# WA DCYF Contracted Services Redesign Analysis Report

PCG Key Recommendations

March 26, 2025



### **Welcome!** Project Team Introductions

### **DCYF Project Team**

Maria Zdzieblowski	Director of Service Continuum Division of Partnership, Prevention and Services			
Trishia Benshoof	Administrator Integrated Health Services Unit Division of Partnership, Prevention, and Services			
Nissa Burger	Strategic Initiatives Project Management Division of Partnership, Prevention and Services			
Stephen Cotter	Office Chief Contracts, Procurement and Purchasing Finance and Business Services Division			
Adriel Hilton	Director of Programs, Transition and Youth Success Planning Juvenile Rehabilitation			
Judy King	Director, Family and Community Support Partnership, Prevention and Services Division			
Shannel Squally-Janzen	Tribal Prevention Services Specialist Office of Tribal Relations			

### **PCG Project Team**



**Katie Gordon**Project Manager



**Kim Magoon**Subject Matter
Expert



Sara Gilbert Lead Facilitator



Ivy Doxley
Facilitator



Sarah Sparks Subject Matter Expert



Jeremy Thomas
Facilitator



# **Agenda**

Welcome & Introductions	5 mins
Project Overview	5 mins
Themes	10 mins
Key Recommendations & Quick Win	20 mins
Q&A	15
Wrap-Up	5 mins



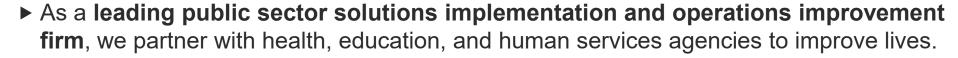


# **Public Consulting Group (PCG)**

### Who is PCG and what do we do?



**Education** 





Health

- ► Founded in 1986 and headquartered in Boston, Massachusetts, PCG has over 2,500 professionals worldwide—all committed to delivering solutions that change lives for the better.
- ▶ The firm has extensive **experience in all 50 states**, in Canada, and in Europe.



Technology Consulting

▶ PCG offers clients a multidisciplinary approach to solve their challenges or pursue opportunities.



Human Services





















### Contracted Services Redesign Analysis Project Overview

DCYF's Partnership, Prevention & Services (PPS) Division is 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;
- 2) individuals who manage the service contracts or oversee financial and performance outcomes;
- 3) contracted service **providers** across the state;
- 4) and individuals who refer for services, both internally and externally.

Public Consulting Group (PCG)
completed a review of the current
contracted service array, conducted
best practice research, and
facilitated engagement sessions.

The project purpose is to support the development of a framework that meets DCYF's intended goals for service delivery.



# Contracted Services Redesign Analysis Service Lines in Scope

The focus of the redesign efforts was limited to the following service 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 including Psychiatric and Psychological Services
- 10. Juvenile Rehabilitation Transition Services (JR)





## **Approach**



Final Report with Key Recommendations and Implementation Considerations



### Phase 1 – Contract & Data Review

Review of existing contract documents, reports, and data provided by DCYF for ten (10) Prevention, Child Welfare, and Juvenile Rehabilitation service lines.

### Information reviewed includes:

- types of services provided by each contract,
- · contract requirements for performance and reporting,
- DCYF data regarding annual number of clients served and annual expenditures for each contract,
- strategic planning documents, and
- logic model for implementing a Performance Based Contracting (PBC) structure for its client services contracts as mandated by HB1661 (2017).



### Phase 2 – Qualitative Research

### Listening Sessions included:

- 32 engagement sessions, 90 minutes in length (7 in-person and 25 virtual)
  - 3 additional sessions for Tribal Professionals and Home Visiting Providers
- Prioritized groups based on roles and responsibility
  - > Service referrers
  - > Service Providers
  - > Contract Managers
  - > Lived Experts

### Topics for the discussions included:

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

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# Themes

### **Reported Themes: Communication**

Acknowledg
-ement of
Tribal
Difference

Lack of conscious acknowledge ment of Tribal differences in practice and procedural development.

Wide Variance East vs. West

There is little interaction between the East and West sides of the state.
There is wide variance in how caseworkers interact, region from region.

Variations
Due to Lack of
Standard
Processes

There are inconsistencies in practice due to a lack of standard processes/proce dures and clear consistent communication.

Consideration of Provider Impact

DCYF should consciously consider the impact on providers when changes are made. Variability in Contract Interpretation

Interpretations in the contract vary and are applied differently.

Challenges
Due to
DCYF
Turnover

DCYF
turnover
makes it
hard to know
who is
responsible
or who to
reach out to,
and the
roles of staff
are unclear.

Variability in Meeting Cadence

Meeting cadence varies by service and region, and limited ability to provide feedback.

New providers vs Current to Address Capacity

Constant
struggle with
increasing
capacity of
current
providers vs.
bringing in
new providers.



### Reported Themes: Service Offerings

No Incentives for Diverse Staff

No incentives to contract with DCYF, hire diverse staff, or serve rural areas.

Families' Basic Needs Unmet Basic needs of families are not being met.

Need Funding for Service Availability

Need to have some mechanism to pay for the service ability.

Ineffectiveness of Family Time

Family Time is highly used but not effective in teaching skills.

Psych Eval
Overuse and
Capacity Issues

Overuse of and lack of capacity for psychological evaluations.

**Need More Care Coordination** 

Families need more care coordination services.

Focus on Families' Basic Needs

Increase focus needed on meeting a family's basic needs.

Transport Issues
Affect
Reunification

Lack of transportation greatly affects reunification efforts.

Unequal
Statewide
Service Capacity

Service availability and capacity are not equal statewide.

Focus on Younger Children Services

There is a greater focus on services targeted at younger children.



### Reported Themes: Delivering Services

Caseworkers Need
Service
Knowledge

Do not have in-depth knowledge of services available, contract requirements, nor resources to reference.

Providers
Knowledge of DYCF
Safety Framework

Providers need to understand the DCYF safety framework and be reliable to assess for safety while in the home.

Issues with Multiple Services

There are issues with providing more than one service to a family at the same time.

Confusing
Community Service
Referral Process

Referring to & linking families/individuals to community-based services is confusing, time consuming, not reliable, & lack of capacity.

Lack of Rural Providers

Lack of providers and services in rural/remote parts of the state.

Impact of Caseworker Changes

Caseworker changes effect on services: timing, access, length of case, monitoring progress, identifying, etc.

Complicated Referral Process

Referral process is time consuming, inconsistent, over complicated and unclear.

Need Info on Providers' Skills

Staff need information about providers' skills, strengths, specialties.

Contract
Standards Needed

Need to have contract standards per service.

Non-Tailored Family Services

Ordered to complete cookie cutter services, not tailored.
Lack a needs assessment to determine service needs.

Payment for Non-Contracted Services

Lack of providers and services in rural/remote parts of the state.



### Reported Themes: Cultural Responsiveness

•	Incentivizing Capacity Building	Engaging Fathers	Bi-lingual Providers	Acknowledge ment of Tribal Systems	EBPs Needed for Diverse Groups	Rural Areas	Cultural Competency Training	Limited Capacity of Diverse Providers
	Incentivize providers to build capacity to address diverse needs.	Perceived bias against fathers.	Need more bilingual providers.	More recognition and understanding of Tribal system and acknowledge differences when creating policies and requirement.	EBPs 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.



### Reported Themes: Contracting Infrastructure

Variability in Engagement and Support by Contract Mang.

The level of engagement, guidance, and support provided by contract managers to service providers and service referrers varies statewide.

Need for Specialized Training

managers
should have
more
specialized
training on
developing and
supporting
DCYF human
service
contracts.

Absence of Standard Operating Procedures

There are no standard operating procedures or written guidelines to aid contract managers in doing their job.

Lack of Standardization

A lack of standardization of contracting processes.

to
Inconsistencies

Providers and service referrers experience confusion due to inconsistencies in interpretation and application of contract language.

Regional Variations in Expectations

Expectations for contractors vary depending on the region and manager.

Workload as a Barrier

Contract
Manager
workload is
viewed as a
barrier to
effective
contract
management.



### Recommendations

- Key Recommendations "Biggest Impact"
- Quick Win Recommendation "Low Risk/Effort"
- Supporting Recommendations to Address Long-Term Goals

## Key Recommendations for Biggest Impact

- 1. Prioritize meeting the immediate, concrete needs of families while concurrently implementing supportive services.
- 2. Increase knowledge of services and contracting processes through the development and implementation of Standard Operating Procedures (SOPs), training, reference materials, and regular communication practices for caseworkers, providers, community partners, and Tribes.
- 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.
- 4. Standardize payment structures to enhance provider engagement, enhance service quality, and address behavioral health and service coordination challenges for DCYF families.



### **Key Recommendation #1:**

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

**WHY**: All listening session participant groups reported that unmet concrete needs for stable housing, food, electricity, water, transportation, and other essential supplies present a significant barrier to the effective and timely delivery of contracted services.

Parents reported they need more help to navigate systems and overcome barriers to accessing housing and other concrete supports.

DCYF case workers struggle with assessing needs of families when making service referrals.

- 1. Implement a **basic needs assessment process** for families and related training and a practice guide for DCYF staff.
- 2. Provide specialized *training to help staff recognize and minimize unconscious bias, stereotypes and negative attitudes* that may hinder access to economic and concrete supports for parents and youth.
- 3. Share the process to deliver concrete supports to families and any related training(s) with court personnel and partners who engage in making recommendations for court ordered services.
- 4. Conduct an analysis to determine the underlying challenges and barriers parents and service providers face while trying to access affordable housing and other concrete supports for families.



### **Key Recommendation #2:**

Increase knowledge of services and contracting processes through the development and implementation of Standard Operating Procedures (SOPs), training, reference materials, and regular communication for caseworkers, providers, partners, and Tribes.

**WHY**: Consistent received feedback that the following groups need increased access to guidance and training on DCYF's contracting process and service array:

- Contract managers need specialized training and resources related to managing DCYF's unique contracted human service lines
- DCYF staff need more guidance on service referral process and more access to information and resources on service array/delivery
- Community Partners and Tribes need more awareness of contracting processes and service array/delivery

- Develop an SOP guide and Training for Contract Managers on contracting processes, procedures, and essential collaboration and monitoring activities.
- 2. Develop an **SOP guide and Training for staff** on making referrals to contracted services, needs assessment, service array/delivery.
- 3. Identify Service Experts within DCYF like "Child Welfare Early Learning Navigators" to support staff with services.
- 4. Create **reference materials** that detail service array and a comparison of "like services" like the current Combined In-Home Services Guide.
- 5. Develop a publicly available *Frequently Asked Questions (FAQ) document* to provide information and situational guidance.



### **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**: Both parents and provider groups indicated there are significant inequities in service array and service 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 highlighted there is a shortage of providers willing/able to contract in these areas due to low demand periods, transportation and other costs.

- 1. Incentives should target the development of local service capacity. Providers may be encouraged to expand their service offering to underserved areas and populations through **start-up grants**, **technology stipends** (for telehealth services where applicable), or **relocation assistance**.
- 2. Explore 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.
- 3. Review the findings of the DCYF Division of Partnership, Prevention, and Services that overreliance on translation services is a barrier to family engagement in services and explore the recommendation for a **yearly 5% dual language service delivery administration bonus for providers**.



### **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:** Inconsistent payment methodologies were a recurring theme amongst provider feedback. Current payment structures across DCYF divisions and service lines vary, leading to inconsistencies that affect provider engagement, service quality, and administrative efficiency.

A consistent payment structure helps to reduce confusion and promote accountability in meeting service goals by improving overall financial management.

There is a need to improve the coordination and delivery of behavioral health services for families served outside of DCYF contracts. Staff reported not receiving information from non-contracted providers regarding client progress, impacting family outcomes and decision making.

- 1. Does not mean that all rates should be done exactly the same way. Rather, develop rate models in a consistent framework that uses a standard 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. Enhance the *centralized rate development office* charged with development and oversight of payment methodologies and to understand program nuances and ensure that exceptions are identified consistently and fairly.
- 3. Share information on the rate methodology with providers to encourage insights about rate issues that require adjustment.
- 4. Fund *immediate access to initial SUD assessments* and establish *interagency planning groups* to ensure service coordination.
- 5. Establish reimbursement structure for essential non-direct services such as court attendance, report writing, meetings and travel.



### **Quick Win**

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

**WHY:** Our team heard this as a need loud and clear from the individuals who joined the listening sessions that there are critical communication challenges such as top-down communication with minimal opportunity to ask questions, share feedback, share data, or add new topics to DCYF meeting agendas.

#### **IMPLEMENTATION CONSIDERATIONS:**

Develop a consistent structure and process for sharing information with and gathering feedback from community partners

- 1. Protocols should include a **standard meeting cadence**, **structured agendas with core topics** discussed for every meeting based on designated audience.
- 2. Protocols should include a conscious effort to recognize and address regional, cultural, and service-based differences, especially regarding tribal practices.
- 3. Create a **method and process to gather feedback from internal and external partners** and respond to their questions/inquiries.
- 4. Provider meetings should include standard agenda topics relevant to the contract lifecycle and discussions on service delivery barriers.
- 5. Distribute meeting notes and action items within an established timeframe after the meeting.



### **Additional Recommendations**

Addressing long-term goals and strategic improvements

### # Recommendations organized by themes in the order they appear in the formal report

#### **Communication & Input, Recommendation**

- 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.
- 2 Contracting Infrastructure, Recommendation
  Conduct an organizational assessment of DCYF contracted services' procurement, administration and oversight.
- Contracting Infrastructure, Recommendation
  Structure contract language and requirements to improve clarity for staff and providers.
- **Contracting Infrastructure, Recommendation**

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

### **Service Offerings, Recommendation**

Continue evaluating the application of psychological and neuropsychological assessments to verify assessments are being used appropriately.

#### **Service Offerings/Service Delivery, 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.



### # Recommendations organized by themes in the order they appear in the formal report

#### Service Offerings/Service Delivery, Recommendation

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

#### **Cultural Responsiveness, Recommendation**

Conduct a review of father engagement services and efforts to identify barriers or gaps in service delivery.

#### **Payment & Administration, Recommendation**

Develop contracts with guaranteed or incentivized payments to maintain essential service capacity during low demand periods.

#### Payment & Administration, 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.

#### **Payment & Administration, Recommendation**

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.



# Q&A (15 minutes)

Please enter questions in the Q&A feature in Teams.

OR

Raise your hand.

# Wrap-Up

### **Next Steps for the Project**

PCG to present materials to multiple audiences:

Date	Time	Audience		
3/26	11am-12 pm PT	External DCYF partners		
4/7	3:30-4:30 pm PT	Finance and Business Services Division		
4/9	3:30-4:30 pm PT	Partnership, Prevention, and Services Division		



### **Next Steps & Wrap-Up**

DCYF's Client & Community Services Accountability Group is reviewing the recommendations and determining which of them the agency will pursue.

The Accountability Group includes representatives from:

- Child Welfare
- Early Learning
- Juvenile Rehabilitation
- Licensing
- Partnership, Prevention & Services
- Office of Tribal Relations
- Office of Racial Equity & Social Justice
- Office of Innovation, Alignment & Accountability
- Fiscal/Contracts Office

Please read the final report located on the Washington State DCYF website.



### **Questions?**



If you have follow-up questions or want to be notified about implementation efforts, please complete the Service Expansion Questionnaire:

Service Expansion Feedback Questionnaire





**Solutions that Matter**