Critical Incidents Briefing

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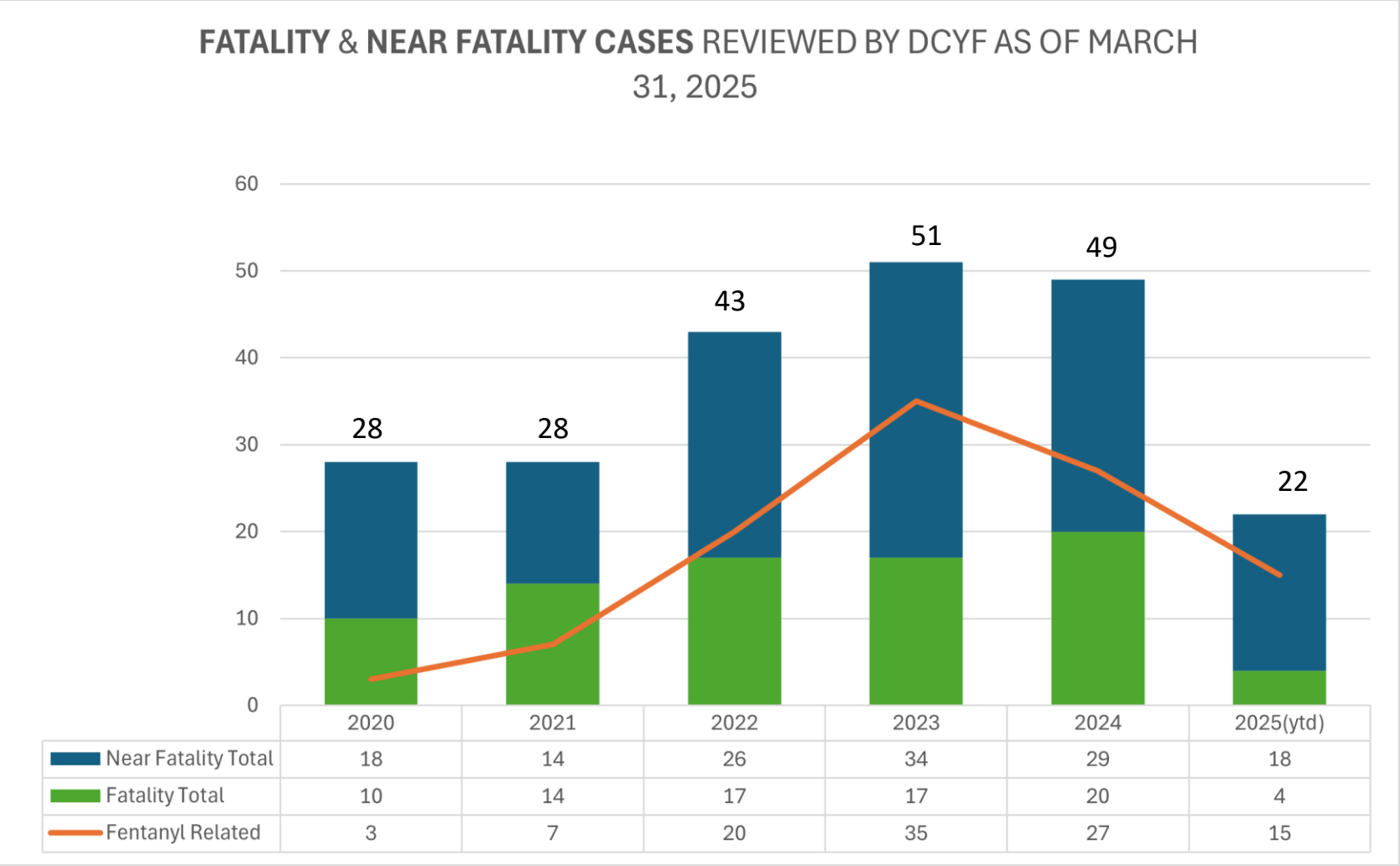
Washington State Department of
CHILDREN, YOUTH & FAMILIES

Difference between OFCO and DCYF Reports

- The Office of the Family and Children's Ombuds (OFCO) and DCYF conduct reviews of child fatalities using different criteria.
- OFCO examines child fatality reported to the office, including those not directly caused by maltreatment, as long as there are concerns about child welfare or systemic issues.
- DCYF is limited by statute (RCW 74.13.640) to reviewing only those child fatalities and near fatalities that are maltreatment-related *and* where there was prior DCYF involvement within the 12 months preceding the incident.
- For example, DCYF would not review a case if the family had no child welfare history in the past year, even if a critical incident occurred.

DCYF-Reviewable Critical Incidents* 2020-2025



Year	Fatality Count	Near Fatality Count
2020	10	18
2021	14	14
2022	17	26
2023	17	34
2024	20	29
2025 (Q1)	4	18

*DCYF reviews only those child fatalities and near fatalities that are associated with maltreatment and involve prior child welfare involvement within the preceding 12 months, in accordance with RCW 74.13.640

DCYF PPS (April 2025),
Administrative Incident Reporting and Fatality Reviews
[Jan 2019- March 2025]

Number of critical incidents for Q1 of calendar year 2025 has tripled over the same period for last year

- Total number of DCYF-reviewable critical incidents
  - 22 in Q1 2025 vs. 9 in Q1 2024
- 68% of Q1 critical incidents were opioid-related, 32% non-opioid related
- A significant portion of these critical incidents are among children birth to 3
  - 17 total in Q1 2025 vs. 6 total in Q1 2024
  - 13 of the 17 were opioid related in Q1 2025 vs. 5 of the 6 in Q1 2024

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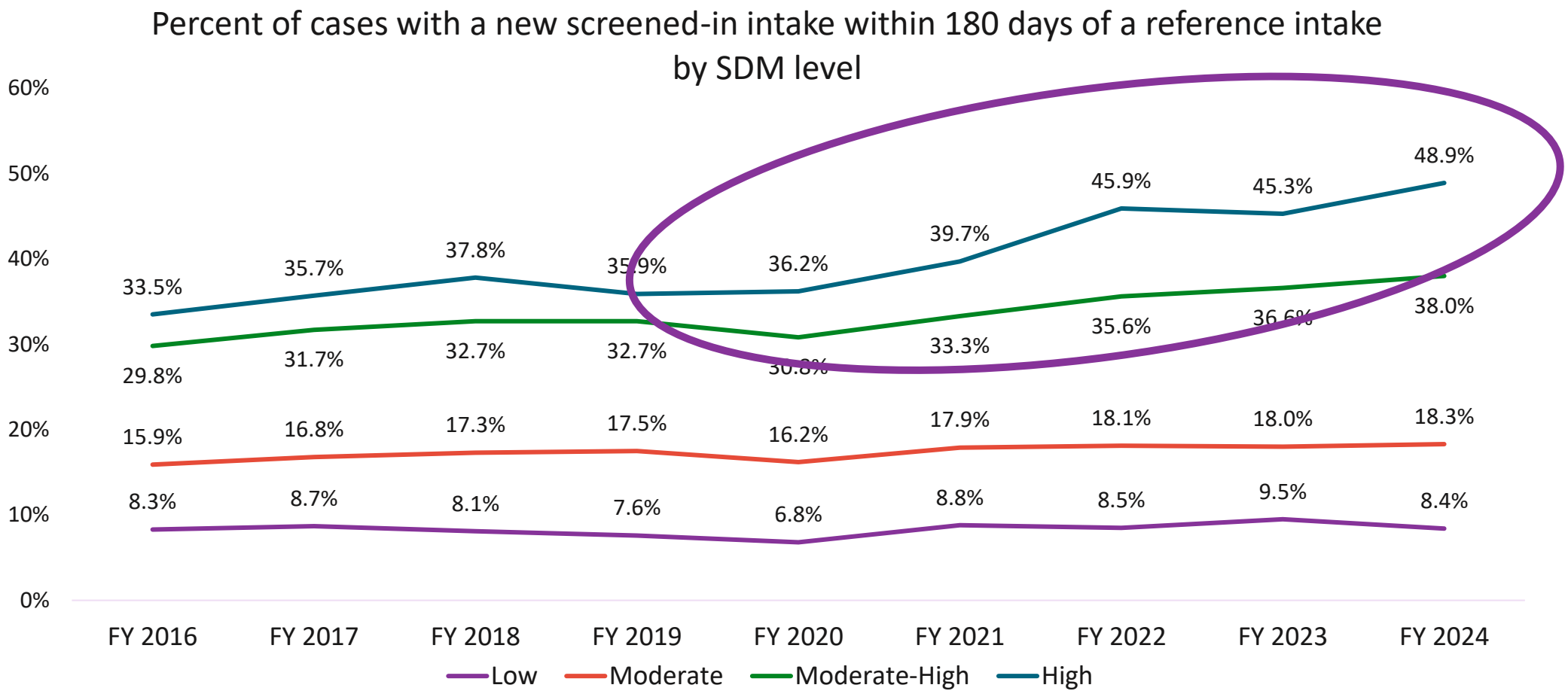
No singular reason accounts for the increase

- This is new information that is still being analyzed — **there is no one reason for the increase.**
- Initial analysis points to four main drivers:
  - High Potency Synthetic Opioid (HPSO) epidemic
  - Parental stress
  - Increase of families with high needs
  - The complexities of cases and the systems involved

Context: Increasing Portion of High/Moderately High Need families Churning in CPS without Placement



Critical incidents largely come from this group of families

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*Source: *Doug Klinman, DCYF. (April 2025).* Screened-in CPS-Investigation, CPS-FAR, or Risk-Only Intake (the Reference Intake). Each intake tracked for 180 days and flagged if a new screened-in intake associated with the case was received. SDM had to occur after the reference intake and within 120 days of the reference intake.

DCYF Responses To Date

- Safe Child Consults for every case involving opioid use and a child under 3
- Mining expertise of front-line staff: HPSO info-gathering sessions
- Geographical hot spots: Highlighting services for local staff and providers
- Increasing caseworker trainings for neglect and medically complex cases

What Is Needed

- Home Visiting
- Parent-Child Assistance Program (PCAP)
- Public Health Nurse interventions
- Partner with Family Resource Centers
- Social safety net for families with high needs (housing and basic needs)
- Mental and behavioral health access: Same-day substance use (SUD) treatment and peer navigation, Pregnant and Parenting Women (PPW) beds
- Consistency in application of the law