

# WASHINGTON STATE STATEWIDE ASSESSMENT
# Child and Family Services Review (CFSR) Round 4

*Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.*

Washington State Department of CHILDREN, YOUTH & FAMILIES

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Washington State Department of CHILDREN, YOUTH & FAMILIES

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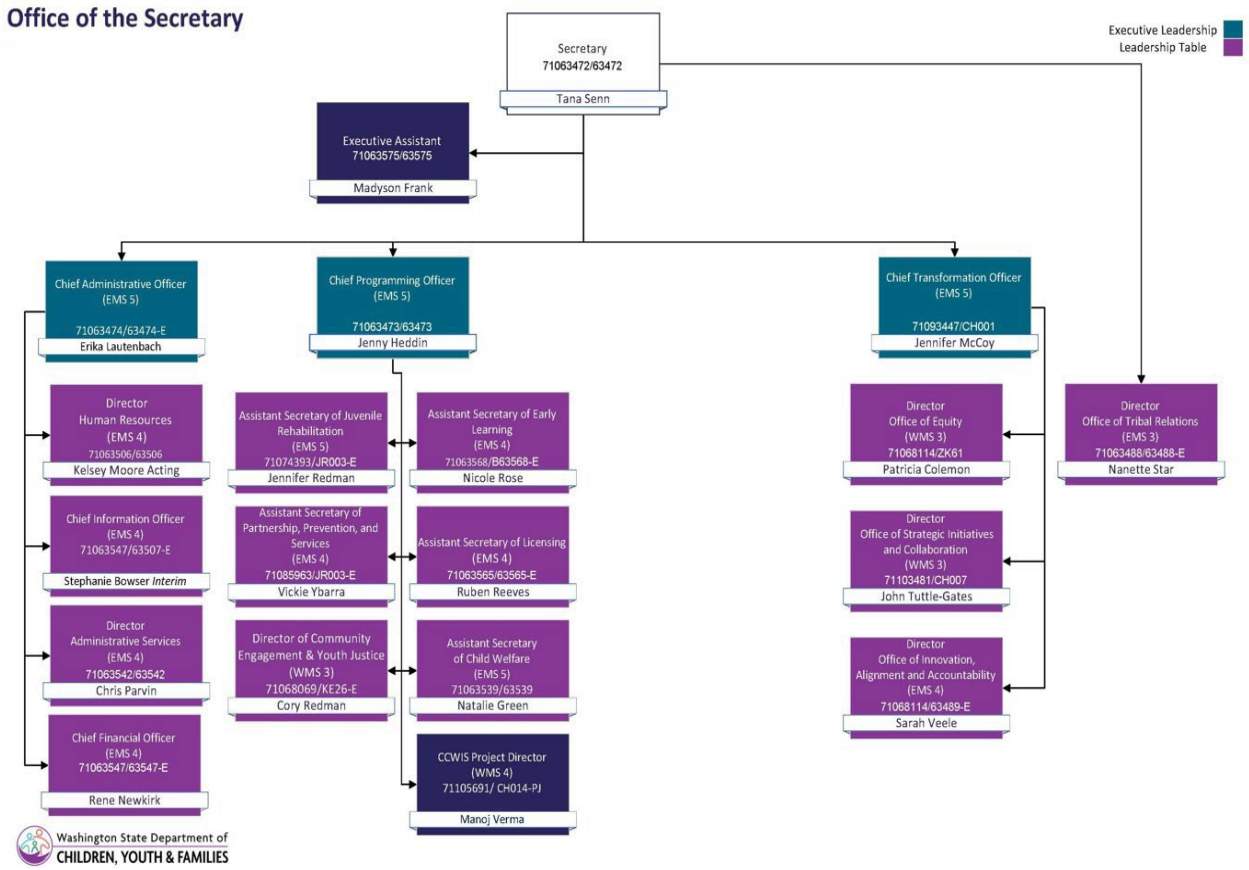
# Section I: General Information

The Department of Children, Youth, and Families (DCYF) is a cabinet-level agency that supports children, youth, and families in Washington. DCYF oversees child welfare, juvenile rehabilitation, and early learning programs, with a focus on prevention and improving outcomes. DCYF works closely with state and local partners, tribes, and community groups across Washington state to keep children safe, support families during difficult times, and help them build skills to succeed.

## Department of Children, Youth, and Families Structure, Vision, Mission and Values

### DCYF Organizational Chart and Regional Operations

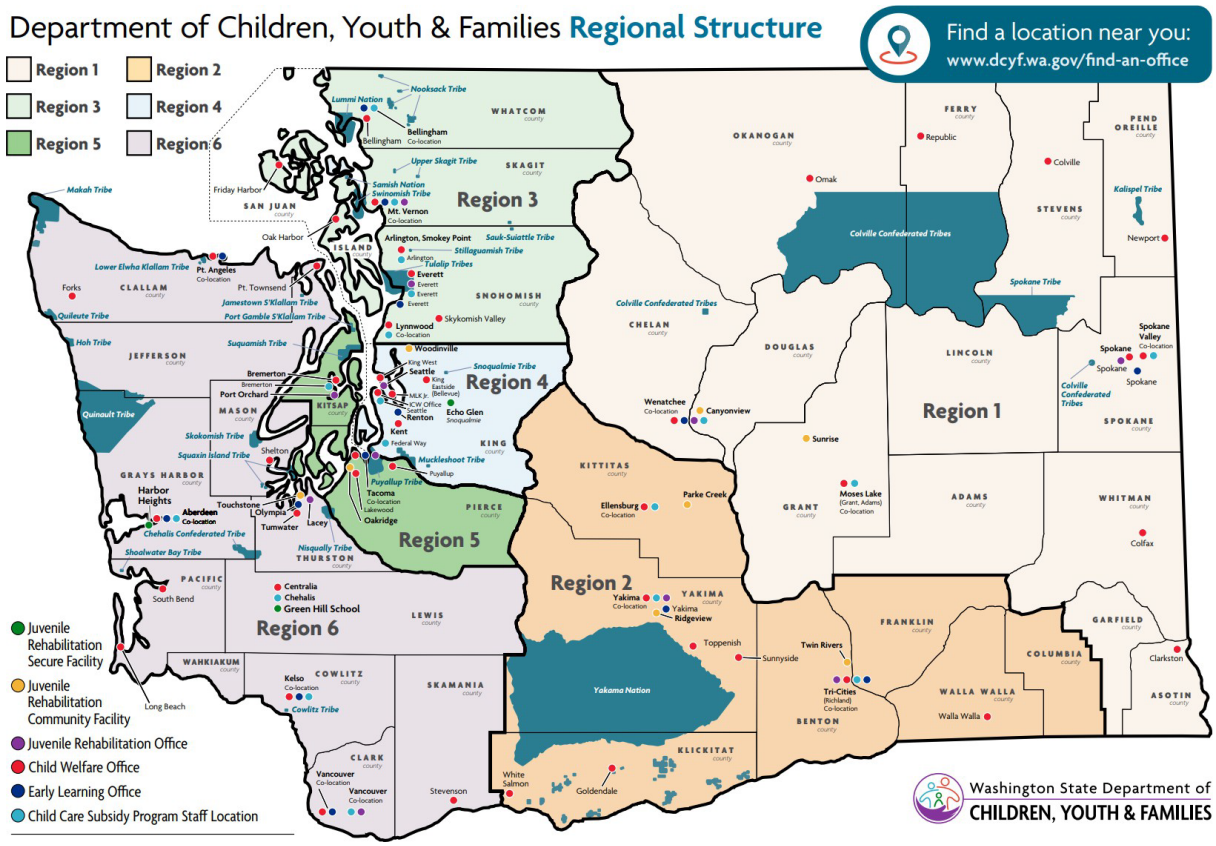
DCYF Secretary, Tana Senn, has three direct reports who support multiple divisions across the agency.




DCYF Child Welfare Division, in tandem with Licensing and Partnership, Prevention, and Services Divisions, is responsible for providing child welfare services to Washington's 39 counties, which are divided into six regions and administers the following activities:

- Investigation of reports of child maltreatment

- Differential response to low-risk reports of child maltreatment
- Case management
- In-home services
- Out-of-home services
- Permanency planning
- Foster home recruitment and training
- Adoptive home recruitment and certification




## Mission

We work alongside Washington's vulnerable children, youth, and families to foster safety, stability, and better outcomes by strengthening opportunities, connections, and community.

## Vision

All Washington's children and youth grow up safe and healthy, thriving physically, emotionally, and educationally, nurtured by family and community.

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| **Tana Senn** | Secretary, DCYF | Reviewer |
| **Barbara Serrano** | Chief of public affairs, DCYF | Reviewer |
| **Karolyn Smith** | Community engagement administrator, DCYF | Reviewer |
| **Jeanine Tacchini** | Deputy assistant secretary licensing division, DCYF | Reviewer |
| **Becky Taylor** | Policy, quality and data systems senior administrator, DCYF | Reviewer |
| **Hannah van Veen** | Placement continuum administrator, DCYF | Reviewer |
| **Manoj Verma** | CCWIS director, DCYF | Reviewer |
| **Vickie Ybarra** | Assistant secretary Partnership, Prevention, and Services (PPS) division, DCYF | Reviewer |
| **Maria Zdzieblowski** | Director of service continuum, DCYF | Reviewer |

*Individuals with lived experience are identified by an asterisk (*) after their name*

## System Partner Involvement in the Statewide Assessment Process

DCYF works closely with long-standing community, tribal, and lived-experience partners. These relationships help the agency understand what is working well and where improvements are needed.

Advisory groups made up of parents, youth, caregivers, tribal representatives, service providers, and community members meet regularly to provide direct feedback on policies and practices.

Most advisory groups are co-led with tribes or community members, and agendas are developed together. DCYF uses feedback loops, surveys, and shared work plans to show how input is used and to guide improvements. For example, after each meeting, members receive a reflection survey, which has led to changes such as new meeting topics and communication methods.

DCYF's Community Engagement team also held focus groups with parents and youth with lived experience specifically to inform this report. These conversations helped identify strengths, gaps, and priorities from the perspective of those most impacted by the system.

DCYF also partners with the legal and judicial community through the Family Well-Being Community Collaborative (FWCC). This group includes judges, attorneys, caseworkers, caregivers, and people with lived experience. They meet regularly to identify system issues and develop practical tools and training.

Additional information about collaboration with partners can be found in Item 31, and details about data convenings and shared data review processes are discussed further in Item 25.

## Section II: State Context Affecting Overall Performance

### Vision and Tenets

DCYF's child welfare vision is to build a child welfare system that is prevention focused, family centered, and grounded in strong partnerships with tribes, communities, caregivers, and people with lived experience. The system is organized to support child safety, permanency, and well-being through a coordinated set of programs, including Title IV-E prevention services, in-home services, foster care, kinship care, and supports for emerging adults.

The Family Practice Model (FPM) is the foundation for how staff engage with children, youth, and families. It emphasizes relationship-based practice, shared decision making, and value-based casework. DCYF integrates FPM into policy, training, onboarding, supervision, and quality assurance (QA) to support consistent practice statewide.

DCYF's statewide structure includes regional offices, specialized units, and cross-divisional teams that help ensure consistent implementation of practice and policy. Workforce development efforts such as updated Social Service Specialist qualifications, competency-based hiring, licensure support, expanded Child Welfare Training and Advancement Program pathways, strengthened onboarding, and mental health support ensure staff have the skills and support needed to deliver high quality services.

Technology modernization through the Comprehensive Child Welfare Information System (CCWIS) ProFam project will further strengthen data, reporting, and practice tools.

Together, these components create a system designed to produce strong child welfare outcomes through prevention, early engagement, and consistent, high-quality practice.

## Cross-System Challenges

Several cross-cutting issues affect the child welfare system but are not fully addressed in other sections of the statewide assessment:

- **Workforce pressures.** Vacancy and turnover rates are improving, but staffing shortages, workload demands, and training capacity continue to affect service delivery.
- **Complex community needs.** Families face challenges related to housing, behavioral health, substance use, domestic violence, and economic instability, which require strong cross-system coordination.
- **Policy and legislative changes.** New requirements such as Indian Child Welfare Act (ICWA) updates, workload model adoption, and licensing reforms require significant system adaptation.
- **Service availability.** Gaps in crisis intervention, evidence-based practices, and specialized services continue to impact timely access.
- **Infrastructure limitations.** Technology constraints, including the need for a modern CCWIS system, affect data quality, reporting, and the ability to fully implement Family First Prevention Services Act (FFPSA) claiming.
- **Consent decree requirements.** The D.S. settlement drives major system changes in youth and family engagement, placement stability, Qualified Residential Treatment Program assessments, and caregiver supports, requiring sustained resources and coordination.

These challenges influence practice, performance, and the system's ability to consistently meet the needs of children, youth, and families.

## Current Initiatives

DCYF is implementing several cross-cutting initiatives that support system change and help achieve desired outcomes:

- **Family Practice Model.** Updated practice profiles, policy alignment, training integration, and targeted implementation pilots are strengthening consistent, value-based practice statewide.
- **Assessment redesign.** DCYF is modernizing safety, risk, and family assessment tools and preparing for CCWIS integration to improve decision making and consistency.
- **National Partnership for Child Safety.** Systems mapping events and use of the Safe Systems Improvement Tool help identify system level contributors to critical incidents and improve responses to domestic violence and parental substance use.
- **Service expansion.** Combined In-Home Services (CIHS) is expanding access to evidence-based practices, addressing service shortages, and planning new service lines for families with complex needs.
- **Caregiver supports.** Statewide caregiver support contracts and expansion of the Mockingbird Family Model are improving placement stability and support for kin, foster parents, and relatives.
- **Workforce development.** Updated Social Service Specialist qualifications, licensure support, expanded Child Welfare Training and Advancement Program pathways, strengthened onboarding, and mental health support are improving recruitment, retention, and staff well-being.
- **Licensing and policy modernization.** Revised group care and foster care licensing standards, along with agencywide policy reorganization, are improving clarity, consistency, and alignment with best practice.
- **Technology modernization.** The CCWIS ProFam project is underway, with design and development planned through 2028 and 2029, supporting better data, reporting, and practice tools.

Together, these initiatives strengthen the child welfare system's capacity, improve consistency and quality, and create the conditions needed to achieve better outcomes for children, youth, and families.

# Section III: Assessment of Child and Family Outcomes

## Safety Outcomes

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

| Strengths Outcome/Item | Baseline | FFY 2024* | FFY 2025 |
|---|---|---|---|
| **Safety Outcome 1** | 95% | 90% | 88% |
| **Item 1: Timeliness of initiating investigations of reports of child maltreatment** | 95%<br>(20 of 21) | 90%<br>(44 of 49) | 88%<br>(74 of 84) |

*Data source: Child and Family Services Review (CFSR) Portal, Onsite Review Instrument (OSRI) Report, Baseline: January-April 2024, * FFY 2024 (R4): January-September 2024*

#### Item 1: Timeliness of Initiating Investigations of Reports of Maltreatment

**Item 1 Strengths-Timeliness of Initiating Investigations of Reports of Child Maltreatment**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 90% (44 of 49) | 88% (74 of 84) |
| **Region 1** | 100% (9 of 9) | 73% (11 of 15) |
| **Region 2** | 100% (6 of 6) | 79% (11 of 14) |
| **Region 3** | 70% (7 of 10) | 94% (15 of 16) |
| **Region 4** | 83% (5 of 6) | 91% (10 of 11) |
| **Region 5** | 100% (6 of 6) | 100% (13 of 13) |
| **Region 6** | 92% (11 of 12) | 93% (14 of 15) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

##### Analysis and Hypothesis

DCYF remains dedicated to ensuring timely responses to child maltreatment reports in alignment with agency policies and state statutes. The 2025 case review data revealed notable achievements and areas for improvement regarding this critical topic. Region 5 achieved 100% timeliness rates in federal fiscal year (FFY) 2025, demonstrating that local offices in Region 5 are successfully meeting rigorous safety standards. DCYF remains dedicated to ensuring that every report of child maltreatment is met with a prompt and thorough response to mitigate risk and support family stability.

A qualitative review of the cases that did not meet timeliness standards identifies several specific practice concerns:

- Some instances involved after-hours caseworker capacity to complete the IFF on intakes with a 72-hour response timeframe, which was compounded by a lack of follow-up attempts by the primary office.

- Missed second attempts to locate children at new addresses both within general child protective services (CPS) and the Licensing Division.
- In some scenarios, caseworkers incorrectly documented the initial face-to-face (IFF) by counting interactions that occurred before a new intake was officially screened-in, rather than conducting a new visit after the report was received.
- IFF timelines not updated when a previously screened-out intake was screened in.

Identifying these specific technical and procedural issues has allowed DCYF to refine training and oversight to ensure that administrative and caseworker errors do not compromise the overarching goal of immediate child safety.

## Safety Outcome 1 Improvement Efforts

### Intake Review: Child Protective Services and Child Protective Services Risk-Only Intakes

Between July 1, 2023, and June 30, 2024, DCYF conducted a statewide review of 383 cases to review CPS intake practices as part of its continuous quality improvement (CQI) plan. The review focused on evaluating intake decision-making and the application of the intake Structured Decision-Making tool.

The review showed improvements and identified areas needing attention. The strengths included the gathering of information and summarizing the family history, efforts to identify tribal affiliations and completing the domestic violence screening during the call. Recommendations from the review include reviewing a larger sample of risk only intakes, with periodic consensus reviews by the intake program manager, intake area administrator, leads and other intake staff. The next review is planned for Summer 2027. DCYF will continue to strive for improvement through monthly consensus staffing with the use of the intake screening tool. The focus for calendar year (CY) 2026 is on family assessment response (FAR) intake and risk only screening decisions. Also, there is a plan to create an interim database for call-center data until the CCWIS system is in place.

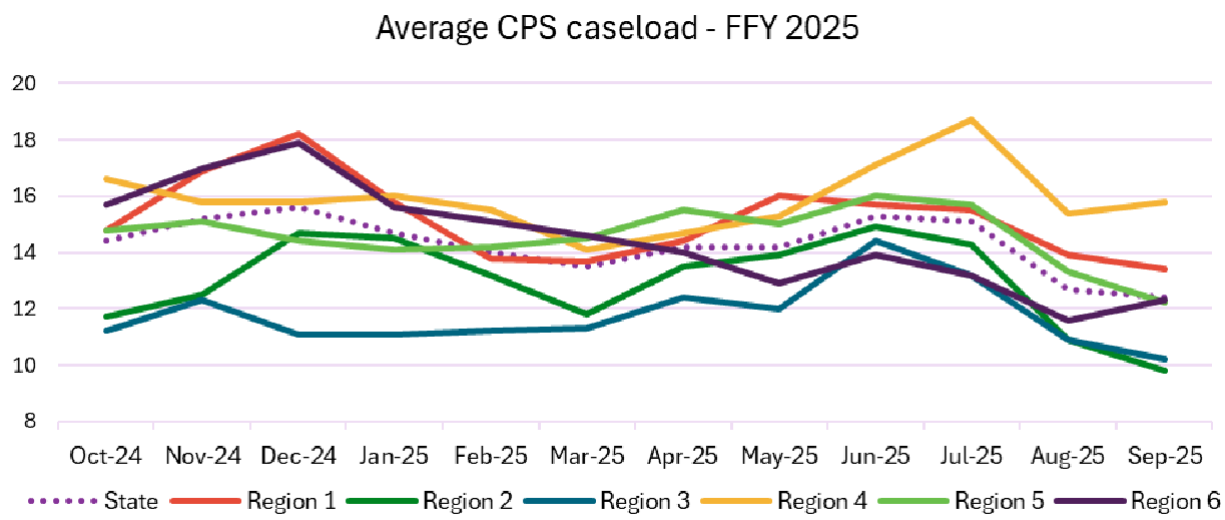
**Timeliness of Initial Face-to-Face Contact by Case Type and Region**

| Case Type | State | R1 | R2 | R3 | R4 | R5 | R6 |
|---|---|---|---|---|---|---|---|
| **CPS-FAR** | 27,093 | 5,364 | 2,916 | 3,615 | 4,695 | 4,277 | 6,224 |
| **IFF Within Timeframe** | 24,621 (91%) | 4,892 (91%) | 2,610 (90%) | 3,393 (94%) | 4,200 (89%) | 3,918 (92%) | 5,608 (90%) |
| **Attempted IFF Within Timeframe** | 1,787 (7%) | 343 (6%) | 191 (7%) | 192 (5%) | 390 (8%) | 268 (6%) | 403 (6%) |
| **Late IFF/No IFF or Attempted IFF (no visit)** | 685 (3%) | 129 (2%) | 115 (4%) | 30 (1%) | 105 (2%) | 91 (2%) | 213 (3%) |

| Case Type | State | R1 | R2 | R3 | R4 | R5 | R6 |
|---|---|---|---|---|---|---|---|
| **CPS-Investigation** | 22,449 | 4,081 | 3,909 | 2,950 | 3,395 | 3,994 | 4,114 |
| **IFF Within Timeframe** | 19,322 (86%) | 3,568 (87%) | 3,326 (85%) | 2,670 (91%) | 2,832 (83%) | 3,415 (86%) | 3,510 (85%) |
| **Attempted IFF Within Timeframe** | 2,453 (11%) | 407 (10%) | 437 (11%) | 258 (9%) | 456 (13%) | 433 (11%) | 462 (11%) |
| **Late IFF/No IFF or Attempted IFF (no visit)** | 674 (3%) | 106 (3%) | 146 (4%) | 22 (1%) | 107 (3%) | 146 (4%) | 142 (3%) |
| **CPS-Risk Only** | 7,583 | 1,070 | 1,118 | 1,298 | 1,214 | 1,291 | 1,592 |
| **IFF Within Timeframe** | 5,908 (78%) | 854 (80%) | 906 (81%) | 1,087 (84%) | 874 (72%) | 994 (77%) | 1,193 (75%) |
| **Attempted IFF Within Timeframe** | 1,222 (16%) | 166 (16%) | 138 (12%) | 181 (14%) | 268 (22%) | 197 (15%) | 272 (17%) |
| **Late IFF/No IFF or Attempted IFF (no visit)** | 453 (6%) | 50 (5%) | 74 (7%) | 30 (2%) | 72 (6%) | 100 (8%) | 127 (8%) |

*Data Source: Child Welfare Portal, IFF timeliness, FFY 2025*

The 2025 case review data is consistent with the previous year's achievements and areas for improvement in this critical area. Challenges persist in completing initial child contacts within the 24-hour emergent intake timeframe. Changes to child welfare policy include combining CPS policy and procedures for consistency and clarity in practice. Quality and timely initiation of investigation and face to face contact strategies statewide include qualitative reviews and training specific to DCYF afterhours and case carrying CPS workforce. DCYF is in the process of adding a statewide program manager to support DCYF afterhours staff to ensure that the work happening during the evening, weekend, and holiday hours is in-depth and high quality. DCYF QA/CQI teams statewide analyze data for trends or patterns on IFF attempts and regional quality practice specialist's teams provide coaching and training to improve outcomes related to the safety of children and youth identified on a CPS intake.




*Data source: CW Portal, Workload FTE Summary, FFY 2025 by month, by region*

DCYF continues to see the average caseload fluctuate across the state, most regions maintain a similar pattern with Region 1, Region 4, and Region 5 experiencing the highest average caseloads. There are various reasons why there are higher caseloads in those regions that include an increase in staff vacancies, demographics, and geography.

Other contributing factors could be related to CPS cases remaining open for longer than 90 days. Additionally, a change in weighting of Reason to Know, Indian Child Welfare (ICW) cases didn't have the anticipated effect of decreasing time in CPS caseloads.

Compared to CY 2024, there is a downward trend for most regions with the highest average being under 20 cases, the lowest average at 10 cases, and the statewide average staying below 16 cases.

The DCYF Child Welfare Division has made efforts to address statewide inconsistencies in case transfers from CPS to voluntary services, a common contributor to high CPS caseloads. DCYF CPS policies are currently under revision and reflect updates to operationalize a timely warm hand-off case transfer process from CPS to voluntary services. This occurs when families indicate a willingness to engage in voluntary services following either a CPS Investigation or CPS-FAR. A warm hand-off 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, is part of the discussions regarding their situation and current status. Warm hand-offs help to reduce barriers associated with the referral process and can improve family engagement.

## Safety Outcome 2 - Children are Safely Maintained in Their Homes Whenever Possible and Appropriate

| [Outcome/Item] | Baseline | FFY 2024* | FFY 2025 |
|---|---|---|---|
| **Safety Outcome 2** | 67% | 72% | 61% |
| **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) | 63% (30 of 48) | 45% (38 of 84) |
| **Item 3: Risk assessment and safety management** | 67% (48 of 72) | 72% (116 of 162) | 61% (130 of 213) |

*Data source: CFSR Portal, OSRI Report, Baseline: January-April 2024, * FFY 2024 (R4): January-September 2024*

### Item 2: Services to the Family to Protect Child(ren) in the Home and Prevent Removal or Re-Entry into Foster Care

**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**

| Strengths State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 63% (30 of 48) | 45% (38 of 84) |
| **Region 1** | 67% (4 of 6) | 38% (5 of 13) |
| **Region 2** | 83% (5 of 6) | 50% (7 of 14) |
| **Region 3** | 67% (8 of 12) | 53% (8 of 15) |
| **Region 4** | 0% (0 of 5) | 23% (3 of 13) |
| **Region 5** | 20% (1 of 5) | 62% (8 of 13) |
| **Region 6** | 86% (12 of 14) | 44% (7 of 16) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

#### Analysis and Hypothesis

Case review data shows that 45% of families received services to protect children in the home and prevent removal or re-entry into out-of-home care. Notably, Regions 4 and 5 improved on this metric by over 20% each. Quality practice specialists in these regions encouraged more referrals for services, more transfers to family voluntary services (FVS) during safe child consults, and high-potency synthetic opioid (HPSO) meetings. These regions also saw an increase in Voluntary Placement Agreements (VPAs) signed in FFY 2025 compared to 2024, giving parents more time to complete services before a dependency petition is filed.

Despite these regional gains, the statewide rate of services that were provided to parents for the purpose of protecting the children in the home and preventing removal or re-entry into foster care decreased in FFY 2025 compared to FFY 2024. Several factors may have contributed to this decline.

Service Contracting Challenges

Washington continues to face challenges securing contracts with service providers in remote areas and for Evidence Based Practice (EBPs) that require certain caseloads, costly training, and stringent oversight to maintain fidelity. Efforts to address this include helping caseworkers refer families to available contracted services, tracking statewide service requests, analyzing gaps, and securing additional EBP contracts where needed.

*Community versus Contracted Service Provision*

Case review data shows that caseworkers are more likely to refer families to services that are contracted through DCYF, such as evidence-based parenting programs, than to community-based services, such as domestic violence services. This is likely to be due to the increased familiarity with the contracted service providers as opposed to the community service providers who are not associated with DCYF. In addition, the service array team that assists caseworkers in securing contracted services doesn't provide guidance regarding services that aren't contracted through DCYF. Furthermore, the services that are available to families in the community vary across regions and change frequently. This may result in many caseworkers being less familiar with community service resources compared to DCYF contracted services. DCYF is working to address this issue in the future by providing training to caseworkers that emphasizes the importance of referring to and documenting community services aimed at mitigating a wide variety of child safety concerns.

*Resource Limitations*

Caseworkers may focus more on parents who are actively engaging in services and showing progress toward reunification. When one parent refuses services or continues unsafe behavior, caseworkers may make fewer attempts to re-engage them due to limited time and competing demands.

DCYF is working to address this challenge by providing additional training to caseworkers and by mitigating workload issues that may limit caseworker time and resources by securing funding for additional positions.

*Reporting Challenges Inherent to FamLink*

Services to families are not as robustly tracked as other case-related measurements. This is partially due to the limitations of FamLink, including limited options to capture referrals to community-based providers, and the need to further sort reporting data to differentiate between referrals for services and referrals for concrete goods. DCYF is addressing this through design of Washington's CCWIS system.

*Family Assessment Response Cases are not Being Referred to Indicated Services in a Timely Manner*

Over the years, the FAR program has strayed from its original intent of providing services instead of findings to families of children at risk of child abuse and neglect. This creates a push for FAR workers to close cases as quickly as possible. To address this, DCYF is implementing the FAR services program, which allows FAR cases to be to be transferred to a FAR services caseworker who monitors the case while services are provided. By separating the FAR assessment function from long-term service coordination, DCYF aims to ease workload pressure and ensure consistent, high-quality service delivery.

### Item 3: Risk Assessment and Safety Management

**Item 3 Strengths-Risk assessment and safety management**

| Strengths State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 72% (116 of 162) | 61% (130 of 213) |
| **Region 1** | 50% (9 of 18) | 49% (17 of 35) |
| **Region 2** | 78% (28 of 36) | 62% (21 of 34) |
| **Region 3** | 75% (27 of 36) | 71% (24 of 34) |
| **Region 4** | 72% (13 of 18) | 61% (23 of 38) |
| **Region 5** | 72% (13 of 18) | 66% (23 of 35) |
| **Region 6** | 72% (26 of 36) | 59% (22 of 37) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

#### Analysis and Hypothesis

Case review data shows that DCYF made concerted efforts to assess and address the risk and safety concerns related to children in their homes or in foster care 61% 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 creating written case plans with families.

There was a decrease in risk assessment and safety management between FFY 2024 and FFY 2025. The decline was consistent across regions.

Several factors contributed:

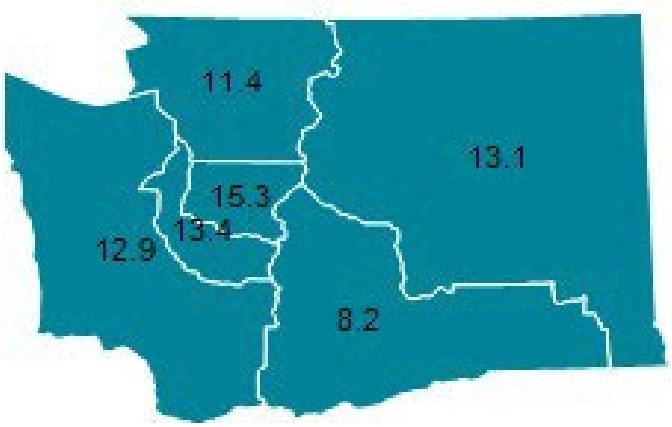
- Federal review standards differ from DCYF policy and procedure regarding risk and safety assessment of children not located in the home of the identified or victim child. DCYF is addressing this by updating policies and procedures for health and safety visits and safety assessments.

- DCYF is also providing additional guidance and training to caseworkers regarding case planning, which includes clarifications regarding visits pertaining to risk and safety assessment, as case planning often happens during the same visit.
- Caseworkers may focus efforts on high-risk cases when time is limited.
- FamLink does not easily track the health and safety visits of children who were not originally identified as part of the victim child's household. DCYF is addressing this through the transition to CCWIS.

### Priority Performance Measures

**Recurrence of Maltreatment**
**State: 12.7% | Federal Target: 7.0% or less**
**Apr 2023 – Mar 2024**
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: Child Welfare Portal, Priority Performance Measure, Recurrence of Maltreatment*

Between April 2023 and March 2024, 12.7% of children who had a founded allegation of maltreatment during the cohort period experienced another founded allegation of maltreatment within 12 months of the initial founded allegation. Therefore, the rate of children who experience a subsequent founded allegation is 81.4% higher than the federal benchmark of 7%.

To address this, DCYF is engaged in efforts to identify risk and protective factors associated with recurrence of maltreatment. Specifically, DCYF tracks what case characteristics (e.g., age of child, Structured Decision-Making score, intake reason, major child abuse and/or neglect, and prior CPS intakes) and interventions (e.g., evidence-based parenting programs) are associated with recurrence of maltreatment.

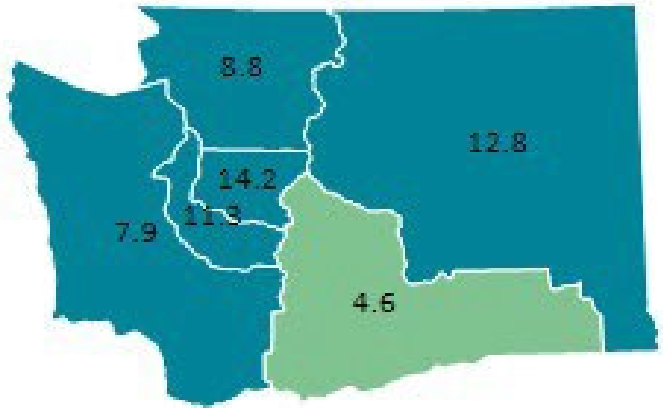
The Child Welfare Safe Reduction Dashboard is the visual culmination of this effort. It displays rates of re-referral and placement on all child welfare case types, starting in the year 2019 and continuing through the present. The design of this tool also allows the impact of legislation to be estimated via visual trends. For example, HB 1227 was passed in 2021 and went into effect in 2023. This HB raised the requirements for a child to be removed from their home. The Safe Reduction Dashboard shows that between 2021 to 2023, the placement rate decreased more sharply than during previous years and was accompanied by a comparatively drastic increase in the child abuse and neglect re-referral rate. Therefore, since HB 1227 was passed in 2021, the re-referral rate has increased 30.5%.

Conversely, provision of parenting and family counseling programs that are evidence-based to prevent child abuse and neglect and concrete goods are negatively associated with recurrence of maltreatment.

Washington is working to increase delivery of these support services but has recently faced budgetary challenges at the state level that have impeded rapid expansion of offerings.

Washington SB 6109 has positively impacted the recurrence of maltreatment rates. SB 6109 allows the courts to give great weight to the lethality of high potency synthetic opioids when considering if a child should remain in the home with a parent. SB 6109 took effect June 6, 2024, and DCYF is just now seeing the positive impacts this bill has regarding recurrence of maltreatment.

**Maltreatment in Care**
**State: 10.1 | Federal Target: 6.0 or less**
**Apr 2023 – Mar 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 7 consecutive days during an annual cohort period.




**REPORTING LAG: 2 quarters**

*Data source: Child Welfare Portal, Priority Performance Measure, Maltreatment in Care*

**Maltreatment in Care**

**Rate of Victimization per 100,000 days in care by placement setting***

**Apr 2024-Mar 2025**

| Placement Setting | Rate per 100,000 days | Number of victims | Days in care |
|---|---|---|---|
| **Kinship Care** | 8.7 | 88 | 1,011,116 |
| **Foster Care – licensed** | 11 | 69 | 626,923 |
| **Congregate Care** | 9.9 | 3 | 30,317 |
| **Mixed Settings** | 12.6 | 47 | 372,256 |

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

Between April 2024–March 2025, maltreatment in care rates varied across placement settings (defined as the setting in which a child spent at least 75% of their time in care).

Kinship care showed the lowest rate of victimization at 8.7 per 100,000 days in care, with 88 victims over 1,011,116 days in care. Licensed foster care had a rate of 11.0, with 69 victims over 626,923 days in care. Congregate care had a rate of 9.9, with three victims over 30,317 days in care; however, children spent substantially fewer total days in congregate care compared to family-based settings. Mixed settings had the highest rate at 12.6, with 47 victims over 372,256 days in care. This pattern indicates that some children who spend time across multiple placement settings could experience higher rates of victimization than children whose time in care is primarily in a single setting. It should be noted that this measure includes multiple different settings, including trial return home (TRH). Congregate care includes both licensed facilities such as group homes and unlicensed facilities such as juvenile detention.

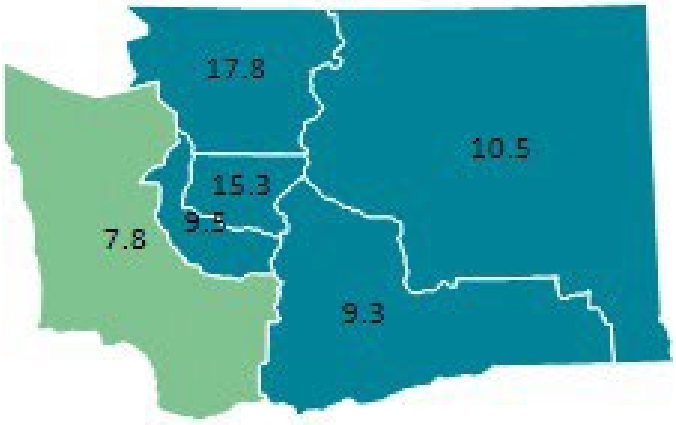
It should also be noted that if a child reports abuse or neglect while visiting a parent and outside the caregiver's supervision, the incident will be recorded under the placement setting rather than the biological family. This is due to the reporting parameters and the fact that the child is in the care and custody of DCYF. Further evaluation into how placement settings are being captured may provide additional insight in the future.

DCYF continues to emphasize kin-first placement, which aligns with the lower victimization rate seen in kinship care. Research, including findings from Washington State DCYF Kin-First Culture Research and Recommendation and Casey Family Programs, has consistently shown that children placed in kinship care experience greater placement stability and lower rates of maltreatment compared to non-relative care. These outcomes are attributed to stronger existing relationships, reduced trauma from placement changes, and increased caregiver commitment, all of which contribute to safer and more stable environments for children. At the same time, the higher rate observed for children in mixed settings reinforces the importance of placement stability and continuity of supports, particularly when children experience time across more than one placement setting.

The 2026 Annual Progress and Services Report (APSR) also identified the need to improve the accuracy of maltreatment in care data by recording the most recent known date of alleged child maltreatment. Children may disclose abuse or neglect after family separation or placement in foster or kinship care, and reporters may not know the exact incident date. When the date is unknown, practice may default to the intake date, which would result in the data being captured on the placement setting, thus compromising the reliability of maltreatment in care data. DCYF is working to improve data accuracy by ensuring staff document the most recent known incident date, rather than defaulting to the intake date when the exact date is unknown.

**Re-Entry into Care**
**State: 11.4% | Federal Target: 9.0% or less**
**Oct 2023 - Sep 2024**
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: Child Welfare Portal, Priority Performance Measure, Re-Entry into Care*

**Percent of children who experience Child Protective Services intake or placement after Child and Family Welfare Services case closure by placement setting***
**April 2023-March 2024**

| Placement Setting | Rate | Children referred to CFWS | Total Cases |
|---|---|---|---|
| **Kinship Care** | 25.3% | 270 | 1,066 |
| **Foster Care – licensed** | 34.0% | 207 | 608 |
| **Congregate Care** | 36.7% | 73 | 199 |
| **Mixed Settings** | 27.4% | 77 | 281 |
| **ALL CASES** | 29.1% | 627 | 2,154 |

*Data source: Child Welfare Portal, Priority Performance Measure, CPS Intake or Placement after CFWS Case Closure-*
** Placement setting is where the child spent at least 75% of their time in care.*

**Re-entry rate by prior placement setting***
October 2023-September 2024

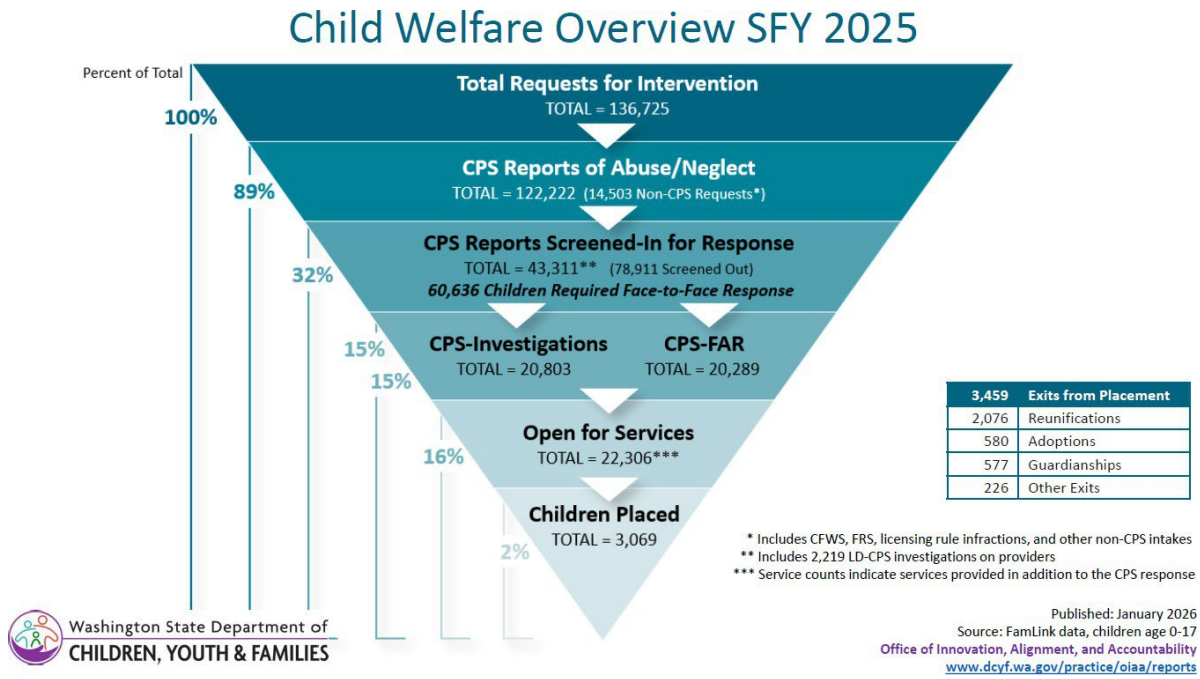
| Placement Setting | Re-entry Rate | Number of re-entries | Total Cases |
|---|---|---|---|
| **Kinship Care** | 10.6% | 154 | 1,453 |
| **Foster Care – licensed** | 11.9% | 76 | 639 |
| **Congregate Care** | 15.9% | 33 | 208 |
| **Mixed Settings** | 10.8% | 35 | 324 |
| **ALL CASES** | 11.4% | 298 | 2,624 |

*Data source: Child Welfare 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.*

Re-entry into care rates in Washington are above federal target of 9% or less. Regional child welfare leads identified some factors that contribute to this:

- Children are sometimes reunified with parents over DCYF objection and before the parent has made the necessary changes to safely care for the child. This can occur, for example, when the parent agrees to prevention services, like in-patient substance use disorder (SUD) treatment, and the child is immediately reunified with the parent before the parent participates in the treatment environment. This increases the risk of the parent leaving treatment against medical advice, relapsing, and the child returning to care.
- As removals decrease, the cases that do result in removal tend to be more complex. These children have often experienced more trauma or have greater physical or behavioral health needs. After permanency is achieved and the case closes, caregivers sometimes report being overwhelmed and this can lead to disruption and reentry.

### Safety Outcome 2 Improvement Efforts




### Family Assessment Response Services Pilot

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 child welfare workforce providing voluntary services to families. FAR is Washington's differential response CPS pathway for low-to-moderate allegations of abuse or neglect.

CPS-FAR caseworkers receiving FAR intakes conduct a family assessment instead of an investigation, and there is no substantiation of the intake allegations. A FAR caseworker connects families, when they agree, to contracted and community-based services.

In June 2025, DCYF began expanding a FAR services pilot that was first launched in Region 2 in 2020. In this model, once the FAR assessment is complete and the family agrees to services, the case is transferred from a CPS-FAR worker to a voluntary services worker.

A targeted review of 73 CPS-FAR cases in Region 2 spanning 2020-2024 indicated this model resulted in better outcomes for families and caseworkers. Families receiving a FAR services intervention, who were transferred to a voluntary services caseworker received more comprehensive assessment of risk and safety with 59% of pilot cases, compared to 37% of non-pilot FAR cases. Additionally, 29% of pilot cases showed documented case planning efforts, compared to 3% of non-pilot cases. Review of the pilot results also indicate positive impacts to workload and retention for both CPS and voluntary services caseworkers, providing more balanced workload and burn-out reduction for both programs.

Expanding the FAR services pilot is part of DCYF's broader effort to prevent recurrence of maltreatment and reduce re-referral rates. FAR services pilot offices, receive additional training on case planning and family engagement, with ongoing plans to support FFPSA readiness and target prevention efforts in these communities. DCYF will continue to monitor case outcomes and re-entry rates for the 21 Child Welfare Division offices currently participating in this pilot expansion to inform a future statewide implementation.

### Voluntary Placement Agreements

**Children (zero to 17) placed in out of home care through a voluntary removal manner**

| Count of VPAs | FFY 2024 | FFY 2025 |
|---|---|---|
| **State** | 468 | 517 |
| **Region 1** | 102 | 81 |
| **Region 2** | 43 | 39 |
| **Region 3** | 88 | 98 |
| **Region 4** | 78 | 100 |
| **Region 5** | 67 | 105 |
| **Region 6** | 90 | 94 |

*Source: DCYF, Office of Innovation, Alignment and Accountability (OIAA), Child Welfare Reporting, Out-of-Home Exits and Entries*

Caseworkers offer VPAs to families to provide temporary legal placement of the child(ren). VPAs allow children to be temporarily placed out of the home for up to 90 days while parents work to resolve safety threats without court involvement. Parents complete services to address uncontrolled safety threats during this time with the goal of reunifying quickly.

There was a small increase in the number of VPAs across the state between FFY 2024 and FFY 2025. The most notable increases occurred in Regions 4 and 5.

**Voluntary Placement Agreement Ended – Child returned to parent**

| Count of VPAs | FFY 2024 | FFY 2025 |
|---|---|---|
| **State** | 311 | 350 |
| **Region 1** | 77 | 59 |
| **Region 2** | 32 | 32 |
| **Region 3** | 58 | 65 |
| **Region 4** | 56 | 68 |
| **Region 5** | 42 | 59 |
| **Region 6** | 46 | 67 |

*Source: DCYF, OIAA, Child Welfare Reporting, Out-of-Home Exits and Entries*

Most VPAs ended with children returning home, even though many involved high-risk situations close to meeting dependency criteria. This suggests families are receiving effective services that resolve safety threats in a timely way.

Voluntary Placement Agreement Legal Consultation Hotline

The VPA Hotline began on January 1, 2024, and offers legal consultation to families considering a VPA. DCYF caseworkers share hotline information when offering a VPA and flyers are posted in offices. Between January 2025 and December 2025, the VPA hotline received 792 calls which was a 1.5% increase in calls from 2024.

DCYF and OPD are working together 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) 517 VPAs were recorded in 2025. DCYF is developing a report to improve data quality and analysis for FVS cases.

*The Office of Public Defense Pre-Filing Legal Representation*

Several DCYF offices are partnering with attorneys who represent parents involved in CPS investigations related to perinatal substance use and prenatal substance exposure. OPD is piloting three Pre-filing Legal Representation programs to reduce child maltreatment rates, reduce out-of-home placement, and help families avoid ongoing child welfare involvement.

Pre-filing legal representation supports both CPS and voluntary services cases and can also provide legal representation to help families entering a VPA, or in the event a dependency petition is filed with the court. These cross-system relationships are unique to the OPD pilot sites and new for CPS and voluntary services programs. Often collaborative case planning and teaming with community-based services and supports result in successful case outcomes. However, when conflict arises, it can persist and become a barrier to CPS processes and case planning with families.

## High-Potency Synthetic Opioid Safety

### Safe Child Consults

Safe Child Consults are internal case staffing's that help caseworkers make informed safety decisions. These consultations focus on key components of the Safety Framework. They provide a collaborative, wraparound approach to support caseworkers to strengthen case planning, and to promote safe, in-home solutions for children and youth whenever possible.

In June 2025, DCYF made Safe Child Consults mandatory for all cases involving suspected or confirmed HPSO with children aged birth to three in the home. This specific age group has the highest rate of critical incidents related to near fatalities during CY 2025 (24 of 35). Caseworkers report that these consults have strengthened shared decision making, safety planning strategies, and their ability to clearly articulate imminent risks of physical harm to the courts.

In 2025, DCYF completed about 3,360 Safe Child Consults and 39% of those involved HPSO.

### Child Welfare High-Potency Synthetic Opioid Safety Forum

In May 2025, DCYF launched a multi-month effort to engage the child welfare workforce around the ongoing HPSO crisis impacting families.

Staff participated through surveys, listening sessions, and in-person forums. More than 3,000 qualitative responses were collected and categorized into barriers, resource gaps, training needs, and workforce impacts. DCYF is now in Phase 2 of this process which consists of data analysis and action planning with implementation planned for CY 2026 in Phase 3.

### High-Potency Synthetic Opioid Safety Training Series

DCYF and the Washington Association of Child Advocate Programs offered a series of training sessions focused on the application of tools to assess HPSO safety concerns.

The sessions focused on critical-thinking, in-home and out-of-home safety planning, parent–child visitation planning, and development of strong case plans. Participation in the trainings was broad and included judicial representation. For session one, 472 individuals registered, including 13 judicial officers, and 224 attended. For session two, 444 individuals registered, including 13 judicial officers, and 174 attended.

#### Safety Bootcamp Training

DCYF updated its mandatory Safety Bootcamp training for caseworkers, to reflect lessons learned while working with families impacted by HPSO. The training emphasizes critical-thinking strategies, assessments of safety and risk, and effective safety planning. Safety Bootcamp is available to all caseworkers every other month with priority given to new employees.

#### Public Health Guidance

DCYF worked closely with the Department of Health and community partners to create public health guidance for families impacted by HPSO use. Materials included a Public Health Guidance overview, Medication for Opioid Use Disorder handout, Facts about Fentanyl handout, and Developmental Risk and Harm Reduction handout.

#### Safety Summit Project

The safety summit project was created in partnership with Administrative Office of the Courts (AOC), OPD, Washington Association of Child Advocate Programs, the Attorney General's Office (AGO), DCYF, and a parent with lived experience during our Round 3 Program Improvement Plan. Its goal is 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 learn how to apply the Safety Framework to key parts of a case such as safety assessments, safety planning, conditions for return, family time, and case planning. Using the same language and approach across systems helps courts make clearer decisions, understand the harms of removal, and support better outcomes for families. In 2025, safety summits were held in Clark, Yakima, and Thurston Counties.

### Improvements to Concrete Goods and Basic Needs Programming

In May 2025, DCYF launched the new Basic Needs Community Resource Directory, available publicly to human services staff and community members across the state. The directory brought together resources from a range of basic needs categories including food, housing, transportation, and other essentials. This directory simplifies the search process for families seeking material supports in their local area. During statewide delays in the Supplemental Nutrition Assistance Program and severe 2025 flooding events in Western Washington, the Basic Needs Community Resource Directory was available to help DCYF connect families quickly to core community programs.

In July 2025, DCYF began preparing to pilot a new Basic Needs Support Services program for families involved with child welfare. The program will refer families experiencing material hardship to community-based organizations for concrete goods, resource navigation, and basic needs case management. The state has allocated $1,000,000 annually in community based concrete goods from the state general fund to launch services statewide in five sites starting in Spring 2026.

DCYF Concrete Goods and Child Welfare Housing programs partnered with the Washington State Department of Social and Health Services (DSHS) Temporary Assistance for Needy Families WorkFirst program and OPD's Parent Representation program to host an "Economic Supports in Child Welfare" training at the 2025 Dependency Judicial Training Academy. The training was well-received and helped judges and commissioners better understand economic supports available to families.

To improve consistency and data quality, DCYF convened a statewide workgroup of office support staff from August to December 2025. The workgroup developed a new Administrative Concrete Goods Guide to standardize inventory practices. The guide is in final review and will be implemented in early 2026.

## Permanency Outcomes

### Permanency Outcome 1 - Children Have Permanency and Stability in Their Living Situations.

| Strengths Outcome/Item | Baseline | FFY 2024* | FFY 2025 |
|---|---|---|---|
| **Permanency Outcome 1** | 15% | 17% | 17% |
| **Item 4: Stability of Foster Care Placement** | 85%<br>(41 of 48) | 87%<br>(94 of 108) | 89%<br>(109 of 123) |
| **Item 5: Permanency Goal for the Child** | 40%<br>(19 of 47) | 41%<br>(43 of 105) | 46%<br>(56 of 121) |
| **Item 6: Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement** | 17%<br>(8 of 48) | 24%<br>(26 of 108) | 27%<br>(33 of 123) |

*Data source: CFSR Portal, OSRI Report, Baseline: January-April 2024, * FFY 2024 (R4): January-September 2024*

Case review results show overall improvements. Improvement efforts are underway and DCYF expects consistent and steady progress over the next few years based on these changes.

Item 4: Placement Stability

**Item 4 Strengths – Stability of Foster Care Placement**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 87% (94 of 108) | 89% (109 of 123) |
| **Region 1** | 83% (10 of 12) | 90% (19 of 21) |
| **Region 2** | 92% (22 of 24) | 78% (14 of 18) |
| **Region 3** | 83% (20 of 24) | 95% (19 of 20) |
| **Region 4** | 100% (12 of 12) | 87% (20 of 23) |
| **Region 5** | 75% (9 of 12) | 90% (18 of 20) |
| **Region 6** | 88% (21 of 24) | 90% (19 of 21) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

There was a slight improvement of placement stability statewide from 87% in FFY 2024 to 88% FFY 2025. Regions 1, 3, 5, and 6 improved. Regions 2 and 4 declined from high prior-year performance.

### Analysis and Hypothesis

Washington continues to perform 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.

Improvement appears linked to good practice elements. Early stability supports include early shared decision-making, caregiver support services, and proactive case planning when placement risks emerge. Better matching and disruption prevention emphasizes kin/relative matches, sibling placement planning, and rapid stabilization services. Supervisory focus and documentation provide clearer expectations for monitoring placement risk and documenting prevention steps help maintain strong performance even as caseloads shift.

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 were planned by the agency to achieve the child's case goals or to meet the needs of the child in 36% of cases reviewed.

Common reasons for placement changes include children or youth emergently placed with kin at removal before the placement could be fully evaluated, caregivers not agreeing with the agency or court ordered permanent plan, children or youth with complex needs and difficulty locating a caregiver matched to meet their needs, or sufficient services to preserve the placement.

## Priority Performance Measures

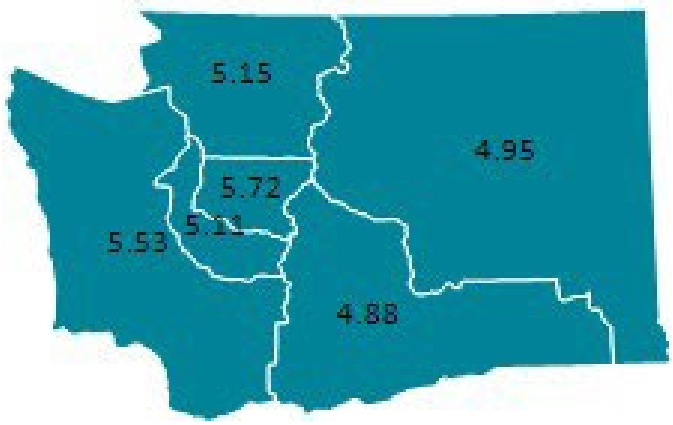
This priority performance measure helps DCYF know when on track with improving outcomes for children regarding placement stability.

**Placement Stability - Moves per 1,000 Days in Care**
**State: 5.25 | Federal Target: 3.90 or less**

**Jul 2024 – Jun 2025**

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: Child Welfare Portal, Priority Performance Measure, Placement Stability*

One strategy used during this reporting period to improve placement stability is Family Team Decision Making (FTDM) meetings. Youth and Family Meetings (YFMs) are replacing FTDMs. YFMs engage parents, youth, caregivers, and legal parties in collaborative planning and decision-making which includes identifying relatives, kin and resources or other support to support and stabilize placements. The YFM model aligns with the same six-stage structure of FTDMs.

**Family Team Decision Making Meetings for change of placement**

| Meetings | FFY 2024 | FFY 2025 |
|---|---|---|
| **FTDMs for change of placement** | 30% (3,331 of 11,032) | 28% (3,195 of 11,307) |

*Data source: Child Welfare Portal, FTDM summary*

**Family Team Decision Making Meetings for change of placement**

| Type of change | FFY 2024 | FFY 2025 |
|---|---|---|
| **Change to less restrictive placement** | 21% | 22% |
| **Change to more restrictive placement** | 12% | 11% |
| **Change to same level placement** | 29% | 30% |

| Type of change | FFY 2024 | FFY 2025 |
|---|---|---|
| **Maintain child in present placement** | 34% | 32% |
| **Unable to reach consensus** | 4% | 5% |

*Data source: Child Welfare Portal, FTDM summary*

**Children or youth placed with kin or relatives by region**

| State/Region | as of 9/30/2024 | as of 9/30/2025 |
|---|---|---|
| **State** | 58% | 58% |
| **Region 1** | 55% | 53% |
| **Region 2** | 61% | 61% |
| **Region 3** | 60% | 59% |
| **Region 4** | 61% | 62% |
| **Region 5** | 60% | 56% |
| **Region 6** | 55% | 59% |

*Data source: Child Welfare Portal, Relative vs Non-relative Report*

Kinship placement rates remained stable between September 2024 and September 2025 with 58% of children and youth in out-of-home care placed with kin in both years. This consistency reflects ongoing legislative, judicial, and agency efforts to prioritize and support kin caregivers. All DCYF regions now place more children with kin. Additionally, Licensing Division 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 2025, 81% of kin placements were licensed. While individual regions show small year-to-year shifts, all regions continue to place more children and youth with kin than with non-kin. Statewide stability suggests that Washington's kin-first approach is consistently being practiced.

Between now and FFY 2027, DCYF will continue strengthening kin-first practices, improving stability for children in mixed settings, and implementing the new YFM model to support better planning and smoother transitions between placements.

This approach centers youth voice and family engagement, with the goal of improving planning, coordination, and continuity of care, particularly during placement changes. Together, these efforts are intended to reduce maltreatment in care and promote safer, more stable experiences for children while in DCYF care.

### Item 5: Establishment of an Appropriate Permanency Goal for the Child in a Timely Manner

**Item 5 Strengths-Permanency Goal for the Child**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 41% (43 of 105) | 46% (56 of 121) |

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **Region 1** | 42% (5 of 12) | 55% (11 of 20) |
| **Region 2** | 50% (12 of 24) | 29% (5 of 17) |
| **Region 3** | 35% (8 of 23) | 50% (10 of 20) |
| **Region 4** | 42% (5 of 12) | 48% (11 of 23) |
| **Region 5** | 36% (4 of 11) | 45% (9 of 20) |
| **Region 6** | 39% (9 of 23) | 48% (10 of 21) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

### Analysis and Hypothesis

- The permanency goals that were in effect during the period under review were established in a timely manner in 79% of the cases reviewed.
- Permanency goals in effect during the period under review were appropriate to the child's needs for permanency and to the circumstances of the case in 60% of the cases reviewed.
- DCYF filed or joined a termination of parental rights (TPR) petition before the period under review or in a timely manner in 47% of the cases reviewed.

Washington's performance on Item 5 improved slightly from last year. Washington now has a clearer understanding of recent legislative changes that prioritize guardianship over adoption, and case law continues to support allowing caregivers to decide whether they are willing and able to be a guardian without fear the child will be moved if they decline. Caseworkers, administrators, and permanency leads are sharing this information to help DCYF identify the permanent plan appropriate to case circumstances and make concerted efforts to achieve it.

The permanency planning policy and procedure have been revised and are awaiting final approval.

Changes include:

- Removing the requirement to identify two permanent plans when only one plan is appropriate.
- Allowing another planned permanent living arrangement (e.g. independent living) as an approved permanent plan for youth 16 years of age and older when the other permanent plans have been ruled out. This change was made to allow for intentional planning to support youth entering Extended Foster Care (EFC) and to respect youth voices when they identify that guardianship and adoption are not permanent plans that meet their needs.

**Adoption and Safe Families Act compliance, by Region**

| State/Region | Percent compliant |
|---|---|
| **State** | 71% (1,764 of 2,471) |
| **Region 1** | 43% (200 of 468) |
| **Region 2** | 72% (210 of 290) |
| **Region 3** | 88% (268 of 305) |
| **Region 4** | 64% (259 of 404) |
| **Region 5** | 71% (280 of 397) |
| **Region 6** | 90% (547 of 607) |

*Data source: ASFA compliance detail report, as of date of pull 10/21/25*

Region 1's Adoption and Safe Families Act (ASFA) compliance is lower than the other regions. Barriers experienced by this region include repeated continuances on dependency fact-finding hearings being granted as well as 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. Region 1 has also identified a procedural issue that affected data integrity when documenting compelling reasons in cases where guardianship was the most appropriate plan that is being addressed.

**Of the 1,764 cases considered Adoption and Safe Families Act compliant**

| AFSA status | Percent of compliant |
|---|---|
| **On a TRH** | 15% (266 of 1,764) |
| **Compelling reasons documented** | 71% (1,249 of 1,764) |
| **TPR filed** | 23% (408 of 1,764) |

*Data source: AFSA compliance detail report, as of date of pull 10/21/25*

For the cases that achieved ASFA compliance, the majority achieved compliance through documentation of a compelling reason. This highlights the complexity of achieving timely permanency. See Item 23: Termination of Parental Rights for a regional breakdown of how ASFA compliance was achieved.

## Item 6: Achieving Reunification, Guardianship, Adoption or Another Planned Permanent Living Arrangement

**Item 6 Strengths-Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 24% (26 of 108) | 27% (33 of 123) |
| **Region 1** | 17% (2 of 12) | 24% (5 of 21) |

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **Region 2** | 25% (6 of 24) | 22% (4 of 18) |
| **Region 3** | 33% (8 of 24) | 40% (8 of 20) |
| **Region 4** | 25% (3 of 12) | 22% (5 of 23) |
| **Region 5** | 17% (2 of 12) | 25% (5 of 20) |
| **Region 6** | 21% (5 of 24) | 29% (6 of 21) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

### Analysis and Hypothesis

Washington made concerted efforts to achieve permanency in a timely manner during the period under review in 24% of cases. This reflects the complexity of achieving permanency, even appropriate permanent plans, in a timely manner. Washington places high value on reunification and tends to keep cases open longer to support reunification efforts. This is apparent in the high legal standards for terminating parental rights. Washington also highly values placements with kin, even when those kin have barriers to legal permanency. Prioritizing reunification and kin for placement and permanency, even when kin are unable or unwilling to support legal permanency impacts achievement of timely legal permanency. 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.

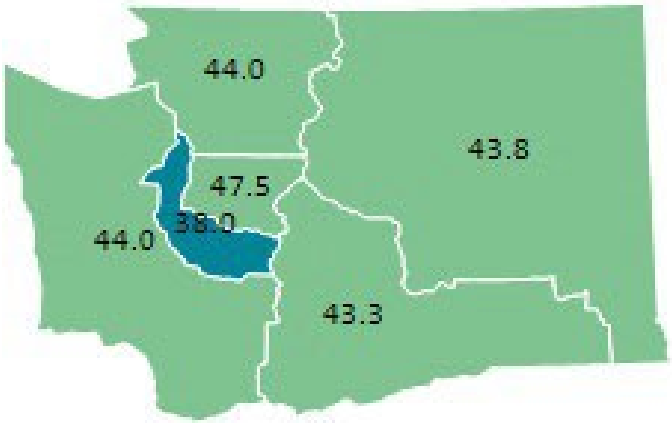
### Priority Performance Measures

**Permanency Within 12 Months of Placement Entry**
**State: 43.9% | Federal Target: 38.0% or more**

**Oct 2023 - Sep 2024**

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: Child Welfare Portal, Priority Performance Measure, Permanency Within 12 Months of Placement Entry*

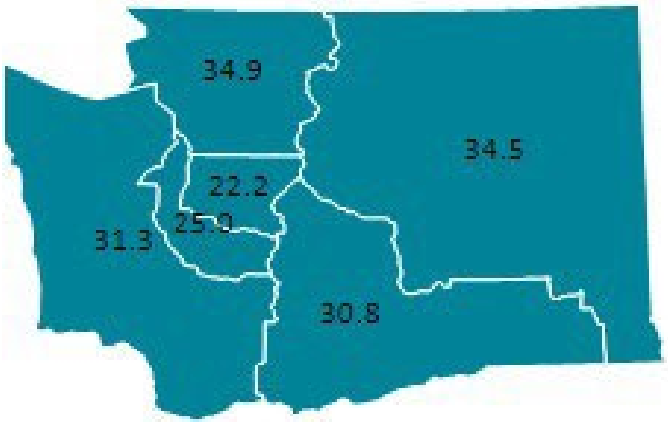
DCYF's performance on permanency within 12 months of entry into care exceeds federal targets. Achieving early permanency is an area of success for Washington's system. Performance on this measure includes dependent children and youth who are in their six-month TRH.

Of note for this measure 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 PCA over the case for a minimum of six months post-TRH, as required by Revised Code of Washington (RCW) 13.34.138.

**Permanency Within 12 Months for Children in Care 12-23 Months**
**State: 30.6% | Federal Target: 46.0% or more**

**Oct 2024 - Sep 2025**

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.

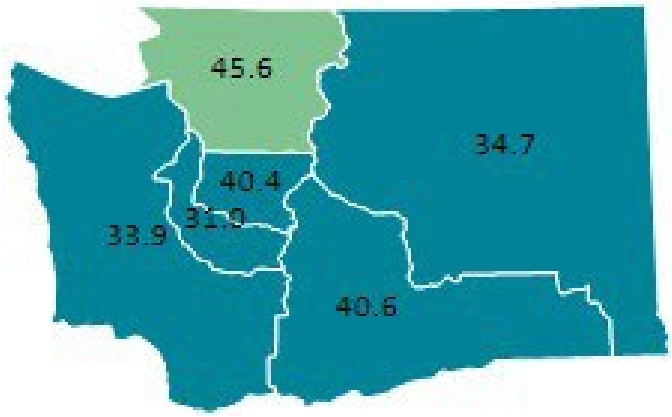



*Data source: Child Welfare Portal, Priority Performance Measure, Permanency Within 12 Months for Children in Care 12-23 Months*

Washington did 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 TPR and a sole focus on reunification for long periods even when not appropriate to case circumstances. Washington's performance on this measure is steady from the prior year.

**Permanency Within 12 Months for Children in Care 24+ Months**
**State: 36.7% | Federal Target: 42.0% or more**

**Oct 2024 - Sep 2025**
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.

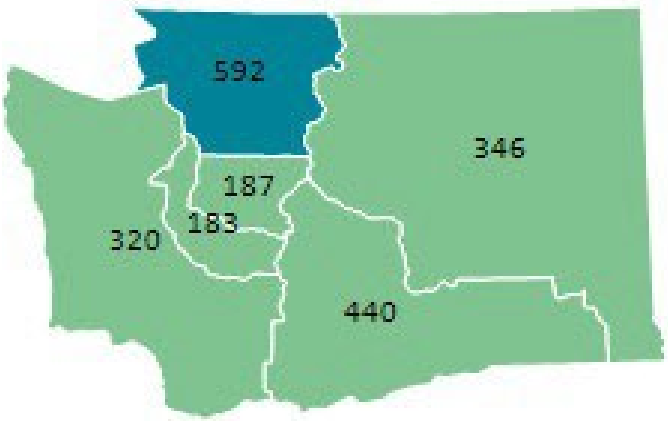



*Data source: Child Welfare Portal, Priority Performance Measure, Permanency Within 12 Months for Children in Care 24+ Months*

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. Washington's performance on this measure is slightly improved from the prior year. Region 3 has the highest performance in the state on this measure. Within the last 18 months, Region 3 implemented a practice of multi-disciplinary staffing's for children or youth with long lengths of stay to identify and address permanency barriers. This strategy may be contributing to their performance on this measure.

**Median Length of Stay - Out of Home**
**State: 342 | State Target: 500.0 or less**
**Jan 2023 - Dec 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: Child Welfare Portal, Priority Performance Measure, Median Length of Stay - Out of Home*

The median LOS has decreased across the state. Most regions are meeting the target for median LOS. The decreased LOS marks a reversal in the previous trend of increasing LOS.

*Achieving Permanency by Type*

**Completed permanent plans by exit from out of home placement**

| Permanent plan | FFY 2024 | FFY 2025 |
|---|---|---|
| **Adoption** | 714 (20%) | 520 (16%) |
| **Reunification** | 2,307 (66%) | 2,209 (67%) |
| **Guardianship** | 483 (14%) | 553 (17%) |

*Data source: Child Welfare Portal, Entries and Exits*

Permanency trends in FFY 2025 show that reunification remains the most common outcome for children exiting out-of-home care. Reunifications decreased slightly from 2,307 to 2,209, but they make up most permanent plans. The rate of reunification remained stable from 66% to 67%. Adoptions continued to decline from 714 to 520, continuing the downward trend seen in recent years. The adoption rate fell from 20% to 16% of completed permanent plans. In contrast, guardianships increased from 483 to 553. This reflects a growing use of guardianship as a stable, family-centered option when reunification is not possible. The number of guardianships increased from 14% to 17%. Overall, total number of permanent exits decreased slightly, but the statewide pattern remains consistent: fewer adoptions and increasing reunification and guardianship completions.

**Children and youth with guardianship as a primary or secondary plan**

| State/ Region | 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** | 4,908 | 815 | 1,033 | 964 | 1,386 |
| **Region 1** | 1,023 | 150 | 274 | 194 | 327 |
| **Region 2** | 567 | 98 | 218 | 108 | 243 |
| **Region 3** | 604 | 111 | ** | 137 | 197 |
| **Region 4** | 885 | 110 | 85 | 136 | 139 |
| **Region 5** | 730 | 122 | 165 | 158 | 148 |
| **Region 6** | 1,099 | 224 | 282 | 231 | 332 |

*Data Source: Child Welfare Portal, Permanency Monitoring report, point in time data as of 10/21/2025, ** counts between 1-9 cannot be disclosed*

### Guardianship Plans and Strategies for Improvement

Guardianship remained a major permanency pathway in FFY 2025. October 2025 point-in-time data show 16.6% of children had guardianship as a primary plan and 21.0% as an alternate plan. Regions varied in how often guardianship was used with Region 6 showing the highest number because of its larger foster care population while Region 2 used alternate guardianship planning most often. Statewide, 552 children exited to guardianship during FFY 2025. Regions 2, 3, and 6 finalized the most guardianships relative to their out-of-home care populations. These patterns reinforce guardianship's growing role as a stable, family-centered option when reunification is not possible.

**Children and youth exiting to guardianship in federal fiscal year 2025**

| State/ Region | T11 Guardianship of a Minor | Total T13 Guardianships | Total Guardianships (any type) |
|---|---|---|---|
| **State** | 69 | 483 | 552 |
| **Region 1** | 13 | 79 | 92 |
| **Region 2** | 11 | 82 | 93 |
| **Region 3** | 18 | 76 | 94 |
| **Region 4** | ** | 82 | 89 |
| **Region 5** | 14 | 69 | 83 |
| **Region 6** | ** | 95 | 101 |

*Data source: Child Welfare Portal, Entries and Exits, ** counts between 1-9 cannot be disclosed*

DCYF is working to strengthen guardianship by improving planning, speeding up case progression, and giving caregivers better support. This includes reducing delays between identifying guardianship as a plan to the filing and finalization process, and tailoring regional supports based on local trends and needs. Additional efforts will focus on identifying potential guardians earlier and reinforcing the role of YFMs in identifying kin caregivers early. Training and resource navigation for kin caregivers are being expanded and data related to guardianship planning is being improved. Together, these strategies aim to support more timely and successful guardianship outcomes for children and youth statewide.

### Guardianship Supports

DCYF provides Guardianship Assistance payments to relatives who commit to long-term care for children in the child welfare system and meet eligibility requirements. Guardianship subsidies have continued to grow, reflecting DCYF's sustained commitment to a kin-first approach and recent legislative changes.

A major driver is the amendment to RCW 13.34.180, which requires guardianship to be considered before parental rights are terminated. Additional contributors include the initial license program, and the kinship licensing processes implemented this year. These initiatives provide financial assistance and guidance to kinship caregivers, resulting in a rise in licensed kinship homes.

DCYF expects continued growth in guardianships and participation in the Guardianship Assistance Program (GAP) as new licensing standards for kinship caregivers have now been finalized. These new standards simplify the licensing process and ensure caregivers receive consistent support from staff.

### Centralization of the Guardianship Assistance Program

In March 2025, GAP moved from a regional to a centralized model, improving consistency and making the process easier for guardians to navigate the GAP process. In August 2025, DCYF held feedback sessions with staff and families to evaluate the changes. Feedback was overwhelmingly positive, reporting improved consistency and ease of access.

At the same time, DCYF adopted Chapter 110-85 Washington Administrative Code (WAC), introducing new standards for negotiating GAP subsidies. In alignment with WAC 110-85-0100, DCYF now uses a needs-based approach that evaluates the child's needs and the family's circumstances through the application and interview process. This ensures fair and consistent outcomes for all families.

DCYF continues to provide robust support to qualified caregivers through GAP, funded by Title IV-E of the Social Security Act and supplemented by state dollars. Benefits include:

- 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
- Adoption savings funds to help pre- or post-adoptive guardianship families address barriers to permanency

### Planned Improvements

- Continuing monthly meetings with regional guardianship leads to monitor practice and identify areas for improvement.

- Updating GAP and Extended GAP WACs based on feedback gathered since implementation in May 2025.
- Engaging system partners throughout the rule revision process to ensure updates reflect caregiver needs and best practices.
- Creating new GAP materials for families and staff to improve transparency and understanding of the program based off recommendations of the feedback sessions held.
- Develop Permanency e-learnings for families and staff including content on GAP subsidies.

Legally free

**Legally Free Youth in federal fiscal year 2025 who are now adopted, by age group and region**

| Age Group | State | R1 | R2 | R3 | R4 | R5 | R6 |
|---|---|---|---|---|---|---|---|
| **0-5 years** | 308 (24%*) | 55 | 21 | 38 | 71 | 49 | 74 |
| **6-11 years** | 86 (7%*) | 15 | ** | ** | 17 | 13 | 26 |
| **12-17 years** | 149 (12%*) | 19 | 17 | 11 | 31 | 19 | 52 |
| **TOTAL** | 543 | 89 (7%*) | 45 (4%*) | 57 (4%*) | 119 (9%*) | 81 (6%*) | 152 (12%*) |

*Data Source: Child Welfare Portal, Legally Free, * percent of all legally free youth, ** counts between 1-9 cannot be distributed*

Adoption data from Washington during the review period shows a clear concentration of finalized adoptions among younger children. Most adoptions occurred for children aged from birth to five, with the second largest group consisting of teenagers. This distribution aligns with long-standing national trends indicating that younger children are more likely to be adopted than older children. Prospective adoptive families frequently express a greater willingness to adopt infants and young children, and these children often experience shorter stays in care prior to permanency, which can support earlier adoption finalization within the reporting period.

Notably, the data also reflects a higher number of adoptions among teenagers than among elementary-aged children. This is different from broader child welfare literature where adolescents are typically more difficult to place in adoptive homes, therefore the higher number of teen adoptions is somewhat unexpected. This pattern appears to be influenced by shifts in permanency practice within Washington. In recent years, the system has increasingly used guardianship as a permanency option for older youth, elementary-aged children, and infants.

Expanded use of guardianships has resulted in some children achieving permanency through guardianship who, in previous years, may have been adopted or reflected differently in adoption statistics.

*Factors Affecting Permanency Timeliness*

Efforts to improve permanency outcomes continue to focus on addressing factors that contribute to extended lengths of stay. Staffing capacity and workload levels remain significant considerations, as caseworker turnover and high caseloads can delay key permanency activities such as family finding, adoption preparation, and court processes. Strengthening workforce stability and ensuring adequate staffing levels remain ongoing system priorities. Structural barriers also contribute to these delays. Reunification is frequently maintained as the default concurrent goal without active pursuit of alternative permanency options.

TPR filings are often not completed in a timely manner, resulting in ASFA timeframes being exceeded. Much of the improvement work in this area is focused on training staff and court partners on permanency practices and defining concerted efforts to finalize permanent plans. A deeper understanding of permanency options, along with intentional efforts to achieve those outcomes, will help drive improved permanency results.

Current Implementation Efforts

To strengthen permanency outcomes, the agency has expanded its use of specialized consultation meetings for children who have experienced multiple placements or extended time in out-of-home care. Additional consultation opportunities have been established to support caseworkers in addressing complex permanency planning needs. This includes a process in which regional leads identify cases and invite subject matter experts from within DCYF, individuals who may not be familiar with the specific case, to offer new perspectives and explore creative approaches. The agency has also continued to refine its permanency practice models to support early identification of permanent families and timely progression toward adoption or guardianship. These efforts together aim to strengthen permanency pathways, reduce delays, and ensure that children achieve stable, long-term family connections as early as possible.

DCYF reviewed themes surrounding permanency and has identified a need to adjust permanency culture to ensure that concurrent planning is actively worked rather than passively documented. Recommended actions include the implementation of regional TPR timeliness dashboards, case-level ASFA countdown alerts, and a statewide dashboard reflecting the percentage of cases exceeding ASFA timelines by identified permanency goal. These tools will be supported by strengthened coordination across legal units, courts, and permanency staffing.

As of March 10, 2026, 42% of children in out-of-home placement (1,998 of 4,737) have been in care for more than 24 months. To address this, a measurable statewide goal has been identified to reduce the number of cases exceeding 24 months in care by 15 percent within 12 months. This would represent approximately 300 fewer children in extended placements by July 1, 2027.

### Permanency Outcome 1 Improvement Efforts

Washington's performance on Permanency Outcome 1 is below federal targets and improving permanency takes time. Changes made now will not result in permanency measurement shifts for months to years in the future due to the time it takes for this data to mature. During FFY 2025, DCYF focused on several improvement efforts to strengthen permanency practice.

The permanency leads group, reconvened in June 2024, continues to meet monthly.

The group includes permanency leads from all six regions as well as the headquarters program managers for guardianship, adoption, GAP, and adoption support. The group analyzes root causes and works on system level improvements.

DCYF also launched the Advanced Relative Search, Engagement, Assessment and Beyond Workshop to help regional staff better identify, engage, and assess relatives and suitable others for kinship placement and permanency. The workshop provides a hands-on, interactive environment with real cases, focuses on bias awareness, and reinforces current policy and best practice. A total of 39 workshops were delivered to staff across all regions in Washington. Staff enrolled in the workshops through the DCYF Learning Management System. Prior to each session, participants were asked to complete an online training module designed to familiarize them with the topic and to identify a case example for discussion. Participation in case sharing was voluntary; however, most participants engaged by contributing examples drawn from their professional experience. In instances where participants did not provide a case example, facilitators incorporated examples from their own field experience to maintain an interactive learning environment. DCYF updated or created the publications below to help staff, families, and court partners understand the benefits and limitations of each permanency option.

- The Permanency Planning Matrix
- The Guardianship and Adoption Comparison Guide
- Extended Support Programs for Youth and Young Adults
- Adoption Support Informational Fact Sheet

Updating policies and procedures relating to permanency is an important improvement effort. The TPR policy was updated in November 2024.

The Permanent and Concurrent Planning and the Guardianships policies are being revised. Identifying Adoptive Families and other adoption related policies are being combined and revised.

In 2025 DCYF and AOC held a statewide data convening. Participants included DCYF case carrying staff and administrators, assistant attorney generals who represent DCYF, judges, attorneys who represent parents and youth, GALs and child advocates, and youth and parents with lived experience. Participants reviewed central case review data and identified a complex web of barriers that slow permanency:

- Overcrowded court dockets leading to long delays and repeated continuances.
- Judicial rotation can halt case progress as the new judicial officer becomes familiar with dependency law and the specifics of the case.
- Evidentiary requirements for TPR are high and it takes longer to meet all the requirements. Standards have been raised over time with legislation and supreme court rulings.
- Workforce turnover can delay case progress as the new caseworker familiarizes themselves with the case and may need to repeat efforts or may make different recommendations.
- Limited access to services needed for reunification, such as SUD inpatient treatment for families, housing subsidies, childcare, and other services in rural areas.
- Engagement with parents typically declines over time as they lose hope and motivation. This reduces the likelihood of reunification and makes it harder for DCYF to show efforts to reunify the family.
- Court decisions made without clear context or strong case documentation.
- Caseworkers discussed that reports to the court vary widely in quality and often fail to explain why a specific permanency plan is recommended. Instead, reports tend to list services completed or outstanding without linking them to safety behaviors or child well-being.

DCYF has spent considerable energy in FFY 2025 engaging internal and external partners to clarify expectations for relative search, notification, kinship engagement, and fair evaluation of potential kinship placements. These are early steps to making good placement and permanency decisions that are based upon the best interest of the child. This work included workgroups, training internal and external parties, and alignment across program managers who share in the work.

DCYF partnered with the court system and statewide system partners to launch Bridging Systems: Understanding Guardianship Across Courts, DCYF, and Communities. This four-part series explains the differences between Title 11 and Title 13 guardianships, promotes early intervention strategies that support families before court involvement escalates, and ensures that staff and partners are equipped with consistent information about legal frameworks, available resources, and best practices. Sessions are held monthly and designed to be accessible to a wide range of professionals. Participants include judges, attorneys and limited license legal technicians, guardian ad litems, court visitors, court staff, DCYF caseworkers and supervisors, kinship navigators, and community-based organizations. By bringing these groups together, the series aims to strengthen a shared understanding and improve coordination at critical transition points in guardianship cases. As the remaining sessions roll out, DCYF anticipates the series will improve coordination and strengthen family-centered permanency practice.

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

| Strengths Outcome/Item | Baseline | FFY 2024* | FFY 2025 |
|---|---|---|---|
| **Permanency Outcome 2** | 79% | 80% | 76% |
| **Item 7: Placement with Siblings** | 78% (18 of 23) | 82% (47 of 57) | 77% (56 of 73) |
| **Item 8: Visiting with Parents and Siblings in Foster Care** | 66% (21 of 32) | 67% (50 of 75) | 73% (64 of 88) |
| **Item 9: Preserving Connections** | 90% (43 of 48) | 87% (92 of 106) | 83% (101 of 121) |
| **Item 10: Relative Placement** | 92% (44 of 48) | 91% (98 of 108) | 85% (104 of 122) |
| **Item 11: Relationship of Child in Care with Parents** | 65% (20 of 31) | 66% (43 of 65) | 73% (53 of 73) |

*Data source: CFSR Portal, OSRI Report, Baseline: January-April 2024, * FFY 2024 (R4): January-September 2024*

Overall performance went down from last year. The biggest impacts were related to placing children with relatives, keeping siblings together, and maintaining important connections like school, culture, and community. These areas are essential to stable and supportive placements, so the decline is important to notice.

At the same time, there were improvements in family time and in the quality of the child's relationship with their parents. These gains show that efforts to support parent engagement and improve scheduling and coaching for family time are making a difference.

The declines likely reflect challenges across the system, including limited placement options for sibling groups and barriers in the relative placement process. Although most fingerprint-based background checks are completed within approximately 48 hours after fingerprints are submitted, delays can occur before and after that point. The most common delays involve identifying and locating relatives early enough, scheduling and completing fingerprint appointments, cases routed to suitability review, and completing placement and licensing steps, such as home safety walkthroughs, required documentation, training, and coordination between casework and licensing. These timing challenges are more pronounced for sibling groups and for relatives who need additional support to meet requirements or address logistical barriers such as transportation, distance, or housing setup.

For example, out of 16,471 background checks, only 122 did not pass. This indicates that the primary challenge is not failure rates, but the time required to complete the full placement/approval pathway around the background check process.

DCYF is committed to strengthening its kin-first practice by merging the Relative Search Unit and the Relative Engagement Unit into one coordinated team. This will streamline relative identification, outreach, and ongoing support. The goal is to reduce delays, improve follow-through, and better support relatives through placement consideration and approval. Earlier coordination with Licensing Division will allow licensing staff to work with relatives sooner and clearly explain approval requirements and available licensing options. This will better support relatives who want to become caregivers.

Overall, this integrated approach is expected to increase successful relative placements, reduce placement disruptions, and maintain family connections. Additional efforts will focus on recruiting more homes that can take siblings, improving transportation planning, and training staff to document family connection and relationship-building efforts clearly and consistently.

### Item 7: Placement with Siblings

**Item 7 Strengths-Placement with Siblings**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 82% (47 of 57) | 77% (56 of 73) |
| **Region 1** | 86% (6 of 7) | 81% (13 of 16) |
| **Region 2** | 77% (10 of 13) | 67% (8 of 12) |
| **Region 3** | 91% (10 of 11) | 71% (5 of 7) |
| **Region 4** | 100% (7 of 7) | 70% (7 of 10) |
| **Region 5** | 75% (3 of 4) | 85% (11 of 13) |
| **Region 6** | 73% (11 of 15) | 80% (12 of 15) |

*Data source: CFSR Portal, OSRI Report* FFY 2024 (R4): January-September 2024*

**Placement with siblings as of November 2025**

| Category | Count |
|---|---|
| Sibling groups (in out of home care or on TRH) | 1,113 |
| Children in care with at least one sibling also in care | 2,746 |
| Children in out-of-home placement with at least one sibling in care | 2,274 (83%) |
| Children in out-of-home placement placed with some or all of their siblings | 1,868 (82%) |

*Data source: Child Welfare Portal, Visitation Plan Parent Child Visits Summary, as of pull date 11/5/2025*

### Analysis and Hypothesis

DCYF remains committed to placing siblings together whenever possible. This includes strong kin-first practices, active relative and kin engagement during YFMs, and continued support and licensing of kinship caregivers. DCYF is assessing current kinship practices to strengthen future licensing standards.

## Item 8: Visit with Siblings in Foster Care

**Item 8 Strengths-Visiting with Parents and Siblings in Foster Care**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 67% (50 of 75) | 73% (64 of 88) |
| **Region 1** | 75% (6 of 8) | 76% (13 of 17) |
| **Region 2** | 53% (9 of 17) | 38% (5 of 13) |
| **Region 3** | 78% (14 of 18) | 92% (12 of 13) |
| **Region 4** | 63% (5 of 8) | 71% (10 of 14) |
| **Region 5** | 67% (4 of 6) | 77% (10 of 13) |
| **Region 6** | 67% (12 of 18) | 78% (14 of 18) |

*Data source: CFS) Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

### Analysis and Hypothesis

Frequent and quality visitation is crucial for maintaining parent-child relationships and increases the likelihood that parents and children can safely move towards reunification. DCYF refers to visitation as Family Time. This includes parents, siblings, and other relatives (as court ordered). There are contracted family time providers available for referrals when visit supervision, monitoring, or child transportation is needed, and other natural supports are not available. However, when using a contracted provider, DCYF is still responsible for ensuring visits occur and making concerted efforts to address barriers that negatively impact the frequency and quality of visits.

Sixty-six out of 88 cases reviewed were rated as a strength. Strengths were noted when DCYF caseworkers spoke with children, youth, and families regularly about family time visitation in addition to shared planning meetings. These conversations happened during regularly scheduled times with the family such as at health and safety visits, monthly parent contact, and as needed when barriers appeared.

Common barriers to visitation include 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. Case review themes showed DCYF providing travel and accommodations for parents to travel to the child when not placed near the parent.

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.

Another barrier to frequent and quality visits identified in the case review was children not wanting to attend visits. In cases assessed as a strength, caseworkers demonstrated concerted efforts to address individual concerns, offer alternatives, and continuously check in to see if there were changes in the desire to pursue in person visits. These efforts are required regardless of whether the visits are served by contracted providers or not.

**Sibling Visits**

When siblings are not placed together and are not able to visit together for family time with their parents, a minimum of two face-to-face sibling visits per month are required by state policy. Additional forms of contact are encouraged to supplement the time in between those visits such as telephone calls, video chats, emails, and letters. This contact relies on coordination between the separate caregivers with whom the siblings are placed. Siblings who visit parents together meet the requirement of a sibling visit. Sibling visits still occur even when exceptional circumstances cause family time visits with parents to end, such as TPR. Natural community connections are encouraged to support sibling visits, such as activities arranged by caregivers of separated sibling groups. Contracted family time providers can be used for supervision of in-person sibling visits. Contracted providers cannot be used to provide unsupervised or transportation-only services for sibling visits. Providers can bill for a sibling visit activity fee per child that enables the purchase of meals and other incidentals for the visits. This fee is low and has not been increased in many years. It no longer covers the cost of a meal for one child.

**Emergent 72-Hour Initial Visits**

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 from ongoing family time visits. This requirement works to improve timeliness of the first visitation to mitigate the harm of removal.

**Ongoing Family Time**

Children and youth in the PCA of DCYF and placed out of the home (including youth enrolled in EFC) Have a right to frequent and consistent visits with their parents or guardians. Excluded from the Family Time population are children and youth who are legally free or on a TRH. A visit plan is required for every child or youth eligible for family time.

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 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 are reviewed at all shared planning meetings, monthly supervisory case reviews, and court hearings.

**Addressing Quality and Consistency**

Family time providers completed 92% or about 13,000 visits statewide per month in State Fiscal Year (SFY) 2025. DCYF collects this data as part of performance-based contracting. A provider dashboard was released this year through the data system referred to as SPROUT. SPROUT is the system that manages family time referrals, visit reports, and billing. Providers can now monitor progress toward their target goals in real time to improve service quality. The family time program manager monitors performance metrics, such as initial provider acceptance rate, average time to first visit, percent of missed visits, percent of referrals with no first visit, and overall provider acceptance rate. DCYF is working to expand data collection for visits that are being supervised or monitored by natural supports, and visits that are unsupervised.

## Item 9: Preserving Connections

**Item 9 Strengths-Preserving Connections State/Region**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 87% (92 of 106) | 83% (101 of 121) |
| **Region 1** | 92% (11 of 12) | 90% (18 of 20) |
| **Region 2** | 83% (20 of 24) | 59% (10 of 17) |

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **Region 3** | 100% (23 of 23) | 85% (17 of 20) |
| **Region 4** | 83% (10 of 12) | 87% (20 of 23) |
| **Region 5** | 91% (10 of 11) | 90% (18 of 20) |
| **Region 6** | 75% (18 of 24) | 86% (18 of 21) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

In FFY 2025, concerted efforts to preserve children's important connections were identified in 83% of cases reviewed, a decrease from 87% in FFY 2024. While Region 4 and Region 6 showed improvement, Regions 2 and 3 experienced notable declines, and Regions 1 and 5 maintained relatively strong performance with slight decreases. This regional changes contributed to the overall statewide decline.

### Analysis and Hypothesis

The decrease shows that practice is not consistent across the state when it comes to helping children stay connected to important people and places in their lives, especially when placements change.

These findings are based on information gathered from case records and interviews with case participants, including caseworkers, supervisors, parents, caregivers, and youth. This means the results reflect what is happening in practice, not just what is written down.

In some cases, children experience placement changes that disrupt relationships with family, siblings, school, and community. Delays in identifying and engaging relatives or kin can also make it harder to keep those connections strong. Distance and transportation barriers can limit visits and contact, especially when children are placed far from their home communities.

The decline in relative placements and sibling placements seen in this outcome also likely contributes to this decrease, since those placements naturally help children stay connected to family and familiar supports.

In regions where performance improved or stayed strong, there is evidence of more consistent follow-through. This includes planning early to maintain relationships, working closely with caregivers and families, and making sure children stay connected to school, culture, and community whenever possible.

DCYF continues to support sibling relationships through programs such as Sibling Strong, an annual camp that brings together siblings who are separated by foster care, adoption, or other permanency outcomes. In 2025, the program served 67 campers, including youth up to age 17 and young adults in EFC when attending with a sibling.

While programs like Sibling Strong provide meaningful opportunities for connection, the focus remains on strengthening everyday practice so children can stay connected to the people and communities that matter most to them.

### Item 10: Relative Placements

**Item 10 Strengths-Relative Placement**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 91% (98 of 108) | 85% (104 of 122) |
| **Region 1** | 92% (11 of 12) | 90% (19 of 21) |
| **Region 2** | 92% (22 of 24) | 76% (13 of 17) |
| **Region 3** | 96% (23 of 24) | 90% (18 of 20) |
| **Region 4** | 100% (12 of 12) | 87% (20 of 23) |
| **Region 5** | 92% (11 of 12) | 80% (16 of 20) |
| **Region 6** | 79% (19 of 24) | 86% (18 of 21) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

The agency made concerted efforts to place children with relatives when appropriate, as evidenced by the 85% strengths rating in FFY 2025. While performance declined from the prior period, most regions continue to show strong practice, with notable improvement in Region 6 and continued high performance in Region 1. The observed declines in some regions will benefit from targeted coaching and QA to ensure timely relative search, evaluation, and documentation are occurring.

#### Analysis and Hypothesis

Compared to last year, statewide performance on relative placement remained strong but declined. In FFY 2024, the agency demonstrated concerted efforts to place children with relatives in 91% of cases, while in FFY 2025 this decreased to 85%. Most regions continued to show high levels of engagement with relatives.

The shift primarily reflects declines in Regions 2, 3, 4, and 5, where fewer cases met the standard this year. Even with these declines, case reviews showed strong practice elements, including early identification of relatives and timely rule-outs when placement was not appropriate. Region 6 showed improvement, rising from 79% to 86%, and Region 1 maintained high performance with only a slight change from the prior year.

Overall, DCYF continues to do well as staff consistently prioritize kinship options, reach out to relatives early, and make efforts to keep children connected to family whenever it is safe and appropriate.

The continued high performance across most regions indicates that foundational relative-search practices remain strong, even though some regions experienced more variability this year.

Relative Search

Over the past several years, judicial and legislative decisions have increased expectations for DCYF to identify and place with kinship caregivers. DCYF 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. The relative search unit sends letters to every identified adult family member, and includes questions about tribal heritage to support ICWA compliance. Relatives are asked to respond within 10 days of receipt and to indicate the level of support they desire to provide.

**Relative search unit**

| Activity | FFY 2024 | FFY 2025 |
|---|---|---|
| **Relative search referrals** | 4,364 | 4,837 |
| **Relative searches completed** | 2,810 | 3,392 |
| **Letters sent to potential relatives** | 148,855 | 170,543 |
| **Relatives interested in placement** | 3,952 | 4,155 |
| **Relatives interested in providing family support** | 3,629 | 4,126 |
| **Relatives not able or unwilling to help at this time** | 4,450 | 3,777 |
| **Telephone calls/emails received from relatives** | 8,264 | 9,016 |

*Data source: Administrative Services Division, Operations: Relative and Tribal Supports*

This also 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. The information is then provided to the DCYF ICW legal unit to ensure compliance with federal ICWA and Washington State Indian Child Welfare Act (WSICWA).

**Relatives reporting tribal heritage or Indian ancestry**

| Relative search inquiry letters | FFY 2024 | FFY 2025 |
|---|---|---|
| Cases determined to have tribal heritage or Indian ancestry based on relative response to Relative Search Inquiry letter | 93 | 85 |

*Data source: Administrative Services Division, Operations: Relative and Tribal Supports*

DCYF follows state and federal laws when reviewing background information before approving unsupervised access to children. Background checks for all purposes, including relative placements, are handled by DCYF's centralized 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. 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 child welfare purposes, less than one percent did not pass.

**Child Welfare Background Checks**

| Status | FFY 2024 | FFY 2025 |
|---|---|---|
| **Completed** | 16,815 | 16,471 |
| **Passed: No suitability assessment required** | 8,056** | 15,876 |
| **Passed: suitability assessment required** | 526** | 538 |
| **Did not pass: Federally disqualifying crimes** | 42 | 70 |
| **Did not pass: suitability assessment required** | 34 | 52 |

*Data source: Administrative Services Division, Provider Supports: Background Check Unit, **Data only available for April 2024 – September 2024*

DCYF still relies on the DSHS background check system which does not meet Federal Bureau of Investigation (FBI) requirements, making separation from DSHS a priority. DCYF has continued this work by partnering with the information technology team and an external vendor to design a new background check system. The system is being built on software that DCYF will be able to maintain and expand internally once the vendor's work is complete. Progress has been made in defining business needs and system requirements; however, limited funding has prevented DCYF from securing a vendor to fully build and implement the system at this time. DCYF will continue this incremental work, refining cost and implementation options, but the timeline for a fully independent background check system remains unknown.

## Item 11: Maintaining Relationships Between the Child in Out-Of-Home Care and His or Her Parents

**Item 11 Strengths-Relationship of Child in Care with Parents**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 66% (43 of 65) | 73% (53 of 73) |
| **Region 1** | 50% (4 of 8) | 92% (12 of 13) |
| **Region 2** | 71% (10 of 14) | 50% (5 of 10) |
| **Region 3** | 88% (14 of 16) | 92% (12 of 13) |
| **Region 4** | 50% (3 of 6) | 50% (5 of 10) |

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **Region 5** | 80% (4 of 5) | 73% (8 of 11) |
| **Region 6** | 50% (8 of 16) | 69% (11 of 16) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

### Analysis and Hypothesis

Performance on Item 11 improved from 66% in FFY 2024 to 73% in FFY 2025. DCYF has pursued several strategies to support parent-child relationships and bonding such as supporting parents to attend school or medical appointments for their child, encouraging resource caregivers to maintain contact with parents when safe and appropriate, and supporting evidence-based parent-child services.

### Permanency Outcome 2 improvement Efforts

DCYF is working to better preserve children's family and community connections. When children need to be removed, DCYF can mitigate the harm they experience from family separation by supporting safe attachments and connections. Preserving the continuity of family relationships and connections can strengthen and preserve families, prevent future maltreatment from occurring after permanency is achieved, and significantly improve a child's foster care experience. To improve performance on Permanency Outcome 2, DCYF has engaged in several improvement efforts in FFY 2025.

DCYF has collaborated with system partners, including people with lived experience, judges, attorneys for parents, and child advocates to define and understand the harm of removal that occurs when a child or youth is placed in out-of-home care. In 2025 DCYF participated in the FWCC to develop resources and training on how to consider and respond to the harm of removal that children may experience specific to their developmental stage. DCYF staff were trained on how to weigh competing harms between child safety and removal, and how to mitigate the harm when removal occurs. Training was provided to foster parents and kinship caregivers on understanding the harm of removal and how to work with DCYF and other court partners to reduce harm and support healing.

Identification of genetic and legal fathers improves connections between children and their fathers and paternal relatives. DCYF improved its work in identifying genetic fathers and establishing legal parentage for children and youth involved with the system. DCYF has a contract to purchase genetic testing between children and alleged fathers. In FFY 2025, DCYF completed genetic testing for 354 children; genetic parentage was confirmed for 259 children and excluded for 95 children.

To better understand the different processes to establish legal parentage, and identify challenges and improvement opportunities, DCYF has worked with the Washington State Department of Health, the Division of Child Support, local prosecutors in the Family Support Division, and with the AOC, and Family and Juvenile Court Improvement Program (FJCIP). DCYF has developed training and guides for staff regarding genetic testing and establishing parentage to support the identification of fathers.

## Well-Being Outcomes

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

| Strengths Outcome/Item | Baseline | FFY 2024* | FFY 2025 |
|---|---|---|---|
| **Well-Being Outcome 1** | 47% | 52% | 38% |
| **Item 12: Needs and Services of Child, Parents, and Foster Parents** | 47% (34 of 72) | 52% (85 of 162) | 39% (83 of 213) |
| **Item 13: Child and Family Involvement in Case Planning** | 48% (31 of 64) | 57% (82 of 145) | 43% (85 of 199) |
| **Item 14: Caseworker Visits with Child** | 79% (57 of 72) | 80% (129 of 162) | 66% (140 of 213) |
| **Item 15: Caseworker Visits with Parents** | 39% (22 of 56) | 50% (63 of 126) | 34% (61 of 177) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

DCYF remains committed to child safety through regular health and safety visits with children and face-to-face visits with parents and caregivers. Performance on Well-Being Outcome 1 fell this year across all four related items. Specifically, case review data revealed the following trends regarding these items:

- Visits didn't happen often enough, especially with parents.
- Important topics like permanency, services, or barriers weren't fully discussed during some visits.
- Child(ren)/youth(s) emotional needs, parent needs, and caregiver support needs were not always fully assessed.
- Case planning was inconsistent, or it didn't cover all required topics.
- Families facing challenges like homelessness, incarceration, or distance were harder to engage, and this showed up in the ratings.

- The provider network and capacity vary for different service types and geographic location. Shortages can impact timely service delivery.

DCYF policies, procedures, and FamLink data entry limitations may have caused some children who should be identified as family members to be missed. For example, some (e.g., FRS) procedures specify that the first health and safety visit should take place after 60 days, instead of within 45. In addition, children that are not located in the same household as the identified or victim child may be missed due to lack of clarity in and training to policies and procedures and not being identified in FAMLINK as parties to the case.

Also, high workload can result in caseworkers choosing to focus their efforts on actions with the highest impact on safety. For example, if a caseworker only has time to complete two health and safety visits within a day, and an emergent intake with a child removal comes in, that caseworker may be unable to complete the visits. If additional emergent tasks evolve from that or other situations, such as having a child in the office that they are watching at all times throughout their workday, they may be incapable of performing other duties in a timely manner. If the office is already struggling with a lack of staff, these emergent needs may result in health and safety visits not being completed in a timely manner.

DCYF is addressing this by continuing to update policies, procedures, and trainings to meet federal review standards. DCYF also submitted a decision package to legislators requesting 400 additional FTEs over the next 10 years and is adopting the CCWIS case management system.

### Item 12: Needs and Services of Child, Parents, and Foster Parents

**Item 12 Strengths-Needs and Services of Child, Parents and Foster Parents**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 52% (85 of 162) | 39% (83 of 213) |
| **Region 1** | 39% (7 of 18) | 34% (12 of 35) |
| **Region 2** | 47% (17 of 36) | 38% (13 of 34) |
| **Region 3** | 64% (23 of 36) | 44% (15 of 34) |
| **Region 4** | 61% (11 of 18) | 45% (17 of 38) |
| **Region 5** | 56% (10 of 18) | 51% (18 of 35) |
| **Region 6** | 47% (17 of 36) | 22% (8 of 37) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

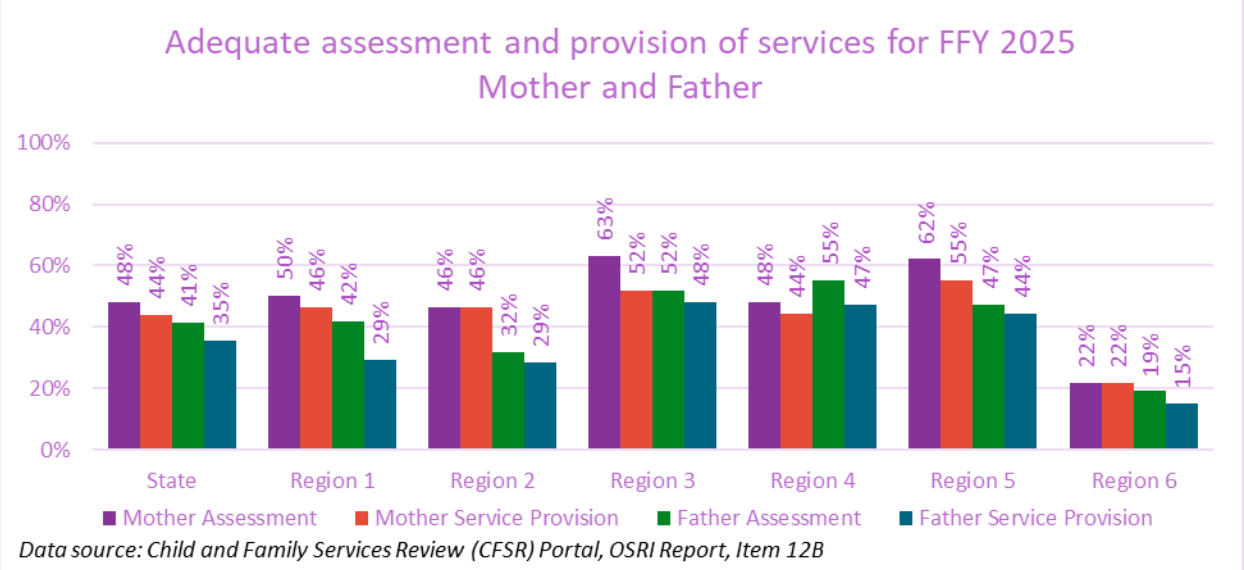
**ITEM 12: Needs and Services of Child, Parents, and Foster Parents, Sub-Items, State Level Data**

| FFY | 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) |
|---|---|---|---|
| **FFY 2024*** | 74% (120 of 162) | 52% (66 of 128) | 82% (87 of 106) |
| **FFY 2025** | 63% (134 of 213) | 35% (62 of 177) | 66% (78 of 118) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

A formal or informal initial and/or ongoing comprehensive assessment was conducted during the period under review that accurately assessed the children's needs in 67% of cases reviewed. Appropriate services were provided to meet the children's identified needs in 48% of those cases.

For mothers, needs were accurately assessed in 48% of cases, with services provided in 44%. For fathers, needs were assessed in 41% of cases, and services were provided in 35%.




*Data source: Child and Family Services Review (CFSR) Portal, OSRI Report, Item 12B*

Foster and pre-adoptive parents had the highest rates: needs were assessed in 72% of cases (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), and services were provided in 64%.

### Analysis and Hypothesis

DCYF adequately assessed and addressed children's needs in 63% of cases reviewed in FFY 2025, an 11% reduction from the prior year. For parents, performance fell to 34%, an 18% decrease.

Foster parents' needs were adequately assessed and addressed during the PUR 67% of the time. This is a 15% reduction from the prior year. Overall, Item 12 reduced by 13% from FFY 2024 to FFY 2025 statewide.

Case reviews identified some themes:

- DCYF is stronger at assessing and addressing the needs of children compared to assessing and addressing the needs of parents.
- DCYF encountered challenges with assessing all the child's needs regarding their relationships with both parents and their individual social needs. Limited service availability and the number of needs in a case contributed to gaps.
- DCYF is not consistently visiting with all parents and their partners every month. Without visiting them, it is difficult to adequately assess and address their needs.
- Even when needs are identified, DCYF didn't consistently refer to necessary services or make re-referrals when services were unavailable or incomplete.
- Lack of service availability makes it difficult to address needs.
- Inability of DCYF to locate parents impaired performance on this item.
- DCYF's highest performance on Item 12 is 12-C, assessing and addressing the needs of the foster parents. Foster parents appeared more able to vocalize their needs and identified tangible needs that DCYF had resources to provide.

### Item 13: Child and Family Involvement in Case Planning

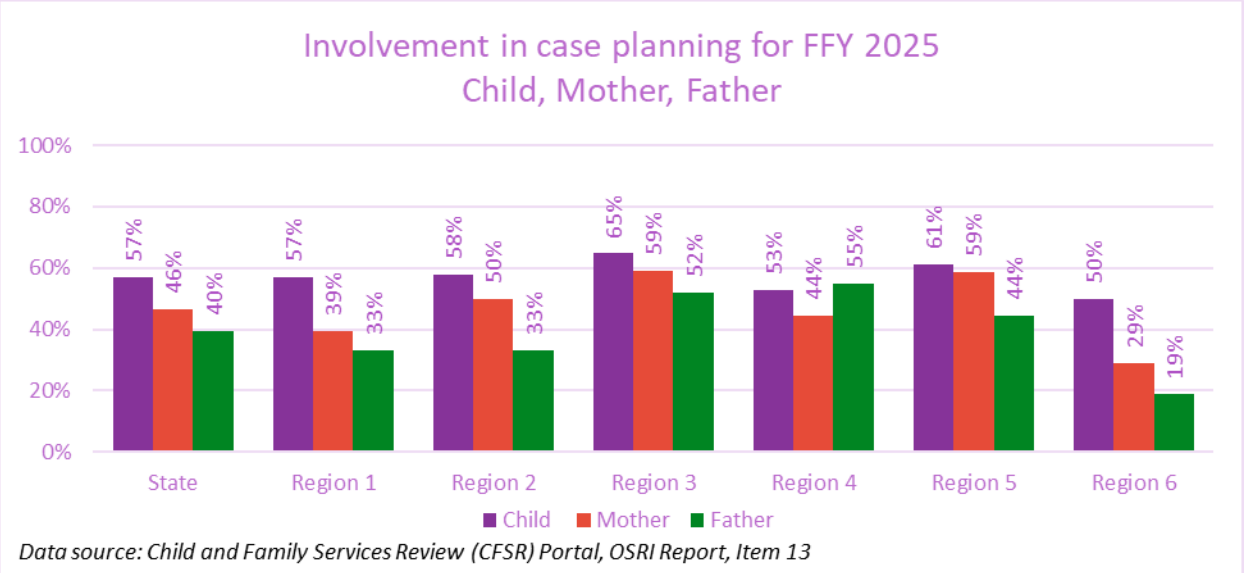
**Item 13 Strengths-Child and Family Involvement in Case Planning**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 57% (82 of 145) | 43% (85 of 199) |
| **Region 1** | 47% (8 of 17) | 35% (12 of 34) |
| **Region 2** | 53% (17 of 32) | 44% (14 of 32) |
| **Region 3** | 70% (23 of 33) | 50% (16 of 32) |
| **Region 4** | 46% (6 of 13) | 47% (15 of 32) |
| **Region 5** | 72% (13 of 18) | 55% (18 of 33) |
| **Region 6** | 47% (15 of 32) | 28% (10 of 36) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

- Concerted efforts were made to actively involve the child in the case planning process in 57% of cases reviewed.

- Concerted efforts were made to actively involve the mother in the case planning process in 46% of cases reviewed.
- Concerted efforts were made to actively involve the father in the case planning process in 40% of cases reviewed.




*Data source: Child and Family Services Review (CFSR) Portal, OSRI Report, Item 13*

### Analysis and Hypothesis

Child and family involvement in case planning declined 14% from the previous year. Case reviews showed that DCYF made strong efforts in some situations but did not consistently engage all parties across all parts of the plan. Challenges identified in case reviews include:

- Engaging one parent instead of both.
- Engaging the parents on part of the case plan but not all elements.
- Not engaging children on all parts of the case plan.

In 2025 DCYF held a data convening with caseworkers, administrators, AAGs, judges, parent and youth attorneys, guardian ad litems, child advocates, and people with lived experience. DCYF shared case review data and sought feedback on improvement efforts. Participants identified that case plans have shifted into compliance documents rather than tools that support meaningful change. Participants identified that case planning would be more effective if it was reframed as a relationship-based conversation. Participants also affirmed that written case plans remain essential for families and staff to provide clarity, accountability, and tangible measures of progress. Additional information related to written case plans can be found under item 20 in this report.

DCYF provided case planning training to FAR services pilot offices in a targeted attempt to build caseworker skill set completing written case plans with families. The Region 2 pilot showed promising results related to comprehensive case planning with families and caseworker availability to manage and monitor case planning tasks when FAR services cases were transferred from CPS caseworkers to voluntary services caseworkers. As the revised family assessment and case planning policy and procedures go live in 2026, caseworkers will receive comprehensive case planning training. The training will focus on completing written case plans with families, realistic and attainable goal setting, and increasing family protective factors through connections of community-based services and resources in addition to DCYF contracted in-home services.

### Item 14: Caseworker Visits with child

**Item 14 Strengths-Caseworker Visits with Child**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 80% (129 of 162) | 66% (140 of 213) |
| **Region 1** | 61% (11 of 18) | 57% (20 of 35) |
| **Region 2** | 81% (29 of 36) | 65% (22 of 34) |
| **Region 3** | 86% (31 of 36) | 71% (24 of 34) |
| **Region 4** | 72% (13 of 18) | 66% (25 of 38) |
| **Region 5** | 83% (15 of 18) | 71% (25 of 35) |
| **Region 6** | 83% (30 of 36) | 65% (24 of 37) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 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 77% of cases. The quality of these visits was sufficient in 78% of these cases. However, both quantity and quality were sufficient in only 66% of cases.

### Analysis and Hypothesis

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

| Pattern | Count |
|---|---|
| **More than once a week** | 0 |
| **Once a week** | 0 |
| **Less than once a week, but at least twice a month** | 25 |
| **Less than twice a month, but at least once a month** | 131 |
| **Less than once a month** | 40 |

| Pattern | Count |
|---|---|
| **Never** | 0 |

*Data source: CFSR Portal, OSRI Report, FFY 2025*

Item 14's performance dropped from 80% in FFY 2024 to 66% in FFY 2025, even though monthly health and safety visit compliance stayed high at 97% both years. Case reviews showed two common patterns: visits often happened monthly but did not go deep enough to address safety, permanency, and well-being, or visits were high-quality but not all children in the home were seen every month.

Feedback from the workforce and managers include:

- Confusion whether all children need to be seen monthly or just the target child.
- Confusion whether home visits must occur monthly in more than one household if the child spends time in multiple households.
- Concern over legal authority for DCYF to request monthly face-to-face contact with siblings of children who are in out-of-home care, if the siblings are not named in the court proceedings.

Training was provided in FFY 2025 to clarify the requirements for visits with children, and the related policy and procedure are being revised to make expectations clearer and easier for staff to follow.

**Monthly Health and Safety visits with children**

| State/Region | FFY 2024 | FFY 2025 |
|---|---|---|
| **State** | 97% | 97% |
| **Region 1** | 98% | 97% |
| **Region 2** | 98% | 96% |
| **Region 3** | 99% | 98% |
| **Region 4** | 97% | 97% |
| **Region 5** | 96% | 97% |
| **Region 6** | 97% | 97% |

*Data source: Child Welfare Portal, Monthly Health and Safety Visits with Child*

DCYF continues to prioritize monthly health and safety visits. Quantitative data is measured and shared back to assigned staff, supervisors, and field offices several times per month to support timely corrections. Regional QA/CQI teams conduct qualitative reviews of narrative documentation of health and safety visits on a regular basis.

Managers and supervisors receive the results of the qualitative reviews for their staff so they can evaluate individual as well as unit or office performance. Aggregated trends and themes are shared with offices and regions to support quality improvement. Quality practice specialists use office-level and region-level trends to engage in targeted training to improve practice. For example, in FFY 2025 a statewide Foundations of Practice training focused on child welfare fundamentals to strengthen practice and documentation of monthly health and safety visits.

### Item 15: caseworker Visits with Parents

**Item 15 Strengths-Caseworker Visits with Parents**

| State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 50% (63 of 126) | 34% (61 of 177) |
| **Region 1** | 36% (5 of 14) | 27% (8 of 30) |
| **Region 2** | 43% (13 of 30) | 34% (10 of 29) |
| **Region 3** | 59% (17 of 29) | 43% (12 of 28) |
| **Region 4** | 45% (5 of 11) | 36% (10 of 28) |
| **Region 5** | 69% (9 of 13) | 50% (15 of 30) |
| **Region 6** | 48% (14 of 29) | 19% (6 of 32) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

### Analysis and Hypothesis

**Monthly caseworker visits with parents with children in out of home care, FFY 2025**

| State/Region | Mother | Father |
|---|---|---|
| **State** | 47% | 34% |
| **Region 1** | 46% | 29% |
| **Region 2** | 42% | 29% |
| **Region 3** | 54% | 45% |
| **Region 4** | 46% | 37% |
| **Region 5** | 45% | 33% |
| **Region 6** | 47% | 33% |

*Data source: Child Welfare Portal, Monthly Social Visits with Parent*

Caseworker visits with parents declined this year. Performance on Item 15 dropped from 50% in FFY 2024 to 34% in FFY 2025. This overall score for visit frequency is lower than the overall scores for mothers or fathers. Visit quality is even higher as reviewed by the case review team with quality for mothers at 61% and quality for fathers at 59%. When reviewing progress overtime, it is important to consider improvement in each category.

Themes identified in case reviews included:

- There was insufficient quantity of visits with parents based on case circumstances. Sometimes visits were not frequent enough to address safety concerns, more often, however, it was related to case plans for reunification and lack of monthly face-to-face contact with the parent.
- Some visits lacked depth and did not cover all permanency plans, safety issues, or service needs in the home.

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

| Pattern | Count |
|---|---|
| **More than once a week** | 0 |
| **Once a week** | 1 |
| **Less than once a week, but at least twice a month** | 27 |
| **Less than twice a month, but at least once a month** | 47 |
| **Less than once a month** | 68 |
| **Never** | 12 |
| **N/A** | 6 |

*Data source: CFSR Portal, OSRI Report, FFY 2025*

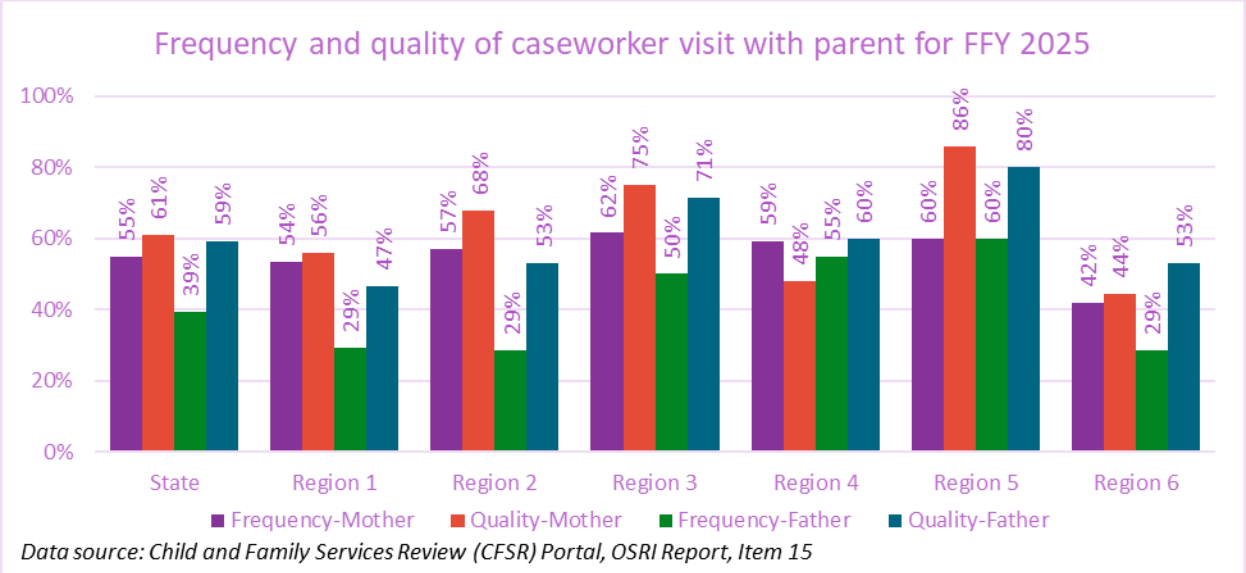
The frequency of the visits between the caseworker and the mother of the child(ren) during the PUR was sufficient to address issues pertaining to the safety, permanency, and well-being of the child and promote achievement of case goals in 55% of cases. The quality of these visits was sufficient in 61% of these cases.

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

| Pattern | Count |
|---|---|
| **More than once a week** | 0 |
| **Once a week** | 0 |
| **Less than once a week, but at least twice a month** | 11 |
| **Less than twice a month, but at least once a month** | 15 |
| **Less than once a month** | 62 |
| **Never** | 26 |
| **N/A** | 47 |

*Data source: CFSR Portal, OSRI Report, FFY 2025*

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 39% of cases. The quality of these visits was sufficient in 59% of these cases.




*Data source: Child and Family Services Review (CFSR) Portal, OSRI Report, Item 15*

### Well-Being Outcome 1 Improvement Efforts

DCYF is working to expand access to psychological and professional services, especially for individuals without Medicaid, private insurance, or other payment sources.

DCYF has reached out to all emergency departments and inpatient units across the state to discuss a joint memorandum of understanding to increase service coordination and communication.

DCYF continues efforts to improve how caseworkers engage with children, parents, and caregivers so families can better meet their children's needs. 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 child welfare system.

Complex policies, procedures, and forms reduce the time caseworkers can spend with families. Through the use of the FPM, assessment redesign, separating policy from procedures, and the workload study, DCYF is working to simplify processes and create workloads that allow for meaningful engagement and individualized planning across all programs.

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

| Strengths Outcome/Item | Baseline | FFY 2024* | FFY 2025 |
|---|---|---|---|
| **Well-Being Outcome 2** | 98% | 98% | 91% |
| **Item 16: Educational Needs of the Child** | 98% (39 of 40) | 98% (87 of 89) | 91% (96 of 106) |

*Data source: CFSR Portal, OSRI Report, Baseline: January-April 2024, * FFY 2024 (R4): January-September 2024*

### Item 16: Educational Needs of The Child

DCYF engaged in concerted efforts to assess and address the children's educational needs through appropriate services during the PUR in 91% of cases reviewed. DCYF continues to work on prioritizing educational needs for children in foster care.

**Item 16 Strengths-Educational Needs of the Child**

| Strengths State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 98% (87 of 89) | 91% (96 of 106) |
| **Region 1** | 90% (9 of 10) | 89% (17 of 19) |
| **Region 2** | 100% (19 of 19) | 83% (15 of 18) |
| **Region 3** | 100% (20 of 20) | 100% (13 of 13) |
| **Region 4** | 100% (9 of 9) | 96% (22 of 23) |
| **Region 5** | 100% (10 of 10) | 100% (13 of 13) |
| **Region 6** | 95% (20 of 21) | 80% (16 of 20) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

### Analysis and Hypothesis

DCYF provides ongoing training and technical assistance to caseworkers and community partners to ensure that educational needs are consistently and accurately addressed. However, the strengths for Item 16 dropped last year when compared to 2024. The reasons for this include a gap in services provided by Treehouse, difficulties getting students to school, and children not being registered for or attending school. Also, students running away from foster care presents challenges for caseworkers with meeting students' educational needs.

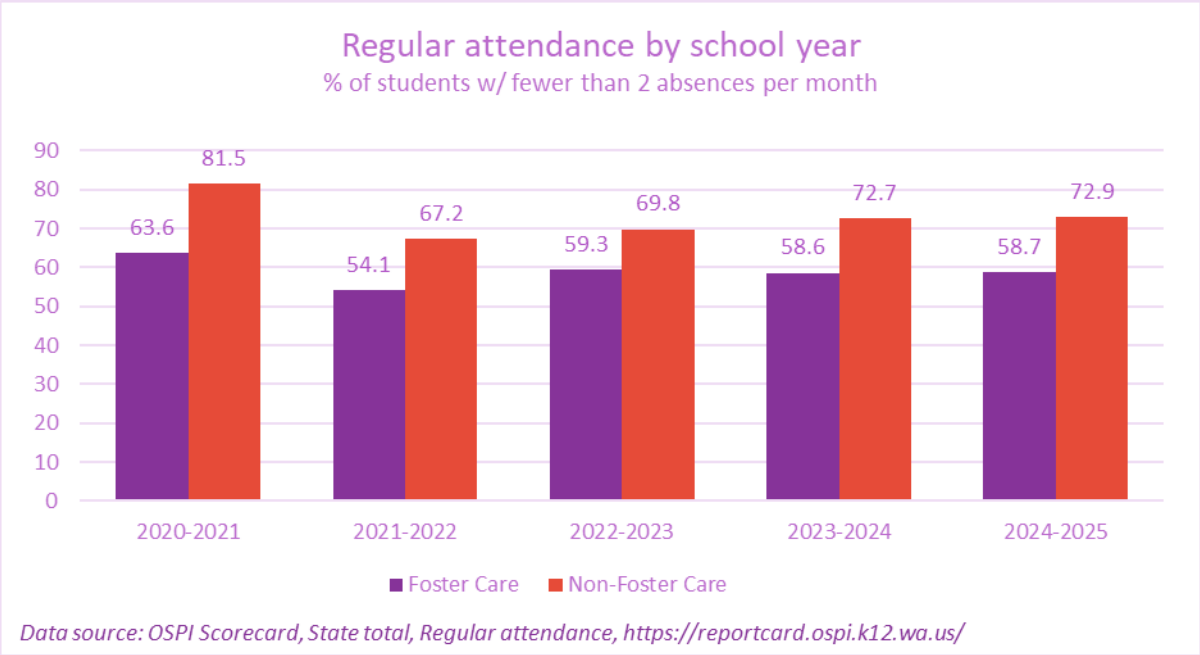
In Regions 3 and 5, educational needs remained constant in 2024 and 2025. This could be explained because those regions are geographically smaller and less rural, when compared to Region 1 and 6, allowing for easier transportation distances when students are transported to their school of origin for educational stability.

#### Child Health and Education Tracking Education Domain

Most children who enter out-of-home care and remain for 30 days or more receive a Child Health and Education Tracking (CHET) screening report.

The CHET program is designed to screen, identify, and organize essential child well-being information into a report that helps caseworkers plan for both immediate and long-term needs. One part of the CHET report is the educational domain, which includes gathering and summarizing academic records for children and youth in 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. In CY 2025, the statewide CHET completion rate for gathering and summarizing academic records to complete the education domain was 99% within the first 30 days of placement. The CHET program also obtained, documented, and uploaded 1,053 children's educational records into FamLink in CY 2025. Barriers to the timely completion of the education domain in the CHET report primarily occurred during the summer months when schools were closed or had limited staff available to provide records.

**Regular School Attendance**




*Data source: OSPI Scorecard, State total, Regular attendance, https://reportcard.ospi.k12.wa.us/*

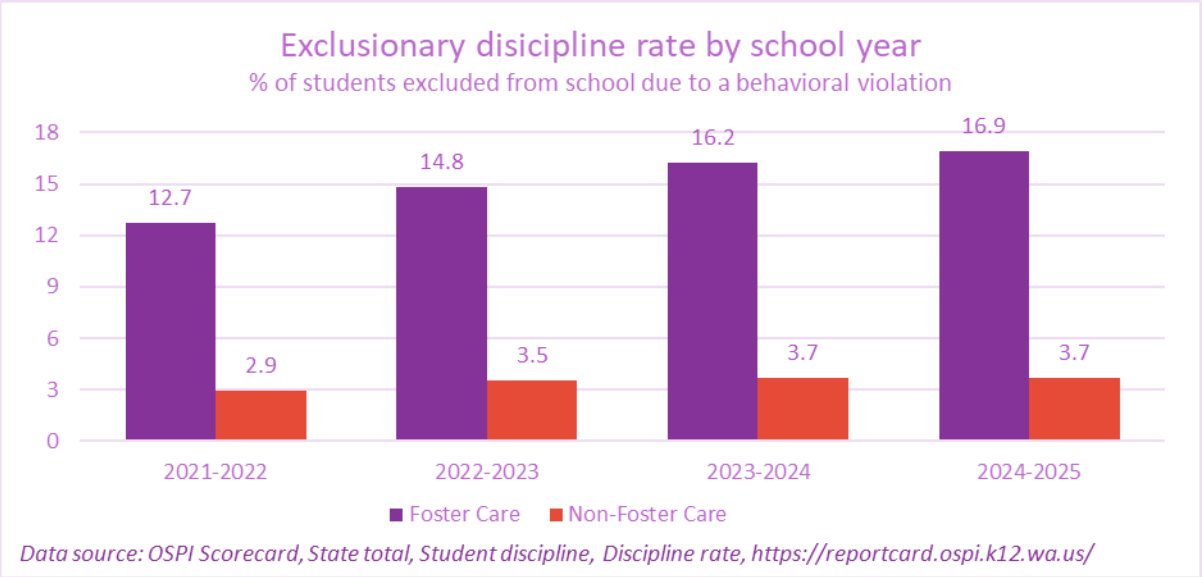
Regular attendance for students in foster care has stayed about the same at 58.6% to 58.7% for students with fewer than two absences per month. However, regular attendance continues to be a challenge. In the 2024–2025 school year, 58.7% of students in foster care attended regularly, compared to 72.9% of students not in foster care. This gap shows the need for continued support and collaboration between DCYF, schools, and service providers.

Students in foster care often face barriers such as placement changes, trauma, transportation issues, and other disruptions that make it hard to attend school consistently.

Improving attendance requires multiple strategies, including transportation assistance, coordinating with caregivers to ensure school stability, and offering supportive services that address the root causes of absenteeism.

DCYF works closely with Treehouse, whose graduation success and educational advocacy programs play a key role in supporting attendance. Advocates help caregivers, schools, and caseworkers resolve enrollment and attendance issues, remove systemic barriers, and ensure students have what they need to stay in school.

DCYF has also strengthened guidance for caseworkers on the educational rights of youth in foster care, helping them better support school stability and continuity.




Exclusionary discipline continues to affect students in foster care at a growing rate. In the 2024–2025 school year, 16.9% of students in foster care were excluded from school for a behavioral violation, compared to 3.7% of their peers. Although this is a slight increase from last year 16.2% to 16.9%, the rate of increase has slowed since 2021-2022. Exclusionary discipline also increased for students not in foster care, however the gap between the two groups remains large.

DCYF is working with the Washington State Office of Superintendent of Public Instruction (OSPI) and school districts through ongoing feedback loops, including regional education meetings where discipline is a regular topic. These meetings help partners share best practices, review local policies, and identify factors contributing to the high discipline rates for students in foster care.

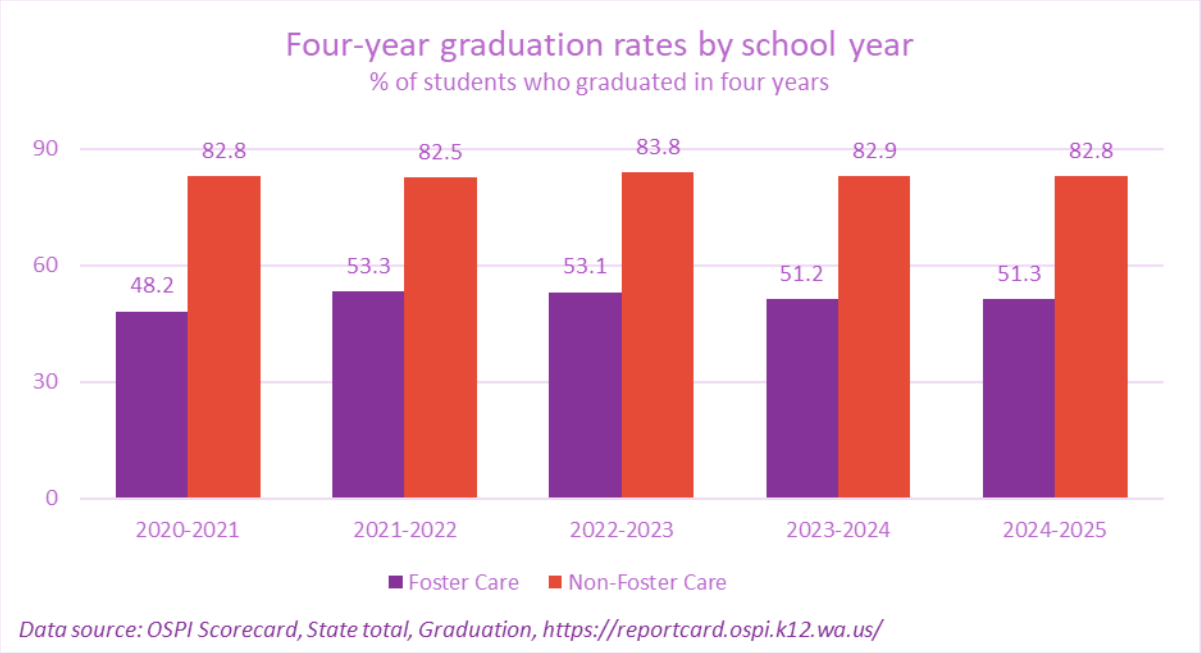
DCYF and OSPI continue to analyze root causes, some of which are disruptive student behaviors, and explore strategies such as trauma-informed and restorative approaches that will address root causes and can reduce exclusionary discipline and better support students in foster care.

**Special Education**

Because navigating special education systems can be complex for caseworkers and caregivers of children and youth involved in the child welfare system, DCYF partnered 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, RCW 13.34.045. DCYF also updated the school notification form 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.

**Graduation Rates**




*Data source: OSPI Scorecard, State total, Graduation, https://reportcard.ospi.k12.wa.us/*

The four-year high school graduation rate for students in foster care increased slightly last year from 51.2% to 51.3%, however the gap remains wide when compared to non-foster care students who graduated high school at a rate of 82.8% in the 2024-2025 school year. Although there were some improvements between the 2020–2021 school year (48.2%) and the 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 continues to partner 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 earn a general equivalency degree (GED) or alternative certificate are not classified as having "graduated" within these standard metrics, often resulting in them being grouped with non-completers or dropouts in state reports, such as those analyzed in Washington state.

Research by Annie E. Casey Foundation, Foster Care Education Outcomes September 2025 has found that foster care students are significantly more likely to earn a GED (approx. 8–10% or higher) compared to their non-foster peers (approx. 1–2%), while overall high school completion (diploma or GED) is much lower for foster youth (50–69%) compared to non-foster peers (90%+). Foster youth often face disruptions leading to higher GED rates or lower graduation rates. Therefore, 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. Youth in foster care are more likely to pursue a GED due to factors such as placement instability, credit loss, or delayed enrollment.

### Well-being Outcome 2 Improvement Efforts

DCYF continues to work closely with key partners to identify challenges, gather feedback, and inform system-level improvements. Regular feedback loops with partners provide the opportunity to identify challenges, share successes, and develop responsive strategies.

Weekly meetings with OSPI allow for real-time problem-solving of emerging issues. 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 policies and practices are responsive to real-world needs.

The Treehouse educational advocacy program is a public-private partnership 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.

DCYF also partners with the AOC, 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. These efforts help reduce delays and improve coordination across systems.

### Data Access and Internal Reporting

Since 2018, DCYF and OSPI have had a statewide data-sharing agreement that enables nightly transfers of student education data into FamLink. This gives caseworkers up-to-date information to better assess and support students' educational needs.

The agreement also helps school districts identify students in foster care, improving service delivery at the district level.

In 2024, the Office of Innovation, Alignment and Accountability (OIAA) developed a new internal foster care education report that combines OSPI with FamLink data. The report provides system-level trends and student-level information to support targeted interventions.

### Next Steps

- Improve case planning by helping caseworkers use student level education data, including attendance, discipline, academic progress, and individualized education plan status.
- Continue to develop and expand statewide training to increase understanding of foster care students' educational rights and needs across schools, courts, and DCYF staff, as well as respond to feedback from the regions regarding training topics.
- Strengthening regional partnerships through ongoing feedback loops to ensure shared accountability and joint problem-solving with OSPI, Treehouse, school districts, and legal partners.
- Continue monitoring trends in exclusionary discipline and work with OSPI to identify promising practices and policies that reduce removals from the classroom.
- Support implementation of the joint special education guidance to clarify decision-making roles and improve 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.

| Well-Being Outcome 3 - Children Receive Adequate Services to Meet Their Physical and Mental Health Needs. (1 of 2) | Well-Being Outcome 3 - Children Receive | Well-Being Outcome 3 - Children Receive | Well-Being Outcome 3 - Children Receive |
|---|---|---|---|

| | Adequate Services to Meet Their Physical and Mental Health Needs. (1 of 2) | Adequate Services to Meet Their Physical and Mental Health Needs. (1 of 2) | Adequate Services to Meet Their Physical and Mental Health Needs. (1 of 2) |
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| Strengths Outcome/Item | Baseline | FFY 2024* | FFY 2025 |
|---|---|---|---|
| **Item 17: Physical Health of the Child** | 76% (41 of 54) | 76% (91 of 119) | 70% (110 of 157) |
| **Item 18: Mental/Behavioral Health of the Child** | 70% (21 of 30) | 63% (39 of 62) | 42% (45 of 108) |

*Data source: CFSR Portal, OSRI Report, Baseline: January-April 2024, * FFY 2024 (R4): January-September 2024*

### Item 17: Physical Health of The Child

**Item 17 Strengths-Physical Health of the Child**

| Strengths State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 76% (91 of 119) | 70% (110 of 157) |
| **Region 1** | 67% (8 of 12) | 74% (20 of 27) |
| **Region 2** | 66% (19 of 29) | 64% (14 of 22) |
| **Region 3** | 79% (22 of 28) | 70% (16 of 23) |
| **Region 4** | 67% (8 of 12) | 65% (20 of 31) |
| **Region 5** | 92% (11 of 12) | 85% (22 of 26) |
| **Region 6** | 88% (23 of 26) | 64% (18 of 28) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

#### Analysis and Hypothesis

Item 17 was met in 70% of cases during the review period. In cases needing improvement, a major barrier was delayed access to physical health care. This occurred for several reasons, including a statewide shortage of Medicaid-contracted providers, especially those who are trauma-informed and familiar with the needs of children and families involved in child welfare. Some cases also showed delays in completing required Early and Periodic Screening, Diagnostic, and Treatment medical and dental exams. When barriers to care are present, care coordination and case management are available through Coordinated Care or Foster Well Being. DCYF is in active partnership with the Health Care Authority and Coordinated Care around barriers in access to care, including conversations around enhanced rates for the required exams for children and youth in care, partnering around trauma informed care and trainings, and the expansion of the Foster Care Centers of Excellence.

### Item 18: Mental/Behavioral Health of The Child

**Item 18 Strengths-Mental/Behavioral Health of the Child**

| Strengths State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **State** | 63% (39 of 62) | 42% (45 of 108) |
| **Region 1** | 30% (3 of 10) | 39% (7 of 18) |

| Strengths State/Region | FFY 2024* | FFY 2025 |
|---|---|---|
| **Region 2** | 70% (7 of 10) | 50% (10 of 20) |
| **Region 3** | 87% (13 of 15) | 30% (3 of 10) |
| **Region 4** | 50% (3 of 6) | 33% (7 of 21) |
| **Region 5** | 20% (1 of 5) | 64% (9 of 14) |
| **Region 6** | 75% (12 of 16) | 36% (9 of 25) |

*Data source: CFSR Portal, OSRI Report, * FFY 2024 (R4): January-September 2024*

### Analysis and Hypothesis

Data shows that item 18 was met in 42% of cases statewide.

The most common barrier was limited access to timely services, which is a complex issue that requires solutions at multiple levels. Another current barrier is the lack of qualified providers to meet an increased need. Many agencies across Washington have experienced a high turnover rate of providers and workforce shortage, particularly when it comes to Medicaid providers. This has resulted in lengthy waiting lists and delays in services. Rural areas face additional barriers because they have even fewer providers.

Washington law allows youth age 13 and older to consent to their own behavioral and mental health care. At times, youth decline services or refuse to release records, which limits access to needed information.

DCYF continues to face delays in obtaining records, as some agencies do not accept the department's current release-of-information form, further slowing service delivery.

### Child Health and Education Tracking Emotional and Behavioral Health Domain

The CHET report 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, and substance use concerns. Screening results help guide case planning and placement decisions. 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 2025 was 99%.

### Child Health and Education Tracking Physical Health Domain

Most children who enter and then remain in out-of-home care for 30 days or more receive a CHET screening report.

CHET screenings include a physical health domain summary and an EPSDT exam. In CY 2025, 96% of children screened received the exam within 30 days and 98% by day 60. Delays were due to a lack of appointment availability, placement changes, difficulty obtaining records, and a lack of caregiver follow-through with either scheduling the exam or attending scheduled exams. CHET reports document follow-up needs and refers children to Apple Health Core Connections which is the statewide foster care Medicaid managed care organization, when needed. For substance-exposed newborns, CHET screeners document prenatal exposure and refer infants to Early Support for Infants and Toddlers as part of a Plan of Safe Care. The CHET physical health domain also identifies dental health needs and records and unresolved issues for caregivers and caseworkers to address.

### Ongoing Mental Health

The Ongoing Mental Health (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. OMH screens a cohort of children, ages 3–17, in out-of-home care for six months and again at twelve months. Screeners contact caregivers to either re-administer standardized screening tools or conduct a check-in if the child is already in mental health services. Youth aged eleven and older are invited to participate voluntarily. OMH screenings are not formal assessments but may identify the need for further evaluation, with findings shared with caregivers, caseworkers, and supervisors. Of the children who were placed in CY 2024, 576 were eligible for a six-month OMH screening; 46% were already in services and received a check-in call, while 48% completed screenings, and 47% of those showed possible concerns.

For the twelve-month screenings, of the children who were placed in CY 2024, 488 children were eligible for OMH screening, 88% received a check-in call, and 12% completed screenings. The twelve-month OMH screening focus is on check-ins to monitor the effectiveness of services, identifying additional service needs, and referring as needed. Children still receive full screening when requested, when new behaviors are of concern, or when a full screening did not occur during the six-month OMH timeframe.

### Well-being Outcome 3 Improvement Efforts

The Health Care Authority (HCA) has been working with agencies across the state to increase provider capacity. Legislative efforts and the Washington State Department of Health have made changes in their licensure process and requirements in efforts to build a qualified workforce. Coordinated Care is offering free Trauma Focused Cognitive Behavioral Therapy training to providers to increase capacity.

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 turnover, and caseworker turnover can all impact assessment of need and timely access to behavioral health services. DCYF uses multiple strategies to reduce these gaps and improve access to timely care. Addressing these barriers takes community and a multisystem approach. DCYF continues to partner with Coordinated Care, the HCA, and the Foster Well Being team to address barriers on multiple levels.

Some examples include partnering with cross systems to ensure medical equipment is accessible to youth with complex needs so that they can participate meaningfully in Family Time and working with the HCA to update their billing guide so medical providers have more resources when it comes to understanding benefits that youth in DCYF care may have.

DCYF's Health Care Oversite Plan addresses goals and improvement strategies related to Well-being Outcome 3 and can be found in the DCYF 2025-2029 Child and Family Services Plan.

Information related to SUD supports can be found in the Service Array sections of this report.

# Section IV: Assessment of Systemic Factors

## Statewide Information System

### Item 19. Statewide Information System

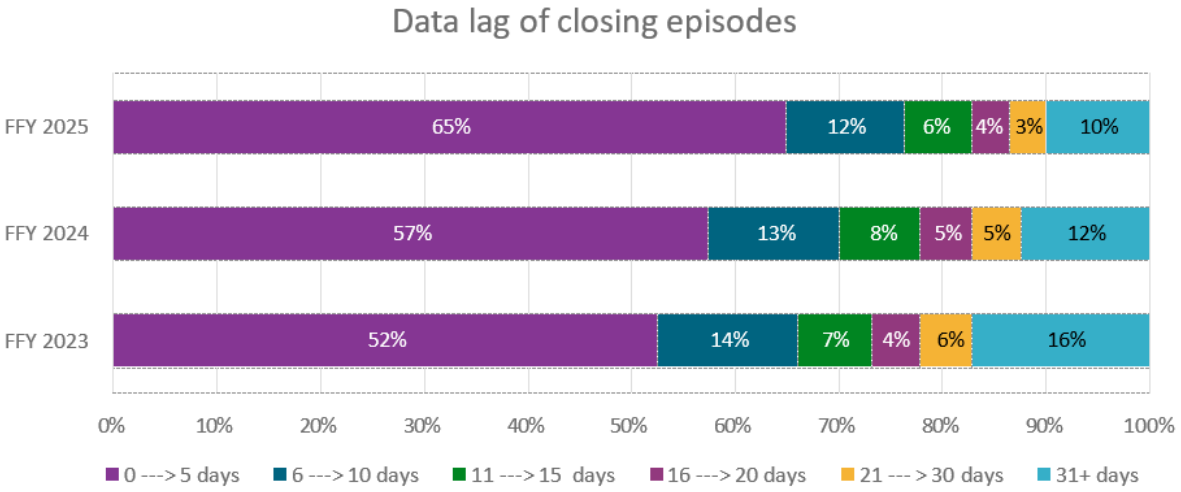
*How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?*

#### Data sources used and method of analysis

**Average Lag in Placement Entry, By Days**

| Federal Fiscal Year | Average Lag of Child Location Application | Average Lag of Placement Entry |
|---|---|---|
| **FFY 2023** | 5 | 12 |
| **FFY 2024** | 5 | 9 |
| **FFY 2025** | 3 | 9 |

*Data Source: OIAA, child welfare Reporting Portal, Lag Placement Entry Detail, May 12, 2026*




*Data Source: Child Welfare portal, Data lag in closing episodes, pulled May 12, 2026*

**Adoption and Foster Care Analysis and Reporting System (AFCARS) submission timeliness errors**

| Data element | 2023A | 2023B | 2024A | 2024B | 2025A | 2025B |
|---|---|---|---|---|---|---|
| **FC-22 Removal Transaction Date** | 69 Errors (0.63%) | 32 (0.38%) | 32 (0.38%) | 39 (0.48%) | 19 (0.28%) | 26 (0.34%) |
| **FC-57 Foster Care Discharge Transaction Date** | 109 Errors (4.39%) | 72 (3.72%) | 72 (3.72%) | 73 (3.81%) | 17 (2.64%) | 40 (2.25%) |

*Data source: DCYF AFCARS submissions report*

## Limitations of Data and Information

### Transition to AFCARS 2.0

DCYF is now submitting most AFCARS data in the XML format as required by AFCARS 2.0. The present Statewide Automated Child Welfare Information System (SACWIS) can capture the elements regarding demographics of child, placement, permanency goals for the child/youth, legal status as well as location of the child. DCYF reviews AFCARS errors monthly to keep error rates below 10% for most elements. SACWIS currently does not allow certain new elements under AFCARS 2.0 such as domestic violence, inadequate access to mental health and medical services to be mapped or tracked due it's inherent limitations. This challenge will be resolved with the transition to CCWIS. DCYF will continue to address AFCAR errors on a monthly basis.

## Findings on Statewide System Functioning

In May 2026, DCYF completed a targeted review of 220 randomly selected foster care cases to assess the accuracy of the child's status, demographic information, placement location, and foster care goals recorded in FamLink. In all 220 cases, the child's age matched the case documentation. The tables below show the full results of the review.

**Is the child's reported race/ethnicity consistent with the racial/ethnic backgrounds identified by the legal mother and father?**

| State/Region | No | Yes | % Yes |
|---|---|---|---|
| **State** | 23 | 197 | 90% |
| **Region 1** | 5 | 37 | 88% |
| **Region 2** | 3 | 27 | 90% |
| **Region 3** | 2 | 22 | 92% |
| **Region 4** | 7 | 36 | 84% |
| **Region 5** | 2 | 28 | 93% |
| **Region 6** | 4 | 47 | 92% |

**Is the legal status in Famlink current based on recent case notes and uploaded documentation?**

| State/Region | No | Yes | % Yes |
|---|---|---|---|
| **State** | 38 | 182 | 83% |
| **Region 1** | 8 | 34 | 81% |
| **Region 2** | 4 | 26 | 87% |
| **Region 3** | 9 | 15 | 63% |
| **Region 4** | 4 | 39 | 91% |
| **Region 5** | 7 | 23 | 77% |
| **Region 6** | 6 | 45 | 88% |

**Is the permanency goal in FamLink accurate when compared to the goal identified in the court report?**

| State/Region | No | Yes | % Yes |
|---|---|---|---|
| **State** | 35 | 185 | 84% |
| **Region 1** | 6 | 36 | 86% |
| **Region 2** | 7 | 23 | 77% |
| **Region 3** | 8 | 16 | 67% |
| **Region 4** | 6 | 37 | 86% |
| **Region 5** | 4 | 26 | 87% |
| **Region 6** | 4 | 47 | 92% |

**Does the current placement address in FamLink match what is documented in progress notes or placement agreements?**

| State/Region | No | Yes | % Yes |
|---|---|---|---|
| **State** | 28 | 191 | 87% |
| **Region 1** | 5 | 37 | 88% |
| **Region 2** | 3 | 27 | 90% |
| **Region 3** | 7 | 17 | 71% |
| **Region 4** | 2 | 41 | 95% |
| **Region 5** | 5 | 25 | 83% |
| **Region 6** | 6 | 45 | 88% |

### Improvement Efforts

On January 1, 2024, the DCYF implemented a new statewide process for documenting child placements using the existing child location application. After a successful rollout, the work has moved into a QA monitoring phase. A data dashboard now supports this monitoring and is shared monthly with regional placement entry leads and Child Welfare Division leadership. Additionally, this metric continues to be an area of focus statewide and is reviewed at the monthly Child Welfare Division leadership table.

**Entry of Placement Events**

| Data elements | FFY 2024 | FFY 2025 |
|---|---|---|
| **Total Placement Events Entered** | 7,695 | 7,920 |
| **Entered Via Child Location Application** | 6,836 (89%) | 7,355 (93%) |
| **Entries Made Within three days** | 5,349 (70%) | 6,395 (81%) |

*Data source: Child Welfare Portal, Lag Placement Entry Detail*

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) statewide information system received an overall rating of an area needing improvement during the Washington 2018 CFSR Round 3.

### Conclusion and Overall Rating

Based on information gathered and described above, DYCF assesses Item 19 Statewide Information System as an ***area needing improvement*** and the systemic factor is ***not in substantial conformity***.

## Case Review System

### Item 20: Written Case Plan

***How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?***

#### Data sources used and method of analysis

DCYF used administrative data, case review findings, and qualitative feedback to understand how well the case review system ensures that each child has a written case plan that is jointly developed with parents and includes all required federal components. DCYF has historically relied on the court report as the written case plan for children and youth in foster care. The court report is part of the comprehensive family evaluation (CFE).

The CFE is where family assessments are documented for all families served by FVS and Child and Family Welfare Services (CFWS).

#### Limitations of Data and Information

FamLink does not have a statewide report about the completion of initial court reports within 60 days of placement nor ongoing court reports every six months. These are manually tracked by supervisors. Neither the AGO nor the courts have aggregated data on timeliness and the data share agreement with AOC, previously supplied this data, is currently being renegotiated.

#### Findings on Statewide System Functioning

Administrative data show that most children in foster care for at least 60 days have a documented court report, which DCYF has historically used as the written case plan. The prompts in the CFE align with all federal requirements under 45 CFR §1356.21(g), so the court report meets federal expectations for content. Caseworkers complete the report using information gathered from families including interviews, observations, and collateral contacts. Court reports are approved by supervisors who must verify accuracy, timeliness, and quality. Training is provided to caseworkers to support timely, quality reports. Court timelines also drive completion, since hearings cannot proceed without a court report. The AGO follows up with caseworkers when reports are missing, as the court is required to make a finding in each review and permanency planning hearing, about whether the court report was submitted timely for the hearing.

Based on internal and external feedback, DCYF identified that the court report is written about the family, not with them, and is difficult for youth and families to read**.** Youth and parents with lived experience described case planning as inconsistent, often adult-driven, and not fully reflective of their real needs or circumstances.

While some had positive, collaborative experiences, most reported gaps in early involvement, communication, follow-through, and cultural responsiveness.

Youth said they were rarely included in case planning when they were younger. Plans were often discussed with foster parents instead of them, and their voice didn't become part of the process until early adolescence. Even when workers asked for their input, youth felt their responses were not reflected in the plan or acted on. Many described case plans as "scripted," "performative," or disconnected from their actual living conditions, safety concerns, or cultural needs. Experiences varied widely depending on the caseworker. Some were supportive and youth-centered, while others focused only on minimum requirements. Youth also reported communication gaps, such as not receiving documentation or not being told about case changes.

Youth reported that they wanted planning to be ongoing, personalized, culturally responsive, and built on strong relationships. Many said transition planning and EFC were the first times planning felt collaborative and future-focused.

Parents described similar inconsistencies. Some were included and able to provide input, but many said they were excluded from meetings, not invited to planning discussions, or simply told what the plan would be. Case plans often felt like a list of directives rather than a collaborative agreement. Caseworker quality strongly shaped their experiences. supportive caseworkers encouraged participation, while others discouraged engagement or made discouraging statements. Parents frequently reported confusion about roles, processes, and decision-making, and many did not fully understand the case plan or why certain requirements were included. High worker turnover disrupted continuity and slowed progress, with parents needing to re-explain their circumstances repeatedly. Parents also said their progress was not always recognized, and cultural or tribal concerns were sometimes mishandled. The emotional impact was significant, with many feeling demoralized or dismissed.

Overall, youth and parents want earlier involvement, clearer communication, personalized and culturally responsive planning, and consistent follow-through. They emphasized that meaningful case planning depends on strong relationships, not just procedures.

Staff said case planning has good intentions but is carried out inconsistently. Many caseworkers try to plan with parents by asking open, non-judgmental questions about what brought them to the department, what they want to see change, and what is already working. This helps identify strengths and align goals with what matters to the parent. Caseworkers also try to explain required services, talk through options, and choose providers together. When this happens, parents feel less defensive and more willing to engage.

Staff said it's important to be clear about non-negotiables like court orders or safety threats while still turning concerns into shared goals. Reframing "address substance use" into "stay sober so I can safely parent every day" helps parents feel ownership. Some workers check in regularly and adjust goals as needs change.

However, staff also said DCYF does not consistently engage families early or clearly. Expectations for documenting case plan activities are unclear, especially with CFE tools. Guidance has been delayed, and voluntary services and parent contact are not always documented well, so parents don't always get credit for their efforts.

Caseworkers also struggle when they don't know what services exist or how to access them. Without this knowledge, it's hard to help parents choose the right supports. Caseworkers said it's especially challenging to engage parents who didn't ask for help or who are dealing with substance use, housing instability, or other crises.

Newer staff often hesitate to have hard conversations about safety or needed changes. Some rely heavily on texting, which works for some parents but not for others.

Families with repeated system involvement or who have already completed multiple EBPs require creativity, but the system doesn't always offer additional options. Staff also said basic needs like housing, food, transportation often need to be addressed first before any meaningful plan can be built.

Overall, staff said case planning works best when caseworkers communicate consistently, are transparent about requirements, understand available services, and use motivational interviewing (MI) skills. But these practices are not consistent across the workforce. Many staff want clearer guidance, better tools, and more training to engage parents effectively and document plans accurately.

Staff also said their work would be easier if the workforce had stronger engagement skills and better support to partner with parents. Staff report wanting everyone involved to understand the difference between a case plan and a court order. Case plans can change as needs change, but court orders stay the same, which often blocks engagement. Sometimes attorneys tell parents not to talk about services at all, which shuts down planning. Caseworkers want clearer guidance, more consistent training, and better tools so they can sit down with parents, build plans together, and still meet court expectations.

Staff report that supervisors need more support too. Staff said DCYF does not provide enough training to supervisors about what services exist or how to choose the right ones.

### Improvement Efforts

DCYF has continued improvement efforts on written case plans. Over the last 18 months, DCYF has developed several case planning tools to enhance the court report and address the limitations it has for family engagement. The case planning tools are simple forms that can be printed and filled out with parents in their homes. The tools are appropriate for use as either prevention plans or reunification plans.

DCYF has introduced written case plans and the developed tools gradually, using workforce feedback to refine the tools and guide policy and procedure updates. Throughout the spring and summer of 2025, DCYF held small regional trainings with selected FVS units to provide targeted support in written case plans, while they piloted a restructuring of work. In fall 2025, DCYF met with about 100 internal and external partners for a data convening. DCYF shared improvement efforts on permanency and engaging families with the written case plan tools. The data convening allowed DCYF to obtain feedback from lived experts, child advocates, and attorneys for parents, and DCYF, as well as some subject matter experts in SUD, mental health, and domestic violence. The group was widely supportive of the improvement efforts underway. The group identified that the developed case planning tools can improve DCYF's engagement with families.

DCYF is now developing additional case planning tools for youth and caregivers. These plans share some elements with parent case plans but also include unique components based on their roles and needs. Engaging youth meaningfully requires tools designed specifically for them. The case planning tools being created, and those that have been published, focus on engagement and including family voice and choice in their plan. The tools supplement the court report which comprehensively covers all elements required by 45 CFR §1356.21(g).

Policies and procedures for family assessments, written case plans, and court reports are currently being revised. The updated policy and procedures will support the use of written case plans in all programs including in-home and foster care cases, regardless of court involvement. Aligning expectations across programs and offering simple low-barrier tools are key strategies to support staff, improve practice, and respond to feedback from lived experts and system partners. The incremental approach DCYF has taken to developing case planning tools through initial piloting and training, prior to revising policy, is an implementation first strategy. This strategy ensures that internal and external feedback shapes final policy and procedure.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) Written Case Plans received an overall rating of an area needing improvement during the Washington 2018 CFSR Round 3.

### Conclusion and Overall Rating

DCYF's ongoing work with piloting tools, revising policies, and engaging lived experts shows meaningful progress and reflects lessons learned from CFSR Round 3 and program improvement plan efforts. Continued implementation and statewide scaling will be necessary to fully meet federal expectations.

Based on information gathered and described above, DYCF assesses Item 20 Written Case Plans is rated as an ***area needing improvement*** and the systemic factor is ***not in substantial conformity***.

## Item 21: Periodic Reviews

*How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?*

### Data sources used and method of analysis

For this item, DCYF relied on data from AOC, matched with information from DCYF's FamLink system, allowing for internal analysis of data that could be drilled down to case level details. Qualitative information came from FJCIP coordinators, judges, commissioners, attorneys, and DCYF staff through Safety Summits, court improvement activities, and ongoing cross-system discussions in addition to those with lived experience. AOC and the Washington State Center for Court Research track all juvenile dependency and termination cases filed in Washington's courts. Timeliness information is publicly available on the dependency dashboard through April 2025, when the data share agreement between AOC and DCYF expired.

### Dependency Fact-Finding Hearings

The dependency fact-finding hearing is one of the first major judicial events in the dependency process. The court must determine whether a child is dependent before ordering parents to participate in services. Delays at this stage can extend court involvement and increase the 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.

**Dependency fact finding hearing within 75 days of petition**

| State/Region | CY 2024 | CY 2025* |
|---|---|---|
| **State** | 49% (987/2032) | 31% (302/987) |
| **Region 1** | 58% (244/424) | 43% (102/235) |
| **Region 2** | 48% (78/163) | 25% (28/113) |
| **Region 3** | 48% (130/270) | 37% (53/144) |

| State/Region | CY 2024 | CY 2025* |
|---|---|---|
| **Region 4** | 28% (111/399) | 19% (34/181) |
| **Region 5** | 55% (168/304) | 22% (33/149) |
| **Region 6** | 54% (256/472) | 32% (52/165) |

*Data source: WSCCR, Interactive dependency reports, Review Hearings *2025 counts January - March only*

The timeliness of dependency fact finding hearings has been stable over the last few years at 52%-53% with a moderate decline in CY 2024. Compliance further declined between CY 2024 and the first quarter of CY 2025. Without the data for remainder of CY 2025, it's unclear whether this reflects a trend or a normal early year variation.

Region 4 has the lowest compliance with timely dependency fact-finding hearings. FJCIP coordinator notes that one constraint to timeliness is attorney availability, particularly because the same attorneys frequently appear on multiple dependency cases. This overlap limits how many fact-finding trials can be scheduled in each week and can result in trial assignments being withdrawn or delayed. They have also observed that lack of negotiation or mediation between parties can contribute to delays in resolving cases prior to trial.

### Review Hearings

Review hearings assess progress on the case plan and determine whether court supervision should continue. The first review hearing is required within six months of a child entering out-of-home care. When fact-finding is delayed, timely first review hearings become less likely.

The figures below illustrate the percentage of first-dependency review hearings within six months.

**First dependency review hearing within 6 months**

| State/Region | FFY 2024 | FFY 2025* |
|---|---|---|
| **State** | 60% (813 of 1352) | 61% (474 of 779) |
| **Region 1** | 74% (241 of 325) | 74% (119 of 161) |
| **Region 2** | 46% (62 of 136) | 60% (28 of 47) |
| **Region 3** | 57% (105 of 184) | 73% (77 of 106) |
| **Region 4** | 44% (98 of 223) | 42% (66 of 159) |
| **Region 5** | 78% (113 of 144) | 63% (70 of 111) |
| **Region 6** | 57% (194 of 340) | 58% (114 of 195) |

*Data source: WSCCR, Interactive dependency reports, Review Hearings *2025 counts October - March only*

Washington's performance on the timeliness of the first review hearing has decreased over the last several years. In the first two quarters of FFY 2025, timeliness of the first review was stable with performance in FFY 2024.

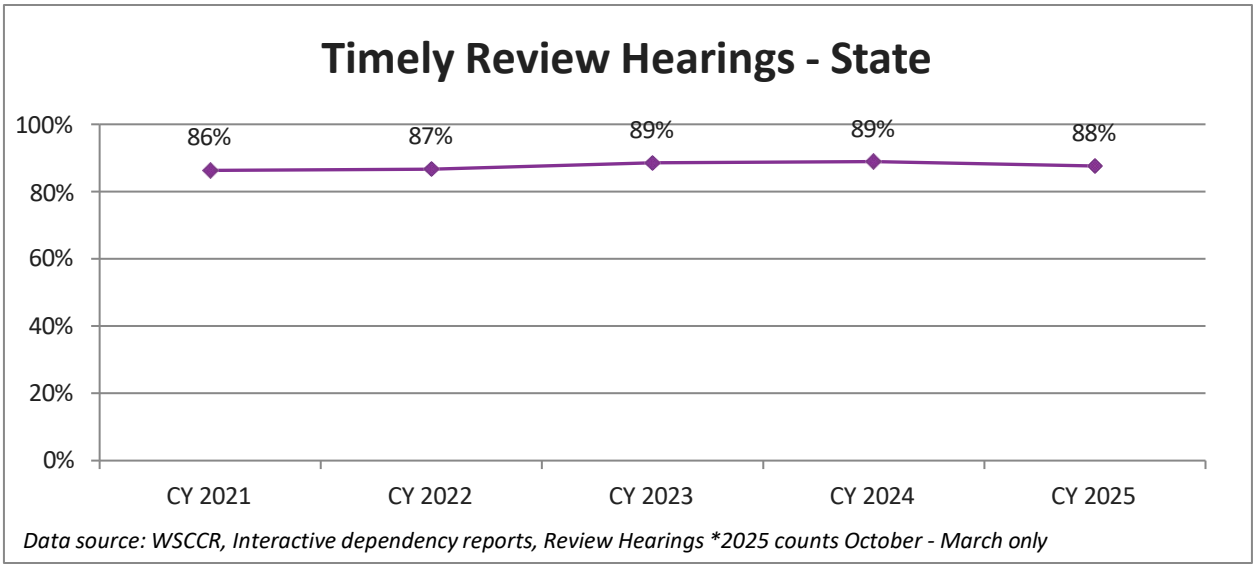
Before fact-finding occurs, courts review each case every 30 days and issue orders authorizing continued placement. DCYF does not currently use administrative reviews.

The figure below illustrates the percentage of all dependency review hearings within six months.

**All dependency review hearings within 6 months, by year of review hearing held**

| State/Region | CY 2024 | CY 2025* |
|---|---|---|
| **State** | 89% (11,542 of 12,981) | 88% (2,808 of 3,204) |
| **Region 1** | 92% (2,288 of 2,490) | 94% (599 of 635) |
| **Region 2** | 82% (1,135 of 1,377) | 77% (265 of 342) |
| **Region 3** | 87% (1,147 of 1,321) | 89% (294 of 329) |
| **Region 4** | 87% (1,915 of 2,210) | 85% (444 of 525) |
| **Region 5** | 95% (1,984 of 2,081) | 92% (478 of 518) |
| **Region 6** | 88% (3,073 of 3,502) | 85% (728 of 855) |

*Data source: WSCCR, Interactive dependency reports, Review Hearings *2025 counts January - March only*




*Data source: WSCCR, Interactive dependency reports, Review Hearings *2025 counts October - March only*

Review hearings are required every six months. Washington's performance on the timeliness of all review hearings has remained stable over the last several years (within two percent of 88% compliance). Dependency review hearings in the first quarter of CY 2025 remained around 88%. There is some moderate variation between regions.

### Limitations of Data and Information

The primary limitation is that the data share agreement between AOC and DCYF expired in April 2025. As a result, DCYF does not have full access to matched, case-level data for the remainder of CY 2025 and beyond. The current analysis relies on publicly available AOC dashboard data through April 2025 and previously matched datasets.

### Findings on Statewide System Functioning

The evidence shows that Washington's case review system is functioning and generally meets the federal requirement that each child in foster care receive a periodic review at least every six months, but there are gaps in timeliness and consistency.

System partners report that courts and attorneys understand the six-month review requirement and structure calendars to meet it when possible. However, court congestion, limited judicial resources, and attorney scheduling conflicts can still cause delays. Families and attorneys describe frustration when hearings are delayed, because decisions about services, visitation, and permanency are also delayed.

### Improvement Efforts

Washington has taken several steps to improve timeliness and better understand the causes of delay. In January 2025, a new court form was implemented requiring judges to document the specific "exceptional circumstance" causing a delay in fact-finding. Options include discovery issues, ICWA related circumstances, court availability and congestion, party or lawyer availability, pre-dependency engagement, and other compelling reasons. AOC is still assessing the reliability of this new data. Once validated, it will support root-cause analysis and system improvements. Tracking these reasons is also expected to influence court practice over time.

DCYF and system partners are also evaluating whether existing judicial hearings or potential administrative reviews would be more effective for the initial six-month review when a child remains out of home and fact-finding has not occurred.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) Periodic Reviews received an overall rating of an area needing improvement during the Washington 2018 CFSR Round 3.

Compared to CFSR Round 3, the state has maintained a strong court-based review structure and improved cross-system collaboration, but timeliness challenges remain. The new delay-reason form, ongoing court improvement work, and planned renewal in June 2026 of the data share agreement are important steps forward.

### Conclusion and Overall Rating

Based on information gathered and described above, the evidence supports an overall conclusion that the system is functioning but needs improvement to fully and consistently meet federal expectations for periodic reviews. DYCF assesses Item 21 Periodic Reviews is rated as an ***area needing improvement*** and the systemic factor is ***not in substantial conformity***.

## Item 22: Permanency Hearings

*How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?*

### Data sources used and method of analysis

For this item, Washington examined two primary measures.

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.

**First permanency planning meeting within 12 months**

| State/Region | FFY 2024 | FFY 2025* |
|---|---|---|
| **State** | 65% (960 of 1470) | 67% (208 of 312) |
| **Region 1** | 73% (272 of 371) | 76% (48 of 63) |
| **Region 2** | 45% (73 of 163) | 42% (20 of 48) |
| **Region 3** | 71% (135 of 191) | 83% (35 of 42) |
| **Region 4** | 52% (102 of 196) | 62% (32 of 52) |
| **Region 5** | 75% (95 of 127) | 58% (26 of 45) |
| **Region 6** | 67% (283 of 422) | 76% (47 of 62) |

*Data source: WSCCR, Interactive dependency reports, Perm planning *FFY 2025 counts October – December 2024 only*

Washington's performance on the timeliness of the first permanency planning hearing has remained stable over the last several years. Annual compliance has been within two percent of 66%. This compliance rate appears stable in the displayed data for FFY 2025.

### Jurisdictional Variability

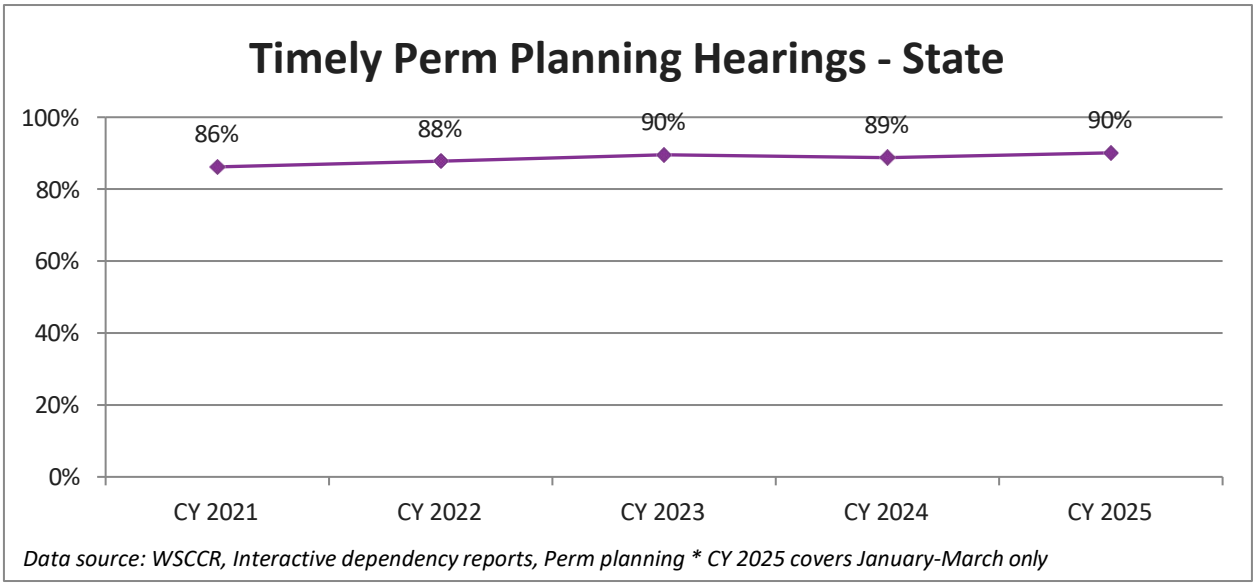
There is some variation between regions. Regions 2 and 4 generally have the lowest compliance with timely hearings. Region 4 is the most populous county. They experience consistent problems with court congestion and attorney availability. They have the lowest rate of timely fact-finding hearings, which can lead to them having the lowest rates of timeliness on the first dependency review.

After the last APSR, Region 2 did a root cause analysis of their data. They identified wide differences in compliance between counties. The counties with low compliance were unintentionally miscoding hearings because they reviewed permanency at every review hearing. The court coding error was discussed between DCYF, the AAGs who fill out the proposed orders, and the court clerks who code the orders. Correction with the coding has been made and AAGs are now alternating which hearing type is checked on the order caption. Future performance within this region is expected to align with the rest of the state now that the coding error has been identified and a fix has been made.

**All permanency planning meeting within 12 months**

| State/Region | CY 2024 | CY 2025* |
|---|---|---|
| **State** | 89% (5,633 of 6,345) | 90% (1,392 of 1,545) |
| **Region 1** | 92% (1,353 of 1,469) | 95% (324 of 342) |
| **Region 2** | 84% (309 of 368) | 83% (75 of 90) |
| **Region 3** | 92% (605 of 656) | 96% (149 of 156) |
| **Region 4** | 86% (916 of 1066) | 83% (220 of 266) |
| **Region 5** | 92% (909 of 992) | 93% (191 of 205) |
| **Region 6** | 86% (1,541 of 1,794) | 89% (433 of 486) |

*Data source: WSCCR, Interactive dependency reports, Perm planning *CY 2025 counts January – March only.*




*Data source: WSCCR, Interactive dependency reports, Perm planning * CY 2025 covers January-March only*

Washington's performance on the timeliness of all permanency planning hearings has remained steady within two percent of 88% over the last five years.

### Judicial Determinations

Washington's court order forms include all state and federal judicial findings.

At all review hearings, which must occur at least every six months, the judicial officer must determine whether DCYF has made reasonable efforts to implement and finalize the permanent plan for the child.

At all permanency planning hearings, the judicial officer must determine a primary permanent plan for the child, and if appropriate, an alternate permanent plan.

The most common reasons hearings are delayed include:

- Delayed dependency fact-finding hearings that impact the timeliness of the review hearings.
- Case plan related circumstances including late court reports.
- Court availability, calendaring, courtroom congestion, or judicial resources.
- Lawyer availability.

### Limitations of Data and Information

The main limitation is that the data share agreement between AOC and DCYF expired in April 2025. As a result, DCYF does not currently have access to updated, matched case-level data beyond that point. The analysis relies on AOC's dependency dashboard and previously matched datasets.

Neither AOC nor FamLink currently captures, in an aggregate and reportable way, whether judges consistently make the required judicial determinations regarding reasonable efforts to finalize the permanency plan or approval of concurrent planning when applicable. Those findings are embedded in court orders but are not systematically extracted into a statewide dataset. System partner feedback is rich but not collected through a standardized statewide survey, so it may not fully represent all jurisdictions.

### Findings on Statewide System Functioning

The evidence shows that Washington's case review system is functioning and generally ensures that children receive permanency hearings, but timeliness of the first permanency hearing remains a challenge. 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. This suggests that initial hearings are the most difficult to hold timely, while ongoing cycles are more reliably maintained.

System partners report that courts and attorneys understand the importance of permanency hearings and use them to review the child's welfare, assess progress on the case plan, and determine the child's permanent placement.

However, they also report that delays in earlier stages, such as fact-finding and first review hearings, can push the first permanency hearing beyond 12 months. Families and attorneys describe frustration when permanency hearings are delayed, because decisions about long-term plans, concurrent planning, and permanency options are postponed.

Youth and parents with lived experience described court involvement as inconsistent, confusing, and heavily dependent on the support they happened to receive. Many said they often received late or no notice about hearings, making it hard to prepare or attend. Some youth received proactive communication from caseworkers, attorneys, or CASAs, but others, especially younger youth or those without legal representation, were notified at the last minute or not at all. Parents reported similar issues, often learning about hearings only a few days beforehand or not being notified, which made arranging work leave, childcare, or transportation difficult.

Both groups emphasized how much the presence of supportive adults shaped their experience. When caseworkers, attorneys, or Court Appointed Special Advocate (CASA) communicated clearly, explained the process, and followed up, youth and parents felt more informed and included. When professionals were inexperienced, unresponsive, or unavailable, families felt excluded and unsupported.

Youth and parents also described barriers that limited their ability to participate meaningfully. Transportation challenges, language barriers, frequent placement or caseworker changes, and inconsistent access to technology made participation difficult. Some youth felt unsafe when biological parents were present. Parents described struggling to understand court processes, file paperwork, or access required services, often needing to advocate for themselves to obtain basic information.

Even when present in court, many youths and parents felt their voices were minimized. Youth said their perspectives were often filtered through others or not reflected in reports. Parents described not being allowed to speak, having their evidence ignored, or needing to file their own paperwork to be heard. Both groups said decisions were sometimes made without their input.

Youth reported that their involvement improved significantly once they had legal representation, usually around age 16, but many had little involvement before that. Parents described delayed assignment of counsel, ineffective representation, or attorneys who did not communicate or submit evidence, which limited their ability to participate.

Families expressed a desire for earlier notice, clearer explanations, and direct communication. They wanted to understand what court is, what their role is, and what to expect. They also wanted their voices reflected in reports and decisions, not just acknowledged.

Court involvement had emotional impacts. Youth described feeling unsafe, overlooked, or frustrated when their experiences were not reflected. Parents described stress from homelessness, mental health challenges, family deaths, and other hardships that made participation even harder.

Across counties and cases, experiences varied widely. Some counties demonstrated strong, youth- and family-centered practices, while others showed gaps in basic communication and inclusion. Even within the same county, experiences could differ depending on the caseworker or attorney.

Overall, both youth and parents described a system where meaningful participation depends more on individual advocacy, either their own or that of a supportive adult, than on consistent, statewide practice. Families want timely notice, clear communication, and genuine opportunities to be heard.

### Improvement Efforts

Washington has taken several steps to improve the timeliness and accuracy of permanency hearings. Region 2's root cause analysis and correction of hearing coding is a clear example. By identifying that counties were miscoding hearings because permanency was being reviewed at every review hearing, the region was able to correct the problem through collaboration between DCYF, assistant attorney generals, and court clerks. This is expected to improve reported compliance without requiring major changes in practice.

More broadly, courts in some jurisdictions have focused on scheduling practices to create buffers against delays. Spokane County court teams set review hearings every three to five months, rather than waiting the full six months, to provide flexibility if a continuance becomes necessary. Thurston County tracks key statutory timelines closely (including the 75-day fact-finding deadline) and maintains internal spreadsheets to monitor case progress and ensure hearings are scheduled before deadlines pass.

Through FJCIP, courts in 15 counties work across systems to develop and test local innovations like the two discussed above, then share what works statewide. DCYF has also reinforced expectations with staff for timely court reports and case planning so that hearings can proceed as scheduled.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) Permanency Hearings received an overall rating of an area needing improvement during the Washington 2018 CFSR Round 3.

Compared to CFSR Round 3, the structural elements of the permanency hearing system remain strong: permanency hearings are court-based, occur regularly, and are supported by statewide court tracking. Improvement efforts during the program improvement plan and Child and Family Services Plan (CFSP) focused on strengthening court collaboration, clarifying timelines, and using Safety Summits and FJCIP to support local innovation. Current information suggests that these efforts have helped maintain high performance on ongoing permanency hearings, but timeliness of first permanency hearings remains an area needing improvement. The lapse in the data share agreement and lack of aggregate data on judicial findings further limit the state's ability to fully demonstrate compliance.

### Conclusion and Overall Rating

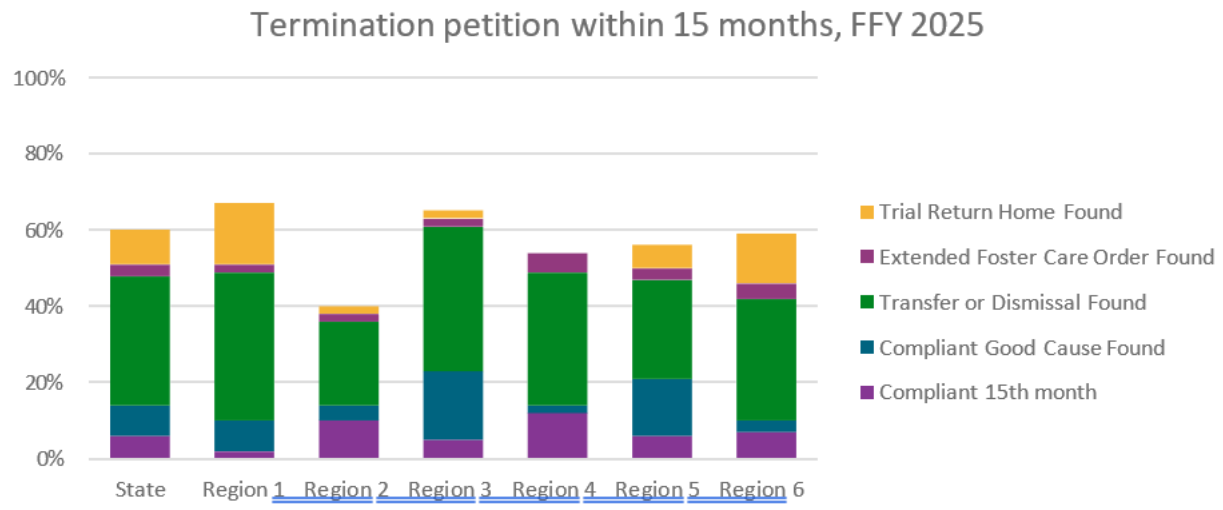
Based on information gathered and described above, the evidence supports an overall conclusion that that the permanency hearing system is functioning but needs improvement to fully and consistently meet federal expectations for timely first and ongoing permanency hearings. DYCF assesses Item 22 Permanency Hearings is rated as an ***area needing improvement*** and the systemic factor is ***not in substantial conformity***.

## Item 23: Termination of Parental Rights

*How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?*

### Data sources used and method of analysis

DCYF relied on court records maintained by AOC to assess how well the case review system ensures that TPR proceedings are filed in accordance with ASFA requirements 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.




*Data Source: WSCCR, Interactive Data, TPR Adoption*

Most cases achieve ASFA compliance because the cases are dismissed or transferred to tribal courts. There is considerable variation across regions for how ASFA compliance is achieved. Courts in Regions 3 and 5 stand out in positive practices associated with good cause findings. Courts in Regions 1 and 6 have the highest rate of ASFA compliance based on TRHs. Courts in Regions 2 and 4 have the highest rates of achieving compliance by filing TPR petitions timely.

**Adoption within 6 months of termination**

| State/Region | FFY 2024 | FFY 2025* |
|---|---|---|
| **State** | 21% (149 of 711) | 22% (32 of 143) |
| **Region 1** | 22% (33 of 147) | 26% (6 of 23) |
| **Region 2** | 24% (18 of 75) | 17% (2 of 12) |
| **Region 3** | 23% (19 of 81) | 35% (6 of 17) |
| **Region 4** | 18% (34 of 189) | 9% (3 of 32) |
| **Region 5** | 19% (18 of 94) | 26% (5 of 19) |
| **Region 6** | 22% (27 of 125) | 25% (10 of 40) |

*Data source: WSCCR, Interactive dependency reports, TPR Adoptions *FFY 2025 counts September-December 2024 only.*

The review also incorporated qualitative information from DCYF permanency staff, supervisors, regional leadership, and court partners to understand the reasons behind delays in TPR filing and adoption finalization.

### Limitations of Data and Information

The primary limitation is that the data comes from court coding, which varies across jurisdictions.

Differences in how clerks record compelling reasons, TRHs, or TPR filings can affect reported compliance. DCYF does not currently have a unified dataset that links ASFA compliance directly to case characteristics, service provision, or placement history.

The data also does not capture the quality of compelling reason findings or the timeliness of supporting documentation. Information about delays in adoption finalization is based largely on qualitative feedback rather than standardized statewide reporting. These limitations mean the state has a reliable picture of whether ASFA compliance was achieved, but less clarity on the underlying drivers of variation or the full scope of delays.

### Findings on Statewide System Functioning

The evidence shows that Washington generally meets ASFA requirements, but the pathway to compliance varies significantly across regions.

The system functions reliably in ensuring that a TPR petition is filed or a compelling reason is documented, but timeliness of adoption finalization remains a challenge. Delays often occur when children become legally free but are not yet placed with their permanent family, or when required documents are not ready even though the family is prepared to move forward.

System partners report that the ASFA process is generally understood and followed, but they also describe challenges related to documentation, court scheduling, and the readiness of adoption paperwork. Caregivers and caseworkers note that delays in licensing, redaction, and record preparation can slow the adoption process even when families are committed and ready.

### Improvement Efforts

DCYF has strengthened permanency planning practices to reduce delays and improve the timeliness of TPR filings and adoption finalizations. Staff are gathering required forms and records earlier in the case process, and relative search and early permanency discussions are being used more consistently. Families receive more information about post-adoption services and regular shared planning meetings help identify and resolve barriers sooner.

DCYF is also addressing challenges related to kinship licensing and post-adoption supports by improving caregiver education, communicating expectations earlier, and expanding kinship supports. Additional process improvements include the use of regional redaction staff to prepare adoption documents faster. This has reduced delays caused by document preparation and improved the overall timeliness of adoption finalization.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) Termination of Parental Rights proceedings received an overall rating of an area needing improvement during the Washington 2018 CFSR Round 3.

Improvement efforts such as earlier permanency planning, expanded kinship supports, better caregiver education, and the use of regional redaction staff are promising and reflect lessons learned from CFSR Round 3 and the program improvement plan. Continued focus on documentation, placement readiness, and statewide consistency will be necessary to fully meet federal expectations and ensure timely permanency for all children.

### Conclusion and Overall Rating

Based on information gathered and described above, the evidence supports that the system is functioning and generally meets ASFA requirements for timely TPR filing or documentation of compelling reasons. However, the system needs improvement to ensure that children move to permanency without unnecessary delay. Regional variation in how compliance is achieved, delays in adoption finalization, and inconsistent documentation practices indicate that the system is not yet fully consistent statewide. DYCF assesses Item 23 Termination of Parental Rights proceedings as an ***area needing improvement*** and the systemic factor is ***not in substantial conformity***.

## Item 24: Notice of Hearings and Reviews to Caregivers

*How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child?*

### Data sources used and method of analysis

DCYF used a combination of administrative data, case review information, and qualitative feedback to understand how well the system ensures that foster parents, pre-adoptive parents, and relative caregivers receive notice of hearings and have a right to be heard.

Because the data-share agreement with the courts expired in April 2025, DCYF could not produce a complete statewide quantitative measure for CY 2025. Prior to the lapse, DCYF relied on matched AOC–FamLink data to determine whether caregivers received timely notice and whether caregiver reports were filed or acknowledged in court. After the lapse, DCYF relied on internal documentation, regional practice reviews, and feedback from caregivers, caseworkers, assistant attorneys general, court clerks, and judicial partners.

DCYF also reviewed statewide practice through CFWS program meetings, FJCIP communities of practice, courthouse facilitator trainings, judicial convenings, and 1624 caregiver meetings. These engagements provided insight into how notice is provided, how it is documented, and how caregiver input is received and recorded in court.

### Limitations of Data and Information

Due to the lapsed data sharing agreement, DCYF cannot reliably measure the total number of hearings where notice should have been provided or the percentage of hearings where notice was timely.

Documentation practices vary widely across DCYF offices and across counties. Some offices use the FamLink caregiver-notification function consistently, while others rely on email or verbal notice without documenting it. Courts also differ in how they code caregiver participation, and some counties do not use caregiver specific codes at all.

Written caregiver reports are only captured when filed as standalone documents with a coversheet and docket number. Reports embedded within CASA reports or DCYF court reports are not coded as caregiver submissions. Oral caregiver input is inconsistently documented because court forms do not include a field to record when a caregiver appears and speaks.

These limitations mean that the state has a partial picture of caregiver notification and participation, but not a complete or fully reliable statewide dataset.

### Findings on Statewide System Functioning

#### Receiving notification of any review or hearing held with respect to the child

The evidence shows that caregivers often receive timely notice of hearings, but documentation is inconsistent, and caregiver experiences vary significantly across counties. Staff across regions report that notice is usually provided, but not always recorded in FamLink. Caregivers frequently report during regional meetings that they did not receive notice or were unsure how to participate.

Courts generally assume notice was provided unless told otherwise. When a caregiver reports in court that they did not receive notice, judicial officers typically correct the finding and allow the caregiver to be heard. This indicates that caregivers do have a right to be heard, but the system relies heavily on caregivers advocating for themselves in the moment.

#### Have a right to be heard in any review or hearing held with respect to the child

The Caregiver's Report to the Court is widely recognized as a valuable tool for judicial officers, but its use and documentation vary across counties. Some courts regularly receive and docket caregiver reports; others do not.

Caregivers report confusion about how to submit the report, whether it must be filed with the clerk, and how the court uses the information. Judicial partners also report inconsistent documentation of both written and oral caregiver input.

### Improvement Efforts

DCYF has taken several steps to improve caregiver notification and participation.

#### Caregiver Report to the Court

Throughout FFY 2025 FFY 2025, DCYF strengthened practice, increased caregiver participation in court proceedings, and learned more about statewide variation related to the Caregiver's Report to the Court.

In February 2025, DCYF reviewed current practices and challenges related to the Caregiver's Report during the statewide CFWS program meeting. Also in February, DCYF participated in the FJCIP community of practice meeting, which provided substantial insight into court processes and highlighted variability across counties in how caregiver reports, both written and oral, are documented.

In May 2025, DCYF presented to the courthouse facilitators statewide training. Facilitators reported caregiver confusion about how to submit reports and inconsistent court expectations.

In September 2025, DCYF was invited to present to Superior Court commissioners and judges at the judicial community of practice. This discussion focused on documentation gaps, data limitations, and opportunities to improve caregiver participation within court systems. Judicial partners provided valuable input and expressed interest in supporting more consistent statewide practices.

DCYF also continued engagement with caregivers throughout the year, including feedback gathered during 1624 meetings and through the revision of caregiver publications. Caregivers consistently reported challenges understanding the process, variations by county, and uncertainty about how their information is used by the court. Collectively, these engagements strengthened cross-system relationships and informed the agency's ongoing work to improve clarity, consistency, and accessibility of the Caregiver's Report.

DCYF made the decision not to update the caregivers report to the court form, because it was updated recently and caregivers are still adjusting to the updates from FFY 2024. DCYF also fulfilled its commitment to gather and integrate system partner feedback. Input from caregivers, facilitators, and judicial partners directly informed planned updates to internal guidance, training materials, and practice alignment activities. DCYF determined that the placement packet letter was not the best place to include instructions on preparing and submitting caregiver reports.

Rather than updating the kinship caregiver publication, DCYF focused on filing and tracking issues with the court. While Child Welfare Division staff did not receive training on the caregiver's report to the court, they were provided with reminders about sending a blank copy of the report to caregivers at the same time they began writing their court report.

DCYF also committed to future improvements, including convening regional staff to develop recommendations, partnering with AOC, guardian ad litem programs, and Alliance Caregiver Retention, Education, and Support Program (Alliance CaRES) to provide caregiver training on completing and submitting reports, and assessing readiness for updating processes and workflows to increase consistency.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) Notice of Hearings and Reviews to Caregivers received an overall rating of an area needing improvement during the Washington 2018 CFSR Round 3.

DCYF has made meaningful progress in strengthening cross-system relationships, raising awareness, and gathering feedback.

Planned improvements including renewed data sharing, clearer workflows, caregiver training, and updated internal guidance are well-aligned with the needs identified. Continued focus on documentation, consistency, and caregiver support will be essential to fully meet federal requirements.

### Conclusion and Overall Rating

Based on information gathered and described above, the evidence supports that the system is functioning but needs improvement to fully meet federal expectations for caregiver notification and the right to be heard. Caregivers often receive notice, and courts generally allow them to be heard when they appear. However, inconsistent documentation, variation across counties, and caregiver confusion indicate that the system is not yet operating consistently statewide. DYCF assesses Item 24 Notice of Hearings and Reviews to Caregivers as an ***area needing improvement*** and the systemic factor is ***not in substantial conformity***.

## Quality Assurance System

### Item 25: Quality Assurance System

*How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?*

#### Data sources used and method of analysis

The analysis for Item 25 drew on multiple qualitative and quantitative data sources. Key sources included:

- Targeted qualitative reviews conducted at the regional and local levels (e.g., reviews of intake timeliness, health and safety visits, safety assessments, CFWS and FVS case practice, infant safety/Policy 1135, and parent engagement/supervisory documentation).
- Statewide case review system outputs, including OSRI findings and case review summaries produced by the case review team.
- Administrative data and reporting products provided through OIAA, such as timeliness measures (e.g., IFF contacts, safety assessment completion), compliance rates, and trend reports used in regional CQI discussions.
- CQI and implementation materials, including regional and office-level roll-ups of review findings, CQI plans, internal reports, and documentation of follow-up actions (coaching, training, policy clarification, and repeat reviews).

A mixed-methods approach was used to analyze these data. Quantitative indicators from OIAA reporting and case review outputs were reviewed descriptively and over time (e.g., changes in late contact rates, safety assessment timeliness, and other compliance metrics) to assess trends and identify areas of improvement or persistent concern. Qualitative information from targeted reviews, case review summaries, and CQI documentation was coded and synthesized to identify recurring themes about practice strengths, gaps, and system functioning (e.g., how review findings were used, how follow-up was structured, and the extent to which feedback loops were in place).

Findings were then analyzed collectively from the targeted reviews, case review results, OIAA reports, and CQI materials to assess whether the QA system is operating where services are provided, applying clear standards, identifying strengths and needs, producing relevant reports, and evaluating the impact of program improvement measures over time.

### Limitations of Data and Information

The primary limitations of the data and information are scope, consistency, and documentation. Targeted reviews and related qualitative efforts are more heavily concentrated in certain regions and program areas than others, which means the current findings may reflect the practices, conditions, or challenges of the offices and regions that received greater review attention more strongly than those that were reviewed less extensively. As a result, the findings should not be interpreted as uniformly representative of practice across all offices statewide, because procedures, staffing patterns, supervisory practices, workload pressures, and implementation of policy may vary by region or office.

Participation and sampling are often driven by identified issues or leadership priorities, so the data are subject to selection bias and may over-represent areas where problems have already been surfaced, rather than providing a uniformly representative picture of all casework.

Additionally, while many reviews clearly document themes and follow-up actions, the level of detail and structure is not fully standardized. Outputs such as “lessons learned,” action steps, and subsequent monitoring are sometimes recorded in different formats or with varying specificity, making it harder to aggregate results, compare across regions, or clearly quantify the impact of coaching and CQI plans over time. Much of the information is qualitative or point-in-time, and trend data are stronger for some topics than others, which limits the ability to draw firm, long-term conclusions about the durability of improvements statewide.

### Findings on Statewide System Functioning

#### System Overview – Operating in all jurisdictions where the services included in the CFSP are provided

DCYF operates a statewide, inter-divisional QA/CQI system that spans across the organization covering all jurisdictions where services included in the CFSP are delivered. QA/CQI functions are embedded at both the regional and headquarters levels and are coordinated across divisions to support consistent practice improvement statewide.

#### Child Welfare Division Quality Assurance/Continuous Quality Improvement Structure

Within the Child Welfare Division, each region maintains a dedicated QA/CQI team that works in close partnership with local offices, supervisors, regional leadership, and the headquarters child welfare QA/CQI section.

These teams also collaborate with other DCYF divisions to support cross-system learning and statewide improvement efforts such as OIAA, the Licensing Division, and the Partnership, Prevention, and Services QA/CQI section.

The headquarters child welfare QA/CQI section is led by the director of child welfare programs and practice and supports the child welfare assistant secretary and regional leadership by providing data, analysis, and policy-related technical assistance. The headquarters team includes a QA/CQI research administrator, a policy administrator, and an implementation administrator, all of whom report to the director of child welfare programs and practice and work closely with regional QA/CQI teams to align improvement efforts.

Regional QA/CQI teams report directly to child welfare regional leadership. These teams routinely collect and analyze qualitative and quantitative data from both internal sources and external system partners. Regional QA/CQI teams meet monthly to review findings, monitor regional initiatives, and identify successes and areas needing improvement.

During FFY 2025, regions and headquarters completed more than 40 documented targeted reviews, including both regional and statewide initiatives.

Reviews focused on core CPS, CFWS, and FVS practice areas such as intake timeliness, case practice, IFF contacts, health and safety visits, safety assessments, infant safety (Policy 1135), In-Home Pre-Fact-Finding, Plans of Safe Care, and ASFA documentation. Reviews are led by regional QA/CQI staff and program leadership in direct partnership with local offices, supervisors, and frontline workers. Findings are shared through regional CQI meetings, office-level debriefs, and other established CQI structures.

### Partnership, Prevention, and Services Division Quality Assurance/ Continuous Quality Improvement Structure

The QA/CQI section within the Partnership, Prevention, and Services Division includes:

- Central Case Review Team (CCRT) (one supervisor and seven staff)
- Performance Improvement and Federal Reporting team

  (one supervisor and three data analysts)
- Critical Incident Review team (one supervisor and four staff)
- Statewide QA/CQI administrator

The Partnership, Prevention, and Services Division QA/CQI administrator reports to the director of practice support and quality improvement and works closely with the director of child welfare programs and practice to ensure alignment between Partnership, Prevention, and Services and child welfare quality activities.

Partnership, Prevention, and Services QA/CQI teams conduct statewide reviews, federal reporting, and critical incident analyses that inform agency-wide CQI priorities and compliance efforts.

### Licensing Division Quality Assurance/Continuous Quality Improvement Structure

The Licensing Division QA/CQI section consists of two QA/CQI analysts and the foster care licensing partnership and support administrator. The administrator reports to the licensing partnership and workforce support senior administrator and works closely with the senior administrators of Licensing Division programs and practice. This headquarters level section within Licensing Division provides data and answers policy and data related questions for the Licensing Division assistant secretary and regional leadership. The Licensing Division QA/CQI staff collaborate with child welfare QA/CQI and Partnership, Prevention, and Services QA/CQI when their work intersects.

### Office of Tribal Relations Quality Assurance/Continuous Quality Improvement Structure

The OTR QA/CQI section consists of two active efforts navigators and the ICW review manager. The ICW review manager reports to the ICW program manager, who reports to the OTR director. The OTR QA/CQI section is responsible for ICW case reviews and collaboration across divisions as it relates to ICW performance improvement.

### Cross-Divisional Coordination and Office of Innovation, Alignment and Accountability

QA/CQI staff from multiple divisions including licensing and OTR participate in a quarterly Data Leads Meeting, facilitated by OIAA. This forum supports coordination across divisions, shared interpretation of data, and alignment of improvement strategies.

OIAA was established to strengthen DCYF's capacity for evidence-informed decision-making, continuous improvement, and effective system reform. OIAA leads agencywide research, evaluation, and reporting efforts aligned with DCYF's strategic priorities and produces an annual evaluation and research agenda to guide internal projects and external partnerships. Priority research questions are identified to focus limited resources and encourage targeted external studies.

OIAA supports a broad portfolio of work, including assessment tool validation, placement monitoring, evaluation of in-home services, and analysis of policy changes. It plays a central role in implementing the FFPSA through evaluation planning, support of tribal partnerships, and identification of eligible evidence-based practices. OIAA also houses QA/CQI functions across client-serving divisions and oversees analytics and reporting activities, including the development of internal and public dashboards used to monitor outcomes, support practice improvement, and engage system partners.

## System Functioning – has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)

Washington has established standards to evaluate the quality of child welfare services, including standards to ensure that children in foster care receive services that protect their health and safety. These standards are grounded in federal law, state law, and DCYF policy and procedures. Practice expectations, licensing requirements, and timelines for service delivery are clearly defined within DCYF policies and procedural guidance and apply statewide.

### Core Quality Evaluation Framework

DCYF uses the Onsite Review Instrument (OSRI) as its primary tool for evaluating the quality of child welfare services. OSRI standards assess key aspects of child safety, permanency, and the well-being of children and families, including whether services are appropriate, timely, and responsive to identified needs.

During FFY 2025, the CCRT analyzed OSRI findings across the seven federal CFSR outcomes and identified the following areas needing attention:

- Safety Outcome 1
    - Sufficient number of attempts not completed.
- Safety Outcome 2
    - Lack of in-person contact, safety planning, and monitoring.
    - Inadequate and untimely service availability and provision.
    - Failure to assess or contact non-dependent children.
    - Inaccurate initial and ongoing assessments.
- Permanency Outcome 1
    - Reunification and concurrent goals were inappropriate to case circumstances.
    - TPR was not filed timely and no compelling reason was documented at the 15/22-month timeframe.
    - ASFA timeframes were exceeded due to delayed services, court continuances, and lack of concerted agency and court efforts.
    - Lack of in-person contact while reunification remained a goal.

- Permanency Outcome 2
    - Insufficient efforts to contact and engage parents.
    - Higher level of supervision for visitation was maintained than necessary.
- Well-Being Outcome 1
    - Lack of in-person contact and timely assessment and service provision.
- Well-Being Outcome 2
    - Educational needs were not adequately documented.
- Well-Being Outcome 3
    - Health records lacked detail despite being marked “up to date,” and the DCYF relied on caregivers rather than ongoing monitoring.

In addition to OSRI findings, DCYF incorporates the CFSR Statewide Data Indicators as complementary evaluation tools. These indicators are reviewed upon publication and distribution every six months and are used to monitor statewide trends related to safety and permanency.

### Indian Child Welfare Case Reviews

Consistent with DCYF’s government-to-government relationship with tribal nations and in accordance with RCW 13.38.190, DCYF collaborates and consults with tribal partners and child welfare leadership to conduct ICW case reviews.

The ICW case review process evaluates DCYF compliance with the ICWA, the WSICWA, DCYF ICW policies and procedures, and established Memorandum of Agreement (MOAs) with Washington state and out-of-state tribes. The reviews also assess the overall quality of ICW casework practice.

OTR administers the ICW case review using a tool developed in collaboration with Washington state tribal partners. The tool includes 28 questions across five core practice areas:

- Inquiry of Indian status
- Active efforts and collaboration with tribes
- Culturally responsive case management
- Court requirements
- Placement preferences

Questions are explicitly aligned with ICWA, WSICWA, DCYF policy, and MOAs. The tool is used for statewide, regional, office, and unit-level reviews and also serves as a training resource for managers and caseworkers on ICW requirements.

### Agencywide Quality Assurance/Continuous Quality Improvement Standards and Oversight

OIAA's QA/CQI team works in partnership with five client-serving divisions to align practice with DCYF's QA/CQI Framework minimum standards, directly addressing the CFSR Quality Assurance systemic factor. This work ensures consistent, agency-wide quality oversight and accountability.

During Phase 1 for developing an agencywide QA/CQI framework, OIAA reviewed division-level documentation against the framework standards and produced detailed reports with section-level ratings and consolidated division summaries. Using these findings, OIAA developed tailored QA/CQI manuals for each division, integrating staff roles, training expectations, data reporting, QA activities, theories of change, and CQI models to support continuous improvement.

Phase 1 also included a monthly QA/CQI community of practice open to all DCYF QA/CQI staff and the launch of a SharePoint site housing tools, templates, and reference materials.

Phase 2 implementation began in 2024 with the Licensing, Early Learning, and Partnership, Prevention, and Services Divisions, with Child Welfare and Juvenile Rehabilitation Divisions beginning in 2025. Phase 2 activities focus on building sustainable infrastructure, including foundational QA/CQI training (QA 101, CQI 101, Lean 101), consolidation of reporting requirements, implementation of a formal CQI methodology, establishment of structured feedback loops, and development of division and section level theories of change.

Phase 2 QA/CQI framework fidelity monitoring includes monthly meetings with each division, ongoing review of the QA/CQI manuals, and will conclude with repeating the QA/CQI framework standards analysis across all divisions to determine fidelity, impact, and improvement. Phase 3 includes repeating the standards analysis on a yet-to-be determined cadence for ongoing QA of framework fidelity and improvement efforts.

### Practice-Specific Targeted Reviews

In addition to statewide policy standards, OSRI, ICW case reviews, and data indicators, DCYF conducts structured targeted reviews that apply clear, practice-specific standards to evaluate service quality and child safety.

Examples include:

- Intake reviews assessing compliance with policy timelines.
- Qualitative health and safety visit reviews examining both timeliness and substantive practice, including required discussion topics and documentation.

- CFWS and FVS safety assessment reviews evaluating clarity of safety threats, caregiver behaviors, and decision-making rationale.
- Safety assessment reviews applying explicit standards for timely completion of safety assessments.
- FFPSA baseline office assessments examining local office readiness to meet practice-related requirements for Title IV-E prevention fund claiming and strengthen prevention-focused practice for children who remain safely at home.
- Family finding targeted outcome reviews comparing outcomes for youth receiving enhanced family finding/engagement supports to outcomes under standard practice.

Regions also implement practice-specific tools aligned with statewide expectations. For example, Region 4 conducts parent engagement and supervisory documentation reviews, while Regions 2 and 5 conduct CFWS case reviews using consistent standards related to clinical direction, case planning, and documentation of key decisions.

Statewide In-Home Pre-Fact-Finding and Plans of Safe Care reviews apply defined expectations for case composition, service planning, and follow-up for infants and young children, ensuring consistent application of safety and well-being standards across the state.

### System Functioning – identifies strengths and needs of the service delivery system

DCYF uses a combination of qualitative case review findings and quantitative Statewide Data Indicators to identify strengths and areas needing improvement at both the case level and the system level. These tools allow the agency to move beyond individual case performance and assess patterns, trends, and structural issues across regions and practice areas.

#### Case Review Process and Regional Debriefs

CCRT conducts case reviews using the Online Monitoring System in alignment with federal OSRI standards.

Reviews incorporate structured interviews with key case participants such as parents, youth, caregivers, and caseworkers to ensure that findings reflect both documentation and lived experience. During FFY 2025, the CCRT reviewed 223 cases and conducted 1,032 interviews with case participants.

**Case Review cases for CFSR Round 4 by case type – FFY 2025**

| Case Type | State | R1 | R2 | R3 | R4 | R5 | R6 |
|---|---|---|---|---|---|---|---|
| **Foster Care** | 133 | 31 | 18 | 20 | 23 | 20 | 21 |
| **In Home** | 69 | 7 | 16 | 10 | 13 | 10 | 13 |
| **In Home DR** | 21 | 7 | 0 | 4 | 2 | 5 | 3 |

| CHILD AND FAMILY SERVICES REVIEW (CFSR) ROUND 4 | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Case Type** | **State** | **R1** | **R2** | **R3** | **R4** | **R5** | **R6** |
| **Total** | 223 | 45 | 34 | 34 | 38 | 35 | 37 |

*Data source: CFSR portal, Onsite Review Instrument Report*

Regions are reviewed on a rotating schedule, with one region reviewed each month and each region receiving two reviews per year. Following each regional review cycle, CCRT provides a comprehensive debrief to regional leadership, including the regional administrator, deputy regional administrators, area administrators, regional QA/CQI staff, quality practice specialists, and other regional partners as identified.

Each debrief synthesizes qualitative and quantitative information from the prior seven months and includes:

- A summary of the review methodology and sample
- Identified strengths, challenges, promising practices, and active improvement initiatives
- Disaggregated findings by case type
- Comparison to prior regional review results
- Annual and longitudinal case rating trends
- Results from other qualitative reviews, including critical incident and targeted reviews
- CFSR data profiles and priority performance measures
- Guidance for integrating findings into regional CQI activities

These debriefs provide a consolidated view of regional performance, allowing leadership to identify recurring themes, emerging risks, and areas of sustained strength across multiple review types.

### Identification of Systemic Needs Through Specialized Reviews

In 2025, DCYF completed regional ICW case reviews statewide. Following the completion of all six regional reviews, best practices and areas for improvement related to ICWA compliance and ICW service delivery were identified and shared with both regional and statewide child welfare leadership to inform training, coaching, and policy clarification.

In 2024, the Critical Incident Review team expanded its approach to include systems mapping as a formal improvement strategy. Critical incident review committees identify improvement opportunities during reviews, which are then elevated quarterly to the DCYF Critical Incident Steering Committee.

The Steering Committee selects priority system-level issues for mapping and identifies appropriate internal and external partners to participate. Systems mapping is supported by the University of Kentucky and Casey Family Programs through the National Partnership for Child Safety.

One system mapping effort conducted on October 22, 2024, focused on communication and coordination between Child Welfare and the Licensing Division. As a result:

- DCYF leadership reinforced expectations for consistent coordination between child welfare and licensing across regions.
- Regions without established coordination structures were directed to begin regular joint meetings.
- Executive leadership from both divisions established monthly meetings to monitor coordination and address emerging issues.

Findings from the mapping process also informed the Licensing Division's decision to transition from a pre-/post-licensure structure to a unified Kinship/Foster Care licensing model. Under the new model, a single licensor works with a family from initial licensure through the life of the license. Identified benefits include:

- Specialization of licensors in either kinship or foster care licensing
- Clear points of contact between child welfare and licensing
- Reduced caseloads to improve caregiver support and oversight

### Practice-Level Identification of Strengths and Gaps

Targeted reviews conducted at both the regional and headquarter levels provide additional, practice-specific insight into system strengths and needs.

Examples include:

- Region 4 parent engagement reviews, which identified strong practice in exploring barriers to reunification while highlighting inconsistent documentation of clinical direction and rationale for key case decisions.
- Region 5 parent engagement reviews, which found stronger engagement with mothers than fathers, signaling a need to strengthen expectations and coaching related to father engagement.
- Region 2 health and safety visit reviews, which confirmed timely monthly contacts but identified overreliance on placeholder or duplicated documentation that limited the ability to assess visit quality.

- Region 5 safety assessment reviews, which showed strengths in identifying safety threats but revealed inconsistency in clearly linking caregiver behaviors to identified threats.
- Statewide In-Home Pre-Fact-Finding and Policy 1135 infant safety reviews, which demonstrated solid implementation of required steps while also identifying opportunities to strengthen preventive, rather than reactive, practice.

These findings provide a nuanced and actionable understanding of where the service delivery system is performing well and where additional clarification, training, or support is needed. They demonstrate DCYF's ability to systematically identify strengths and needs and to translate review findings into targeted improvement strategies.

### System Functioning – provides relevant reports

OIAA's Analytics and Reporting team produces statewide reports and dashboards using data from FamLink. These products are prioritized through a Report Advisory Group to ensure reporting stays aligned with evolving practice needs. Many reports are available to staff through the report portal infoFamLink.

Because each region has different strengths, challenges, and improvement priorities, regional QA/CQI staff use these statewide reports and select additional data products that best match regional leadership priorities and ongoing CQI activities.

#### Example: Child Welfare Management Dashboard and Monthly Leadership Reporting

One core reporting tool is the child welfare Management Dashboard, which provides a rolling 13-month view of key practice and outcome measures, including:

- Parent–worker visits (aggregate and disaggregated for mothers and fathers)
- Health and safety visits
- Number of children in out-of-home care
- Foster care entries and exits
- Timeliness of IFF visits
- Median length of stay
- Supervisory review activities
- Timeliness of CPS investigations and assessments
- Kinship placements
- Timely placement documentation

- Number of CPS intakes

| State - Performance Metrics | Apr-25 | May-25 | Jun-25 | Jul-25 | Aug-25 | Sep-25 | Oct-25 | Nov-25 | Dec-25 | Jan-26 | Feb-26 | Mar-26 | Apr-26 | May-26 | 13 Month Trend |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Parent-Worker Visits | 29.5% | 28.5% | 26.7% | 27.7% | 26.5% | 24.6% | 26.4% | 23.7% | 25.1% | 24.2% | 25.4% | 27.8% | 24.3% | 6.6% | |
| Father-Worker Visits | 37.1% | 35.5% | 34.8% | 37.0% | 35.1% | 32.7% | 34.1% | 30.2% | 33.3% | 31.8% | 33.3% | 34.9% | 32.8% | 9.3% | |
| Mother-Worker Visits | 50.2% | 50.3% | 46.5% | 48.7% | 45.3% | 44.1% | 46.4% | 42.4% | 45.1% | 43.6% | 45.3% | 48.0% | 44.2% | 14.8% | |
| Child Health & Safety Visits | 98.2% | 98.1% | 98.0% | 98.3% | 98.3% | 98.1% | 98.7% | 98.1% | 98.5% | 99.0% | 98.8% | 98.5% | 96.0% | 15.2% | |
| Children in Out-of-Home Care | 4777 | 4773 | 4705 | 4675 | 4622 | 4583 | 4579 | 4522 | 4486 | 4459 | 4487 | 4456 | 4466 | 4498 | |
| Entries | 295 | 306 | 288 | 274 | 257 | 232 | 272 | 240 | 238 | 276 | 271 | 281 | 284 | 121 | |
| Exits | 308 | 308 | 335 | 303 | 301 | 250 | 290 | 280 | 285 | 311 | 264 | 323 | 257 | 72 | |
| Initial Face-to-Face Timeliness | 88.6% | 88.0% | 87.4% | 84.7% | 83.7% | 87.9% | 88.3% | 86.5% | 89.4% | 88.4% | 87.9% | 89.4% | 86.6% | 73.0% | |
| Median Length of Stay | 700.0 | 659.0 | 635.0 | 622.0 | 611.0 | 605.5 | 602.0 | 589.0 | 581.5 | 591.5 | 575.0 | 571.0 | 575.0 | 587.0 | |
| Supervisor Review | 97.1% | 96.7% | **93.0%** | 96.1% | 95.3% | 95.4% | **93.2%** | **91.9%** | **92.8%** | **93.8%** | 96.2% | 96.1% | **94.9%** | 11.7% | |
| Timely CPS Investigations | 88.6% | 87.0% | 84.6% | 81.5% | 84.3% | 83.7% | 82.3% | 83.0% | 80.7% | 76.3% | 77.5% | 78.4% | 81.1% | 79.4% | |
| Timely CPS FAR Assessments | **94.3%** | 95.4% | **93.8%** | **92.3%** | **92.3%** | **92.8%** | **92.4%** | **91.7%** | **92.2%** | **90.9%** | **92.4%** | **92.4%** | 95.1% | 97.0% | |
| Timely Placement Documentation | 78.0% | 81.3% | 81.3% | 82.1% | 84.2% | 81.4% | 82.1% | 78.5% | 74.9% | 73.1% | 73.1% | 79.2% | 80.7% | 85.2% | |
| Kinship Placements | 58.6% | 58.8% | 58.6% | 58.0% | 58.3% | 58.2% | 58.7% | 59.0% | 59.4% | 59.0% | 59.3% | 59.0% | 58.9% | 58.6% | |
| CPS Intakes | 3641 | 3973 | 3261 | 2849 | 2885 | 3601 | 3827 | 3079 | 3223 | 3448 | 3257 | 3776 | 3559 | 1541 | |

This data is also compiled into a monthly report for child welfare leadership and staff that includes additional analysis and interpretation. Leadership uses these reports to monitor regional and statewide trends, identify strengths and areas needing improvement, target resources, assess the impact of improvement strategies, and maintain accountability for key child welfare outcomes.

### Indian Child Welfare Case Review Reporting

ICW case reviews generate both regional and statewide reports following each bi-annual review cycle. Reports describe the purpose and design of the review, the sample, and key findings, including practice strengths and opportunities for improvement related to ICWA/WSICWA practice and service delivery.

### Targeted Review Reporting

Targeted reviews also produce practical, decision-ready reporting for leadership, supervisors, and frontline staff. For example:

- Regions compile roll-ups of 40-day intake, health and safety, and CFWS case reviews, summarizing themes and sharing results with regional administrators, area administrators, and supervisors.
- Region 3's IFF deep dive includes trend summaries (e.g., late IFF rates over time) shared through office trainings and leadership meetings to guide improvement actions.
- Region 3's safety assessment work includes routine compliance reporting and direct communications to workers and supervisors highlighting timeliness trends and areas needing support.

- Statewide reviews such as In-Home Pre-Fact-Finding, Plans of Safe Care, Safety Assessment and Plan qualitative reviews, and Policy 1135 infant safety reviews generate periodic roll-ups shared with regional leadership, QA/CQI staff, and program managers, often including office-level breakouts and recommended next steps.

The management dashboards, OSRI summaries, CCRT regional debriefs, ICW reports, and targeted review roll-ups all provide timely, practice-relevant information that support decision-making and continuous improvement at the office, regional, and statewide levels.

### System Functioning – evaluates implemented program improvement measures

Washington demonstrates the capacity to evaluate and improve the quality of services through multiple, reinforcing mechanisms that track whether improvement strategies are producing measurable change over time.

#### Semi-Annual Data Convenings

DCYF uses semi-annual data convenings to evaluate progress on program improvement efforts. These convenings bring together leadership, regional and front-line staff, system partners, and lived experts to review performance data, assess the effectiveness of improvement strategies, and identify needed course corrections.

Data reviewed in these sessions inform the state's analysis of outcomes related to CFSR Items 1–18, ensuring alignment between performance monitoring and federal expectations. Key takeaways are shared across divisions and integrated into ongoing CQI activities to inform policy, practice guidance, and resource decisions.

#### Debriefs That Focus on "What Changed" and "What's Next"

DCYF also embeds evaluation into its routine debrief processes:

- Regional case review debriefs include a closing discussion of improvement actions taken since the prior debrief and how current review results will shape priorities and activities for the next six months.
- ICW case reviews similarly conclude with regional debriefs that identify progress, remaining gaps, and next steps to strengthen ICWA/WSICWA practice and service delivery.

#### Using Critical Incident Findings to Evaluate and Adjust the Response

Critical incident reviews have elevated the impact of HPSOs on young children as a key concern. In response, DCYF initiated CQI events that actively engage staff in identifying actionable strategies. To evaluate the effectiveness of the agency's current response, DCYF used surveys and listening sessions to collect workforce feedback.

Regional leaders then reviewed the feedback to assess what is working, identify gaps, and recommend improvements particularly related to resources, staff support, and policy expectations.

DCYF is compiling this information into a formal response plan. Once approved, the plan will be shared statewide and will outline expectations and next steps. This approach demonstrates how DCYF uses workforce input and CQI methods to evaluate implemented improvements and refine the response as field conditions change.

#### Repeat Targeted Reviews and Trend Monitoring

Targeted reviews provide some of the clearest evidence that DCYF evaluates implemented program improvements over time. Many reviews are intentionally repeated and paired with trend monitoring to test whether interventions are producing sustained practice change. Examples include:

- Region 3 IFF deep dive: Late IFF rates declined from approximately 49% in January 2025 to about 20% in October 2025 following focused coaching and office-level strategies, demonstrating measurable improvement tied to review findings.
- Region 3 timely safety assessment work: Compliance is monitored over time, units or workers needing coaching are flagged, safety assessment workshops are provided, and subsequent compliance data are used to evaluate whether interventions were effective.
- Safety Assessment and Plan qualitative review (since 2019): Conducted on a regular cadence to track trends and assess whether targeted coaching improves how caseworkers develop and document safety plans.
- Policy 1135 infant safety reviews: Findings have led offices to include safe sleep metrics in CQI plans; follow-up reviews and trend tracking are then used to assess whether those actions are changing practice.
- Regional follow-up reviews: Reviews such as Region 4 parent engagement and supervisory documentation reviews and Region 2 Richland CPS/FAR targeted reviews include explicit follow-up mechanisms (e.g., scheduled repeat reviews, ongoing QA monitoring, and periodic leadership updates) to determine whether action steps resulted in sustained improvement.

### Areas of Strength

DCYF shows strong performance in using its QA system to evaluate whether program improvement strategies are working over time. Targeted reviews are intentionally designed and scheduled in ways that move beyond one-time audits and instead test whether specific changes to practice, supervision, or policy are producing measurable results.

The statewide case review system, OIAA, and headquarters program leadership each play distinct roles within an agencywide QA/CQI framework: case reviews and targeted reviews surface qualitative themes, OIAA provides research and reporting functions, and headquarters helps set priorities and expectations for follow-up. These pieces ensure that QA activities are aligned with statewide goals rather than isolated local efforts.

A key strength is the emphasis on repeat measurement and trend analysis. When a practice concern is identified, whether related to timeliness, documentation quality, safety decision-making, or engagement, targeted reviews and associated data reports are used to establish a baseline. After coaching, training, policy clarification, or other interventions are implemented, the same measures are reviewed again to see whether performance has improved and whether gains are being sustained. OIAA's reporting and analytic support allow DCYF to monitor these patterns over time and at different levels (statewide, regional, and local), so that leadership and supervisors can see where strategies are working well and where additional attention is needed.

Another strength is that findings from targeted and case reviews are consistently tied to concrete follow-up actions. Results are shared with regional and local leadership, supervisors, and QA/CQI staff, and are used to shape coaching, inform training content, clarify expectations, and guide CQI plans.

Headquarters and OIAA support this work by providing tools, templates, and analytic products that make it easier for regions to understand their data and track the impact of their efforts. This creates a feedback loop where practice expectations, review findings, and data reporting reinforce one another.

The combination of a structured QA/CQI framework, a functioning case review system, OIAA's research and reporting role, and headquarters leadership results in a coherent approach where targeted reviews, case review findings, and data products are used together to monitor implementation, assess progress, and refine strategies over time. This pattern provides strong evidence that the state is using its QA system to support continuous, data-informed improvement rather than treating reviews as isolated or purely compliance-driven exercises.

### Areas Needing Improvement

Although DCYF is clearly using targeted reviews to evaluate and refine program improvements, there are still gaps to address. The level of targeted review activity and follow-up is stronger in some regions and program areas than in others and ensuring more consistent use of these practices statewide remains a need.

Documentation of results and follow-up evaluations is not always standardized, which makes it harder to clearly demonstrate the impact of coaching, workshops, and CQI plans on outcomes. DCYF could also do more to explicitly connect repeat reviews and trend data to specific statewide priorities so effective approaches in one region are systematically spread and scaled across the state.

#### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) QA/CQI system received an overall strength rating during the Washington 2018 CFSR Round 3.

Following Round 3, Washington enacted significant structural and systemic reforms in direct response to both the CFSR findings and the recommendations of the Blue Ribbon Commission on the Delivery of Services to Children, Youth, and Families (2016). The Commission concluded that the state's children and family services were fragmented across agencies, making it difficult to achieve sustained outcomes. It recommended unifying the Children's Administration (then under DSHS) with the Department of Early Learning and Juvenile Rehabilitation to form the DCYF. The Commission emphasized that this redesign would "align early learning, child welfare, and juvenile rehabilitation into an integrated system focused on prevention, intervention, and outcomes," supported by shared data and accountability structures. This structural change occurred in phases, beginning July 1, 2018, with the transition of Children's Administration and Department of Early Learning, and concluded July 1, 2019, with the integration of Juvenile Rehabilitation.

Since that time, DCYF has established a unified QA/CQI system to support ongoing oversight and learning. A central element of this improvement is the implementation of an enterprise-wide QA/CQI framework, led by the Performance Improvement Unit in OIAA.

#### Conclusion and Overall Rating

Based on information gathered and described above, DYCF assesses Item 25 Quality Assurance System as a ***strength*** and the systemic factor is in ***substantial conformity***.

## Staff and Provider Training

### Item 26: Initial Staff Training

*How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that (1) Staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and (2) The system demonstrates how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties?*

### Data sources used and method of analysis

Data for this section were drawn primarily from the Alliance quarterly reports for SFY 2025 Q1 through Q4 and SFY 2026 Q1. These reports detail the scope, content, and participation levels of the Workforce Core curriculum, including new-hire training completions, learner feedback, and course updates. Information was also gathered through internal DCYF workforce planning documents and Alliance course evaluation summaries to assess statewide functioning. Data was analyzed to identify trends in training access, timeliness, and quality, and to evaluate alignment with the CFSP goals.

### Limitations of Data and Information

The primary limitation of the available information is that training participation data are aggregated at the statewide level, which constrains the ability to assess regional variation or identify disparities across field offices. Publicly reported Alliance data emphasize course completion and participant satisfaction but do not yet link training participation to measurable practice outcomes or field competency assessments. Information about timeliness between hire date and course completion is not consistently available, and the data does not distinguish among program areas such as CPS, CFWS, or licensing. These gaps limit the ability to assess how effectively new-hire training translates into improved workforce performance statewide. In FFY 2026, a new tracking system will be developed to monitor training completion data and will report results by region and program area, which will improve future analysis of consistency and timeliness across the state.

In addition, the Alliance will implement a more rigorous evaluation approach that includes pre and post-test data, simulation observation, and supervisor feedback to better assess competency and practice outcomes while more comprehensive data systems are being developed.

### Findings on Statewide System Functioning

Washington's initial training system is fully operational statewide and provides foundational instruction to all new DCYF staff whose positions require the delivery of CFSP-related services. The Workforce Core curriculum administered through the Alliance ensures new employees acquire a baseline understanding of child welfare values, safety and risk assessment, trauma-informed care, cultural humility, and family engagement. The system is coordinated and standardized across regions, and training delivery has been expanded through hybrid and online modalities, enabling accessibility regardless of geographic location. Course content is routinely reviewed and updated to reflect changes in state policy, new research, and workforce feedback. Staff enter the field equipped with consistent skills and knowledge, and supervisors report increased confidence in the readiness of newly trained employees.

The initial staff training is known as Regional Core Training (RCT) and is provided by the Alliance. RCT is designed to prepare newly hired caseworkers with the basic knowledge, skills, and values of child welfare. RCT has been offered as an eight-week training course to cohorts bi-monthly since 2019. RCT has been revised repeatedly since its inception to support practice improvement and implement practice changes to the training curriculum.

During FFY 2025, a total of 10 RCT cohorts were offered with a delivery schedule of twice per month and following the same calendar and curriculum delivery for every offering. Of the 182 participants required to complete the training, 181 (99%) successfully completed it. Approximately 80% of participants completed all requirements with their assigned cohort. The remaining 20% who did not complete all requirements with their cohort completed make-up sessions at the earliest available opportunity.

This FFY continued to see a high number of non-case-carrying staff enrolled in and participating in RCT. While RCT is designed as an eight-week course, there is not a requirement that it is completed within that time period although it's encouraged. Alliance facilitators and coaches worked with those staff who missed sessions and needed to reschedule to ensure this occurred at the earliest possible opportunity.

Staff in RCT can be assigned their first primary case assignment during the eight week training. This initial assignment can occur in week four. Staff in CPS assessment positions (Investigations/FAR) are allowed up to six intakes during the time they are enrolled in RCT.

Staff in ongoing service positions (CFWS) are allowed to have up to 10 child assignments while they are enrolled in RCT.

Supervisors are informed when primary case assignments can occur and are encouraged to slowly increase caseloads while staff are completing RCT. Supervisors are informed that there is no longer a limitation on case assignments once their staff complete the training.

There is not a mechanism in place to ensure supervisors are complying with the caseload requirements. Caseloads are increased following the completion of RCT.

Licensing Division staff are primarily trained by their own Workforce Development Team (WDT) but are invited to participate in training offered by the Alliance, including RCT although this training is developed with the focus on child welfare staff. The Licensing Division WDT establishes relevant training options to the licensing functions required in position descriptions for all Foster Care Licensors, Kinship Care Licensors, Regional Licensors, Group Care Licensors, Caregiver Engagement Unit staff, and LD/CPS Investigators. Licensing Division staff participate in initial staff training in this capacity in order to best support resource families in meeting the safety, permanency, and well-being needs of the child in care.

WDT continues to strengthen onboarding training for new Licensing Division employees, including a specialized track for kinship and foster licensing that is also available to veteran staff as a refresher. The program training incorporates guest speakers, provider panels and real-world experiences from Licensing Division staff. WDT collaborates closely with supervisors and new hires to ensure they are properly registered for required training courses. An onboarding lead meets with each supervisor and new employee to connect them with resources and training that match the employee's job duties.

The Alliance is committed to providing training for the 29 federally recognized Indian tribes of Washington state, as well as any caregivers, caseworkers, administrators, or other staff necessary to understand the needs of tribal communities and Indian children. Tribal caseworkers are encouraged to attend any available training alongside DCYF caseworkers and supervisors. During this time frame, 13 tribal caseworkers participated in RCT.

Tribal participants are requested to create profiles through the Alliance LMS to ensure credit is received for course completions. Additionally, training passports are provided to verify the sessions completed in RCT, as not all are relevant to staff working within and for tribes across the state. The Alliance would like to explore developing core training specifically designed for tribally employed child welfare staff and providing evidence-based courses for tribal communities.

Supervisor Core Training (SCT) emphasizes the critical role supervisors play in workforce stability, staff development, and the delivery of high-quality, reflective supervision in child welfare practice. During this review period, SCT was updated through a statewide workgroup to increase MI practice, reflective supervision principles, updated ICW policies, guardianship, licensing scenarios for case management simulation, safe child consults, and reordered to follow International Coaching Federation recommendations. Additionally, trauma informed leadership was infused throughout the course.

The training consists of a total of 112 hours, combining synchronous and asynchronous learning modalities. During FFY 2025, SCT was offered on a quarterly basis. Among SCT participants, (response rate=100%) the average learner experience rating was 4.8 out of 6.0.

Area Administrator Core is a 3-part series offered over the course of 3 months. During the previous FFY two cohorts were completed, and a third cohort started, with 20 area administrators registered, 13 attending, and 7 completing the series. Among area administrator participants, (response rate=75%) the average learner experience rating was 5.8 out of 6.0.

### Areas of Strength

The initial training system has demonstrated notable strengths in consistency, quality, and accessibility. The Workforce Core curriculum is available to all new hires through both virtual and in-person formats, supporting timely onboarding and minimizing regional barriers. The Alliance's continuous feedback model promotes rapid revision of materials based on participant input, allowing for ongoing improvement in both instructional methods and relevance to daily casework. Training incorporates principles of trauma-informed practice, supporting workforce capacity to engage with families effectively and respectfully. The partnership between DCYF and the Alliance has also created a feedback structure that aligns curriculum development with agency priorities, ensuring the training system remains dynamic and evidence-informed.

### Areas Needing Improvement

Despite statewide functionality, there are persistent challenges related to the timeliness of training completion and the inclusion of contracted provider staff in the same training continuum. Some regions experience delays in scheduling new staff into required courses within the first 90 days of employment, which may result in variability in readiness among new caseworkers. Data on completion timelines and regional participation rates should be strengthened to ensure equitable access. Additionally, while the training content is robust, there is limited evaluation of the extent to which newly trained staff demonstrate skill mastery in practice settings. A more formal post-training competency assessment would provide valuable insight into training effectiveness and alignment with CFSP outcomes.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) initial staff training received an overall rating of an *area needing improvement* during the Washington 2018 CFSR Round 3. It was noted during CFSR Round 3 that although Washington had a system in place to track the timely completion of initial training, additional revisions in the training curriculum and changes to the mode of delivery were needed to ensure that workers have adequate knowledge and skills for their position.

Compared with prior assessment cycles, the state's initial training system has shown significant progress in standardization and capacity. Training is now centrally coordinated, widely accessible, and subject to CQI processes. Curriculum modernization has improved alignment with trauma-informed frameworks, and technological expansion has reduced prior logistical barriers. These changes reflect measurable systemic improvement in infrastructure and implementation. Ongoing attention to timeliness and competency validation will further enhance the state's ability to demonstrate a direct link between staff preparation and improved outcomes for children and families.

### Conclusion and Overall Rating

Washington's statewide initial staff training system is well established, consistently implemented, and aligned with CFSP requirements. Through the Alliance, the state delivers a standardized and accessible Workforce Core curriculum that ensures new staff receive foundational knowledge, skills, and values necessary for child welfare practice, with evidence of continuous curriculum improvement, strong participant satisfaction, and expanded accessibility through hybrid delivery. Enhancements since CFSR Round 3 demonstrate meaningful progress in training quality, coordination, and relevance. While gaps remain in tracking timeliness, assessing post-training competency, and fully integrating contracted provider staff, these challenges do not detract from the overall functionality and effectiveness of the system. DYCF assesses Item 26 Initial Staff Training as a ***Strength*** and the systemic factor is in ***substantial conformity*****.**

## Item 27: Ongoing Staff Training

*How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP so that (1) Staff receive ongoing training pursuant to the established curriculum and timeframes for the provision of ongoing training; and (2) The system demonstrates how well the ongoing training addresses basic skills and knowledge needed by staff to carry out their duties?*

### Data sources used and method of analysis

Information for this section was obtained primarily from the Alliance quarterly reports for SFY 2025 and 2026, which document course offerings, participation rates, and content updates across advanced and continuing education modules. The data includes frontline caseworkers, supervisors, and licensing staff and reflects statewide participation across all regions. Data included learner satisfaction ratings, attendance trends, and descriptions of new course launches supporting worker development in areas such as secondary trauma and safety planning. Training effectiveness is also assessed through supervisor feedback, case review findings, and learner and supervisor surveys to understand how training is being applied in practice. For Workforce Core, staff complete pre and post tests to measure knowledge acquisition.

Additional evaluation methods include simulation activities, observation of skill application, and supervisor feedback to assess how staff are applying skills and knowledge in their day-to-day work. Supplemental information from DCYF workforce learning plans and Alliance curriculum reviews was incorporated to assess how ongoing training supports staff retention, professional growth, and alignment with CFSP service domains.

Data analysis focused on identifying evidence of system functionality, continuous learning infrastructure, and responsiveness to emerging practice needs. DCYF tracks the number of individuals who have and have not completed training. The HR Training and Development Team can pull reports on completions and non-completions of training that are entered into the learning management system. Reports can be pulled by training title, person, position, and organizational program unit.

The learning management system provides two types of reporting: standard reporting and exception reporting. Standard reporting shows information on learners who are registered, In Progress, or have Completed their training. Exception reporting identifies individuals assigned to training who have not yet attempted to register or start the assigned training. The standard and exception reports do not communicate with each other, so the training unit must manually combine these reports to present aggregate data.

Additionally, many data sets in standard reporting have repeating titles with different values. To fix this, the training unit tests each data set to ensure the values are relevant for each standard report.

### Limitations of Data and Information

The available data primarily capture participation and course satisfaction but does not measure the direct effect of ongoing training on case outcomes or performance indicators. Publicly available reports present aggregate data without regional breakdowns, making it difficult to determine equitable access across all six DCYF regions.

Information on participation by contracted providers or partner agencies remains limited, which restricts understanding of statewide training reach.

Finally, while feedback mechanisms are well established, the existing data does not document how ongoing training impacts workforce retention or the application of new skills in field practice.

Training for child welfare staff can be limited by competing workload and time frame pressures that reduce enrollment in training and completion of the course. Caseworker turnover can also limit training time and impact other staff's availability to be in training due to increased coverage needs and reduced staffing capacity. Training is primarily delivered virtually across the state and virtual learning environments, combined with competing priorities can create challenges with engagement, retention of content, and consistent application of training material in practice. Training requirements vary by program area.

Social Service Specialists are required to complete 528-580 hours of training within their first year of employment, depending on program area, followed by approximately 36 hours of required training during their second year of employment. In addition to statewide requirements regions provide additional training based on identified practice gaps, quality improvement findings, and staff requested topics. Some regional trainings are mandatory, while others are optional.

### Findings on Statewide System Functioning

The ongoing staff training system is functioning effectively statewide and provides consistent opportunities for staff at all levels to build upon their foundational knowledge. The Alliance manages a comprehensive catalog of advanced and specialized training that supports continued skill development beyond the initial Workforce Core. Training content is regularly updated to reflect policy changes, case practice trends, and workforce needs identified through CQI processes. Subject matter experts from DCYF are involved in curriculum review and training observation, as well as review of early evaluation findings. The Alliance continues ongoing conversations to refine curriculum using feedback from learner and supervisor surveys, and case review data to ensure training content reflects current practice needs.

SCT is delivered by the Alliance. SCT serves as the foundational leadership training for employees in supervisory roles, including supervisors and SSS4's with mentoring responsibilities. The program is designed to equip participants with knowledge, skills, and professional values essential to effective supervision in child welfare.

Supervisors and front-line staff have access to leadership development and specialized learning opportunities, including modules focused on cultural humility, trauma exposure response, family engagement, and ICWA implementation.

The use of online platforms and asynchronous learning options has enhanced flexibility and allowed staff to complete training around operational demands. The system demonstrates a strong connection between professional development and the state's broader workforce sustainability strategy.

The state tracks the number of individuals who have and have not completed the training. The HR Training and Development Team can pull reports on completions and non-completions of training that are entered into the Learning Management System. Reports can be pulled by training title, person, position, and organizational program unit.

DCYF is in the process of updating the Mandatory Training Manual which will extend to three years and beyond. As part of this update, DCYF will begin adding required refresher courses in year two based on the staff's program area.

Staff will also take a set number of elective courses each year to build skills relevant to their work. The minimum number of hours for electives will be mandatory, and relevant courses will be determined in collaboration with the worker and supervisor. Updates to the manual is expected to be completed by the end of FFY 2026.

During the previous FFY, WDT delivered 23 trainings focused on new WAC requirements and Licensing Division work duties, including one track training session with an average of 10 participants, 10 Group Care e-Learning modules required for group care licensing staff, and four live training sessions for group care licensing staff and group care providers.

Additionally, WDT played a major role in the Negotiated Rule Making project by developing and delivering training to support implementation of the new Group Care and Foster Care WACs. This work included collaborating with internal and external partners to promote readiness and consistent application and understanding of the new licensing standards.

### Areas of Strength

The ongoing training system benefits from a well-established infrastructure that integrates course evaluation, curriculum revision, and alignment with agency priorities. Staff participation rates remain high, and feedback indicates that training content is perceived as directly relevant to daily work. Supervisory training has strengthened leadership capacity and promoted the consistent use of data in supervision and CQI discussions. The Alliance's commitment to responsive curriculum development ensures that emerging topics such as safety and workforce wellness are rapidly incorporated into course offerings. This adaptability reinforces a culture of continuous learning and professional accountability.

### Areas Needing Improvement

While the system's accessibility and scope have improved, the ability to measure the impact of ongoing training on staff performance remains limited.

There is a need for more consistent tracking of completion rates across regions and clearer documentation of compliance with required continuing education hours. Provider agencies would benefit from closer integration into the ongoing training framework to ensure consistency of expectations across all service delivery partners. The state may also strengthen its approach by developing structured evaluation tools to assess the transfer of learning into case practice and decision-making.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) ongoing staff training received an overall rating of an *area needing improvement* during the Washington 2018 CFSR Round 3.

During Round 3 it was determined that while Washington had competency-based trainings, the state lacked a sufficient tracking system for monitoring compliance. Additionally, after two years of employment, there were no ongoing training requirements beyond basic annual personnel training. Furthermore, the state was unable to provide information on the percentage of supervisors that attended SCT. Interviews indicated that high workloads were a barrier to participating in ongoing staff training. Interviews also indicated that supervisors do not routinely receive ongoing training relevant to the supervision of casework practice, and attendance at and effectiveness of supervisors' training varied.

Since the last assessment cycle, the ongoing staff training system has matured into a coherent statewide structure with strong coordination, data monitoring, and curriculum relevance. The system has evolved from a primarily compliance-based training approach to one that emphasizes professional development and field application. Access to online learning and regional facilitation has significantly expanded opportunities for participation, and the QA processes built into The Alliance's reporting cycles demonstrate a sustained commitment to improvement. The evidence supports meaningful advancement in both capacity and quality of ongoing training, positioning the state to better support workforce retention and continuous performance improvement.

Throughout 2025, the department implemented a series of mandatory trainings to ensure staff remain current on policy updates, best practices, and cross-system collaboration requirements. These trainings are scheduled regularly and target specific program areas while also encouraging broader staff participation where appropriate. DCYF tracks the number of individuals who have and have not completed training. The HR Training and Development Team can pull reports on completions and non-completions of training that are entered into the learning management system. Reports can be pulled by training title, person, position, and organizational program unit.

In January 2025, several training sessions were delivered. On January 15, staff participated in a session on the EFC Screening Tool. This training was mandatory for EFC workers, their supervisors, and other staff working directly with EFC youth. On January 23, a training on Working with Juvenile Justice was held and required for FVS and FRS workers, with all other staff encouraged to attend. The month concluded with training, addressing updates to the definition of child abuse and neglect which was mandatory for all child welfare staff.

In February 2025, CPS staff were required to attend a Medical Consultant training with Seattle Children's Hospital, focusing on medical consultation and collaboration.

Additional mandatory training courses were scheduled later in the year. In June 2025, CPS and Intake staff were required to attend training on June 12 covering changes to the Child Abuse and Neglect definition under WAC 110.30.0030. On June 26, all CFWS staff were required to complete training on Risk Only Investigations for CFWS. During this period, Region 1 and 4 training related to SB 6006 was also conducted and were mandatory for staff assigned to those units.

In July 2025, all staff were required to attend training focused on lessons learned from malnutrition cases. In August 2025, CPS staff were required to participate in a training addressing the harm of removal. October 2025 included a mandatory training course on investigative findings for all CPS Investigations staff.

The training schedule concluded in December 2025 with a session on the discontinuation of newborn substance testing and corresponding child welfare practice changes. This training was mandatory for all case-carrying staff in CPS, FVS, and CFWS.

### Conclusion and Overall Rating

Overall, the state's ongoing staff training system demonstrates a clear and measurable strength. Washington has built a coherent, statewide training infrastructure that is well-coordinated, responsive to emerging practice needs, and aligned with broader workforce sustainability goals. Compared to CFSR Round 3, the system shows substantial improvement in curriculum relevance, access to training, supervisory development, and data tracking through the learning management system. Regular updates, mandatory refresher requirements, expanded elective options, and targeted training tied to policy and practice changes reflect a shift from compliance-driven learning to continuous professional development. While limitations remain in measuring the direct impact of training on case outcomes, workforce retention, and regional equity, these gaps do not outweigh the system's demonstrated functionality, adaptability, and progress. The evidence supports the conclusion that ongoing staff training effectively supports workforce capacity and continuous improvement statewide. DYCF assesses Item 27 Ongoing Staff Training as a ***strength*** and the systemic factor is in ***substantial conformity*****.**

## Item 28: Foster and Adoptive Parent Training

*How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that (1) Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and (2) The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?*

### Data sources used and method of analysis

The analysis of the foster, adoptive parent, and provider training system drew primarily on the Alliance quarterly reports for SFY 2025 and 2026, which summarize caregiver participation in Caregiver Core Training (CCT) and advanced learning opportunities. These reports provided data on course completions, learner satisfaction, delivery methods, and the introduction of new trauma-informed and kinship-specific support.

To assess statewide compliance with required training, the review incorporated information from DCYF's caregiver support and licensing divisions, including documentation of required preservice and ongoing training hours, mandated completion timeframes, and applicability across caregiver groups and facility staff populations. This included requirements for prospective and current foster parents, adoptive parents, kinship caregivers, and staff of state-licensed or approved IV-E funded facilities.

The analysis evaluated not only participation but also the extent to which initial and ongoing training addresses the skills and knowledge needed to care for foster and adopted children, such as competencies related to trauma-responsive caregiving, permanency planning, placement stability, cultural humility, and supporting children with complex behavioral or developmental needs.

Finally, the review examined available evidence of statewide implementation, including regional availability of training, consistency of delivery methods, and the degree to which all applicable populations, particularly kinship caregivers and IV-E facility staff, are included in training systems and reporting structures.

### Limitations of Data and Information

The primary limitation of the available data is that completion rates are not consistently expressed as a proportion of all licensed caregivers or facility staff, limiting the ability to assess full statewide compliance with required initial and ongoing training hours and timelines. Data disaggregation by region, race, caregiver type, or facility type is limited, reducing the ability to evaluate equitable access to training across the state.

The reporting system does not fully capture training participation for caregivers served by private or tribal agencies, nor does it consistently track the training of staff in IV-E funded facilities. Learner feedback is robust but may overrepresent caregivers who participate in virtual courses and underrepresent those facing technology, language, or scheduling barriers.

Additionally, longitudinal data linking training participation to outcomes such as placement stability, permanency, or caregiver retention are not yet available. As a result, the assessment of how well training builds and sustains required competencies is constrained, and conclusions rely primarily on participation data, curriculum review, and short-term satisfaction indicators rather than long-term performance measures.

### Findings on Statewide System Functioning

Washington's caregiver training system is fully operational and provides consistent, standardized preservice and ongoing training to foster, adoptive, and kinship caregivers, and staff of licensed or approved IV-E funded facilities. CCT is the required preservice training for non-kin foster caregivers. CCT is made up of six eLearning sessions, approximately two hours each completed at your own pace. The requirement applies to all non-kin foster caregiver; kinship caregiver may take CCT but are not required to do so. CCT has undergone major updates to ensure alignment with trauma-informed principles and DCYF's core values. The system emphasizes preparation for the realities of caregiving, including understanding child trauma, supporting family reunification, and maintaining connections with birth families. Ongoing training opportunities allow caregivers to pursue advanced topics and fulfill ongoing licensing requirements.

DCYF collaborated with the Alliance to develop Kinship Core Training, a pre-service training option for kinship caregivers pursuing a child-specific foster care license. Participation in this training is voluntary prior to licensure. Kinship Core Training is designed to build foundational skills in trauma-responsive care and support kinship caregivers' unique needs.

In addition to preservice requirements, all caregivers must meet ongoing training expectations. Failure to complete required ongoing training may result in corrective action, including delayed renewal.

For staff licensed or approved IV-E funded group care facilities, statewide requirements include a minimum of 16 hours of preservice training prior to unsupervised access to children and youth. Staff must also complete a minimum of 24 hours of ongoing education and in-service training annually, with content aligned to the needs of the children and youth served, including crisis intervention, trauma, cultural needs, and emergency procedures.

Across all populations, the Alliance provides a statewide access to preservice and in-service training through eLearning courses, live webinars, and coaching. Together, these options create a learning pathway that helps caregivers strengthen their skills over time and apply new strategies in day-to-day caregiving. The Alliance offers more than 60 in-service training options that address key caregiving topics, including trauma-informed and responsive care, understanding behavior, child development, and practical tools to support children and youth in out-of-home care. The system's hybrid and virtual delivery model ensures access regardless of geography, and caregiver feedback consistently highlights the relevance and quality of instruction.

### Areas of Strength

The caregiver training system demonstrates consistent statewide accessibility and responsiveness to evolving needs. Caregiver training is now delivered entirely online through both self-paced eLearning modules and live webinar sessions ensuring statewide access regardless of a caregiver's location. Eligibility is verified solely by confirming Washington State residency at the time of access. The University does not collect personal identifying information beyond what is necessary for program operations. The Licensing Division monitors whether caregivers complete required preservice and ongoing training as part of the licensing process.

The Caregiver Core curriculum integrates principles of trauma-informed care and partnership with birth families, directly supporting CFSP objectives related to permanency and well-being. The expansion of advanced and elective courses provides caregivers with continuing education options beyond initial licensing, reinforcing the importance of ongoing learning. The Alliance's evaluation process ensures that training remains current and adaptable, and caregivers express high levels of satisfaction with both the content and delivery formats. The system's hybrid approach has expanded reach, particularly for caregivers balancing employment and family responsibilities, all required pre-service trainings are available in both Spanish and English, and requests for additional eLearnings or other languages are addressed individually. Interpretation services are provided for all live training sessions.

### Areas Needing Improvement

Although training access and quality have improved, data collection on caregiver participation and fair access should be strengthened. Licensors document training completed in FamLink and are responsible for verifying that caregivers and facilities meet all training requirements outlined in the WAC. Comprehensive statewide tracking of completion rates and timelines would enable a clearer understanding of compliance and outcomes. The participation of kin caregivers and those affiliated with private agencies requires stronger coordination to ensure consistency in training standards. Additionally, language access and technology barriers continue to affect some caregivers, particularly in rural and underserved regions. All Alliance provide caregiver training is delivered remotely, through a combination of live webinar and self-paced eLearnings. Each eLearnings is designed to meet accessibility standards and function on mobile devices as well as tablets and computers. Community partners and CPAs may require additional training formats, which the Licensing Division monitors. Interpretation is available or all live sessions, and selected DCYF designated eLearnings are offered in Spanish with translated materials.

The Alliance also directs caregivers to DCYF's translated webpages whenever available. Finally, there is limited evidence connecting training participation to child or caregiver outcomes, indicating a need for future evaluation focused on impact and retention.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) foster and adoptive parent training received an overall rating of strength during the Washington 2018 CFSR Round 3.

Washington's caregiver training system has evolved into a standardized, data-informed, and accessible structure that reflects significant improvement in quality and reach. The modernization of the Caregiver Core curriculum, the introduction of trauma-focused content, and the expansion of delivery modes have strengthened system functionality. Caregivers are now better prepared and supported through ongoing learning opportunities and consistent feedback mechanisms. Continued investment in, kin caregiver engagement and impact evaluation will solidify these gains and ensure sustained improvement in outcomes associated with caregiver competency and stability.

### Conclusion and Overall Rating

Washington's foster, adoptive, and provider training system is functioning well statewide and demonstrates a strong level of consistency, accessibility, and relevance. Standardized CCT, expanded kinship-specific options, and a robust in-service learning continuum ensure that caregivers and providers receive required initial and ongoing training aligned with trauma-informed practice and CFSP goals.

While data limitations, particularly around completion tracking, equity of access, and outcome linkage, constrain full assessment of impact, the system shows clear evidence of quality, responsiveness, and ongoing improvement since CFSR Round 3. DYCF assesses Item 28 Foster and Adoptive Parent Training as a ***strength*** and the systemic factor is in ***substantial conformity*****.**

## Service Array and Resource Development

### Item 29: Array of Service

*For this item, provide evidence that answers this question: How well is the service array and resource development system functioning to ensure that the range of services specified below is available and accessible in all political jurisdictions covered by the CFSP?*

#### Data sources used and method of analysis

DCYF used a combination of administrative data, program-level reporting, provider capacity reviews, QA findings, and qualitative feedback from families, providers, and staff to understand how well the statewide service array is functioning.

In SFY 2024, DCYF provided 21,612 services to families involved in child welfare and in SFY 2025, 22,306 services were provided for a 3% total increase in service utilization. DCYF remains committed to meeting the goal of providing services to 65% of families involved in child welfare to protect children in the home and prevent removal or re-entry into out of home care.

In CY 2025, lived experts, tribal nations, and communities across Washington identified their specific needs, and findings summarized by a report by Foster America to reflect more delineated services in family-trusted locations. DCYF continues to use this information to guide and strengthen a community-based service approach, making sure that work continues to evolve in partnership with families and communities.

#### Limitations of Data and Information

Provider capacity data are self-reported and can overcount availability when a single clinician serves multiple counties or multiple service lines. Waitlist information is inconsistent because most contracted providers do not maintain formal waitlists.

Documentation of community-based service use outside DCYF contracts is also limited, especially for SUD treatment, mental health services, and tribal or culturally specific supports.

In 2024, DCYF partnered with Public Consulting Group to address fluctuations in CIHS referrals and payment methods. The group recommended creating one consistent rate methodology for all CIHS services and setting a regular schedule to update rates based on market changes and policy updates.

In 2025, DCYF began putting these recommendations into practice by moving from a fee-for-service model to a step case rate. However, limited funding prevented full implementation of the proposed rates for 2025.

DCYF remains committed to updating CIHS rates on a regular schedule, based on market conditions, policy changes, and available funding. This work also includes exploring ways to compensate providers for required training, such as MI for Family Preservation Service (FPS) providers and the Family Advocacy and Support Tool for all CIHS providers.

Some service expansions, such as Intercept, were also paused due to budget cuts, limiting outcome data.

Service availability data is improving but still uneven, especially in rural areas. Quantitative service shortage data was collected in 2024, to identify areas throughout Washington that didn't have access to crisis stabilization services, EBPs for ages zero to five, and EBPs for ages six to 18. In 2025, CIHS collaborated with regional program leads, supervisors, and area administrators to present the data and record their perspective on service shortage. The following areas were identified as service shortage locations:

Region 1: Asotin, Ferry, Garfield, Okanogan, Pend Orielle, Stevens, and the northern parts of Douglas, Grant, and Lincoln counties

Region 2: Klickitat and Kittitas counties

Region 3: Island, San Juan, Whatcom, and eastern half of Skagit and Snohomish counties

Region 4: East King county

Region 5: North Kitsap county

Region 6: Clallam, Jefferson, Grays Harbor, Wahkiakum, and West Pacific counties

The Child Welfare Division leadership team approved CIHS to pursue combined in-home full-time employee contracts that would ensure a provider was available to serve families in service shortage areas. This expansion is expected to begin at the end of SFY 2026.

### Findings on Statewide System Functioning

DCYF has strengthened assessment tools, expanded in-home supports, improved provider training, and built more consistent QA/CQI systems. These improvements support all four required service components. Additional feedback from lived experts in preparation for this report that many times, service availability and accessibility uneven, inconsistent, and heavily dependent on location, worker advocacy, and individual persistence, rather than a predictable statewide system of support.

Youth reported that access to services varied widely depending on their placement, county, or assigned worker. Services were often more available earlier in care but dropped off in group homes, certain placements, or after aging out. Many said the system focused on crisis or clinical needs while overlooking basic and holistic supports like stable housing, transportation, life-skills development, and educational recovery. Structural barriers, including transportation challenges, rural access issues, virtual-only services, and provider bias, made it difficult to use services even when they technically existed. Youth also described a lack of transparency about what resources were available, how funding was used, or what they were entitled to. Specialized populations such as young parents and youth pursuing non-traditional education paths often faced unmet needs. Many felt the system was reactive, offering help only after crises escalated. Access improved when individual adults caseworkers, foster parents, or programs like Treehouse advocated for them. Transition-age youth emphasized the need for extended, practical support into adulthood. Overall, youth said services often did not match their actual needs, but when services were personalized and accessible, they were highly impactful.

Parents described similar inconsistencies. While services were sometimes available, they were not always effective or aligned with the family's real needs. Parents often received parenting-focused services when what they needed were child-specific assessments, practical supports, or developmentally appropriate interventions. Transportation barriers were a major obstacle, with long travel distances, lack of gas vouchers, and denied vehicle repair requests limiting access. Administrative requirements such as missing documentation or eligibility rules blocked access to housing, shelter, and other supports. Parents frequently reported that services promised in meetings did not materialize, undermining trust. Basic needs supports like clothing vouchers, furniture, and transportation assistance were inconsistent. As with youth, access often depended on advocacy from providers, peers, or parent allies rather than clear system pathways. Geographic differences also shaped access, with rural families facing greater barriers. Some parents did receive timely and helpful supports, such as housing assistance or shelter-based resources, but these experiences were not universal. Many parents felt the system was working against them, which reduced engagement and trust.

Overall, Families want services that are timely, practical, culturally responsive, and aligned with their actual needs, not just what is available on paper.

Staff said services are available sometimes, but not reliably across the state. Access depends on timing, location, and the type of service. Programs like Functional Family Therapy and Intensive Family Preservation Service are limited, and many providers will not travel to rural counties. Caseworkers in places like Lincoln or Okanogan often cannot access the same evaluations, treatment programs, or mental health supports that exist in larger regions.

Culturally and linguistically matched services are also limited. When families can't get services in their language or culture, they are sometimes labeled as "not participating," even though the service wasn't accessible to them.

Supervisors noted that community organizations often meet family needs better than contracted services. Professional Services referrals are underused because many CPS workers don't know about them or think cases must transfer to FVS first. ICW units use them more because of active-efforts requirements. Staff also described major gaps for families with high behavioral needs, older youth with mental health or substance use issues, and families who have already completed multiple EBPs. Programs like child welfare early learning navigators and Stepping Stones help, but they don't cover statewide needs.

Families face many barriers even when services exist. Transportation is one of the biggest, long distances, no gas vouchers, unreliable vehicles, and no public transit make it hard to attend appointments. Childcare and work schedules also limit access, especially when services only run during business hours. Rural families often lack reliable internet, making virtual services unrealistic.

Language barriers, cultural misunderstandings, and a lack of providers who reflect the communities they serve also reduce engagement. When families want substance use treatment, they often face long intake delays even when they are ready to start.

Caseworkers also face system level barriers. Some EBPs have been altered so much they no longer meet fidelity. Others exclude high-risk families, leaving them with no options. Caseworkers said they sometimes feel isolated, especially when they are the only FVS or FRS caseworker in an office. Newer staff struggle to navigate service dashboards or provider lists. Staff also noted that DOC can get people into treatment quickly and questioned why child welfare families don't have similar access.

Staff said they know services are working when they see real change like improved behavior during health and safety visits, progress reported by parents and providers, and reduced safety concerns. When services are effective, they may be removed from court orders. Caseworkers also check in after services end to see if progress continues, though this takes time and coordination.

The hardest services to access depend on timing and location. Rural areas have the biggest gaps because providers don't travel, and families wait long periods for psychological evaluations, neuro-psych assessments, parenting assessments, or specialized mental health services. Housing is one of the hardest needs to meet anywhere in the state. Childcare is another major barrier.

Even in larger areas like Spokane, there are shortages such as family time providers. Staff also said there are limited specialized programs, limited parent-coaching with real-time feedback, and too few trauma-focused therapists with the required training. In King County, there are not enough Sexually Aggressive Youth providers, forcing families to travel long distances.

Overall, the services that are hardest to access are the ones families need most: housing, childcare, specialized evaluations, culturally and linguistically matched services, and programs for families with higher-risk needs. Contracted services take a long time to start, and substance use treatment has slow intake processes even when families are ready to engage.

Staff said their work would be more effective if core services were available when families actually needed them. They want timely access to evaluations, more multilingual and culturally diverse providers, and more flexibility to use promising practices, not just EBPs, so they can better match services to family needs. They also want a service array that is timely, culturally responsive, and flexible enough to meet real needs, not just what is available on paper.

### Services that assess strengths and needs

DCYF made major progress in 2025 in improving assessment tools and processes.

CIHS partnered with the Praed Foundation and the University of Kentucky to transition from the CANS-F to develop a customized Family Advocacy and Support Tool, which better captures family strengths, needs, advocacy skills, and capacity. This shift strengthens action planning and supports more accurate service matching. To support this shift, DCYF created a new rate to support the need for additional training. CIHS and contracted trainers are scheduled to begin shifting providers from CANS-F to Family Advocacy and Support Tool in January 2026, with full implementation expected by August 2026. MI training for FPS providers strengthens consistent, high-quality assessment.

### Services that address family needs to create safe home environments

In January 2025, DCYF finalized the Homebuilders Expansion Project Closeout report. The report recommended securing stable funding, improving provider retention, and updating the Homebuilders rate model before investing further in expansion. A major barrier is the inability to pay for ancillary travel in the current contract. CIHS is working to add a travel-payment structure to the Homebuilders contract upon renewal in 2026, using existing funding.

The Homebuilders Model is currently unable to serve families statewide which results in service gaps throughout the state for vulnerable children at risk of being placed in out-of-home care. CIHS explored expansion and other solutions to ensure all families have access to an intensive family preservation service pursuant of RCW 74.14C.040. In 2024 and early 2025, DCYF began working with Youth Villages on implementation of their intensive family preservation services model, Intercept, in Washington.

Intercept provides intensive support to families with youth at risk of placement and helps youth return home after being placed out of the home. The project was paused in January 2025 due to budget cuts. However, Youth Villages invited DCYF to apply for a grant in December 2025 to continue pursuing implementation. DCYF leadership approved submitting a letter of intent in 2026, pending a grant exception and available state funding.

### Substance Use Disorder Supports

DCYF's statewide SUD program provides consultation, technical assistance, and practice support to Child Welfare Division staff to strengthen safety planning and engagement with parents and caregivers affected by substance use. Core supports include statewide guidance on drug testing practices, results interpretation assistance through contracted toxicology partners, and coordination with regional SUD leads to address referrals, treatment access barriers, and case specific consultation needs. The program also equips staff with practical harm reduction tools, overdose prevention resources, and guidance on safe storage and cleaning when high-potency substances may be present.

#### *Distribution of Naloxone*

DCYF helps prevent overdoses by making sure staff have access to naloxone education and coordinating naloxone supplies that can be provided when appropriate. Staff are encouraged to use the available training on how to recognize an overdose and how to administer naloxone. The statewide SUD program supports naloxone use in the field and responds to new needs related to overdose prevention and safety planning with families.

#### *Harm Reduction Kit Initiative*

DCYF's harm-reduction kits help lower the risk of overdose and support safer home environments when substance use is present or suspected. Kits may include safety supplies, naloxone, and educational materials to help prevent overdoses and reduce exposure risks. The statewide SUD program monitors demand for these kits and anticipates resupply needs.

#### *Community Education and Presentations*

The statewide SUD program provides statewide training and education opportunities to build staff knowledge and confidence in responding to substance-related safety concerns. Trainings are structured to focus on specific topics to support skill-building and practical application. Education and presentations are coordinated with internal and external subject matter experts, including medical and toxicology partners. Topics are informed by feedback from the field and emerging needs.

2026 Monthly Training Series (scheduled on the last business day of each month, 10:00–11:00 AM):

- January: Newborn Toxicology and SUD in Pregnancy and Postpartum

- February: Everything You Need to Know About Drug Testing and the Different Types
- March: Comprehensive Drug Testing (CDT)
- April: Cordant (including high-complexity testing such as fentanyl/xylazine and consultation support)
- May: Medications for Opiod Use Disorder and other SUD medications
- June: Engagement skills with parents/caregivers impacted by SUD
- July: DCYF SUD Structure and Supports — who's who and how DCYF can help
- August: Coordinated Care SUD Representatives
- September: Treatment options for pregnant individuals and parents of infants
- October: Medications for Alcohol Use Disorder
- November: Medications and emerging treatments for stimulant use disorders
- December: TBD (reserved for emerging needs)

Community-Based Child Abuse Prevention and Home Visiting Services Account

DCYF serves as the lead agency for several key prevention grants, including the Community-Based Child Abuse Prevention, Maternal, Infant, and Early Childhood Home Visiting Program, and Community Collaborations grants. The Community Collaborations grants concluded in March 2025. These grants support community-level planning, Family Resource Centers, fatherhood programs, peer mental health groups, and evidence-based home visiting services. Managed by the Family and Community Support section within the Partnership, Prevention, and Services division of DCYF, these programs focus on preventing child abuse and neglect, promoting positive outcomes, and building family and community resilience. Community-Based Child Abuse Prevention funding supports prevention services to non-child welfare involved families, while the Home Visiting Services Account and Maternal, Infant, and Early Childhood Home Visiting support over 3,400 families through eight home visiting models across Washington. There has been an increase in the number of families served by the Home Visiting Services Account. This increase is largely due to increased funding availability and strong outreach efforts of local programs to engage families in this voluntary family support program. To strengthen connections between child welfare and early learning, DCYF expanded collaboration with home visiting programs through development of training for Child Welfare Division staff about community-based programs such as home visiting. Additionally, child welfare early learning navigators also refer families to services like child care, Early Support for Infants and Toddlers, and home visiting statewide.

**Unduplicated count of families served by Home Visiting Services Account**

| Data element | FFY 2023 | FFY 2024 | FFY 2025 |
|---|---|---|---|
| **Number Newly Enrolled** | 1,210 (40%) | 1,254 (37%) | 1,384 (39%) |

| Data element | FFY 2023 | FFY 2024 | FFY 2025 |
|---|---|---|---|
| **Number Continuing** | 1,805 (60%) | 2,091 (63%) | 2,141 (61%) |
| **Total Served** | 3,015 | 3,345 | 3,525 |

*Data Source: Washington Department Health and DCYF, Home Visiting Services Account data*

### Services that enable children to remain safely at home

CIHS continued to be the backbone of safety-preservation work. Access to CIHS has expanded with the implementation of telehealth increasing service availability across geographic areas. When local providers are unavailable for a referred service, families may access services from providers located outside their immediate area. Telehealth has helped reduce geographic barriers and support timely service delivery. However, electronic capacity remains a barrier for some families in rural areas, including limited access to reliable internet or appropriate technology. Additionally, certain areas of the state continue to experience limited availability of in-person services.

Functional Family Therapy was initially provided via telehealth until DCYF recently received further clarity that Functional Family Therapy cannot be delivered via telehealth and must be provided in person. FPS extensions now available for up to six months, helped families with higher needs stabilize. DCYF explored expansion of intensive preservation models such as Homebuilders and Intercept, though budget constraints paused implementation. The agency is pursuing grant opportunities to continue this work.

### Services that help children in foster or adoptive placements achieve permanency

Stronger in-home supports reduce unnecessary entries and re-entries, supporting permanency. QA/CQI improvements, including onsite reviews, desk audits, and standardized statewide expectations, strengthen service quality and consistency. The Performance Based Contracting (PBC) Dashboard tracks service delivery, timeliness, and completion of required tools. CIHS hired a QA Program Analyst to build stronger fidelity monitoring and evaluation systems.

### Improvement Efforts

HB 1227, aligned with 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.

In CY 2025, the Child Welfare Division leadership team approved the CIHS expansion proposal to ensure families who reside in areas with limited service throughout Washington have access to a crisis intervention, an EBP for children and youth ages 0-18.

DCYF is also exploring service lines to expand support for complex family needs such as Intercept, Youth Acceptance Project, Step by Step, and an in-home service to support parents and caregivers who are using substances which include Multidimensional Family Recovery and Sobriety Treatment and Recovery Teams.

### Family Preservation

DCYF is committed to ongoing improvements to FPS as it continues to be the most frequently used child welfare intervention. Although FPS is widely used, it is not classified as an evidence-based program and is not eligible for reimbursement under the FFPSA. To align with caseworker practice and strengthen the program's foundation for future reimbursement under FFPSA, DCYF trained FPS providers in MI. As of December 2025, 91% of FPS providers have received training from Institute for Individual and Organizational Change in MI and 25% have demonstrated fidelity to the MI model.

Since October 2024, based on the recommendation from the FPS Upgrade Workgroup, child welfare cases have had the option to extend FPS services up to six months. Extensions require approval after a Transition Plan Meeting with the provider, caseworker, and the family.

Qualitative feedback regarding the extension process has been positive with providers and Child Welfare Division staff describing it as a supportive option for families with higher risk or needs. DCYF will survey families who received extensions in 2026 to better understand how the option is being used and how effective it is. The table below signifies a greater need and use for FPS extensions for families engaged in the FVS and CFWS programs with 72% of extensions being requested by those programs.

**Family Preservation Services Extension utilization rate by program**

| Program | Utilization rate |
|---|---|
| **Child and Family Welfare Services (CFWS)** | 40% |
| **Family Voluntary Services (FVS)** | 32% |
| **Child Protective Services (CPS)** | 18% |
| **Family Assessment Response (FAR)** | 8% |
| **Family Reconciliation Services (FRS)** | 4% |

*Data Source: Child Welfare Portal, OIAA data request*

In 2025, CIHS facilitated a paraprofessional workgroup made up of CIHS providers, regional consultants, service array consultants, and the FPS program manager to develop a statement of work, outline the hiring process, and define the training process when supporting FPS providers. The group also recommended DCYF bring back a training course specific to FPS providers, taking into consideration the flexibility allowed within the FPS model. CIHS is launching the FPS Training Workgroup in 2026 that is expected to last into 2027.

Goals of the FPS Training Workgroup include establishing a list of training topics, developing a curriculum which will undergo professional review, testing the curriculum, and editing as needed prior to launch in 2028.

### Quarterly Combined In-Home Services Capacity Review

The Quarterly CIHS Capacity Report (QCCR) was revised, and a standardized quarterly calendar was implemented and shared with providers to support transparency and advance planning. The Service Array team will complete analysis of the annual QCCR data in the first quarter of 2026. Provider compliance with timely QCCR submission remains strong, with an average on-time submission rate of approximately 90 percent.

### Annual Combined In-Home Services Quality Assurance Strategies

The annual CIHS QA report was redesigned in 2025 to reflect provider feedback, capture more meaningful data, and reduce administrative burden. This update supports a broader goal with CIHS to standardize QA practices and strengthen service effectiveness and compliance. These efforts use several tools, including the PBC dashboard, CIHS Annual Focused Reviews, and desk audits.

PBC helps CIHS deliver high-quality services by tracking service delivery, key client demographics, timely service initiation, and completion of required tools such as the CANS-F and the Family Plan for Change. Together, CIHS and PBC support DCYF's goals to prevent placements, support adoptions, improve placement stability, and promote reunification. CIHS and the Service Array Consultant Team will use data from the PBC Dashboard, the annual QA report, onsite reviews, and desk audits to give each CIHS contractor a comprehensive annual performance summary and identify strategies for CQI.

In 2025, CIHS hired a QA Program Analyst to develop and support CQI systems throughout CIHS. Working with the Service Array Consultant team, the QA Program Analyst is enhancing the proposed draft QA manuals originated by the Service Array team to outline processes for evidence-based fidelity monitoring, targeted training efforts, and effective service delivery to Washington families. This role also supports the assessment and evaluation of CIHS pilot projects.

### Combined In-Home Services Compliance and Annual Focused Reviews

The Service Array team is standardizing the QA/CQI regional process for CIHS and is working with the Contract Compliance Team to conduct rotating onsite reviews. The team is also working with the In-Home Services QA Program Analyst to develop and initiate annual Service Array led focused desk reviews in Regions 3 through 6.

The onsite compliance assists in identification of contract compliance matters whereas the focused desk reviews are anticipated to identify areas of service type strength, opportunities for growth, and fidelity topics in CIHS provider practice. The reviews may enhance structured opportunities for provider technical assistance delivered jointly by the Service Array Team, program managers, and Contract Compliance teams.

Providers in Regions 1 and 2 receive separate QA/CQI oversight through the network administrator, Family Impact Network, whereas Regions 3 through 6 are working to align with network's established standards to promote consistency. Providers have asked for statewide consistency in QA/CQI expectations and requirements. This redesign is intended to address regional disparities and establish a more consistent, equitable, and effective statewide QA/CQI framework that strengthens service delivery.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) Array of Service received an overall rating of an area needing improvement during the Washington 2018 CFSR Round 3.

Compared to CFSR Round 3, the system shows clear improvement well-defined plans to address remaining gaps.

Many program improvement and CFSP strategies such as Family Advocacy and Support Tool implementation, MI training, expanded prevention services, and stronger QA systems are now reflected in current practice.

### Conclusion and Overall Rating

Based on information gathered and described above, the evidence supports an overall conclusion that DCYF is increasingly able to ensure that families across political jurisdictions have access to services that assess needs, strengthen families, keep children safely at home, and support permanency. Strengths include expanded prevention services, improved assessment tools, stronger SUD supports, increased service utilization, and major investments in provider training and QA systems. At the same time, the system continues to face challenges such as rural access gaps, SUD treatment wait times, provider capacity issues, and the need for fully consistent QA/CQI expectations across regions. DYCF assesses Item 29 Array of Service as an ***area needing improvement*** and the systemic factor is ***not in substantial conformity***.

## Item 30: Individualizing Services

*How well is the service array and resource development system functioning statewide to ensure that the services in Item 29 can be individualized to meet the unique needs of children and families served by the agency?*

### Data sources used and method of analysis

Both quantitative and qualitative information were reviewed, including service use trends, provider specialty data, telehealth usage, and feedback from system partners. The analysis focused on how well services can be individualized through culturally specific programs, assessment tools, service matching practices, and flexible delivery options.

### Limitations of Data and Information

The CIHS statewide directory has helped increase awareness of CIHS services across the state; however, use by DCYF staff has declined. In contrast, contracted providers, community partners, and tribal partners continue to use the external statewide directory regularly. The Service Array Team monitors provider availability in the directory weekly and provides technical assistance as needed to support accuracy and ease of use.

Use of the Service Need tool within the service directory has dropped statewide during 2025. This decrease may be due to DCYF staff turnover and other operational factors. The Service Array Team continues to review usage data to better understand these trends and identify opportunities to strengthen engagement and use of the directory tools.

### Findings on Statewide System Functioning

Families are experiencing more individualized services through culturally specific programs, improved assessment tools, targeted service matching, and flexible delivery options.

Feedback from youth and parents with lived experience described individualized services as inconsistent, uneven, and often dependent on individual advocacy rather than a reliable system designed to meet unique needs, however. While some supports were helpful, both groups reported significant gaps in personalization, cultural responsiveness, and preparation for long-term stability.

Youth said services often met basic needs like medical or dental care but did not fully address their broader or more complex needs. Mental health services were widely available but frequently mismatched, with therapy approaches that didn't fit or feel meaningful. The biggest gap youth identified was in independent living and adulting skills. Many left care without knowing how to file taxes, open a bank account, manage money, or complete everyday tasks. Youth also described services as crisis-driven rather than holistic, forcing them to prioritize survival needs over long-term development. Identity-specific needs were not consistently addressed. Access improved when youth had strong advocates like caseworkers, foster parents, or programs like Treehouse but without advocacy, needs were often delayed or unmet.

Supports to transition adulthood were inconsistent, leaving many scrambling for housing, education, or financial preparation. Youth also noted that workers sometimes lacked knowledge about available resources, leading to missed opportunities. Overall, youth wanted practical, hands-on learning and individualized, whole-person support.

Parents described similar challenges. Parents also reported difficulty accessing legal or advocacy supports for themselves or their children, especially during major transitions. Basic needs during placement changes such as food, financial support, or stabilization resources were often overlooked. Even when parents knew what resources existed, they said follow-through was inconsistent, and requests for help sometimes went unanswered. Families of children with disabilities or special needs described gaps in referrals, coordination, and individualized planning. Community partnerships were underused, leaving parents to navigate services on their own. Transitions, such as reunification or case closure, were poorly supported, with families losing services abruptly. Parents emphasized that peer allies and informal supports were often more helpful than formal systems. Worker engagement and follow-through varied widely, directly affecting whether services were delivered.

Overall, families said services tended to meet basic or crisis needs but fell short in addressing whole-person development, long-term stability, and the unique identities and circumstances of each child and family.

Staff said they can individualize services only sometimes, and far less than families need. Many described individualization as “very limited” or “almost non-existent.”

Caseworkers often end up sending families back to FPS because other services are too rigid, unavailable, or not designed for the family’s real needs. FPS becomes a catch-all, even when it isn’t the right fit, especially for families with higher-risk needs or active substance use.

Some caseworkers especially in rural areas said they have more flexibility because they rely on local nonprofits instead of contracted providers. This lets them build plans around what the family actually needs instead of just checking off court-ordered tasks. Others said it helps when providers are cross-trained and can offer multiple services back-to-back for families who have already completed several EBPs.

Staff said the system makes individualization difficult. Many EBPs have changed so much they no longer meet fidelity, and some programs exclude the families who need the most support. Caseworkers also struggle when they don’t know what services exist. Many are unfamiliar with service dashboards, provider lists, or what each service actually offers, making it hard to match supports to a family’s language, culture, learning needs, or transportation limits.

Language access is a major barrier. Staff can meet needs for common languages, but not for specific dialects or less common languages. Specialized mental health services like trauma-focused therapy are also hard to find because there aren't enough trained providers, even in King County. Some families must travel long distances to get court-ordered services. Parents with intellectual disabilities often can't access supports that fit their learning needs, and even when services are adapted, courts may still say they are not adequate.

Payment and eligibility rules also limit individualization. Some parents don't qualify for Medicaid because they work part-time, and contracting for specialized services is slow and complicated. Staff said the system needs easier contracting and more providers with specialized training.

Workers also said they need more service options that match the common needs they see in families, and more flexibility to tailor supports without being blocked by policy timelines or program rules. They emphasized that individualization depends on strong assessment skills, and the workforce needs more training on how to assess families, understand parental capacities, and build meaningful case plans. Many staff said there is confusion about what a case plan is, how it differs from a service plan, and how to connect needs to the behavior changes required for safety.

Overall, staff want to individualize services, but they need more resources, more flexibility, and clearer training to do it well.

DCYF expanded community-specific services in partnership with tribal and community agencies. These service organizations share identity, lived experience, and a deep understanding of their communities which fostered awareness, trust, and credibility with the families they served. This subsequently results in richer engagement, improved family wellness, and expanded access for families to prevention services and community resources.

Services provided under the Community Specific Services project included service navigation, home visiting, parenting classes and coaching, youth wellness programs, fatherhood support groups, youth and family substance use prevention workshops, financial literacy classes, and intensive in-home services.

During the 2025 legislative session SB 5187 was passed and awarded DCYF funding to provide services to support reunification of tribal families with their children. To expand these services, DCYF published a procurement for Positive Indian Parenting in November 2025. DCYF anticipates awarding up to 10 contracts, expanding Positive Indian Parenting to tribal communities across the state with a priority to communities that are experiencing limited service availability as seen in the state's rural counties.

## Improvement Efforts

### Service Matching

To ensure services are individualized to meet the unique needs of children and families, the CIHS unit is developing a series of trainings for child welfare, in-home contracted providers, community providers, and the judicial systems across Washington. These trainings will focus on effective service matching and how to assess each family's needs within evidence-based and in-home models.

CIHS is also expanding the service array to better support families with complex needs. DCYF is exploring programs such as Intercept, Step-by-Step, Youth Acceptance Project, and services that support parents and caregivers who are using substances noted in the service array section above.

The QCCR tracks provider specialty data that highlights contractors specialized in specific fields, programs, or with specific skill sets, and professionals with expertise in meeting a variety of client needs, as well as their capacity and locations served. CIHS plans to use this information in the development of CCWIS which will allow caseworkers to request providers who specialize in a particular field, so all families have access to individualized services that meet their unique needs.

### Telehealth

Upon reviewing the telehealth pilot recommendations, executive leadership approved the use of full or partial telehealth in CIHS for the following services:

- FPS
- Incredible Years
- Parent Child Interaction Therapy
- Promoting First Relationship
- SafeCare
- Positive Parenting Program

Telehealth guidelines were added to the CIHS contract in October 2024 and feedback from providers and Child Welfare Division staff has been positive. While not all situations are appropriate for telehealth, caseworkers described this to be a supportive option for families who would otherwise not have access to mental health, parenting support, or evidence-based services. A formal survey will be distributed in 2026 to further evaluate how telehealth is being used and how effective it is.

**Telehealth Utilization Rate by Service**

| Service | Utilization Rate |
|---|---|
| **Family Preservation Services (FPS)** | 41% |

| CHILD AND FAMILY SERVICES REVIEW (CFSR) ROUND 4 | |
|---|---|
| **Service** | **Utilization Rate** |
| **Positive Parenting Program** | 28% |
| **Promoting First Relationship** | 10% |
| **SafeCare** | 9% |
| **Functional Family Therapy** | 6% |
| **Incredible Years** | 4% |
| **Parent Child Interaction Therapy** | 2% |

*Data Source: Child Welfare Portal, OIAA data request*

The table above indicates that telehealth use is highest in FPS and Positive Parenting Program. When safe and appropriate, offering telehealth delivery options for CIHS allows for additional flexibility and research indicates services are still therapeutically effective. The FPS program manager, CIHS QA program analyst, and OIAA, will continue to assess and evaluate the effectiveness of telehealth for in-home services.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration's (previous lead child welfare agency) Individualizing Services received an overall rating of an area needing improvement during the Washington 2018 CFSR Round 3.

Compared to CFSR Round 3, the system shows clear improvement, and current information reflects meaningful progress in tailoring services to family needs.

### Conclusion and Overall Rating

Based on information gathered and described above, the evidence supports an overall conclusion of culturally specific programming, tribal partnerships, improved assessment tools, expanded service-matching strategies, and flexible delivery options like telehealth. Families benefit from these services that reflect their culture, developmental needs, and unique circumstances. Some areas still need attention, such as increasing staff use of the CIHS directory, addressing regional service shortages, and ensuring new individualized service models can be fully implemented statewide. DYCF assesses Item 30 Individualizing Services as an ***area needing improvement*** and the systemic factor is ***not in substantial conformity***.

## Agency Responsiveness to the Community

### Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR

***How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?***

#### Data Sources Used and Method of Analysis

Evidence for this item is drawn from multiple sources, including the 2025 APSR; DCYF's Community Engagement web materials; meeting documentation from advisory groups and subcommittees; the DCYF Connections newsletter; the *Stakeholder Facilitation for Systemic Improvements* report produced by Public Consulting Group; and an inventory of community engagement activities occurring from October 2024 through early 2026, submitted by regional and divisional staff. These materials were analyzed to assess the methods, frequency, and effectiveness of system partner engagement and to determine the extent to which system partner feedback is integrated into statewide planning.

To synthesize findings across sources, a qualitative thematic analysis approach was used. Information from each source was reviewed to identify recurring topics related to engagement, including engagement methods, participant representation, communication strategies, feedback mechanisms, collaboration practices, and evidence of how input informed decision-making or program planning. Themes identified within one source were compared against findings from other sources to identify areas of alignment, consistency, or divergence.

For example, themes emerging from advisory group meeting notes were cross-referenced with engagement activity inventories and newsletter communications to assess whether reported engagement efforts were reflected in ongoing practice and statewide communication efforts.

The analysis also considered the frequency and distribution of engagement activities across regions, divisions, and partner groups to identify patterns in participation and outreach. Particular attention was given to evidence demonstrating bidirectional communication, sustained system partner involvement, and examples where feedback resulted in policy, practice, or planning adjustments. By triangulating information across documentation, reports, and activity records, the review was able to draw conclusions not only about the existence of engagement activities, but also about the consistency, depth, and integration of engagement practices throughout the agency's continuous improvement processes.

### Limitations of the Data and Information

The available evidence is largely qualitative and document-based, which limits the precision and completeness of the findings.

The APSR, web materials, newsletters, advisory group minutes, and the Public Consulting Group report primarily describe structures, processes, and illustrative examples rather than providing standardized, quantitative measures of engagement (for example, the proportion of meetings that include parents, youth, or tribal partners). The inventory of community engagement activities from October 2024 through early 2026 depends on self-report from regional and divisional staff, which introduces variation in how thoroughly activities were reported, how consistently categories were used, and how clearly outputs or outcomes were documented. As a result, some engagements may be underreported, over-aggregated, or described in ways that are not fully comparable across regions or programs.

Focus groups with system partners were conducted to supplement these materials and provide more direct information on perceptions and satisfaction with engagement processes. While these focus groups add important depth and context, they also have limitations: participation was voluntary and not necessarily representative of all system partner groups or regions, and responses reflect participants' experiences at a point in time rather than longitudinal trends. The focus groups of lived experience included participants from many areas of the state, including rural and urban. The groups were intended to gather a range of perspectives and experiences across the state. In addition, focus group data are inherently qualitative and cannot be generalized to the full population of partners. These limitations mean that the analysis can reliably describe the structure and perceived functioning of engagement mechanisms, but cannot provide precise estimates of reach, representativeness, or effectiveness across all system partners statewide.

Because engagement activities are not centralized, DCYF is not able to produce comprehensive statewide estimates of reach, representativeness, or effectiveness. However, DCYF is expanding internal outreach on agency engagement framework to better support teams across divisions. For groups coordinated by the Community Engagement team membership, participation, and recommendations are tracked. Meeting reflection surveys are also used to gather feedback and identify areas for improvement. Recruitment for open seats will focus on filling gaps in representation. DCYF has also taken steps to better document and track groups that are managed outside of the Community Engagement team, support compensation efforts for lived experts across the agency and hope to continue strengthening these efforts. While these efforts do not eliminate the limitations of a decentralized model, they provide a structured way to monitor and enhance engagement within our scope.

## Findings on Statewide System Functioning

DCYF demonstrates a mature and institutionalized approach to system partner engagement that extends well beyond compliance with federal requirements.

Engagement is embedded in the way the agency plans, implements, and continuously improves its work, with structures operating at multiple levels of the system. At the statewide level, standing advisory bodies, communities of practice, and cross-system collaboratives provide ongoing input into policy, program design, and CQI. At the regional and local level, county-based partnerships with courts, tribes, caregivers, providers, and community organizations translate those priorities into day-to-day practice and elevate local conditions back to state leadership. Layered on top of these are project- and initiative-specific engagements that are convened for major changes, such as FFPSA implementation, negotiated rulemaking, and information system modernization. These interconnected structures form a comprehensive engagement architecture that supports the goals and annual updates of the CFSP and APSRs. Information gathered from the focus groups of lived experience has been transformed into themes and key insights. Themes and key insights will be shared with relevant program managers to support ongoing quality improvements efforts and help shape practice into having a more positive impact on the people we serve.

### Statewide ongoing structures

DCYF works closely with communities, tribes, and lived experts or clients of the system through long standing partnerships. These partnerships strengthen internal work and support collaboration with other agencies, courts, and community collaborators. DCYF uses a year-round continuous improvement cycle that engages system partners to carry out the strategies and activities identified in the CFSP. Ongoing consultation assists DCYF in understanding the needs of children, youth, and families and adjusts strategies as needed. Examples include implementation of the FFPSA, FPM, and ICWA policy and practice updates.

DCYF works with several advisory groups that engage directly with clients of the system and tribal and community partners. Each advisory group has a unique role and offers insights into the operations at DCYF. These groups also provide leadership opportunities for members, reinforcing DCYF's commitment to elevating the voices of those most impacted by the systems. DCYF engages advisory groups through clear requests, preparation, and consistent feedback loops.

Most advisory groups are co-led by DCYF with tribal partners or community members. Agenda topics are suggested, reviewed, and approved by an executive committee or co-chairs. This shared leadership builds trust and ensures accountability to the 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 during planning is the method for determining the feedback loop. After each meeting, members receive a reflection survey to help improve future meetings. These surveys are another feedback loop that has led to real changes, such as:

- Changing the name of a group to align with priorities
- Adding the option for group members to receive text notifications about upcoming meetings
- Identifying future meeting topics

**Youth and parent lived-experience advisory bodies**

The inventory documents at least two statewide bodies that center youth and parent lived experience:

- Passion to Action is a group of youth lived experts and a forum for seeking guidance from child welfare alumni on policies, programs, and practices. Entries show that Passion to Action functions as a statewide youth advisory body, with participation from young people who have experienced care and partners such as the Mockingbird Society and adolescent service providers. The group is used to review proposed policy changes, inform communication materials aimed at youth, and provide feedback on practice expectations for adolescent services and EFC.
- The Parent Advisory Group is a group of parent lived experts and a DCYF sounding board. The group brings together parents with prior involvement in the child welfare system to provide structured feedback on DCYF policy proposals, practice guidance, and communication strategies.
    - The Parent Advisory Group is also connected to more specific parent engagement structures, such as Parent for Parent advisory boards linked to shelter care and dependency processes, which ensures that statewide policy conversations retain a clear connection to the realities of families navigating the system.

These lived-experience bodies are not one-time listening sessions, they are ongoing, named structures that meet regularly and are routinely tapped by state-level program and policy leads.

They demonstrate that Washington has institutionalized the expectation that youth and parents with lived experience will help shape statewide child welfare practice and CFSP/APSR priorities.

**Permanency and kinship-focused statewide collaboratives**

Washington has also established several statewide structures that focus on permanency and kinship supports:

- The Permanency Coalition is a collaboration of permanency professionals and a group that seeks to promote a consistent, collaborative approach to permanency practice. Participants include DCYF staff and external partners such as Northwest Adoption Exchange (NWAE). The coalition is used to align practice across adoption support, guardianship, and related permanency services, and to identify barriers to timely and stable permanency that can then inform policy, training, and CFSP permanency strategies.
- The Kinship Caregiver Oversight Committee is an ongoing, statewide forum led by DCYF that brings together caregivers, state agencies, community non-profits, advocates, tribal partners, and legal experts to strengthen kinship caregiver supports. Meeting monthly, the committee focuses on improving kinship-related policy, practice expectations, and support strategies, ensuring that caregiver voice directly informs agencywide kinship work. The committee develops reports and agenda topics based on the needs and requests of kinship caregivers, helping maintain continuity between one-time project efforts and ongoing kinship governance, grounded in the belief that when we work together, we build a stronger community.
- The EFC Community of Practice is a statewide community of practice that creates a collaborative space for DCYF EFC leads and community partners. This forum is used to standardize EFC practice, share problem-solving strategies across regions, and ensure that EFC practice changes are informed by both youth input (via Passion to Action) and provider experience. It connects directly to CFSP/APSR work on older youth and successful transitions to adulthood.

These structures demonstrate that permanency and kinship are not being addressed through isolated initiatives but through ongoing, multi-partner forums that are explicitly charged with improving how permanency, adoption, and kin supports are delivered statewide.

**Communities of practice and system-wide training/governance**

DCYF participates in several statewide communities of practice and governance bodies that link policy, training, and daily practice:

- The Alliance Partnership Executive Team is a statewide executive-level group focused on collaboration and executive oversight of UW Alliance training and learning partnerships.
- Members include the UW Alliance, UW Tacoma, Eastern Washington University, tribal representation, and DCYF leadership. This team governs pre-service and in-service child welfare training content and strategy, aligning workforce development with policy direction, CQI priorities, and lessons from lived-experience and partner feedback.
- Statewide Family, Youth, System Partner Round Table operates as a cross-system forum where families, youth, behavioral health providers, system partners, and DCYF staff come together to identify barriers and strengths in the behavioral health system for children and youth involved with child welfare. The round table provide a structured venue for elevating youth and family voice, surfacing regional and statewide service gaps, and informing both policy and practice related to access, coordination, and quality of behavioral health supports.
- Statewide In-Home/Family Preservation provider meetings bring together contracted in-home and family preservation service providers with DCYF program staff to reinforce practice expectations, review emerging issues, and share implementation experience across regions. These meetings are used to discuss referral patterns, service accessibility, fidelity to evidence-based models, and outcomes, and they give providers a direct line to state staff to flag barriers, propose adjustments, and highlight promising approaches that may warrant broader spread or targeted CQI efforts.

**Cross-system court collaborations**

Washington has established statewide bodies that bring together courts and DCYF to address systemic interface issues.

HOPE Court is a statewide ongoing effort tied to juvenile rehabilitation and court partners. Its purpose is to understand the court in “the eyes of clients” and identify improvements, with participants including court judicial staff, DCYF, CASA programs, Guardian ad litems, and others. This structure allows the state to examine and adjust specialized court models using feedback from both systems and families.

The FWCC, a standing committee of the Washington State Supreme Court Commission on Children in Foster Care, is dedicated to keeping families safely together. By convening workgroups of system partners, the FWCC develops innovative tools, training, and resources to enhance court practices and improve family outcomes.

The collaborative is staffed by the AOC and co-chaired by the AOC's family and youth justice programs (FYJP) manager and the DCYF assistant secretary of the Child Welfare Division.

There are over 100 FWCC members statewide, representing judicial officers, attorneys, court administrators, child advocates, caseworkers, academics, caregivers, and individuals with lived experience. In 2025, the FWCC convened six times to discuss system-wide issues, legislative updates, resource gaps, and new initiatives.

The FWCC's primary impact is realized through workgroups that translate policy and system challenges into practical solutions. These five workgroups incorporate input from casework professionals and individuals with lived experience to develop tools and system improvements beneficial to both families served by the courts and practitioners. Each workgroup is facilitated by a FYJP staff member.

- The Harm of Removal Workgroup develops resources and training to support courts in assessing the harms of removal in child dependency cases. Members include court and system partners, foster care licensing, education and policy advocates, and individuals with lived experience, including parents, former foster youth, adoptees, and caregivers. This group created the widely used Harm of Removal Map and is currently developing Guidance for Courts: Harms of Removal Across Stages of Child Development, which provides developmentally specific considerations for evaluating the impacts of family separation.
- The Engaging Parents at Shelter Care Hearings Workgroup identifies ways to improve parent engagement at the outset of dependency cases. Drawing on the expertise of people with lived-experience, court professionals, attorneys, and Child Welfare Division staff, the group identified key strategies to strengthen engagement. This workgroup developed a parent journey map focused on the shelter care phase.
- The Guardianship Workgroup identifies current system challenges and develops practical tools to enhance the understanding and ability of dependency court communities to use Title 13 and Title 11 minor guardianships in ways that promote positive outcomes for families. The workgroup has created a series of tipsheets and will be holding a cross-system, multi-part training series in 2026.

- The Child and Youth Trafficking Workgroup analyzed the anticipated impacts of SB 6006 on dependency courts and developed resources, tools, and training to support implementation. For example, the workgroup developed a series of bench cards to guide courts in making critical decisions in dependency cases involving youth who have experienced trafficking. This workgroup started in March 2025 and concluded in July 2025.
- The Court Process for Cases Without Removal Workgroup is developing a model court process for dependency cases where a petition has been filed without a request for removal or the child has been returned home prior to fact-finding by order of the court. These cases are referred to as "in-home pre-fact-finding cases". The formation of this workgroup was driven by multiple factors, including Washington's historically higher rates of removal as compared to other states and recommendations from both DCYF's fatality review process and the 2025 Office of the Family and Children's Ombuds report.

These statewide ongoing structures demonstrate that Washington's engagement system has a strong formal backbone. Advisory bodies, communities of practice, and cross-system collaboratives are embedded into the way the state does business and offer multiple routes for stakeholders to influence statewide policy, practice, and training decisions tied to the CFSP and APSRs.

### Regional and local ongoing structures

Regional and local ongoing structures are county and region based collaboratives that adapt statewide priorities to local conditions and provide a mechanism for local partners to raise issues and innovations back to the state. These structures show how statewide strategies are operationalized and stress-tested in real communities. DCYF program managers who participate in the collaboratives below to review themes, identify gaps, and elevate local insights. The information gathered through these engagements directly informs the APSR and the long-term goals and strategies in the CFSP, as program managers serve as subject matter experts contributing to these federal reports.

**Court focused regional collaboration**

DCYF engages in a range of court-related activities at the regional and county levels:

- Juvenile court teaming meetings and dependency-related meetings bring together DCYF staff, courts, attorneys, and other partners to discuss individual cases and broader practice patterns. These forums are used to problem-solve around case flow, clarify expectations, and address systemic issues such as delays in hearings or barriers to service access.

- Dependency 101 sessions and bench-bar meetings function as ongoing regional or local engagements. These structures support shared understanding of child welfare practice and law among judges, attorneys, and DCYF staff and create space for courts to provide direct feedback on casework quality, documentation, and communication. They also allow the agency to explain new policies or initiatives and gather real-time reactions from court partners.
- Early Childhood Court community teams and other local court and community collaborations meet regularly as multidisciplinary groups that include judicial officers, early learning providers, DCYF staff, and other partners. They focus on improving outcomes for young children in dependency, aligning court orders with developmentally informed services, and addressing local resource gaps.

These regional court structures ensure that engagement with the judiciary is not limited to state-level conversations. Instead, courts consistently participate in collaborative forums where they can raise local implementation concerns and work with the agency and providers to address them.

**Safety, Multi-Disciplinary Teams, and review structures**

DCYF uses multiple multi-disciplinary teams and case review structures as regional or local ongoing engagements:

- Multi-disciplinary teams bring together law enforcement, child welfare, prosecutors, victim advocates, and other partners to coordinate around child abuse and neglect cases. These meetings provide a regular venue for partners to review cases, align on investigative and safety-planning strategies, and address systemic issues such as information-sharing barriers or inconsistent responses.
- Death review and child fatality review structures operate at the regional level to complement the statewide child fatality and near-fatality review committees. These reviews focus on local practice, service availability, and cross-system coordination in specific cases, then feed summary themes and recommendations back to statewide bodies.

Through these structures, local partners have ongoing opportunities to examine the highest-risk situations and contribute directly to practice and system changes designed to prevent future harm.

**Regional caregiver and kinship engagement**

DCYF also maintains multiple regional engagements focused on caregivers:

- Regional 1624 meetings function as ongoing regional or local forums centered on foster parent support, with participants including foster parents, kinship caregivers, and parent liaisons. These meetings are used to surface caregiver concerns, discuss barriers in working with the agency, and share information about policy and practice changes affecting caregivers.
- Collaborations with Foster Parent Association of Washington State Connection and local foster parent associations provide additional venues where foster parents can interact directly with regional leadership, raise issues, and co-design solutions for recruitment, training, and support.
- In some regions, DCYF holds regular meetings with kinship advocacy organizations and community-based caregiver support providers, further extending caregiver voice beyond licensed foster homes.

These regional caregiver structures create a bridge between statewide caregiver engagement and day-to-day caregiver experiences in local offices.

**Local multi-system collaboratives**

DCYF also participates in a range of local multi-system partnerships that host ongoing engagement:

- Collaborations with schools and youth employment partners, such as Career Connect Washington regional advisory cohorts and local youth employment coalitions, demonstrate engagement with education and workforce systems on topics including older youth, dropout prevention, and employment opportunities for system-involved youth.
- Local partnerships with early learning and early intervention providers, such as child welfare and early learning staffing meetings and Early Childhood Court community teams, support alignment of child welfare practice with early childhood services and special-education supports.
- Regional meetings with behavioral health providers, Statewide Family, Youth, System Partner Round Tables, and other mental health partners provide a forum for addressing service access, coordination, and cross-system case planning for children and youth in foster care or at risk of removal.

These regional and local ongoing structures show that Washington's engagement system is not solely centralized. Instead, regional and county partners including courts, providers, schools, and community organizations are part of ongoing conversations that shape how statewide priorities are implemented and refined.

### Project and initiative specific engagements

Project and initiative specific engagements are time-limited workgroups, listening sessions, and consultations that DCYF convenes when it is designing, redesigning, or implementing major changes. These efforts are layered on top of ongoing statewide and regional structures and are used to gather targeted input and co-design specific policies, systems, or pilots.

#### Negotiated rulemaking and standards development

DCYF also relies on project-specific structures when rules and standards must be created or revised:

- Kinship Licensing Standards work involved lived experts in the development of WAC chapters for kinship licensing, ensuring that standards reflect kin realities, promote consistency, and are accessible to relatives and kinship caregivers.
- Foster Care Negotiated Rulemaking and Group Care Negotiated Rulemaking are used when DCYF must amend contracts and rules, including in response to settlement requirements. In these efforts, DCYF works with providers, tribes, and other system partners through structured engagement processes that reconcile legal obligations, provider capacity, and practice goals. The outputs are revised contracts and regulations that have been shaped directly by those affected.

These processes show that when the agency is legally or operationally required to change standards, it uses formal negotiated rulemaking structures that include affected partners in the design, rather than making changes unilaterally.

#### Court-focused initiative groups

Several project-specific engagements focus on court models and system alignment:

- Unified Dependency Court Planning Committees and other specialized court initiatives bring together judges, attorneys, DCYF staff, CASAs, and, in some instances, lived-experience representatives to design or refine court structures and processes. These groups address docket structures, workflow, expectations for parties, and coordination with services.

- HOPE Court-related engagement, while also functioning as a statewide ongoing collaboration, includes project-specific work focused on examining client experience in HOPE Court and identifying concrete changes to practices, supports, and coordination with services.

These project-specific structures show that DCYF uses intensive engagement when redesigning how the courts and the child welfare system interact, recognizing that changes to court models and processes have far-reaching implications for families and outcomes.

### Areas of Strength

DCYF has built a multi-layered and institutionalized engagement structure that operates at statewide, regional/local, and project-specific levels.

Statewide bodies such as Passion to Action, PAG, the Permanency Coalition, kinship-focused workgroups, and executive-level partnerships with the Alliance and university partners show that engagement is embedded in routine governance rather than being ad hoc or time-limited. Regional structures including court collaboratives, Multi-disciplinary teams, Early Childhood Court community teams, and caregiver forums ensure that local courts, providers, and community organizations have regular access to DCYF decision makers and a clear pathway to raise system barriers and solutions.

A key strength is the meaningful integration of lived experience throughout this architecture. Passion to Action and the Parent Advisory Group function as explicit statewide lived-expert bodies used to vet policy, practice changes, and communication products. At the regional level, Parent for Parent advisory boards, shelter-care-focused parent engagement, and court-based parent advisory structures further embed youth and parent voice into decision making. These lived-expert bodies are not isolated pilots; they are recurring, compensated structures that are recognized as part of DCYF's core engagement infrastructure.

The agency also demonstrates robust engagement with courts, tribes, and caregivers, aligned with statutory expectations. Courts engage through FWCC, HOPE Court-related collaborations, juvenile court teaming meetings, Dependency 101, bench–bar forums, and Early Childhood Court teams. Tribes participate in multiple statewide and regional engagements, including tribal FFPSA listening sessions, tribal behavioral health and prevention collaboratives, and tribal-focused workgroups such as Wraparound with Intensive Services tribal adaptation. Caregivers are engaged through regional 1624 meetings, Foster Parent Association of Washington State - connected activities, permanency and adoption collaboratives, and kinship-specific structures.

These forums are supported by accessible multi-modal communication including advisory meetings, virtual sessions, newsletters, and open forums and by transparent public communication about opportunities and outcomes, which together strengthen trust and accountability.

In addition, DCYF uses engagement deliberately to align training, policy, and practice and to support targeted design for high-impact initiatives. The Alliance Partnership Executive Team, Statewide Family Youth System Partner Round Tables, and statewide In-Home/Family Preservation provider meetings ensure that workforce training and specialized practice are developed in partnership with those who deliver and experience services, reducing fragmentation between policy development and day-to-day practice. For major initiatives such as FFPSA prevention planning, negotiated rulemaking, kinship licensing standards, and CCWIS modernization, DCYF convenes time-limited, project-specific groups with the right mix of internal and external partners.

These efforts are often supported by professional facilitation and compensation for lived experts, and they are tied to concrete outputs (rule changes, contracts, pilot designs, and system requirements). This combination of institutionalized structures, compensated participation, multi-modal communication, and professionally facilitated, outcome-focused engagement strengthens the connection between stakeholder input and system change.

### Areas Needing Improvement

Despite a strong engagement infrastructure, several gaps limit DCYF's ability to fully demonstrate equitable and effective consultation statewide. Regional representation and visibility are uneven. Engagement is robust and well documented in some regions and thinner in others, particularly more rural areas.

Across structures, documentation and data standardization are inconsistent. Many groups clearly describe their purpose and participants, but recommendations, action items, and "you said, we did" changes are not consistently captured. Free-text descriptions and varying categories make it hard to quantify who is engaged, where engagement is strong or thin, and how partner input has shaped CFSP/APSR priorities and CQI work. Post-implementation engagement for major initiatives (e.g., FFPSA, negotiated rulemaking, CCWIS) is also not always clearly documented. Finally, although focus groups and qualitative accounts suggest many partners experience engagement as relational and responsive, system partner perceptions and satisfaction are not yet measured in a standardized way, and experiences likely vary by region and topic.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration (previous lead child welfare agency) received a *strength* rating during the Washington 2018 CFSR Round 3 for item 31.

Compared to Round 3, DCYF has significantly expanded and systematized its engagement infrastructure. The new Community Engagement Framework and Toolkit marks a major advancement providing staff statewide with standardized tools and expectations for consultation and feedback documentation. This shift from informal engagement practices to a codified, agency-wide system demonstrates clear progress since the last review cycle. The framework's emphasis on transparency, feedback loops, and shared learning directly responds to prior Children's Bureau recommendations for clearer linkage between system partner input and program decision-making.

Further examples of improvement include compensation for community contributors, expanded use of newsletters and advisory groups, and contracted facilitation. These improvements reflect a shift from episodic consultation to sustained, multi-level collaboration embedded within CFSP and APSR development.

### Conclusion and Overall Rating

Washington DCYF's ongoing engagement with community representatives, tribal partners, families, providers, and other key system partners demonstrates a highly responsive and broad statewide system. The agency's efforts reflect an intentional design to incorporate community perspectives into CQI and federal planning processes.

While opportunities remain to strengthen feedback documentation and expand quantitative tracking, Washington's structural commitment and transparency remain strong. DYCF assesses Item 31 State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR as a ***strength*** and the systemic factor is in ***substantial conformity*.**

## Item 32: Coordination of CFSP Services With Other Federal Programs

*How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?*

### Data sources used and method of analysis

Item 32 is assessed using data from existing sources, DCYF policy, current programmatic processes, and input from internal and external partners.

### Limitations of Data and Information

Data for this item has several limitations. Existing data systems were not built to measure cross-program coordination and generally cannot show when children and families are being served by multiple federal or federally assisted programs at the same time. In order to capture cross-program participation, caseworkers must manually select the programs the children and families are participating in. Systems are siloed, use different identifiers, and are often reported only in aggregate, which limits the ability to describe coordination at the family level. Policy and agreement reviews describe formal expectations (for example, MOUs, data-sharing agreements, and referral processes) but do not show how often or how consistently coordinated practices occur in the field, and informal collaboration is rarely documented. Information about current programmatic processes relies largely on self-report from program, regional, and contract leads, with more mature or well-resourced initiatives more likely to have written procedures. System partner input reflects the views of those who participate in existing engagement structures or respond to outreach, which may under-represent the perspectives of youth and families involved with multiple systems, tribal partners, smaller community-based organizations, and rural providers. Through the development of the future CCWIS system there are opportunities to cross match data differently with the new database, especially when data is shared with DCYF from other agencies.

### Findings on Statewide System Functioning

DCYF actively coordinates with multiple federal programs administered under the Social Security Act and other federal statutes.

- Title IV-E / IV-B (Child Welfare Services and Foster Care & Adoption Assistance): DCYF is the designated state agency administering both programs and collaborates with the Department of Health, HCA, and community-based service providers for implementation and oversight.
- TANF (Title IV-A): DCYF coordinates with the DSHS to connect caregivers and families to TANF-funded supports, including non-needy relative benefits for kinship caregivers.
- Medicaid/Title XIX: Through a formal partnership with the HCA and the state's managed-care entity, Coordinated Care of Washington, DCYF ensures access to trauma-informed physical and behavioral health services for children and youth in foster care.
- Child Abuse Prevention and Treatment Act (CAPTA): DCYF houses a dedicated CAPTA Program Manager who leads statewide coordination, system partner engagement, and alignment of prevention activities supported by CAPTA funding.

- Title II and XVI (Supplemental Security Income and related Social Security programs): Caseworkers routinely coordinate with the Social Security Administration to ensure eligible children in foster care receive SSI benefits.
- The Office of Tribal Relations: Supports DCYF services so they are high quality and respectful of tribal cultures and makes sure tribes can access DCYF services in a timely way. OTR works with tribes and Recognized American Indian Organizations to build strong government-to-government relationships. There are currently 15 MOUs between DCYF and federally recognized tribes in Washington. They help both work together to provide child welfare services to Indian children and families.

### Description of Services Provided Through Federally Supported Partnerships

DCYF collaborates with federal, state, and community partners to deliver a range of services, including:

- Economic Supports: TANF-funded emergency and relative caregiver assistance to stabilize families and prevent foster care entry.
- Health and Behavioral Health Services: Coordination with Medicaid managed-care entities provides comprehensive medical, behavioral, and dental coverage for children and youth in care.
- Routine “multi-system rounds” between DCYF, HCA, and managed-care partners are used to address complex medical and placement needs.
- Housing Stability: The Child Welfare Housing Program administered by DCYF in partnership with federally funded housing authorities and supportive housing assistance providers, couples state funds with federally funded Family Unification Program and Foster Youth to Independence vouchers to provide long-term housing, rental assistance, and stabilization supports for child welfare-involved families and youth transitioning to independence.
- Educational Continuity: Through the Foster Care Education Program, DCYF collaborates with OSPI and designated district liaisons to ensure school enrollment, transportation, and credit transfer for youth in placement transitions.
- Transition-Age Youth Support: DCYF partners with nonprofit organizations such as YMCA, Olive Crest, Catholic Charites, or Youthnet to distribute Chafee funds directly to foster care alumni for postsecondary, housing, and employment needs.

### Mechanisms and Processes for Coordination

DCYF coordinates with several federally assisted programs that serve the same children and families and uses multiple mechanisms to support cross-system alignment: DCYF's cross-agency coordination efforts contribute to service continuity and reduce disruption for children and families as they move across program types or stages of involvement.

- **CAPTA:** Funds child abuse prevention initiatives, community-based prevention services, and statewide policy development under the CAPTA Program Manager.
- **HUD-Funded Programs:** CWHP activities align with HUD's Family Unification Program and local housing authorities to prevent family separation due to homelessness or substandard housing.
- **Substance Abuse Block Grant:** DCYF collaborates with HCA's Division of Behavioral Health and Recovery to ensure parents and caregivers have access to SUD treatment and recovery supports, including within Family Treatment Court programs.
- **Head Start and Early Head Start:** Early Support for Infants and Toddlers providers coordinate with federally funded Head Start programs to align developmental and early learning services for children birth through five.
- **Designated Program Management Roles:** The CAPTA Program Manager and Integrated System of Care Administrator guide cross-agency coordination and ensure compliance.
- **Interagency Workgroups and Committees:** Regular workgroups bring together DCYF, HCA, OSPI, DSHS, and community partners to align services, share data, and address emerging needs such as health and education coordination.
- **Contracted Provider Networks:** DCYF contracts with local housing organizations, Chafee and prevention providers, and behavioral health agencies using state and federal funds to deliver services aligned with CFSP priorities.
- **Education Liaison Structure:** Formal DCYF–OSPI protocols ensure each school district has a designated Foster Care Liaison responsible for communication and problem-solving with DCYF field offices. OSPI and DCYF meet with Foster Care Liaisons quarterly for support and collaboration. The effectiveness of these meetings is conveyed in the Annual Report for Foster Care Liaisons Needs Assessment.

### Areas of Strength

DCYF demonstrates broad and intentional coordination of CFSP services with other federal and federally assisted programs, particularly Titles IV-B/IV-E, TANF, Medicaid, CAPTA, SSI, and HUD-aligned housing programs.

As the state agency responsible for administering IV-B/IV-E, DCYF works closely with the Department of Health, HCA, DSHS, OSPI, and contracted community providers to align funding, eligibility, and service delivery for shared populations. TANF-funded economic supports, including non-needy relative benefits, are used to stabilize kinship caregivers and prevent foster care entry.

Through formal partnerships with HCA and Coordinated Care of Washington, children and youth in foster care receive trauma-informed medical, behavioral health, and dental services, supported by routine multi-system rounds that address complex health and placement needs in real time.

Dedicated roles and structured mechanisms further reinforce coordination. The CAPTA program manager and integrated system of care administrator provide clear points of accountability for cross-agency collaboration, compliance monitoring, and alignment of prevention, treatment, and support services. Interagency workgroups and committees bring together DCYF, HCA, OSPI, DSHS, housing partners, and community-based organizations to address service alignment, data sharing, and emerging issues, while contracted provider networks extend federal and state resources into local communities. The Foster Care Education Program and formal liaison structure with OSPI promote educational continuity through joint problem-solving on enrollment, transportation, and credit transfer.

Housing stability is supported through the Child Welfare Housing Program and HUD-aligned efforts that prevent removals or placement disruptions due to homelessness or unsafe housing conditions. For transition-age youth, DCYF's partnership with Treehouse and the use of Chafee funds provide targeted supports for postsecondary education, employment, and housing after case closure. These coordinated efforts contribute to more continuous, integrated services across systems and over time for children, youth, and families served under the CFSP.

### Areas Needing Improvement

Despite strong examples of coordination, practice is not yet consistent statewide and often depends on local relationships, capacity, and initiative. Some partnerships (for example, Head Start, and smaller community providers) are primarily organized at the local level without uniform processes for referral, information sharing, or joint case planning across regions. Existing mechanisms focus more on access and compliance than on systematically measuring the quality and outcomes of cross-system coordination for children and families served by multiple programs. Youth, family, tribal, and rural provider perspectives are not yet fully embedded in the design and monitoring of these coordination efforts, and DCYF is still building the infrastructure needed to routinely identify and address gaps in service integration across systems.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration (previous lead child welfare agency) received a *strength* rating during the Washington 2018 CFSR Round 3 for item 32.

Relative to the Round 3 CFSR period, Washington's coordination of CFSP services with other federal and federally assisted programs is more structured, visible, and statewide in scope. Previously, much of the collaboration with programs such as TANF, Medicaid, HUD-funded housing, and education partners operated through local relationships and program-specific arrangements. In the current CFSP period, DCYF has clarified roles and accountability (for example, CAPTA program manager and integrated system of care administrator), formalized regular interagency forums with HCA, OSPI, DSHS, and housing partners, and expanded use of contracted provider networks to align federal and state funding around shared child welfare outcomes. Coordination is now more intentionally focused on continuity of services across health, housing, education, and economic supports, rather than on isolated referrals or single-system interventions.

Evidence of improvement since Round 3 includes the establishment and use of concrete mechanisms that did not exist or were less defined during the prior review. Routine multi-system rounds with HCA and Medicaid managed-care partners provide a standing structure to resolve complex health and placement issues for children and youth in care.

The Child Welfare Housing Program has been expanded and aligned with HUD-related resources to prevent removals and placement disruptions caused by housing instability. The Foster Care Education Program and OSPI liaison structure support school stability through enrollment, transportation, and credit transfer processes during placement changes. Dedicated CAPTA leadership has strengthened alignment of prevention activities with other federally supported services, and partnerships with organizations such as Youthnet allow Chafee funds to be more directly deployed for postsecondary, housing, and employment needs for youth and alumni. Semi-annual data convenings and related CQI activities now provide recurring opportunities for DCYF and its federal and state partners to review cross-system outcomes and adjust coordination strategies over time.

### Conclusion and Overall Rating

The evidence indicates that DCYF's coordination of CFSP services with other federal and federally assisted programs is functioning well statewide and has strengthened since CFSR Round 3. The agency has established clear roles, formal interagency structures, and concrete mechanisms such as multi-system rounds, the Child Welfare Housing Program, the Foster Care Education Program, and Chafee-funded transition supports that link child welfare services with TANF, Medicaid, HUD-funded housing, education, SSI, and other federal programs.

These partnerships support continuity of health coverage, educational stability, housing, and post-care services for children, youth, and families served under the CFSP.

Although coordination practices are not fully uniform across all regions and partner types, the overall picture is one of intentional, system-level alignment rather than isolated or ad hoc collaboration. DYCF assesses Item 32 Coordination of CFSP Services With Other Federal Programs as a ***strength*** and the systemic factor is in ***substantial conformity*****.**

## Foster and Adoptive Parent Licensing, Recruitment, and Retention

### Item 33: Standards Applied Equally

*How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?*

#### Data Sources Used and Method of Analysis

The Licensing Division employs a data-driven approach to ensure consistent application of licensing standards across foster, kinship, group care, and Child Placing Agency (CPA) settings. This consistency is supported through uniform WAC based licensing standards, statewide use of structured documentation tools, and supervisory oversight of licensing actions. Together these elements help ensure that all providers regardless of region or setting type are assessed using the same expectations, processes, and verification steps.

Foster and kinship applications are managed through the Washington Caregiver Application Portal (WA CAP), which tracks each application from initiation through relicensing and provides automated notifications, reminders, and dashboards to support licensors, supervisors, and caregivers.

FamLink serves as the official system of record, storing licensing documentation, final actions, and corrective measures, and enabling supervisors and licensing staff to monitor compliance with the WAC. Standardized checklists, updated in July 2025, guide licensors in issuing, renewing, modifying, and amending licenses. These checklists include verification of:

- Fingerprint background checks for all household members age 18+.
- Home health and safety inspection, such as safety storage of medications and firearms, working smoke/carbon monoxide detectors, adequate sleeping arrangements, and environmental safety.
- Training requirements, including:
    - Foster parents: CCT (24 hours), First Aid/CPR, Bloodborne Pathogens, ongoing annual training hours.

- Group care staff: Pre-service training, crisis intervention training, First Aid/CPR, and role-specific competencies.
- CPA foster homes: Same as requirements as foster homes, with additional CPA specific orientation.

Supervisors routinely compare completed actions to these checklists to detect gaps or discrepancies and ensure alignment with statewide standards.

Field monitoring further informs analysis, with data from annual or biannual health and safety visits, observations, file reviews, and interviews documented in FamLink to assess trends, evaluate risk, and verify implementation of corrective measures. Corrective action documentation, including Compliance and Licensing and Support Agreements, is tracked through system-generated reports, enabling supervisors to analyze the effectiveness of interventions and address recurring issues.

External state and federal audits provide additional validation, ensuring that internal monitoring, licensing system data, and field observations collectively support consistent statewide application of standards and promote safe, compliant care for children in all licensed settings.

### Limitations of Data and Information

While the Licensing Division employs robust systems and processes to support licensing, approval, and home study standards, several limitations exist within the available data that may affect the comprehensiveness and precision of analysis. Data from WA CAP and FamLink provide extensive tracking of applications, licensing status, and corrective actions; however, these systems rely on accurate and timely input from licensors and supervisors. Delays in data entry, incomplete documentation, or inconsistent use of checklists can introduce gaps or inconsistencies that affect the reliability of automated reports and dashboards.

Field monitoring data, including health and safety visits and observations of foster, kinship, and group care settings, offer rich qualitative insight into compliance and program quality, yet these data are limited by the frequency and scope of visits. Only a sample of homes and facilities are reviewed each year, and visits often occur at scheduled times or in response to specific complaints, which may not capture all risks or noncompliance in the broader population. The annual sample is selected using a combination of random selection and targeted reviews based on risk factors, ensuring that homes and facilities across all regions are represented. All licensed facilities receive both scheduled and unannounced health and safety visits each year, ensuring that monitoring captures routine practice as well as day-to-day conditions.

Interviews and observations during visits may be subject to bias, and some interactions with children, youth, or staff may not be possible, leaving potential gaps in information about the lived experiences of those in care. To support consistency across the state, each region uses the same standardized health and safety monitoring form for every program type, ensuring that monitoring is conducted using uniform criteria and documentation practices. Health and safety monitoring activities are also tracked in FamLink, which provides a central record of completed visits and supports statewide oversight. Health and safety monitoring activities are also tracked in FamLink, which provides a centralized record of completed visits and supports statewide oversight.

Internal reviews and supervisory oversight support data validation and trend analysis, but they are inherently retrospective, analyzing information already recorded in systems or gathered during visits. Supervisory oversight occurs monthly, with supervisors conducting 1:1 meetings to review each staff member's caseload and discuss documentation, emerging concerns, and follow-up needs. These reviews occur consistently across all regions. This means emerging issues may not be identified in real time, and corrective action tracking may not fully reflect ongoing challenges or recurring patterns that have not yet resulted in documented violations.

Because corrective actions are tied to issues that have already been formally identified, the tracking system may not capture early warning signs, repeated low-level concerns, or patterns that staff discuss during supervision but that have not yet risen to the level of a formal corrective action.

External oversight through state and federal audits provides additional validation of compliance, but audit findings are periodic and limited in scope, focusing on a sample of cases or facilities at specific points in time. Audit data may not fully capture day-to-day variations in licensing practices or localized inconsistencies in how standards are applied.

Finally, differences in licensing requirements and procedures across foster care, kinship care, group care, and Child Placing Agencies create challenges for cross-system analysis. Data collected for one caregiver or facility type may not be directly comparable to another, limiting the ability to generalize findings or identify systemic trends across all programs. Despite these limitations, Licensing Division continually integrates multiple data sources, internal monitoring, and field observations to strengthen analysis, identify areas for improvement, and maintain consistent application of standards statewide.

## Findings on Statewide System Functioning

### Application and Monitoring of Licensing Standards

The Licensing Division maintains comprehensive QA process grounded in statewide licensing policies and procedures, to ensure consistent application of licensing standards across all regions. Licensors follow established procedures that were updated in July 2025, using standardized checklists aligned with the WAC for each license type when issuing, renewing, modifying, or amending licenses, ensuring all requirements are met.

Licensing supervisors provide oversight by reviewing each licensing file for compliance, accuracy, and completeness before approving the license. Foster care and kinship applications are managed though WA CAP and all applications are started within the system, regardless of license type. The system helps everyone stay on track by providing automatic notifications, reminders, and a dashboard that allows licensors, caregivers and supervisors to monitor timelines, upcoming dates, and required actions.

While WA CAP supports the application and workflow process, FamLink remains the official system of record where all licensing documentation and final actions are stored. Group care applications are also documented and managed directly in FamLink.

In addition to system-based support, QA/CQI has established an internal monitoring process to ensure data accuracy and timely follow-up. These efforts include regular data clean ups, consultation with licensing staff, and ongoing tracking that help supervisors oversee licensing activities and maintain compliance with state and federal requirements.

Along with these internal quality controls, Licensing Division is routinely subject to state and federal audits, which provide external oversight and help ensure continued compliance with all regulatory standards.

The Licensing Division also tracks key timelines and other measures that show whether licensing standards are being met statewide. This includes monitoring timely background checks, complete documentation, and resolution of any needed corrections. The division reviews this information every quarter to identify differences between regions and provide support where needed. Results from federal IV-E reviews, internal case checks, and WA CAP data also help confirm that licensing work is consistent, timely, and meets federal safety and compliance standards.

### Monitoring and Relicensing

Licensing Division applies the same structure, statewide approach to monitoring and relicensing that it applies during the application process, ensuring consistency when renewing, modifying, and amending a license, as well as conducting ongoing health and safety checks. For foster and kinship care, licensors complete health and safety monitoring of at least ten percent of the homes they oversee each fiscal year.

These visits are randomly selected by the licensor in coordination with their supervisor. Licensing supervisors reinforce consistency and accountability by reviewing each file for completeness and compliance before final approval of a license being renewed, modified, or amended.

Foster care and kinship licensing activities are managed through WA CAP. The system tracks relicensing timelines and required documentation, sending automated reminders to caregivers and licensors and prompting licensors when specific documents are needed. WA CAP also highlights upcoming deadlines and outstanding tasks, helping licensors and supervisors monitor progress and ensure all materials are submitted before a license expires. Final relicensing approvals and expiration dates are recorded in FamLink, the department's official system of record.

### Oversight of Child Placing Agencies and Institutions

Licensing Division oversees all CPAs and Group Care Facilities (GCFs) to ensure they apply licensing standards that meet state and federal requirements. Licensing Division uses statewide policies, procedures, standard checklists, and consistent monitoring schedules so expectations are the same across regions. Licensors receive training statewide to ensure the identified standards are applied consistently and appropriately statewide.

CPAs with Behavior Rehabilitation Services contracts receive health and safety visits every six months, during which regional licensors review quarterly staff rosters, examine a rotating sample of staff and child or youth files, and speak with children or youth, when possible, to assess safety and quality of care.

GCFs also receive health and safety visits every six months, with at least one unannounced visit each year. Before each visit, licensors review recent compliance agreements and then assess staffing levels, staff files, and child or youth files, along with interviewing or observing children and youth when present.

Additionally, to the scheduled monitoring for both CPAs and GCFs, licensing is also responsible for responding timely to any complaints, critical incidents, and any other allegations/concerns. Any of these require a follow-up visit to assess and determine next steps, which may require more follow-ups and monitoring.

Every three years, both CPAs and GCFs undergo a full license renewal review that includes updated program information, background checks, policies, training records, and facility documents. All licensing work is documented in FamLink. Licensing Division also continuously provides technical assistance, policy updates, and ongoing communication with CPAs and GCFs with the goal of ensuring providers understand and implement requirements as expected and in a timely manner.

### Licensing Waiver Process

With the new WAC chapter for kinship homes that took effect in July 2025, Licensing Division is no longer required to complete the non-safety waivers that were previously needed under the child foster home WAC.

### Variation in Standards by Caregiver or Institution Type

Foster care, kinship care, and group care each serve distinct functions within Washington's child welfare system, and each licensing type is governed by its own WAC requirements, policies, procedures, and forms.

Foster care licenses are issued to individuals or families who provide care to children with whom they have no prior relationship, while kinship care involves relatives or other known caregivers who have an existing connection to the child. Both foster care and kinship applications are processed through the WA CAP portal, which automatically provides applicants with the correct forms and requirements based on their caregiver type. Group care facilities operate as staffed programs rather than private homes and follow a separate set of licensing standards that address program structure, staffing, and facility operations. These facilities use license specific checklists to ensure compliance, and supervisors verify that the appropriate checklist has been applied before a license is approved.

### Corrective Action and Technical Assistance

Licensing Division responds to licensing noncompliance by working collaboratively with providers and caregivers to correct valid WAC violations. When a care provider has a valid licensing infraction, Licensing Division uses a corrective action plan called a Compliance Agreement, which outlines the specific rule violation, the steps required to fix it, and the timeline for completion. Licensors monitor progress until the provider returns to compliance.

For licensed kinship caregivers, Licensing Division uses a support and services mindset and completes a Licensing and Support Agreement, which functions as a corrective action plan but includes additional support and services tailored to the caregiver's needs. Compliance Agreements for foster care and Licensing and Support Agreements for kinship caregivers are completed in WA CAP. While WA CAP supports this work, FamLink remains the official system of record where all licensing documentation and final actions are stored. Group care and CPAs corrective actions are documented and managed directly in FamLink.

## Areas of Strength

The Kinship Home Study that was finalized in July 2025, is 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 September 2025, 75% of kinship caregivers with active placement were licensed and 24% remained unlicensed or were in the process of becoming licensed. This represents 76% of children in kinship care are placed with licensed kinship families.

**Kinship home and licensure at close of FFY 2025**

| Placement Type | Kinship families | Children in kinship care |
|---|---|---|
| Unlicensed | 437 (25%) | 581 (24%) |
| Licensed | 1,304 (75%) | 1,804 (76%) |
| Total | 1,741 (100%) | 2,385 (100%) |

*Data source: CW Portal, Relative vs. non-relatives report as of 9/30/2025*

In July 2025, the WA CAP introduced several changes to streamline the kinship licensing process to align with the new kinship licensing standards. Updates included stage language to be in plain talk, updated forms, and removed unnecessary forms.

In August 2025, Licensing Division initiated work to update the existing Foster Care Home Study. This effort is being guided by the requirements outlined in the D.S. lawsuit and settlement agreement, as well as the purposed amendments to the child foster home WAC chapter.

### Areas Needing Improvement

While the Licensing Division maintains strong QA practices and statewide procedures that promote consistency and compliance, several opportunities exist to further strengthen the licensing and monitoring process.

First, although licensors conduct monitoring visits for at least ten percent of licensed foster and kinship homes annually, the selection process is currently random. Incorporating a risk-informed approach, in addition to random sampling, could help ensure that homes with higher risk indicators such as recent complaints, new licenses, or prior compliance issues would receive additional oversight.

Second, licensing workflows currently rely on both WA CAP and FamLink, with WA CAP supporting application processing and FamLink serving as the official system of record. While this structure supports operational needs, continued efforts to improve system integration and ensure timely documentation across both platforms would strengthen data consistency and audit readiness.

Additionally, while the QA/CQI process includes data monitoring and consultation with licensing staff, further development of measurable performance indicators such as timelines for application processing, completion of monitoring visits, and resolution of compliance agreements could enhance the division's ability to track performance trends and support continuous improvement.

Finally, further standardizing certain monitoring practices across regions, including documentation of youth engagement during facility visits and establishing clearer response timelines for complaints and critical incidents. Continued training and calibration among licensors will also support consistent interpretation and application of licensing standards statewide.

Overall, these opportunities represent enhancements to an already established system of oversight and are intended to strengthen consistency, transparency, and ongoing quality improvement within the licensing program.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration (previous lead child welfare agency) received a *strength* rating during the Washington 2018 CFSR Round 3 for Item 33.

### Conclusion and Overall Rating

Based on the comprehensive review of Washington State's foster and adoptive parent licensing, recruitment, and retention system, Licensing Division demonstrates a strong statewide capacity to ensure that standards are applied consistently across foster, kinship, group care, and Child Placing Agency settings. The integration of the WA CAP for application management, FamLink as the official system of record, standardized checklists, and robust QA/CQI processes collectively support consistent licensing, monitoring, and corrective action implementation. Field monitoring, supervisory oversight, and periodic external audits provide additional layers of accountability, while recent updates to kinship and foster home studies have strengthened consistency, alignment with national standards, and caregiver access to resources. Although some limitations exist such as reliance on accurate data entry, sampling constraints in monitoring, and opportunities for enhanced risk-informed oversight the overall system demonstrates effective statewide application of licensing standards and continuous improvement practices. DYCF assesses Item 33 Standards Applied Equally as a ***strength*** and the systemic factor is in ***substantial conformity*****.**

## Item 34: Requirements for Criminal Background Checks

*How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

### Data Sources Used and Method of Analysis

Washington State uses a comprehensive, multi-source approach to background checks and suitability assessments for foster, kinship, and childcare personnel to ensure child safety, permanency, and well-being. The state exceeds federal requirements under the Adam Walsh Protection and Safety Act by reviewing not only national crime information databases and state child abuse registries, but also Washington-specific adverse action records, court dispositions, and licensing program information that may not appear in standard background checks. For example, as part of the child welfare history database search conducted for every background check, the department not only determines whether an applicant has founded findings, but also reviews whether the applicant has had a license terminated, revoked, suspended, or denied by Licensing Division. This additional review provides a more comprehensive assessment of an applicant's history. The DCYF Secretary's List further identifies crimes or behaviors that pose a direct risk to children, allowing for enhanced protective oversight.

Background checks draw on multiple data sources, including criminal history records from the Washington State Patrol and the FBI, in-state and out-of-state child abuse and neglect histories, and FamLink case management records, which include prior child welfare involvement and licensing actions. When potential disqualifying information is identified, suitability assessment staff conduct a detailed review of police reports, interview applicants using trauma-informed methods, consult child welfare staff, and evaluate prior negative actions. These assessments determine whether identified issues relate directly to child safety, permanency, or well-being. Less than 10% of completed background checks require a suitability assessment. Of those requiring a suitability assessment, approximately 91% are passed. In FFY 2024, 1,753 background checks were passed through the suitability assessment process, while 100 were not passed. In FFY 2025, 1,247 were passed and 69 were not passed.

Decisions are documented in FamLink and communicated to licensors, group care facilities, and applicants. Staff who do not pass the background check cannot work in licensed settings until requirements are met, though they may appeal decisions.

Licensing Division staff ensure statewide consistency by confirming that all household members aged 16 and older complete required background checks before issuing, renewing, or modifying licenses. Caregivers are required to report changes in household composition immediately so new members can be screened. Quarterly staff rosters and licensing oversight further support compliance. Planned enhancements to WA CAP will automate notifications for household changes, ensuring timely background checks.

Through the integration of multiple data sources and a systematic, evidence-based review process, Washington ensures that background checks and suitability assessments are thorough, consistent, and protective of children in all licensed care settings.

### Limitations of Data and Information

Washington state's background check system for child welfare and group care settings is comprehensive and exceeds federal requirements, but it has notable limitations in the data and information it provides. Coverage depends on caregivers reporting household changes and staff submitting required documentation, so delays or omissions can create gaps. There is a WAC requirement that licensed caregivers notify licensing when there has been changes to their household or facility. Group care facilities are required to submit a staffing roster quarterly which is reviewed by the licensors to ensure requirements are met for background checks. A barrier identified was that large caseload sizes made it difficult to track what was happening in licensed homes. Licensing Division restructured July 2025, so that the caseloads allows for regular contact with each licensed provider.

Data from multiple sources, including criminal databases, child abuse registries, court records, and negative action reports, can be incomplete, inconsistent, or delayed, particularly when coming from other states or informal programs. The system also relies on human judgment during suitability assessments, introducing subjectivity and potential variability in decisions. Manual processes, such as form verification and fingerprint scheduling, can further slow or complicate data collection. Additionally, some caregivers and agencies, like CPAs, are not fully captured in standardized monitoring. These factors mean that, despite its rigor, the system's data may not always be complete, timely, or fully reliable for assessing child safety.

### Findings on Statewide System Functioning

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 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. 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 child welfare history, contact assigned staff, and write summarized assessments. In 2023, the multi-license provider background check process was implemented. This process allows providers to obtain a dual license in child welfare and child care and reduces the number of times an applicant must complete a background check during the dual license process.

Licensing Division licensors ensure the state meets federal criminal background check requirements by verifying that all household members age 16 and older have completed required background checks before a kinship license, foster care license, or approval for adoption has been issued, renewed, modified, or amended. Licensors apply this process consistently statewide. Caregivers must report any changes in household composition immediately so that background checks can be completed for any new household members. The background check unit notifies licensors when a background check has been completed and passed or when a suitability assessment is required. After the suitability assessment is finished, the background check unit informs the licensor whether the individual has passed or not passed the background check.

Kinship caregivers and foster parents are required to report any changes in their household immediately, including when a new person moves into the home. Caregivers must notify their licensor so a background check can be completed for the new household member. Licensors verify compliance with federal background check requirements during every licensing activity by confirming all individuals aged 16 and older living in the household have completed the required background checks. Failure to report a new household member can result in a valid finding for a licensing infraction. When required background clearances are not completed timely, Washington follows a formal noncompliance process. A non-CPS intake is generated, and a licensing investigation is initiated. The investigation results in either a Valid or Not Valid finding depending on whether a licensing infraction occurred. When a violation is confirmed, licensors develop a compliance agreement with the caregiver or facility to address the specific WAC requirement that was not met. For kinship caregivers, a Licensing Support Agreement is used. Licensing Division is planning future enhancements in WA CAP that will provide automated notifications to caregivers and licensors when a household member turns 16, with implementation expected by the end of 2025.

The term “childcare institution” is a federal classification used to describe residential care settings, which in Washington aligns with what DCYF defines as GCFs. These facilities are licensed residential facilities that provide 24-hour supervision and services to children and youth. In contrast, CPAs are not considered “childcare institutions” as these are private agencies responsible for licensing, supporting, and monitoring of foster homes and do not operate residential facilities or provide 24-hour care. Background check monitoring requirements do not differ between homes managed by contracted providers, such as private child-placing agencies, and homes directly recruited and managed by the child welfare agency. All homes must meet the same federal and state background check requirements, and licensors verify compliance during initial licensing, renewal, and any licensing action. For GCFs, monitoring occurs quarterly when the facility submits its staff roster to the group care licensor. This ensures consistent oversight across all provider types.

When a GCF hires a new staff member, the person starts by filling out the online background check form. After they submit it, they receive a confirmation code and give that code to the GCF. The GCF then emails the background check request to the Background Check Unit (BCU). BCU reviews the forms to make sure everything is complete. If something is missing, they send the forms back to the GCF to correct. Once complete, BCU enters the request into the state background check system and determines whether the person needs child abuse or neglect history checks from other states. BCU emails the fingerprint form and any needed child abuse or neglect forms to the new staff member and the GCF. The fingerprints are checked by the Washington State Patrol and the FBI.

When all results are back, BCU reviews the person’s criminal history, any child abuse or neglect history, and information in FamLink. If more review is needed, BCU sends the case to the Suitability Assessment Unit.

BCU sends the pass or not-pass decision to the GCF and records the decision in FamLink. Group care licensors also receive an email letting them know the background check has been processed. BCU notifies the staff member of the result and explains how they can request a copy of their background check. If out-of-state child abuse or neglect results come in later and change the decision, BCU notifies the GCF and requests a suitability assessment. Staff who do not pass have the right to appeal; however, a staff member cannot work in a GCF until they have passed their background check. Most background checks are completed within 48 hours after fingerprints are submitted, unless a suitability review is needed.

Licensing Division is responsible for monitoring GCF to make sure they stay in compliance with background check requirements for all staff members. GCF must complete a quarterly staff roster and submit it to their group care licensor on the first day of February, May, August, and November, as well as at license renewal or whenever Licensing Division requests it. The quarterly roster must include each staff member's background check date, their first day working in the facility, and their most recent clearance. At the time of renewal, all staff background checks are renewed.

### Areas of Strength

Washington's background check system exceeds the requirements of the Adam Walsh Child Protection and Safety Act by incorporating multiple layers of review to ensure the safety of children in out-of-home care. In addition to checking national crime information databases and state child abuse and neglect registries, the state reviews adverse and negative action information from Washington licensed programs and court dispositions that may not appear in standard background check results. Washington also uses the Secretary's List, which includes crimes that may not be federally disqualifying but are directly related to child safety, allowing the state to apply enhanced safety standards when evaluating caregivers and individuals with access to children.

Washington requires background checks for all household members age 16 and older residing in foster, kinship, or adoptive homes. Caregivers must report changes in household composition immediately so that background checks can be completed for any new household members.

Licensing Division staff verify that all required background checks have been completed before a kinship license, foster care license, or adoption approval is issued, renewed, or modified. This process is applied consistently statewide and ensures compliance with federal requirements.

When concerning history is identified, the state conducts individualized suitability assessments that include review of criminal history, negative actions, police reports, and child welfare history. Assessment staff conduct trauma-informed interviews and gather additional documentation to determine whether the individual's history directly relates to child safety, permanency, or well-being. This individualized approach allows Washington to make informed decisions that prioritize child safety while considering the full context of each case.

Washington also maintains strong oversight of background checks in residential settings. Staff working in group care facilities are required to complete fingerprint-based background checks through the Washington State Patrol and the FBI before they are allowed to work with children.

Facilities must maintain compliance by submitting quarterly staff rosters documenting background check completion and clearance status. In most cases, background checks are completed within 48 hours after fingerprint submission, supporting timely hiring while maintaining safety protections.

The state continues to improve its background check processes through system enhancements and streamlined procedures. In 2023, Washington implemented a multi-license provider background check process that reduces duplication for providers seeking both child welfare and childcare licenses. Future improvements to the WA CAP will include automated notifications when household members turn 16 to ensure background check compliance.

### Areas Needing Improvement

While Washington has established comprehensive background check requirements that exceed those outlined in the Adam Walsh Child Protection and Safety Act, opportunities remain to improve the efficiency and consistency of background check processes. For example, the current system relies heavily on caregivers to self-report changes in household composition so that background checks can be completed for new household members. Although licensors verify compliance during licensing activities and failure to report may result in a licensing infraction, this reliance on self-reporting may create gaps if household changes are not reported promptly.

Additionally, background check processing can take longer when suitability assessments or out-of-state child abuse and neglect history checks are required. While most background checks are completed within 48 hours after fingerprint submission, cases requiring additional review may experience delays, which can affect timely hiring or approval decisions.

The process for initiating background checks for group care facility staff includes several manual steps, including the submission of confirmation codes and email communication between facilities and BCU. These manual processes may increase the risk of administrative delays or incomplete submissions.

Washington has identified opportunities to strengthen automation and monitoring through planned system enhancements. For example, WA CAP is expected to implement automated notifications when household members turn 16, which will support more consistent compliance with background check requirements. Until these enhancements are fully implemented, licensors and caregivers must rely on manual tracking to ensure required checks are completed.

Continued efforts to streamline background check workflows, improve automated notifications, and enhance monitoring of household composition changes may further strengthen Washington's ability to ensure timely and consistent compliance with federal background check requirements.

### Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration (previous lead child welfare agency) received a strength rating during the Washington 2018 CFSR Round 3 for Item 34.

### Conclusion and Overall Rating

Based on the evidence provided, Washington state's foster and adoptive parent licensing, recruitment, and retention system demonstrates a high level of effectiveness in ensuring child safety and compliance with federal criminal background check requirements. The state consistently exceeds federal standards outlined in the Adam Walsh Protection and Safety Act by using a multi-source approach that incorporates national and state criminal databases, child abuse registries, court dispositions, and Washington-specific adverse action records. Background checks are required for all household members aged 16 and older, and any concerning history triggers an individualized suitability assessment that evaluates criminal history, negative actions, and child welfare involvement using trauma-informed methods. The system also maintains strong oversight of group care facility staff through fingerprint-based checks, quarterly staff roster submissions, and timely communication of pass/fail results, ensuring that children are placed in safe and well-vetted environments. Recent improvements, such as the multi-license provider background check process and planned enhancements to WA CAP, further demonstrate the state's commitment to efficiency and consistency.

While Washington's system is robust, some limitations indicate areas for continued improvement. The system relies heavily on caregiver self-reporting for household changes, which may create gaps if new members are not promptly reported, and manual processes in group care facility background checks can introduce administrative delays.

Cases requiring out-of-state checks or detailed suitability assessments may take longer than the standard 48 hours, potentially affecting timely placement or hiring. WA CAP automation enhancements when household members turn 18 were implemented in 2025, are expected to reduce these gaps and improve monitoring consistency.

Overall, the statewide licensing and background check system functions effectively, demonstrating a strong commitment to child safety and federal compliance. DYCF assesses Item 34 Requirements for Criminal Background Checks as a ***strength*** and the systemic factor is in ***substantial conformity***.

## Item 35: Diligent Recruitment of Foster and Adoptive Homes

*How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?*

### Data Sources Used and Method of Analysis

Data for this section were drawn primarily from Licensing Division administrative data related to foster and adoptive parent licensing, recruitment, and retention for state CY 2025. These data include information on the number of inquiries and applications received, licensing timelines, approvals and denials, active licensed foster and adoptive homes, and closures of licensed homes. Additional data elements include demographic and geographic characteristics of applicants and caregivers, as well as reasons for home closures when available. Information was also gathered from internal DCYF licensing and recruitment tracking reports and program monitoring summaries to assess statewide patterns in caregiver recruitment, licensing throughput, and retention of foster and adoptive families. Data were analyzed to identify trends in recruitment activity, licensing timeliness, approval rates, and caregiver retention, and to evaluate alignment with the goals outlined in the CFSP.

### Limitations of the Data and Information

The available evidence related to diligent recruitment of adoptive homes is largely quantitative and document-based, which limits the precision and completeness of the findings. Resources such as agency web materials, newsletters, and advisory group minutes primarily describe recruitment structures, strategies, and illustrative examples (for example, outreach campaigns, partnerships, and recruitment events) rather than providing standardized, qualitative measures of recruitment effort or outcomes.

The inventory of recruitment and outreach activities from October 2024 through early 2026 depends in part on self-report from regional and divisional staff, which introduces variation in how thoroughly activities were reported, how consistently categories were used, and how clearly outputs or outcomes were documented.

As a result, some recruitment efforts may be underreported, over-aggregated, or described in ways that are not fully comparable across regions or programs. In addition, documentation often highlights strategies or initiatives but provides limited systematic data on their scale, frequency, or effectiveness in identifying and approving adoptive homes.

Focus groups with system partners were conducted to supplement these materials and provide more direct information on perceptions of recruitment efforts and collaboration with external partners. While these focus groups add important depth and context, they also have limitations: participation was voluntary and not necessarily representative of all partner groups or geographic areas, and responses reflect participants' experiences at a point in time rather than longitudinal trends. In addition, focus group data are inherently qualitative and cannot be generalized to the full population of partners involved in recruitment activities.

Taken together, these limitations mean that the analysis can reliably describe the structure and perceived functioning of recruitment mechanisms and partnerships related to diligent recruitment of adoptive homes. However, it cannot provide precise estimates of the scale, reach, representativeness, or effectiveness of recruitment efforts across all regions of the state or across all populations of prospective adoptive families.

### Findings on Statewide System Functioning

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 or guardianship. 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 2026, Washington had 4,534 licensed foster homes, including both community foster homes and kinship homes. The drop in kinship licenses may be connected to fewer children and youth entering care. However, community foster homes continue to decrease and did by 287 licensed families during this past period, showing that retaining foster caregivers continues to be a challenge. More detail on these efforts can be found in the Areas of Strength section.

**Counts of Licensed Foster Homes**

| Foster Home Type | CY 2025 | CY 2026 (change from 2025) |
|---|---|---|
| **State Foster Home (General)** | 1,435 | 1148 (↓ 287) |
| **State Foster Home (Kinship)** | 2,302 | 1980 (↓ 322) |
| **CPA Foster Home (General)** | 1,087 | 972 (↓ 115) |

*Data source: child welfare Portal, Count of child welfare Licensed Providers by Location and Type, data for first day or each year provided. 1/1/2025 and 1/1/2026*

DCYF has seen a significant decrease in the number of young people in need of out-of-home placement. There were 4,461 young people in out-of-home care on December 31, 2025, which is 270 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 58% 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 parents in their journey toward reunification. Being a community foster parent 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.

### Adequate Placement Resources

The availability of adequate placement resources is not solely determined by the number of licensed foster homes, but by the availability of foster families with the skills, capacity, and commitment to meet the diverse and often complex needs of young people in care. DCYF requires foster families who are available for both short and long-term placements and who are equipped to support youth with higher levels of need.

To strengthen placement capacity, DCYF is implementing two primary strategies:

**Recruiting from Within -** DCYF recognizes that highly skilled or therapeutic foster parents are developed over time through experience, training, and ongoing support. As a result, the agency prioritizes retention, education, and engagement efforts designed to help current foster parents build their skills and serve as long-term resources within their local offices and communities.

DCYF also continues to focus on engagement strategies for currently inactive licensed foster parents, including families who have not accepted a placement within the past six months or who have requested placement referral holds. Current strategies include:

- Outreach and re-engagement calls;
- Supporting inactive foster parents in accepting respite placements as a pathway back to active fostering; and
- In some circumstances, counseling families out of fostering when it is determined they are no longer an appropriate fit for placement services.

**Targeted Community Recruitment** - DCYF is also focused on recruiting individuals and families already experienced in supporting young people with complex needs and exploring their interest in becoming foster parents within their communities. Recruitment efforts specifically target organizations, professionals, caregivers, and community members currently providing services and support to youth with higher behavioral, developmental, medical, or mental health needs.

Targeted outreach includes, but is not limited to:

- Disability-specific nonprofits and advocacy organizations;
- Family and peer support organizations;
- Education-related agencies and programs;
- Children's hospitals and specialty clinics;
- Early intervention programs; and
- Behavioral health clinics.

DCYF operates a Recruitment Program focused on expanding the pool of non-kinship caregivers to meet the placement needs of young people in out-of-home care.

The original Recruitment Program consisted of one recruiter for each of DCYF's six regions. Due to budget reductions experienced in July 2025, the program was reduced to four recruiters. As a result, DCYF has shifted from a region-based model to a statewide approach.

The statewide approach will continue to support targeted recruitment efforts; however, capacity and reach will vary depending on available resources. There are four key elements to the statewide Recruitment Program:

- Social Media and Marketing
- Prospective Foster Parent Engagement
- Community Connections and Outreach
- Internal Partnerships

To ensure statewide consistency in recruitment efforts, the team continues to implement the following strategies:

- Conduct targeted monthly recruitment efforts in each region based on high-removal ZIP codes and identified areas of need.
- Maintain an equitable distribution of work across regions, with minimum outreach expectations aligned with established recruitment goals and strategies.
- Use county-wide assignments for prospective foster parent follow-up to ensure TRS can continue providing individualized support.
- Distribute social media advertisements equitably across the state to maximize outreach and ensure all communities are reached.

To continue developing a robust placement continuum, DCYF's Targeted Recruitment Specialists (TRS) are focusing recruitment strategies to:

- Increase caregivers with the skills, ability, and desire to parent young people 12 and older.
    - Strategy 1- Specific outreach to youth-serving community organizations in high need areas.
    - Strategy 2- Specific outreach to school communities in areas of high need.
- Increase the pool of caregivers for young people with extensive emotional, developmental, behavioral and physical needs
- Specifically target community agencies (staff, customers, and caregivers) who provide services and support to young people with complex needs.

TRS prioritizes high-removal zip codes statewide, targeting the top ten in each region for recruitment efforts. Data elements for the Recruitment team include the following:

- Statewide Recruitment Information Center (SRIC) analytics to include number of Prospective Foster Parent inquiries, interest and motivation, demographics
- Pre-Service training completions and engagement
- Information session re-cap to include number of attendees, interest and motivation, demographics
- Social media analytics and campaign results
- Recruitment highlights from Goal 1 and Goal 2 strategies
- Licensing Division data to include pending applications, targeted versus non-targeted applications, and new licenses issued

### Trends, analysis, and observations

In order to measure success and determine effective recruitment efforts, DCYF's Recruitment time will use the following:

- Increase percentage of foster parent inquiries received through the SRIC that express an interest in caring for older youth, 12 years of age or older.
- Increase in number of inquiries received from the specific DCYF landing page.

- DCYF has seen an increase in inquiries from prospective foster parents interested in caring for young people with complex needs. The agency is currently evaluating the most effective method for tracking and measuring this interest. Options under consideration include:
    - Creating a specialized landing page similar to the school recruitment campaign;
    - Adding a targeted question to the inquiry questionnaire;
    - Partnering with Licensing to use the Targeted Family indicator in WA CAP; or
    - Developing an alternative tracking method.

Key considerations include identifying the most appropriate point in the recruitment process to collect this information. For example, if prospective foster parents are asked about complex-needs placement interest at the initial inquiry stage and respond "no," this may limit opportunities for future engagement as their capacity, experience, or willingness evolves over time.

- Progression from inquiry to application, application to licensure, and licensure to first placement.
    - Current tracking limitations stem from the use of three separate systems, SRIC, Alliance Training, and WA CAP which require manual review to follow a single applicant record throughout the licensing process.
    - DCYF anticipates that the implementation of the new CCWIS system will help address several of these technology and data integration challenges.
    - DCYF has also established an internal workgroup to review the Foster Care Applicant Process Map through a CQI lens, with the goal of identifying process improvements and strengthening data tracking capabilities.

During the past review period, DCYF experienced a 56% decline in the number of exceptional placements being used. This shows a promising downward trend as intentional practice and system improvements efforts have been underway.

**Placement Exception Usage**

| Federal Fiscal Year | Placement Exception Nights (Hotel, Office, Leased Facility) Per Year |
|---|---|
| **FFY 2024** | 2,182 |
| **FFY 2025** | 963 |

*Data Source: infoFamLink, Administrative Incident Reporting System Placement Exception Report FFY 2024-FFY2025. Data does not include night-to-night foster care stays.*

DCYF contracts with Northwest Resource Associates to operate the SRIC, which allows prospective foster, kinship, and adoptive families to inquire online or by phone. During the past review period, DCYF received 3,068 prospective foster parent inquiries. 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 young people 12+ are given additional follow-up. DCYF continues to use training completion data for better outreach and analysis.

Inquiries primarily come from the DCYF website (93% of total), with King, Pierce, and Spokane county accounting for 44% of all inquiries. Many respondents are interested in general foster care (53%) or adoption from foster care (31%), with 43% interested in caring for young children and 15% for young people 12 and older.

The top three reasons for inquiries include internet searches (16%), foster or adoptive parent referrals (12%), and DCYF's website (11%). Demographically, 38% of respondents are aged 31-40, 80% are female, and 62% are partnered.

**Prospective Foster Parents Inquiries – Regional Breakdown**

| State/Region | CY 2024 | FFY 2025 |
|---|---|---|
| **State** | 3,046 | 3,068 |
| **Region 1** | 501 | 481 |
| **Region 2** | 299 | 352 |
| **Region 3** | 410 | 380 |
| **Region 4** | 558 | 538 |
| **Region 5** | 606 | 632 |
| **Region 6** | 672 | 685 |

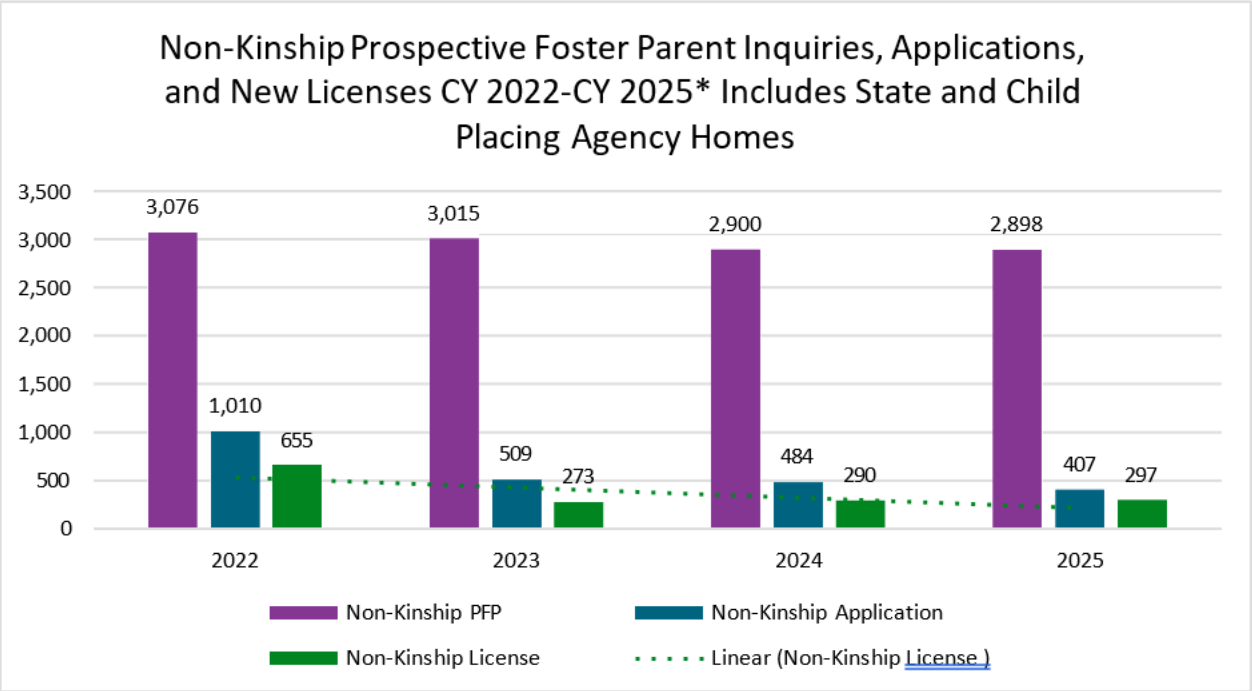
*Data Source: SRIC Report 10/1/24 to 9/30/25*

DCYF uses an online portal WA CAP 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 young people 12+ and those with complex needs. Families willing to care for these children are identified as targeted recruitment families, receiving expedited licensing.

From January 2025-September 2025, 81% of general foster care applicants were targeted recruitment families. In July 2025, DCYF restructured its licensing process, separating kinship and community foster care to improve communication, consistency, and retention.

In 2026, Licensing Division will be doing a process mapping project to investigate ways to improve the application process for community foster parents.

DCYF consistently experiences steady interest from prospective foster parents, averaging around 250 inquiries a month. The goal is to identify targeted leads who are interested in caring for adolescents or young people with complex needs. Prospective foster parents are encouraged to attend an Information Session and complete pre-service training before applying for foster care. DCYF continues to see a low number of applications from non-kinship caregivers, with even fewer resulting in new licenses. We are actively working to reduce licensing barriers and create a more responsive, streamlined process. With recent infrastructure changes within the Licensing Division, DCYF anticipates an increase in both applicants and newly licensed families.




*Data Source: SRIC Report, infoFamLink Licensing Timeliness Report *New License Only*, infoFamLink Foster Home Applications by Month. All child-specific inquiries, applications, licenses removed. CY 2022, CY 2023, CY2024, CY 2025*

DCYF employs a continuum of recruitment strategies to support concurrent planning and timely achievement of permanency for children and youth in foster care when reunification is not possible. Recruitment activities include kinship-first practices, child-specific recruitment, and statewide adoption recruitment efforts. These strategies are designed to increase the identification of permanent family resources and reduce time to permanency.

### Kinship Engagement

DCYF prioritizes kinship engagement as the first and preferred permanency option for children and youth entering foster care. Kinship identification, search, and engagement activities are embedded throughout case practice. Kinship engagement remains a primary strategy for establishing permanency, particularly for young people with significant trauma histories or multiple placements. When kinship options are not available or appropriate, DCYF uses targeted non-kin recruitment strategies to identify permanent caregivers.

### Northwest Adoption Exchange

DCYF partners with NWAE, operated by Northwest Resource Associates, to provide statewide adoption recruitment and family engagement services.

NWAE supports child-specific recruitment for children and youth who are legally free for adoption or court-authorized for recruitment. Services include a public recruitment website, a secure portal for licensed caregivers, child-specific photo listings, and engagement of prospective adoptive families statewide.

During the reporting period, NWAE served 109 children and received 158 inquiries from licensed foster families. As a result of recruitment activities, 44 percent of young people registered with NWAE achieved a family connection.

### Child-Specific Recruitment: In-Depth Profiles

NWAE uses In-Depth Profiles as a child-specific recruitment strategy to increase caregiver engagement and support permanency outcomes. These profiles are available to young people ages 9 and older who elect to participate and include individualized, youth-informed content designed to increase inquiries from prospective adoptive families.

During the second half of the fiscal year, NWAE provided In-Depth Profiles services to 20 young people. In FFY 25, 25 young people who participated in the In-Depth Profiles program experienced positive permanency-related movement, with their status changing to hold or placed. A hold status reflects measurable progress toward permanency, including pending adoptive placement, active home study review, or identification of a potential relative or non-relative permanent resource.

### Adoption Consortium

NWAE facilitates Adoption Consortiums as a structured recruitment activity to support identification of adoptive families for young people without identified permanent placements. These monthly meetings allow caseworkers to present young people to prospective adoptive families and provide an opportunity for families to learn about young people in need of permanency.

In CY 2025, NWAE hosted three Adoption Consortiums, during which 15 young people were presented. Four prospective adoptive families formally expressed interest as potential matches, and 19 additional families attended to obtain information regarding adoption from foster care.

### Public Awareness and Outreach

NWAE received grant funding from AdoptUSKids and the Children's Bureau to adapt national public service announcements for Washington state. The campaign, *"You Can't Imagine the Rewards,"* focuses on adoption of teens from foster care and launched statewide in June 2024 through television, radio, and billboard placements. The campaign ran through July 2025 and directed prospective families to NWAE for additional information. All campaign materials acknowledge the partnership between NWAE and DCYF.

### Youth Engagement and Communication Strategies

NWAE conducts a monthly email outreach campaign, *Spotlighting Youth Voices*, distributed to licensed families who have indicated interest in adoption through the NWAE website. The campaign features child-specific recruitment profiles and permanency-related success stories to increase family engagement.

In the third quarter of FY25, the campaign expanded to include stories from young people who have exited foster care and achieved permanency. Between July 1, 2024, and June 30, 2025, the campaign generated 5,394 email opens and youth profile views, demonstrating continued interest among prospective adoptive families.

### Wendy's Wonderful Kids®

DCYF implements Wendy's Wonderful Kids® (WWK), an evidence-based, child-focused recruitment model developed by the Dave Thomas Foundation for Adoption. DCYF employs six WWK recruitment specialists, with one assigned to each region. Referrals are made for legally free young people for whom no permanent family resource has been identified.

WWK primarily serves older young people, sibling groups, and young people with complex emotional, behavioral, developmental, or physical needs. Recruitment efforts emphasize intensive, individualized strategies to identify and engage permanent family resources. The program operates under the guiding principle that *"Unadoptable Is Unacceptable."*

### Purchase of Service Contracts

DCYF administers POS contracts through the Adoption Program to support permanency for legally free children and youth with identified adoptive placements, including out-of-state placements. POS funds may be used to support pre-placement transition needs and post-placement services, including in-home supports and specialized therapeutic services.

During the current calendar year, one POS contract was used to support a kin caregiver in maintaining placement stability while progressing toward adoption.

Caregiver Supports Project

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 twelve 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.

Recruitment for the two remaining catchment areas within the State is currently underway with a projected service execution date of July 1, 2026. Following procurement of the final two catchment areas providers, caregiver support services will be available statewide.

### Washington's Diligent Recruitment

Washington identified six groupings of diligent recruitment responsibilities reflecting actions that impact the health, safety, and well-being outcomes of youth in out-of-home care. The groupings were not tied to specific DCYF programs to emphasize cross-system integration and encourage a holistic approach to 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 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.

DCYF developed its current plan through a collaborative process 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.

DCYF maintains a comprehensive diligent recruitment plan with clearly defined goals that are reviewed and updated annually.

Monthly meetings with diligent recruitment leads across DCYF’s three primary divisions, Child Welfare, Licensing, and Partnership, Prevention and Service, support ongoing plan management and coordination. Individuals with lived experience are actively incorporated into program development efforts.

### Areas of Strength

Caregiver retention and support is vital to providing normalizing, supportive, stable, skilled, homes for young people while they are separated from their family. To this end, DCYF provides training, communication, financial and other resources, support, and a licensing process that prioritizes caregivers. This year DCYF leadership in Child Welfare and the Licensing Division adopted a Caregiver Retention Framework inspired by two best practice frameworks.

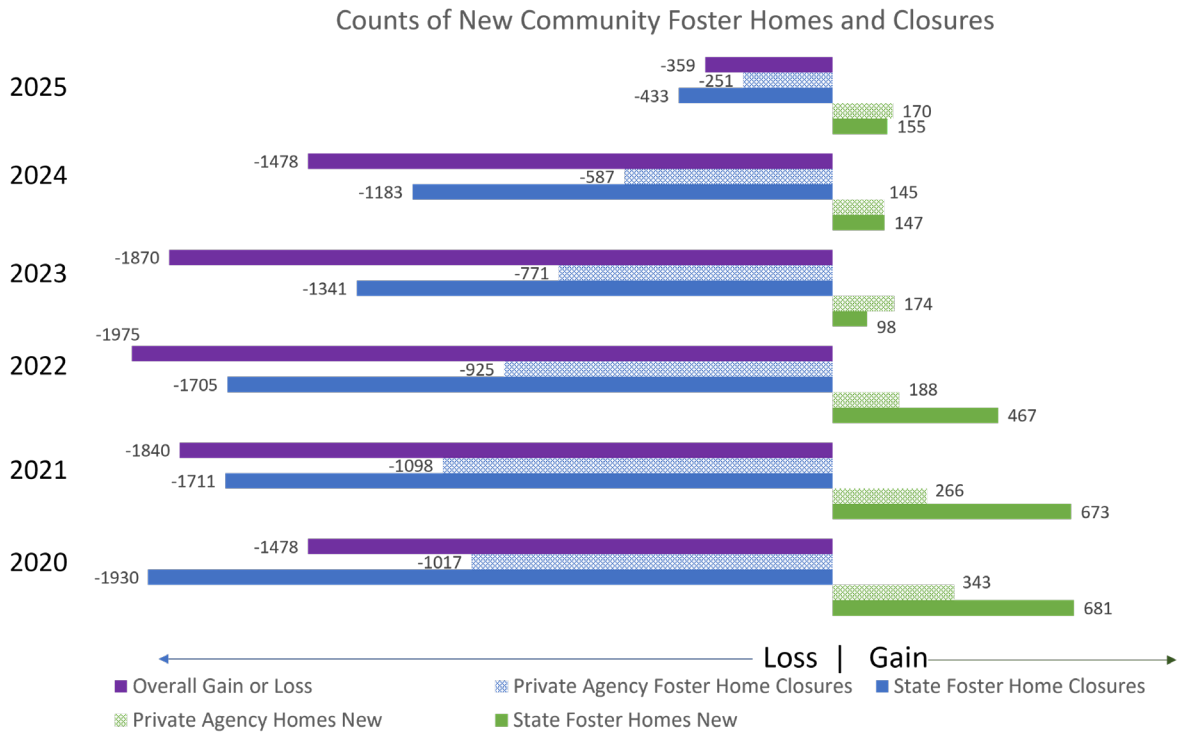
The following priority areas are reflected in the framework:

- Ensure Quality Caregiving for Children
    - Training and education
    - Strong support network
    - Adequate financial and other resources
- Forge Strong Relationships
    - Valued and respected partners
- Recruit More Amazing Caregivers
    - Identify and engage kinship caregivers
    - Use targeted methods to recruit foster parents who meet the needs of young people experiencing foster care

- Licensing Process
    - Center our licensing processes on kinship caregivers and foster parents by striving for clarity and removing barriers where they exist

In 2026, the framework will be used to reflect on strengths, gaps, and opportunities for CQI. DCYF will continue to provide opportunities for DCYF and the caregiver community to grow their partnership.

DCYF continues to see a decline in the number of non-kinship licensed foster parents.




*Overall gain or loss determined by subtracting foster homes (general Licensing Division and private agency) that closed in each year from new foster homes (general Licensing Division and private agency). New foster homes calculated from infoFamLink, Licensing Timeliness on 3/5/2025, updated on 2/3/2026.*

*Counts of providers for each CY accessed from infoFamLink, child welfare Licensed Providers by Location and Type on 2/20/2025, updated on 2/3/2026.*

DCYF continues its partnership with Alliance CaRES to support and retain caregivers, with an increased satisfaction rate of 87% versus 84% in 2024. CaRES staff connect with all newly licensed caregivers at key milestones and follow up with kinship caregivers after placement. CaRES peer mentors made 4,875 individual support contacts and 2,769 caregivers participated in CaRES support groups.

The 2025 Caregiver Survey reports feedback from 666 kinship caregiver and 350 foster parents who were interviewed between October 2024 and June 2025. All caregivers who were interviewed had a child in their care in the past 12 months.

Highlights of the report are noted below.

- Kinship caregivers:
    - Received help from DCYF staff up 5 points since 2024 to 79%
    - Included in meetings up 4 points since 2024 to 86%
- Foster parents felt personally supported by DCYF staff up 12 points since 2024 to 72%.

This year's survey results indicate a recurrent pattern of higher satisfaction amongst kin as opposed to foster parents.

DCYF prioritizes kinship care, recognizing its benefits for stability, connection, and well-being. Initiatives like HB 1227 emphasize kin placements, leading to gains in kinship placements across the board. At the end of CY 25, 59% of young people placed in out-of-home care were with kin. Continued family finding, reduced barriers, and support during the home study process are contributing to this trend.

### Areas Needing Improvement

While DCYF has implemented several strategies to strengthen the foster, kinship, and adoptive caregiver continuum, several areas remain where additional improvements are needed to ensure an adequate supply of placement resources and timely permanency for children and youth in out-of-home care.

#### Declining Number of Community Foster Homes

DCYF continues to experience a decline in licensed community foster homes. Between CY 25 and early 2026, the number of licensed state general foster homes decreased by 287 families and CPA general foster homes decreased by 115 families. Although the number of children and youth entering out-of-home care has also declined, the remaining placement needs are increasingly concentrated among young people with higher levels of need, including adolescents, sibling groups, and youth with complex emotional, behavioral, developmental, or medical needs.

As a result, the system requires a smaller but more highly skilled pool of caregivers who are prepared to provide short-term care, stabilization, and support for reunification. Continued decreases in community foster homes may limit placement options for youth whose needs cannot be met through kinship placements.

Strengthening strategies to retain experienced foster parents and support them in caring for youth with higher needs will remain a critical priority.

### Conversion of Prospective Caregiver Interest into Licensed Homes

DCYF continues to receive steady interest from prospective foster parents, with more than 3,000 inquiries received during the review period and an average of approximately 250 inquiries per month. However, relatively few inquiries result in completed applications and even fewer lead to newly licensed foster homes.

This gap suggests opportunities to improve the recruitment pipeline between initial inquiry, information session participation, pre-service training completion, and submission of licensing applications.

Continued evaluation of the licensing process, including the planned process-mapping project within the Licensing Division, will help identify barriers and streamline the pathway from interest to licensure.

### Alignment of Recruitment with Current Placement Needs

Current recruitment data indicates a mismatch between the characteristics of children needing placement and the preferences of many prospective caregivers. While a significant portion of prospective caregivers express interest in caring for younger children, only a smaller percentage indicate willingness to care for youth ages 12 and older. However, youth requiring community foster placements are more likely to be adolescents or to have complex behavioral, developmental, or medical needs.

Expanding recruitment strategies that effectively communicate the need for caregivers for older youth and children with higher levels of need will be important. Continued outreach to youth-serving organizations, school communities, and service providers who work with children with complex needs may help identify prospective caregivers with relevant experience and skills.

### Reduced Recruitment Capacity

The DCYF Recruitment Program experienced staffing reductions in July 2025 due to budget constraints, resulting in a decrease from six regional recruiters to four statewide recruiters. While the program has transitioned to a statewide recruitment model, reduced staffing may limit the ability to conduct targeted outreach, build relationships with community partners, and provide ongoing engagement with prospective caregivers.

Monitoring the effectiveness of the statewide model and identifying opportunities to maximize recruitment capacity will be important to sustaining recruitment efforts across all regions.

### Continued Development of Caregiver Support Services

Children and youth placed in community foster homes often present with complex needs requiring specialized caregiver support. DCYF has initiated the Caregiver Supports Project to provide placement stabilization services to licensed and unlicensed caregivers statewide. While twelve contracts have been executed to provide services across six agencies, two remaining catchment areas are still in the procurement process, with statewide coverage anticipated by July 2026.

Ensuring timely access to caregiver support services statewide will be important to strengthening placement stability, supporting caregiver retention, and reducing placement disruptions.

### Geographic Distribution of Recruitment Interest

Prospective caregiver inquiries are concentrated in several counties, with King, Pierce, and Spokane counties accounting for nearly half of all inquiries received through the Statewide Recruitment Information Center. Continued analysis of geographic recruitment patterns will help identify areas where additional outreach may be needed to ensure that placement resources are available across all regions of the state, particularly in communities with higher removal rates.

### Data Analysis and Performance Monitoring

DCYF collects a significant amount of recruitment and licensing data through multiple systems, including the Statewide Recruitment Information Center and Licensing Division reporting. Continued development of performance monitoring strategies, such as tracking inquiry-to-license conversion rates, identifying drop-off points in the recruitment pipeline, and monitoring caregiver retention, may provide additional insights to guide recruitment and retention strategies.

Strengthening the use of data to evaluate recruitment effectiveness and inform targeted outreach will support ongoing efforts to maintain a stable and responsive placement continuum.

## Comparison to CFSR Round 3 and Evidence of Improvement

Children's Administration (previous lead child welfare agency) received a *strength* rating during the Washington 2018 CFSR Round 3 for item 35.

## Conclusion and Overall Rating

DCYF demonstrates a strong, comprehensive, and well-coordinated approach to foster, kinship, and adoptive care. The agency has successfully prioritized kinship placements, resulting in more children living with relatives and a decreased reliance on community foster homes.

Despite reductions in overall foster home licenses, DCYF has effectively adapted its recruitment strategies, focusing on targeted outreach for youth 12 and older and those with complex emotional, developmental, or physical needs. The integration of data-driven tools such as WA CAP, the SRIC, and targeted recruitment families has streamlined licensing and expanded caregiver engagement. Programs such as WWK, the NWAE, and child-specific recruitment efforts, including In-Depth Profiles and Adoption Consortiums, further reinforce DCYF's commitment to timely permanency and individualized placement planning.

In addition, DCYF's ongoing efforts to support caregivers through the Caregiver Supports Project, pre-service training, post-placement supports, and POS contracts highlight the agency's focus on placement stability and caregiver retention.

The use of public awareness campaigns, social media outreach, and targeted engagement in high-need regions reflects a strategic, statewide approach to increasing the foster and adoptive parent pool. The agency's continued emphasis on kinship-first practices, child-specific recruitment, and partnership with tribes, CPAs, and community organizations ensures that children and youth have access to safe, stable, and permanent placements. Collectively, these initiatives demonstrate a robust, proactive system that effectively addresses the needs of children in out-of-home care. DYCF assesses Item 35 Diligent Recruitment of Foster and Adoptive Homes as a ***strength*** and the systemic factor is in ***substantial conformity***.

## Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

*How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?*

### Data Sources Used and Method of Analysis

Data for Item 36 were drawn from multiple sources, including case records in the state's SACWIS system, Interstate Compact Placement of Children (ICPC) module documentation, and recruitment and placement activity tracked through NWAE and AdoptUSKids.

Washington DCYF monitors cross-jurisdictional placements for children dependent in another state, including communications with sending state caseworkers, facilitation of adoption-related processes, and resolution of permanency barriers.

Analysis of cross-jurisdictional placements included review of ICPC records, caseworker and supervisor notes, and tracking of inquiries and placements through NWAE and AdoptUSKids. Quantitative data were captured on the number of children listed, inquiries received, placements completed, withdrawals, and children on hold, as well as new families registered with AdoptUSKids.

For children served through the WWK program, recruitment specialists' quarterly in-person visits were documented to assess engagement with children, caregivers, and local partners and to identify and address barriers to permanency.

DCYF also reviewed implementation of the Washington–Oregon border agreement to evaluate the effectiveness of expedited placements in counties along the state line, particularly for kinship placements that allow children to remain near family. These combined data sources and review methods informed analysis of cross-jurisdictional placement outcomes and permanency efforts, while the ongoing implementation of the National Electronic Interstate Compact Enterprise (NEICE) is expected to enhance timely data sharing and responses from other states.

### Limitations of Data and Information

The data on cross-jurisdictional placements are limited by variation in reporting and documentation across case records and partner states. ICPC records and SACWIS notes may not capture all real-time delays or barriers, and some communications with sending state caseworkers occur outside the system and are not systematically documented. Recruitment and placement tracking through NWAE and AdoptUSKids reflects only children actively listed and inquiries received, potentially underrepresenting interest or placements that occur through other means. Additionally, data from programs like WWK rely on quarterly visits and staff reporting, which may not capture all ongoing permanency efforts or informal family connections. The anticipated implementation of NEICE is expected to improve data completeness and timeliness, but current analyses are constrained by these gaps.

### Findings on Statewide System Functioning

Children who are dependent of another state and placed in Washington receive the same benefits and access to services as Washington state dependent children. DCYF staff in Washington support the placement by facilitating adoption-related processes and maintaining communication with the sending state's primary caseworker to identify, address, and resolve barriers to permanency.

Washington maintains a border agreement with Oregon that assists in expedited placements.

The case must originate from a county bordering the state line and the proposed placement must also be in a county bordering the state line. This has assisted in placements with kinship families, while allowing children to remain in placements close to their parents. From January 2022-December 2023, 22 of the 28 border requests sent to Oregon were approved, 50% of children achieved permanency with the ICPC placement family, and 18% of children were returned to parents in other states or in Washington.

DCYF also facilitates cross-jurisdictional placements through child-specific recruitment and information sharing. Children are featured on photo listings through NWAE and AdoptUSKids to increase visibility and allow prospective families from other jurisdictions to learn about children waiting for permanency. NWAE conducts information sessions for families to explain the cross-jurisdictional placement and adoption process.

Currently, 42 Washington children are actively listed on the AdoptUSKids website. During the reporting period, 17 inquiries were received for Washington children featured on AdoptUSKids. Of those children, six were placed, seven were withdrawn, and eight remain on hold. Additionally, nine new Washington families registered with AdoptUSKids during this period.

For children served through the WWK program, recruitment specialists conduct in-person visits to the state where the child is placed on a quarterly basis when assigned. These visits allow WWK staff to engage directly with the child, caregivers, and local partners, and to identify and address barriers to permanency in real time.

The ICPC unit documents ICPC related work in a module in the state's SACWIS system in the family's case. The ICPC record can be viewed by any staff. Caseworkers and supervisors should review the ICPC record notes to determine the status of the ICPC and consult with ICPC caseworker on delays and barriers to placement and permanency. The ICPC unit partners with caseworkers and other states to rectify delays to permanency. A review of the ICPC caseload quarterly prompts inquiries into overdue home studies, permanency follow up, and reports. Utilizing legally free data to focus on permanency continues to be prioritized by the ICPC unit. Data was pulled on Dec. 4, 2025, identified of the 15 children not in an approved adoptive home, 13 had adoption home studies in process.

DCYF is in process of implementing the National Electronic Interstate Compact Enterprise (NEICE). It is anticipated that this will assist in more timely responses from other states.

### Areas of Strength

DCYF continues to meet its responsibilities under the ICPC when working to finalize adoptions or guardianships across state lines.

The ICPC process ensures that children placed with out-of-state relatives or prospective adoptive or guardianship families receive the same protections and safety assessments they would receive in Washington. When a potential placement is identified in another state, DCYF initiates an ICPC request so the receiving state can complete the required home study and determine whether the placement is safe and appropriate.

The receiving state must provide a placement decision within established timeframes. If a full home study cannot be completed within 60 days, the receiving state issues a preliminary report based on available information. DCYF received 586 home study requests from other states (84% identified as parent or relatives), 59% were completed or a preliminary report provided within 60 days. This data is up from 2021-2023 time frames which were between 30-39%, which used the calendar year. DCYF continues to see timely home studies after implementing our kinship home study and licensing requirements.

Washington sent 344 requests to other states (87% identified as parents or relatives), 37% were completed within 60 days or a preliminary report received. The final home study is due within 180 days. ICPC approval is valid for 6 months, caseworkers make decisions to use the approved placement and when based on the case plan. DCYF monitors these timelines, collaborates closely with the receiving state to keep the process moving, and maintains regular communication with the child, caregivers, and legal partners to avoid unnecessary delays. These efforts help support timely permanency and ensure that out-of-state placements meet all safety and licensing requirements.

In addition to updated home studies, DCYF uses child-specific Purchase of Service (POS) contracts to support cross-jurisdictional placements. These contracts are used to identify and address service gaps when the sending state does not offer a required service or when services are unavailable or difficult to access in the placement community. POS contracts allow DCYF to privately contract for specific services to ensure continuity of care and placement stability. These child-specific contracts may be used for both kinship and non-kin foster placements to support timely placement and permanency outcomes.

When POS contracts are in place, providers submit monthly reports documenting the status and delivery of services. These reports are uploaded into FamLink and shared with the assigned Washington State caseworker. Monthly health and safety monitoring requirements remain the responsibility of the Washington State worker, who maintains ongoing contact with the receiving state.

### Areas Needing Improvement

Although Washington state ensures that children who are dependents of another state receive comparable services and benefits, systemic challenges remain in the management of cross-jurisdictional placements that impact timely permanency.

ICPC processes are not consistently completed in a timely manner, and caseworkers and supervisors do not uniformly review or follow up on ICPC records in SACWIS, limiting the ability to identify and resolve barriers to placement.

Recruitment strategies, including listings on AdoptUSKids and the NWAE and in-person engagement through WWK, have resulted in some placements; however, a notable number of inquiries do not result in permanency, and several children are withdrawn or remain on hold, indicating that recruitment and family engagement efforts are not fully optimized.

The existing expedited placement agreement with Oregon benefits children in border counties, but its narrow geographic scope limits similar opportunities for children in other areas, which may prolong achievement of permanency.

Additionally, the agency lacks comprehensive data tracking and performance monitoring for cross-jurisdictional placements, including timelines from ICPC request to placement, reasons for withdrawals or delays, and long-term permanency outcomes, which reduces the agency's ability to identify systemic barriers and implement targeted improvements. Oversight and support for children placed out of state are also inconsistent, as structured monitoring such as quarterly visits through WWK applies only to children assigned to that program, leaving other out-of-state placements without consistent engagement or barrier resolution. Together, these challenges indicate a need for more consistent ICPC oversight, enhanced recruitment and placement strategies, expanded geographic agreements, improved data collection and monitoring, and proactive support for all children placed across jurisdictions to ensure timely and stable permanency outcomes.

### Comparison to CFSR Round 3 and Evidence of Improvement

During the previous review, Washington received an overall rating of Area Needing Improvement for Item 36, as home study requests from other states were not consistently completed in a timely manner. Since that review, the state has implemented a range of improvements to support cross-jurisdictional placements and ensure timely permanency for children dependent of another state. Children placed in Washington from other states now receive the same benefits and access to services as Washington-dependent children, with DCYF staff actively facilitating adoption-related processes and maintaining ongoing communication with the sending state's primary caseworker to address barriers to permanency. The state has also strengthened strategic partnerships, including a border agreement with Oregon that expedites placements in counties along the state line, allowing children to remain close to their families while securing kinship placements. Recruitment efforts through the NWAE and AdoptUSKids have increased the visibility of children waiting for permanency, with information sessions educating prospective families on cross-jurisdictional placement and adoption processes.

Recruitment specialists in WWK program conduct quarterly in-person visits to the child's state of placement, engaging directly with children, caregivers, and local partners to resolve barriers in real time.

DCYF staff collaborate closely with sending and receiving states to address delays, maintain regular communication with all legal partners, and support timely permanency decisions. The state is in the process of implementing the National Electronic Interstate Compact Enterprise to further expedite responses from other states. Additionally, child-specific Purchase of Service contracts are used to address service gaps when services are unavailable or difficult to access, ensuring placement stability and continuity of care. Monthly provider reports are shared with assigned caseworkers, who maintain oversight of health, safety, and ongoing services.

These combined efforts demonstrate that Washington has made significant progress in addressing the concerns identified in the prior review, supporting safe, timely, and well-monitored cross-jurisdictional placements for children.

### Conclusion and Overall Rating

Based on the available information, Washington's foster and adoptive parent licensing, recruitment, and retention system demonstrates a generally effective approach to facilitating cross-jurisdictional placements, though some gaps remain. The state ensures that children dependent on another state receive the same benefits and access to services as Washington-dependent children, with DCYF staff actively facilitating adoption processes, maintaining ongoing communication with sending state caseworkers, and addressing barriers to permanency. Cross-jurisdictional recruitment efforts, including listings on NWAE and AdoptUSKids, as well as child-specific outreach through WWK quarterly visits, provide targeted visibility and engagement for waiting children. Quantitative data indicate that of the 42 children actively listed on AdoptUSKids, 17 inquiries were received, resulting in six placements, seven withdrawals, and eight children remaining on hold. ICPC processes are documented in SACWIS and monitored to ensure timely home studies, with preliminary reports issued when full studies exceed 60 days, and final studies completed within 180 days. Washington also uses POS contracts to fill gaps in care and support stability for cross-jurisdictional placements. The implementation of NEICE is expected to further improve timely responses from other states, reinforcing the system's statewide effectiveness.

However, areas needing improvement remain that limit the system's full potential. ICPC processes are not consistently completed within targeted timelines, and caseworkers and supervisors do not uniformly review ICPC records, reducing the ability to quickly identify and resolve placement barriers.

Recruitment strategies, while yielding some placements, show that a notable number of inquiries do not result in permanency, and the narrow geographic scope of the Oregon border agreement limits expedited placements for children outside those counties. Data tracking and performance monitoring for cross-jurisdictional placements are insufficient, particularly regarding reasons for withdrawals, delays, and long-term permanency outcomes. Oversight of out-of-state placements is inconsistent, as structured engagement such as WWK visits applies only to children in that program. Overall, Washington has made substantial improvements since the previous CFSR Round 3 review, particularly in ICPC oversight, recruitment, and placement support, but additional system-wide monitoring, expanded geographic agreements, and consistent engagement are needed to ensure timely and stable permanency for all children. DYCF assesses Item 36 State Use of Cross-Jurisdictional Resources for Permanent Placements as an ***area needing improvement*** however the systemic factor is in ***substantial conformity***.

# Appendix

## Acronyms and Abbreviations

| Acronym | Description |
|---|---|
| **AFCARS** | Adoption and Foster Care Analysis and Reporting System |
| **Alliance** | The Alliance for Professional Development, Training and Caregiver Excellence |
| **Alliance CaRES** | Alliance Caregiver Retention, Education, and Support Program |
| **AOC** | Administrative Office of the Courts |
| **APSR** | Annual Progress and Services Report |
| **ASFA** | Adoption and Safe Families Act |
| **BCU** | Background Check Unit |
| **CASA** | Court Appointed Special Advocate |
| **CAPTA** | Child Abuse Prevention and Treatment Act |
| **CCT** | Caregiver Core Training |
| **CCRT** | Central Case Review Team |
| **CCWIS** | Comprehensive Child Welfare Information System |
| **CFE** | Comprehensive Family Evaluation |
| **CFSP** | Child and Family Services Plan |
| **CFSR** | Child and Family Services Review |
| **CFWS** | Child and Family Welfare Services |
| **CHET** | Child Health and Education Tracking |
| **CIHS** | Combined In-Home Services |
| **CPA** | Child Placing Agencies |
| **CPS** | Child Protective Services |
| **CQI** | Continuous Quality Improvement |
| **CY** | Calendar Year |
| **DCYF** | Washington State Department of Children, Youth, and Families |
| **EBP** | Evidence Based Practice |
| **EFC** | Extended Foster Care |
| **FAR** | Family Assessment Response |
| **FBI** | Federal Bureau of Investigation |
| **FFPSA** | Family First Prevention Services Act |
| **FFY** | Federal Fiscal Year |

| CHILD AND FAMILY SERVICES REVIEW (CFSR) ROUND 4 | |
|---|---|
| **Acronym** | **Description** |
| **FJCIP** | Family and Juvenile Court Improvement Program |
| **FPM** | Family Practice Model |
| **FPS** | Family Preservation Service |
| **FTDM** | Family Team Decision Making |
| **FVS** | Family Voluntary Services |
| **FWCC** | Family Well-Being Community Collaborative |
| **GAP** | Guardianship Assistance Program |
| **GCFs** | Group Care Facilities |
| **GED** | General Equivalency Degree |
| **HCA** | Washington State Health Care Authority |
| **ICPC** | Interstate Compact on the Placement of Children |
| **ICW** | Indian Child Welfare |
| **ICWA** | Indian Child Welfare Act |
| **IFF** | Initial Face-to-Face |
| **ICPC** | Interstate Compact Placement of Children |
| **MI** | Motivational Interviewing |
| **MOA** | Memorandum of Agreement |
| **NWAE** | Northwest Adoption Exchange |
| **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 |
| **OSRI** | Onsite Review Instrument |
| **OTR** | Office of Tribal Relations |
| **PBC** | Performance Based Contracting |
| **PCA** | Placement and Care Authority |
| **POS** | Purchase of Service |
| **QA** | Quality Assurance |
| **QCCR** | Quarterly CIHS Capacity Report |
| **RCT** | Regional Core Training |
| **RCW** | Revised Code of Washington |
| **SACWIS** | Statewide Automated Child Welfare Information System |

| CHILD AND FAMILY SERVICES REVIEW (CFSR) ROUND 4 | |
|---|---|
| **Acronym** | **Description** |
| **SCT** | Supervisor Core Training |
| **SFY** | State Fiscal Year |
| **SRIC** | Statewide Recruitment Information Center |
| **SUD** | Substance Use Disorder |
| **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 |
| **WDT** | Licensing Division Workforce Development Team |
| **WSICWA** | Washington State Indian Child Welfare Act |
| **WWK** | Wendy's Wonderful Kids® - Dave Thomas Foundation for Adoption |

## CFSR State Data Profile

[The State Data Profile is available from the state or the Children's Bureau upon request, and is posted at https://acf.gov/cb/data-research/data-and-statistics-cfsr-statewide-data-indicators.]