

Contracted Services Redesign Analysis Report

Washington (WA) Dept. of Children, Youth, and Families
(DCYF)

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EXECUTIVE SUMMARY

The Washington Department of Children, Youth and Families (DCYF) administers an array of programs and services designed to respond to varying needs of children and families engaged in (or at risk of entering) the child welfare and juvenile rehabilitation systems. DCYF seeks to build and support an accessible, broad continuum of services across the state to meet community and family needs. DCYF's Partnership, Prevention & Services (PPS) Division is leading the service delivery array redesign and analysis for children, youth, and families involved in child welfare or exiting the Juvenile Rehabilitation systems. The redesign will incorporate recent provisions of the Washington legislature, State Supreme Court rulings, the *Keeping Families Together Act*, federal and state *Indian Child Welfare Acts*, and the *Family First Prevention Services Act* (FFPSA).

To support these efforts DCYF contracted with Public Consulting Group (PCG) to complete a formal review of the current contracted service array, conduct national practice research, and facilitate engagement sessions with those who this work impacts closely to understand the current services framework and identify pain points within the system to support the development of a framework that meets DCYF's intended goals for service delivery. Included in this PCG analysis are the following services lines:

1. Combined In Home Services (CIHS)
2. Family Time (FT)
3. Home Visiting (HV)
4. Independent Living (IL)
5. Intensive Family Preservation Services (IFPS)
6. LifeSet
7. Network Administrator (NA)
8. Parent Child Assistance Program (PCAP)
9. Professional Services and Psychological Services
10. Juvenile Rehabilitation Transition Services (JR)

RECOMMENDATIONS

To develop applicable and actionable redesign recommendations, our team 1) conducted a thorough review of DCYF contracted services; 2) researched national practices for contracting; and 3) spoke directly with 170+ DCYF contracted services internal and external partners, including parents with lived experience receiving DCYF contracted services, and Tribal Nations. Please see the *Methodology* section of this report for more details on PCG's specific approach. Through these efforts, we identified several recommendations to strengthen DCYF's contracting framework, including recommendations to increase service delivery effectiveness. These recommendations have been organized into three categories: "Key", "Quick Win", and "Recommendations to Consider". Our "Key" and "Quick Win" recommendations are listed in the summary

table below. Please see the *Recommendations* section of this report for the full list of recommendation and implementation considerations for each.

Key Recommendations

Prioritize meeting the immediate, concrete needs of families while concurrently implementing supportive services.

Increase caseworker, provider, community partner and Tribal partner knowledge of services through the development and implementation of Standard Operating Procedures (SOPs), training, reference materials, and regular communication.

Provide targeted incentives to attract providers to serve rural and remote areas and specialized populations by developing contracts that include incentivized or guaranteed payments.

Standardize payment structures to enhance provider engagement, enhance service quality, and address behavioral health and service coordination challenges for DCYF families.

Quick Win

Create consistent bi-directional communication opportunities with a regular, predictable format, frequency, and agenda.

INTRODUCTION

PROJECT OVERVIEW

Washington state's Governor Jay Inslee signed House Bill 1661 in 2017 to authorize the establishment of the Department of Children, Youth, and Families (DCYF). The new DCYF agency officially launched in 2018. DCYF was created to unite the responsibility for the administration of early learning, child care, and home visiting programs with prevention and protection related child welfare programs under one department. On July 1, 2019, DCYF began administering Juvenile Rehabilitation (JR) programs previously offered by the Juvenile Rehabilitation Division and the Office of Juvenile Justice housed within the Department of Social and Health Services. Since DCYF's creation, the agency has made vigorous and determined efforts to engage its Washington state and community partners, Tribal partners, and people with lived experience across its system of care as well as support to improve the experience and outcomes of the children, youth, and families it serves.

DCYF's Partnership, Prevention & Services (PPS) Division is currently leading a service delivery array redesign and analysis for children, youth, and families involved in child welfare and exiting the JR systems. The analysis and redesign efforts incorporate input and engagement efforts from those closest to the work including: 1) individuals with lived experience who have been involved with DCYF within the last two years and are able to speak to the current landscape of service offerings and delivery; 2) individuals who manage the service contracts or oversee financial and performance outcomes in contracts; 3) individuals who have existing service contracts; 4) and individuals who refer for services, both internally and externally. The redesign incorporates the provisions of the Washington legislature, State Supreme Court's rulings, the *Keeping Families Together Act*¹, federal and state *Indian Child Welfare Acts*, and the *Family First Prevention Services Act* (FFPSA) by providing a view of the current service delivery capacity and making recommendations for strategic redesign and alignment.

To support these efforts, DCYF contracted with Public Consulting Group (PCG) to complete a formal review of the current contracted service array, conduct national research, and facilitate engagement sessions with those who are impacted and closest to the work. PCG's goal was to understand the current services framework and identify pain points within the system to support the development of a framework that meets DCYF's intended goals for service delivery.

SCOPE OF WORK

The focus of the redesign efforts was limited to the following service lines:

1. Combined In Home Services (CIHS)
2. Family Time (FT)

¹ [1227-S2.SL.pdf \(wa.gov\)](#)

3. Home Visiting (HV)
4. Independent Living (IL)
5. Intensive Family Preservation Services (IFPS)
6. LifeSet
7. Network Administrator (NA)
8. Parent Child Assistance Program (PCAP)
9. Professional Services and Psychological Services
10. Juvenile Rehabilitation Transition Services (JR)

PCG’s work was completed in 2 phases and began in April 2024:

- Phase 1: DCYF Contract Review and National Best Practice Research
- Phase 2: Facilitation of Engagement Sessions

Per DCYF request, PCG’s scope of work included the following elements. The table below identifies where in PCG’s deliverables each scope element has been addressed:

Scope	Addressed in:
Review of the current contracted service array	Phase 1
Identify the needs and gaps of the current contracted service delivery system to provide services and assessments to children, youth, and families matched to meet their needs in a timely manner	Key Recommendations
Recommend opportunities for improving access, availability, and streamlining services across the state, especially for rural communities and other target populations	Key Recommendations
Provide recommendations for service funding and provider payment methodologies to achieve DCYF and client outcomes	Key Recommendations
Identify strategies for building a highly qualified, system of care workforce	Key Recommendations
Provide recommendations for additional services necessary for creating a robust and comprehensive service array focused on improving family preservation and child/ youth safety	Additional Recommendations

DCYF ACKNOWLEDGEMENTS

This report was developed as a snapshot of the current landscape based on the data available at the time and is limited to the participants who contributed their time and insights through the listening sessions. While the initiative aimed to evaluate Home Visiting and services available to youth transitioning out of Juvenile Rehabilitation (JR), the primary focus was placed on the contracted services accessed by the Child Welfare system. At the time of this report's development, representation from multiple divisions was included throughout the project, such as the Juvenile Rehabilitation Division, Partnership Prevention & Services Division, Office of Tribal Relations, Child Welfare, and the Finance & Business Division.

The findings in this report are informed by insights gathered through listening sessions, feedback sessions, and engagement with impacted parties and Tribal Nations. Despite efforts to incorporate a wide array of perspectives, DCYF acknowledges that some voices may not be fully represented. Limitations in time, accessibility, and engagement barriers may have restricted participation from certain communities, particularly those most directly impacted by the issues addressed. Notably, while the project team made a concerted effort to hold dedicated Tribal listening sessions and presentations, this report may not fully capture the breadth and depth of Tribal perspectives. The importance of Tribal input is recognized, and DCYF remains committed to fostering ongoing dialogue to enhance tribal inclusion in future efforts.

DCYF leadership acknowledges that it is essential juvenile justice families and Juvenile Rehabilitation employees are fully integrated into any implementation efforts, ensuring they are equipped with the knowledge and resources needed to access and utilize services emerging from this initiative. Home Visiting services must be readily accessible in communities and to those served by DCYF. Additionally, it is critical that Tribal Sovereignty is prioritized in the design and delivery of services for populations with unique cultural needs, ensuring that programs are developed in true partnership with Tribes and reflect the culture, traditions, and values of the communities they serve. While there are shared challenges between the child welfare and juvenile justice populations, the distinct and specific needs of Juvenile Rehabilitation youth must be addressed with tailored strategies. This nuanced approach will help ensure all children, youth, and families receive the comprehensive and high-quality care they deserve under the newly proposed framework.

To this end, significant strides are already being made. A dedicated DCYF team is working to establish mechanisms for disseminating information about available services, empowering youth in the Juvenile Rehabilitation system to fully leverage the expanded resources. Many of the recommendations within this report align with existing efforts and are incorporated into implementation considerations.

METHODOLOGY

To develop applicable and actionable redesign recommendations, PCG divided the work into two phases, as described below.

PHASE 1

Contract Review

PCG reviewed existing contract documents, reports, and data provided by DCYF for ten (10) Prevention, Child Welfare, and Juvenile Rehabilitation service lines as listed above in the Scope of Work. Although the Home Visiting and Juvenile Rehabilitation service contracts are not managed by child welfare program staff, they were included in this review because youth and families involved with DCYF can access these services. The contract review portion of this report includes information about the types of services provided by each contract, contract requirements for performance and reporting, and any available data provided by DCYF about the annual number of clients served and annual expenditures for each contract. PCG also reviewed DCYF strategic planning documents and a published logic model for implementing a Performance Based Contracting (PBC) structure for its client services contracts as mandated by HB1661 (2017). The bill requires DCYF to implement PBC to focus on quality outcomes that tie at least a portion of the contractor's payment and contract extensions or renewals to measurable performance standards and requirements.²

National Practices for Contracting

PCG researched and reviewed national practices and strategies for service array frameworks, focusing on the following key research questions identified by DCYF leadership:

1. What are the best practices and most effective payment methodology(s) for services contracted to serve the child welfare and JR populations?
2. How have systems come together to make services more effective and accessible for end users, while capitalizing on funding sources? (e.g., FFPSA, Title IV-B & Title IV-E Prevention, Medicaid, and State General Funds)
3. What are the best/promising practices on building service provision capacity and maintenance of a comprehensive service array? (e.g., research implementation science integration into capacity building, equity based contracting and maintenance of a service array, use of internships or other creative approaches)

PHASE 2

Qualitative Research

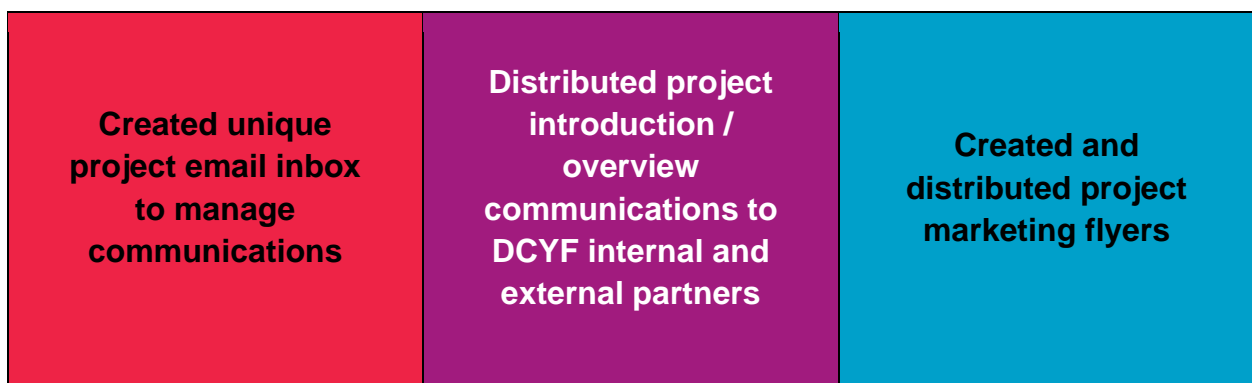
PCG was contracted by DCYF to use a qualitative research approach to explore and understand the experiences and perspectives internal staff, community partners, and

² <https://lawfilesexternal.wa.gov/biennium/2017-18/Pdf/Bills/Session%20Laws/House/1661-S2.SL.pdf>

tribal partners involved with DCYF’s current contracting process and its service delivery framework for ten (10) service lines selected for review. PCG consulted with the DCYF project team to identify four (4) key roles/responsibilities in the contracting process to conduct engagement sessions about the current DCYF-contracted service framework: 1) Service Referrers (both internal and external to DCYF); 2) Service Providers; 3) Contract Managers; and 4) Lived Experience Experts 18 years and older who have received services within the past two (2) years. PCG collaborated with DCYF to recruit participants fitting these roles from the following groups:

- **Service Managers** – DCYF staff involved with developing, managing or executing contracts.
- **Lived Experts** – Individuals aged 18+ who have received or been referred to a DCYF-contracted service within the past two years.
- **External Referrers** – Non-DCYF staff who refer DCYF and Juvenile Rehabilitation involved youth and families to DCYF contracted services.
- **Internal Referrers** – DCYF staff who refer DCYF and Juvenile Rehabilitation involved youth and families to DCYF contracted services.
- **Providers** – Individuals responsible for the delivery of direct services under one of the ten (10) DCYF contracted service lines included in this review.
- **Tribal Nation Professionals** – Representatives with experience referring, providing, or managing DCYF contracted services to Tribal families.
- **Home Visiting Providers** - Individuals delivering direct services to families under a DCYF Home Visiting contract.

Several outreach activities were performed by DCYF and PCG to recruit participants for the engagement sessions.



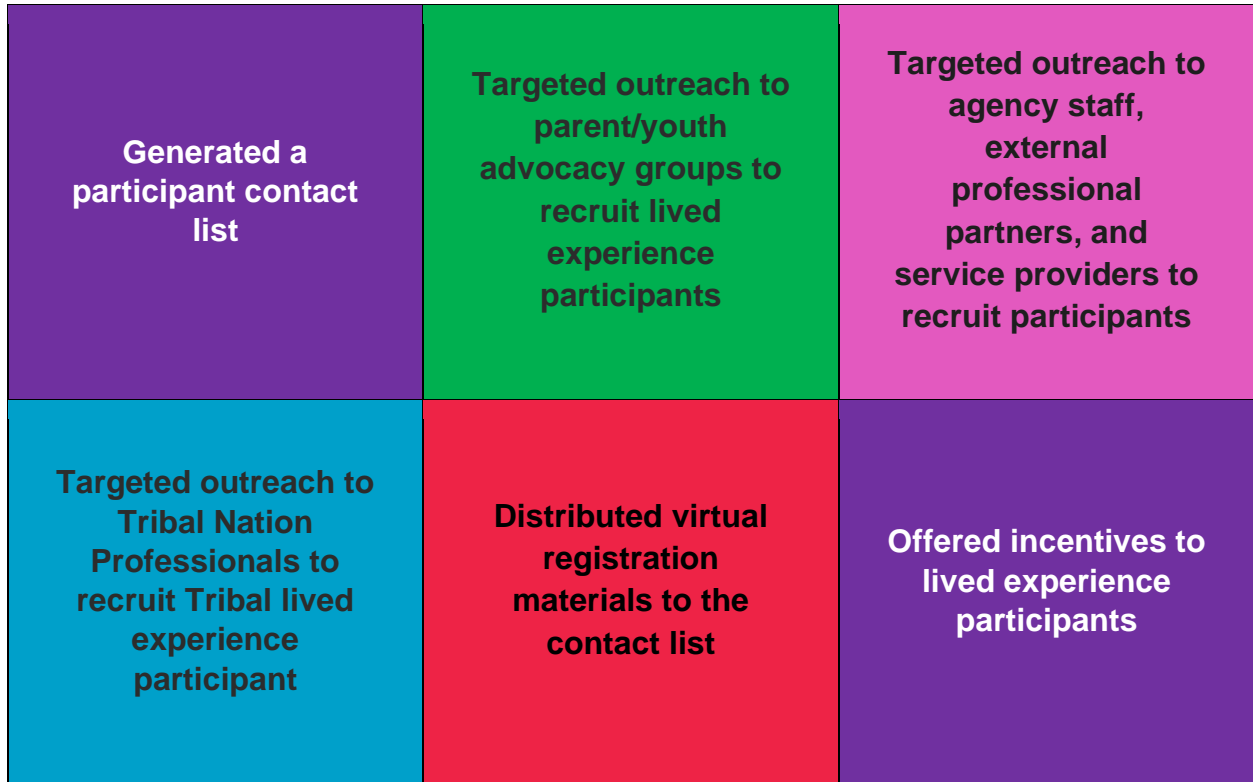


Figure 1. Outreach and Recruitment Activities

Figure 1 above depicts the following outreach and recruitment activities:

1. PCG created WAservicesredesign@pcgus.com, a dedicated *project email address* to manage communications with project partners and participants and answer any questions.
2. DCYF sent a project kick off email blast to its partner agencies and key distribution lists to introduce the project, its scope, and the partnership with PCG.
3. PCG designed *targeted marketing flyers* to help recruit parent and youth lived experts, contracted service providers, service referrers, and DCYF contract managers for the engagement sessions.
4. PCG *created and managed a contact list* of individuals who expressed interest in participating in the engagement sessions.
5. PCG *connected with lived experience advocates/groups* who helped recruit people with lived experience receiving DCYF-contracted services within the past two years. DCYF project team *connected with internal agency staff and external professional partners* and distributed marketing flyers during pre-established meetings.

6. DCYF *connected PCG with Tribal professionals* to identify opportunities for targeted outreach to Tribal Nation lived experts and service providers.
7. PCG distributed virtual registration materials to all gathered contact lists.
8. PCG offered e-gift card incentives to lived experience participants in alignment with Washington’s Office of Equity guidelines³.

Method of Engagement

PCG designed and facilitated 32 engagement sessions, each 90 minutes in length (7 in-person and 25 virtual), over a 3-week period. The engagement sessions were organized according to four (4) roles/responsibility groups previously identified as Service referrers, Service Providers, Contract Managers, and Lived Experts. Marketing materials in the form of flyers were emailed to individuals from the contact list inviting them to register for one of the scheduled engagement sessions for their group. Examples of the Marketing flyers can be found in [Appendix A: Marketing Flyer Example](#).



Confirmation emails were sent to each participant after registration to confirm the location, date, and time of the session they registered to attend.



Facilitator guides for each group were developed ahead of each session with guiding sessions and protocols to aid facilitators during the session, an example facilitator guide can be found in [Appendix B: Facilitation Guide Example](#).



Meeting Norms or ground rules were introduced at the beginning of each session to help set expectations for behavior, communication, and participation during the session. These guidelines were designed to promote an inclusive and safe environment during discussions.

DISCUSSION TOPICS

PCG collaborated with DCYF to identify four (4) key topics to provide a foundational framework for the listening discussions that included all topics essential to the contracting process and the DCYF service framework:

- **Communication and Input** – how information is exchanged and received by and with DCYF;
- **Service Offerings** – the range of services available, how service needs are identified, and service gaps;
- **Service Delivery** – the execution and delivery of services and any barriers to offering and receiving services; and

³ <https://equity.wa.gov/sites/default/files/2024-01/Community%20Compensation%20Guidelines%20-%20v1.1%20%28DRAFT%29%20Amethyst.pdf>

- **Cultural Responsiveness** – ability to build, provide, and receive culturally responsive services that meet the needs of individuals and families served.

During the engagement sessions, each participant group was asked questions related to these four (4) topics areas, with the questions tailored to suit the group attending the session.

VIRTUAL SESSIONS

PCG and DCYF selected the Zoom platform for hosting the virtual engagement sessions for its user-friendly reaction buttons and hand-raising features. PCG scheduled at least one (1) facilitator and one (1) note-taker for each session. A total of 25 virtual sessions were offered at various times of the day to promote inclusive opportunities for each group to participate:

- Six (6) sessions for Service Referrers;
- Six (6) sessions for Service Providers;
- Three (3) sessions for Service Managers;
- Five (5) sessions for Lived Experience Experts;
- Two (2) sessions for Tribal Professionals, and
- Three (3) additional sessions described in the Additional Session section below.

All sessions offered to the Lived Experience group were held virtually per the recommendation of the Lived Experience Advocates who helped PCG recruit lived experts to participate in this project. Two (2) virtual sessions were offered to Tribal Nation Professionals, combining any individuals who may fit in any of the four (4) role and responsibility group categories. An opportunity to add a special in-person session for Tribal Nation Professionals was organized by DCYF, and that event is described in the “Additional Sessions” section below.

All virtual participants were encouraged, but not required, to turn on their cameras during introductions and keep them on throughout the session to help foster a comfortable environment for information sharing and discussion. All virtual sessions were recorded and transcribed by the meeting facilitator for note taking purposes only; recordings were not made available to anyone outside of the PCG project team.

IN-PERSON SESSIONS

DCYF identified Spokane, Kent, and Olympia as locations for the in-person engagement sessions. To create a more comfortable and trusting environment for discussions, PCG found community-based locations to host sessions instead of using DCYF office space. PCG scheduled at least one (1) facilitator and one (1) note-taker for each session. Seven (7) sessions were held in person:

- Three (3) for Service Referrers (Olympia, Kent, Spokane)

- Two (2) for Service Providers (Kent, Spokane)
- One (1) for Service Managers (Olympia), and
- One (1) special session with Tribal Nation Professionals who were already gathered for a conference in Spokane Washington described below.

Additional Sessions

TRIBAL PROFESSIONALS

PCG coordinated with DCYF Office of Tribal Relations to offer an in-person engagement session as a breakout event during the 2024 Washington State Tribal Opioid Fentanyl Summit in Spokane Washington, held from July 23-25, 2024. This provided an opportunity to engage Tribal representatives already attending the summit. To encourage participation in the evening session on July 23rd, PCG provided dinner and secured the largest available room at the hotel, which had a maximum capacity of 20 people. Five (5) Tribal Nation representatives attended the session. Contributing factors to lower turnout may have included the late notice of the newly added breakout session, competing sessions, and the initial requirement for pre-registration due to the limited room capacity.

HOME VISITING CONTRACTORS

DCYF requested two (2) sessions with Home Visiting providers because they have a different reporting and monitoring structure than the other types of contracts included in this review, particularly because of how these contracts are funded through community-based prevention funding. The Home Visiting contracts (8 models) are funded through the Washington Home Visiting Services Account (HVSA), which was established by the Washington legislature in 2010, to braid state, federal, and private funds to support high-quality community home visiting services implemented by providers across the state.⁴

DCYF partners with several organizations to support home visiting, including two primary partnerships: 1) DCFY contracts with the Department of Health (DOH) to support data collection and reporting needs for the HVSA, and monitoring of performance measures across the home visiting service array and 2) DCYF contracts with a private-public partner, Start Early Washington, which supports implementation of the home visiting models, and provides technical assistance and continuous quality improvement.

DCYF OFFICE OF INNOVATION, ALIGNMENT, AND ACCOUNTABILITY (OIAA)

One (1) informal session was hosted with staff from the DCYF Office of Innovation, Alignment, and Accountability (OIAA). OIAA is tasked with leading the current implementation of a Performance Based Contracting (PBC) model for DCYF contracts. OIAA staff serve as consultants involved with building the capacity and capability of

⁴ <https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/hvsa>

DCYF and its contracted partners to implement a PBC model. The goal of DCYF’s PBC model is to ensure “state resources are directed toward high performing contractors, encourage and support all contractors to continually improve, and use PBC as a tool to eliminate disproportionality and disparities.”⁵ OIAA is working directly with program and contract managers and its contracted partner agencies to support a shift toward being more data driven, building skills and capacity for data collection and reporting, and using data analytics to develop meaningful performance metrics.

Participation

There were 290 individuals registered for the 32 engagement sessions offered. Of those who registered, 172 individuals participated in a session.

Role	Service Providers	Service Referrers	Contract Service Managers	Lived Experts	Tribal Nation Professionals	Other*
# of Participants	55	48	29	15	12	13
# of Sessions	8	9	4	5	3	3

*Other = Additional sessions were held at the request of DCYF with home visiting providers, two (2) sessions were offered in addition to listening to feedback from the Office of Innovation, Alignment and Accountability representatives.

ANALYSIS METHODS

All information collected from notetaking and transcription during the engagement sessions was organized into themes using two (2) methods. First, the PCG project team reviewed and organized the data collected into topical themes. Second, PCG used Nvivo, a qualitative data software platform to produce insights through automated coding, a method of organizing data into meaningful categories for analysis. Nvivo increases the efficiency and accuracy of data analysis and reduces innate biases. PCG used both manual and auto coding to ensure the highest quality analysis and outputs, reduce innate bias, and produce the most robust, meaningful representation.

Information collected from the contract review and practice research in Phase 1 of the project were integrated with insights gained from the engagement sessions to develop recommendations for a redesign of DCYF’s current contracted service delivery framework in the Findings section below.

⁵ <https://www.dcyf.wa.gov/sites/default/files/pdf/FY24-intro-pbc.pdf>

HIGHLIGHTS & THEMES

Highlights and themes from both the Phase 1 and Phase 2 scopes of work have been collected and summarized in the following sections.

PHASE 1: ANALYSIS OF DCYF CURRENT SERVICE ARRAY FRAMEWORK AND NATIONAL PRACTICES

Service Structures and Payment Methodologies

States may structure provider payments for programs and services in several ways to best meet their needs. In developing rates, there is no “one size fits all” solution. Best practice involves considering the program goals, the current provider and state landscape, and budget constraints, which vary by jurisdiction and program, and developing payment methodologies that align with the specific goals and needs.

PCG found the four (4) primary considerations in rate setting are: cost, quality, equity, and simplicity and these considerations are often competing. For example, although implementation of Evidence Based Practices (EBPs) can enhance program quality and achieve better outcomes for youth and families, implementation of EBPs to fidelity can be more costly and require an increase in financial investment and resources. Similarly, enhancing equity through provider-specific rates increases the administrative complexity of a system.

Figure 2. Four (4) Primary Considerations for Rate Setting

(1) Cost	(2) Quality Control	(3) Equity	(4) Simplicity
<p>Benefits:</p> <ul style="list-style-type: none"> • Efficiency • Cost containment • Increased Accountability • Reduced fraud • Balanced budget • Optimizing multiple funding streams 	<p>Benefits:</p> <ul style="list-style-type: none"> • Services produce desired outcomes • Use of evidence-based practices • Individualized services • Client choice • Provider flexibility and capacity 	<p>Benefits:</p> <ul style="list-style-type: none"> • Geographical equity • Disproportionately favoring one type of service or delivery option • Internal and external agency partner satisfaction • Compliance with federal or state instructions/initiatives • Positive relationships with providers 	<p>Benefits:</p> <ul style="list-style-type: none"> • Stability from year to year • Common rates or standard methodologies for all providers or certain provider types • Limited reporting requirements

To inspire a collaborative process for the development of service contracts and encourage providers to build a service array to best meet the needs of the communities, it is important to keep the following in mind.

- The goal of any effective rate-setting methodology is to align the rate to the actual cost of service delivery associated with the contract requirements.
- Like Medicaid and other reimbursement rates, payments to providers should be consistent with efficiency, economy, and quality of care (*Social Security Act § 1902(a)(30)*).
- Cost-based rates should include all direct and indirect costs related to the provider's service provision.

DCYF REIMBURSEMENT STRUCTURE FINDINGS:

Overall, just under two-thirds of DCYF's programs meet one (1) or more rate options above. Different service contracts have implemented one (1) or more of these payment methodologies. For example, currently five (5) of 10 DCYF in-scope services have implemented performance-based contracting (PBC) as incentives for meeting certain metrics to receive enhanced payments in addition to a base payment model: HV, JR youth, Professional Services, and PCAP. Two (2) additional programs have implemented cost model rates, CIHS and HV are in the development stage.

For base payment models, most identified services receive a slot rate or a fee for service. Fee for service refers to a contractor receiving payment after a service has been provided. Maximum consideration refers to a contract that has a total budget for its contract period and must complete certain deliverables to receive payment. Some services have implemented maximum payment contracts.

- Slot rates: Payments of a certain number of slots for an activity, e.g. intensive family preservation services have slot payments for therapists and supervisors.
- Cost model rates: The specified program type and costs are based on achieving a level of service, e.g. contracts that have this payment model include CIHS and HV (development stage).
- Capitated monthly rate: One rate for all clients within a program at a given level of care that covers a specified period, also referred to as a case rate, e.g. contracts that have this payment model include Independent Living Program.
- Blended rate: Expenses divided by days of care, which "blends" the expenses together so that the rate reflects several expenses. No in-scope contracts that have this payment model were identified.
- Performance based rate: Each program client is reimbursed based on achievement of specific goals, e.g. contracts that have this payment model include HV, JR youth, Professional services, Parent-Child Assistance Program, and LifeSet.

Collaboration and Resource Leveraging

It is more efficient for agencies that administer program funds to develop policies, rules, regulations, and procedures on blending and braiding at the “upstream” or government agency administrative level⁶. Blending and braiding funding will require collaboration and an analysis across agency financial resources. To ensure coordination and a shared vision with common goals for improving child and family outcomes, creating interagency planning groups and formal agreements should be considered.

There are several ways states used Medicaid to support achieving positive outcomes for youth in families in the child welfare system across the country. Medicaid is used most effectively for child welfare involved youth and families when there is a well-established and collaborative working relationship between the child welfare agency and the state Medicaid Agency that ensures continuity of care and increases access to necessary behavioral health services that promote overall wellbeing and support reunification and preservation efforts.

Additionally, sustainable funding sources, like Title IV-E, are vital for the reliable functioning of government agencies and allow for long-term planning and stability. The service lines included in this analysis are ripe for Title IV-E prevention reimbursement, when administered in accordance with federal guidelines.

DCYF RESOURCE LEVERAGING FINDINGS:

Many programs within the service array braid or blend funding sources. For example, the various programs within DCYF's Combined In-Home Services (CIHS) employ both braided and blended funds. Family Preservation Services (FPS) is funded by federal programs such as Title IV-B, general state funds, and local grants. Each funding source has its own reporting requirements, but funds are coordinated to support comprehensive family preservation efforts. Similarly, Functional Family Therapy (FFT) is partially funded by Title IV-B, Medicaid, state mental health funds, and juvenile justice grants. DCYF has an opportunity to build upon the state's current Title IV-E prevention plan to include Title IV-E prevention dollars into the mix of blended funding sources for these service lines. When administered in accordance with federal guidelines, Title IV-E is a sustainable, long-term funding source for needed services.

Each funding source supports various aspects of the therapy, from clinical services to support for youth involved in the juvenile justice system. Homebuilders' services combine federal, state, and local funds to provide flexible, intensive, in-home crisis intervention services. Parent-Child Interaction Therapy (PCIT) also combines Medicaid reimbursements, general state funds, and private grants.

Independent Living (IL) is an example of a service array program that does not currently braid or blend funding. IL is funded primarily through a Chaffee foster care program for successful transition to adulthood grant. This funding is expected to decrease in the

⁶ [NPT-Blended-Funding-Toolkit.pdf \(startearly.org\)](#)

coming fiscal year. IL could be funded via Chafee grant, Title IV-E, and general state funds.

Specialized treatments provided by professional services combine funding from general state funds and state grants such as the Washington Office of Homeless.

Many of the clinical assessments such as psychological and neuropsychological testing fall under DCYF service contracts, funded through State General Funds. The majority of funding for substance use treatment, counseling and therapy services comes from Medicaid. These Medicaid services are provided outside of a DCYF contract where families are required to contact a non-contracted community-based provider to access treatment when warranted.

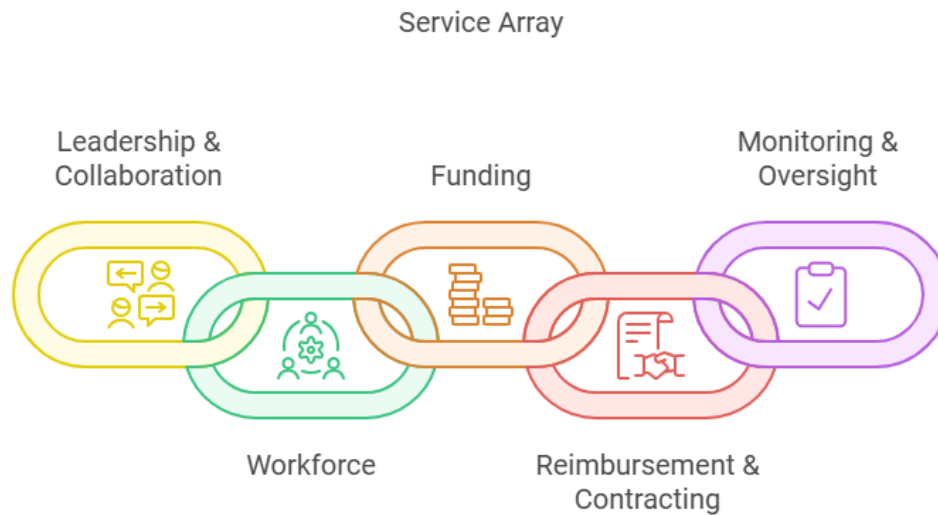
Building Service Capacity and Maintaining a Comprehensive Service Array

A comprehensive service array is an essential part of every system of care. The array must include adequate and available services that:⁷

- Assess the strengths and needs of children and families and determine other service needs;
- Address the needs of families in addition to individual children to create a safe home environment;
- Enable children to remain safe with their parents when reasonable; and
- Help children in foster and adoptive placements achieve permanency.

To create a robust, high-quality service array, five (5) foundational components must be present: leadership & collaboration, workforce, funding, reimbursement and contracting, and monitoring and oversight. Each link in the chain is essential – if any link is weak or insufficient, the entire array will be poorly supported. Without a robust array of outpatient and supportive services, children and families with relatively minor concerns may go untreated, their symptoms and behaviors escalate, and they may require more intensive, costly interventions. When the connections are strong, the services provided will lead to positive outcomes for children and families.

⁷ US. Department of Health and Human Services. (2022) [Assessing Systemic Factor Functioning: Using Data and Evidence.](#)

Figure 5. Five (5) Foundation Components of a High-Quality Service Array:

As the work of the redesign analysis focuses on contracted service array, best practice dictates changes to the structure be supported by implementation science. The tenets of implementation science require exploration of details and an environment that supports desired changes. Install an evidence-based practice that fits with identified needs and desires and implement that practice with consistency and fidelity. Then scale the practice to generate continued beneficial impact. This is depicted in the National Implementation Research network (NIRN) Active Implementation Framework.⁸

PHASE 2: ENGAGEMENT SESSIONS

Following the engagement sessions (described in the Methodology section), using NVivo and Excel software, PCG performed a qualitative analysis of notes and determined that five (5) theme categories emerged: 1) Communication and Input, 2) Contracting Infrastructure, 3) Service Offerings, 4) Delivery Services, and 5) Cultural Responsiveness. Below we list the themes from each Category heard during our conversations. We've included several quotes from participants. While this isn't an exhaustive list, we selected those that most compellingly highlight some of the issues identified.

Communication and Input

Participants were asked structured questions regarding the exchange and receipt of information with DCYF. Based on their feedback and insights, the following themes have been identified. Additionally, some notable quotes related to this topic, deemed impactful, have been included.

THEMES

⁸ SISEP. (2021). The Rationale for Active Implementation. Available at [The Rationale for Active Implementation | NIRN \(unc.edu\)](https://www.nirn.org/active-implementation-rationale).

- Lack of conscious acknowledgement of **Tribal differences** in practice and procedural development.
- There is little interaction between the East and West sides of the state. There is **wide variance** in how caseworkers interact, region from region.
- There are **inconsistencies in practice** due to a lack of standard processes/ procedures and clear consistent communication.
- DCYF should consciously consider the **impact on providers** when changes are made.
- **Interpretations in the contract vary** and are applied differently.
- **DCYF turnover** makes it hard to know who is responsible or who to reach out to, and the roles of staff are unclear.
- **Meeting cadence varies** by service and region, and limited ability to provide feedback.
- Constant **struggle with increasing capacity** of current providers vs. bringing in new providers.

PARTICIPANT QUOTES

- “Communication (from DCYF) is needs based [reactive rather than proactive].”
- “I struggle with having to do services I don’t need. It makes my schedule really chaotic and hard to keep up with.”
- “It would be a lot easier to communicate with DCYF if DCYF could communicate with itself.”
- “When I have questions, no one seems to know the answer. I am always going back to my contract and saving emails and permissions given.”
- “From the ‘top’ it’s been a ‘take it or leave it’ attitude towards us (the providers).”
- “In practice its more expensive to be in business in an area with Network Administrator.”

- “Contract managers do not treat the contract as a legal document, and it is unfair the way they interpret the contract differently. ”
- “Each DCYF contract specialist has a lot of freedom to interpret the allowability of different items in the contract as they wish.”

Service Offerings

Participants were asked structured questions regarding the range of services available, how service needs are identified, and service gaps. Based on their feedback and insights, the following themes have been identified. Additionally, notable quotes deemed significant have been included.

During the engagement sessions, participants highlighted the services they believed were lacking in the current offerings aimed at enhancing family preservation and child/youth safety. For a detailed list of these identified services, please refer to Appendix C.

THEMES

- **No incentives** to contract with DCYF, hire diverse staff or serve rural areas.
- Need to have some mechanism to **pay for the service availability**.
- Overuse of and lack of capacity for **psychological evaluations**.
- Increase focus needed on **meeting a family’s basic needs**.
- Service availability and capacity are **not equal statewide**.
- **Basic needs of families** are not being met.
- **Family Time is highly used but not effective** in teaching skills.
- Families need **more care coordination services**.
- **Lack of transportation** greatly affects reunification efforts.
- There is a greater focus on **services targeted at younger children**.

PARTICIPANT QUOTES

- “Every parent doesn’t need a psych eval.”

- "PCAP helped me with transportation, without this support I don't think I could have succeeded."
- "If they really care they need to get better at addressing housing."
- "Need to find a way to do Supervised Visitation so that it doesn't feel like the kids are being more traumatized."
- "It (housing) was a huge barrier to get her kids back."
- "I spend most of my time helping families fill in the gaps the department is unable or unwilling to support."
- "A lot of providers need the same information (from families) for each service, families have to send the same information over and over. A more standardized process would help."
- "When you don't pay enough you don't get the best services... when there is a good one, they get overworked.... We don't pay people enough for it to be worth their time..."
- "When there isn't a service, you get what you get. There is no process."

Delivering Services

Participants were asked structured questions regarding the execution and delivery of services and any barriers to offering and receiving services. Based on their feedback and insights, the following themes have been identified. Additionally, notable quotes deemed significant have been included.

THEMES

- **Referral process** is time consuming, inconsistent, over complicated and unclear.
- **Staff need information** about providers' skills, strengths, specialties.
- Need to have **contract standards** per service.
- Families are ordered to complete cookie cutter services, **not tailored**. There should be an assessment to determine service needs - **lack a true needs assessment system**.
- Need a consistent and efficient way to **pay for non-contracted services**.

- **Caseworkers need more knowledge about services:** do not have in-depth knowledge of services available, contract requirements, nor materials describing services to reference all services.
- Providers need to understand the **DCYF safety framework** and be reliable to assess safety while in the home.
- There are issues with providing **more than one service** to a family at the same time.
- Referring to and linking families/individuals to community-based services is **confusing, time consuming, not reliable**, and lacks capacity.
- **Lack of providers and services in rural/remote** parts of the state.
- **Caseworker changes** have a direct effect on services: timing, access to services, length of case, monitoring progress, identifying the needs of youth and families, etc.

PARTICIPANT QUOTES

- “My daughter is 2.5 months old; I ended up switching caseworker 4 times in that time.”
- “Services are so generic; you get the same thing every time.”
- Regarding SUD Assessments: “You have to show up at 8 AM, you don’t know if you are going to get the assessment completed (that day) or not. Then get turned away and are told to come back another day.”
- “I needed some help, but I didn’t feel I needed all the services I was ordered to do, some of them (services) were not helpful to me or my kids at all.”
- “Perplexing to me that the contract (combined in-home services) is written in a way that it is trying to meld all services into one contract.”
- "More experience of the worker and the support they receive from their supervisor improves the assessment, referral and matching of services to family needs."
- "I do not feel I have a provider equity problem; I have a provider sparsity problem."
- “The turnover is high (at DCYF) and I am training people at DCYF on how to do a referral including sending them their own forms.”

- “Telehealth is not great really we want some to be in person.”
- “There is not the caliber of therapists that will provide the services where they are needed in rural parts of the state.”
- “Providers recommend dual services, and it hasn’t been approved and the rational is to end one service and then refer for a second.”

THEMES

- **Incentivize providers to build capacity** to address diverse needs.
- Perceived **bias against fathers**.
- Need **more bilingual providers**.
- **More recognition and understanding of the Tribal system** and acknowledge differences when creating policies and requirements.
- **EBPs are needed for diverse groups** and minority populations.
- **Need more diverse providers**, especially in rural areas.
- **Need more cultural competency training** for providers.
- Providers who can meet diverse needs have **limited capacity**.

PARTICIPANT QUOTES

- “DCYF is trying to move toward equitable services, but providers haven't caught up.
- "I'm only aware of one father engagement provider; it's an online class that runs during limited timeframe at an inconvenient time. I've only been able to successfully get one father into the program"
- “The state will often schedule things on Tribal holidays or after working hours.”
- “The number of SUD and therapeutic providers with a Tribal focus is missing quite a bit. When there are not service providers in their own communities we have an app, but that is not the same as a therapist.”

- “We need to have some mechanism to pay for the service availability. And what DCYF values... We don’t pay a premium for (dual language staff) and that says we don’t value it.”

Cultural Responsiveness

Participants were asked structured questions regarding the ability to build, provide, and receive culturally responsive services that meet the needs of individuals and families served. Based on their feedback and insights, the following themes have been identified. Additionally, notable quotes deemed significant have been included.

Training plays a crucial role in building a highly qualified workforce. As related to cultural responsiveness participants were asked to identify training gaps existing within the DCYF service array workforce both internally and externally. Participants shared training topics and feedback regarding them for consideration, found in Appendix D.

Contracting Infrastructure

After the sessions concluded and the notes were synthesized, it was noted that the topics of payment and service administration were frequently mentioned. As a result, we have organized these themes into a separate section titled 'Contracting Infrastructure.' Significant quotes related to this topic have also been included.

THEMES

- The level of engagement, guidance, and support provided by contract managers to service providers and service referrers **varies statewide**.
- DCYF contract managers should have **more specialized training** on developing and supporting DCYF human service contracts.
- There are no standard operating procedures or **written guidelines to aid contract managers** in doing their job.
- A lack of **standardization of contracting processes**.
- Providers and service referrers experience confusion due to **inconsistencies in interpretation and application** of contract language.
- **Expectations for contractors vary** depending on the region and manager.
- **Contract Manager workload** is viewed as a barrier to effective contract management.

PARTICIPANT QUOTES

- “In all my years, the support that we have is really quite amazing in having a state contract.”
- “Contract management support staff are currently pulled in another direction and can’t provide the support and communication to the contractors right now, can’t squeeze anymore out of them.”
- “Each DCYF contract specialist has a lot of freedom to interpret the allowability of different items in the contract as they wish.”
- “DCYF contract staff seem stretched to the point they can’t give any more.”
- “Contract managers do not treat the contract as a legal document and provider perception is it is unfair the way they interpret the contract differently. ”

RECOMMENDATIONS

We have organized our recommendations into three distinct sections: Key Recommendations, a Quick Win, and Additional Recommendations. This structure is designed to help you, the reader, easily navigate and implement our recommendations based on their urgency, impact, and feasibility. By categorizing them in this way, we aim to provide a clear roadmap for immediate actions and future considerations.

KEY RECOMMENDATIONS

This report offers 16 total recommendations, each carefully considered to bring value and impact to the children and families that DCYF serves as well as to the internal and external partners of the agency.

Listed below, however, are four (4) Key Recommendations that we believe DCYF should prioritize. These selections are based on their potential to drive significant improvements and address the most pressing needs related to the service delivery system.

Key Recommendation 1: Prioritize meeting the immediate, concrete needs of families while concurrently implementing supportive services.

Why this recommendation? A common theme that emerged across all group listening sessions is that unmet concrete needs present a significant barrier to the effective and timely delivery of contracted services, including curriculum-based/evidence-based services. Both parents and service providers reported that parents are not able to fully engage in services due to the elevated level of psychological distress and instability

associated with struggling to meet their family’s immediate needs for housing, food, electricity, water, transportation, and essential supplies for their family. Listening sessions participants reported that DCYF caseworkers struggle with assessing the needs of families when making referrals for services, including identifying concrete needs. Parents reported they need more help to complete applications and help with overcoming barriers to accessing housing and other concrete support resources. Service Providers reported they lack sufficient knowledge of these systems and the resources available and thus are unable to provide helpful coordination and guidance to parents.

Implementation Considerations

1. Develop a structured approach to assessing and meeting the urgent concrete needs of families. The approach should involve screening of immediate safety concerns and any unmet basic needs such as food, housing, working utilities, and transportation.
 - To implement this recommendation, efforts should begin with reviewing the recommendations proposed from the concrete goods practice landscape analysis conducted by the Division of Partnership, Prevention, and Services in partnership with the Capacity Building Center for States in 2024. The landscape analysis determined that financial need is strongly associated with child welfare involvement. The recommendations from that project include a similar recommendation for the development of a basic needs assessment, training and a practice guide for DCYF staff.
 - Provide specific training, supervision, and mentoring supports to staff responsible for conducting family assessments and service planning to help them recognize and mitigate bias and negative attitudes toward providing economic and concrete supports to parents and youth.
 - Share the new process to deliver concrete support to families and related training(s) with court personnel and partners who engage in making recommendations for court ordered services.
2. Economic or “concrete” supports are an essential protective factor and part of the blue print for strengthening families and reducing child abuse and neglect.⁹ Addressing the basic needs of families often requires a coordinated effort between service providers, community organizations, and government agencies.¹⁰ PCG recommends that DCYF continues to expand its partnerships with key community partners to coordinate available resources, case management, funding and other

⁹ Center for the Study of Social Policy. (n.d.). About strengthening families - pdf. Strengthening Families: A Protective Factors Framework. <https://cssp.org/wp-content/uploads/2018/11/About-Strengthening-Families.pdf>

¹⁰ [Economic and Concrete Manual - PCG | Public Consulting Group](#)

potential resources to meet the concrete needs of families, in addition to increasing access to housing support services to meet the needs of families involved with DCYF who are facing homelessness and housing insecurity.

3. Conduct an analysis to determine the underlying cause of the issue reported by participants regarding accessing affordable housing. Possible causes to consider are:
 - Caseworker and service provider lack of knowledge about available resources.
 - Lack of housing options that meet the eligibility criteria of DCYF clients.
 - Lack of support to families in navigating the process of securing affordable housing.
 - Caseworkers lack knowledge in identifying needs appropriately.
 - Court ordered services not considering the basic needs of youth and families.

Key Recommendation #2: Increase caseworker, provider, community partner, and Tribal partner knowledge of services and contracting processes relevant to their role, through the development and implementation of Standard Operating Procedures (SOPs), training, reference materials, and regular communication.

Why this recommendation? A theme that emerged across listening sessions is that the following groups need increased access to information, guidance and training about DCYF's contracting process and its service array:

- Contract managers expressed a need for more specialized training and resources related to managing DCYF's human service lines, which are more nuanced and complex than standard goods and services contracts.
- DCYF caseworkers need a foundational understanding of policies and processes as they relate to provider identification and referral creation, and they need increased access to information or resources describing all the services available for families.
- Community partners and Tribes need more awareness of contracting processes.

Implementation Considerations

1. *Standard Operating Procedures (SOP)* can provide written guidelines specific to DCYF contract manager and case manager roles.
 - Develop a Standard Operating Procedure Guide for Contract Managers that outlines key steps and processes involved in managing contracts and standard procedures for handling contract requests, including requests from Tribal Nation partners. It should establish a set of core activities and expectations for contract managers that are standard statewide, such as hosting annual, bi-annual, or quarterly collaboration events related to

important contract milestones. The SOP Guide should also identify activities that may vary based on unique regional needs.

- Develop A Standard Operating Procedure Guide for Caseworkers on making referrals, particularly since there is variance across the state in how referrals are made to contracted services.
2. *Specialized training(s) for contract managers and DCYF caseworkers' recommendations include:*
- DCYF contract manager training should include specific topics related to DCYF's contracted service lines and include
 - intent and goals of each service line, and regulatory, funding, and reporting requirements
 - training on processes and procedures for contracting with Tribal Nation partners
 - guidance for monitoring contract and provider performance, in alignment with current performance based contracting goals.
 - Provide training to all caseworkers and supervisors during onboarding and refreshers to strengthen their understanding of service array, service delivery, and assessment of service needs. Recommended topics include:
 - referral processes
 - coordination and collaboration with service providers and monitoring service delivery
 - adjusting services overtime based on needs.
 - ▶ *Identify Service Experts* within DCYF who are “experts” as it relates to both contracted and community-based services. DCYF houses the Child Welfare Early Learning Navigator, who plays a similar role and reportedly has been successful in supporting staff and increasing access to available services for the 0-5 population. Taking this similar concept, DCYF should consider creating positions that can be used as a resource to caseworkers in the following ways:
 - determining appropriate services (both contracted and community-based)
 - answering questions as it relates to service provision,
 - act as a liaison between the staff and provider as warranted.
3. *Create reference materials* that provide the details of services such as duration, service location, payer, service description and a comparison of “like” services. Caseworkers shared that there is a guide available to staff that provide details about programs that fall under combined in-home services, but similar resources do not exist for other service lines.

4. *Develop a Frequently Asked Questions (FAQ) communication document*; make it publicly available to provide information about contract language and situational guidance for service providers, Tribes, and internal/external partners. By creating a centralized FAQ webpage, DCYF could address common points of misunderstanding with standardized guidance. This resource would serve as a living document, updated regularly and as needed to reflect practice or contract language changes and clarify frequently asked questions. This FAQ should also include common/shared language and frequently used terms and acronyms.

Key Recommendation #3: Provide targeted incentives to attract providers to serve rural and remote areas and specialized populations by developing contracts that include incentivized or guaranteed payments.

Why this recommendation? Parents, providers, and Tribes reported there are inequities in service array and accessibility of services for children, youth, and parents living in rural and remote areas, and for families with diverse cultural backgrounds and non-English speaking needs. Feedback from engagement sessions highlighted there is a shortage of providers willing to contract with DCYF in these areas for the following reasons:

- Difficulties in maintaining essential service capacity during low demand periods.
- High transportation costs and lost revenue for providers when clients fail to attend scheduled visits.
- Difficulty recruiting and retaining multi-cultural and multilingual professionals who reflect the diversity and lived experiences of families served by DCYF.
- Parents expressed difficulties in finding qualified providers who offer neurodivergent services in rural and remote communities, such as services for parenting children/youth with autism.
- Tribal representatives reported that Tribal parents and youth must often leave their reservations to obtain Substance Use Disorder services.

Targeted incentives such as enhanced compensation would help to address the challenges of increasing service array and service accessibility to meet the diverse needs of families in Washington, regardless of where they reside.

Implementation Considerations:

1. Review the findings and recommendations from DCYF's Provider Services Quality & Availability Accountability Group regarding elevating cultural proximity and lived experience, incentivizing dual language providers and incorporating culturally conscious terminology statewide.
 - ▶ Overall, incentives should target the development of local service capacity. For example, providers may be encouraged to expand their service offering to underserved areas and populations through start-up

grants, technology stipends (for telehealth services), or relocation assistance.

- Expansion of telehealth could be an effective strategy to address improved access to behavioral health services in some instances, but not all. Telehealth may not be suitable for all types of behavioral health conditions or child safety situations, and some individuals may find it hard to establish a strong therapeutic connection compared to in-person. Additionally, some areas of the state may experience internet connectivity issues, and some individuals may not have appropriate devices nor be tech-savvy limiting its effectiveness. Telehealth should not be the only modality offered nor be seen as the solution to increasing service capacity for rural areas of the state. Ultimately, the choice between telehealth and in-person therapy depends on individual preferences, needs, and circumstances. Engage in a discussion with internal and external partners about the implications and use of increased telehealth.
 - ▶ Consider incentives like wage pass-throughs, wherein the direct service providers receive increased wage/salary earmarked within the contracted rate or rate modifiers – similar to payment differentials – wherein DCYF would reimburse providers more for providing specific services in certain counties.

Key Recommendation #4: Standardize payment structures to enhance provider engagement, enhance service quality, and address behavioral health and service coordination challenges for DCYF families.

Why this recommendation? Currently, the payment structure across DCYF divisions and service offerings varies, leading to inconsistencies that affect provider engagement, service quality, and administrative efficiency. Even in service lines that recently adopted a payment structure, DCYF partners reported inconsistencies. Ensuring the efficient and consistent delivery of these services removes barriers and develops a consistent service relationship with families. Since behavioral health services are provided outside of a DCYF contract, families are required to contact a non-contracted community-based provider to access needed treatment. The process for linking families to these services is not standardized and staff reported not receiving information from non-contracted providers regarding client progress. This variation makes it difficult to ensure fairness and simplicity. Relatedly, inconsistent payment methodologies were a recurring theme amongst provider feedback. A consistent payment structure helps to reduce confusion and promote accountability in meeting service goals by improving overall financial management.

Implementation Considerations:

1. This recommendation doesn't mean that all rates should be done exactly the same way. Rather, develop rate models in a consistent framework that uses a standard and consistent methodology. This will provide clarity about the program

requirements and provide a context for discussion and adoption of methodological exceptions that would be identified by understanding the differences between programs.

2. The development and oversight of payment methodologies is an initiative that needs robust partnership across the agency and requires sufficient infrastructure to execute. This could be performed by a centralized rate development office that would be charged with understanding program nuances and ensuring that exceptions are identified consistently and fairly. It would also be beneficial to have a formal governance structure that ensures organizational oversight.
3. Share information on the rate methodology with providers often to encourage insights about rate issues that require adjustment. This would develop a knowledge of the system that encourages effective rate updates and identification of service changes that are not considered in the rate. Transparency and robust communication are necessary to ensure providers understand the methodology.
4. To increase access to services, decrease wait times, and increase communication DCYF can use several strategies including:
 - Secure funding for immediate access to necessary SUD treatment such as initial assessment required before treatment.
 - Create interagency planning groups and formal agreements to ensure coordination and a shared vision for improving access to services for DCYF families.
 - Establish a reimbursement structure for community-based providers' completion of DCYF specific activities that are not Medicaid reimbursable such as court attendance, DCYF collaterals, report preparation, travel, and participation in team meetings, etc.
 - Establish a standardized process for completion of releases and consents and steps staff should take if these forms are not secured by the community-based providers.
 - Implement systems for ongoing data sharing between child welfare and Medicaid agencies to track service utilization and outcomes and identify areas needing improvement.
5. Discussing and planning these essential services with families would also allow parents the opportunity to get the support for fundamental needs prior to engaging with services supporting parenting and maintaining the material conditions of children.

QUICK WIN

We have identified a recommendation that stands out as a quick win due to its low cost and minimal risk. Implementing this initiative will not only yield immediate benefits but also help build momentum for future projects. By prioritizing this action, DCYF can

demonstrate early success and create a positive foundation for more ambitious endeavors.

Quick Win Recommendation: Create consistent bi-directional communication opportunities for DCYF staff and contracted service providers with a regular, predictable format, frequency, and agenda.

Why this recommendation? Feedback gathered from engagement sessions reveals critical communication challenges and inconsistencies in practice across the breadth of the state. Best practice is to develop standard meeting protocols utilizing an established process to gather feedback, input, and/or questions prior to meetings, determine the next steps based on the input gathered and then close the communication loop by reporting the response to the input to the community either as part of a standing agenda item or other communication avenues.

Implementation Considerations:

1. Protocols should include a clear schedule, structured agendas, designated audiences, and formal channels for gathering and responding to feedback. These protocols should also include a conscious effort to recognize and address regional, cultural, and service-based differences, especially regarding tribal practices.
2. Create a pattern to gather feedback from internal and external partners and respond to their questions/inquiries. Include questions/inquiries on next meeting agenda to keep all meeting attendees informed. This is applicable to meetings with both internal and external staff.
3. Develop standard templates for meeting agendas. Agenda items should include milestones in the contract lifecycle, opportunities for internal and external partner input, barriers, and resources needed.
4. Distribute meeting notes and action items within an established timeframe after the meeting to established distribution lists.

ADDITIONAL RECOMMENDATIONS TO CONSIDER

In addition to our prioritized Key Recommendations, PCG advises that DCYF consider the following 11 recommendations for future implementation. These recommendations are designed to address long-term goals and strategic improvements in DCYF's contracted service delivery framework. While these recommendations may require more resources or time to execute, they hold significant potential for driving innovation and improving outcomes for people served by DCYF's contracting framework. These additional recommendations are organized by the themes that emerged from the listening sessions as described above in the "[Highlights and Themes](#)" section of this report: Communication and Input, Contracting Infrastructure, Service Offerings, Service Delivery, Cultural Responsiveness, and Payment and Administration.

Communication and Input Theme:

Recommendation #1: Develop regular data-sharing protocols for providers using dashboards or reporting tools, prioritizing ease of access and usability to view and utilize relevant performance metrics.

Why this recommendation? Limited access to timely and relevant data at the provider level impairs community partners' ability to plan and enhance their service array and delivery. Additionally, some providers reported spending resources to report and track data that they believe is already accessible to DCYF.

Implementation Considerations:

1. Create a data work group comprised of DCYF staff and community partners to meet regularly (e.g., quarterly) to review data collected and identify any inconsistencies and stories behind the data.
2. Enhance dashboards to focus on provider-friendly data formats and improve accessibility to promote transparency. This will also empower providers to make data-driven decisions aligning with agency goals.
 - ▶ Data-sharing protocol should include a standard, consistent way to not only gather feedback from contracted providers but also include ways to discuss where data differences may be present. Other uses for data could include: informed decision making, resource allocations (investing in areas that will have an impact), performance monitoring, tracking progress, identifying trends, quality improvement efforts, benchmarking and comparing organizations to other peers to identify what is working.
3. Building on current dashboards, develop more targeted tools and features catering specifically to providers' needs. This could include a streamlined interface with customizable filters, easier data exports, or tools that allow providers to track specific metrics relevant to their contracts and service areas.
4. Train both internal DCYF staff and community partners on data-sharing protocol and data interpretation.
 - ▶ Accommodate various levels of technology. Some providers have sophisticated technology and data sharing capabilities, while others do not. Protocol should accommodate all levels.

Contracting Infrastructure Theme:

Recommendation #2: Conduct an organizational assessment of DCYF contracted services' procurement, administration, and oversight.

Why this recommendation? Providers, service referrers, and contract manager group participants raised concerns regarding inadequate staffing resources allocated to effectively support the contracting process. A single contract manager may be tasked

with overseeing multiple contracts and different service lines in addition to other assigned work. There is also a need for clarity around contract management reporting structures due to contracts being managed by staff at divisional, regional, and local levels.

Implementation Considerations

1. Conduct an *organizational assessment* to assess contract manager assignments, workload, and reporting structures for opportunities to consolidate knowledge and skills and minimize duplication of effort. Identify all DCYF roles involved in service procurement, administration, and oversight. This assessment should also include a review and amendment of job descriptions and identify gaps and overlapping roles/tasks.
2. A thorough *business process review*/process mapping exercise could help DCYF identify and prioritize the core responsibilities of contract managers. Determine if and how the current process needs to be updated, streamlined, or simplified to maximize efficiency. A business process review can uncover any duplication of effort, and opportunities to redistribute staffing/resources equitably and effectively.
3. Create and distribute an *internal directory* that lists the assigned contract manager for each DCYF contract (this could be included in the FAQ document proposed in Key Recommendation #2 above). DCYF should make the DCYF point of contact information readily available, so internal and external partners know ‘who’ to contact for ‘what.’ This effort would likely reduce delays, improve service coordination, and foster a more organized and responsive approach to addressing provider needs.

Contracting Infrastructure Theme:

Recommendation #3: Structure contract language and requirements to improve clarity for staff and providers.

Why this recommendation? Internal and external staff reported issues with understanding and interpreting contract requirements. For example, DCYF’s Combined In-home Services includes nine (9) differing programs – some of which are Evidence Based Programs (EBP) that require adherence to model standards related to implementation. Reportedly, there are instances where EBP requirements and contract requirements are not aligned, and in other cases the scope of work does not reference EBP requirements. When reviewing contracts, multiple documents must be pieced together and, in some instances, contract requirements are very vague, leading to confusion and variable interpretation.

Implementation Considerations

1. Requirements should be assembled and outlined in a way that maximizes ease of use to eliminate confusion and varying interpretations, acknowledging there are instances where requirements should allow for flexibility and adaptability to changing needs and circumstances.

2. Develop provider manuals – a detailed document that builds on the Statement of Work (SOW) in the contract outlining specific tasks, deliverables, timelines, and expectations for each contracted service. The provider manual can serve as a comprehensive guide that outlines the policies, procedures, and standards that service providers must follow. The SOW is more rigid and specific where the provider manual can be updated more frequently to reflect changes in policies and practices.
3. DCYF should determine whether EBP implementation deviations are “out of compliance” vs. “enhanced performance standards”. DCYF should resolve any requirements that fall “out of compliance” with the EBP. “Out of compliance” indicates a failure to adhere to established standards, while going beyond fidelity involves intentional enhancements to improve outcomes. By understanding these distinctions, DCYF can better manage the implementation of EBPs and ensure that adaptations maintain fidelity to core components while allowing for necessary changes.

Contracting Infrastructure Theme:

Recommendation #4: Evaluate the current network administrator partnership to understand its impact in Regions 1 & 2.

Why this recommendation? When processes are implemented in differing ways across a state, several issues can arise, impacting consistency, quality, and overall effectiveness. Different implementation methods can lead to variations in service equity and quality, with some regions potentially receiving higher quality services than others. Inefficiencies can also lead to resource duplication, higher operational costs, and the need for additional oversight.

Implementation Considerations

1. Assess the existing network administrator collaboration to determine its effects in the Regions in which it is being implemented. The assessment should determine the necessary next steps, whether that involves standardization, expansion, disbandment, or modifications.
2. Consider the following key takeaways from a literature review completed by U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, which highlights important lessons learned about contract monitoring and oversight of child welfare service systems, such as the network administrator partnership¹¹.
 - Support must originate from the top of the organization to secure necessary resources, assist staff in transitioning to an outcome-focused

¹¹ [Ensuring Quality in Contracted Child Welfare Services](#)

- system, and consistently communicate with staff, contractors, potential contractors, and the families they serve.
- Clearly link theory, program specification, and desired outcomes and convey this understanding to providers. Identify the problem the agency aims to solve, select outcomes/goals, and review current performance data.
3. Integrate contract monitoring into continuous quality improvement. Effective contract monitoring should be part of the agency's Quality Assurance (QA) framework, focusing beyond compliance to encourage and reinforce improvement. This may involve integrating previously separate staff functions or enhancing communication across agency divisions. Key departments, including program, IT, and accounting units, should maintain constant communication.
- Re-evaluate outcomes, expectations, and contractor assessments. Many agencies find that outcomes and performance measures set initially are too ambitious. Regular performance review meetings between the agency and contractors can help adjust these expectations. Contract renewal negotiations should also be used to revise expectations based on experience and research evidence.
 - Collaborate with contractors to select realistic outcome measures and design data reporting requirements accordingly. Avoid unnecessary data collection, ensuring data definitions are consistent and seen as valid and reliable by both agencies and providers. Use the data to monitor progress and suggest improvements by comparing performance across contractors and overtime.
 - Recognize the complexity of contract management and monitoring, and ensure adequate resources are allocated in both contracting and program offices to perform these tasks effectively. Allocate sufficient resources to the staff needed to monitor contracts and ensure staff are sufficiently trained.
 - Contractors share the agency's goal of achieving the best outcomes for children and families and should be treated as partners. While traditional contract monitoring maintained an arms-length approach, a team-oriented approach is more effective in today's performance-based contracting environment. Ongoing collaboration is essential for success.

Service Offerings Theme:

Recommendation #5: Continue evaluating the utilization of psychological and neuropsychological assessments to verify assessments are being used appropriately.

Why this recommendation? Several groups raised concerns about the overuse of psychological evaluations and a "cookie-cutter" approach in assessing the mental health and parenting capacity of DCYF involved youth and parents. Additionally, based on the

current demand, there is a shortage of contracted providers with the credentials (Psychiatrists and PhD level Psychologists) to conduct psychological and neuropsychological assessments, resulting in long wait times for completion of (court ordered) assessments which can lead to delays in parent child reunification timeframes and timely case closure.

Implementation Considerations

While psychological assessments can be a valuable tool in child welfare cases, it's important that they are used thoughtfully and in a manner that benefits the child and family involved. DCYF should persist in identifying the underlying factors contributing to the high volume of psychological assessment requests. The following implementation considerations are aimed at addressing root cause:

1. Regularly analyze data on psychological assessments to identify patterns and trends, using this information to inform policy changes and improve practices. Identify those pockets of the state to specifically focus on based on referral volume. When needed collect feedback from families and caseworkers for additional insights.
2. Judges, court staff, and DCYF staff (both frontline and leadership) should be offered training on the appropriate use of and limitations of psychological assessments in conjunction with education about requesting tailored services based on individual need to eliminate the overuse and court ordering of unnecessary services that delay reunification efforts and case closure. Equip caseworkers with comprehensive training to recognize and address underlying issues without defaulting to psychological assessments. This includes trauma-informed practices, tailoring services to meet the needs of individuals with disabilities and mental health needs.
3. Develop resources or create pathways to access existing resources that can be tailored to meet the needs of parents and caregivers with disabilities. This should be aligned with current activities to support state and federal initiatives and requirements for tailoring and adapting services to meet individual needs. Continuously review and adjust policies to ensure they are evidence-based and focused on the best interests of children and families, including evaluating the criteria for requesting psychological assessments.
4. Expand access to licensed/credentialed clinical staff who can help identify clinical needs and assist in determining if a referral for a psychological or neuropsychological assessment is necessary.

Service Offerings/Service Delivery Theme:

Recommendation #6: Establish multi-system partner workgroup(s) tasked with addressing the transportation needs of youth and families who need help with accessing resources and services in their community.

Why this recommendation? Throughout multiple engagement sessions, several participants emphasized that transportation is essential for accessing community resources and services, many of which are court ordered. Lived experts, service providers and service referrers all reported that transportation is a persistent challenge for individuals and families across the state, both in rural and urban communities due to limited access, and the difficulties of traveling with multiple and very young children. Several service providers raised concerns that recent contract modifications have reduced the capacity and funding necessary to offer transportation assistance to parents who need help accessing resources and services.

Implementation Considerations

1. Providers participating in the engagement sessions offered collaborative solutions that should be explored. DCYF should tap into this momentum by forming regional or local workgroups that include service providers, community-based organizations, Tribal representatives, and agencies that directly provide resources to help secure transportation for youth and families. The workgroup's goals should be to:
 - identify specific transportation needs and gaps in the region/community,
 - consider how transportation services are currently supported and reimbursed in current contracts,
 - explore opportunities to leverage existing community resources and funding to fill the gaps,
 - develop tailored solutions that address diverse regional needs, and
 - understand that given the significant regional differences across the state, a one size-fits all approach will not be effective, necessitating a multi-pronged strategy to address transportation challenges.
2. Based on the gaps identified, DCYF should evaluate the current transportation reimbursement system to determine if there is a need to establish separate transportation contracts, in addition to its incorporation within the existing service array.

Service Offerings/Service Delivery Theme:

Recommendation #7: Review the current referral processes to identify gaps and barriers in the service referral process across regions. Create a streamlined referral process to increase ease of access to and use for referrers.

Why this recommendation? Currently there are multiple different processes for referring services across the state depending on the type of service line and region.

Because of these differences and the lack of a well-defined process statewide, several groups reported experiencing challenges related to the referral process being time-consuming, over complicated, and unclear. For example, Tribal representatives reported having to take multiple steps to complete a referral in some regions and being unclear how to approach a referral in others. Caseworkers reported having to spend a significant amount of time finding a provider with availability to serve where the family resides, and providers not responding to referrals timely. In regions with a Network Administrator (NA), caseworkers reported not being able to connect with providers to discuss service needs before generating a referral and having to reshare information with providers that was distributed to the NA. Providers reported inconsistencies across regions and having to train staff on how to complete a referral.

Implementation Considerations

1. To identify specific gaps, barriers, and successes, analyze current processes to identify root causes and find solutions. This process can start with identification and engagement of key agency partners to get a comprehensive view of the referral process (both internally and externally) across all regions including service referrals created by Tribal representatives and those created through the network administrator. Create process flows and detailed maps of the “as-is” state (current referral steps) and the “to be” state (desired referral steps) to identify inefficiencies. Once an ideal process has been developed, test through a small scale “pilot” before full scale implementation with monitoring occurring to determine the effectiveness of implementation to make any necessary adjustments.
2. The identified service referral solution should:
 - Use a digital platform that centralizes all referral activities. The system should allow caseworkers to track the status of referrals, manage documentation, and communicate with service providers in real time¹².
 - Ensures that the directory of service providers is regularly updated and is accurate.
 - Automate referral tracking to ensure no referrals fall through the cracks and reminders are sent when follow-up is required.
 - Ensure that the referral system integrates seamlessly with other relevant systems and brings over accurate client information¹³
 - Allow for monitoring and analyzing of metrics, so that referral data can be regularly reviewed to identify trends, bottlenecks, and areas for improvement¹⁴.

¹² [NASW Standards for Social Work Practice in Child Welfare](#)

¹³ [Casework Practice | Child Welfare Information Gateway](#)[Casework Practice | Child Welfare Information Gateway](#)

¹⁴ [Family Engagement: Partnering With Families to Improve Child Welfare Outcomes | Child Welfare Information Gateway](#)

- Encourage open communication between caseworkers and service providers.
3. Currently, all states operate on a spectrum of public/private partnerships in their child welfare service delivery systems. This ranges from extensive privatization of services to more traditional subcontracting methods¹⁵. DCYF's Network Administrator contract is part of this spectrum. Contracting Infrastructure Recommendation #4 in the "Additional Recommendations" section above recommends that DCYF evaluate the current network administrator partnership to understand its impact in regions 1 and 2. This assessment will help determine the necessary next steps, whether that involves expansion, disbandment, or modifications.
 4. DCYF should consider the following key takeaways from a literature review completed by U.S. Department of Health and Human Services Office of the Assistant Secretary for Planning and Evaluation, which highlights important lessons learned about contract monitoring and oversight of child welfare service systems, such as the network administrator partnership and those with other providers¹⁶.
 - Upper management support is crucial. Support must originate from the top of the organization to secure necessary resources, assist staff in transitioning to an outcome-focused system, and consistently communicate with staff, contractors, potential contractors, and the families they serve.
 - Link theory, program specification, and desired outcomes. Clearly convey this understanding to providers. Identify the problem the agency aims to solve, select outcomes/goals, and review current performance data.
 - Integrate contract monitoring into current continuous quality improvement efforts¹⁷. Effective contract monitoring should be part of the agency's QA framework, focusing beyond compliance to encourage and reinforce improvement. This may involve integrating previously separate staff functions or enhancing communication across agency divisions. Key departments, including program, IT, and accounting units, should maintain constant communication.
 - Re-evaluate outcomes, expectations, and contractor assessments. Many agencies find that outcomes and performance measures set initially are too ambitious. Regular performance review meetings between the agency and contractors can help adjust these expectations. Contract renewal negotiations should also be used to revise expectations based on experience and research evidence.
 - Collect and utilize meaningful data. Collaborate with contractors to select realistic outcome measures and design data reporting requirements accordingly. Avoid unnecessary data collection, ensuring data definitions are consistent and seen as

¹⁵ [Exploring the Role of Privatization in Child Welfare: The National QIC—March 2008 | Vol. 9, No. 2](#)

¹⁶ [Ensuring Quality in Contracted Child Welfare Services](#)

¹⁷ [DCYF Quality Assurance & continuous quality improvement \(QA/CQI\) Framework](#)

valid and reliable by both agencies and providers. Use the data to monitor progress and suggest improvements by comparing performance across contractors and over time.

- Allocate sufficient resources for monitoring staff and training. Recognize the complexity of contract management and monitoring, and ensure adequate resources are allocated in both contracting and program offices to perform these tasks effectively.
- Treat contractors as partners. Contractors share the agency's goal of achieving the best outcomes for children and families. While traditional contract monitoring maintained an arms-length approach, a team-oriented approach is more effective in today's performance-based contracting environment. Ongoing collaboration is essential for success. Strategies to create a more collaborative and effective partnership with providers include regular and consistent communication, involving providers in planning and goal setting, establishment of transparent performance metrics, ensuring a feedback loop or mechanism for providing feedback is available, and approaching providers as a team in problem solving to find solutions.

Cultural Responsiveness Theme:

Recommendation for Consideration #8: Conduct a review of father engagement services and efforts to identify barriers or gaps in service delivery.

Why this recommendation? A theme that emerged in the listening sessions is that there is a perceived bias against fathers, with many fathers feeling sidelined in family service needs assessments and service delivery. Feedback from engagement sessions highlighted the need for more cultural competency training, especially related to addressing biases and engaging fathers in services. In addition, staff reported that in many regions there is a lack of service frameworks tailored to fatherhood, and lack of programming or services aimed at addressing the unique needs, experiences, and perspectives of fathers.

Implementation Considerations

1. DCYF should review agency policies to ensure they are inclusive of fathers, including the intentional involvement of fathers in case planning, needs assessments, service planning and delivery, and decision-making processes to strive for policies that are inclusive, equitable, and free of gender bias.
2. Provide staff with training on effective father engagement strategies and the importance of father involvement. Training focused on engaging fathers as active participants is essential to overcoming any perceived bias against fathers, particularly fathers from minority groups who often feel marginalized in-service delivery. This training could include encouraging father's involvement from initial referral to ongoing service delivery. Culturally responsive approaches should consider Tribal families, ensuring that policies acknowledge and respect the differences in family dynamics within indigenous communities.

3. Collaborate with organizations that specialize in fatherhood to increase capacity and access to serve DCYF involved fathers, including access to peer support and mentorship. Consider the need for DCYF contracted father engagement services to fill gaps.
4. Offer services and resources specifically designed for fathers, such as tailored materials and activities that promote equal parenting.

Payment & Administration Theme:

Recommendation #9: Develop contracts with guaranteed or incentivized payments to maintain essential special population service capacity during low demand periods.

Why this recommendation? All listening session groups reported inequities in service availability and capacity to serve special populations. Providers serving diverse and special populations and families who live in rural and remote areas reported difficulties in securing consistent funding to staff positions available to meet unpredictable service demands. The current fee-for-service payment model used by DCYF creates financial difficulties, as periods with low referral volumes result in insufficient funding to maintain business operations and retain qualified staff. This leads to staff who are equipped to serve special populations being assigned families who do not require their specialized services. Providers who aim to hire staff with relevant lived experience, training, and practiced skills to serve special populations reported that there is no enhanced or guaranteed compensation to help them recruit and retain qualified staff and maintain service availability during low demand periods. Incentivizing payments for specialized providers would help maintain and grow service capacity and broaden service array by ensuring that providers are available to offer their specialized expertise, even during periods of low demand.

Implementation Considerations

1. Providers contracted to serve specialized populations report that many are not receiving enough specialized referrals to sustain their business. Available slots are often being filled with families who do not require these specialized services. This creates two issues, 1) providers with specialized skills and staff are underutilized when serving clients who don't need those services, and 2) when specialized referrals do come, the providers may not be available to serve them.
2. The special populations mentioned during the engagement sessions include:
 - Non-English and second language speaking families;
 - Tribal Nation families;
 - Families experiencing severe mental health and/or substance use crisis;
 - Youth with Autism Spectrum Disorder (ASD) and their caregivers;
 - LGBTQIAA++ youth and their caregivers;
 - JR involved youth and families; and
 - Older youth transitioning out of foster care.

3. Implement a base compensation model with “Availability Pay” to guarantee payments to contractors during low-demand periods; this will maintain essential service capacity, starting with providers that have skills, experience, and capabilities to serve special populations and rural areas. PCG suggests that DCYF explore targeted incentives, such as enhanced compensation, to attract and retain qualified staff who perform specialized services that require higher levels of experience, skills, and training.

Payment & Administration Theme:

Recommendation #10: Conduct a needs assessment to determine whether existing providers can scale to meet service array/delivery needs of families or if new providers are necessary.

Why this recommendation? Throughout the engagement sessions, providers and other internal and external agency partners repeatedly discussed the significant gaps in service availability, signifying a need to increase capacity. A needs assessment can identify where current providers can expand capacity and where DCYF should focus on efforts to recruit new providers.

Implementation Considerations

1. Analyze current service provider capacity by assessing the current capacity of existing providers, including staff levels, infrastructure, and financial resources. Build upon the current CIHS needs assessment.
2. Examine service utilization, specifically the extent to which current services are being utilized and identify any underutilized or overburdened services.
3. Conduct a gap analysis that compares the current service array and delivery against the identified needs of families to pinpoint gaps in services.
4. Project future demand for services based on demographic trends and community needs.
5. Assess providers’ capacity for expansion. Determine whether existing providers have the capacity to scale up their services to meet identified needs. This includes evaluating their ability to hire additional staff, expand facilities, and secure additional funding.
6. Identify any training or support that existing providers might need to scale their services effectively.
7. If existing providers cannot meet the demand, assess the feasibility of bringing in new providers. Consider factors such as the availability of qualified providers, potential costs, and the impact on existing services.

8. Develop a strategic plan for recruiting and integrating new providers into the service delivery system.
9. Establish mechanisms for ongoing monitoring and evaluation to ensure that the changes are effectively meeting the community's needs.

Payment & Administration Theme:

Recommendation #11: Amend the current provider procurement process to integrate a competitive bid process for specific service lines, based on unique service needs identified in a given geographic area.

Why this recommendation? Contracts awarded should align with the needs of the service area to be served and be data-driven, including information gleaned from other agencies outside of DCYF who may see trends when serving the same community. Factors such as the prevalence and types of child abuse and neglect reports, reasons for child/youth removal, family characteristics associated with reports, such as typical age of children harmed, and regional and local environment should be considered when developing Requests for Proposals/Solicitations. Agencies outside of DCYF can also provide valuable insight and information about trends in the community and share data. A competitive bid process makes sense when there are several qualified providers available and when there are highly specialized skills required, including skills to service special populations.

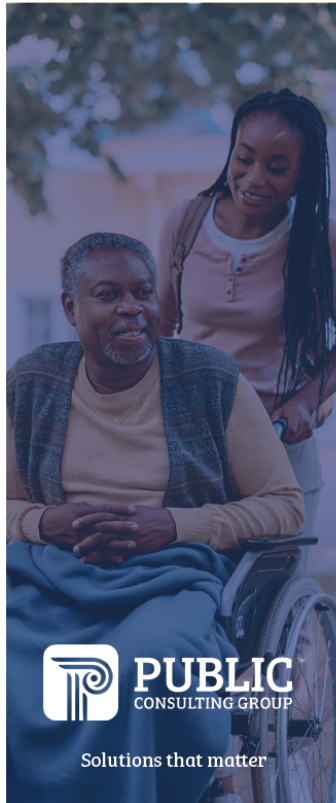
Implementation Considerations

1. There are several positive outcomes that could be achieved through the development of a competitive bid process:
 - A competitive bid process provides more transparency, ensuring a fair and open process by providing clear, transparent criteria, and equal opportunity to compete.
 - A competitive process can open opportunities for a broader range of service providers, including small and specialized service organizations.
 - Vendors are motivated to develop services that align with DCYF's business needs for the area to be served, and contracts would be open for bid based on those identified needs.
 - The process encourages vendors to innovate and improve their efficiency and outcomes to stand out from other competitors.
 - Factors such as contractor qualifications, experience, service offerings, and references can be given as much or more weight as a determinate of contract award instead of primarily focusing on the lowest bid, which can lead to lower quality performance.

- A competitive process aligns with Performance Based Contracting (PBC) as both require clear performance measures and deliverables; providers are held accountable to meet agreed upon standards for the quality and types of services offered.
 - A competitive bid process enhances public trust in how government funds are spent.
5. There are several risks to mitigate when considering implementation of a competitive contract model including the following:
- The process can lead to selecting providers who offer the cheapest bid, which sometimes means lower or less qualified staffing, less training and resources, which could negatively impact service delivery.
 - Time limits of contracts are important and should be research-based because overly short terms can lead to a short-term approach to service delivery, minimizing investments to build relationships in the community and investments in training, and sustainable outcomes for families.
 - Service continuity may be interrupted for families and youth served due to the re-bid process or fewer quality indicators or poorer performance in comparison to providers who may want to expand into new service areas and new specialized providers.
 - Larger organizations and for-profit providers have access to more resources and often have more knowledge and expertise in navigating procurement processes, which could lead to disparate outcomes and less diversity in the types of providers.
 - Staffing resources may need to be repurposed or expanded to prepare bids, evaluate/monitor compliance, and enforce contracts.

APPENDIX A: MARKETING FLYER EXAMPLE

Share your experience about Washington’s DCYF Contracted Services



The Washington Department of Children Youth and Families (DCYF) is conducting an analysis of contracted services provided across the state. DCYF is partnering with Public Consulting Group (PCG) to capture your voice. By sharing your voice, you’ll be able to impact future families’ experiences throughout the state.

These sessions will focus on: Combined In-Home Services, Intensive Family Preservation, Professional Services, Psychiatric/Psychological Services, Family Time Services, Network Administrator, Independent Living Services, LifeSet, Home Visiting Services, Parent Child Assistance Program (PCAP) and services accessed by existing JR youth.

Because of your experience managing or assisting with executing the contracts of services listed above, we invite you to participate in a listening session. Your experiences are critical for furthering change within DCYF and will influence systemic improvements, positively impacting children, youth and families across Washington. All reported responses will be anonymous, no names will be used in our final report. If there are any questions you don’t wish to answer, you do not have to do so.

PCG will host both in-person and virtual listening sessions to identify systemic barriers as well understanding how historical, cultural, and/or social factors contribute to disparities in service delivery across the state.

Please select the hyperlink to register for 1 session; space is limited! A follow-up email will be sent to you that includes a calendar invitation.

IN-PERSON

In-person Session
July 25

VIRTUAL

Tue, July 30th 10:30-12:00

Thurs, Aug. 1st 2:00-3:30

Mon, Aug. 5th 8:00-9:30



Washington State Department of
CHILDREN, YOUTH & FAMILIES

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APPENDIX B: FACILITATION GUIDE EXAMPLE

Facilitation Guide: Listening Session – Service Managers

WELCOME

Welcome and thank you all for volunteering to take part in this listening session. My name is **[Insert Name]** and I am a **[Insert Title]** with PCG. With me today is my colleague **[Insert Name]** who is a **[Insert Title]** at PCG. We know your time is valuable and truly appreciate your willingness to provide us with valuable feedback on the services provided to children, youth and families involved in Child Welfare or exiting the Juvenile Rehabilitation systems. We have 90 minutes scheduled for our discussion today and will use every minute of it.

OVERVIEW AND PURPOSE

PCG is analyzing current contract structure, payment methodologies, and contract management/monitoring of DCYF. We also are engaging internal and external partners who are impacted and closest to this work to understand the current framework, pain points within the system, and areas of improvement that meet DCYF's intended goals for service delivery. The result is to provide DCYF with a final report DCYF will publish on their external website with an overview of the process, findings, and co-created recommendations for a strategic re-design.

CONFIDENTIALITY

We want to assure you this discussion will be kept confidential. Notes from today's listening session will contain no information that would link individuals to specific statements. Please try to answer and comment as accurately and truthfully as possible. Your participation is completely voluntary, and you may choose which questions and/or discussions you participate in. To further protect your anonymity, responses will be categorized by themes and reported in the aggregate.

VIRTUAL SESSIONS ONLY: We would like to record today's session to reference for clarification purposes if needed, the recordings will not be provided to DCYF, it would be for PCG use only.

GROUND RULES

Our common ground rules focus on the following:

- The most important is that only one person speaks at a time. There may be a temptation to jump in when someone is speaking, but please wait until they have finished, our note taker wants to capture all the valuable information and multiple voices make that challenging.
- You do not have to agree with the views of other people in the session. Your response is based on your perspective and may not align with others in the group.
- There are no right or wrong answers.

Are there any questions before we get started?

INTRODUCTIONS

For all participants: On your name tent (*or the chat*) please write:

- Name
- Contacts Managed/Regions

Note to Facilitators: *The questions are to guide the discussion. Follow-up questions will be generated from responses given. It may be necessary to skip some questions because of previous responses or time limitations; facilitators should use their discretion.*

LISTENING SESSION QUESTIONS

Communication

1. What level and type of communication do you have with the providers you manage?
2. What if any performance metrics are built into the contracts you manage?
3. How do you collaborate with providers to identify the performance metrics?
4. Is there communication between contract managers and service referrers?

Contract Management

1. What is working well in the process of managing service contracts?
 - a. What are any challenges?
2. What tasks of contract management require low or little effort?
3. What tasks of contract management require high levels of effort?
4. What process is in place to have consistency to manage contracts across the state?

Provider Capacity

1. What, if any, limitations do you think providers may experience? (capacity, financial, etc.)
2. How do you learn about and add new/expanded services to provider contracts?
3. What role do you play in identifying service needs across the state and or regions?

Closing

1. Of the information provided, what would you prioritize as DCYF considers a services re-design?
2. Is there anything else you wish to share that has not already been discussed?

APPENDIX C: ADDITIONAL SERVICES IDENTIFIED

Service Gaps

Transportation – Limitations for transportation options in some areas of the state make it difficult for parents to participate in family preservation and reunification services. Additionally, providers and staff reported restrictions that limit the provision of transportation under a DCYF contract.

Affordable housing and housing assistance – There are shortages of affordable housing in some areas of the state. Additionally, families need assistance with navigating the resources and processes for meeting requirements to secure housing.

Professional services – There is limited capacity for counseling and therapy services (long waitlists) in the community, especially for providers who can work with youth and children.

Linking services to assist parents in accessing non-contracted SUD and MH services in the community – As DCYF is the payor of last resort, individuals are required to utilize a non-contracted provider in the community to leverage Medicaid and private insurance funding. Families need additional support to access these services and navigate the Medicaid service continuum.

Father engagement services – There is limited availability of services that tailor to the needs of fathers.

Intervention visitation facilitation services – Provide additional levels of visitation services that address the need for ongoing intervention and structured parenting instruction throughout a supervised visit provided by skilled staff vs standard visitation with little to no need for intervention. Additionally, there is a need for more visitation locations that are not supervised.

Substance Use Disorder treatment services – There is limited availability of the continuum of accessible substance use services in the state including, assessments, treatment supportive housing, and detox. Additionally, SUD counselors with a Tribal focus are especially limited and there is a need for immediate access to detox and SUD services for JR youth.

Funding for concrete goods and material assistance – Provide access to financial support to families to help with meeting their basic needs.

ASD services and services to meet neurodiverse populations – Increase availability of services to support individuals with Autism Spectrum Disorder (ASD) and other neurodiverse populations helping them to thrive in differing aspects of life.

Services for non-English speaking families – Increase access to language supports for non-English speaking families in the form of bi-lingual providers and access to translation and interpretation services.

Post dependency support for families – Increase access to an array of support and resources to ensure long-term stability after case closure.

Domestic violence services – Increase access to DV intervention and treatment to perpetrators including assessments and services to victims of domestic violence.

AFCBT and FFT – Add Alternatives for Families Cognitive Behavioral Therapy (AFCBT) and Increase capacity for Functional Family Therapy (FFT) that are included under combined in-home services.

Psychological services – Increase access to counseling, psychological and neuropsychological assessments which currently have 6-to-8-month waitlists in some parts of the state and/or available providers are multiple hours away and align payment to Medicaid rates.

Peer supports, peer allies and parent-to-parent support groups – Increase availability of services provided by those with (child welfare) lived experience to foster a sense of community, reduce isolation, and provide practical and emotional support to DCYF involved parents and caregivers.

Legal services – Increase supports to parents and other caregivers in various legal proceedings to help with issues such as securing stable housing, accessing public benefits, establishing custody or guardianship, and obtaining orders of protection.

Affordable child care – Increase access to child care services that are financially accessible to families, especially those with low to moderate incomes.

Services for older youth – Increase access to services for young people in foster care to support them as they transition to independent adulthood including Independent Living services, educational and employment supports, health and mental health services and/or peer supports.

Services for youth ages 7-12 – Increase availability of evidence-based programs designed to support children and their families by addressing specific needs and improving overall outcomes for youth in the school age and tween years.

Services for transgendered youth – Increase services available to support transgendered youth focusing on their unique needs and promoting overall well-being.

APPENDIX D: TRAINING CONSIDERATIONS FOR BUILDING A HIGHLY QUALIFIED WORKFORCE

Internal Participant Feedback

- DCYF staff training on the referral process.
- Providers should train their staff to ensure cultural humility when working with diverse populations and understanding of differing cultural norms.
- More trauma training is needed.
- DCYF staff should be educated on the cultural norms and traditions of the specific tribes in their communities.
- DCYF should not bring new providers on without giving them the guidance and direction needed.
- DCYF has historically oversaturated the system with specific EBPs by providing training but not having referrals. Then go through periods with no capacity when it is needed.
- More provider training on working with ASD youth and transgendered youth and how to support their families.

- DCYF contract managers need specialized training in human services contracting and DCYF service line contracts.

External Participant Feedback

- An onboarding process after securing a new contract, including the billing process, required forms, contract requirements, documentation etc.
- DCYF presented trainings are not consistently offered and some trainings are not of high quality.
- Training on supplementary issues that families need in addition to the EBPs. (Neurodivergent, SUD, DV, Financial).
- Conflict resolution and boundaries training or suggested resources for provider staff
- DEI training
- Training on changes to the law when that occurs.
- DCYF needs to incentivize providers to train staff on meeting unique cultural needs of families.
- More training for DCYF supervisors to support staff on what services are needed.
- DCYF contract managers need specialized training on supporting DCYF's contracted service lines.