

# Office of Innovation, Alignment, and Accountability

## PBC Contract Group Annual Update

Community-Based Child Abuse Prevention (CBCAP)

May 30, 2023

DCYF's Office of Innovation, Alignment, and Accountability (OIAA) builds DCYF capacity to make evidence-informed decisions, continuously learn and improve, and successfully enact system reform

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Washington State Department of  
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# CBCAP

## Background Information

**Mission:** implement high quality family support programming to increase the Strengthening Families Protective Factors for families and reduce the likelihood of child abuse and neglect. CBCAP, a federally funded grant program, is explicitly capacity-building for primary and secondary child abuse and neglect prevention.

**Division:** Partnership, Prevention & Services: Family & Community Support

**Clients Served (FY22):** 785 families, 1,239 children

**Annual Contract Spending (FY23):** \$1.5m / \$582,500

**Current Contract Cycle (FY23):** July 1, 2022 – June 30, 2023

**# of Contracts (client services) (FY23):** 12 programs

## Contract Group

**Lead(s):** Sara Winkelman, Prevention Program Specialist

**Members:** Laura Alfani, Administrator; Jenni Olmstead, Primary and Community Prevention Lead; Rene Toolson, Home Visiting Practice and Implementation Manager

**PBC Staff:** Jennifer Scacco

**Data Partner(s):** Kasey Langley, Contracted Evaluator

## Implementation Status: *Phase 3*

- ✓ PBC Service Standard
- ✓ PBC Quality Standard
- ✓ PBC Outcome Standard - Waiver

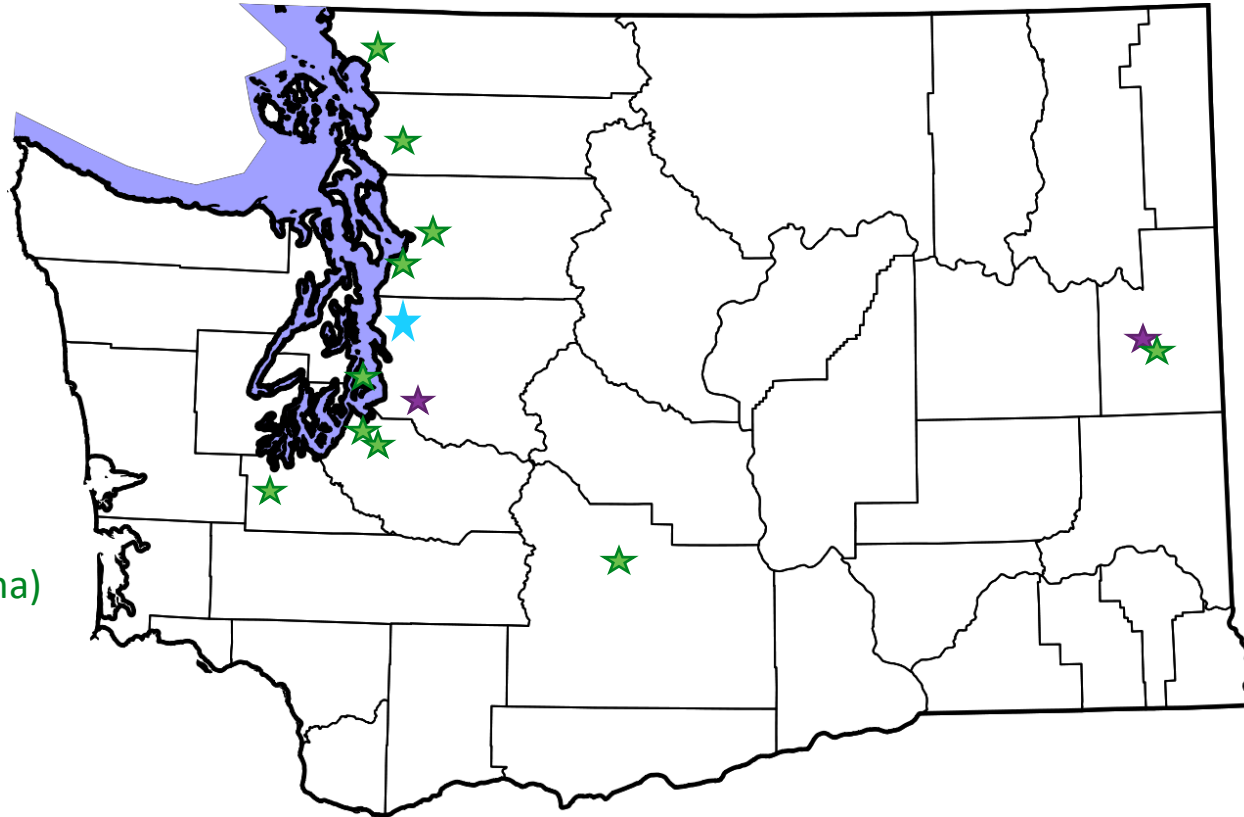
# SFY23 Funded Communities

## Third Year Programs:

- Intercultural Children & Family Services (Renton)
- Community-Minded Enterprises (Spokane)

## First Year Programs:

- Center for Human Services (Shoreline)
- Family Education & Support Services (Tumwater)
- First Five Fundamentals (Tacoma)
- Little Red School House/Child Strive (Everett)



## First Year Programs (continued):

- Lydia Place (Bellingham)
- Multicultural Child & Family Hope Center (Tacoma)
- Triumph Treatment Services (Yakima)
- Vashon Youth & Family Services (Vashon)
- Volunteers of America (Spokane)
- Youthnet (Mount Vernon)

FIRST Clinic Legal Services



# DCYF System-Level Performance-Based Contracting (PBC) Logic Model Template

Contract Group: Strengthening Families WA (SFWA): Community-Based Child Abuse Prevention (CBCAP)

Date: 02.22.2022 – *final draft*

Service Population: Community-based programs that provide family support services to families with children at risk of experiencing abuse or neglect

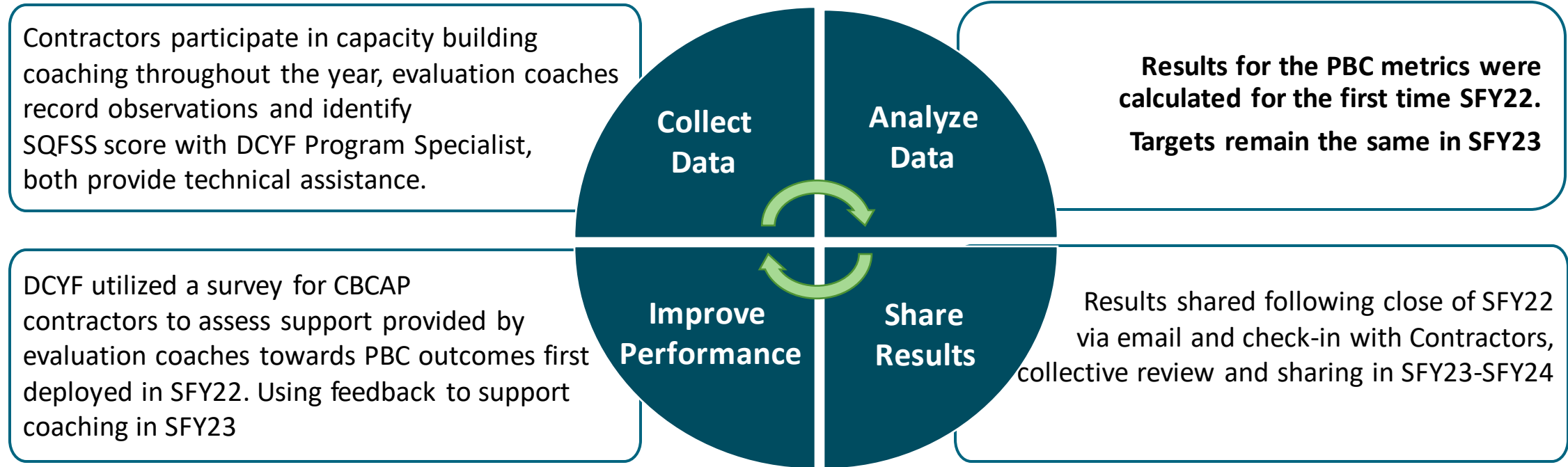
**Logic Model Statement:** CBCAP contractors deliver family support services and participate in related evaluation activities to support their capacity to collect data and to use data in service of maintaining and increasing the quality of those family support services, which ultimately supports established DCYF resilience goals.

	SERVICES <i>(Activities and Outputs)</i>	+	QUALITY <i>(Process Measures)</i>	+	OUTCOMES <i>(Results)</i>	PERFORMANCE MANAGEMENT TOOL (PMT)	DCYF GOAL(s) <i>supported by contracted services</i>
Client-Level	Contractors are expected to track client-level service data for internal use and are expected to prepare and submit data summaries with the following client-level data to DCYF, but are not required to report individualized client-level service data to DCYF:						
	Contractor delivers services to families, e.g., number of families served.		Contractor successfully engages and retains target families. e.g., number and % of families representing the programs' focus population "graduating" or otherwise receiving full service.		Increased SF protective factors among families	N/A; does not apply to client-level	Resilience: <input checked="" type="checkbox"/> Parents and caregivers are supported to meet the needs of children and youth <input checked="" type="checkbox"/> Family economic security (Census) These are DCYF-established goals & measures.  Additionally, there are family support programs with services that are available and accessible (geographically, culturally, linguistically, physically) to families throughout the state that are family-centered, culturally responsive, strengths-based and provided in environments where families feel safe and supported (No plans for measuring this outcome at this time. Achieving this outcome sustainably and "throughout the state" would require a different scope and scale of inputs.)
Contractor-Level	Contractor participates in capacity-building activities: Coaching, peer learning and completing evaluation processes		Contractor meets targeted Standards of Quality for Family Supportive Services (SQFSS) Programs meet foundational quality standards for: <u>Collecting and analyzing</u> information related to program participation (outputs and participant characteristics) (SQFSS - E1) and <u>Collecting and analyzing</u> information related to program outcomes (SQFSS - E3)		Contractor increases their capacity to provide accessible, family-centered, culturally responsive, strength-based family support services. Contractor applies lessons from data collection to support program improvement. <u>Measure:</u> Programs meet high quality indicators for using data related to program activities and participation (E-1) and program participant outcomes (E-3). (e.g., program modification).	Tiered reimbursement Financial awards are available to contractors for quality metrics (two levels per metric)	
	System-Level	DCYF provides capacity-building supports focused on: Evaluation capacity building, peer connections and resource sharing, parent leadership, technical assistance for fiscal and administration of contracts, etc.		The capacity-building services provided by DCYF are high quality and relevant. (TBD – details to describe quality of DCYF capacity-building– see notes.)		Contractors increase, or maintain, high capacity to use data to support program improvement. 80% or more contractors improve capacity or maintain high capacity	

## CBCAP: Updated PBC Logic Model



# CBCAP: PBC Performance Feedback Loop



## Future Plans

- Gather stakeholder input on changes to current PBC metrics/targets/PMTs and potential future PBC metrics/targets/PMTs

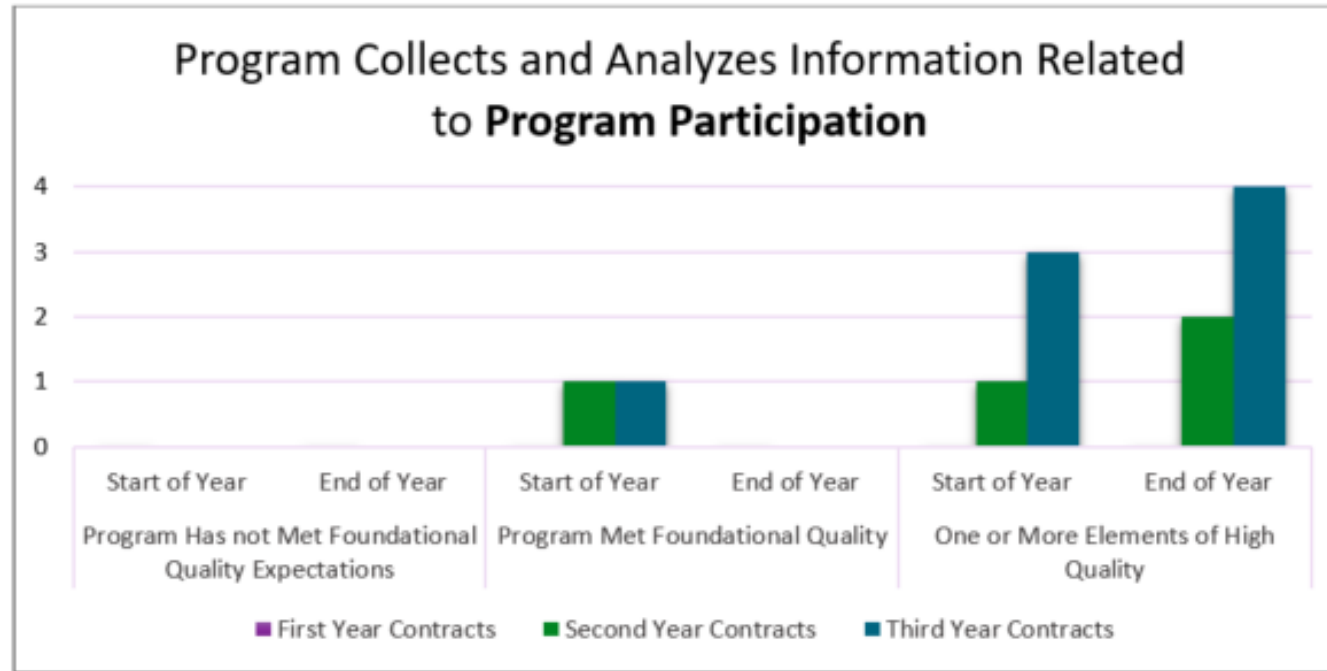
# CBCAP: SFY23 PBC Metrics, Targets & PMTs

QUALITY MEASURES	Metric	Target	Performance Management Tool (PMT)
SQFSS Indicator E3.1 – Program collects and analyzes information related to program outcomes.	<b>Contractor Meets Targeted Standards of Quality for Family Supportive Services (SQFSS).</b>	Considering 80%, baseline year data (SFY23) needed to determine future targets	<p>Program did not Meet Foundational Quality Expectations: \$0 and Possible corrective action plan or non-renewal</p> <p>Program has Met Foundational Quality Expectations:\$750</p> <p>One or More Elements of High Quality Observed This Contract Year: \$1,250</p>
OUTCOME MEASURES	Metric	Target	Performance Management Tool (PMT)
SQFSS Indicator E.1 – Program collects and analyzes information related to program participation.	<b>Contractors increase their capacity to provide accessible, family-centered, culturally responsive, strengths-based family support services.</b>	Considering 80%, baseline year data (SFY23) needed to determine future targets	<p>Program did not Meet Foundational Quality Expectations: \$0 and Possible corrective action plan or non-renewal</p> <p>Program has Met Foundational Quality Expectations:\$750</p> <p>One or More Elements of High Quality Observed This Contract Year: \$1,250</p>

# CBCAP FY22 PBC Results: PM #1

Total CBCAP Capacity Building Contracts for the 2021-2022 Year:

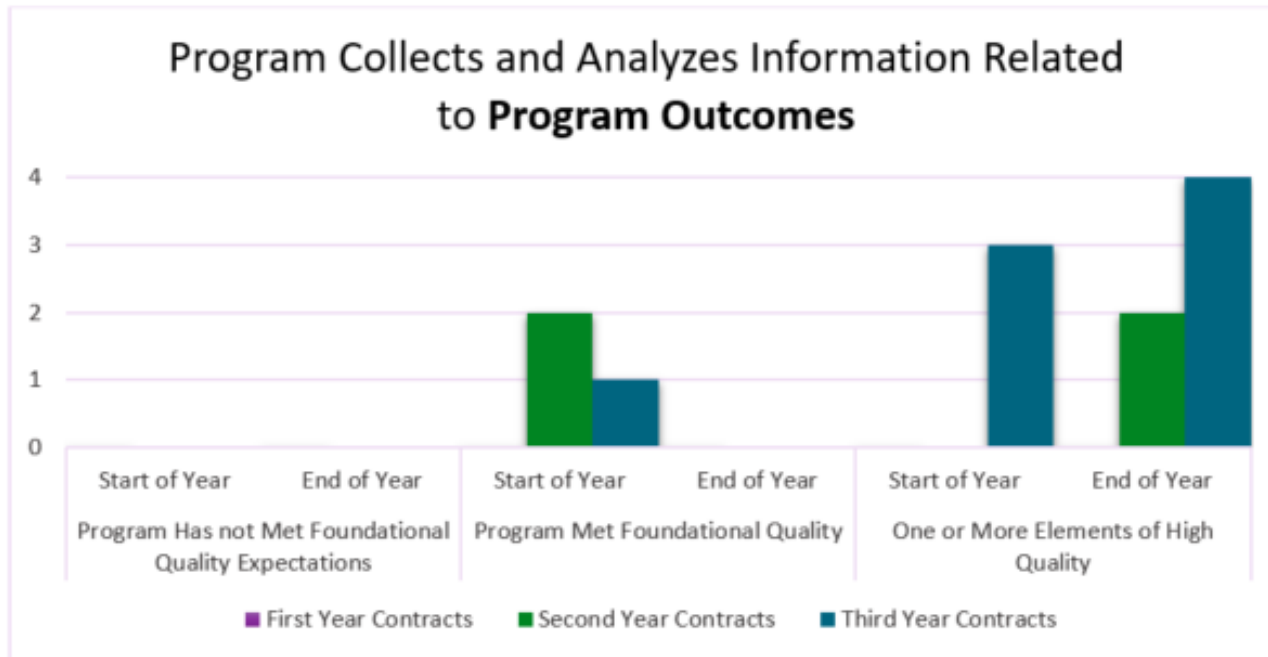
First Year Contracts	Second Year Contracts	Third Year Contracts	Total CBCAP Contracts
0	2	4	6



SQFSS Indicator E1.1 – Program collects and analyzes information related to program participation.

For performance metric 1, 100% of contractors achieved one or more elements of high quality by the end of the year.

# CBCAP FY22 PBC Results: PM #2



## Performance Metric 2:

SQFSS Indicator E3.1 – Program collects and analyzes information related to program outcomes

For performance metric 2, 100% of contractors achieved one or more elements of high quality by the end of the year.



# CBCAP: FY23 Stakeholder Engagement

## Engagement History

### Stakeholders

- CBCAP programs – 10 first year, 2 third years
- CBCAP programs are implementing their programs and participating in regular coaching
- CBCAP Evaluation coaches

### Methods

- Twice Annual Meetings (Fall/Spring)
- Quarterly Coaching and contractor calls
- End of Year Survey

## Summary of Stakeholder Feedback

- Because this year included many first-year programs, we expect to see different results than last year.
- Feedback will be gathered in Quarter 4 of SFY23 and Quarter 1 of SFY24 to reflect on the PBC tool metrics

## Next Steps

- Use stakeholder input to inform changes to PBC metrics/targets/PMTs
- Use stakeholder input to determine if CBCAP capacity-building services are high quality and relevant (system-level quality measure)



# CBCAP: FY22-23 Reflections & Looking Ahead

## Celebrating Success

- Involved CBCAP contractor in development of SFY22 PBC metrics/targets/PMTs
- Aligned PBC performance feedback loop with existing CBCAP continuous improvement activities
- Utilized existing SQFSS measurements for PBC
- All programs received performance payments in SFY22 and survey respondents provided positive feedback.

## Navigating Challenges

- Increasing CBCAP staff workloads due to major increases in funding available through the American Rescue Plan Act
- First year baseline will be different than this year, with so many new programs.
- CBCAP funding is a relatively small amount of funding and sometimes there are staffing challenges at the local level, one program has had a difficult time finding staffing.
- 5 new programs will be joining in SFY24

## Support Needs

- Ongoing support for investment in community-based capacity building and coaching of organizations.
- Consider application of the Standards for Quality for Family Strengthening and Supports in other DCYF efforts.



# Office of Innovation, Alignment, and Accountability

PBC Contract Group  
Annual Update

Home Visiting  
May 30, 2023

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# Home Visiting

## Background Information

**Mission:** Provide regular home visits from a trained professional to pregnant mothers or families to improve parent-child relationships, school readiness, and child health

**Division:** Prevention, Partnerships, and Services

**Clients Served (FY22):** 2779 families (2,607 slots)

**Annual Contract Spending (FY22):** \$16.996M

**Current Contract Cycle (FY23):** July 1, 2022 – June 30, 2023

**# of Contracts (client services) (FY23):** 49 (44 in FY22)

## Contract Group

**Lead:** Rene Toolson, Home Visiting Manager for Practice and Implementation

**Members:** Laura Alfani, SFWA Administrator; Nelly Mbajah, Home Visiting Manager for Systems and Policy; Kathy Tan, Home Visiting Portfolio Analyst; Valerie Stegemoeller, SFWA Management Analyst; Cassie Morley, Start Early Home Visiting Senior Manager

**PBC Staff:** Stacey Gillette, OIAA

**Data Partner(s):** Izumi Chihara, Ashley Beck, and Martha Skiles, WA Department of Health

## Implementation Status: *Phase 2*

- ✓ PBC Service Standard
- ✓ PBC Quality Standard
- ✗ PBC Outcome Standard (NFP meets the standard, but PAT and portfolio contracts do not meet the standard)



# FY22 HV: PBC Metrics, Targets & PMTs & Results

SERVICE MEASURES	Metric	Target	Performance Management Tool (PMT)
<b>Quarterly Enrollment</b>	<ul style="list-style-type: none"> <li>Percent of families who are actively enrolled (of total funded slots) in the quarter: average number of actively enrolled families during each of the three months during the quarter</li> </ul>	<ul style="list-style-type: none"> <li>Average enrollment meets or exceeds 90% of funded slots</li> </ul>	Tiered Reimbursement: incentive payment
<p><b>Results:</b></p> <ul style="list-style-type: none"> <li>The annual award may equal up to 0.5% of program operations budgets (0.125% awarded for each quarter they meet the target), with a floor of \$250/quarter (\$1,000 annual).</li> <li>In FY22, 12 contractors earned at least one quarterly award, with a total of 37 awards over the entire year (\$13,401).</li> </ul>			

# FY22 HV: PBC Metrics, Targets & PMTs & Results

SERVICE MEASURES	Metric	Target	Performance Management Tool (PMT)
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Depression Screening</b></p>	<ul style="list-style-type: none"> <li>• Completion of a depression screening for an enrolled primary caregiver using an approved, validated tool within three months postpartum (if enrolled prenatally) or three months after enrollment (if enrolled postnatally).</li> <li>• Completion of a second depression screening for an enrolled primary caregiver using the same approved, validated tool between 3 and 6 months following the initial screen described above. <i>(PAT/Portfolio only)</i></li> </ul>	<ul style="list-style-type: none"> <li>• 1<sup>st</sup> screening complete</li> <li>• 2<sup>nd</sup> screening complete</li> </ul>	<p>Tiered Reimbursement: incentive payment</p> <p><i>\$30 1<sup>st</sup> screen</i></p> <p><i>\$30 2<sup>nd</sup> screen</i></p>

**Results:**

- In FY22, 616 (over 532 in FY21) primary caregivers received the first screening within the initial timeframe (41 contractors were awarded \$18,480)
- In FY22, 241 primary caregivers received the second screening within the second timeframe (23 contractors were awarded \$7,230)
- *Depression screening was a focus of CQI work among several programs during the year.*
- *Lessons learned: Almost all screenings were performed virtually during virtual visits with families. While second screenings were greatly increased, there is still room for improvement.*

# FY22 HV: PBC Metrics, Targets & PMTs

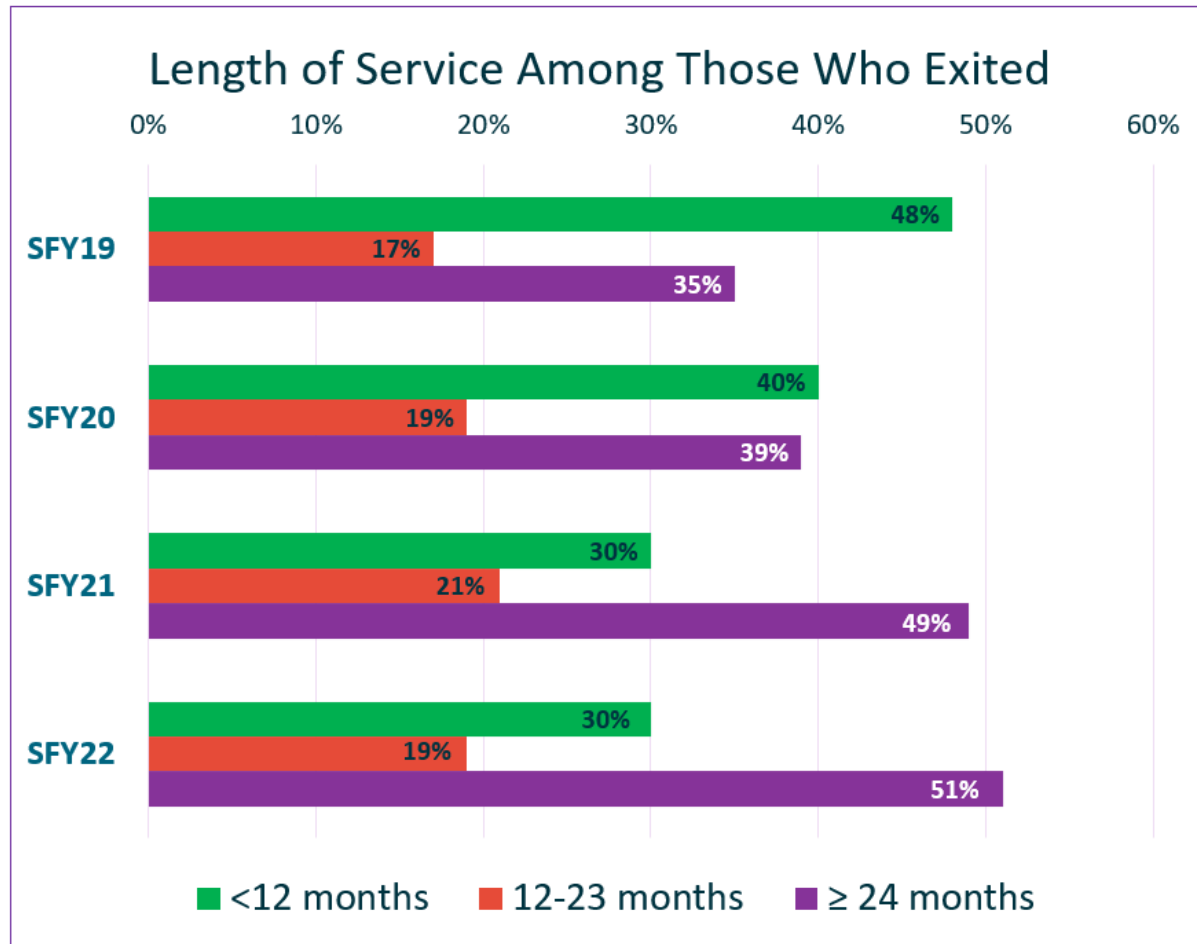
QUALITY MEASURES	Metric	Target	Performance Management Tool (PMT)
<b>Depression Screen Referral</b>	<ul style="list-style-type: none"> <li>Follow-up with a referral to or connection with appropriate services for an enrolled primary caregiver who screened positive for depression.</li> </ul>	<ul style="list-style-type: none"> <li>Referral to services for those with positive screen</li> </ul>	Tiered Reimbursement: incentive payment \$50 for follow-up
<ul style="list-style-type: none"> <li>In FY22, 214 primary caregivers who screened positive for depression received a referral to services (31 contractors were awarded \$10,700). This represents 39 more referrals than in FY21.</li> <li><i>Referrals to services for positive depression screen remained a topic of in-depth CQI exploration. The higher rate of referrals could be related to the increased need for supportive mental health services during the pandemic, and it is good to see programs making connections for families.</i></li> </ul>			

# FY22 HV: PBC Metrics, Targets & PMTs

QUALITY MEASURES	Metric	Target	Performance Management Tool (PMT)
<b>Family Retention</b>	<ul style="list-style-type: none"> <li># of participants who remain engaged in the program for 12 months after enrollment</li> <li># of participants who remain engaged in the program for 18 months after enrollment during the contract year</li> </ul> <p>*Additional incentive if participant has two characteristics related to early exit: <i>Teenage; Parent has less than high school education; Homeless; Participating on TANF; Single (not residing with a romantic partner)</i></p>	<ul style="list-style-type: none"> <li>12-month retention</li> <li>18-month retention</li> </ul>	<p>Tiered Reimbursement: incentive payment</p> <p><i>\$40 12-months</i></p> <p><i>\$30 bonus</i></p> <p><i>\$30 18 months</i></p> <p><i>\$20 bonus</i></p>
<ul style="list-style-type: none"> <li>In FY22, 668 families remained engaged in HV for 12 months after enrollment; of those, 453 (68%) families possessed at least one risk factor related to early exits, and 189 (28%) families possessed two risk factors (\$37,390 payments to 41 contractors)               <ul style="list-style-type: none"> <li><i>30% of families exit before one year; this has steadily declined, compared with higher rates of families staying in longer.</i></li> </ul> </li> <li>In FY22, 527 families remained engaged in HV for 18 months after enrollment; of those families 359 (68%) possessed at least one risk factor to related to early exit, and 161 (31%) families possessed 2 risk factors (\$19,030 payments to 40 contractors)               <ul style="list-style-type: none"> <li><i>The percent of families enrolled for two or more years has steadily increased, up to 51%.</i></li> </ul> </li> </ul>			



# Retention



- About 30% of families exit before one year; this has steadily declined (*48% in SFY19, 40% in SFY20*)
- Percent of families enrolled for two or more years has steadily increased, up to 51% (*from 49% last year*)

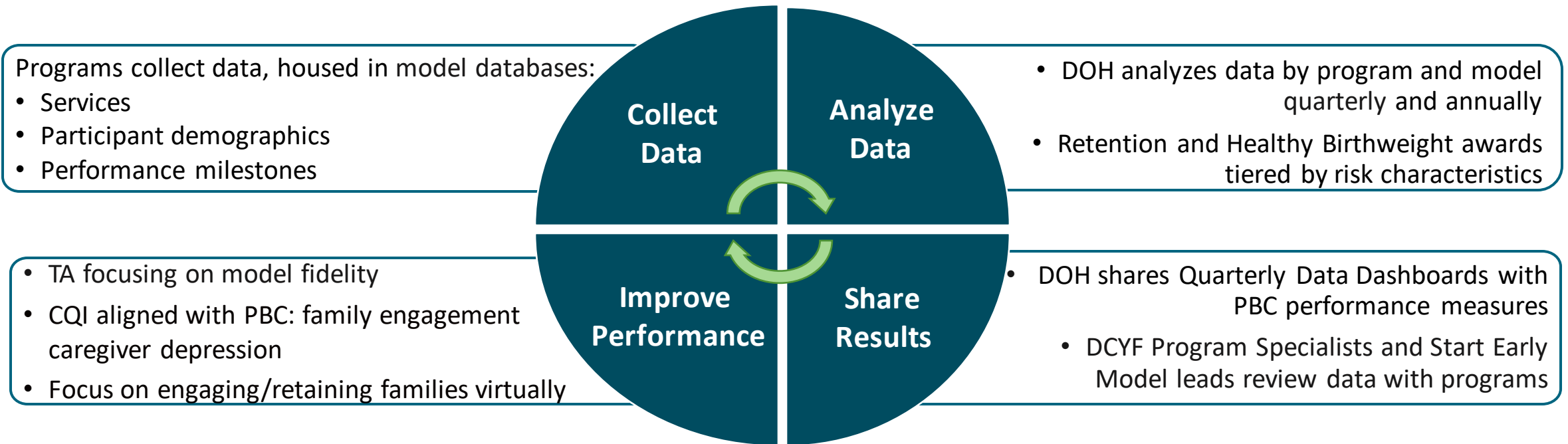
*\*SFY19, 20 exclude PC+, STEEP, and Family Spirit data; SFY21 excludes Family Spirit data; SFY22 includes all models.*

# FY22 HV: NFP PBC Metrics, Targets & PMTs

OUTCOME MEASURES	Metric	Target	Performance Management Tool (PMT)
<b>Healthy Birthweight [NFP]</b>	# of participants who give birth to an infant of healthy birthweight during the year	<ul style="list-style-type: none"> <li>• Infant birthweight is: greater than or equal to 2500g <i>and</i> less than 4500g</li> <li>*Additional incentive payment made when the participant has one characteristics correlated with low or high birthweight: <i>Black/African American; American Indian or Alaskan Native; 35 years or older at enrollment; Alcohol use while while pregnant; Drug use while pregnant; Smoked at enrollment; Homeless</i></li> </ul>	Tiered Reimbursement: incentive payment(s) \$50 for each birth \$50 more for 1+ characteristic
<ul style="list-style-type: none"> <li>• In FY22, 366 participants gave birth to infants of healthy birthweight (\$18,300 awarded to all 12 NFP contractors)               <ul style="list-style-type: none"> <li>– 162 of the participants had at least one characteristic related to low or high birthweight (additional \$8,100 awarded to all 12 NFP contractors)</li> </ul> </li> <li>• <i>Lessons Learned: We saw a greater number of births in FY22, possibly due to program expansion funding, but also indicating that programs held onto clients longer during this second year of the <u>pandemic</u>, and more pregnancies resulted in healthy birthweight than in the prior year, despite more pregnancies also being accompanied by risk factors associated with low or heavy birthweight (and the entire pregnancy occurring during the pandemic).</i></li> </ul>			



# HV: FY22-3 Continuous Improvement Activities



## Future Plans

- Continue Data Dashboards and CQI activities aligned with PBC metrics;
- CQI focus during COVID-19 focused on family engagement (including virtual recruitment, enrollment, retention), depression screening and referral, and staff retention (joy in work). Going forward these topics will continue into FY23 and 24.

**Logic Model Statement:** Home Visiting helps expectant parents and families with young children by providing NFP and PAT services with screening and referral in order to achieve healthy birthweight, caregiver well-being, and parent-child interaction/parent capacity, which ultimately increases Kindergarten readiness and prevents future child welfare involvement in support of DCYF’s resilience, education, and health goals.

# HV: Updated PBC Logic Model

SERVICES <i>(Activities and Outputs)</i>	QUALITY <i>(Process Measures)</i>	PROXIMAL CLIENT OUTCOME <i>(Immediate Results)</i>	PERFORMANCE MANAGEMENT TOOL (PMT)	DISTAL CLIENT OUTCOME <i>(Overall Results)</i>	DCYF GOAL(s) <i>supported by contracted services</i>
Services include Nurse Family Partnership (NFP) and Parents As Teachers (PAT)  Service Metrics: - Eligible - Enrollment: 90% or greater of the Max. Service Capacity in the quarter - Retention: 12 and 18 months (Tiered by Retention Criteria) - Completed	<b>Screening</b> <ul style="list-style-type: none"> <li>Completion of a depression screening (PHQ9)</li> <li>Completion of 2nd screen (PHQ9)</li> </ul> <b>Referral</b> <ul style="list-style-type: none"> <li>Referral to services after positive depression screening (moderate-severe depression)</li> </ul>	<b>Healthy Birthweight (NFP only)</b>  <b>Caregiver well-being (PAT and exploration with portfolio models)</b>  <b>Parent-child interaction/parent capacity (PAT and exploration with portfolio models)</b>  <i>Enrollment in high quality early learning</i>	Tiered reimbursement (financial incentives by metric)	<ul style="list-style-type: none"> <li>Kindergarten readiness</li> <li>Future child welfare involvement (<b>reduced</b>)</li> </ul>	<b>Resilience</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Children and youth are supported by healthy relationships with adults</li> <li><input checked="" type="checkbox"/> Parents and caregivers are supported to meet the needs of children and youth</li> <li><input checked="" type="checkbox"/> Family economic security</li> </ul> <b>Education</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Kindergarten readiness</li> <li><input type="checkbox"/> Youth school engagement</li> <li><input type="checkbox"/> High school graduation</li> </ul> <b>Health</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Healthy birthweight</li> <li><input checked="" type="checkbox"/> Child/youth development</li> <li><input type="checkbox"/> Youth mental/behavioral health</li> </ul>
<b>Working Assumptions:</b>					



# Literature Review Findings

## Outcomes of Interest

- Parent Capacity/  
Parent-Child interaction
- Caregiver Mental Health
- Child Development
- Family Economic Security
- Kindergarten Readiness

## HV Impact in Research

- NFP improved parenting attitudes on non-abusive and non-neglecting behaviors (Olds et al. 2007). PAT parents had better scores through assessment tools such as Knowledge of Infant Development Inventory, Parenting Sense of Competence Scale (based on observational studies) (Wagner 1999).
- High prevalence of depression among mothers enrolled in home visiting models, including PAT, but no conclusive evidence that PAT has significant positive impact on maternal depression. NFP RCTs demonstrate decrease in substance use and anxiety and depression among mothers (Olds et al.).
- HV programs like NFP improve children's cognitive skills, with effects persisting over time, e.g. till age 12 for boys (Heckman et al. 2017). Evidence that NFP reduces language delay (Olds et al. 1994).
- Some of the NFP RCTs show reduction in the time spent on welfare for mothers who receive the intervention. Overall, there is limited evidence on impact of PAT on family economic security.
- Evidence for positive impact of NFP and PAT on Kindergarten and school readiness (Kitzman et al. 2010, Pfannenstiel et al. 2009, respectively).





# FY23 HV: *PAT and Portfolio* PBC Metrics, Targets & PMTs

OUTCOME MEASURES	Metric	Target	Performance Management Tool (PMT)
<p>The COVID-19 pandemic followed by tremendous staffing upheaval has greatly reduced program capacity to implement PCI measurement tools (PICCOLO and HFPI). During the year, we trained new staff in use of these tools and began to collect data to support continued exploration with PAT and Portfolio providers: Caregiver Well-Being and <u>Parent-Child Interaction</u>. We will also explore customized outcome options with our 7 portfolio models, if there are better fits.</p> <p><b>Offering incentive to contractors to pilot selected measurement tools with levels of incentive offered at training, use of tools with families (and sharing data), and providing feedback to the process and utility to DCYF</b></p> <p><b>Continuing to convene regular stakeholder work group sessions to:</b></p> <ul style="list-style-type: none"> <li>• Reflect on and strategize implementation of measurement tools, their alignment with program elements, reliable implementation to support evaluation quality data</li> <li>• Define precise outcome</li> <li>• Plan for targets and milestones</li> </ul>			

# HV: FY23 Stakeholder Engagement Results

## Engagement History

Stakeholders	Methods / Date(s)
<ul style="list-style-type: none"><li>NFP Providers</li></ul>	<ul style="list-style-type: none"><li>Annual review of data with NFP Supervisors met March 2022</li></ul>
<ul style="list-style-type: none"><li>PAT Providers</li></ul>	<ul style="list-style-type: none"><li>Met 3 times with PAT Supervisors PBC Workgroup to share experience and improve use of PICCOLO and HFPI, and to reflect on early findings</li></ul>
<ul style="list-style-type: none"><li>Portfolio Providers</li></ul>	<ul style="list-style-type: none"><li>Started a PBC Reset with Portfolio Supervisor in May 2022 to confirm PCI and set stage for 1-1 conversations in early FY24</li></ul>

## Summary of Stakeholder Feedback

- NFP: Data reflections underscore increasing acuity of participants and understanding data quality issues
- PAT: Focus on improving implementation of the use of PICCOLO (*Parenting Interactions with Children: Checklist of Observations Linked to Outcomes*) and HFPI (*Healthy Families Parenting Inventory*) through better training offerings, sharing experiences/practices on tool usage, and understanding reliability. Tool use is not widespread or sufficient for data analysis. Scores reflect a need to focus on reliability.
- Portfolio: Supervisors discussed potential pitfalls of implementation of the 2 measurement tools and option to participate in piloting

## Next Steps

- Continue training on PICCOLO, HFP and develop reliability strategies
- Hone outcomes with Portfolio providers and start data collection
- Continue to reflect on NFP Outcome and data



# HV: FY23 Reflections

## Celebrating Success

- **Continued Performance despite ongoing impacts of COVID-19:** Despite the challenges of COVID-19 in delivering more virtual than in-person services and greater acuity of families served, home visiting services expanded, and performance levels were stronger in several areas (e.g., retention, depression screening, referrals, birthweight).
- **Ongoing Partnership:** Continued opportunities to learn and share together on commitment to the PAT outcomes and shared learning on use of measurement tools.

## Navigating Challenges

- **Prevention Outcome:** In prevention work, it is difficult to determine a precise outcome that is measurable and achievable.
- **Collaboration takes time.**
- **Staffing impacts of COVID-19:** All programs experienced high rates of staff turnover while serving families with more acute needs. This impacted our outcome exploration. The state team workload continues to grow to make available more federal and state COVID rescue supports for families, impeding PBC activities.

## Support Needs

- Flexibility, time and understanding of the nuance of measuring outcomes for a voluntary, prevention-oriented program
- Funding for performance awards to recognize efforts in serving highly vulnerable families and tracking measures/data
- Examination of the impact of PBC on provider capacity and resulting limitations of services to vulnerable communities





# Office of Innovation, Alignment, and Accountability

PBC Contract Group  
Annual Update

Early Support for Infants and Toddlers

May 30, 2023

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Background Information	Contract Group
<p><b>Mission:</b> To build on family strengths by providing coordination, supports, resources and services to enhance the development of children with developmental delays or disabilities through everyday learning opportunities</p> <p><b>Division:</b> Partnership Prevention &amp; Services</p> <p><b>Clients Served (FY21-22):</b> 21,396</p> <p><b>Annual Contract Spending (FY21-22):</b> \$111,473,884.87</p> <p><b>Current Contracts (FY22-23):</b> July 1, 2022 – June 30, 2023</p> <p><b># of Contracts (client services) (FY22-23):</b> 45</p>	<p><b>Lead(s):</b> Tammy McCauley Accountability &amp; Quality Improvement Manager</p> <p><b>Members:</b> Laurie Thomas - Program Administrator, Valerie Arnold – Strategic Innovations Administrator, Kim Hopkins – Data Manager, Sarah Adams – ESIT Evaluator, Lauren Thompson – Resource Allocation Manager</p> <p><b>PBC Staff:</b> Stacey Gillette</p> <p><b>Research Partner(s) :</b> Stafford</p> <p><b>Data Partner(s):</b> Rosina Pradhananga</p>

**Implementation Status: Phase 2**

- ✓ PBC Service Standard: collects client level service data in ELMS
- ✓ PBC Quality Standard: FY23 contracts include one (2) quality metric, target & PMT
- ✗ PBC Outcome Standard: FY23 contracts include two (2) outcome metrics, targets & PMTs

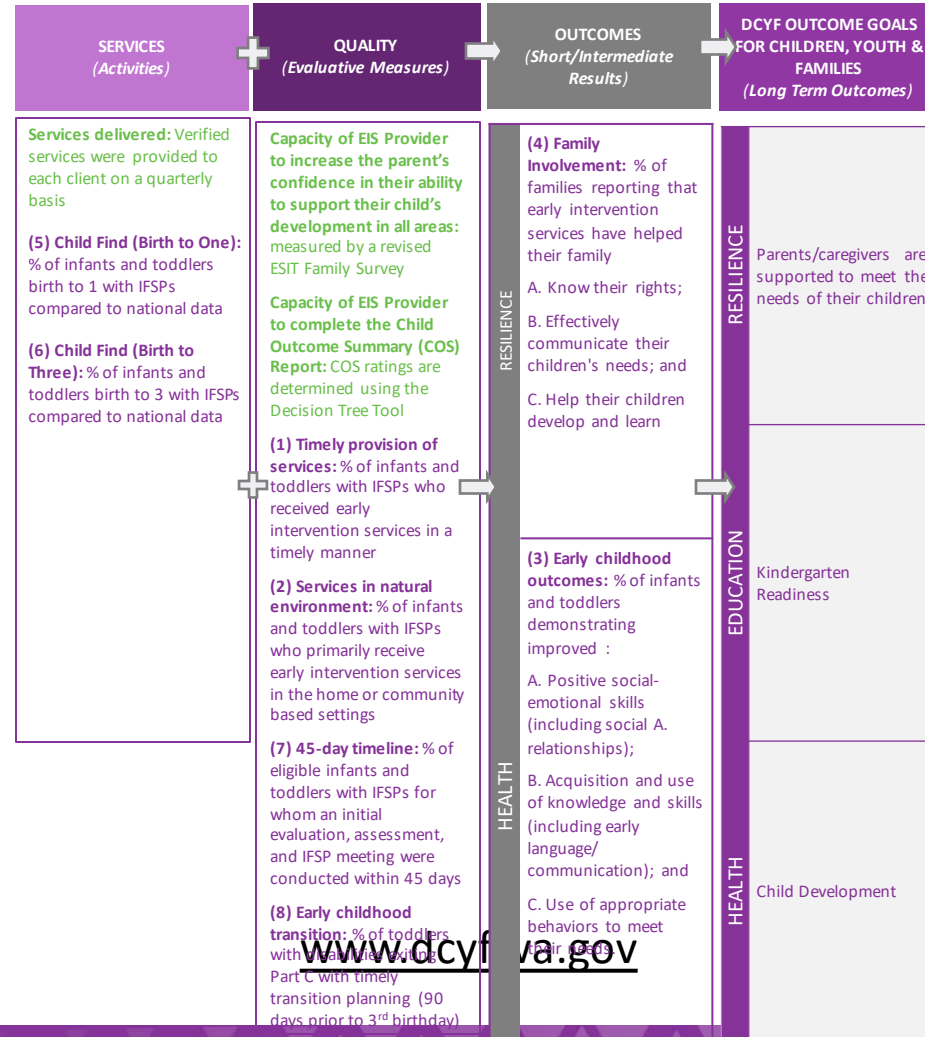
# Logic Model to be updated FY 23-24

## ESIT Performance-Based Contracting (PBC) Logic Model with IDEA Part C Washington State Performance Plan Indicators

### Color Key

- In FY20 LLA Contracts
- Federal IDEA Part C Indicators C1-C8 from Washington State Performance Plan (Indicators C9-C11 are state, rather than local contractor level activities).

**Purpose:** This logic model illustrates how OSEP indicators reported for the APR align with the services, quality, and outcomes in the PBC framework, with both working towards DCYF Outcome Goals for Children, Youth & Families.



**Client Population:** Infants & toddlers up to 3 with a developmental delay or diagnosed condition, and their families

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# ESIT FY21-22 PBC Metrics, Targets & PMTs

QUALITY MEASURES	Metric	Target	Performance Management Tool (PMT)
Capacity to accurately complete the Child Outcome Summary (COS)	COS Ratings are determined using the Decision Tree Tool (State Performance Plan: Indicator C-3)	70% of FRCs/Teams will use the decision tree with 80-100% of families.	Local System Improvement Plan
OUTCOME MEASURES	Metric	Target	Performance Management Tool (PMT)
Capacity to increase parent's confidence in their ability to support their child's development in all ages	ESIT Family Survey (State Performance Plan: Indicator C-4)	A. Know their rights – 83.5% B. Effectively communicate their child's needs – 91.5% C. Help their child develop and learn – 87.5%	Local System Improvement Plan



Present for COS	# of children	
Entry COS	10347	
N	51	0.49%
Y	10296	99.51%
Exit COS	6942	
N	1026	14.78%
Y	5916	85.22%
(blank)		
(blank)		
Grand Total	17289	



# ESIT: FY21-22 PBC Outcome Measure Results

## Targets:

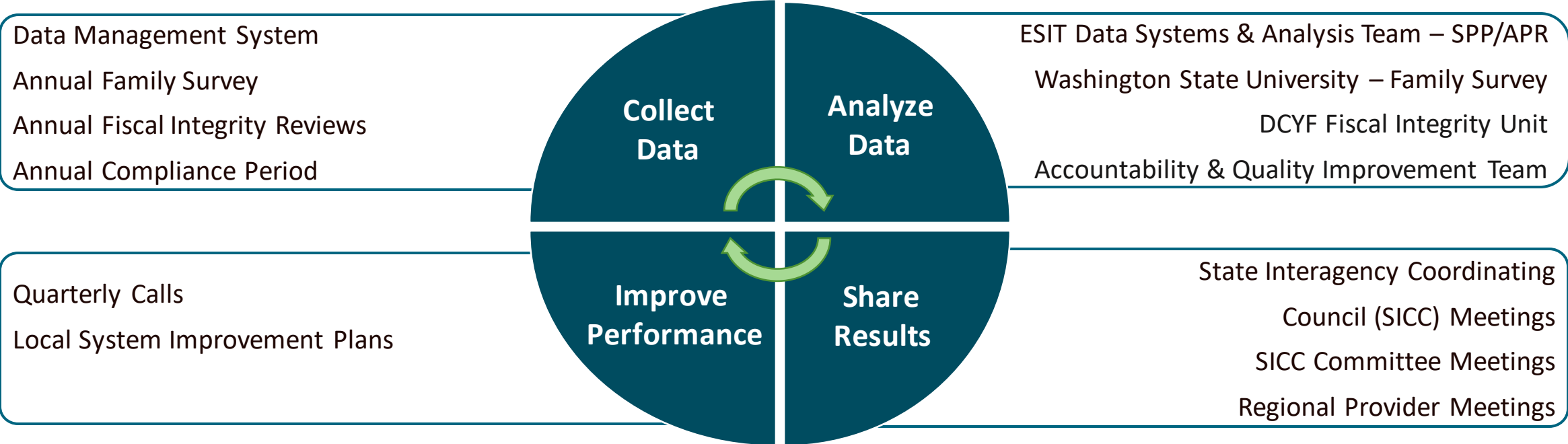
- A. Know their rights – 83.5%
- B. Effectively communicate their child's needs – 91.5%
- C. Help their child develop and learn – 87.5%

## Results:

- A. Know their rights – **86%**
- B. Effectively communicate their child's needs – **90%**
- C. Help their child develop and learn – **85%**



# ESIT: Performance Feedback Loop



## Future Plans

- DMS Transition to the PCG Commercial Software effective July 1, 2023
  - Phase 2 will include the ability to report, track, and analyze actual services provided as indicated on IFSPs
- ESIT Statewide Integrated Monitoring System (E-SIMS): Systems Analysis Program Reviews – 3<sup>rd</sup> quarter FY23-24

# ESIT: FY21-22 Partnership Engagement Results

## Engagement History

### Partners

- January 2022 State Interagency Coordinating Council
- Regional Provider Network Meetings

### Methods

- Special SPP session
- Fall and Spring

## Summary of Partners Feedback

### Disaggregate Outcome Data By:

- Race/Ethnicity
- Geographic Locations
- Contractors by organizational structure (i.e. non-profits, for-profits, school districts, ESDs)

Working to align race/ethnicity data collection and reporting practices with the *“Using Data in DCYF to Advance Racial Equity Report”* – January 2021

## Next Steps

- Continue the use of Liberatory Design Framework to augment Blueprint for Authentic Engagement
- Review Racial Equity & Social Justice Tool Kit including use of budget equity tool
- Expand our work with Stanford to include ESIT’s Evaluator to analyzing disparities in referral, eligibility, and enrollment





# ESIT: FY23 Accomplishments & Reflections

## Celebrating Success

- Sustainability Charter Submitted
- Continued to provide TA & Training around service, quality, and outcome standards
- Developed ESIT Onboarding Slides in collaboration with OIAA
- Mock Systems Analysis Program Review Training

## Navigating Challenges

- Sunset of Legacy Silverlight System
- Transitioning to the PCG's configurable, customizable Early Intervention Data System

## Support Needs

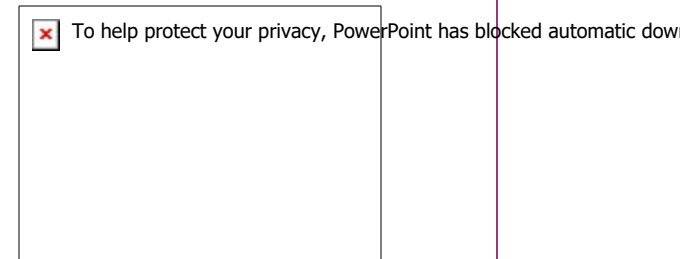
- Orientation and PBC Training for new ESIT Leaders, and County Lead Agencies and ESIT Provider Agency staff
- Continued access to OIAA and Stanford University research resources



# ESIT Looking Ahead – FY24

## Future Plans

- Potential Revision of the PBC Quality & Outcome Measures
- ESIT-Statewide Integrated Monitoring System (E-SIMS)
- Enhance Direct Services Contracts to Improve Equitable Access
- ACORN Migration Project
- Service Tracking & Reporting Module



## Support Needs

- Transfer ESIT's Logic Model to the new format
- Expand our work with Stanford to include the ESIT evaluator to look at referral, eligibility, and enrollment data

# Thank You!

Tammy McCauley

Accountability & Quality Improvement Manager

Valerie Arnold

Strategic Innovations Administrator

Laurie Thomas

Program Administrator

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# Office of Innovation, Alignment, and Accountability

## PBC Contract Group Annual Update

Behavior Rehabilitation Services (BRS)

May 31, 2023

DCYF's Office of Innovation, Alignment, and Accountability (OIAA) builds DCYF capacity to make evidence-informed decisions, continuously learn and improve, and successfully enact system reform

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# Behavior Rehabilitation Services (BRS)

## Background Information

**Mission:** Intensive wraparound support and treatment program for children and youth with high-level complex service needs.

**Division:** Partnership, Prevention and Services

**Clients Served (FY22):** 408

**Annual Contract Spending (FY22):** \$62,215,308.31

**Current Contract Cycle (FY23):** \$53,345,770.27

**# of contracts (client services) (FY23):** 36

## Contract Group

**Lead(s):** Christine Domes, Intensive Resources Program Manager

**Members:** Hannah van Veen, Placement Services Continuum Administrator; David Sexton, Contracts Manager

**PBC Staff:** Stacey Gillette

**Research Partner(s) :** Doug Klinman

**Data Partner(s):** Bobby Chen

### Implementation Status: *Phase 2*

✓ **PBC Service Standard:** collecting client-level service data via BRS Monthly Census Report template (sent by email)

X **PBC Quality Standard:** Quality metrics and targets in FY23 contracts; PMTs will be added in future contracts

X **PBC Outcome Standard:** Intended service outcomes in FY23 contracts; expect to add targets & PMTs in future contracts



# BRS: FY23 PBC Metrics, Targets & PMTs

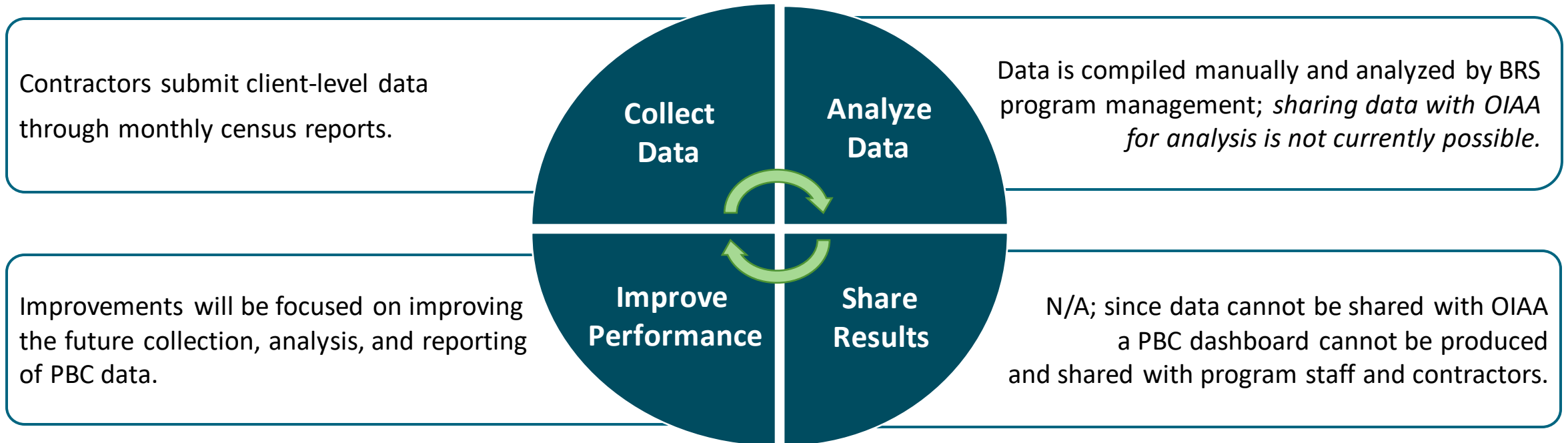
QUALITY MEASURES	Metric	Target	Performance Management Tool (PMT)
Acceptance rate	Percent of referrals accepted by each provider.	90%	N/A
Youth transition to less restrictive services or planned services	Percent of cases resulting in transition to lesser levels of care or planned transitions, such as such as permanency, foster home, transitional housing, CLIP.	75%	N/A



# BRS: FY22 PBC Results

QUALITY MEASURES	Target	Outcome
Acceptance rate	90%	<b>68%</b>
Youth transition to less restrictive services or planned services	75%	<b>79.6%</b>

# BRS: Performance Feedback Loop



## Future Plans

- Develop a monthly census report tool to enable data sharing with OIAA.
- Once data sharing occurs, OIAA will develop a PBC dashboard to share results with program staff and contractors.



# BRS: PBC Logic Model

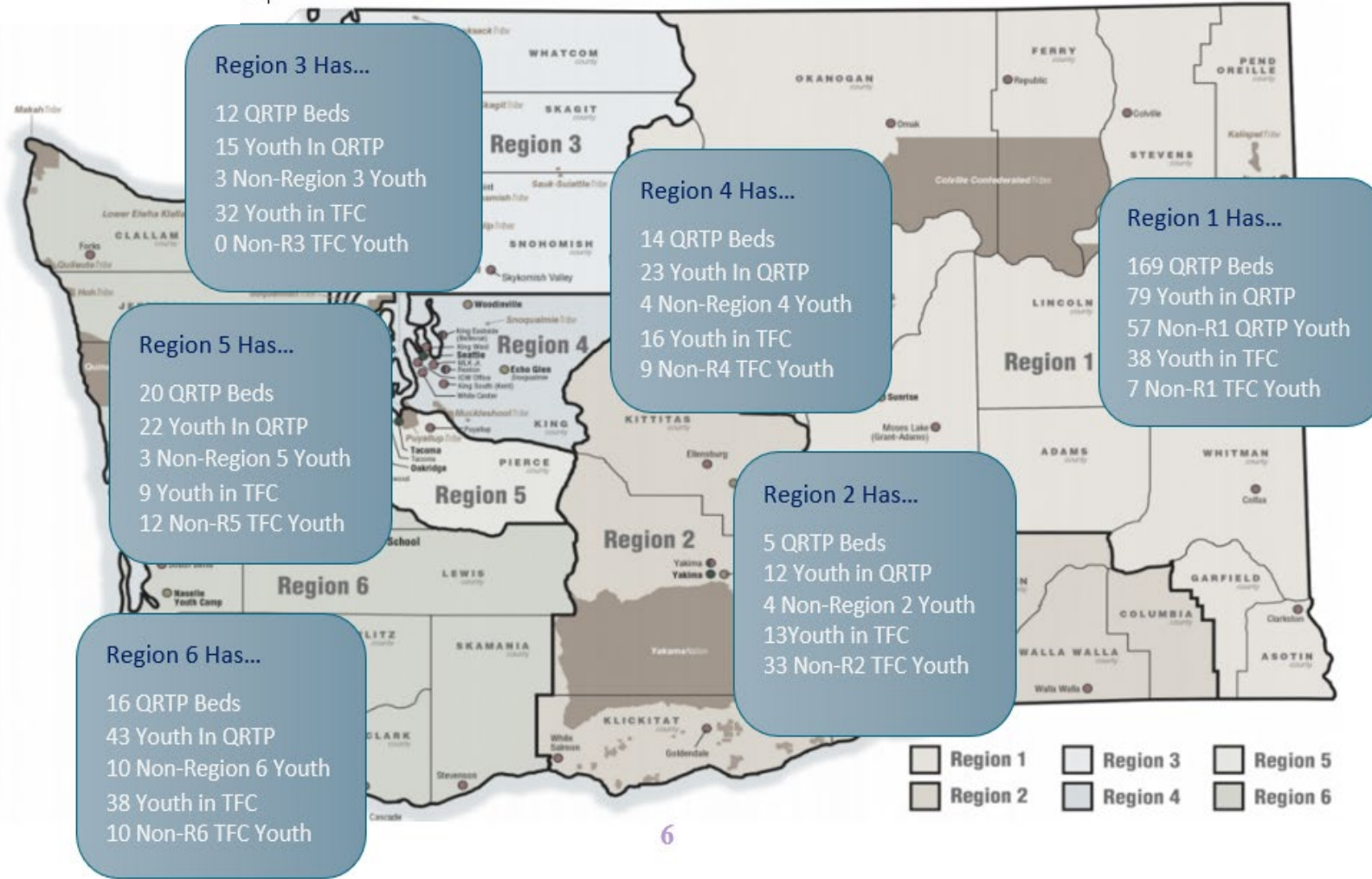
BRS will update their logic model to the new template. The update will be informed by the BRS Theory of Change, which is still in draft form.

A draft should be ready by January 1, 2024, in order to inform FY24 PBC contract requirements.

SERVICES <i>(Activities and Outputs)</i>	QUALITY <i>(Process Measures)</i>	PROXIMAL CLIENT OUTCOME <i>(Immediate Results)</i>	PERFORMANCE MANAGEMENT TOOL (PMT)	DISTAL CLIENT OUTCOME <i>(Overall Results)</i>	DCYF GOAL(s) <i>supported by contracted services</i>
<b>Description of Services</b>  <b># Served</b> - Eligible - Enrolled - Completed		+	+	=	<b>Resilience</b> <input type="checkbox"/> Children and youth are supported by healthy relationships with adults <input type="checkbox"/> Parents and caregivers are supported to meet the needs of children and youth <input type="checkbox"/> Family economic security
		+	+	=	
<b>Working Assumptions:</b>					

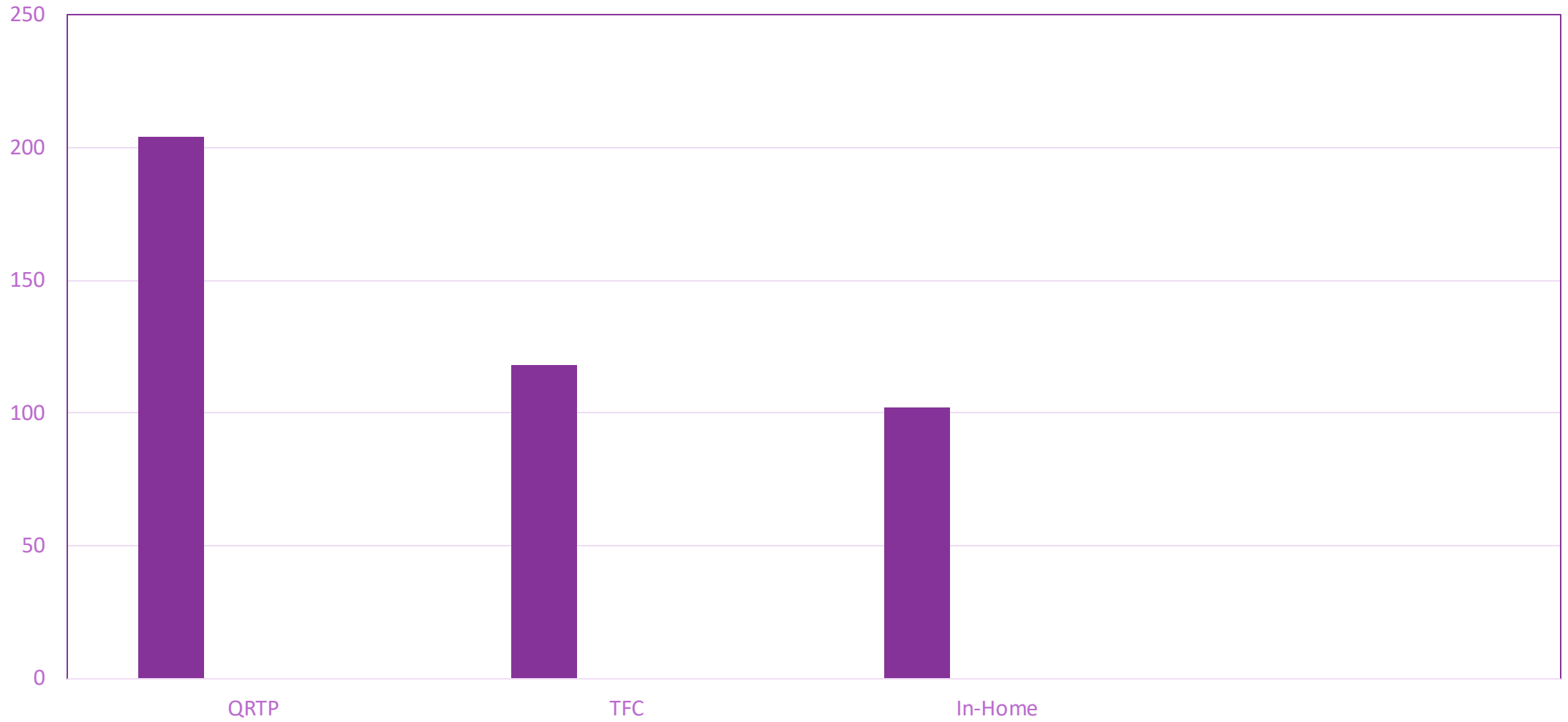
# Intensive Resources

## January 2023



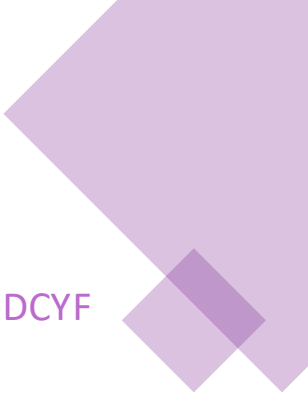
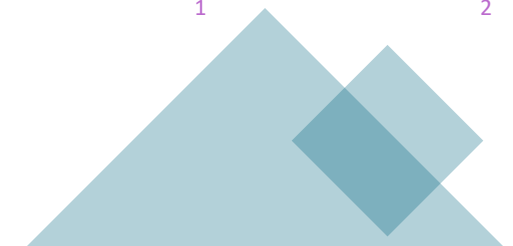
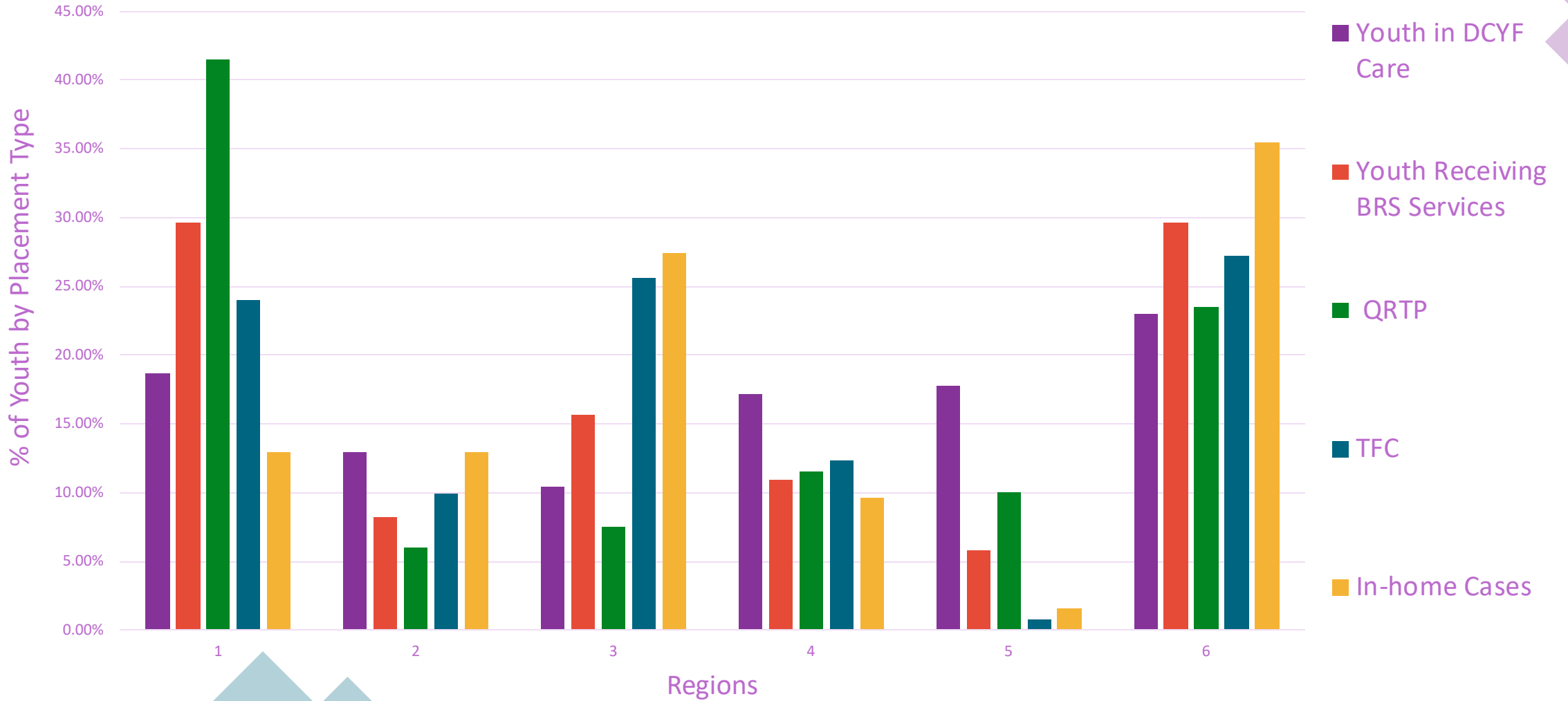


## FY22: Youth Served in BRS By Program Type

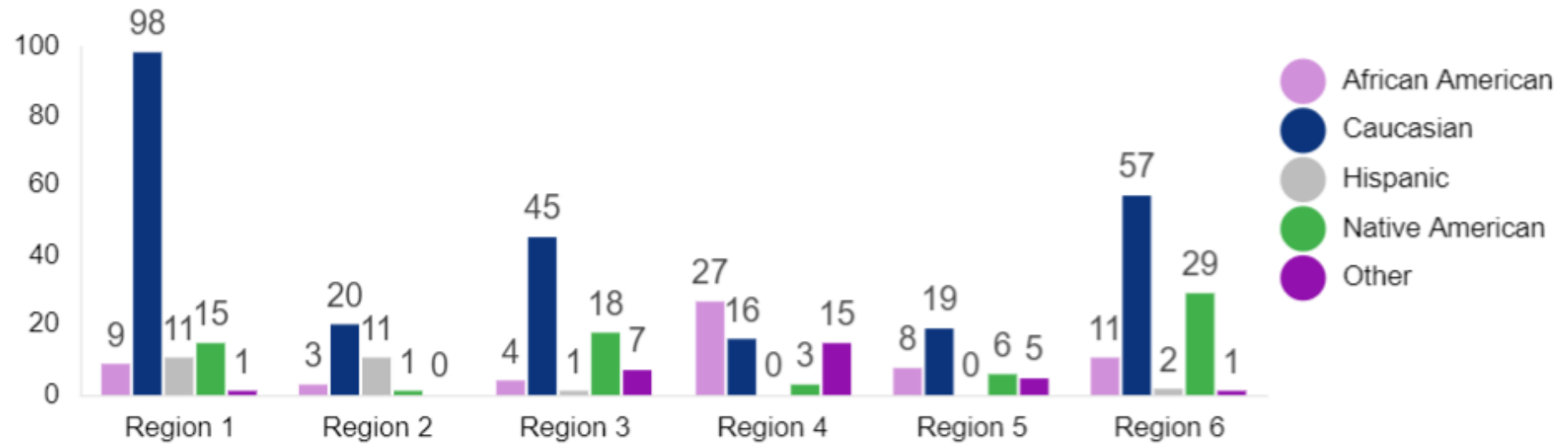




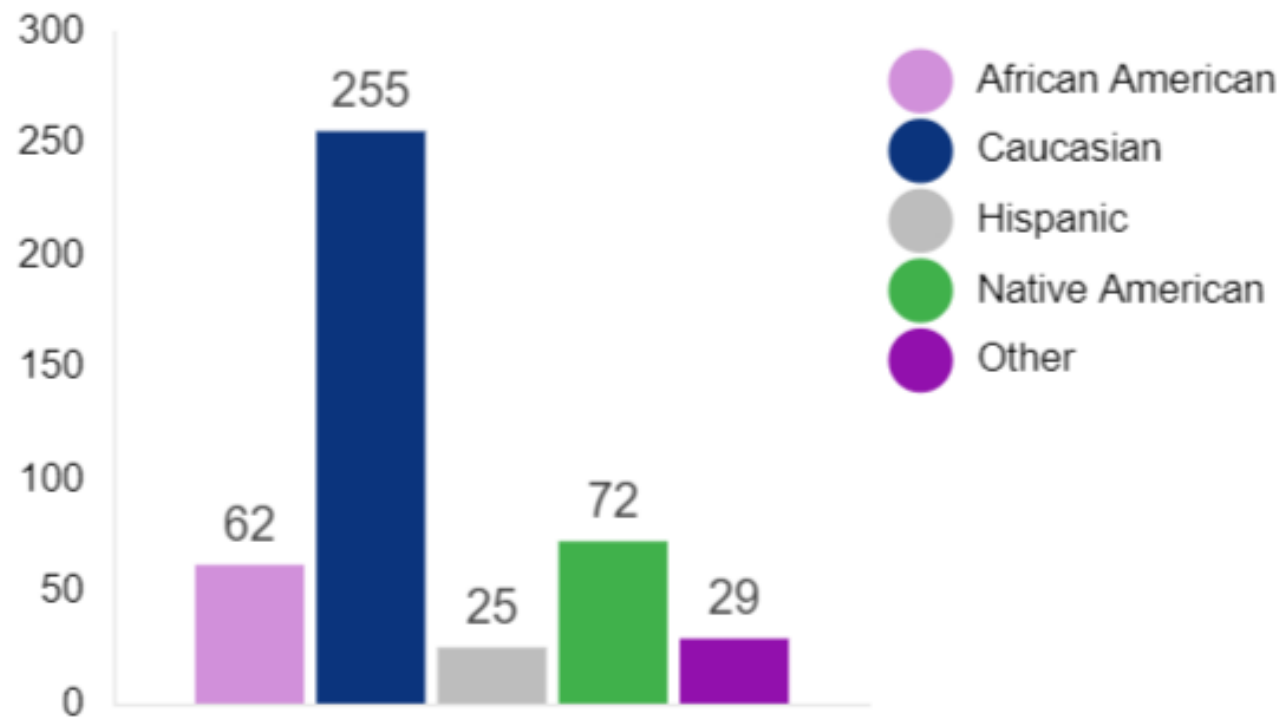
## Proportion of Utilization of Intensive Resources by Region – January 2023



### Youth Receiving BRS Services by Race



### Youth Receiving BRS Services by Race



# DRAFT Theory of Change for Out-of-Home Care DRAFT

**Current State:** The current foster care system in Washington State does not meet the unique needs of many children in out-of-home care and challenges the CW system to meet the needs of the children and families whom they serve.

ELEMENTS NECESSARY TO MOVE FROM THE CURRENT STATE TO THE FUTURE STATE

Continuum of placement options/supports: DCYF will have a continuum of placement options allowing children to be in the least restrictive and most supportive environment so they may thrive while in out-of-home care

Culturally-Responsive – Placement resources work hard to recognize, affirm, and respond respectfully to people of every race, ethnic background, socio-economic status, sexual orientation, gender expression, and faith.

Supporting Families – Birth Family and extended family are identified and supported in being involved in the child’s life to the greatest extent possible.

Service plans are individualized and Hope focused – Case plans capture individual *Goals*, present clear *Pathways* for goal achievement and promote individual *Agency* in pursuit of the goals.

Assessment of children – Assess children with tools which have backing for their reliability and validity to support children being placed in appropriate placements and to monitor their well-being while in out-of-home care.

Trauma-informed – Provide trauma informed environments and interventions to support ongoing recovery from traumatic experiences.

Attachment Based – Healthy relationships lay the foundation for successful growth. To the greatest extent possible, all significant relationships (e.g. family members, care providers, community members) are promoted and supported.

Values-Oriented – The treatment of children in out-of-home care, their caregivers as well as their biological parents and relatives are guided by the core values of:  
*Inclusion-Respect-Integrity-Compassion-Transparency*

Evidence-Informed – The levels of care for children in out-of-home placements as well as the strategies to support children and caregivers in these setting are informed by the best-available research, practice and evidence.

Outcomes Driven – Key child well-being and programmatic measures are identified and measured to ensure that we are reaching the standards and outcomes that we have set for ourselves.

**Future State: A Child Welfare out-of-home care system that is responsive to each child’s unique needs promoting child well-being and supporting each child to reach their full**



# BRS: FY23 Stakeholder Engagement Results

## Engagement History

### Stakeholders

- BRS Contracted Providers
- Regional staff accessing resources accessing resources
- Youth who have are or experiencing BRS services.

### Methods

- Regular BRS Provider Meetings.
- Feedback on rate modeling from BRS Providers.
- Focus groups with regions and providers on placement resource needs and development.

## Summary of Stakeholder Feedback

- Providers and regions want to have placements that support youth thriving and lead to increased wellbeing.
- Providers support the idea of a rate model and have been engaged in providing information and feedback.
- Providers were concerned about the centralization of BRS to headquarters but have found that it has been a positive shift.

## Next Steps

- Engage youth voice in development of the theory of change.
- Engage provider voice in development of the theory of change.
- Engage parent voice in development of professional fostering.





# FY23 Accomplishments & Reflections

## Celebrating Success

- Behavioral Rehabilitation Service delivery centralized under the new statewide Placement Continuum Unit established in Partnership, Prevention and Services (PPS).
- Foster Care Placement Continuum work was funded and implementation is moving forward. Steering Committee includes representation from CW Programs, CW Field, Finance, Licensing, OIAA, and Finance. Barb Geiger from PPS is currently serving as the Project Lead. RDA is providing research support.
- Exploration of using REDCap data collection tool has started.
- Development of a professional BRS therapeutic foster care model has started.

## Navigating Challenges

- Current data collection process is very time intensive and ineffective for contractors and staff, making it difficult to monitor performance – *see Support Needs*
- Determining capacity is challenging because licensed capacity is often not the capacity a provider is operating at due to staffing.

## Support Needs

- OIAA Digital Innovation assistance to revise monthly census report form.
- IT and OIAA support to develop contracted client services data management system (DMS) for data entry.



# BRS: Looking Ahead

## Future Plans

- REDCap plans – Utilized REDCap to develop a survey like tool providers will use to enter their monthly reporting requirements. Information will be populated in a FamLink report.
- Rate Modeling work with the fiscal unit, in partnership with Western Washington Universities Economics Department, is well under way. Having a rate model in place will allow DCYF and providers to have a tool that drives transparent rate setting and will be used to ensure that contract rates are updated timely.
- The Intensive Resources Team has been allocated an additional supervisor and six new SHPCs. This will allow for a high rate of attendance at provider led Child and Family Team Meetings (CFTs).
- Our current focus is on increasing our utilization of in-home BRS and Treatment Foster Care.
- Engaging lived experts, parents, youth and providers in completing our theory of change.

## Support Needs

- A single source to collect all necessary data from providers.
- A DCYF wide approach to engaging lived experts to ensure that we don't duplicate efforts and strain the populations we seek information from.



# PBC Contract Group Annual Update

## Combined In-Home Services (CIHS)

Provider Services Quality & Availability Accountability Group & PBC Support Team

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# CIHS

## Background Information

**Mission:** Improve family functioning in order to promote the child's or adolescent's health, safety, and welfare; thereby allowing the family to remain intact, and children to remain or return home.

**Clients Served (FY22):** 16,758 (5,033 cases)

**Annual Contract Spending (FY22):** \$40 million

**Current Contract Cycle (FY22):** 10/1/22 – 9/30/24

**# of Contracts (client services) (FY22):** 41

## Contract Group

**Lead:** Delton Hauck, Prevention & Intervention Services Manager

**Regional Leads:** Laneta Able, Andrea Cardenas, Arthur Fernandez, Shawn Silvy and Felix Idahosa

**PBC Staff:** Jen Scacco

**Data Partner(s):** Ellen Kersten, RDA

## Implementation Status: *Phase 2*

- ✓ PBC Service Standard: client level service data is collected through contractor invoices
- ✓ PBC Quality Standard: one (1) quality metric, target, and PMT identified in FY23 contracts
- X PBC Outcome Standard: no metric, target, or PMT identified in FY23 contracts


# DCYF Performance-Based Contracting (PBC) Logic Model Template

Contract Group: **Combined In-Home Services (CIHS)**

Date: **March 2022**

Client Population: **Children and caregivers (biological, foster, or adoptive) involved in the child welfare system**

**Logic Model Statement:** CIHS helps children and caregivers involved in the child welfare system by delivering EBPs, family preservation, and crisis intervention services with timely service initiation, a completed CANS-F Family Plan for Change, and EBP model fidelity in order to prevent placements, support adoptions, achieve placement stability and/or reunification in support of DCYF's resilience goals.

<b>SERVICES</b> <i>(Activities and Outputs)</i>	<b>QUALITY</b> <i>(Process Measures)</i>	<b>PROXIMAL CLIENT OUTCOME</b> <i>(Immediate Results)</i>	<b>PERFORMANCE MANAGEMENT TOOL</b> <i>(PMT)</i>	<b>DISTAL CLIENT OUTCOME</b> <i>(Overall Results)</i>	<b>DCYF GOAL(s)</b> <i>Supported by Contracted Services</i>
<p><b>Description of Services</b> Eight Evidence Based Practices (EBPs), Family Preservation, and Crisis Family Intervention services that improve family functioning and child safety.</p> <p><b>Number Served</b></p> <ul style="list-style-type: none"> <li>– Eligible</li> <li>– Referred</li> <li>– Enrolled</li> <li>– Engaged</li> <li>– Retained</li> <li>– Completed</li> </ul>	<p>Timely Service Initiation</p> <p>Completion of CANS-F Family Plan for Change</p> <p>Exploratory Measure: EBP Model Fidelity</p>	<p>Varies by <b>referral reason</b>; tracked for 6 months following service <u>initiation</u></p> <p><b>Placement Prevention &amp; Adoption Support</b></p> <p>Percent of child clients without a screened-in CPS intake or removal from home*</p> <p><b>Placement Stability</b></p> <p>Rate of placement moves per days in care; Rate of founded maltreatment events per days in care.</p> <p><b>Reunification</b></p> <p>Percent of child clients who exit out-of-home care to reunification, guardianship, or Trial Return Home.</p>	<p>Performance Improvement Plan (PIP)</p>	<p>Varies by <b>referral reason</b>; tracked for 6 and 12 months following service <u>conclusion</u></p> <p><b>Placement Prevention &amp; Adoption Support</b></p> <p>Percent of child clients without a screened-in CPS intake or removal from home*</p> <p><b>Placement Stability</b> </p> <p>Rate of placement moves per days in care; Rate of founded maltreatment events per days in care.</p> <p><b>Reunification</b></p> <p>Percent of child clients who exit out-of-home care to reunification, guardianship, or Trial Return Home.</p> <p>Percent of child clients without a screened-in CPS intake or removal from home*</p>	<p><b>Resilience</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Children and youth are supported by healthy relationships with adults</li> <li><input checked="" type="checkbox"/> Parents and caregivers are supported to meet the needs of children and youth</li> <li><input type="checkbox"/> Family economic security</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Kindergarten readiness</li> <li><input type="checkbox"/> Youth school engagement</li> <li><input type="checkbox"/> High school graduation</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Healthy birthweight</li> <li><input type="checkbox"/> Child/youth development</li> <li><input type="checkbox"/> Youth mental/behavioral health</li> </ul>

**Working Assumptions:** Alignment between family needs and service referral; transparent guidelines for service eligibility across DCYF program areas (CPS-Inv, CPS-Risk Only, CPS-FAR, FRS, FVS, CFWS, Tribal, Adoption); stable DCYF payment methodology; regular access to statewide CANS-F and model fidelity data.

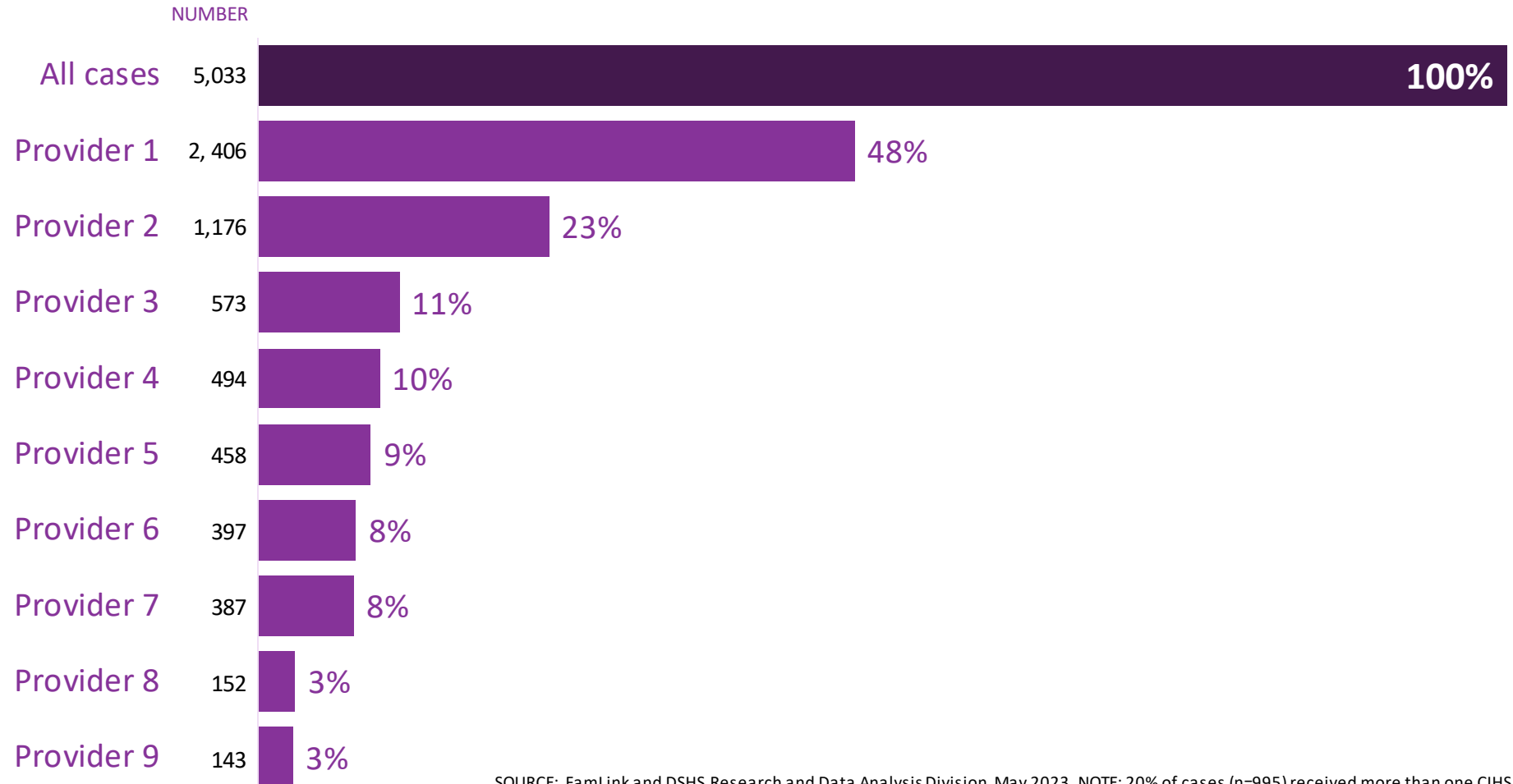
\*Screened-in CPS intakes will be measured separately from removals with an understanding that both are affected by mandated reporting requirements

# CIHS: FY23 PBC Metrics & Targets

Quality Measure(s)	Metric	Target	Data Source(s)
<b>Completion of CANS-F Family Plan for Change</b>	# of eligible service episodes that have a completed CANS-F Family Plan for Change	70%	Sprout, Hovi and FamLink Payment data
<b>Proximal Outcome Measure(s)</b>			
<p>Varies by <b>referral reason</b>; tracked for 6 months following service <u>initiation</u></p> <p><b>Placement Prevention &amp; Adoption Support</b> Percent of child clients without a screened-in CPS intake or removal from home</p> <p><b>Placement Stability</b> Rate of placement moves per days in care; Rate of founded maltreatment events per days in care.</p> <p><b>Reunification</b> Percent of child clients who exit out-of-home care to reunification, guardianship, or Trial Return Home</p>			

# Child Welfare Cases Receiving a Combined In-Home Service (CIHS)

PERCENT OF CASES BY SERVICE TYPE • SFY 2022



SOURCE: FamLink and DSHS Research and Data Analysis Division, May 2023. NOTE: 20% of cases (n=995) received more than one CIHS type in SFY 2022.

# Child Welfare In-Home Service Use Rates by County

Percent of Child Welfare-Involved Clients with an In-Home Service, CY 2021

## Percentage of Clients Receiving an In-Home Service

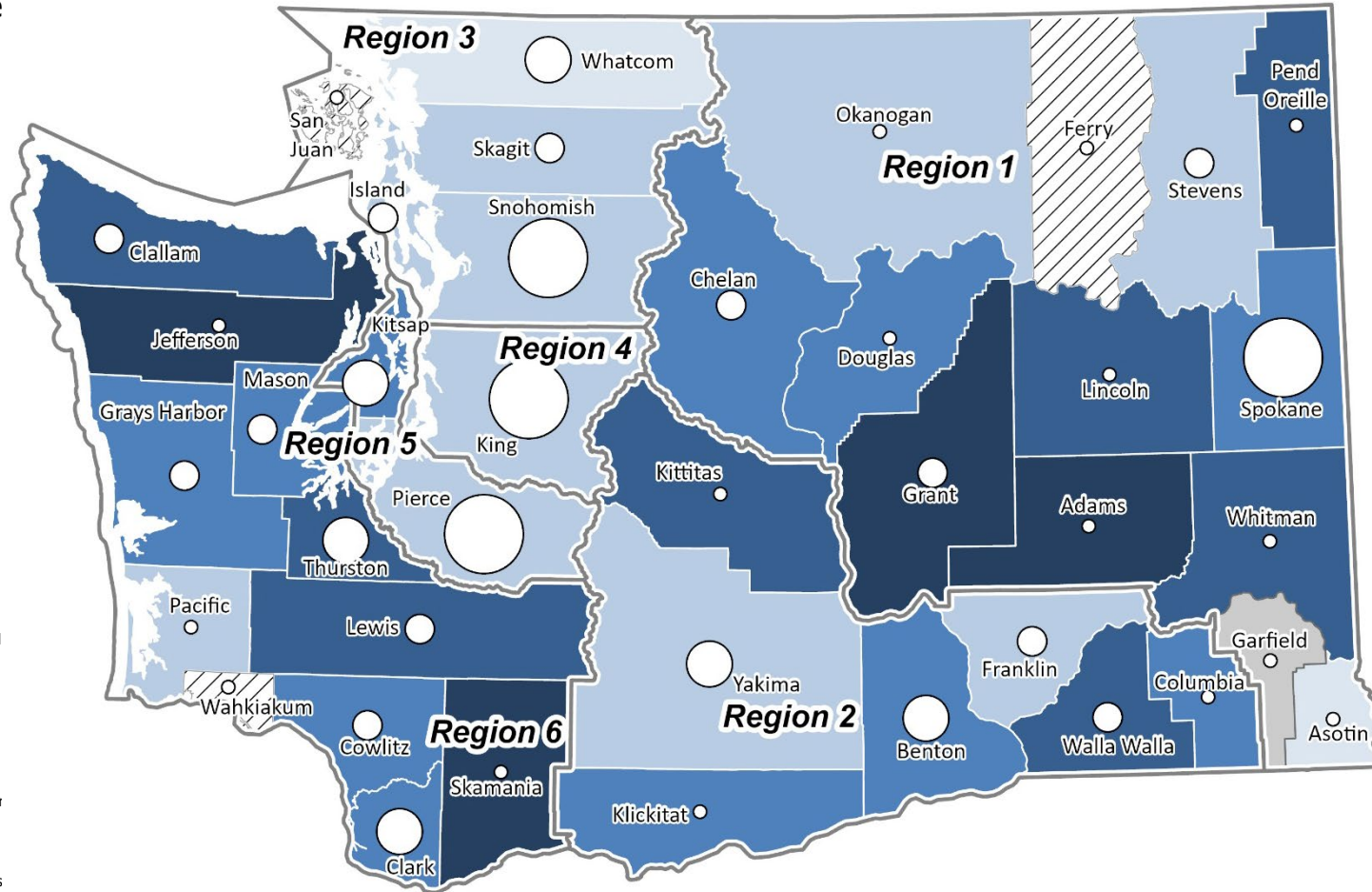
- 15.7% - 20.8% (4 Counties)
- 12.7% - 15.6% (8 Counties)
- 9.6% - 12.6% (11 Counties)
- 4.9% - 9.5% (10 Counties)
- 2.7% - 4.8% (2 Counties)
- Suppressed (3 Counties)
- No Data (1 County)
- DCYF Administrative Regions

## Child Welfare-Involved Clients

- 65 - 1,500 (17 Counties)
- 1,501 - 5,000 (12 Counties)
- 5,001 - 15,000 (6 Counties)
- 15,001 - 30,499 (4 Counties)

**NOTES:** Clients who received an In-Home Service includes individuals listed as a service referral participant for a paid CIHS in CY 21 in FamLink. Child Welfare-Involved Clients includes individuals who received any Child Protective Services (CPS), Family Voluntary Services (FVS), Family Reconciliation Services (FRS), and/or Child and Family Welfare Services (CFWS) case management in CY 2021.

**SOURCE:** Famlink and DSHS Research and Data Analysis, Integrated Client Databases. **MAP CLASSIFICATION:** Percentage of In-Home Service Clients groups are based on the Jenks Optimization Method; it minimizes variance within classes and maximizes variance between classes (also known as "Natural Breaks" or "Goodness of Variance Fit"). The Child Welfare-Involved Clients population groups were manually selected based on the population distribution.



	PERCENT		
	NUMERATOR		PERCENT
	Clients who Received an In-Home Service in CY 21		
	DENOMINATOR		
	CY 21 Child Welfare-Involved Clients		
STATEWIDE	176,438	17,492	9.9%
Skamania	341	71	20.8%
Grant	3,445	709	20.6%
Adams	559	106	19.0%
Jefferson	586	105	17.9%
Kittitas	1,088	170	15.6%
Lewis	3,156	485	15.4%
Clallam	2,122	321	15.1%
Pend Oreille	495	72	14.5%
Lincoln	287	39	13.6%
Thurston	7,093	963	13.6%
Walla Walla	1,885	249	13.2%
Whitman	673	88	13.1%
Cowlitz	4,882	613	12.6%
Mason	2,231	278	12.5%
Spokane	17,318	2,123	12.3%
Clark	11,477	1,370	11.9%
Klickitat	770	87	11.3%
Kitsap	5,932	663	11.2%
Douglas	1,120	123	11.0%
Columbia	184	20	10.9%
Chelan	1,762	190	10.8%
Benton	6,250	649	10.4%
Grays Harbor	2,981	297	10.0%
Yakima	10,296	974	9.5%
Pierce	24,896	2,237	9.0%
Skagit	3,513	312	8.9%
Okanogan	1,261	105	8.3%
Stevens	1,540	126	8.2%
Franklin	2,645	216	8.2%
Snohomish	16,028	1,306	8.1%
Island	1,550	113	7.3%
King	30,499	1,963	6.4%
Pacific	640	39	6.1%
Whatcom	5,592	269	4.8%
Asotin	813	22	2.7%
Wahkiakum	130	<11	---
Ferry	163	<11	---
San Juan	170	<11	---
Garfield	65	0	0.0%

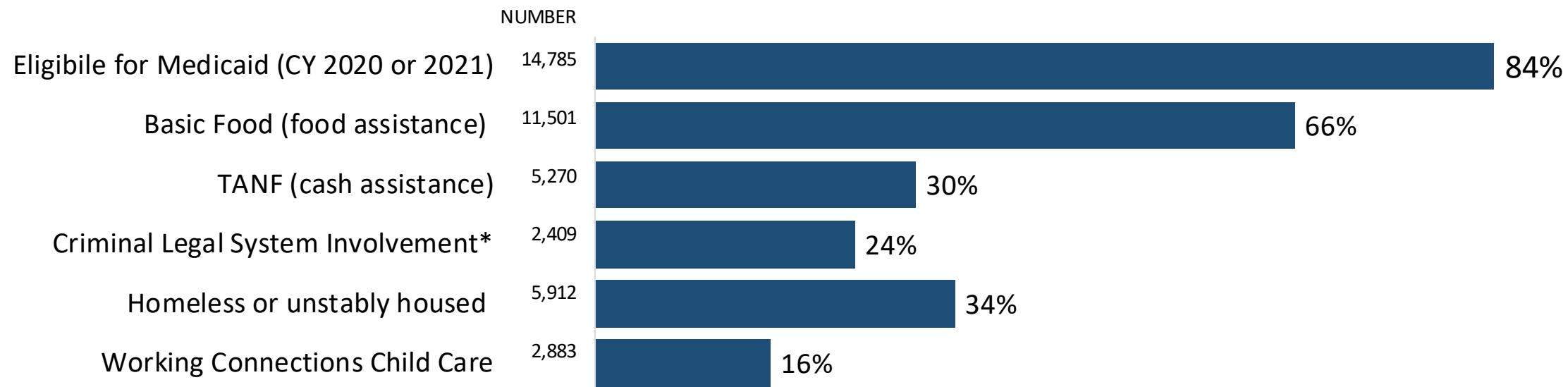






# Family Risk Factors

TOTAL YOUTH AND ADULT CIHS CLIENTS = 17,556 • CY 2021

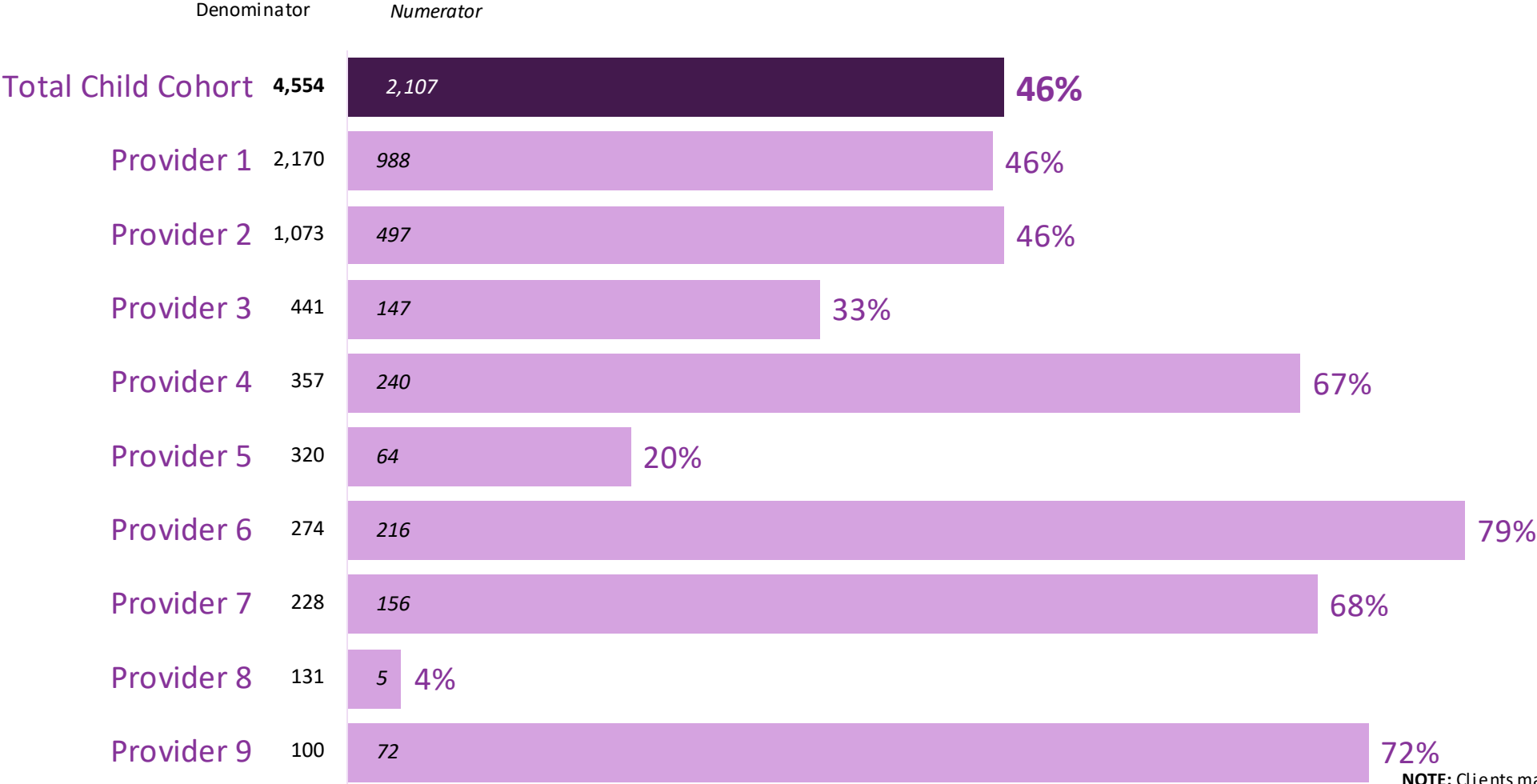


\*Denominator is youth age 12 or older and adults (2,362 + 7,551 = 9,913)

SOURCE: FamLink and DSHS Research and Data Analysis Division Integrated Client Databases, October 2022.

# CIHS Child Clients in a Removal Episode at Service Start

CHILDREN/YOUTH CLIENTS WITH A CIHS INITIATED JULY 1 TO DEC 31, 2021



NOTE: Clients may receive more than one CIHS service type.



# CANS-F FPC Completion

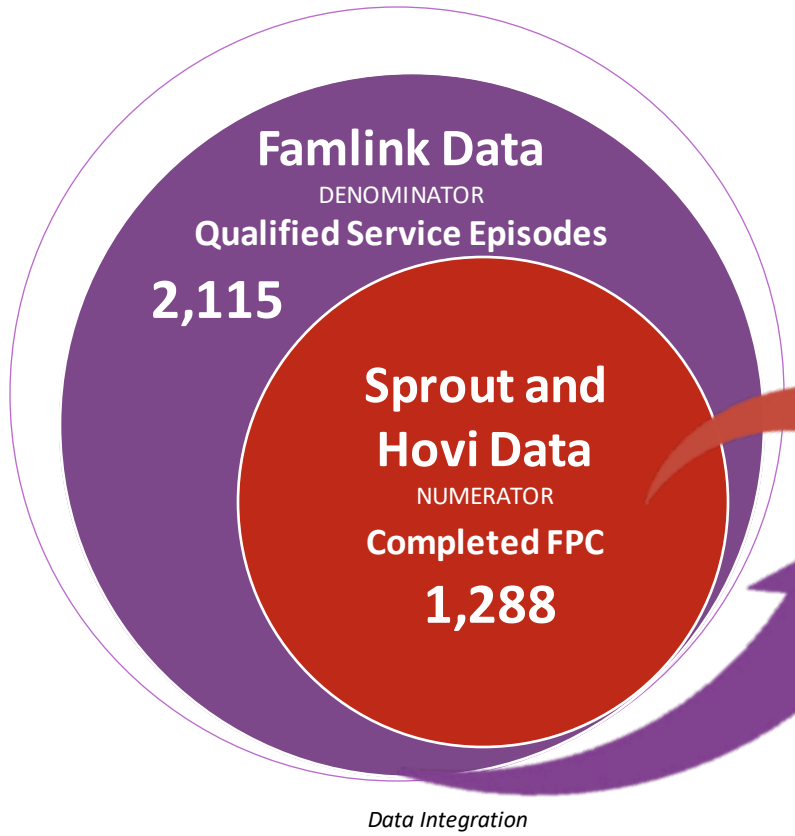
Preliminary Results • 7/1/21 to 12/31/21 Reporting Period

All CIHS Service Episodes  
During Reporting Period

## The Math

$$\frac{1,288}{2,115} = 61\%$$

## Service Episodes and CANS-F FPC Completion Rate by CIHS Type

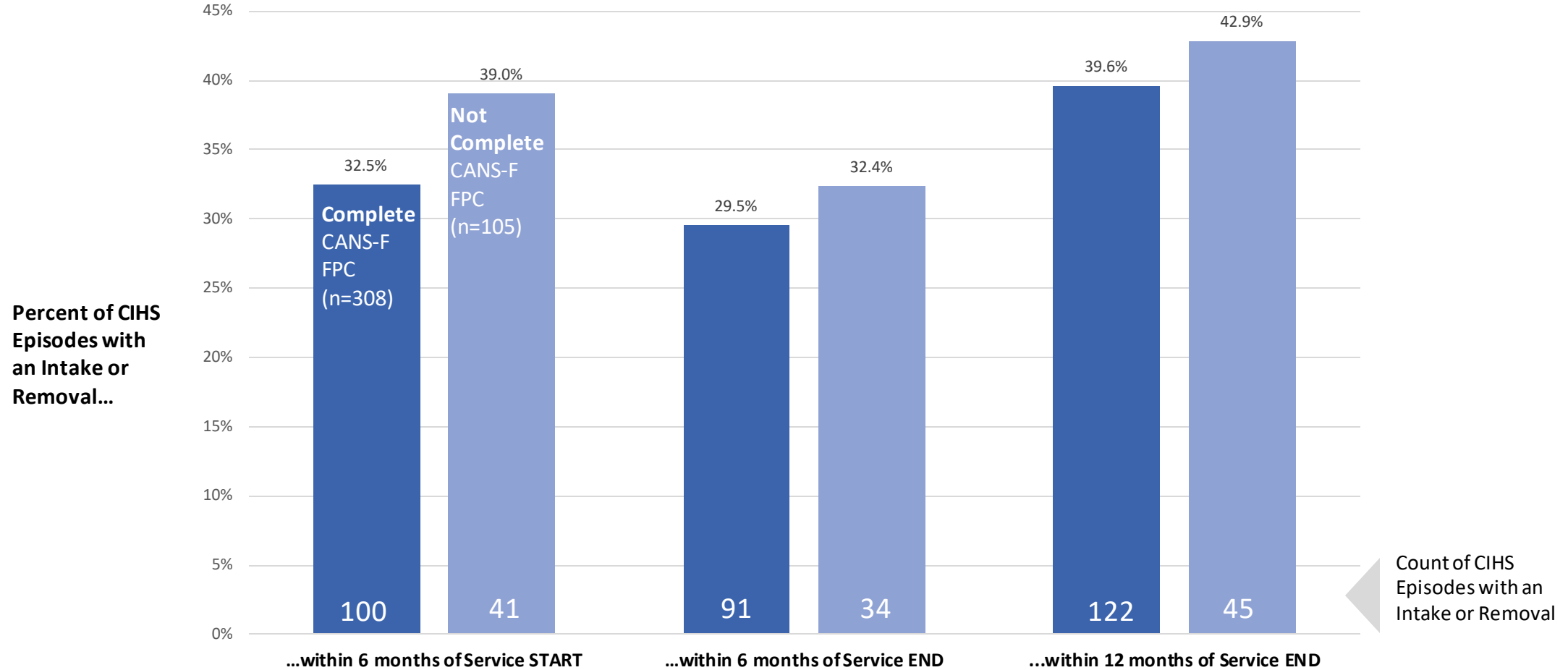


CIHS Type	CANS-F FPC Completion Rate		
	Service Episodes with Completed CANS-F		Completion Rate
	Qualified Service Episodes	Completed CANS-F	
Provider 1	981	589	60%
Provider 2	444	281	63%
Provider 3	191	112	59%
Provider 4	127	82	65%
Provider 5	122	75	61%
Provider 6	116	81	70%
Provider 7	66	38	58%
Provider 8	62	30	48%
<b>TOTAL</b>	<b>2,115</b>	<b>1,288</b>	<b>61%</b>

# Rates of New Screened-in CPS Intakes or Removals by CANS-F FPC Completion

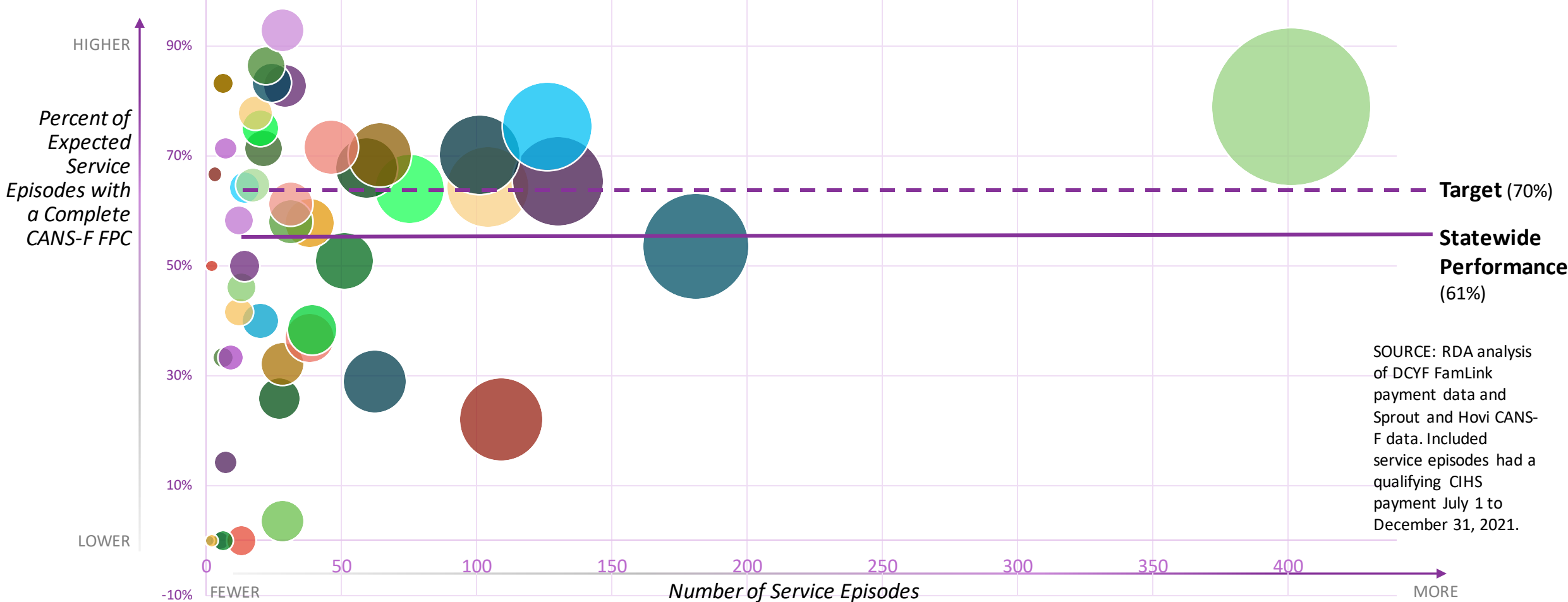
Among “Placement Prevention” CIHS Episodes Initiated July 1 to December 31, 2021 (N=413)

NOTE: The difference between groups is not significant for any of the follow-up windows at p<0.10 using a chi-2 test.

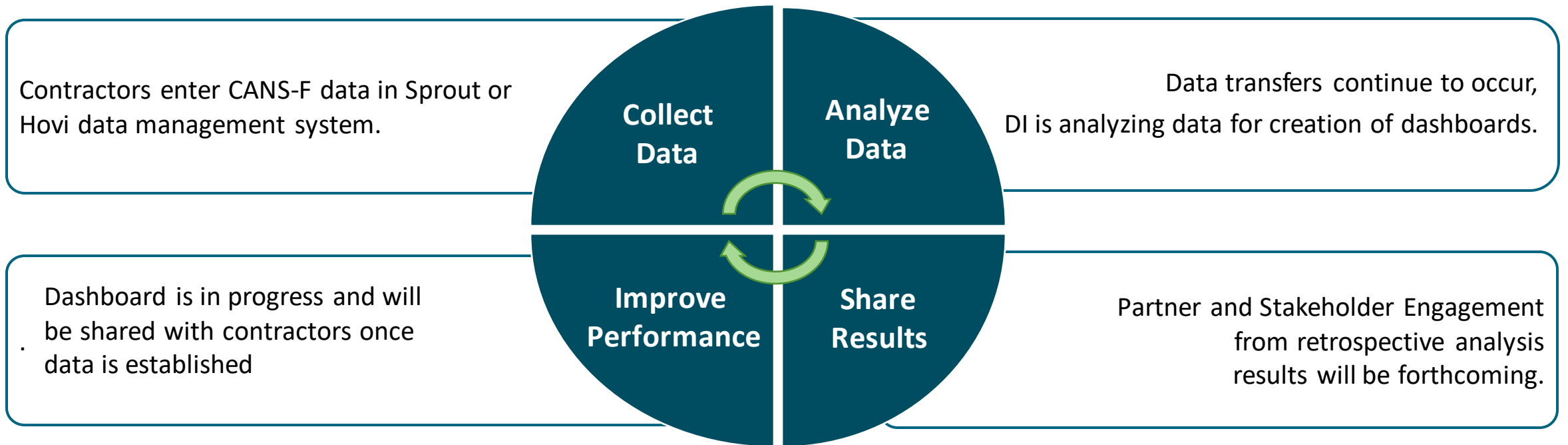


# CANS-F FPC Completion

Each bubble represents a CIHS provider.  
The size of bubbles is proportional to the number of service episodes for each provider.  
Colors of bubbles are randomly assigned to distinguish overlapping shapes.



# CIHS: Performance Feedback Loop



## Future Plans

Complete performance feedback loop with dashboard and implement PMT's. Continue work on QA and CQI efforts to improve data.

# CIHS: FY23 Stakeholder Engagement Results

## Engagement History

Statewide provider meeting with service providers to review research updates.

## Summary of Stakeholder Feedback

Service providers are interested in understanding their provider level data as it pertains to performance as well as population level data.

## Next Steps

Statewide provider meeting to share final retrospective analysis results, preview for next contract cycle and discuss plans for dashboard and reports.



# CIHS: FY23 Reflections

## Celebrating Success

- Completion of the retrospective data analysis with RDA.
- Implementation of new rates for service providers.
- Increased EBP training availability
- Implementation of revised minimum qualifications.

## Navigating Challenges

- Significant data transfer delays, especially with HOVI providers.
- Change requests for Sprout data improvements to ensure high quality data not yet complete.
- Provider staff turnover.





# CIHS Looking Ahead

## Future Plans

- FY24 contract renewal
- Service Array team engagement with service providers
- Continued assessment training and support
- Early stages of developing a feedback loop to support practice improvement around service matching

## Support Needs

- QA and CQI support
- Sprout and Hovi data fidelity



# Office of Innovation, Alignment, and Accountability

PBC Contract Group  
Annual Update

Family Time

May 16, 2023

DCYF's Office of Innovation, Alignment, and Accountability (OIAA) builds DCYF capacity to make evidence-informed decisions, continuously learn and improve, and successfully enact system reform

[www.dcyf.wa.gov](http://www.dcyf.wa.gov)



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

# Family Time

## Background Information

**Mission:** Family time aims to strengthen and preserve the family bond to build strong, safe families and communities.

**Division:** Partnership, Prevention and Services Division

**Clients Served (FY22):** Approx. 1,670 families and 12,000 scheduled visits each month

**Annual Contract Spending (FY22):** \$39.5 million

**Current Contract Cycle (FY23):** 10/1/22-9/30/23

**# of Contracts (client services) (FY23):** 62

## Contract Group

**Lead(s):** Caitlin O’Hea, Family Time Program Manager

**Members:** Regional Leads: Arthur Fernandez, Laneta Able, Lisa McKee, Felix Idahosa, Andrea Cardenas, and Sarah McCamant

**PBC Staff:** Jennifer Scacco

**Research Partner(s) :** Chris Graham

**Data Partner(s):** Linda Carlisle and Barbra Gansberg

## Implementation Status: *Phase 2*

- ✓ PBC Service Standard: client level service data is collected through Sprout
- X PBC Quality Standard: two (2) quality metrics, targets in FY23 contracts, pending PMT
- X PBC Outcome Standard: no outcome metric, target, or PMT identified in FY23 contracts



# Family Time: FY23 PBC Metrics, Targets & PMTs

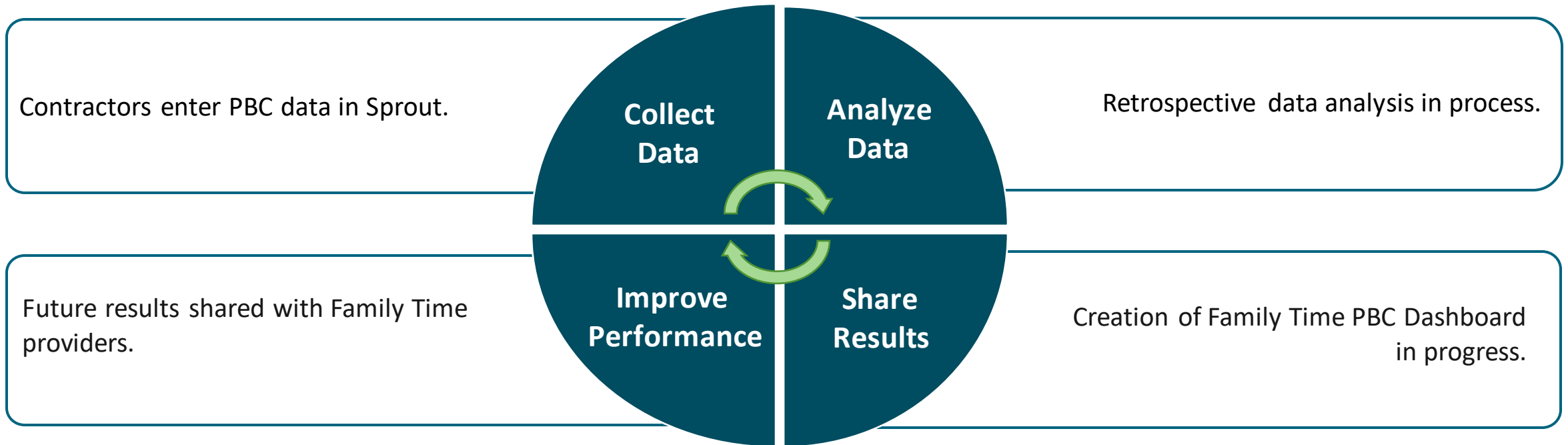
QUALITY MEASURES: NA Region 1 and 2	Metric	Target	Performance Management Tool (PMT)
<b>Timeliness of service</b>	% of first visits that occur within 5 days of accepted referrals	100% of visits occur within 5 days of accepted referral	N/A; PMT will be established once baseline data is analyzed.

QUALITY MEASURES: Regions 3-6	Metric	Target	Performance Management Tool (PMT)
<b>Acceptance rate</b>	% of accepted referrals	85% of referrals are accepted by provider	N/A; PMT will be established once baseline data is analyzed.
<b>Timeliness of service</b>	% of first visits that occur within 5 days of accepted referrals	100% of visits occur within 5 days of accepted referral	N/A; PMT will be established once baseline data is analyzed.

# 72 Hour: FY23 PBC Metrics, Targets & PMTs

QUALITY MEASURES	Metric	Target	Performance Management Tool (PMT)
Acceptance of Referrals	% of accepted referrals	100% of referrals are accepted by provider	N/A; PMT will be established once baseline data is analyzed.
Timeliness of service	% of first visits that occur within 72 hours (3 days) of accepted referrals	100% of visits occur within 72 hours days of accepted referral	N/A; PMT will be established once baseline data is analyzed.

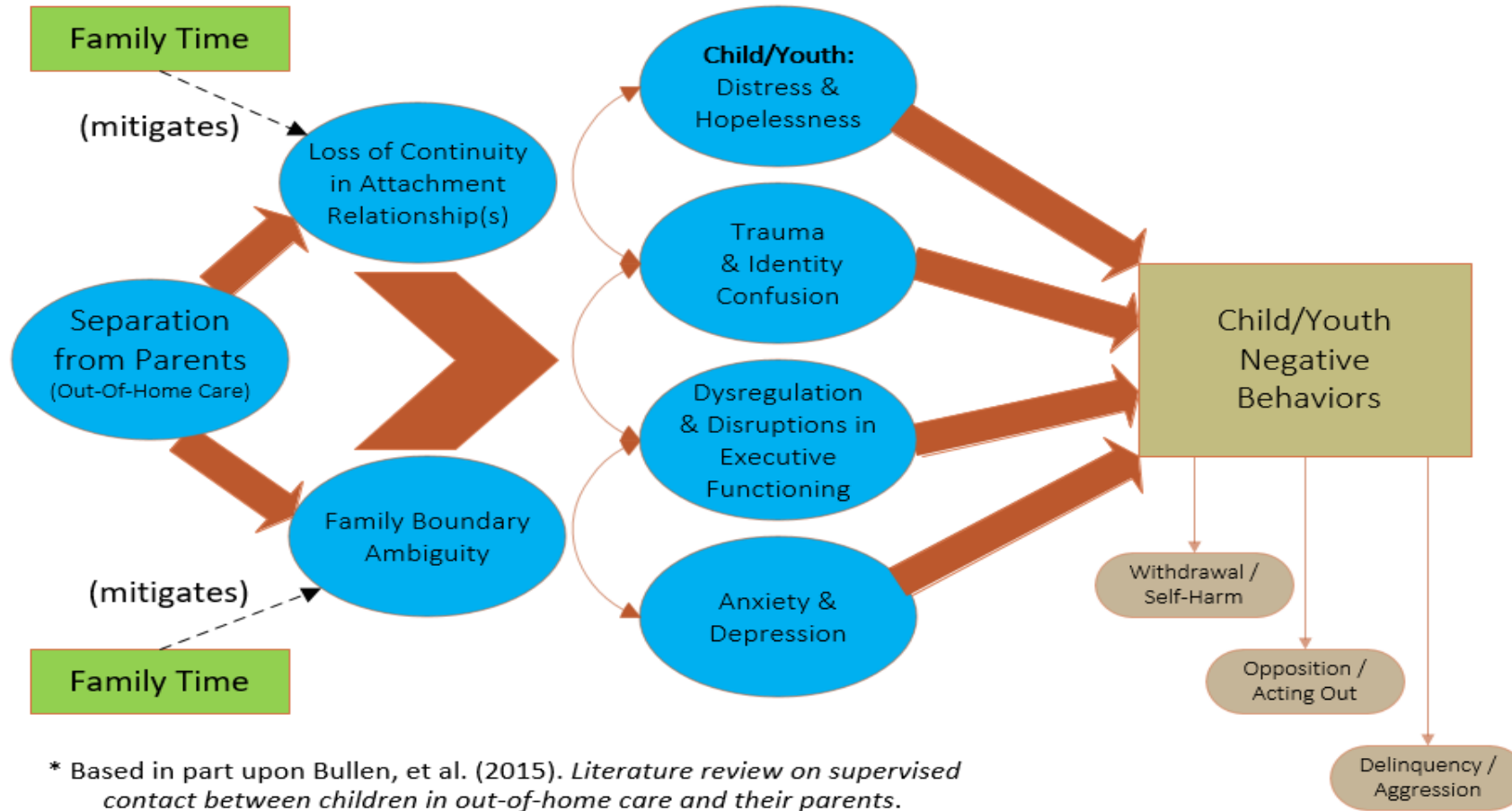
# Family Time: Performance Feedback Loop



## Future Plans

- PBC dashboard will be developed and shared with contractors once retrospective data analysis is complete.

## Theoretical Framework of Family Time Mitigation of Child/Youth Negative Outcomes\*



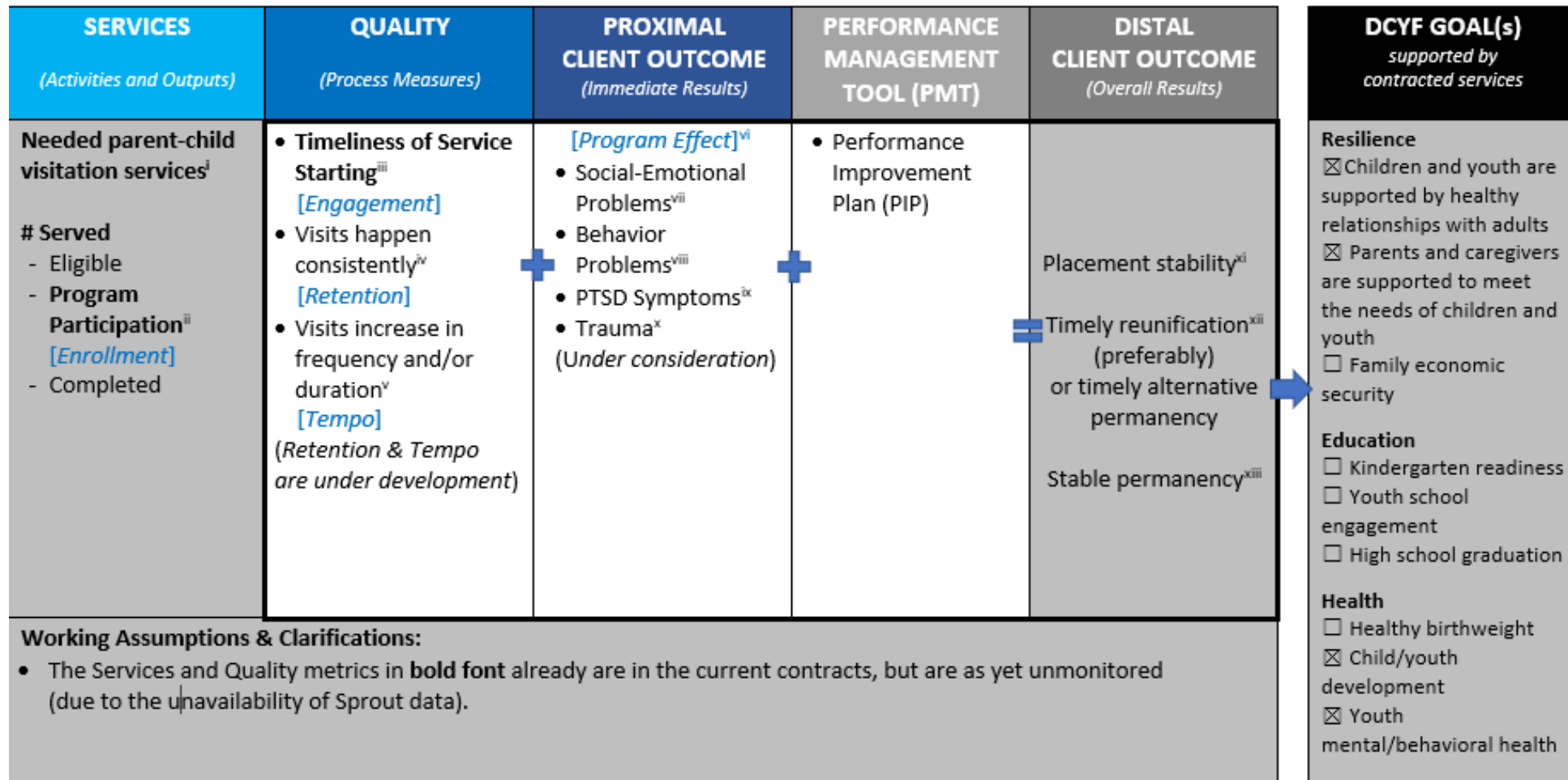
\* Based in part upon Bullen, et al. (2015). *Literature review on supervised contact between children in out-of-home care and their parents.*

DCYF Office of Innovation, Alignment, & Accountability. Revision Date: 7/22/2019 (Chris.Graham@dcyf.wa.gov)

## Family Time Theory of Change



# Family Time: PBC Logic Model





# Research & Data Analysis

## Family Time PBC Retrospective Analysis Plan

### Research Questions:

1. Is there a significant association between Engagement/Timeliness of Services Starting (72 hours, and 5 days) and (fewer and/or less) child Social-Emotional Problems at six months (controlling for baseline problems)? Does the degree of association differ by region, sex or race/ethnicity?
2. Is there a significant association between (improvements of, or stability of) child Social-Emotional Problems from BL to six months and A) Placement Stability; B) Timely Permanency (preferably reunification); C) Stable Permanency? Does the degree of association differ by region?



# Family Time: FY23 Stakeholder Engagement Results

## Engagement History

### Stakeholders

- Provider
- Court Partners

### Methods

- Feedback sessions regarding proposed changes such as the Network Administrator Work
- Participation in Court organized work groups

## Summary of Stakeholder Feedback

- Practice consistency is needed
- Ensuring service providers receive reimbursement for all contracted items such as report writing
- Additional training is needed across the Family Time stakeholder network.

## Next Steps

- Develop and implement updated training and policy to address data and practice consistency concerns.
- Clarify contract expectations and ensure contract compliance.
- Re-evaluate west side Network Administrator work.



# Family Time: FY23 Accomplishments & Reflections

## Celebrating Success

- Developed additional meetings and support tools to help address practice inconsistencies throughout the state.
- Network Administrator was re-procured for Regions 1 and 2.
- Worked with Alliance to update the Caregiver Family Time training.

## Navigating Challenges

- Limitations to Sprout platform, continues to provide data collection challenges. Additionally, there continues to be significant delays in data transports and consistency of data.
- Unable to expand Network Administrator to the west side of the state.

## Support Needs

- Continued support from IT and OIAA to establish ongoing Sprout data transfer.
- Continued support from PBC Staff/OIAA to complete retrospective data analysis and move to dashboard.



# Family Time Looking Ahead

## Future Plans

- Updates to better clarify policy and contract to ensure consistency of services.
- Re-vamping all Family Time related training.
- Provider dashboard

## Support Needs

- Working with IT and OIAA to ensure CSSAT can provide the supports needed.



# PBC Contract Group Annual Update

## Independent Living Services (ILS)

Provider Services Quality & Availability Accountability Group & PBC Support Team

[www.dcyf.wa.gov](http://www.dcyf.wa.gov)



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

# ILS

## Background Information

**Mission:** to prepare foster and former foster youth (15 – 23 years old) to live independently by increasing their skills, knowledge and competency in key areas.

**Clients Served (FFY22):** 1349, dependent at age 15 and in out of home care for at least 30 days after 15th birthday

**Annual Contract Spending (FFY22):** \$2.8

**Current Contract Cycle (FFY22):** 10/1/22 – 09/30/23

**# of Contracts (client services) (FY22):** 11

## Contract Group

**Lead:** Sherrie Flores

**Members:** Regional IL Leads: Donna LaFrance, Wyran Young, Monica Jenkins, Vincent Cardiel, Laneta Able & Jay Redmond

**PBC Staff:** Jen Scacco

**Data Partner(s):** Bobby Chen

## Implementation Status: *Phase 2*

✓ PBC Service Standard (RDA Famlink)

X PBC Quality Standard: FY23 contracts do not include quality metric, target & PMT

X PBC Outcome Standard: FY23 contracts do not include outcome metric, target & PMT



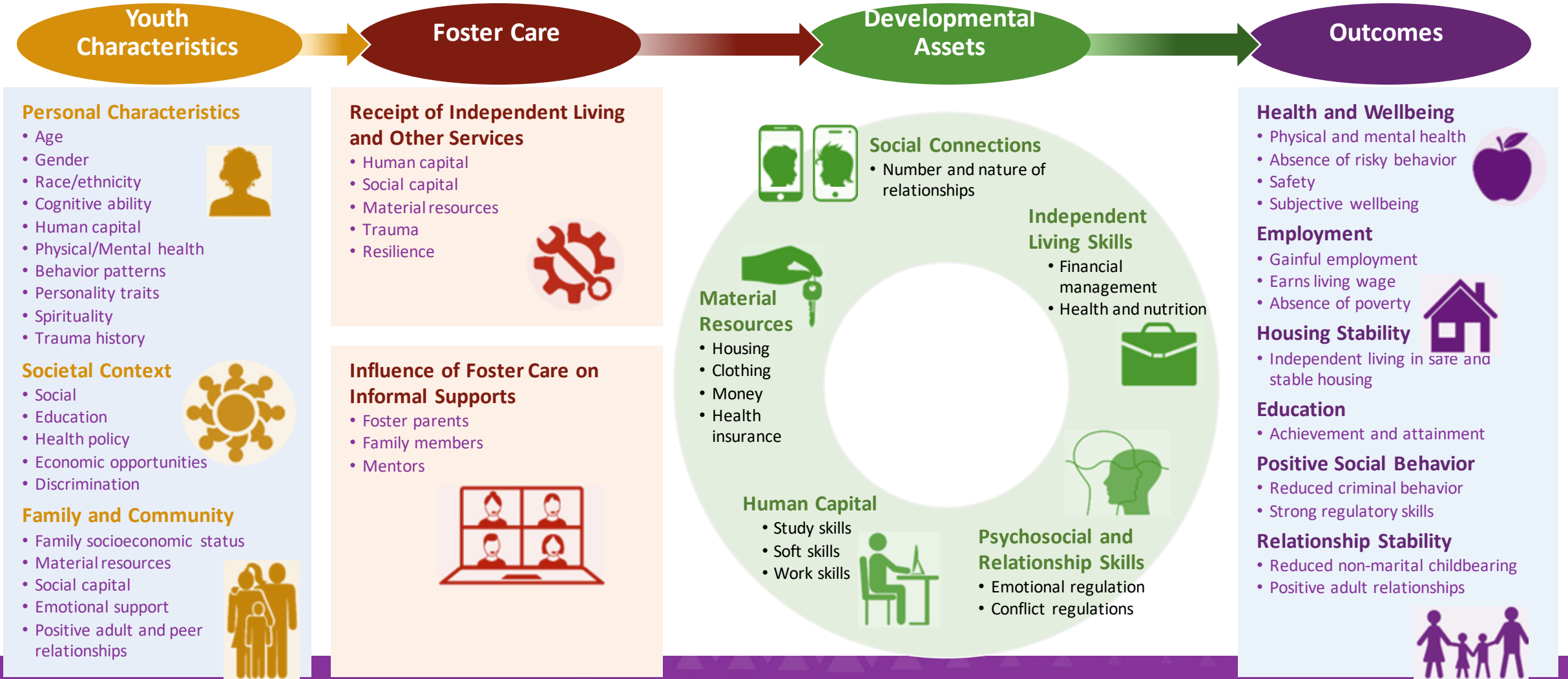
# ILS: FFY23 PBC Metrics, Targets & PMTs

QUALITY MEASURES	Metric	Target	Performance Management Tool (PMT)
<b>Past measure: Monthly contact with youth</b> <b>*limited data availability</b> <b>*New measures will be explored</b>	Providers establish, or attempt to establish, monthly contact with active IL youth in their service area.	In development	

OUTCOME MEASURES	Metric	Target	Performance Management Tool (PMT)
N/A			

# Theory of Change

## Youth In Foster Care Transitioning to Adulthood





# ILS: PBC Logic Model

The Logic Model will be updated as availability of data and selection of quality measures are reviewed.

## DCYF Performance-Based Contracting (PBC) Logic Model Template - *DRAFT*

Contract Group: **Independent Living Skills (ILS)**

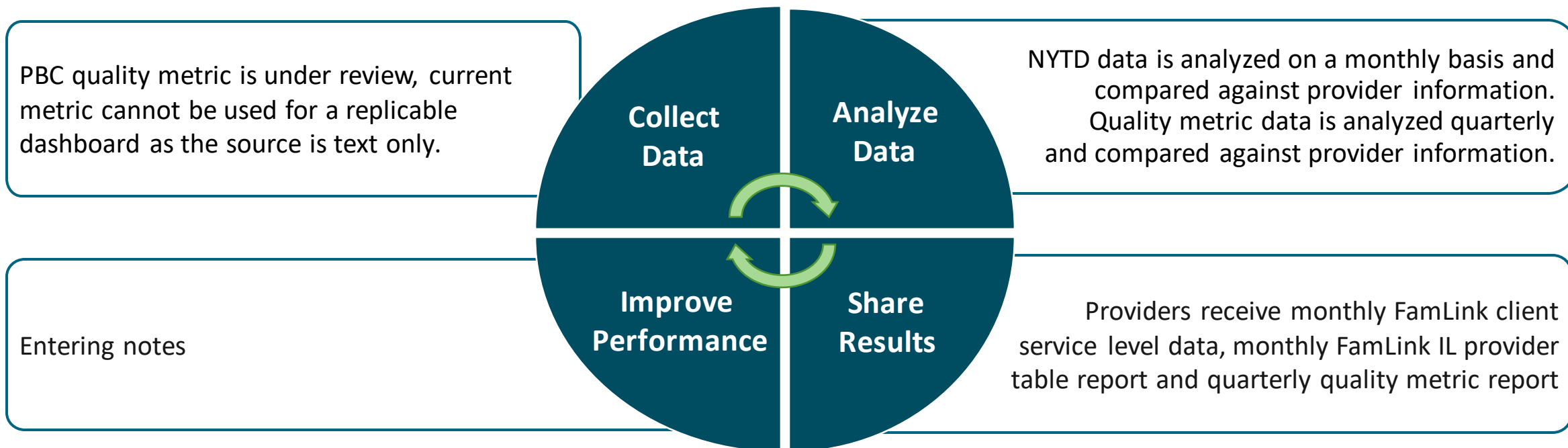
Date:

**Logic Model Statement:** ILS helps youth by delivering ILS services in order to achieve the [proximal client outcome] and [distal client outcome] in support of at least one [DCYF Goal].

The PBC process is to select causal quality, proximal, and distal outcome metrics as a “metric line” to be monitored by DCYF. **Quality measures and proximal client outcomes will have individual targets, but a single performance management tool (PMT)** will be applied based on provider performance on both metrics to promote accountability and support continuous improvement.

SERVICES <i>(Activities and Outputs)</i>	QUALITY <i>(Process Measures)</i>	PROXIMAL CLIENT OUTCOME <i>(Immediate Results)</i>	PERFORMANCE MANAGEMENT TOOL (PMT)	DISTAL CLIENT OUTCOME <i>(Overall Results)</i>	DCYF GOAL(s) <i>supported by contracted services</i>
<b>Description of Services</b>  <b># Served</b> - Eligible - Enrolled - Completed	<ul style="list-style-type: none"> <li>Past: Providers establish, or attempt to establish, monthly contact with active IL youth in their service area</li> </ul>	+	+	=	<b>Resilience</b> <input checked="" type="checkbox"/> Children and youth are supported by healthy relationships with adults <input type="checkbox"/> Parents and caregivers are supported to meet the needs of children and youth <input type="checkbox"/> Family economic security  <b>Education</b> <input type="checkbox"/> Kindergarten readiness <input type="checkbox"/> Youth school engagement <input type="checkbox"/> High school graduation  <b>Health</b> <input type="checkbox"/> Healthy birthweight <input type="checkbox"/> Child/youth development <input type="checkbox"/> Youth mental/behavioral health
	<ul style="list-style-type: none"> <li></li> </ul>	+	+	=	
<b>Working Assumptions:</b>					

# ILS: Performance Feedback Loop (FFY22)



## Future Plans

- PBC requirements cannot be met with data source; therefore, *no performance feedback loop occurred this fiscal year.*
- **Need to select new PBC metrics, targets & PMTs for FFY24 contracts.**

# ILS FY23 Research & Data Analysis Findings

## PBC-IL Program Penetration

Contracted Independent Living Services			
	Potential Eligible Youth, ages 15-23	Youth Served with at Least One NYTD Service with Attached Provider ID	% of Youth Served
FFY2021	4,359	1,449	33%
FFY2022	4,621	1,349	29%

Data Source: DCYF PQR855\_SF21\_IL report as of May, 2023



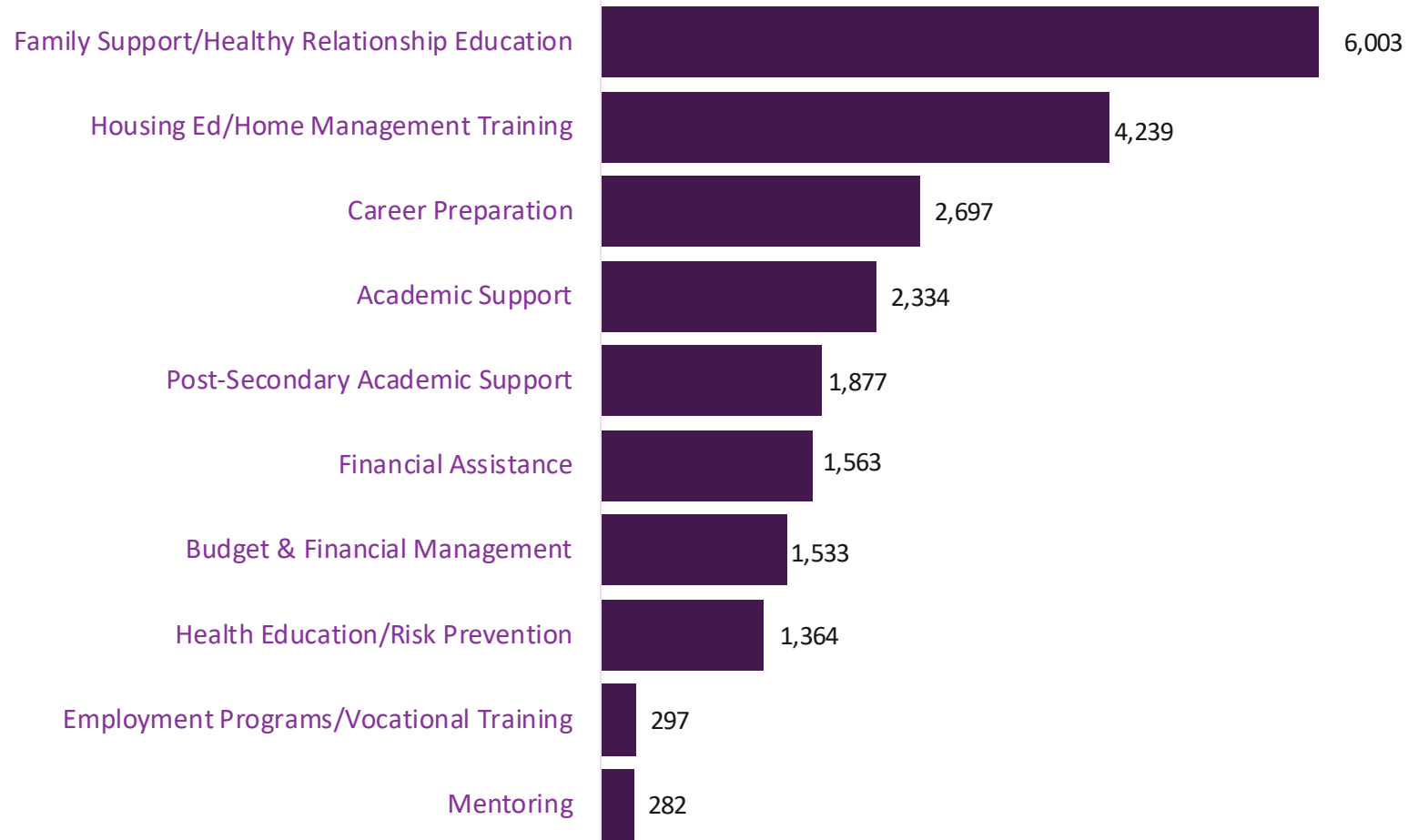
# Chafee National Youth and Transitional Database (NYTD)

Provider Reporting and Outcomes : 45 CFR Part 1356

Federal Outcomes of Interest	Federal Registry - 11 broad service categories	WA State – 14 service categories
<ul style="list-style-type: none"> <li>• Increase youth financial self-sufficiency.</li> <li>• Improve youth educational (academic or vocational) attainment.</li> <li>• Increase youth connections with adults.</li> <li>• Reduce homelessness among youth.</li> <li>• Reduce high-risk behavior among youth.</li> <li>• Improve youth access to health insurance</li> </ul>	<ol style="list-style-type: none"> <li>1. Independent living needs assessment</li> <li>2. Academic support</li> <li>3. Post-secondary educational support</li> <li>4. Career preparation</li> <li>5. Employment programs or vocational training</li> <li>6. Budget and financial management</li> <li>7. Housing education and home management training</li> <li>8. Health education and risk prevention</li> <li>9. Family support and healthy marriage education</li> </ol>	<ol style="list-style-type: none"> <li><b>1. Needs Assessment (Separate)</b></li> <li>2. Academic support</li> <li>3. Post-secondary academic support</li> <li>4. Career preparation</li> <li>5. Employment programs and vocational training</li> <li>6. Budget and financial management</li> <li>7. Housing education and home management training</li> <li>8. Health education and risk prevention</li> <li>9. Family support and health relationship education</li> <li><b>10. Financial Assistance – Room &amp; Board</b></li> <li><b>11. Financial Assistance – Other</b></li> <li><b>12. Financial Assistance - Education</b></li> </ol>

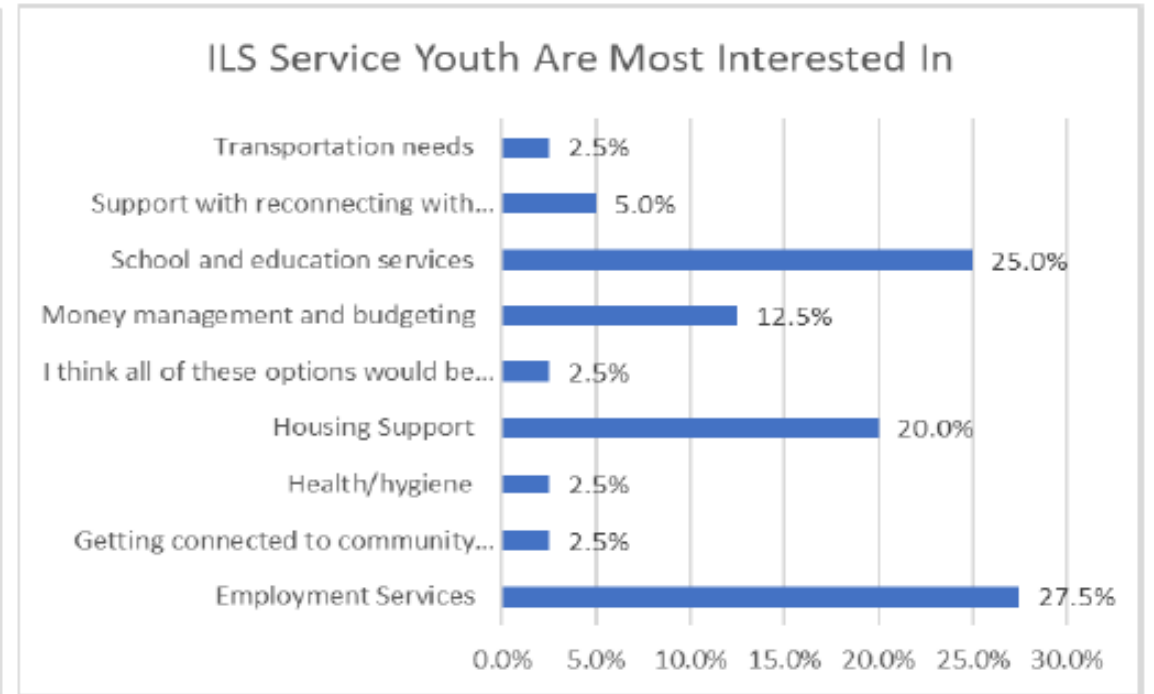
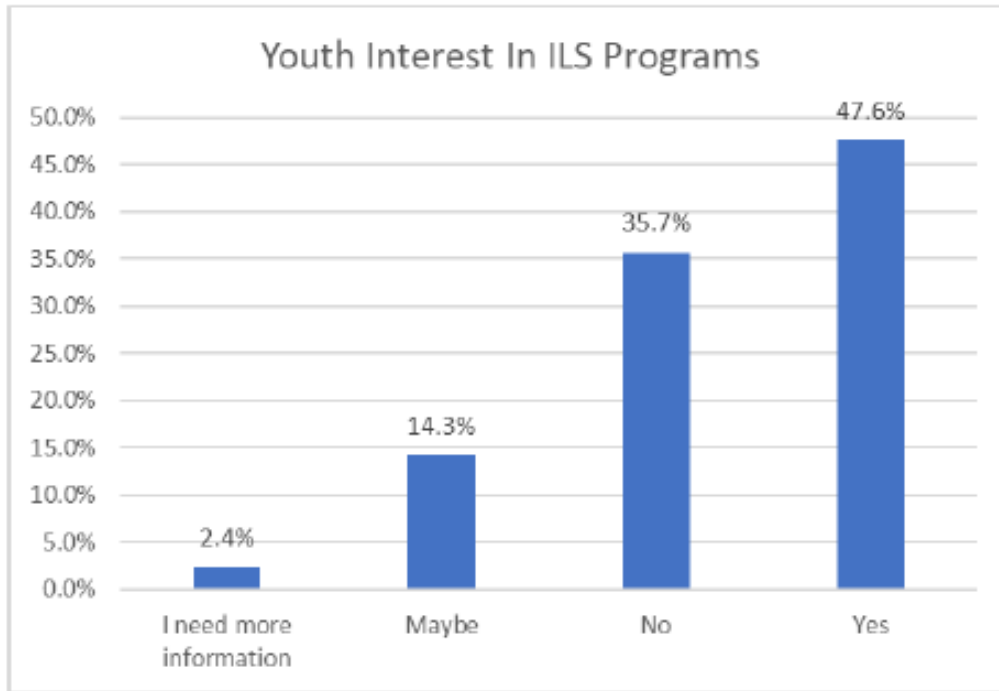
# IL NYTD Services Results Overview

(October 1, 2021 – September 30, 2022) N=22,748 NYTD services, serving 6,887 young people.



# S.D.M IL Survey Results

N= 120



# ILS: FY23 Stakeholder Engagement Results

## Engagement History

### Stakeholders

- IL Providers
- Lived Experts
- Caregivers
- Community Members
- Advocates
- JR Staff
- Caseworkers
- Tribes

### Methods

- IL Redesign
- Town Halls
- Individual meetings
- Legislative Report

## Summary of Stakeholder Feedback

- Youth need lifelong support
- Providers are committed to serving youth and helping them complete their goals
- Caregivers, caseworkers, JR staff, etc.....also need support in doing this work

## Next Steps

- Continue to work together on including youth voice into the work
- Start reviewing the NYTD survey data and looking at where we need program adjustments
- Prepare to upcoming RFA



# ILS: FFY22 Reflections

## Celebrating Success

- Completion of IL co-design process and Transition Planning Report
- Billing update to include the number of youth served
- Fiscal rate setting may create new data sources

## Navigating Challenges

- Limited ability to source data and create a dashboard with quality measure.
- ILS redesign and rate setting is driving programmatic changes.
- Limited DCFY staff capacity to conduct meaningful PBC data analysis and reporting due to ILS service planning activities.





# ILS Looking Ahead

## Future Plans

- Create new payment model that:
  - Pays a living wage
  - Includes Youth Support Funds
  - Compensates providers for all of the work they are doing
- RFA the program in 2024
- Use new payment model to ask for state funds in 2024
- Work on policy level items for a DP ask in 2025
- Determine how to add PBC metrics into the work that is sustainable and helpful

## Support Needs

- DP funding
- Data/Famlink

