey Foundation

Targeted recruitment elements include, but are not limited to:

- Developing and implementing recruitment campaigns specifically targeting families with the skills, ability, and desire to care for young people in out-of-home care.
- Using data to identify needs and gaps in resources.
- Establishing relationships, building partnerships, and making connections in communities.
- Developing recruitment messaging that reflects the needs, values, and principles of DCYF.
- Coordinating and supporting recruitment events and activities throughout communities.
- Engaging and tracking prospective foster parent inquiries.

Because each of Washington’s service regions are unique and comprised of different community organizations, tribes, and Child Placing Agency (CPA) partners, the TRS developed region-based plans specifically tailored to growing placement resources for young people with complex needs and adolescents (12 and older). The Recruiters will focus on two goals, each with the same identified strategies. The action items supporting each strategy, partnering organizations, and timelines may vary by region, and all outcomes will be tracked and measured for success.

The Region Recruitment Plan Strategy List details specific to each region, along with data collection and outcomes.

Goal 1	Increase Placement Resources to Care for Adolescents (Ages 12+).
Strategy 1	School outreach with specific messaging towards school staff including, but not limited to, teachers, bus drivers, para-educators, librarians, substitute teachers.
Strategy 2	School outreach with specific messaging towards parent communities with children in middle school, junior high school, and high school levels.
Strategy 3	Specific outreach to faith-based organizations that have programming for youth and parents.
Strategy 4	Specific outreach to youth community organizations (Individuals who have demonstrated a commitment to/interest in/supporting young people outside of their own kids).
Strategy 5	Intentional engagement with prospective foster parents who express an interest in caring for school age and older youth, no matter what motivation they express initially.
Strategy 6	Launch paid advertisements on social media targeting specific groups of people (ex. professions, location, interests) with messaging about adolescent/teen recruitment.
Goal 2	Increase Pool of Caregivers for Young People with Complex Needs (Emotional, Developmental, Behavioral, and Physical).

Strategy 1	Intentionally connect with licensed foster parents who have experience caring for children/youth with complex needs to guide recruitment efforts and practice.
Strategy 2	Develop an internal recruitment campaign to target experienced foster parents to become a therapeutic foster home provider (licensed with a CPA with a BRS contract).
Strategy 3	Specifically target community agencies (staff and customers, caregivers) who are providing services and support to young people with complex needs.
Strategy 4	Intentional engagement/follow up with those who attended a foster parent information session and have 1) expressed an interested in caring for older young people or young people with complex needs, 2) have professional experience that indicates they have experience working with young people with complex needs or who have experienced trauma.

Child-Specific Recruitment Strategies

DCYF uses multiple recruitment strategies to support concurrent planning and ensure that young people are matched with a foster or kinship caregiver ready and willing to provide permanency if reunification does not occur. From child-specific to more general recruitment, strategies include but are not limited to:

Northwest Adoption Exchange is led by NWRA and provides several recruitment services for young people. Services include an external website featuring young people in need of permanency, a password protected site for approved caregivers, in-depth young person profiles, and engaging adoptive families statewide. One way in which this is achieved is through the use of In-Depth Profiles (IDP). This recruitment model offers creative storytelling projects, published on a young person’s photo listing profile, that feature creative, young person-driven content; empower young people in their own recruitment; and reach and engage more potential adoptive families.

Adoption Consortium is a service that assists caseworkers in identifying adoptive homes for young people in need of permanency. This service also provides potential adoptive families an opportunity to hear about young people in need of a permanent home, ask questions, and present themselves to the caseworkers as a potential match. This one-time per month meeting takes approximately three hours and is an opportunity for the caseworker to present young people for whom they are recruiting.

Wendy’s Wonderful Kids® (WWK) Child-Focused Recruitment Model is an evidence-based, child- focused recruitment model from the Dave Thomas Foundation for Adoption. DCYF has six WWK recruitment specialists, one dedicated to each of the identified regions. Legally free young people are referred to the program when there is no permanent placement resource identified. Young people referred include older young people, sibling sets, and young people with complex emotional, developmental, behavioral, and physical needs. The philosophy of Wendy’s Wonderful Kids (WWK) is that “Unadoptable is Unacceptable.”

Purchase of Service Contracts (POS) are specific funds accessed through the DCYF adoption program and managed by DCYF’s adoption program manager. Resources are accessible when a young person has an identified permanent plan of adoption, and an out-of-state adoptive placement has been identified. The service aims to minimize additional barriers to adoptive placements for legally free young people. Support pre-placement (i.e.

items necessary to support a successful transition) and post-placement (i.e. in-home services for the family and young person, and specialized therapy).

Licensing & Home Studies

Pre-Licensing Support

Having a responsive inquiry and licensing process for prospective foster parents is a key element to success. This is often the first time an individual interacts with DCYF, so a positive customer service experience makes a difference in whether an individual wants to work with the agency.

DCYF contracts with NWRA to operate the Statewide Recruitment Information Center (SRIC). The SRIC allows prospective foster, kinship, and adoptive families to submit an inquiry online or call the state's toll-free recruitment line at 1-888-KIDS-414. Demographic information is captured to include age, physical location, interest level, motivation, and source of inquiry.

Inquiry engagement is managed by three different entities:

- Pre-Licensure engagement and support as outlined in the CaRES contract;
- Support received by SRIC team members when calling the hotline;
- Inquiry engagement by the individual TRS.

Once an individual seeks to apply for a foster care license and makes an inquiry to Licensing Division (LD) team, engagement is managed by a designated LD regional contact.

Licensing Process

DCYF's LD uses an online provider portal called the Washington Caregiver Application Portal (WA CAP). This online application portal is used for both kinship families and prospective foster and adoptive parents and has streamlined the licensing application process, creating a clearer pathway. DCYF continues to see a significant decrease in the number of licensing application for non-kinship caregivers. Barriers to the licensing process for a general foster care applicant continue to be assessed.

Child Placing Agencies

A Child Placing Agency (CPA) is an agency licensed by DCYF to complete home studies and supervise young people placed in the care of the families licensed by the agency. These agencies share DCYF's goal to reunify families, and they can assist families when a different permanent plan like adoption is needed. Washington is home to many CPAs, currently licensing 63 across the state who license and certify their own foster homes.²

CPAs hold contracts with DCYF that outline service expectations. Per the contract, "foster parent recruitment activities shall take into consideration the diversity of the child population the contractor serves. The contractor shall engage in a variety of activities designed to recruit, train, support, and retain foster parents. The contractor shall work cooperatively with DCYF on foster parent recruitment activities."

It is the role of the TRS to recruit quality caregivers no matter which path to licensure they choose. DCYF continues to maintain and provide an active list of CPAs on the DCYF website and provides prospective caregivers with accurate information on CPAs available in their area. At initial inquiry and during pre-service training, individuals are provided information on CPAs in the area and the different tracks available for licensure. DCYF maintains an updated list of all CPA's with direct contact information online. In addition, DCYF created the Child Placing Agency & Tribal Child Placing Agency Contact List; a specific publication of CPA's serving kinship families.

² Date Source: InfoFamlink Counts of CW Licensed Providers, Non-Foster Home Counts as of January 1, 2025.

Support for Linguistic Barriers

DCYF is committed to ensuring meaningful, timely, equitable access to all DCYF programs and services. The Language Access Plan is an ongoing project, reviewed annually or amended as needed using the feedback provided by staff and community members. The plan determines what communication services are required to serve our community, and how DCYF is going to provide them, ensuring they are linguistically and culturally responsive. DCYF staff have access to resources and material to include interpreter and translation services. Contracted providers are responsible for providing appropriate, accessible, and culturally relevant services to their identified clientele. Limited English Proficiency (LEP) clients (to include caregivers and prospective caregivers) are provided with a certified or otherwise qualified interpreter and translated documents. Deaf, deaf-blind, or hard of hearing clients are provided with a certified sign language interpreter if needed. These services are provided at no cost to the individual.

Non-Discriminatory Fee Structure

DCYF provides services to all individuals at no charge. An individual has access to required documents, information sessions, background check, home study assessment, and placement of young people with little to no out-of-pocket expense. In July 2023 DCYF's LD transitioned from providing CPR/First Aid Training to prospective foster parents (PFPs) through a contracted provider, to having PFPs pay out of pocket for the training to then be reimbursed once the license has been issued. Kinship caregivers are provided waivers on all non-safety related items, including training.

Additionally, concrete goods are accessible to support kin families to meet all minimum licensing requirements. Required pre-service training (Caregiver Core Training) is still provided at no cost to families.

Caregivers who are identified as the permanency placement resource for the young person placed in their home can become a guardian or adopt that child. Recent legislation and guidance require caseworkers to discuss guardianship as an alternative to terminating parent rights throughout the life of a case. Reimbursement for legal fees and other expenses towards obtaining guardianship, up to \$2,000.00 per child, may be available through Guardianship Assistance Program (GAP) if GAP eligible. If adopting an eligible child with "special needs" and they qualify for the adoption support program, DCYF may reimburse up to \$1,500 per child in nonrecurring expenses spent in finalizing the adoption. The amounts must be negotiated prior to the expenditure.

DCYF requires that CPAs disclose all fees associated with their agency upfront to applicants. Per the Washington Administrative Code 110-147-1680, an agency must advise each applicant in writing about agency fees including: (1) All fees and charges associated with the cost of adoption; (2) A description of each fee including in-state, out-of-state and international expenses and fees; (3) All other miscellaneous expenses associated with the adoption process such as: (a) Home study fees; (b) Childcare expenses prior to adoption; (c) Post-placement and post-adoption reports; (d) Third-party fees; (e) Estimated travel and accommodation expenses; and (f) Non-refundable fees.

Staff Training

Refer to Staff and Provider Training Item 26, Item 27, Item 28 for details on training staff to work within various communities.

Caregiver (Kinship, Foster, and Permanency) Retention

DCYF is committed to taking a balanced approach to recruitment and retention that recognizes the importance and vitality of our existing caregivers while supporting new and emerging caregivers.

Researchers have found that retention is as important to agencies as recruitment. Satisfied, experienced foster parents are the foundation of recruitment. There are many ways DCYF captures information about caregivers' experience.

The Alliance for Child Welfare Excellence holds the statewide Retention and Support Contract and oversees the Caregiver Retention, Education and Support (CaRES) program. The contract includes the following key elements: support to all kinship caregivers (regardless of licensing status) and state licensed foster parents at key intervals provided by peer mentors who have lived experience as a caregiver, facilitated support groups both in person or virtual, resource navigation, and access to education.

- There are many ways DCYF captures information about caregivers' experience. This includes, but is not limited to:
- Annual Caregiver Survey with Kinship and Foster Parents.
- DCYF Constituent Relations.
- Licensing Division Renewal and Closure Data.
- 1624 Foster Parent Consultation Teams.
- CaRES Quarterly and Annual report including retention themes to include issues, concerns, and practice improvement recommendations.

New in 2025

In response to the D.S. Settlement and associated requirements to end night-to-night placements and placement exceptions, DCYF convened a caregiver retention workgroup. The workgroup, which included representation from licensing, child welfare direct services, and program management, took an upstream approach. Based on the premise that caregivers must be retained to develop skills to care and provide stability for young people with greater needs, the workgroup focused on strategies that support caregiver partnership and providing staff and caregivers with resources. The workgroup:

- Continued efforts to implement an agency-wide caregiver partnership framework (see Retention & Training and Development, strategy 1)
- Determined a means to provide all caregivers with consistent, fundamental information about available supports (Retention & Training and Development, strategy 4)
- Developed strategies to promote caregiver retention and partnership (Retention & Training and Development, strategy 5)

Washington's Diligent Recruitment

To begin understanding and identifying different responsibilities of diligent recruitment, six groupings were identified. The groups reflect actions impacting the health, safety, and wellbeing of young people placed in out-of-home care. Items were not specifically tied to programs within DCYF to show an integration across practice areas and encourage a holistic view of diligent recruitment.

- **Family Finding & Placement Decisions** Help find kinship (relatives/suitable other) caregivers when young people are placed in out-of-home care and prioritize placement with kin.
- **Recruitment & Onboarding New Caregivers** Help to recruit, prepare, and onboard prospective caregivers (kinship, licensed foster, adoptive) for young people.
- **Permanency & Post-Permanency Support** Help young people in need of permanency be matched with a family interested in being a placement resource. Ensure caregivers providing permanency are supported once the case is closed.

- **Home Study Assessment & Licensing Process** Ensure that young people placed in out-of-home care are with safe, stable, and nurturing caregivers who help them maintain connections.
- **Retention, Training, & Development** Help to support, develop, and retain DCYF's caregiver community including both licensed foster and kinship caregivers.
- **Youth Voice & Lived Experience** Ensure the voices of those with lived experience are included in programmatic developments, decisions, and direction whenever possible.

Diligent Recruitment Framework

Diligent recruitment collaborative sessions were held with a robust group of participants to include multiple DCYF programmatic leads for family finding, placement, licensing, adoption, guardianship, CPA representatives, contracted partners (NWAE, Mockingbird, Alliance Training and CaRES), tribal liaisons, youth voice, caregiver voice, and parent voice.

Participants identified the guiding principle, "What experiences do we want for our youth, caregivers, and parents to have in our system?" as the key driver for diligent recruitment work. Elements of diligent recruitment work that rose to the top of the groups reflections included the following concepts:

- Understand and support the landscape of young people entering care - it's changed and become more complex over time.
- Identify our ideal caregivers, i.e. how do we identify them, prepare them, and support them.
- Regional empowerment, and understanding the community supports and needs in the region.
- Current caregiver and young person CQI processes
- What are the spaces and places for caregiver, young person, and parent voices to be heard?
- Focus on retention.
- What are we doing to collect the data and how are they currently used? How should they be used?
- Foster parents are our best recruiters.
- Transparency is needed with both young people and caregivers.
- Identify the external barriers/issues affecting diligent recruitment (housing crisis, kinship culture, CPA shifting, turnover of staff affects turnover of caregivers).
- Normalize and support caregivers through investigations.

Diligent Recruitment Goals

DCYF must continue to build on the foundations set in place to build a robust, data-driven, and strategic plan to identify and retain families for young people experiencing foster care. DCYF will continue to strengthen collaboration and infuse voices of lived experience in meaningful ways. Strong implementation of diligent recruitment aids to improve permanency, placement stability, and well-being for young people experiencing foster care.

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2024 Calendar Year Updates Reflected in the Table Below

Family Finding & Placement with Kin: *Help find kinship (relatives/suitable other) caregivers when young people are placed in out-of-home care and prioritize placement with kin.*

Strategy	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Family Finding Efforts	The requirement for conducting a relative search is supported by Public Law 110-351, Fostering Connections to Success. When a young person is removed from their home and enters state care either through a Voluntary Placement Agreement or court intervention, DCYF is required to notify all adult relatives within 30 days.	Current	2024 data: Letters sent to relatives: 158,463, Relatives interested in placement: 3,963, Relatives interested in providing family support: 4,021, Relatives not able or willing to help at this time: 4,186	Within 30 days from OPD. Every 12 months thereafter, to identify and locate relatives for the purpose of changing placement to a relative and identifying relative supports.	Relative Search Unit, and assigned CFWS or Adoptions caseworker
Engagement with relatives for prospective family connections and placements	Increase the number of FTEs for the Relative Engagement Unit, currently only three FTEs.	In Progress Decision Package request for additional FTE's did not move forward during Calendar Year 2024. Plans to re-submit request during Calendar Year 2025.	Increase the number of initial kinship placements when children first enter DCYF care and authority. Increase the number of relative/kin connections for children in DCYF care and authority. Decrease the number of children who are in non- relative placements when	CY 2025- CY 2026	CW Policy Administrator

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			relatives are available but awaiting engagement from DCYF.		
Improve quality of relative search letter translations and comprehension.	Partner with Language Access, and dual language identified staff to improve the quality of relative search letter translations and ADA accessibility.	New goal added for 2025	Implement new Relative Search Letter (DCYF 09-134) Update Spanish and Russian Letters. Increase response rates of our relative's whose first language is not English.	March 2025 June 2025	Relative Search Unit Supervisor, Relative Supports Administrator

Recruitment & Onboarding New Caregivers: *Help to recruit, prepare, and onboard prospective caregivers (kinship, licensed foster, adoptive) for young people.*

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Increase PFPs interested in caring for adolescents and young people with complex needs.	Implement Regional Recruitment Plans	In Progress Recruitment Plans updated. In Calendar Year 2025, implementing new timeline and strategy development for recruitment plan to align to fiscal year	Annual Data Review, Data Source SRIC, InfoFamlink, Information Session Registration, Recruitment Tracker	Updated Plans (7/1/25 to 6/30/26)	Caregiver Recruitment & Retention Program Administrator

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<p>Ensure responsive inquiry management process for PFP's</p>	<p>Convene a workgroup to include contracted providers (NWAE, CaRES), LD Assessment Staff, and TRS to review process and identify barriers and ways to address them.</p>	<p>In Progress Journey Mapping completed for adoptive families via NWAE. Due to upcoming LD infrastructure changes workgroup delayed to CY25.</p>	<p>SRIC, InfoFamlink Customer Journey Mapping with PFP inquiries</p>	<p>Fall 2025</p>	<p>Caregiver Recruitment & Retention Program Administrator, TRS, LD Assessment, contracted providers (NWAE, CaRES)</p>
<p>Messaging is aligned and consistent with placement needs</p>	<p>Be the Way Home Campaign to continue, launch Teen Foster the Future Campaign Partner with adoptions' effort to ensure consistent messaging for legally free youth. Partner with initiatives to include Mockingbird, Professional Treatment Foster Care, BRS to align recruitment messaging.</p>	<p>In Progress Partnership on messaging has occurred. Focus on Teen Recruitment campaign development and launch. Resources from Children's Bureau for Teen Adoption PSA are being implemented to support teen recruitment efforts, for both foster and permanency needs.</p>	<p>Increase in PFPs for young people with complex needs. Internal recruitment with existing licensed foster/kinship caregivers.</p>	<p>CY 2025 – CY 2026</p>	<p>Caregiver Recruitment & Retention Program Administrator, Adoption PM, PTFC PM, Mockingbird PM</p>

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Permanency: Help young people in need of permanency to be matched with an approved caregiver and provide support once permanency is achieved.

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Wendys Wonderful Kids	Child focused recruitment	Current 2024 WWK completed 29 Matches and 5 finalizations	30 Matches and 12 finalizations per year. (WWK works towards adoptions, guardianships, and finalizations)	Annual	WWK, Adoptions Administrator and WWK supervisor
Better matching	Create SharePoint/ database of families who are interested in young people most struggle to find matches for (teens, MH, behavioral, medical needs)	In Progress Developing a comprehensive database by integrating data from InfoFamlink and other sources is underway.	Create database	CY 2025	Adoption Program Manager
Expanded recruitment	Develop process to invite kinship providers to be open to other foster children. Collaborate with BRS agencies to determine foster homes who would be willing to provide this level of service	In Progress Original kinship strategy has proven to be less effective than anticipated; pivoting to support efforts toward recruiting highly skilled community foster parents.	Outcomes and measures through evaluating placement stability	CY 2025	Adoption Program Manager (lead) collaborate with LD, recruitment specialists
Kinship recruitment	Find training and focus on kinship/relative engagement. Update training to include not just how to engage youth but how to	In Progress Alliance currently developing formal training. In-person training developed and to be	New training to be put in place for adoption specialized track week held 2 times per year	CY 2025	Adoption PM

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	engage kinship caregivers.	implemented in targeted locations for initial roll-out			
Youth engagement	NWAE contract; increase communication with NWAE and staff	In Progress Youth Lead Profiles initiative is being expanded to include young people from the D.S. settlement seeking placement	All eligible children on website within 3 days of referral. Monthly consortium. Youth let profiles for all interested youth. Youth voices in identified homes.	Annual	NWAE, youth, Adoption PM
Wendys Wonderful Kids	Increase awareness of WWK program	New goal added for 2025	Conduct regional trainings to CW staff	CY 2025	Specialized Recruitment Supervisor
Find permanency for young people with greater needs	Collaborate with child welfare and NWAE staff to create youth led placement videos for young people—particularly those identified through the D.S. settlement to— support placement finding efforts. Conduct monthly outreach to newly licensed community foster homes, specifically targeted recruitment families (TRF) interested in caring for adolescents or young people with greater needs.	New goal added for 2025	Completed youth led placement videos, distribution, monthly outreach and documentation	CY 2025 – CY 2026	Adoption Program Manager

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Post-Permanency Support: *Help children and youth in need of permanency be matched with an approved caregiver and provide support once permanency is achieved.*

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Prepare families to support young people once permanency is achieved	Provide pre-permanency trainings & supports, geared at education and capacity building	Pending has not launched yet	Families demonstrate increased knowledge & capacity to support young people post-permanency	Within 2 years	Adoption Support PM, Adoptions PM, Kinship/ Guardianship PM
Prepare families to support young people once permanency is achieved	Provide education on availability of post-permanency supports	Current Monthly informational sessions continue, connection with other agency partners, staff informational sessions/etc.	Families are prepared and understand available resources, and are able to seek out resources/ask for assistance when needed	Ongoing	Adoption Support PM, Kinship/ Guardianship PM
Provide a continuum of supports and services post-permanency to strengthen families, and increase stability	Ongoing communication & education post-adoption	Current Adoption Support website maintained, quarterly newsletter shared, updating the adoption support Flyer	Increase of families reaching out to Adoption Support for assistance	Ongoing	Adoption Support PM
Provide a continuum of supports and services post-permanency to strengthen families, and increase stability	Provide an array of services: Combined In- Home, financial support during catastrophic events, assistance with parental/family counseling, and funds for identified	Current Continued increase in use of services post-adoption and post-guardianship.	Increase of families accessing these services	Ongoing	Adoption Support PM

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	significant needs				
Provide a continuum of supports and services post-permanency to strengthen families, and increase stability	Contract with agencies statewide to support families post- permanency through an array of trauma- informed and culturally responsive services	New	Families demonstrate increased knowledge and capacity to support young people post-permanency Reduce young people re-entering foster care post-permanency Increase rates of stability post-permanency	Within 5 years	Adoption Support PM
Explore additional support and resources for post-permanency families through the National Center for Enhanced Post-Adoption Support.	Set up initial consultation with the National Center for Enhanced Post-Adoption Support. Determine viability and next steps.	New goal for 2025	National Center for Enhanced Post-Adoption Support consultation and potential work plan to create a framework for implementing needed pre-and-post permanency services	CY2025- CY2026	Adoption Support PM

Retention & Training and Development: *Help to support, develop, and retain DCYF’s caregiver community including both licensed foster and kinship caregivers.*

Goal 1: Retain more foster families beyond the initial three-year licensing period.

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Implement a system-level framework for	Circulate framework with DCYF leadership and partners to grow awareness and	Expanded ELT reviewed and provided feedback and requested	DCYF publishes or makes the framework public-facing	CY 2025	Recruitment and Retention Administrator, Retention and Support Program

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caregiver partnerships.	request formal adoption of the framework.	changes. The framework was modified and reviewed by the caregiver retention workgroup and is waiting for review by another leadership committee.			Manager, DCYF leadership
	Assess current system and identify areas of opportunity.	Completed Retention assessment and areas of opportunity identified, included in Caregiver Retention Proposal.	Assessment completed	CY 2024	Retention and Support Program Manager
	Share areas of opportunity with regional teams for follow-up.	Completed	Communication with regions	CY 2024	Retention and Support Program Manager
	Establish a Caregiver Retention Workgroup to review and refine framework implementation.	New Retention workgroup was convened.	Advisory group meets bi-monthly for six months	CY 2025	Recruitment and Retention Administrator, Retention and Support Program Manager, DCYF leadership

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Goal 2: Promote awareness of the health and longevity of the foster parent community.

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Develop program data measures.	Review existing data sources and identify key measures.	Current	Data sources identified	CY 2024	Recruitment and Retention Administrator and Retention and Support Program Manager
Develop program data measures.	Review measures with staff and partners to determine the clarity and helpfulness of data points.	Expanded— Ongoing Data is shared at different points in time including annually when the caregiver survey is published, quarterly with CaRES reports, and as requested.	Meeting held	CY 2024	Retention and Support Program Manager
Develop program data measures.	Modify based on feedback and develop a communication plan for sharing information.	Completed Approach was altered and sharing is based on request or is triggered by report publication or data requests for reports.	Data measures are reviewed	CY 2024	Recruitment and Retention Administrator, Retention and Support Program Manager

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Goal 3: Provide spaces foster parents and kin to learn, grow, and develop.

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Provide development pathways for non-kin foster parents up to and including BRS-level care.	Convene a workgroup to review available trainings.	Completed	Workgroup held and meeting notes are available	CY 2024	Retention and Support Program Manager and Caregiver Recruitment Program Manager
Provide development pathways for non-kin foster parents up to and including BRS-level care.	Determine 2-3 pathways for skill development. For example, training pathway for foster parents who want to care for more teens.	Expanded	Draft of pathways	CY 2025	Workgroup
Provide development pathways for non-kin foster parents up to and including BRS-level care.	Communicate pathways and share with partners.	Expanded	Information is available to caregivers and partners	CY 2025	Retention and Support Program Manager
Address caregiver retention needs to help eliminate the use of placement exceptions	Establish workgroup to develop cross-divisional strategies to address caregiver partnership and communication of resources/supports for caregivers	New goal added for 2025	Caregiver Retention and Ending Placement Exceptions Workgroup Recommendations	CY2025	Retention and Support Program Manager, CW and LD identified program leads

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Home Study Assessment & Licensing Process: *Ensure that children and youth placed in out-of-home care are with safe, stable, and nurturing caregivers who help them maintain cultural connections. Help prepare and onboard prospective caregivers (kinship, licensed foster, adoptive) available for children and youth placed in out of home care.*

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Create kin specific rules for licensing which supports a wide group of prospective kinship caregivers.	Work group drafting new WAC	Completed	New WAC's created	4/2024	Kinship standards project
Create kin specific rules for licensing which supports a wide group of prospective kinship caregivers.	Community engagement to get input on kin specific rules and home study	Completed	Engagement with kin occurs	7/2024	Kinship standards project
Create kin specific rules for licensing which supports a wide group of prospective kinship caregivers.	File new WAC	Completed	CR-102 filed	12/2024	Kinship standards project
Create kin specific rules for licensing which supports a wide group of prospective kinship caregivers.	Work group drafting new kin specific home study	Completed	Determine meeting cadence, meeting minutes	1/2025	Kinship standards project
Prioritize non-kinship licensed foster family applicants who indicate they want to provide care for adolescents and child/youth	Conduct workgroup to identify barriers and solutions for non-kinship applicants; identify and prioritize targeted applicants.	Completed	Ability to indicate target applications in WA CAP, will be able to track data	06/2024	LD Assessment, Foster Care Licensing Senior Administrator

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with complex needs.					
Create a kin specific home study which supports a wide group of prospective kinship caregivers	Go live with new Kinship WAC's	New goal added for 2025	License kinship with new Kinship WAC chapter	06/30/25	Kinship standards project
Create a kin specific home study which supports a wide group of prospective kinship caregivers	Go live with new home study	New goal added for 2025	Product complete and launched	7/2025	Kinship standards project
Provide better customer service to our applicants and licensed homes	Re-organize LD staff structure- Program will be split by community foster care and kinship care. A licensor will conduct homes studies and monitor/maintain the licenses of those same homes	New goal added for 2025	Caseloads reduced measured by caseload size Increased caregiver satisfaction measured by annual caregiver survey	06/30/25	Foster Care/Kinship Care Licensing Senior Administrators

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Youth Voice & Lived Experience: *Ensure the voices of those with lived experience are included in programmatic developments, decisions, and direction whenever possible.*

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Strengthen DCYF internal infrastructure for identifying, engaging and compensating people with lived experience	<p>Develop a workgroup with programmatic leads to determine current process for capturing lived experience voice.</p> <p>Identify clear and consistent pathways for compensating individuals with lived experience.</p>	<p>In Progress</p> <p>Community Engagement (CE) has established a cross-divisional workgroup to develop a Community Engagement Framework and Toolkit. Toolkit created by CE will include guidance on engaging and compensating lived experts.</p>	<p>Community Engagement Framework and Toolkit</p>	<p>CY 2025</p>	<p>Community Engagement Administrator and Workgroup Participants</p>

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Diligent Recruitment: *Build a comprehensive approach to recruiting, engaging, developing, and supporting families, whether they are foster, adoptive, or kinship caregivers.*

Strategies	Activities	Current, Expanded, or New Activity+	Data Outcomes/Measures	Timeline	Responsible Parties
Strengthen internal communication and collaboration within programs that directly impact DR.	Build out a more formal DR leads group, broader DR advisory group.	Completed DCYF DR Leads Group initiated and meets monthly	Meeting monthly, meeting notes	Initiated Fall 2025	Caregiver Recruitment & Retention Administrator to organize, DCYF identified program leads
Build a forum to come together/learn from each other regularly, including both internal and external partners.	Every two months Diligent Recruitment Discussion Café	Completed, Paused Diligent Recruitment Cafés launched May 2024, held bi-monthly. Paused in December 2024 due to lack of attendance and competing priorities. New direction will include internal diligent recruitment leads meeting and utilizing existing external advisory groups (i.e. RRC, 1624 Regional Meetings).	Discuss emerging needs, trends.	Initiate Spring 2024	Caregiver Recruitment & Retention Administrator to facilitate and/or delegate

Attachment C — Healthcare Oversight and Coordination Plan

Coordination and Collaboration of Health Care Services Plan

The Department of Children, Youth, and Families (DCYF) Health Care Oversight and Coordination Plan is developed, managed, and implemented in collaboration with state, public and private health and child welfare experts and organizations. Partners with DCYF to provide oversight and coordination of the physical and behavioral health services for children and youth who receive services from DCYF include:

- Washington State Health Care Authority (HCA) – Washington’s Medicaid state agency
 - Division of Behavioral Health and Recovery
- Coordinated Care of Washington, Inc. (CCW)– Medicaid Managed Care plan
 - Apple Health Core Connections (AHCC)- The dedicated plan for children and youth in out-of-home care
- Department of Social and Health Services (DSHS)
 - Aging and Long-Term Support Administration (AL TSA)
 - Developmental Disabilities Administration (DDA)
- Washington State Department of Health
- Community physicians
- Seattle Children’s Hospital
- University of Washington (UW)
- Children’s mental health specialists
- Passion 2 Action (P2A) – Foster youth and alumni advisory board to DCYF

These professionals, individuals and organizations represent a mix of public and private partners. DCYF values the input and guidance from resources who have “lived experience” in the foster care/child welfare (CW) system.

Washington State has programs across multiple departments that provide coordination and oversight of physical and behavioral health care services for children and youth in out-of-home care. The programs are integrated and are supported by agency leadership to prioritize the DCYF population.

Department of Children, Youth, and Families – Division of Partnership, Prevention, and Services (PPS)

PPS has dedicated program managers with responsibility for implementation and maintenance of statewide policy and programs related to the physical and behavioral health of children and youth under DCYF placement and care authority. These program managers also support staff as they help families access health services throughout the life of the case. The program managers coordinate and consult with internal and external system partners to assure that DCYF policy and programs support and improve the well-being outcomes of children served by DCYF. The program managers oversee:

- Screening and assessment
- Cross systems integration
- Mental health
- Physical health
- Substance use disorder
- Developmental disabilities

The Division also includes three Ongoing Mental Health (OMH) screeners under the Screening and Assessment Program Manager. These staff are specially trained, non-case carrying Social Service Specialists who readminister behavioral health screening tools for a cohort of children that remain in out-of-home care longer than six months. For children and youth currently connected to mental health services, OMH staff complete check-in calls. OMH uses the same age-appropriate, validated screening tools used by the Child Health and Education Tracking (CHET) program when children initially enter care. In addition, OMH staff seek to identify gaps in Early Periodic Screening Diagnosis and Treatment (EPSDT) and dental care needs.

Department of Children, Youth, and Families- Child Health and Education Tracking (CHET)

The CHET Program is a legislated, statewide program with specially trained CW staff. CHET staff do not carry an on-going caseload; their primary responsibility is to create a baseline of well-being information for children when they enter out-of-home placement. CHET screens are completed for the majority of children who remain in care 30 days and longer. CHET identifies and organizes essential information in the following domains:

- Physical health
- Developmental
- Education
- Emotional/Behavioral
- Connections

CHET staff create a CHET Screening Report to summarize the results of the screening tools, medical and education records, and interviews with the child, caregiver and parent, if available. The CHET report also includes recommended follow-up needs for the child/youth. The CHET Screening Report is uploaded into FamLink and sent to the child's caregiver within five days of completion. The child's caseworker uses the CHET report in consultation with the child's bio-family, caregivers, and service providers to establish a plan to address the child's urgent and long-term well-being needs. Caseworkers and caregivers are encouraged to share the CHET report with the child's physical and behavioral health care providers. Caseworkers are introduced to the CHET process during Regional Core Training (RCT). There is a full-day in-service training that caseworkers can choose to take regarding the CHET report and the mental health issues caseworkers need to know about to help the children and youth identified in their cases.

The CHET screening report is shared with Fostering Well-Being (FWB) and AHCC as a tool that identifies the child's initial care coordination needs so they can address physical and behavioral health concerns as quickly as possible.

CHET workers make referrals to the Early Support for Infants and Toddlers (ESIT) program when developmental or social-emotional concerns are identified on the Denver Prescreening Developmental Questionnaire, Ages and Stages Questionnaire (ASQ), or Ages and Stages Questionnaires: Social Emotional, second edition (ASQ-SE2), for children under 3-years of age.

Health Care Authority – Foster Care Adoption and Support (FCAS)

The FCAS staff are specialized eligibility staff who initiate, monitor, and maintain Medicaid eligibility for children and youth in foster care, extended foster care (EFC), adoption support, qualifying guardianships and alumni of care; youth who are exiting foster care on their eighteenth birthday and maintain Medicaid eligibility until they turn twenty-six.

The FCAS staff receive electronic notification from FamLink (SACWIS) when a child enters placement, moves, turns 18, or exits care (including adoption and guardianship). This automatic process ensures assignment to the correct Medicaid program and supports continuity of care for access to established and needed services.

The FCAS staff request medical records for children who remain in foster care for over forty-five days based on Medicaid billing data. FCAS staff upload any records they receive into FamLink so the records are available to the child's caseworker.

Coordinated Care of Washington - Apple Health Core Connections

AHCC is Washington State's sole source health plan for all eligible children and youth in foster care, adoption support, qualified guardianships, extended foster care, alumni of foster care. AHCC serves approximately 21,000 children, youth and young adults statewide. AHCC is an integrated, whole person health plan providing a healing centered approach with special attention to social drivers of health for our members.

AHCC completes a health risk screen for all newly enrolled children and youth to determine their level of need. This health screen is repeated at developmental milestones to ensure arising needs are identified and addressed. Once it is determined that a child or youth needs physical and/or behavioral health support the youth are referred to the AHCC team Care Management team for care coordination and ongoing support. AHCC program staff consists of individuals with both lived and professional experience related to the child welfare system. The team also includes registered nurses and licensed behavioral health professionals to provide care management services.

DSHS – Aging and Long-Term Support Administration: Fostering Well-Being (FWB)

FWB unit was established in 2009 as part of DCYF’s early efforts to implement the federal Fostering Connections Act of 2008. FWB is staffed with the following:

- Unit manager
- Five part-time pediatric Regional Medical Consultants (RMCs)
- Two Registered Nurses
- One Outcome Improvement Specialist
- One Social and Health Program Consultant 2

Historically, FWB has been staffed with an additional RMC and an additional Social and Health Program Consultant 4. Due to current budget crisis and competing program demands, these positions remain vacant and have the potential to be dissolved completely. A loss of these positions directly impacts the level of services FWB is able to provide.

When AHCC was implemented in April 2016, FWB retained wrap-around care coordination responsibilities for children and youth not enrolled in the managed care plan and remain covered by Medicaid as fee-for-service. Currently the fee-for-service population represents approximately 2,100 children and youth in out-of-home care.

In addition to care coordination, FWB provides:

- Consultation to caseworkers and caregivers from the five part-time RMCs.
- Clinical consultation for DCYF Licensing and Contract monitoring of Behavior Rehabilitation Services (BRS) group homes and Medically Fragile group homes.
- Review of the complete CHET screening reports for identification of medically fragile children per DCYF Policy 45171. Medically Fragile Children and WAC 388-107-0001.
- Referral of CHET screening reports to AHCC for care coordination for all children and youth enrolled in the Integrated Foster Care managed care plan.
- Coordination of services not covered by AHCC for all dependent children including transportation, dental/orthodontia, and vision hardware.

HCA, AHCC, and FWB are key partners and contributors with DCYF in Washington State’s efforts to ensure children in out-of-home care receive appropriate physical and behavioral health care services and supports. All partners coordinate with each other and the child’s caseworker and caregiver to identify and address gaps in eligibility and services.

Oversight and Coordination of Health Care

Implement Foster Care Centers of Excellence (COEs) across the state

This initiative is being driven by our partners at [CCW](#) in collaboration and partnership with DCYF and community providers. Children, youth, and families who interface with the public CW system often have unique needs that are not widely understood by the general public. COE medical providers are highly trained in the unique needs of foster children and youth and understand the complexities and nuances of families involved in child welfare. Foster Care COEs provide smooth medical home transitions for youth who move placements, timely appointments when entering care, and connect families to services they need.

Foster Care COEs strive to meet the unique needs of kids in foster care, in the following ways below.

Meeting DCYF policy requirements that support children and youth throughout the life of a case. One key time is as children are entering out-of-home care: DCYF Policy 4517. Health Care Services for Children Placed in Out-of-Home Care. Children in out-of-home care need to receive age appropriate EPSDT examinations upon initial entry into out-of-home care and based on the current Washington State Medicaid periodicity schedule:

- Within 30 days of out-of-home placement,
- Six examinations during a child's first year,
- Five examinations for children between one and three years of age, and annual examinations for children between 3 and 20 years of age.

Often there is a lack of understanding by the medical community about the specific needs and requirements as it pertains to DCYF Policy 4517. This leads to children and youth having to be seen in an urgent care or emergency room setting, leading to a lack of consistent care.

Foster Care COEs were designed to increase positive health outcomes for children and youth in the CW system. With collaboration between AHCC, DCYF, and community medical providers, the COEs have seen an increase in continuity of care, trauma informed care, and an overall increase in availability for urgent physical, behavioral, and emotional health needs to be met in the child or youth's community.

Data from the COEs also indicates they are excelling at meeting key quality measures, outperforming non-COE providers in areas such as Well Child Visit completion across all ages, immunizations, follow up care for children prescribed certain medications, and more.

Foster Care COEs have begun to be implemented across the state. In 2023, 4 out of the 6 DCYF regions had a Foster Care COE. At present time, there is a Foster Care COE in every DCYF region.

Health Needs Monitored and Treated

Prior to, or within 72 hours of a child being placed in an out-of-home placement, DCYF is required to hold a Family Team Decision Meeting (FTDM). During the FTDM, the specific physical and behavioral health needs of each child are discussed and identified.

When the decision is made to place a child in out-of-home placement or a placement change occurs, DCYF caseworkers are required to generate the Child Information and Placement Referral (CIPR) form in FamLink Caregivers receive the CIPR no later than 72 hours after a placement occurs and must include the physical, behavioral, and education information known about the child at the time of initial placement, or a placement move.

A Shared Planning Meeting (SPM) is held within 60 days of the child entering out-of-home placement. The SPM is used to discuss and address the results of the CHET screening, which includes the EPSDT. SPMs occur throughout the life of the case and include family, caregivers, service providers, and others important to the child and their case. SPMs also consider whether the child is in the most appropriate placement to meet their physical and behavioral health needs, and to identify what services will best meet the child's needs based on the CHET screening results.

DCYF screens children ages 3 through 17-years old for trauma related concerns in the CHET screening process so that caseworkers can link children and youth to appropriate behavioral health services.

- In September 2022, DCYF implemented the Plus 4 trauma related screening questions with the CHET screening process that allows the screener to identify trauma concerns in children starting at age 3. The OMH program had piloted this screening tool and was already using the Plus 4 to screen for trauma.

OMH re-screens a cohort of children and youth ages 3 through 17 years old who are in care over six months, and again at 12 months. OMH either completes mental health services check-in calls or, utilizes the same emotional/mental health screening tools that are used in the CHET process:

- Ages and Stages Questionnaires: Social Emotional, second edition
- Pediatric Symptoms Checklist-17
- Screen for Child Anxiety and Related Emotional Disorders trauma tool
- Plus 4 Trauma related screening questions

The screeners assist caseworkers and caregivers by identifying mental health needs and making recommendations for referrals to services and evidence-based treatments. OMH summarizes the screening results and items needing follow-up into a report that is shared with the caregiver and caseworker.

When physical or behavioral health concerns are identified in the CHET screen, the annual EPSDT examination, or the OMH screen, the assigned DCYF worker makes referrals to community or local mental health providers for a comprehensive mental health evaluation.

Caseworkers make referrals to the FWB program for children and youth who are not enrolled in AHCC. Concerns and referrals are documented in FamLink and in the child's Court Report, which is updated at least every six months and shared with the child's caregivers.

Trainings are provided to caseworkers and caregivers regarding their roles in linking children and youth to appropriate services to address specific physical behavioral health needs and how they can support children, youth, and families. These trainings cover various necessary topics to address the specific needs of the children and youth in out-of-home placement.

The RMCs are available statewide and are available to answer questions from caseworkers and caregivers regarding trauma related issues, issues related to medical complexities, and other case related questions.

Caseworkers use monthly visits with parents, caregivers, and children to:

- Discuss and monitor physical and dental health care needs and treatment plans.
- Provide support and identify services that will meet the child's well-being needs.
- Ensure the child's behavioral health care needs are met.
- Ensure the child is in the most appropriate level of care to meet their needs.

Caseworkers are required to update the child's health, behavioral health, and education status in the Court Report every six months.

CHET Screeners and caseworkers make referrals to the FWB Program when fee-for-service children with unaddressed health and behavioral health concerns are identified. The referrals are reviewed to determine which children need follow-up or care coordination services to ensure their health and mental health treatment needs are met.

The FWB program provides consultation and care coordination services for children in out-of-home placement. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited. Once a plan of care is established, FWB staff monitor and update the plan as needed.

FWB nurses and specially trained program staff document and upload important health and mental health information in FamLink to assist the assigned DCYF worker with continued monitoring and follow-up for children/youth in foster care.

DCYF has a contract with the Harborview Center for Sexual Assault and Traumatic Stress to provide the Foster Care Assessment Program (FCAP). FCAP is a multi-disciplinary evaluation that assesses the needs of referred children who have been in out-of-home care for at least 18 months or more and need permanency planning. Assessment services can

include follow-up to assist the DCYF caseworker in implementing a placement plan and to help meet the needs of the child and family.

Contracted services include:

- **Permanency and Planning Consultation:** This service focuses on permanency and linking children and families with the most appropriate services. The consultation service provides structured case staffing, service identification, system navigation and care coordination. Permanency consultation also includes identification of barriers to achieving permanency, potential solutions, and action steps needed to be taken to overcome identified barriers. Approximately forty-five-minute detailed consultation via tele or video conference will produce a one-page summary of recommendations with timeline and referrals to evidence-based treatment as needed.
- **Standard and comprehensive assessments:** These services consist of structured clinical interviews and the administration of standardized measures. A written report is provided to the caseworker with specific recommendations for services and permanency including timelines.

Training to DCYF staff regarding trauma symptoms, mental health diagnoses, evidence-based treatments, and psychotropic medications is provided in person and virtually by The Alliance for Professional Development, Training and Caregiver (Alliance) via In-Service , RCT and ongoing in-service training opportunities.

FWB staff attend the DCYF Tribal Policy Advisory Committee meetings. Feedback from these meetings is used to ensure tribes are aware of any changes to programs or policies that impact health and mental health care for tribal children served by DCYF and tribes.

CCW facilitates quarterly meetings with Tribal partners around the unique health care obstacles that tribes face.

CCW, in consultation with DCYF, provides various trainings on relevant topics to community providers, caregivers, and system partners.

AHCC calls caregivers of all children newly placed into foster care once they have been in placement over 45 days and the child has a completed CHET report. AHCC discusses any need identified in the CHET with the caregiver and can answer questions and concerns about the child's physical and behavioral health care needs. During this phone call, AHCC also completes a health risk screening to assess for broader needs in the household environment.

DCYF policy 43092: Child Health and Education Tracking (CHET) requires CHET screeners to share the screening Report within five days of completion.

Assigned caseworkers must:

- Review and update the child's health records at the time of each placement using FamLink and provide the caregiver with a copy of this information (e.g., Child Information/Placement Referral (CIPR) form and Health/Mental Health and Education Summary) per DCYF Policy 4250. Placement Out-of-Home and Conditions for Return Home.
- Provide the caregiver with all completed assessments within five days of receipt.
- Update the child's health, mental health, and education status in the Court Report every six months.

Caseworkers and CHET screeners document known medical information into Health/Mental Health page in FamLink. This information is included in the Health/Mental Health and Education Summary that is updated every six months or when there is a placement change.

The FCAS staff at HCA request the previous two years of medical records for a child who was eligible for Apple Health prior to entering out-of-home placement and is in care longer than 45 days. All records received are uploaded into FamLink for the assigned caseworker to review and use in case planning.

The FWB unit is available to provide care coordination services to fee-for-service children in out-of-home care including those who are medically fragile or complex. The care coordination information is shared with medical providers, caregivers, and caseworkers. Care coordination services are not time limited, as once a plan of care is established, services are on an as-needed basis.

FWB nurses and specially trained program staff document medical and behavioral health information into FamLink about fee-for-service children who receive FWB care coordination services.

The FCAS staff created a form to help tribes identify prior foster youth who may be eligible for Apple Health until their 26th birthday. The form also streamlines the process for tribes and the FCAS staff to reinstate Apple Health eligibility.

Completed CHET reports are sent through FWB to be shared via a managed file transfer site with AHCC. AHCC uses the CHET report to assess the child for care coordination needs.

AHCC is DCYFs' primary mechanism to provide a "medical home" for children and youth in out-of-home placement. AHCC assures that newly enrolled children are assigned to a primary health care provider or retain the same provider(s) the child saw prior to entering care.

When the child has an identified primary care provider or medical home, caregivers are encouraged to maintain that relationship and ensure continuity of care. AHCC has a "Continuity of Care" benefit that allows the child to continue to see their established, non-AHCC contracted providers, while AHCC works to establish a contract.

CHET screeners document available information about medical, dental, and mental health providers in FamLink in the health/mental health pages for each child. Identified concerns are noted in the CHET report in the "Items Needing Follow-up" section for the caregiver and caseworker's reference.

Caseworkers and caregivers jointly develop a Caregiver Support Plan for medically fragile children. The Caregiver Support Plan addresses the training and support needs of the caregiver and outlines a plan for planned and emergency respite care specific to meet the care needs of the medically fragile child.

FCAS staff mail reports that contain Medicaid billing data to caregivers of children ages twelve and younger when a child first enters out-of-home placement. These reports include immunization information from WSIS. This supports continuity of care by helping caregivers identify possible primary care providers or medical home.

Youth who are not residing in their approved placement or who are in a temporary situation remain eligible for AHCC; their eligibility is not closed or suspended. Continued eligibility allows the youth to seek medical treatment or obtain needed prescriptions such as insulin when they are "on the run."

As part of the Alumni Expansion Project, in the Spring of 2022, HCA moved the Alumni population into the general health plan finder process and population. This subjected the Alumni population to the general Medicaid rules as they were no longer in a protected population inside HCA's Provider One system. As an unintended consequence, when return mail is received, and if the Alumni cannot be contacted for address verification, their AHCC coverage is terminated based on "whereabouts unknown." An estimated 10% of Alumni have lost health care coverage since this change occurred. DCYF continues to partner with HCA and AHCC to try and find a solution to this problem. DCYF has asked HCA to review Medicaid rules related to this issue.

Oversight of Prescription Medications

DCYFs policy 4541: Psychotropic Medication Management outlines expectations regarding the role of the DCYF caseworker and obtaining consent from a youth (13 years and older) or parent (for a child 12 years and younger) when psychotropic medications are prescribed. The policy also addresses obtaining authorization from the court, when necessary.

HCA sponsors the Pediatric Mental Health System Partner workgroup to establish and review Washington State's community thresholds for reasonable prescribing limitations that are applied to the Medicaid population including children and youth in foster care. The workgroup meets "as needed" and is comprised of child psychiatrists, pediatricians, community mental health professionals, client advocates, and other community system partners.

The primary intervention used by HCA for psychotropic medication oversight is a mandatory review from the contracted Second Opinion Network (SON) when community established thresholds are exceeded. The SON is comprised of pediatric psychiatrists on staff at Seattle Children's Hospital.

A referral to the SON is triggered by algorithms within the Provider One payment system that look at whether there are multiple mental health medications prescribed for a child, the dosage prescribed, and the age of the child, (too much, too many, too young).

SON reviews are triggered for:

- Children receiving two or more atypical antipsychotics (AAPs)
- Children aged five or younger receiving psychotropic medications
- Children receiving five or more psychotropic medications
- High doses of ADHD, AAPs, or antipsychotics. Prescribing of antipsychotics (both atypical and conventional) in doses that exceed the thresholds recommended by the HCA's Pediatric Mental Health System Partner Workgroup

In addition to the SON, HCA maintains the Partnership Access Line (PAL) through contract with Seattle Children's Hospital. PAL is a telephone based pediatric mental health consultation system. PAL employs child psychiatrists and caseworkers affiliated with Seattle Children's Hospital to deliver these consultation services. The PAL team is available statewide to any primary care provider. Primary health care providers are encouraged to call the PAL toll free number as often as they would like to answer questions regarding diagnostic clarification, medication adjustment, or treatment planning.

FWB RMCs provide consultation to the FWB nurses and caseworkers regarding medications and their side effects.

The Deputy Chief Medicaid Officer (DCMO) at HCA is assigned to provide consultation for DCYF to ensure CW policy is consistent with Medicaid rules and standards of care. This includes input regarding evidence and research based clinical interventions. The DCMO also helps resolve child specific issues related to Medicaid covered benefits.

Transition Planning

All youth exiting foster care in Washington State are eligible for Medicaid until their 26th birthday. As required by DCYF policy 43104. The Transition Plan (for Dependent Youth 17 through 20 Years), this information is discussed at the transition staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF worker visits as needed. DCYF continues efforts to invite the AHCC care coordination team to relevant transition planning meetings.

To support youth in their transition out of care and ensure they are knowledgeable about durable power of attorney for health care, DCYF has incorporated the following language into the transition plan for youth exiting care:

The importance of having a Durable Power of Attorney for Health Care, which would designate another person to make health care treatment decisions on my behalf in case I become incapacitated and unable to participate in such decisions and I do not have or want a relative who would otherwise be authorized to make such decisions, including where to find the document and how to execute it.

This information is addressed at the transition staffing, again 90-days prior to the youth exiting care and addressed during the monthly DCYF caseworker visits as needed.

In addition, the Independent Living (IL) and Responsible Living Skills Program contracts include a requirement for providers to discuss the importance of having durable power of attorney for health care with all youth exiting care.

Medically Intensive Children's Program

The Medically Intensive Children's Program provides skilled nursing services to children 17-years-old and younger. These children have complex medical needs that require a registered nurse to provide support. Nursing services may be provided in the family home, foster homes, and in contracted medically intensive children's group and staffed residential homes. This Medicaid program helps to keep families together. It also greatly reduces the cost of in-patient hospital care where these children would be cared for without this program.

Medically Intensive Children's Program Eligibility Requirements:

- 17-years old or younger,
- Have complex medical needs (example, ventilator dependent, tracheostomy care),
- Enrolled in Washington Apple Health (Medicaid), and
- Require at least four hours of continuous skilled nursing care per day.

Wraparound with Intensive Services (WISe) and Behavior Rehabilitation Services (BRS)

In October 2017, DCYF implemented Policy 4542. Wraparound with Intensive Services (WISe). The policy requires DCYF caseworkers to refer and/or verify that a referral for WISe screen is made to an outpatient behavioral health provider for children and youth with complex behavioral health issues whose needs can be met in the community. WISe is designed to provide comprehensive, intensive behavioral health services and supports to Medicaid eligible individuals, up to 21-years-old with complex behavioral health needs and their families. Once a WISe referral is made, information is gathered from the referent, and the Child Adolescent Needs and Strengths (CANS) screen is completed by the CANS-certified screener. The CANS algorithm combined with clinical decision-making determines whether the youth would benefit from WISe. A WISe screen is also required for all youth prior to consideration of any BRS level of services.

If WISe is unavailable or unable to meet the needs of a youth, DCYF may use BRS to support the youth who require intensive services and placement supports. BRS is an intensive wraparound support and treatment program for children and youth with complex behavioral health needs. BRS can be provided in a child's home prior to placement, a foster home, or group home setting. BRS is intended to stabilize children and youth (in-home or out-of-home) and assist them in achieving their permanent plan.

- To be considered for BRS level of services, in addition to the WISe screening, a child or youth must be recommended for BRS level of service in a SPM or FTDM meeting.
- The DCYF caseworker staffs the case with their supervisor and completes a BRS referral packet. This referral is reviewed by the supervisor and the area administrator (AA) for appropriateness. If appropriate, the supervisor and AA sign the referral and the packet is submitted to the regional BRS program manager for review and final approval. The regional BRS program manager will make sure that all less restrictive levels of care were tried and unsuccessful and that they youth needs BRS level of services.
- The BRS program manager works to keep the youth in the lowest level of BRS environments as the child or youth's behaviors and treatment needs allows.
- The DCYF caseworker tracks the progress of each youth and reviews the treatment plan with the Child and Family Team at least on a quarterly basis to ensure that the currently level of care is still necessary. A new WISe screen is done every 6-months and at discharge while a youth is in BRS.
- The regional BRS program manager reviews the child or youth's status every six months with the caseworker and service provider. These reviews include the child or youth's service needs, level of care, expected exit date, and transition plan to a lower level of care or home.

- Children and youth placed in a BRS Qualified Residential Treatment Program (QRTP) must have DCYF and court approval for the placement and:
 - A court review hearing within 60 calendar days of the QRTP placement,
 - A court review at least every six months
 - DCYF deputy secretary approval if placed in a QRTP longer than six months.; and
 - Regional administrator or designee if placed in a QRTP longer than twelve months and every twelve months thereafter.

Children’s Long-term In-patient Program (CLIP)

CLIP is the most intensive inpatient psychiatric treatment available to Washington State residents, ages 5 to 18-years-old. CLIP is residential psychiatric treatment provided in a secure and highly structured setting that is designed to assess, treat and stabilize youth diagnosed with psychiatric and behavioral disorders. The youth must meet Medical Necessity for CLIP treatment.

Training and Education

The Alliance addresses identification of trauma symptoms throughout RCT and In-service Mental Health training. These trainings help caseworkers understand the impact of trauma on the child to be considered when making placement decisions.

AHCC provides training opportunities for DCYF licensed and unlicensed caregivers. DCYF staff are also welcome to attend AHCC trainings.

AHCC continually expands their training library and is responsive to requests from DCYF for development of new trainings.

DCYF creates and distributes training material and guides regarding current trends, health concerns, or safety related topics to provide staff with up-to-date information.

Activities for 2025 – 2029

HEALTHCARE OVERSIGHT AND COORDINATION PLAN

PLAN ELEMENT	PLANNED ACTIVITIES	ANNUAL UPDATES
1. Implement Foster Care Centers of Excellence (COE) across the state.	A. DCYF will continue to partner with AHCC to identify medical providers who can partner with AHCC and DCYF to create and implement more COEs	A. AHCC has been successful in identifying COE Partnerships for every DCYF Region. DCYF continues partnership and collaboration with these valuable community partners.
2. DCYF will promote the Department of Health Teen Health Hub	A. DCYF will provide multi-tiered communication regarding the Teen Health Hub. The Teen Health Hub is a resource that houses information on physical, emotional, behavioral, and sexual health for teens.	A. DCYF has been distributing this information through Regional Offices, Conferences, and other venues.
3. Increasing education and resources around sexual and reproductive health care.	DCYF with partner with DOH and AHCC to expand education and resources available.	A. This goal continues in collaboration with DOH and AHCC.

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<p>4. Continuity of health care services for foster care alumni.</p>	<p>A. DCYF will partner with HCA to increase coverage accessibility for the Alumni population. This work is on-going and includes future goals of training and support for DCYF staff to support the success of Alumni youth and young adults.</p>	<p>A. DCYF has advocated for a solution and continues to track data around loss of alumni coverage.</p>
<p>5. Oversight of prescription medications.</p>	<p>A. DCYF will partner with AHCC and HCA to better understand the disproportionate number of foster youth on psychotropic medication.</p>	<p>A. On-going work continues as DCYF gains an understanding of year over year data.</p>
<p>6. SUDP Support</p>	<p>A. Explore pathways to request additional funding for SUDP due to outdated budget models submitted for the original request. Utilize funds allocated by legislation to provide contracted SUD support to help with staff education, support, and reunification of families impacted by SUD.</p>	<p>A. Due to fiscal restraints, progress on this goal has been delayed.</p>
<p>7. Procure and distribute naloxone kits to staff. Train staff on signs of opioid overdose.</p>	<p>A. DCYF will continue to provide Naloxone to staff and the community as supported by the budget. DCYF continues to train staff and care givers concerning the danger of fentanyl and the use of naloxone.</p>	<p>A. DCYF provides Naloxone to the community and staff and will continue to do so as the budget allows.</p>
<p>8. On-Going development of topic specific guidance for health-related issues.</p>	<p>A. DCYF has created and continues to create topic specific guides on health-related items and distribute them to DCYF staff.</p>	<p>A. DCYF is currently creating training on subjects that include female genital mutilation, malnutrition and complex medical needs.</p>
<p>9. Addressing the lack of providers for contracted services</p>	<p>A. Based on internal and external stakeholder feedback, DCYF program staff began requesting an increase in rates comparable to HCA and other DCYF Programs.</p>	<p>A. Due to the current budget crisis, rate increases have been difficult to achieve.</p>

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<p>10. Expansion of staff, youth, and family training to access AHCC benefits.</p>	<p>A. DCYF will begin identifying initial and on-going groups of staff for targeted training regarding the navigation of AHCC systems and the utilization of available health benefits through Medicaid or Private Insurance.</p>	<p>A. DCYF and AHCC continue to collaborate and offer trainings to caregivers, staff, group homes, and facilities on how to best utilize available health benefits.</p>
<p>11. Expansion of service adaptation to support the whole family throughout the life of the case.</p>	<p>A. DCYF recognizes that there are continued barriers to equitable access of services for adults with disabilities. This impacts support available to families impacted with disabilities in the child welfare system.</p>	<p>A. Many parents of children and youth with complex needs have their own functional limitations in meeting the needs of their children. DCYF is working towards tailored services provided to parents in a way that supports their unique intellectual, developmental, and physical health needs.</p>

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Attachment D — Acronyms and Abbreviations

AA	Area Administrator
AAG	Assistant Attorney General
ACF	Administration for Children and Families
AFCARS	Adoption and Foster Care Analysis and Reporting System
AGO	Attorney General’s Office
AHCC	Apple Health Core Connections
AI/AN	American Indian and Alaska Native
Alliance	The Alliance for Professional Development, Training and Caregiver Excellence
Alliance CaRES	Alliance Caregiver Retention, Education, and Support Program
ALTSA	The Aging and Long-Term Support Administration
AOC	Administrative Office of the Courts
APSR	Annual Progress and Services Report
ARL	Agency request legislation
ASFA	Adoption and Safe Families Act
ATLP	Adolescent Transitional Living Program
BASW	Bachelor of Arts in Social Work
BRS	Behavior Rehabilitation Services
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CBCAP	Community-based Child Abuse Prevention
CCRT	Central Case Review Team
CCWIS	Comprehensive Child Welfare Information System
CEU	Continuing Education Units
CFE	Comprehensive Family Evaluation
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review

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CFWS	Child and Family Welfare Services
CHET	Child Health & Education Tracking
CIHS	Combined In-Home Services
CPA	Child Placing Agency
CPP	Child Parent Psychotherapy
CPS	Child Protective Services
CQI	Continuous Quality Improvement
CRP	Citizen Review Panel
CW	Child Welfare
CWELN	Child Welfare Early Learning Navigator
CWTAP	Child Welfare Training and Advancement Program
CY	Calendar Year
DCYF	Washington State Department of Children, Youth, and Families
DDA	Washington State Developmental Disabilities Administration
DOH	Washington State Department of Health
DP	Decision package (for Washington state legislature)
DSHS	Department of Social and Health Services
EBP	Evidence Based Practice
ECEAP	Early Childhood Education and Assistance Program
ECLIPSE	Early Childhood Intervention and Prevention Services program
EFC	Extended Foster Care
ELAC	Early Learning Advisory Council
ESIT	Early Support for Infants and Toddlers
ETV	Education and Training Voucher
FAR	Family Assessment Response
FBI	Federal Bureau of Investigation
FFPSA	Family First Prevention Services Act

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FFTA	Family First Transition Act
FFY	Federal Fiscal Year
FJCIP	Family and Juvenile Court Improvement Program
FPM	Family Practice Model
FPS	Family Preservation Service
FRC	Family Resource Center
FTDM	Family Team Decision Making
FTEs	Full-Time Equivalent
FVS	Family Voluntary Services
GAP	Guardianship Assistance Program
HCA	Washington State Health Care Authority
HGPL	Harvard Government Performance Lab
HMG	Help Me Grow
HQ	Headquarters
HR	Human Resources
HVAC	Home Visiting Advisory Committee
HVSA	Home Visiting Services Account
ICW	Indian Child Welfare
ICWA	Indian Child Welfare Act
IECMH	Infant/Early Childhood Mental Health
IFF	Initial Face-to-Face
IFIOC	Institute for Individual and Organizational Change
IL	Independent Living
IT	Information Technology
JR	Juvenile Rehabilitation
KCOC	Kinship Care Oversight Committee
KEU	Kinship Engagement Unit

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LD	Licensing Division
LICWAC	Local Indian Child Welfare Advisory Committee
MI	Motivational Interviewing
MIECHV	Maternal Infant and Early Childhood Home Visiting
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MSW	Master of Social Work
NAIR	Native American Inquiry Request
NCFAS-G+R	North Carolina Family Assessment Scale for General Services & Reunification
NPCS	National Partnership for Child Safety
NRM	Negotiated Rule Making
NYTD	National Youth in Transition Database
OIAA	Office of Innovation, Alignment and Accountability
OMH	Ongoing Mental Health
OPD	Office of Public Defense
OSPI	Washington State Office of Superintendent of Public Instruction
OTR	Office of Tribal Relations
P2A	Passion to Action
P4C	Partners for Our Children (University of Washington)
PCA	Placement and Care Authority
PCIT	Parent Child Interaction Therapy
PFTC	Professional Therapeutic Foster Care
PIP	Program Improvement Plan
POSC	Plan of Safe Care
PPM	Priority Performance Measures
PPS	Partnership, Prevention, and Services Division
QA	Quality Assurance

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QEW	Qualified Expert Witness
QPS	Quality Practice Specialists
RCT	Regional Core Training
RCW	Revised Code of Washington
RFA	Request for Applications
RST	Resilience Support Team
RSU	Relative Search Unit
SACWIS	Statewide Automated Child Welfare Information System
SCC	Safe Child Consultations
SCT	Supervisor Core Training
SFY	State Fiscal Year
SICC	State Interagency Coordinating Council
SIL	Supervised Independent Living
SPM	Shared Planning Meeting
SRIC	Statewide Recruitment Information Center
SSIT	Safe Systems Improvement Tool
SUD	Substance Use Disorder
SUDP	Substance Use Disorder Professional
TMS	The Mockingbird Society
TPAC	Tribal Policy Advisory Committee
TPR	Termination of Parental Rights
TRH	Trial Return Home
UW	University of Washington
VPA	Voluntary Placement Agreement
WA CAP	Washington Caregiver Application Portal
WAC	Washington Administrative Code
WCCC	Working Connections Child Care

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WDT	Licensing Division Workforce Development Team
WFC	Workforce Core
WWK	Wendy's Wonderful Kids - Dave Thomas Foundation for Adoption