



TEXAS
Department of Family
and Protective Services

**Implementation Plan for
the Texas
Community-Based Care System**



December 2020

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Background

For over 100 years, community providers in Texas have served children and families involved with the child welfare system. In the last 20 years, foster family care has shifted from a service primarily managed by the Department of Family and Protective Services (DFPS) to one where approximately 90 percent is purchased through the private sector. However, as the services shifted to the private sector, the state maintained responsibility for the legal case management for each child in its conservatorship.

Beginning in 2010, DFPS engaged in an effort known as Foster Care Redesign (FCR), which further expanded the role of the community to include providing placement services, capacity/network development, community engagement, and the coordination and delivery of a network of services to children in foster care and their families under a Single Source Continuum Contractor (SSCC). FCR was developed by DFPS, in partnership with stakeholders in Texas as a community-based, shared-decision making model that relied on collaboration between Child Protective Services (CPS) and the SSCC at the individual case level. The 82nd Texas Legislature passed Senate Bill 218, which endorsed this transformative model and directed the agency to establish FCR in two areas of the state. Under FCR, the role of the SSCC was limited to only children and youth in paid foster care and all legal case management responsibilities remained those of the public child welfare caseworker.

In 2017, the 85th Texas Legislature through Senate Bill 11, built off of the foundation of the FCR model to further advance the system through the establishment of the Community-Based Care (CBC) Model. Under the CBC Model, DFPS is required to purchase case management and substitute care services from the SSCC for children, youth and young adults who are in the department's conservatorship, or who are receiving services through the extended foster care program. Substitute care includes all foster care, relative/kinship care, family reunification, and adoption services. Implementation of the CBC model transitions the Texas child welfare system from a statewide, "one size fits all" approach to a community-based model designed to meet the individual and unique needs of children, youth and families in Texas at the local level.

Purchasing substitute care and case management services from the provider community allows DFPS to focus on child safety by investigating reports of abuse and neglect, providing in-home family-based safety services, and maintaining quality oversight of the child welfare system. Ensuring individual children in DFPS conservatorship achieve safe, appropriate, and timely permanency becomes the responsibility of the SSCC. Currently, DFPS is implementing CBC in five areas of the state: Region 1 catchment (DFPS Region 1/41 counties in the Texas panhandle that include counties with the cities of Lubbock and Amarillo), Region 2 catchment (DFPS Region 2/30 counties in North Texas that include counties with the cities of Abilene and Wichita Falls), Region 3B catchment (Seven counties in DFPS Region 3 including the city of Fort Worth), Region 8A catchment (Bexar County in DFPS Region 8 which is the city of San Antonio), and

Region 8B catchment (27 counties in DFPS Region 8 excluding Bexar County). See [Figure 1 Current CBC Catchments](#).

Purpose of the Plan

Texas Family Code, Subchapter B-1, Section 264.153 requires DFPS to develop and maintain an implementation plan for Community-Based Care that accomplishes the following:

1. Describes the department's expectations, goals, and approach to implementing Community-Based Care.
2. Includes a timeline for statewide implementation, addresses limitations, and provides progressive intervention and contingency plans to provide continuity of services in the case that an SSCC contract ends prematurely.
3. Delineates and defines case management roles and responsibilities of the department and the SSCC, as well as the duties, employees, and related funding that will be transferred to the SSCC from DFPS.
4. Identifies training needs and on-going training plans.
5. Describes a plan for evaluation of the initial and on-going procurement costs and tasks.
6. Describes the contract monitoring approach and plan for evaluation of the performance of each SSCC and the community-based care system as a whole, including an independent evaluation of each SSCC's processes and fiscal and qualitative outcomes.
7. Includes transition issues resulting from implementation of Community-Based Care.

The plan also provides a high-level outline of the structures put in place and processes that must occur to implement and oversee Community-Based Care. The plan addresses accomplishments to date and tasks to be accomplished in the coming biennium and beyond.

This plan serves as the fiscal year (FY) 2021 annual update to the implementation plan. The plan includes a detailed timeline by stage of implementation and catchment area demonstrating the anticipated statewide roll-out schedule. The plan includes continued implementation milestones for the five Community-Based Care catchment areas and the identification of four new areas proposed for implementation. Implementation of the plan is dependent on legislative direction and appropriation in the upcoming 87th legislative session and beyond.

**The next
update to this
plan will be
released in
December 2021.**

Community-Based Care Expectations and Goals

The guiding principles for Community-Based Care are aimed at improving quality of care and include:

- Keeping children and youth safe from abuse and neglect;
- Placing children and youth in their home communities;
- Placing children and youth in the least restrictive setting that meets their needs;
- Minimizing moves that disrupt children's or youth's personal connections and educational progress;
- Placing children and youth with siblings;
- Maintaining connections to family and others important to the child or youth;
- Respecting the culture of each child and youth;
- Providing children and youth with opportunities, experiences, and activities similar to those enjoyed by their peers who are not in foster care;
- Preparing youth for successful adulthood;
- Providing children and youth opportunities to participate in decisions that affect their lives;
- Reunifying children and youth with their biological parents when possible; and
- Placing children and youth with relative or kinship caregivers if reunification is not possible.

Implementation of the Community-Based Care system is expected to:

- Increase the number of children and youth placed with their siblings and in their home communities;
- Increase the number of children and youth who remain in their school of origin;
- Decrease the average time children and youth spend in foster care before achieving positive permanency;
- Decrease the number of moves children and youth experience while in foster care;
- Decrease the duration and intensity of services that children and youth need while in foster care due to improved well-being and behavioral functioning; and
- Create robust and sustainable service continuums in communities throughout Texas.

Community-Based Care Implementation Approach

At the direction of the Texas Legislature, DFPS developed the CBC model and approach based on the legacy foster care system, the Foster Care Redesign model, and models in

The CBC Model follows an iterative approach in which implementation is continually refined and improved.

other states in which the case management function has shifted from the public to the private sector. DFPS will continue to develop additional detailed aspects of the model and on-going implementation will be informed through independent process and outcome evaluations.

Stakeholder Involvement

DFPS worked with internal and external stakeholders to develop the Texas CBC Model. During the development of Foster Care Redesign, over 3,000 people were involved in face-to-face meetings, presentations and/or other venues for two-way communication. DFPS developed an extensive list of key foster care stakeholders and implemented strategies for engaging those stakeholders. DFPS continues this effort for Community-Based Care. Following the 85th

Legislative Session, DFPS convened stakeholder workgroups to provide input on the expanded model. The workgroups provided valuable input that helped DFPS make decisions related to performance measures, contract requirements, and planning for readiness processes. Strategies for FY 2020-2021 include continued engagement of some of the same key stakeholders through face-to-face and direct communication, as well as incorporating input and recommendations from on-going process and outcome evaluations, as well as the Request for Information about Community-Based Care that was released in May 2019.

Success of CBC is also dependent upon the full engagement and support of internal stakeholders, which includes DFPS staff in the selected catchment areas and at state office. All staff, regardless of region or job function, must have a clear understanding of their roles in making CBC successful and what is to be gained by making such a systemic change. Ensuring this understanding will continue to be one of the most important tasks as CBC expands across the state. Regional leadership makes a concerted effort to meet regularly with staff in the current catchment areas to ensure that they have the most current and up to date information about the roll-out of CBC in the area. DFPS state leadership hosts webinars, trainings and general cross-divisional presentations for staff multiple times every year to ensure an understanding of the CBC model and status of implementation.

The Public Private Partnership (PPP) which represents Texas stakeholders and advocates continue to serve as the guiding body for informing the CBC model. Since 2010, members of the

PPP have invested substantial time and resources in developing and modifying the CBC model. The importance of continued support and advocacy of the PPP and the constituencies they represent cannot be overstated; it is essential to successful implementation of CBC. The PPP will continue with analyzing implementation of the CBC model and making recommendations to the DFPS Commissioner regarding changes to the model to support successful rollout. All meetings and communication with the PPP are open and meeting agendas and content are posted to [DFPS Advisory Committees](#) page of the public website.

Competitive Procurement

In 2010, the PPP recommended changing the contracting process from open enrollment to competitive, whereby the state procures for the full continuum of services from a single provider in a designated catchment area. Considering and building on this recommendation, CBC requires the following:

- Competitive procurement for full continuum of substitute care and case management services from a single provider known as the Single Source Continuum Contractor (SSCC) to serve a designated catchment area in the state.
- An SSCC must be licensed as a Child Placing Agency in good standing in the State of Texas before they can serve as the SSCC.
- DFPS will give preference to providers that have a history of offering like-services in Texas.
- DFPS will not contract with any entity for more than two (2) SSCC contracts, except in instances where early SSCC contract termination is necessary in an existing catchment area.
- The procurement will be open to not-for-profit and governmental entities and allow for a consortium of providers to bid.

The CBC model is community-based and strategies employed to provide services may differ among catchment areas. Although required tasks, roles, and responsibilities will be detailed in each Request for Application (RFA), DFPS seeks to give maximum flexibility to the local community in determining how the SSCC and DFPS catchment area staff will put the SSCC's model into operation, requiring DFPS and the SSCC to work closely during the six-month start-up period prior to the SSCC serving children from the catchment area.

Performance-Based Contracting

The Community-Based Care model requires that the SSCC contracts be performance-based. Performance-based contracting focuses on achieving outcomes for children and families, as opposed to effort and meeting prescribed design specifications. This allows the SSCC and the community more flexibility to be innovative and create a child welfare system that meets the unique needs of the children, youth, and families from the designated catchment area. The

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increased flexibility under the performance-based contract is matched with increased responsibility and accountability for overall safety, permanency and well-being outcomes.

- All children and families who require SSCC services from the catchment area or are placed in the catchment area (via inter-regional agreements or Interstate Compact on the Placement of Children [ICPC]) become the responsibility of the SSCC under a no eject, no reject contract.
- Under a no eject, no reject contract, the SSCC contractor may not refuse to accept a properly referred child, youth, young adult, or family member for services nor may the contractor cease to serve, or request DFPS remove an eligible child, youth, young adult or family member from its referred client list.
- Outside of the minimum confines of state and federal requirements/statutory obligations, SSCCs have the flexibility to identify programs and service models to best support outcomes and are responsible for ensuring successful implementation and quality of service delivery, and for establishing continuous improvement processes.
- DFPS will assess and hold contractors accountable to established performance measures. A DFPS multi-disciplinary oversight team regularly reviews performance data and uses a continuous quality improvement process to work with the contractor to understand performance trends and effectiveness of SSCC strategies. When data indicates intervention is required, DFPS takes progressive contract action beginning with a Continuous Quality Improvement (CQI) plan. The SSCC identifies the action steps in the plan, including additional root cause analysis and changes to program or strategy. See Appendix C, [Progressive Intervention Plan](#).
- Contract performance measures and other quality indicators are derived from the above listed guiding principles, as well as the federal Child and Family Services Review (CFSR) measures. Outcome expectations are directly tied to service requirements and resources provided to the SSCC under the contract.
- In Stage III, financial incentives and remedies will be tied to performance on reducing the number of days children spend in paid foster care. A contracted entity (currently Chapin Hall, affiliated with the University of Chicago) will independently evaluate and establish baseline values for anticipated paid foster care days and track actual performance against baseline targets. Continuously reducing the number of paid foster care days, through exits toward positive permanency including reunification, placement with a kinship caregiver, or in an adoptive placement, will result in payment of financial incentives. Conversely, using more than the baseline days of foster care will result in financial remedies. Chapin Hall will track re-entries into paid foster care following a permanent exit to ensure that any improvements to the permanency outcomes are not offset by an increase in the re-entry rate to foster care.

Catchment Areas

CBC moves from operating one statewide foster care model to multiple community-based models designed to fill community-specific gaps and build on that community's existing strengths. As such, the boundaries for geographic communities, called catchments, must be defined. Chapin Hall performed an analysis of the FCR model and determined that for an SSCC to be viable, a catchment area is recommended to have at least 500 new entries of children into paid care annually. This analysis, along with existing DFPS regional boundaries, information gathered through Requests for Information (RFI), a stakeholder survey, and the Public Private Partnership helped inform the original division of the state into 17 catchment areas, as seen in the Figure 1 below. (Appendix A lists the counties in each catchment area.) CBC catchment areas were identified

The Texas Family Code allows that, in expanding Community-Based Care, DFPS may change the geographic boundaries of catchment areas as necessary to align with specific communities. In May 2019, DFPS released a Request For Information (RFI) to seek input from stakeholders on the existing catchment area boundaries. The Request for Information yielded input from a wide range of child welfare stakeholders, including judges, providers, CASA, community organizations/collaboratives, and a trade association.

DFPS used that input to re-align catchment areas 3a, 3B, and 3c, to follow the DFPS regional structure of 3 West (3W) and 3 East (3E). This change resulted in Cooke, Wise and Denton counties adjoining with the seven counties currently included in 3B and Grayson, Fannin, Collin and Hunt counties being adjoined to catchment area 3c. This change in catchment areas was announced in the fiscal year 2020 implementation plan and will take effect with future procurements for SSCC contracts in the 3E and 3W catchment areas. Please see Figure 2 below.

In fiscal year 2020, per recommendations received in the RFI, DFPS asked Chapin Hall to review prior recommendations regarding CBC catchment area size and the minimum of 500 entries annually that informed the initial identification of catchment areas. Chapin Hall analyzed historical and recent statewide patterns of volatility and provided empirical data that continues to support a minimum of 500 entries. Volatility relates to length of stay and susceptibility to random changes in length of stay versus performance that would be incentivized in Stage III of Community-Based Care. Catchments with less than 500 entries may still be considered for implementation, but, if selected, those areas may require more attention to fiscal viability. With this in mind, DFPS is not making changes to DFPS catchment area boundaries at this time. As the CBC continues to roll-out across the state, the department will monitor trends and gather information from stakeholders (there are current community collaborative groups in the process

of completing assessments and initiating local dialogue) that may inform future changes to existing catchment area boundaries.

Figure 1 Current CBC Catchments

Community-Based Care Catchment Areas

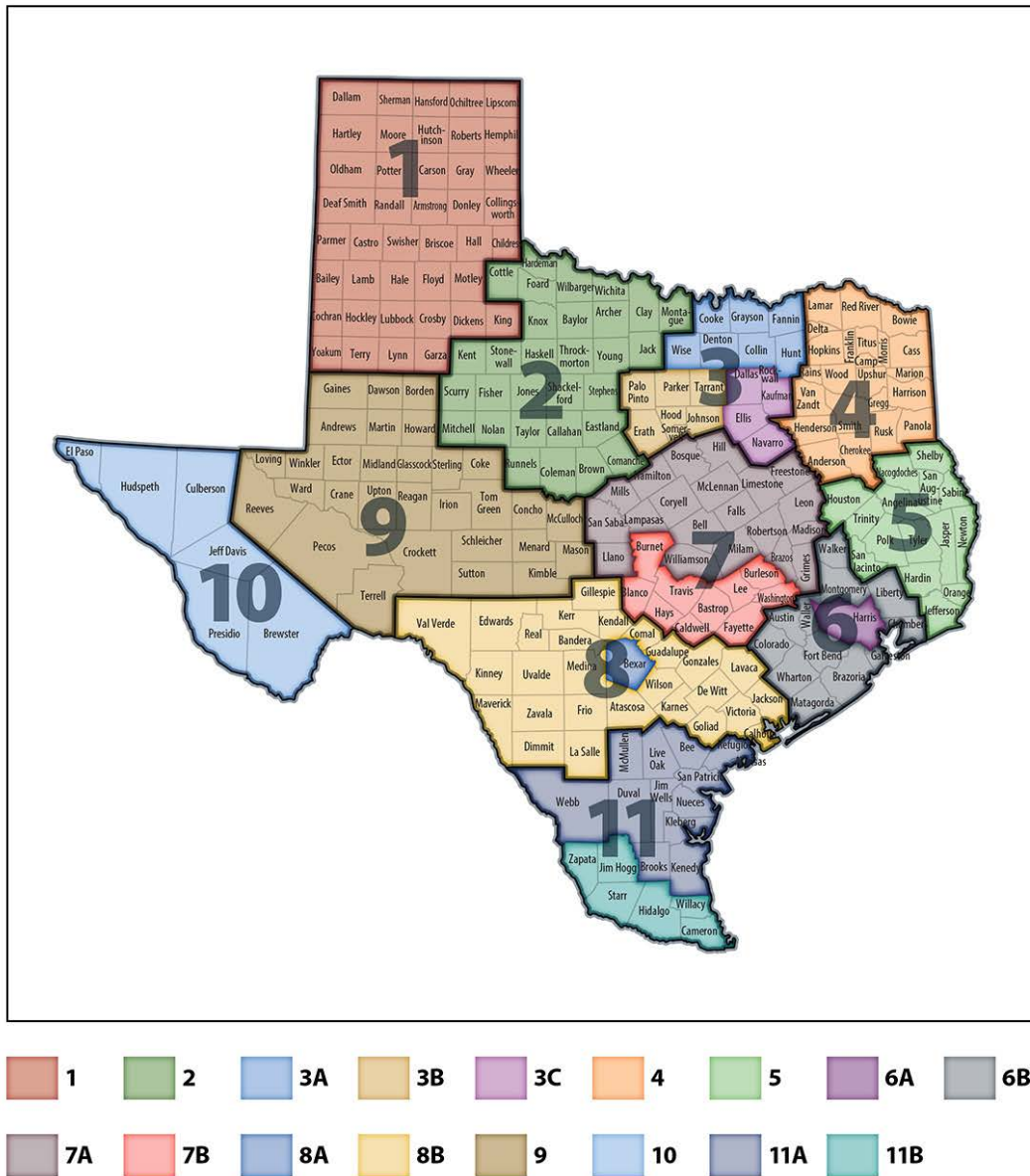
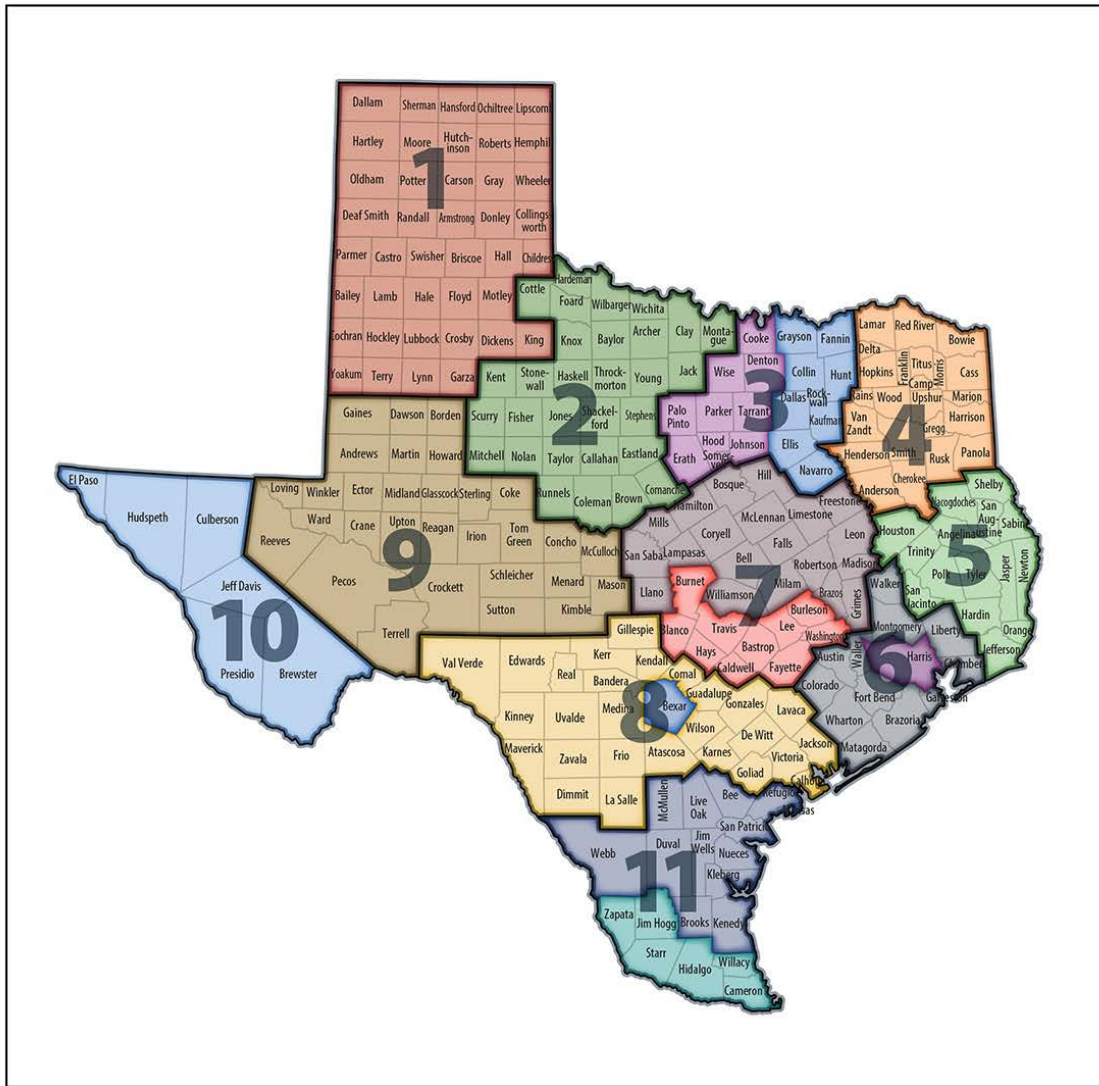


Figure 2 Future CBC Catchments

Community-Based Care Catchment Areas



Rollout Sequence

DFPS will continue to take a planned approach to implementation, choosing to roll the model out in stages rather than implement simultaneously statewide. Based on an evaluation of similar efforts in other states, this strategy is intended to limit risk by using experience and evaluation to guide implementation.

Historically, DFPS has considered the following factors when selecting catchment areas for implementation:

- Geographic location and proximity to existing catchment area(s).
- Service Capacity - continuum of care and services available in catchment area, location of resource hubs, children placed in and out of area.
- Child and Family Outcomes.
- Level of community/stakeholder investment – collaboration among stakeholders, number of child welfare boards, child protection courts, etc., located in the catchment area.
- Stability of DFPS workforce.
- Funding availability and sufficient resources to support expansion.

DFPS has requested in its Legislative Appropriations Request (LAR) the funding to implement Community-Based Care in four new catchment areas in the 2022-23 biennium. Subject to appropriations, DFPS will release Requests For Application in the following catchment areas, over the course of the biennium: **Regions 3E, 9, 4, and 5.**

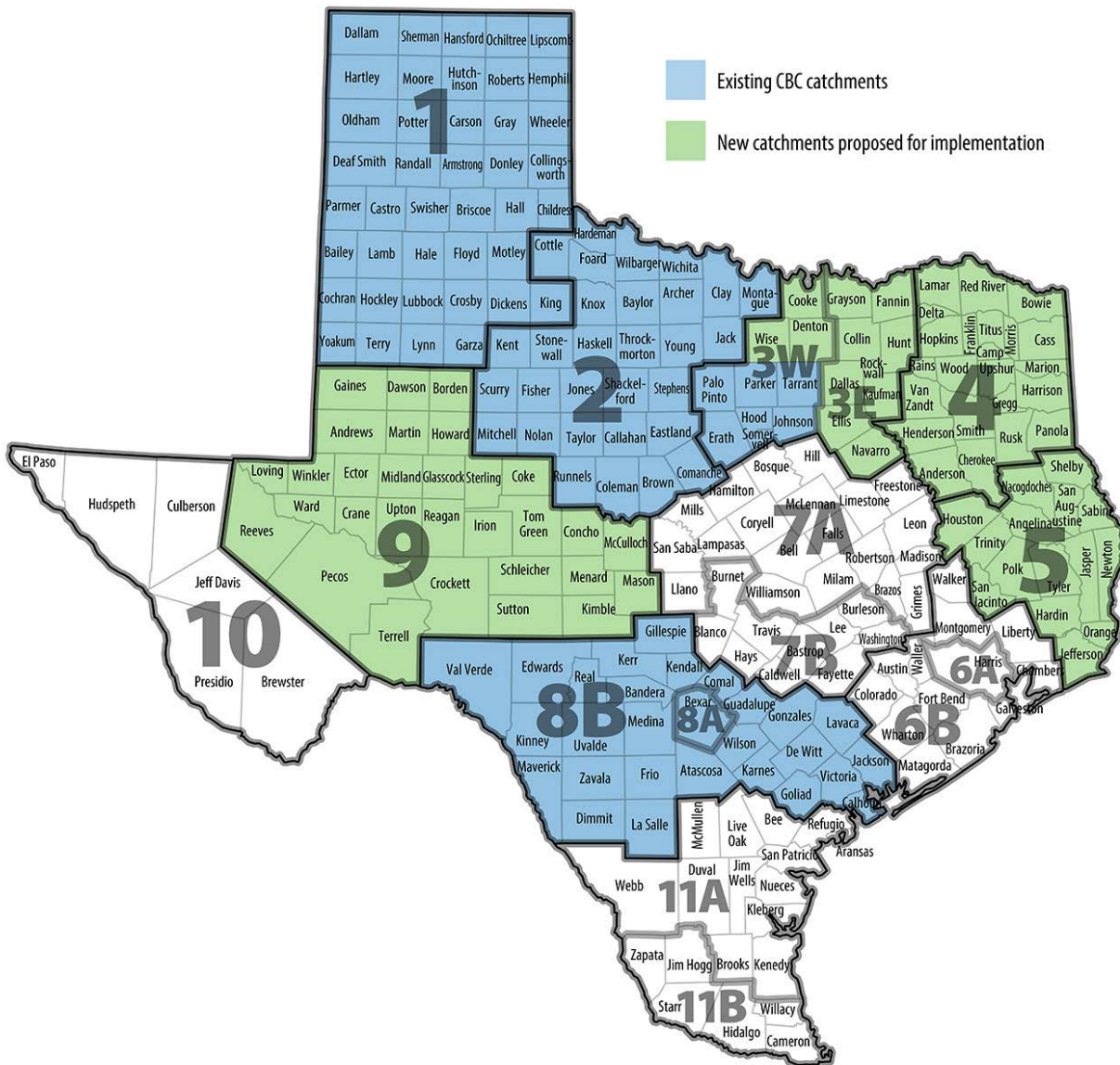
The Next Four Catchment Areas identified for Stage I roll-out are DFPS Regions 3E, 9, 4, and 5

The four catchments were strategically selected to pursue implementation in complete DFPS regions versus catchments that are subsets of regions. Catchment 3E completes implementation of Community-Based Care in Region 3 (*with 3B to be expanded to 3W with the next contract re-procurement date currently scheduled for fiscal year 2023*). The three additional catchments selected all comprise a full region. With implementation in Regions 8A and 8B still in the early stages, DFPS will learn more from the experience of rolling out to segments of a region separately, and particularly lessons around separation of urban and rural areas. Lessons learned may inform future catchment boundaries and implementation sequence.

Per recommendations of the Public Private Partnership, these four catchment areas were also selected based on proximity to other Community-Based Care areas. Region 9 is contiguous to current Community-Based Care catchment areas 1 and 2. Region 4 is contiguous to 3E and Region 5 borders 4.

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Figure 3 Existing and Proposed Catchments for CBC Implementation



DFPS remains committed to supporting communities across the state as they work to build capacity and prepare to transition to CBC. DFPS supports coordinated regional efforts to better understand the specific strengths and challenges of communities, establish local goals and priorities for a community-based model, and begin fostering collaboration among providers. DFPS is aware of community-driven efforts in Regions 3, 6, 7, and 9. While much attention is given to placement services and creating a network of foster care and services, Stage II and implementation of case management and kinship services (as outlined below) requires equal attention to how an area can understand and prepare for hiring, training, and retaining a workforce of case management and other staff, and the accompanying organizational knowledge and structures required. DFPS encourages communities to identify ways they can prepare for statewide implementation of Community-Based Care, whether through actions they can take now or considerations for future contracted SSCCs.

**DFPS supports
community-driven
efforts to prepare for
successful
implementation of
Community-Based
Care.**

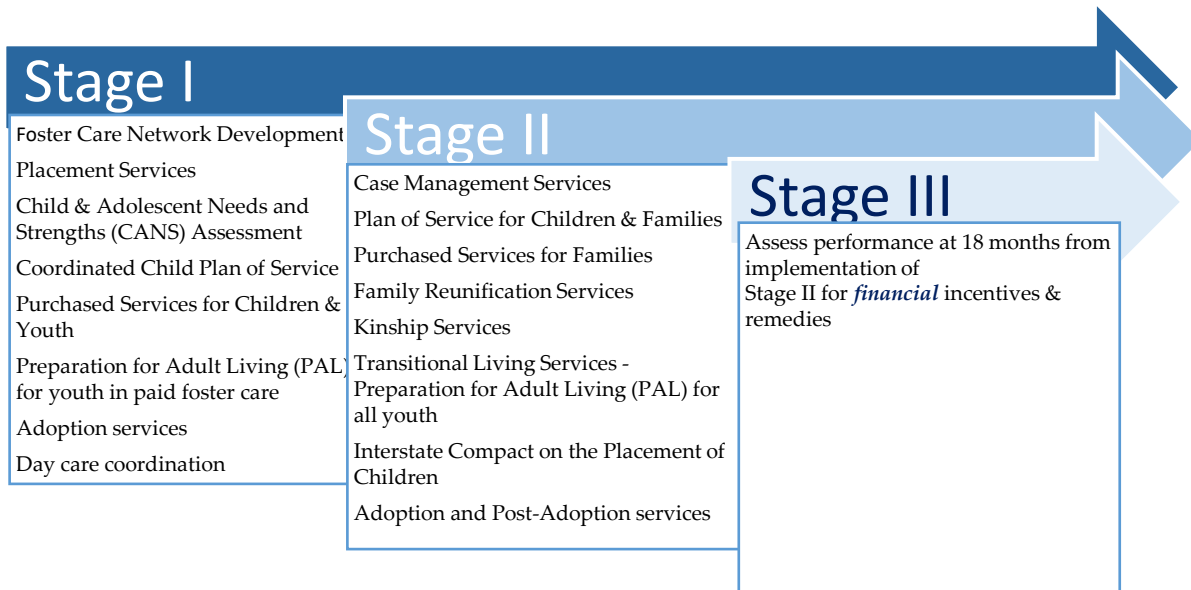
Staged Implementation

A staged implementation within each catchment area ensures steady progress occurs and the SSCC demonstrates adequate ability before the SSCC is given more responsibilities. After a thorough readiness review and certification, the SSCC will move into a subsequent stage of rollout:

- **Stage I-** The SSCC is responsible for ensuring the full continuum of paid foster care services, as well as Preparation for Adult Living (PAL) Life Skills Training and purchased adoption services. While the transition from Stage I to Stage II is based on DFPS and SSCC Readiness, DFPS anticipates that Stage I implementation will last approximately 18 months following contract execution (including the six-month start-up period).
- **Stage II-** The SSCC continues responsibility for all Stage I services and becomes responsible for the provision of all substitute care services (kinship, reunification, etc.), Interstate Compact on the Placement of Children (ICPC), as well as all case management services (establishing the permanency goal for the family, face-to-face visits with children and families, permanency/case planning activities, court activities, kinship services, etc.). The advance from Stage II to Stage III will occur 18 months after the SSCC begins serving all children and families in the catchment area.
- **Stage III** will include:
 - The provision of services outlined in Stage I and II; and
 - Financial accountability through the use of incentives and remedies for the timely achievement of permanency for children.

Entry into each stage includes the transfer or payment of resources associated with required tasks as described in the roles and responsibilities and funding and payment sections described later in this plan. The figure below illustrates the staged implementation.

Figure 4



Readiness Process

Readiness is a formal review process to assess the ability of an SSCC to satisfy the responsibilities and administrative requirements based on the stage of CBC implementation.

The readiness review of the SSCC, as well as overall continual oversight activities, is a multi-disciplinary, shared effort among subject matter experts across multiple DFPS divisions, including Legal, Finance, Contracts, IT, Systems Improvement and CPS Program. This approach integrates critical functional areas in support of CBC. The SSCC must assure, and DFPS must verify during the operational readiness review, that all processes, systems, and staffing functions are ready and able to successfully assume responsibilities prior to the operational start date.

During the readiness review the SSCC must, at a minimum:

1. Provide documentation of operating policies, procedures, and plans that detail the tasks, activities, and staff responsible for provision of services and overall implementation of CBC. Start-up and readiness documentation includes:
 - SSCC Management Plan (Accounting Manual, Joint CPS-SSCC Operations Manual, SSCC Provider Manual, Network Development Plan, SSCC Quality Assurance and Service Utilization Plan);

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- SSCC Administration Plan (Staffing and Workforce Development Plan, Training Plan, Child Placement (Stage I) and Case Management Transition (Stage II) Plans, IT Security Plan);
 - SSCC Community Engagement Plan (engagement of key child welfare stakeholders and the general community, includes Cultural Competency efforts); and
 - SSCC Conflict of Interest Plan (Case Management Conflict of Interest, Contracting Conflict of Interest).
2. Submit to DFPS a complete listing of network contracted and credentialed providers, including a description of credentialing activities scheduled to be completed before the Operational Start Date.
 3. Prepare and implement a staff training curriculum and a provider training curriculum, and provide documentation demonstrating compliance with training requirements.
 4. Submit to DFPS the Utilization Management Process used to identify the level of care provided to children and youth referred under the Contract and a cross walk of SSCC service levels to the corresponding DFPS legacy service levels.
 5. Submit to DFPS a Case Management Manual that provides detail on how the SSCC will build and maintain the infrastructure and staff capacity necessary to implement graduated caseloads for newly hired staff and to deliver direct Case Management services for all children who are referred to the SSCC by DFPS. (Stage II only)
 6. Submit to an initial IT Security review performed by DFPS Office of Information Security (OIS). The SSCC must resolve any critical and high-risk items identified by OIS prior to readiness certification.
 7. Submit to DFPS the SSCC's proposed complaint and appeals processes.

The Contract Administration Manager coordinates the readiness review process, including routing of deliverables to agency subject matter experts for review and feedback. The Director of Community- Based Care certifies readiness with final legal approval.

During FY 2019, DFPS built upon the existing readiness review process and certification tool for Stage II to assess an SSCC's ability to deliver all substitute care and case management services to children, youth and families from the catchment area. Guided by a robust workplan, DFPS and SSCC leadership partner together to transition to Stage II in a manner that preserves the safety and continuity of services to children, youth and families. Workplan deliverables include:

- Stage II Performance Measures
- Case Management Oversight and Continuous Quality Improvement Processes
- Purchased Client/Community Services Provider Network and Payment

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Processes

- CPS Staff Transition and Joint-Hiring Processes
- CPS Case Transition
- Internal and External Communication
- Updated Joint CPS-SSCC Protocols
- CPS and SSCC Training
- IT/Technology set up to support Stage II activities
- Administrative, including the Contract Readiness and Certification Tool (Stage II requirements added)

Like Stage I, the Contract Administration Manager coordinates the Stage II readiness review process, but also includes both internal DFPS and SSCC reviews of all workplan deliverables. The Director of Community-Based Care certifies readiness with final legal approval.

Continuous Quality Improvement (CQI)

Successful implementation of Community-Based Care depends on careful implementation and on-going evaluation of systemic reforms.

- Texas Tech University is conducting an independent process evaluation of the transition to each stage of Community-Based Care in each catchment area, as required by statute. The process evaluation is used to inform CBC implementation in each catchment area, identify the key successes and barriers, and make recommendations for future implementation efforts.
- Chapin Hall will continue to be the independent evaluator to support the performance-based outcome evaluations and assessment of financial incentives and remedies, as required by statute.
- Continuous Quality Improvement (CQI) remains a cornerstone of the implementation effort. DFPS is committed to an on-going quality improvement process that takes full advantage of lessons learned during each rollout. The CBC model and implementation schedule may be adjusted based on lessons learned and from the process and outcome evaluations.
- The SSCC contract requires that all SSCC's comply with court orders and jurisdictional requirements in areas that they are responsible for serving as an agent of the department (SOW Article II, 2.17, 3(b)). DFPS makes adjustments to the Community-Based Care model, SSCC contract, readiness process, and regional operations guides as required. Since 2011, DFPS has been involved in a class action lawsuit (M.D. vs. Abbott) concerning the constitutional rights of children in the permanent managing conservatorship (PMC) of Child Protective Services; the SSCCS, per contract terms, must

comply with orders issued in that case. For more information about the lawsuit, see DFPS [Foster Care Litigation](#) webpage.

- DFPS will continue to operate the legacy foster care system until all catchment areas are in operation.

High-level Milestones

FY18-20 Accomplishments:

Established CBC model to include expanded scope of services:

- Reviewed CBC model with stakeholders to obtain feedback and final recommendations.
- Reviewed CBC model and determined that no updates are needed at this time to the IV-E state plan. Updates were made to the IV-B state plan accordingly.
- Developed and convened PPP stakeholder workgroups to address: CBC scope of work, funding, IT, and performance measure changes.
- Revised Quality Indicators and performance outcomes to ensure CBC goals, business changes and inputs all align to the outcomes sought and for which the SSCC will be responsible.
- Revised contract performance measures based on scope of work and span of control.
- Developed and defined staged approach to full implementation of CBC Model, including transfer of responsibilities and transition plan for individual cases.
- Developed CBC Request for Application (RFA) to include expanded scope of service, span of control and other CBC relevant changes.
 - Included all data entry requirements that the SSCC will be contractually obligated to track or enter into IMPACT based on the stage of implementation for the children, youth and families they serve, to meet AFCARS requirements and CFSR reporting requirements.
 - Included requirements for a Network Development Plan, DFPS Staff Recruitment Plan, Conflict of Interest Plan, and Training Plan to support a prepared workforce and a successful transition.
 - Incorporated current and any future CPS Program Improvement Plans (as required by the federal Administration for Children and Families) and court mandates into RFAs and existing SSCC contracts.
- Developed and implemented State CBC Communications Plan to provide consistent information about the CBC model and vision, the proposed schedule of implementation, and the department's commitment to CBC. Established timeline of communication and messaging for Stages I and II.
 - Completed a series of Introduction to Community-Based Care "Lunch and Learn" sessions with all DFPS State Office staff.
 - Worked with the DFPS Center for Learning and Organizational Excellence to develop *Change is the Only Constant* and *Introduction to CBC* trainings to

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provide education to internal and stakeholder audiences on the CBC model and implementation approach.

Policy, process, and rule:

- Identified TAC Rules that required a waiver from the DFPS Commissioner for the successful implementation of CBC.
- Established and documented processes to support timely and prompt payment for multiple contracts and services.
- Established a process for tracking and managing renewals of SSCC contracts.
- Evaluated and modified existing Contract, Oversight and Support policies related to performance-based contracts to conform to CBC model.
- Established a process for elevating placements that require approval from Associate Commissioner for CPS.
- Trained DFPS Office of Consumer Affairs and HHSC Foster Care Ombudsman on CBC Model and ensured that processes for providing and receiving information are established.
- Developed processes for Interstate Compact for Placement of Children for both children entering Texas and being placed outside of Texas via ICPC to ensure compliance with Compact under the CBC model.
- Developed SSCC-CPS Leadership workgroup.
- Reviewed DFPS policy and practice to inform model, including which DFPS policies (per the handbook) are based on statutory requirements with which the SSCC must comply, as well as which sections of the Family Code, Human Resource Code, etc. are applicable given the span of control for stage II implementation.
- Developed processes for Preparation for Adult Living (PAL) aftercare services in the CBC model. Piloting new approach to PAL assessment and training services in Region 2 and Region 1.
- Developed referral process for Post-Adoption services under the CBC model.
- Developed process for ensuring IV-E eligibility and re-determination of eligibility by DFPS once an SSCC moves into Stage II CBC.
- Incorporated Remedial Orders resulting from the M.D. vs. Abbott class action lawsuit.
- Established framework for Stage II protocol development. Held protocol development sessions in Region 3B between DFPS and OCOK and in Region 2 between DFPS and 2INgauge related to policy and process tasks described below:
 - Stage II child and family referrals
 - Case transfer
 - Inter-regional referrals
 - Practice and oversight related to runaways and human trafficking
 - Stages of Service, Case Management, Kinship and Permanency Care Assistance
 - Special Circumstances (Immigration, Indian Child Welfare Cases)

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- Legal/Court Processes
- Adoption, Post Adoption
- Interstate Compact on the Placement of Children
- Transitional Living Services
- Established DFPS-SSCC Communication touchpoints for all CPS state office divisions and subject matter experts to include Stage II SSCC partner points of contact in statewide meetings, communication, and data reporting sent to CPS regional counterparts statewide.
- Updated the CBC public webpage to include SSCC and CPS points of contact, operations guides, and historical timeline and documents for each catchment area.

FY21-23 Plans and On-going Tasks

On-going model development:

- Continue quarterly meetings of the Public Private Partnership
- Continue to refine implementation processes for new areas based on Implementation Science, lessons learned and findings of the CBC process evaluation.
- Continue to work with all divisions with DFPS, such as APS and SWI, to refine policies and processes as related to CBC and the intersects with the SSCCs.
- Continue regularly scheduled meetings with each SSCC to discuss Foster Care Litigation requirements and compliance of applicable remedial orders.
- Complete the adaptation of the Introduction to Community-Based Care training to a web-based platform accessible via YouTube and the DFPS website.

Impact to policy, process, and rule:

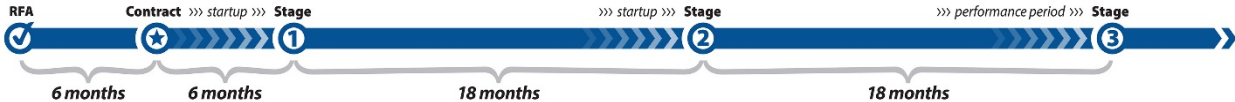
- Continue centralized communication process to SSCC and DFPS catchment area leadership to share important information, including changes and updates to policy, practice and statute required of all SSCCs in real-time.
- Ongoing work to ensure processes related to DFPS legal obligations, including clearly defined processes for handling of Indian Child Welfare cases, Diligent Search Unit requests, paternity testing, contempt, etc.
- Ongoing work to ensure documentation of AFCARS IMPACT data elements and elements for Child and Family Service Review reporting.
- Ongoing work to ensure and document compliance with remedial orders resulting from foster care litigation.
- Ongoing modifications to regional operations manuals as need to reflect policy and process changes.

Timeline for Implementation

Minimum Timeframes

The following graphic shows the minimum *anticipated* timeframes for rollout of CBC in a catchment area from the point of release of the Request for Application (RFA). Advancement between stages is contingent upon successful start-up and readiness activities, as well as legislative direction and funding. Timeframes and processes outlined in this plan may be different for each SSCC depending on unique circumstances, assessment, and assurance of readiness.

Figure 5



Key Implementation Activity

The following key tasks and activities are required for successful implementation of CBC in any given catchment area.

Statewide CBC Preparedness

1. CPS Business plan and continued foster care capacity building efforts in all regions
2. Presentations at conferences and to community groups
3. Support for local community preparedness assessments and activities as requested.
4. Internal Cultural change efforts. Includes release of *Change is the Only Constant* and *Introduction to CBC* trainings.
5. CPS leadership preparation. Includes annual updates at CPS leadership conferences as well as local presentations as requested.

Catchment Area Selection

1. DFPS leadership select catchment based on analysis of selection criteria data and information
2. Announce catchment area
3. Hire CBC Administrator and CBC Contract Administration Manager
4. Commence regular meetings of local cultural change team
5. Deploy internal Communications Plan within the catchment area
6. Establish forecasts and Blended Foster Care Rate for the catchment area
7. Establish purchased services funding allocations and resource transfer amounts (as applicable) for the catchment area

8. Develop catchment area training plan in coordination with Center For Learning And Organizational Excellence (CLOE)
9. Deploy plan for IT Readiness

Procurement of SSCC(s)

1. Announce intent to procure in a catchment area (as soon as possible, with at least 30 days advance of RFA release)
2. Begin change activities and community engagement (simultaneous with announcement of intent to procure)
3. Develop statement of work
4. Release Request for Application (RFA) (post for 90 days)
5. Evaluation of Responses (45 days)
6. Contract Negotiations (45 days)
7. Award/Enter into SSCC Contract (once negotiations are complete)

The average time from RFA release to contract execution is six months.

Start-Up Phase: Stages I and II (6 months)

1. Implement *Change is the Only Constant* and *Introduction to CBC* training
2. Hire case management oversight staff (Stage II only)
3. Begin joint weekly calls between CBC Division, SSCC and CPS Regional leadership (within first week of Start-Up)
4. Develop and deploy joint Communications and Community Engagement Plan (within two weeks of contract effective date)
5. Begin IT systems readiness
6. Develop schedule and identify participants for joint protocol development and finalize training plan (within first month of contract effective date)
7. Conduct workgroups and develop joint protocol Operations Manual (within first three months of Start-Up)
8. Train DFPS staff including regional contracts, billing coordinators and other impacted staff on systems changes (within first three months of Start-Up)
9. Establish appropriate tracking and reporting processes for SSCC and regional related challenges (within first three months of Start-Up)
10. Complete draft of joint operations manual for review (within one week of final protocol session)
11. Review, edit and approve joint protocol Operations Manual Draft (within two weeks after receiving)
12. Finalize and deploy joint protocol and IT trainings (within one month of go-live)
13. Assess SSCC readiness according to the readiness requirements established for each stage of implementation
14. Test IT systems and finalize processes for reporting of any issues encountered after go-live date (within one month of go-live)

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15. Establish final plan for transition of activities (within one month of go-live)
16. Establish baseline historical performance for contract performance measures established for each stage of implementation
17. Establish average care days anticipated for children from the catchment based on historical catchment performance for performance tracking toward earned incentives.
18. CPS Professional Development is adjusted to incorporate training within the catchment area (Stage I only; before go-live)
19. Once the six-month Start-Up period is complete and readiness to go live has been certified by both DFPS and the SSCC, services begin
20. Execute transition plan for paid placements in IMPACT (stage I)
21. Execute DFPS resource and case management transfer plan (stage II)
22. Communication increases to daily calls and meetings. Most issues are tracked and resolved at the local level

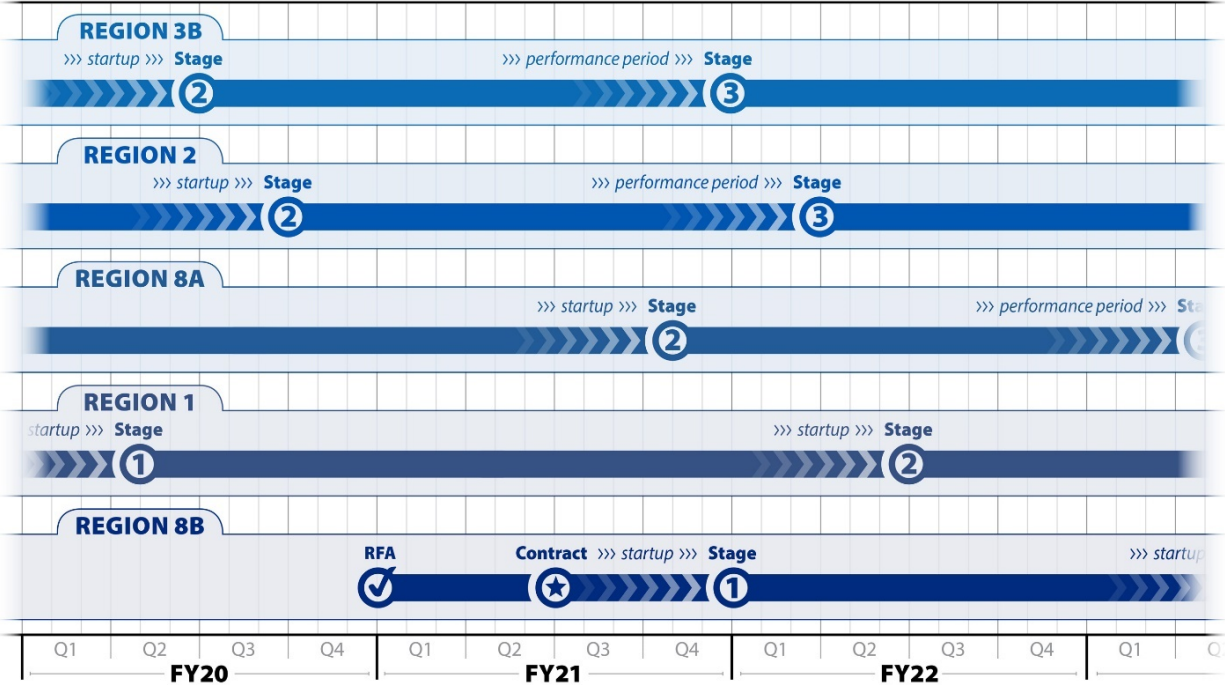
Stage III (18 months)

At 18 months after the contactor has begun providing case management services to all children and families in the catchment area (Stage II), assess contractor *financial* incentives or remedies for children in the SSCC's care.

Fiscal Years 2021-2022 Timeline

DFPS is working toward full implementation of CBC statewide. Simultaneous catchment area procurements managed by the local CBC Administrator and supported and directed by DFPS State Office and HHSC will enable implementation. All timelines are contingent upon legislative direction and funding and may be adjusted according to evaluation results, available resources, or other factors. Depending on direction from the 87th Texas Legislature, the following graphic depicts the *anticipated* timeline for completion of the implementation milestones described in this section.

Figure 6



High-Level Milestones

FY18-20 Accomplishments

- Implemented Stage II CBC in Region 3B catchment area.** DFPS contracted with ACH Child and Family Services through its division known as Our Community Our Kids to provide services in the Region 3B catchment (seven counties in DFPS Region 3 that include Tarrant County and the city of Fort Worth) beginning in fiscal year 2015 as part of FCR. DFPS and ACH renewed the contract to include all CBC services and extended the contract until August 31, 2023. DFPS and OCOK formally announced start up for Stage II in October 2019 and began implementing a six-month transition plan. DFPS certified Stage II readiness and OCOK began providing case management and all other Stage II services on March 1, 2020.
- Implemented Stage II CBC in Region 2 catchment area** – In June 2018, DFPS awarded a contract to TFI which formed 2INgage, a new partnership between TFI and New Horizons Ranch and Center Inc., to serve as the Single Source Continuum Contractor for the Region 2 catchment (DFPS Region 2/30 counties in North Texas that include counties with the cities of Abilene and Wichita Falls). 2INgage implemented Stage I CBC (placement services) on December 1, 2018 after a six-month start-up phase. DFPS and 2INgage officially announced start up for Stage II in December 2019 and began implementing a six-month transition plan. DFPS certified Stage II readiness and 2INgage began providing case management and all other Stage II services on June 1, 2020.

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- **Continued implementation of Stage I CBC in Region 8A catchment area** - In August 2018, DFPS awarded a contract to The Children's Shelter of San Antonio which formed Family Tapestry to serve as the Single Source Continuum Contractor for the Region 8A catchment (Bexar County which includes the city of San Antonio). Family Tapestry implemented Stage I CBC (placement services) on February 1, 2018 after a six-month start-up phase. Preliminary Stage II transition discussions have begun with an anticipated start-up period and implementation in FY21, dependent on readiness review and certification.
- **Contracted for an SSCC in Region 1 catchment area**- In June 2019, DFPS awarded a contract to Saint Francis Ministries to serve as the Single Source Continuum Contractor for the Region 1 catchment (DFPS Region 1/41 counties in the Texas panhandle that include counties with the cities of Lubbock and Amarillo)). The six-month start-up phase began on July 1, 2019. St. Francis began serving children in Region 1 on January 6, 2020.
- **Release for Application in Region 8B catchment area**- DFPS released a Request for Application (RFA) for the Region 8B catchment (27 counties in DFPS Region 8 excluding Bexar County) on May 2, 2019. The procurement closed on August 2, 2019. The procurement officially ended with no contract awarded in July 2020. DFPS released a new RFA for 8B on September 1, 2020. Implementation of Stage I CBC is anticipated to begin in September 2021 following a successful procurement, six-month start up period, and confirmation of readiness.

FY21-23 Plans and On-going Tasks:

- Establish contract for Region 8B catchment area.
- Complete Readiness assessment and implement Stage I in Region 8B catchment areas.
- Continue to refine CBC start-up processes and Readiness Tool for Stage II based on lessons learned for subsequent implementation.
- Develop detailed Stage II implementation Guide based on executed plans and lessons learned to support statewide implementation.
- Implement Stage II in the Region 8A catchment area. Execute communication plans and continue stakeholder engagement. Complete Readiness assessment for Stage II. Execute DFPS resource and case management transition plans.
- Re-procure contract for 3W for contract start date September 1, 2023 (3B catchment will be expanded to include 3W counties Cook, Wise and Denton). Initiate the procurement with HHSC one year prior to anticipated contract award date, develop and implement communication plans, identify resource transfers of staff and determine fiscal allocations, begin regional planning.

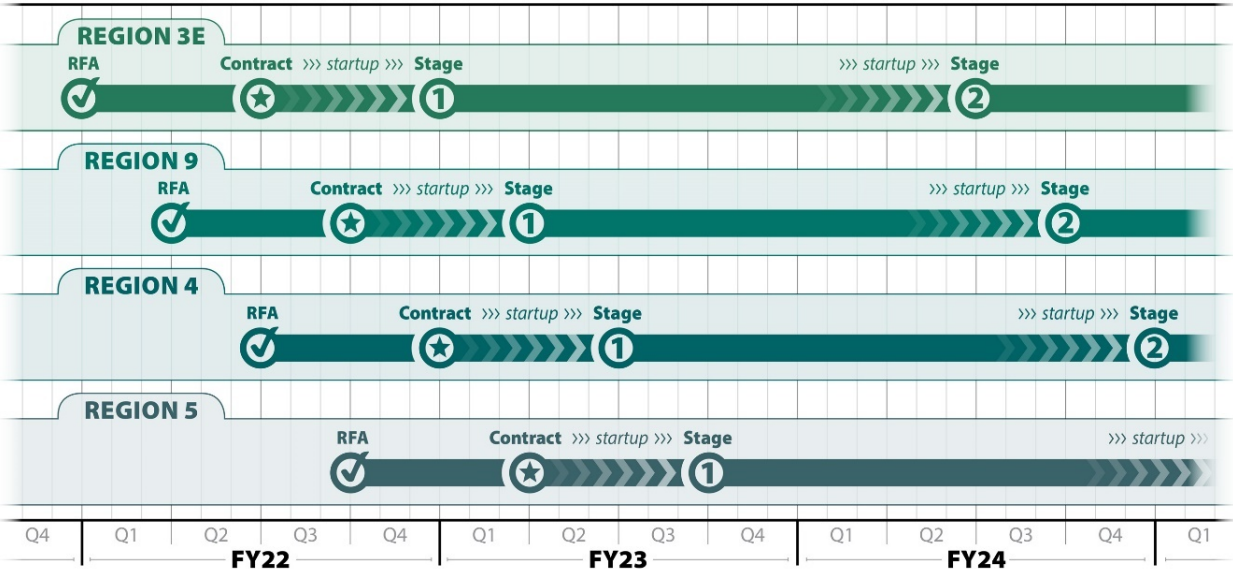
Statewide Implementation

The length of time it will take to fully implement CBC across the state is dependent on many factors which include, but are not limited to the following:

- Final number of catchment areas determined across the state;
- State resources (both funding and staff) to support implementation;
- Information derived from both the process and outcome evaluations;
- SSCC demonstrated readiness to advance to each stage of implementation;
- Appropriation of funds to support CBC roll-out in new catchment areas; and
- Appropriation of funds to maintain existing SSCCs and support advancement into subsequent stages of implementation.

Based on the anticipated number of catchment areas (16), the methodology used to determine state implementation resources, and the most recent legislative direction regarding the number of catchment areas and funding, DFPS would anticipate having CBC in Stage II in all catchment areas of the state by fiscal year 2029.

If approved, the graphic below shows the estimated implementation timeframes for new catchment areas for FY 2022-23:



In addition, DFPS will expand 3B to 3W to include Cook, Wise and Denton counties, and re-procure for a new contract starting Stage II on 9/1/23.

The department anticipates making appropriation requests to support the roll out of four new catchment areas in FY 2022-23, four new catchment areas in FY 2024-25 and three new

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catchments in FY 2026-27. The chart below provides the full sequence of roll-out by fiscal year and stage of implementation through completion in FY 2029.

Proposed Roll-Out Sequence By Fiscal Year and Stage of Implementation

Catchment Area	Fiscal Year 2022-2023	Fiscal Year 2024-2025	Fiscal Year 2026-2027	Fiscal Year 2028-2029
3B/3W	Full Implementation	Full Implementation Re-bid Becomes 3W	Full Implementation	Full Implementation
2	Full Implementation	Full Implementation	Full Implementation	Full Implementation/ Re-bid
8A	Full Implementation	Full Implementation	Full Implementation	Full Implementation/ Re-bid
1	Stage II / Full Implementation	Full Implementation	Full Implementation	Full Implementation/ Re-bid
8B	Stage II	Full Implementation	Full Implementation	Full Implementation
3e	Stage I	Stage II	Full Implementation	Full Implementation
9	Stage I	Stage II	Full Implementation	Full Implementation
4	Stage I	Stage II	Full Implementation	Full Implementation
5	Stage I	Stage II	Full Implementation	Full Implementation
4 new TBD areas	NA	Stage I	Stage II	Full Implementation
3 new TBD areas	NA	NA	Stage I	Stage II/ Full Implementation

DFPS and SSCC Roles and Responsibilities

DFPS Role

DFPS maintains responsibility for the following functions and services as a part of the CBC model:

- Intake
- Investigations (both Child Protective and Child Care)
- Family-Based Safety Services
- Eligibility determination (*as federally required*)
- Technical subject matter expertise to ensure compliance with all state and federal regulatory/statutory requirements (*as federally required*)
- Contract management and monitoring for SSCC and all remaining DFPS contracts
- Quality assurance and oversight of the foster care system (*as federally required*)

SSCC Scope of Service

The scope of services under the CBC model includes the purchase of *all* substitute care and child welfare case management services from a SSCC, as well as some administrative services DFPS provides as a part of the legacy system.

- **Substitute care services** includes an array of services provided to children once they are removed from the home, including kinship care, foster care, treatment foster care, emergency shelters, cottage home and other general residential operations, residential treatment care, post-placement supervision, and supervised independent living services. Under CBC, DFPS transitions all responsibility for foster care placement and services to the SSCC. All DFPS foster and adoptive homes that are serving children from the catchment area prior to implementation transition to private child placing agencies.
- **Case management services** are defined as the services to a child from the catchment area for whom the department has been appointed temporary or permanent managing conservator, the family of such a child, a young adult in extended foster care, or a child who has been placed in the catchment area through the Interstate Compact on the Placement of Children. There may also be situations in which the SSCC provides courtesy case management and/or supervision to children and family members who are located or placed in the catchment area from other areas of the state. Through a staged implementation, DFPS will transfer all case management services to the SSCC including:
 - Caseworker-child visits.
 - Family and caregiver visits.
 - Convening and conducting of permanency planning meetings.

- Development and revision of the child and family plans of service, including the permanency plan and goals for a child or young adult in care.
- Coordinating and monitoring services required by the child and the child's family.
- Assumption of court-related duties including, but not limited to:
 - Providing required notification and consultation.
 - Preparing court reports.
 - Attending judicial hearings and permanency hearings, trials and mediations.
 - Complying with applicable orders issued by the court.
 - Ensuring the child is progressing toward the goal of permanency within state and federal mandated guidelines.
- **Administrative services** to support capacity building, community engagement, and quality assurance activities. This includes building and maintaining foster care and other service capacity designed to meet the specific and unique needs of children and family members through the development of a network of providers, developing and managing subcontracts (if applicable) with service providers, and referring/ matching children with appropriate placements. The SSCC will provide training and technical assistance to network providers, maintain data systems to track and report performance data, and monitor performance to ensure achievement of desired outcomes for children and families.
- **Other services** the SSCC must provide as part of the full continuum of substitute care and conservatorship case management services including Adoption, Preparation for Adult Living (both Life Skills and some Aftercare), Day Care Coordination, Post Adoption Services and Interstate Compact on the Placement of Children services.

Funding and Payment

The funding structure for CBC is complex and includes a variety of different payment methods. The table below describes the funding components included in Stage I and Stage II.

Legacy System Funds Transferred to SSCCs

Type of Funding	Purpose	Methodology
Resource Transfer	On-going annual cost paid to the SSCC for performing tasks and functions performed by DFPS staff in the legacy system.	Transfers funding to the SSCC commensurate with the transfer of functions.

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Type of Funding	Purpose	Methodology
Foster Care Payments	Reimbursement for foster care for children served by the SSCC in a given catchment area.	Blended daily foster care rate unique to the case mix of children from each catchment area and a statewide exceptional daily foster care rate for services for children who's needs exceed what can be met through use of the blended rate. Supervised Independent Living Services are reimbursed at the statewide rates.
Purchased Client Services	Funds services to children, youth and families from a given catchment area to facilitate the achievement of the service plan. Stage I includes PAL Life Skills and purchased adoption services; Stage II includes all family services for children in substitute care.	Annual allocation of the portion of the purchased client services dollars the department would have spent to procure like services in the legacy system.
Quality and Utilization Management	Supports SSCC monitoring of services to ensure quality, progress towards child service plan goals, and compliance with all contract terms, performance expectations, outcomes and outputs of the SSCC's provider network.	Annual allocation of the portion of the dollars the department would have spent to procure like services in the legacy system.

Additional Funding

Type of Funding	Purpose	Methodology
Start-up	One-time payment for readiness activities such as local protocol development and workforce development and training; software purchases; and office leases.	Stage I - \$997,000 Stage II - amount varies by catchment area; amounts informed by methodology developed through an external analysis performed by Chapin Hall.

Type of Funding	Purpose	Methodology
Network Support	Supports new costs to the system for capacity/network development and oversight, community engagement and IT systems requirements.	\$1,900 per child full time equivalent.
Child and Adolescent Needs and Strengths Assessment	Supports care planning for children receiving therapeutic services; assessment statutorily required every 90 days.	Specified amount per child full time equivalent.
Stage II Additional Resource Transfers	Additional resource transfers above agency resource transfer to enhance case management services in Stage II per Rider 29, HB 1, General Appropriations Act, 86 th Legislature.	Appropriated amount varies by catchment area.

The addition of performance incentives in Stage III is a funding component that continues to be developed by DFPS as a part of the CBC model. In Stage III, the SSCC will be financially incentivized to safely move children out of paid foster care settings to placements with their own parents, with kinship caregivers and/or adoptive placements. The SSCC will receive the average general revenue portion of what the state would have paid for children to remain in foster care when they improve upon the baseline. Additionally, if the SSCC’s strategies do not work and on average, children remain in paid care longer, the SSCC will be assessed remedies. Currently, Chapin Hall is helping the department establish the model for annual assessment of incentives and remedies through their contract as the independent evaluator for CBC.

High-level Milestones

FY18-20 Accomplishments:

- Established CBC financial model, related to:
 - Foster Care (Blended, Exceptional)
 - Network Support Payment
 - Stage II Resource Transfer
- Established methodology related to Stage II start-up funding as informed by Chapin Hall Study (see external reports section of [CBC Website](#) for full report).

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- Identified new data elements for potential use as strata in blended rate moving forward, as informed by Chapin Hall Study (see external reports section of [CBC Website](#) for full report).
- Evaluated FY 20-21 appropriations to determine SSCC contract amounts.

FY21-23 Plans and On-going Tasks:

- Pursuant to HB 1, Article II, Special Provisions, Section 32, HHSC contracted with Public Consulting Group for a report that evaluates a new rate methodology including specific consideration of CBC. DFPS anticipates the report will be published in early 2021.
- Explore recommendations from the rate methodology report.
- Continued development and implementation of Stage II model for assessing incentives and remedies.

Progressive Intervention and Contingency Plans

The Progressive Intervention Plan outlines the contract enforcement process or progressive intervention DFPS will employ should the SSCC contractor fail to operate in compliance with the terms and conditions set forth in the SSCC contract with DFPS.

Progressive intervention actions include monetary and other forms of remedies, such as:

- Requiring CQI plans of action.
- Requiring corrective action plans.
- Obtaining technical assistance or trainings.
- Increasing the nature and intensity of contract monitoring and quality assurance activities.
- Payment of financial remedies in certain circumstances outlined in the contract.
- Payment of liquidated damages (see specific situations defined and noted below).
- Suspending and/or placing conditions or limitations of services when applicable.
- Removing from the provision of services any employee of the Contractor or subcontractor.
- Suspending or terminating all or part of the SSCC contract.

See [Appendix C - Progressive Intervention Plan](#).

DFPS is committed to Community-Based Care as the right approach for partnering with providers to improve service delivery and outcomes. However, DFPS must be prepared with a plan of action in the case that an SSCC contract is terminated early in a catchment area. The

DFPS Contingency Plan is a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks based on the SSCC's stage of implementation.

The SSCC must also be prepared for contract closure and in rare situations, early termination of the contract. The SSCC is required to submit a Turnover Plan, 12 months after the start of the Contract that outlines the responsibilities and activities that the SSCC is required to perform prior to or upon termination of the Contract. The Turnover Plan is a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks. This plan is required to be updated six months before the end of the Contract Period, including any extensions. DFPS must approve the Turnover Plan.

DFPS will use the SSCC's Turnover Plan as well as the DFPS Contingency Plan to ensure the least disruption in the delivery of services to children, youth and families who are being served by the SSCC during any transition to a subsequent vendor.

In August 2014, DFPS successfully implemented this Contingency Plan in Regions 2/9 during Stage I implementation. A more extensive effort will be required on the part of DFPS should an SSCC have implemented CBC beyond Stage I.

See [Appendix D – Contingency Plan](#).

Training Plan

DFPS developed Community-Based Care training plans for each catchment area based on the stage of implementation. Included in these plans are timeframes and tasks related to:

- Protocol development
- Operations Manual development
- Curriculum development for existing CPS and SSCC staff
- Training delivery for existing CPS and SSCC staff
- Curriculum development for new CPS staff
- On-going training delivery for new CPS staff

In collaboration with the DFPS Center for Learning and Organization Excellence (CLOE), the CPS Professional Development training program for new DFPS caseworkers was revised to include all components of Community-Based Care. The curriculum addresses the goal, foundational principles, and anticipated outcomes of CBC, including the key components of the model that differ from the legacy system. This will ensure that new staff understand the differences in each stage of CBC and what to expect when CBC is implemented in their catchment area. Catchment area-specific protocols will require modification of the CBC training curriculum for new caseworkers for each catchment area based on the stage of implementation.

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As noted in the catchment-specific timeline, training on catchment-specific protocols will be conducted before each stage rollout for all existing CPS staff. This is the opportunity for the region to receive in person training on the Community-Based Care protocols specific to their catchment and get to know more about the operations and plans of the designated SSCC in their area. DFPS will also train SSCC staff on changes to the State Automated Child Welfare Information System (SACWIS) system known as Information Management for Protecting Adults and Children in Texas (IMPACT).

In addition to training on catchment-specific protocols, in CBC Stage II, SSCCs must develop training models to ensure that all caseworkers, supervisors and other direct care staff providing conservatorship services through the SSCC complete training to support attainment of safety, permanency, and well-being for the children, youth, and families served under their continuum of care. Generally, SSCCs have leeway to develop trainings specific to their CBC model while incorporating all DFPS federal/state statutory requirements and licensing standards. However, some DFPS trainings will be required of SSCCs, such as the CPS' Professional Development (CPD) training model for all caseworkers, supervisors and other direct care staff providing conservatorship services through the SSCC to support the state's compliance with remedial orders from the foster care class action lawsuit.

High-Level Milestones

FY18-20 Accomplishments:

- Developed standard training curriculum for CPS and SSCC staff, including training on CBC operations, IMPACT, Child Care Licensing Automated Support System (CLASS) and Texas Adoption Resource Exchange (TARE) which are relevant data information systems.
- Developed and implemented Stage I IMPACT Functionality Guide to assist with the SSCC referral process, which assigns SSCC as secondary in the legal case to support placement services.
- Adapted training to catchment specific protocols and conducted Readiness training with CPS and SSCC staff in Regions 1 and 8A.
- Updated CBC section of the CPS Professional Development curriculum training for new caseworkers statewide.
- Required all SSCC caseworkers to be trained using the standardized curriculum created by the human trafficking prevention task force under Section 402.035 (d)(6), Government Code.
- Finalized and executed training plan for Stage II CBC for Regions 3B and 2. Shared CPS Professional Development training curriculum used by DFPS with stage II providers.

FY21-23 Plans and On-going Tasks:

- Roll out *Change is the Only Constant* and *Introduction to CBC* trainings.

Implementation Plan for the Texas Community-Based Care System

- Continue general CBC training for DFPS and relevant HHSC Subject Matter Experts as requested.
- Continue support for local training and technical assistance in all catchments.
- Ensure and document that SSCC's in Stage II incorporate applicable aspects of CPS' Professional Development (CPD) training model into their training curriculum for all SSCC staff.

Information Technology

Information Technology is a key component to the success of Community-Based Care.

Information Technology must support the redesigned model to ensure SSCCs have information and tools to meet the unique needs of children, youth and families. Since 2010, DFPS has continued to improve the Information Technology for SSCCs, including:

- Adapting the system to include an SSCC for referral, placement, and billing purposes.
- Creation of a two-way data exchange between IMPACT and the SSCC system to manage payment of purchased client services (child & family) to the SSCC.
- Allowing search capability (read-only) and some data entry by the SSCC into the IMPACT system.
- Allowing SSCC access, based on business need, to the CLASS system (read-only) and TARE.
- Developing an automated process for transferring children between the legacy and redesign systems in IMPACT.
- Developing a nightly data export of information from IMPACT to the designated SSCC data system.

As CBC proceeds, there will be several additional phases of IMPACT modification to support the new model. Some of this work will include:

- IMPACT enhancements to support CBC stage II, case management and services to all children in substitute care (kinship and foster care) and their families.

Data Access and Standards Governance Council

Recognizing that information technology is an especially critical component of Community-Based Care, DFPS convened a Data Access and Standards Governance Council as required by Texas Family Code, Section 264.159. The Council developed a work plan including structure, membership, scope of work, goals, and major deliverables.

The purpose of the Council is to develop protocols for the electronic transfer of data from Single Source Continuum Contractors to the department to allow the contractors to perform case management functions. The Council is charged with developing protocols for the access,

management, and security of case data that is electronically shared by a Single Source Continuum Contractor with the department.

The Council is co-chaired by the DFPS Director of Community-Based Care and DFPS Director of Information Resource Management (IRM). Membership is made up of representatives from each SSCC, DFPS Consolidated Data Division, DFPS Information Security Officer, DFPS Attorney, and the CPS Deputy Associate Commissioner. The Council may consult with other stakeholders when necessary, including Health and Human Services (HHSC Procurement, DFPS Contracts, HHSC Medical Services, Superior Managed Care Organization [MCO]), and any other stakeholder deemed necessary for proper input on suggested changes.

The Council's work plan is broken into four phases in order to establish a functional two-way data exchange between the SSCC and IMPACT systems:

- **Phase I** includes assessing and optimizing the current data export from IMPACT to the SSCC's data systems.
- **Phase II** includes adding the data export to Regions 2 and 8A SSCC data systems.
- **Phase III** includes switching from IMPACT Legacy Platform to IMPACT R2 Platform.
- **Phase IV** includes establishing automatic/near real time data exchange between IMPACT and SSCC data systems.

High-Level Milestones

FY18-20 Accomplishments:

- First Data Access and Standards Governance Council meeting convened on July 12, 2018. Subsequent meetings held October 11, 2018, April 11, 2019, and July 8, 2020.
- Completed Phases I-III of the Council work plan.
- Successfully released two IMPACT enhancements for Stage I in November and December 2019 with a result of more timely payment of invoices and decreased data entry fixes. Also release IMPACT enhancements to support Stage II implementation including family referrals and the ability for the SSCC to completed case management related tasks in IMPACT.
- Developed technical support processes for SSCC access to IMPACT, TARE and CLASS.
- Successfully reformatted the foster care pre-bill to assist with more timely foster care payments to the SSCCs.
- Tested and established two-way data exchange between IMPACT and the SSCC system of the SSCC child referral and Application For Placement (short form) with one SSCC (2INgage) in October 2020.
- Established Project Charter November 2020 for FY21 Stage II Transition Enhancements.

FY21-23 Plans and On-going Tasks:

- Continue meeting with the Data Access and Standards Governance Council.

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- Continue working with each SSCC to establish a two-way data exchange between IMPACT and SSCC IT systems.
- Establish future data sets for two-way exchange between IMPACT and SSCC IT systems.
- Continue IMPACT enhancements to support stage I and II implementation.
 - Requirement sessions for Stage II enhancements began November 2020. Priority enhancements include:
 - Adding more data elements related to stage II services to the nightly data export of information from IMPACT to the designated SSCC data system.
 - Improvements to entering the IMPACT Child and Family Referral and initiation of service authorizations.
 - Ability of IMPACT to recognize Unit Structure without dependency on CAPPs to enable SSCC use of INSIGHT and DFPS data warehouse reporting.
- Develop interoperability for child referral and Application for Placement (Short Form) between IMPACT and the SSCC systems.
- Continue the development of a two-way data exchange between IMPACT and the SSCC system to manage data entry of child service plans, family service plans, placement detail and narratives, common applications, contact detail and narratives, and other child/family-specific data provided by the SSCC and needed in IMPACT.

DFPS Oversight Structure

Community-Based Care changes the child welfare landscape in Texas. To ensure successful implementation, DFPS must establish effective structures with clearly defined responsibilities for planning, decision making, implementation and on-going operations. CBC governance and organization builds on structures currently in place within DFPS in the short term and can be adjusted over the course of CBC implementation as DFPS contracts with more SSCCs and in line with other changes to the agency and resources.

Governance

The DFPS executive team is responsible for providing direction and making critical decisions to support CBC implementation. This includes executive level support and commitment of resources from within Child Protective Services, Purchased Client Services, Finance, Legal, Information Technology, Data and Systems Improvement, Center for Learning and Organizational Excellence, Communications, and External Relations. DFPS leadership works together with the Public Private Partnership (PPP) to provide overall direction for the model.

CBC Multi-disciplinary Team

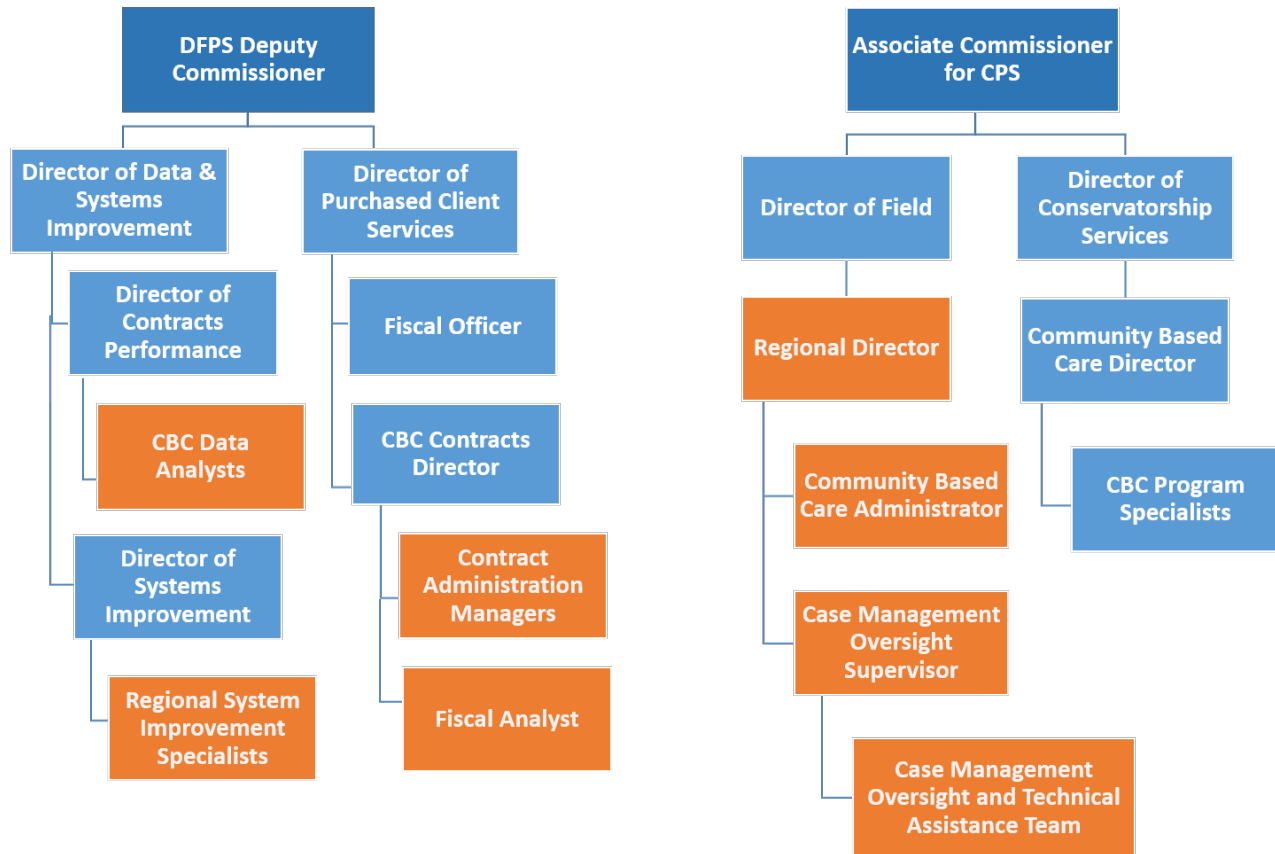
While the majority of DFPS is impacted and involved in making the change to the Community-Based Care model, a core multi-disciplinary team supports implementation and ongoing oversight. The multi-disciplinary team includes: the CBC Regional Leadership and Administrator, the CBC Contracts Division, the Data and Systems Improvement Division, and the CBC program implementation team.

- A regionally-based CBC Administrator reports directly to the CPS Regional Director in each catchment area. The CBC Administrator provides project management support for staged implementation, supporting training and cultural change efforts, guiding development of local protocols, and serving as a subject matter expert on CBC operations and implementation.
- A regionally-based Contract Administration Manager, under the direction of the Director of CBC Contracts, acts as a project manager throughout each stage of the contract lifecycle, supporting procurement and contract establishment, ensuring all contract management and monitoring tasks and activities are completed accurately and timely, and that all subject matter experts and stakeholders have been included as appropriate in each stage. Fiscal Analysts under the Director of CBC Contracts support financial oversight and monitoring activity.
- CBC Contracts Performance analysts and Regional Systems Improvement Specialists within the Data and Systems Improvement Division support quarterly performance reviews and continuous quality improvement in the transition year and throughout the contract.
- The CBC implementation team consists of four CBC Program Specialists under the direction of the CBC Director. The team accesses resources from within CPS program and other DFPS departments to operationalize the model and perform the activities necessary for successful model development and implementation. Utilizing staff from across agency divisions ensures that the CBC model is supported in a holistic way and that the CBC model is a consideration in all agency activity.

Initially, state and regional staff work together to support start up, implementation and early operations. Ultimately, programmatic quality assurance, technical assistance and oversight activities becomes the responsibility of the regional CPS staff with coordination and support from state office. As catchments progress to Stage II implementation, Regional Case Management Oversight (CMO) teams are added at the regional level to perform case reviews, provide subject matter expertise, and help to assess regional performance trends. During the transition, the teams play a critical role in providing technical assistance and support to the SSCC. On-going, the CMO teams are responsible for addressing any serious case concerns and providing technical assistance around practice issues and trends, as well as exercising the necessary oversight per federal requirements. Other DFPS regional subject matter experts at the

state and local level may also be called upon to provide support and participate on the multi-disciplinary team.

Figure 5 CBC Organizational Structure



High-Level Milestones

FY18-20 Accomplishments:

- Hired state office CBC Program Specialists.
- Fully staffed all Regional CBC Administrator positions in the five CBC catchment areas.
- Created Director of CBC Contracts and fully staffed SSCC Contract Administration Manager Positions.
- Hired additional CBC Fiscal Analyst.
- Hired CBC Analysts in Contracts Performance Division.

FY21-23 Plans and On-going Tasks:

- Hire CBC Case Management Oversight and Technical Assistance staff for Stage II implementation in specified catchment areas.
- Hire CBC Implementation team and Data and Systems Improvement staff as resourced for expanded statewide implementation.

Single Source Continuum Contract Oversight

Contract oversight for Community-Based Care is organized around review of critical SSCC performance areas. Throughout the contract period, the DFPS multi-disciplinary team reviews performance outcomes and other administrative, fiscal, and programmatic data and information related to compliance with contract terms and conditions and service delivery in accordance with the service delivery model. Data sources include DFPS data system reports (IMPACT, CLASS), SSCC self-reported data and information, ad hoc reports, case record reviews, financial reports, and third-party reviews.

The multi-disciplinary team meets with the SSCC quarterly to conduct a formal review of performance. Together, DFPS and the SSCC identify trends, areas for improvement, and technical assistance needs. During stage transition, the multi-disciplinary team conducts oversight activities more frequently to ensure successful transition and continuity of services for children and families. In Stage I, this involves oversight of placement activity and ensuring DFPS and SSCC staff understand and are following the established case protocols, including making adjustments as needed. In Stage II, oversight activities focus on ensuring that case management activity continue for all cases based on case stage: children and families are seen, case documentation is maintained, court dates are met, existing services are not interrupted, and new services are not delayed. Over time, as SSCCs demonstrate compliance, DFPS oversight shifts toward quality and the achievement of permanency outcomes, which become financially incentivized in stage III.

DFPS may adjust the nature and intensity of contract monitoring and quality assurance activities at any time during the contract period based on performance and risk. DFPS may impose a contract intervention at any time. Contract interventions range from Continuous Quality Improvement (CQI) Plans to Contract Corrective Action Plans (CCAP) when necessary.

Contract Performance Measures

SSCC contract performance measures are aligned with the CBC guiding principles/quality indicators, and other state and federal requirements and performance outcomes.

- The percentage of children/youth who do not experience a validated incidence of abuse, neglect or exploitation.
- Foster care placements per child/youth.
- The percentage of days that are in a least restrictive placement.
- The percentage of children/youth in foster care placements within 50 miles of their home.
- The percentage of sibling groups placed together in foster care.
- The percentage of youth age 16 or older who have a driver's license or state identification card.

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- The percentage of youth who turned 18 and have completed required PAL Life Skills Training.
- The percentage of approved service plans where children/youth age 5 or older participated in development of the service plan.
- The percentage of court hearings attended by children/youth, when not excused by the court.
- The percentage of school aged children who are attending their school of origin.
- The percentage of children placed with kin. (Stage II)
- The percentage of classified regular full- and part-time SSCC caseworkers who voluntarily and involuntarily separate from the SSCC agency. (Stage II)

Stage III of the contract also activates fiscal incentives and remedies tied to permanency outcomes. Continuously reducing the number of paid foster care days, either by having more permanent exits or shorter foster care stays, will result in payment of financial incentives. See Independent Outcome Evaluation below.

Baseline targets for each SSCC reflect an average performance of the legacy foster care system in the defined catchment area during an established performance window (e.g. two years) before implementation. The target is performance at or above the historical catchment baseline, with the exception of safety, with an expectation of 100% of children safe. DFPS produces additional data related to performance measures to better understand what may be driving trends. The goal is to use data prospectively to identify where change can be made to adjust practice or respond to populations changes in support of positive outcomes.

Programmatic Oversight

DFPS staff review and assess the SSCC service delivery system to determine if it is consistent with contract requirements, including outputs, outcomes, quality, and effectiveness of programs. Service-related data and information is reviewed to ensure:

- **Compliance with Critical Tasks, Procedures, and Practices** (DFPS/SSCC policies and procedures, agreed upon protocols, documentation requirements, HHSC minimum standards, and other process or practice expectations as required by state or federal statute or identified in the contract).
- **Quality Services** (Degree to which the identified need is being met and the quality of the service being provided).

The primary focus of case management oversight during the transition is child safety and continuity of service provision. Case Management Oversight staff will review data and case records to ensure that children and families are being seen by caseworkers, that assessments and case planning are continuing timely, and that no services are disrupted.

Administrative Oversight

Administrative oversight includes a review of the contractor's operations to ensure:

- **Administration and Operational Capacity** (policies, procedures, and overall organizational structure)
- **Compliance** (systems for ensuring compliance with all applicable state and federal regulations, quality assurance, and utilization management practices)
- **Workforce** (capacity to hire, train, and maintain qualified staff)
- **Network Accountability and Oversight** (subcontractor monitoring plans and timelines)
- **Network Capacity** (full continuum of provider services for children and families)
- **Stakeholder Engagement** (community outreach and engagement plans, as well as complaints processes for internal and external stakeholders)

Fiscal Oversight

The contract requires the SSCC to submit residential provider cost reports and external financial statements as well as undergo annual independent and single audits. DFPS will use the findings of the independent audit to assess the organization's overall financial viability. The Department will use the single audit to assess the SSCC's financial viability and contract compliance relating to the requirements of the SSCC contract.

On-going fiscal oversight includes, but is not limited to, a review of the contractor's:

- **Financial Controls** (financial management systems to ensure accountability, proper documentation, standard accounting procedures and internal controls.)
- **Financial Stability** (viability of the organization, such as internal and external financial statements, annual independent audit, single audit, and invoices.)

Additional Oversight

In addition to contract oversight as outlined above, DFPS and the SSCC are subject to the following oversight:

State Auditor's Office (SAO)

The State Auditor's Office (SAO) is the independent auditor for Texas state government that operates with oversight from the Legislative Audit Committee, a six-member permanent standing committee of the Texas Legislature, jointly chaired by the Lieutenant Governor and the Speaker of the House of Representatives. The SAO is authorized, by Chapter 321, Texas Government Code, to perform audits, reviews, and investigations of any entity receiving state funds, including state agencies and higher education institutions. SAO performs audits with Generally Accepted Government Auditing Standards, including those issued by the American Institute of Certified Public Accountants.

DFPS Internal Audit

DFPS Internal Audit performs a retrospective review of selected contracts based on a risk assessment methodology. Accordingly, a provider must be operating for a period of time prior to the internal audit review. This is typically one year with a report not being available until six months later.

Contract Oversight and Support (COS)

DFPS has an independent Contract Oversight and Support (COS) Division separate from the DFPS Contract Management Division. The COS division consists of two teams:

- Policy, Training, and Technical Assistance
- Data, Risk Management, and Quality Assurance

The goals and objectives of COS are to mitigate contract risk by:

- Providing timely and relevant communication and technical assistance to all levels of staff, from contract management to the executive level.
- Identifying contracting issues and best practices to facilitate the development and track progress of contracting initiatives.
- Developing well-written and easy to follow policies and procedures that meet all contracting requirements.
- Delivering relevant contract training through multiple formats to staff of all levels of contracting experience.
- Development of internal control processes, risk assessment tools, and the agency's contract monitoring plan.
- Reduce agency contracting risk through the development of robust internal control processes, risk assessment tools, and the agency's contract monitoring plan.
- Reporting comprehensive contract information to enable data-driven decisions.
- Ensuring the integrity of contract management by testing data and the adherence to policies and procedures.

High-Level Milestones

FY18-20 Accomplishments:

- Developed routine SSCC Contract Monitoring Schedule – Stage I, including when, how, and where the various components of contract monitoring will occur.
- Developed and implemented CQI process, including how, who, when and where the data will be tracked, processed and shared with the SSCCs to improve the quality of care.
- Developed contract intervention plan to address expanded scope, systems, and financial components.

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- Developed contract contingency plan to resume services based on the stage of implementation without disruption to services to children and/or families and while ensuring child safety.
- Modified statewide and catchment area Facility Intervention Team Staffing (FITS) structure and purpose (FITS) to ensure appropriate communication flow of issues related to the safety and quality of care children.
- Drafted Contract Monitoring System and Standards for Community-Based Care as it relates to Stage II (oversight of legal case management services).
- Worked with SSCC and modified contracts as necessary to ensure compliance with federal court order.

FY21-23 Plans and On-going Tasks:

- Finalize Contract Monitoring System and Standards for Community-Based Care as it relates to Stage II (oversight of legal case management services) in consultation with Chapin Hall.
- Finalize Case Management Quality Oversight and Assurance tools, processes, and guide for Monitoring SSCC Contracts in Stage II.
- Finalize CBC Risk Assessment Instrument to address expanded scope of work and systematically anticipate critical elements likely to pose challenges for organization and catchment.
- Finalize CBC Contract Monitoring Tool to address expanded scope, systems, and financial components in Stage II.
- Establish baselines (for those not already established) for performance measures for each CBC SSCC contract.
- Implement reporting for Stage II performance measure data for relevant SSCCs.
- Conduct quarterly performance reviews of each SSCC contract based on stage of implementation and associated performance measures. Quarterly review results of performance measures; identify trends, where technical assistance is needed, evaluation of implementation, fiscal, program, and administrative compliance.
- Conduct annual on-site review of each SSCC based on stage of implementation and associated performance measures. Annual on-site fiscal, programmatic, and administrative compliance review pertaining to the contractor's implemented processes and procedures and the contract terms and conditions.

Evaluation

Theory of Change / Logic Model

CBC performance and evaluation is tied to the CBC theory of change as documented in the logic model. DFPS and stakeholders proposed a causal relationship between placing more children in

least restrictive settings, in their home communities and reducing the number of placement changes children experience while in foster care (short-term outcomes) and an expected increase to permanency rates and reduction in using paid foster care days in a redesigned system (long-term outcomes). Under Community-Based Care, full provision of case management to children and parents, in addition to support for kinship families, become part of the logic model for advancing short and long-term outcomes.

At the catchment level, each SSCC also develops their strategies, or theory of change. The SSCC proposes the process, quality, and capacity changes they believe will lead to improved short and long-term outcomes for children. DFPS and SSCCs use a Continuous Quality Improvement (CQI) framework to evaluate the implementation and effectiveness of SSCC change efforts. Contract performance measures serve as the evidence of change in stage I. Beginning in Stage II, Chapin Hall provides independent data and analysis on achievement of permanency outcomes tied to financial incentives and remedies (Stage III).

See [Appendix E. Logic Model](#) and [Appendix F. Theory of Change and COI Cycle](#).

Performance Measure Comparative Analysis

DFPS publishes performance data twice annually as a requirement of Rider 21, in Article II of the General Appropriations Act, 85th Texas Legislature (Rider 15, 86th). The data includes both SSCC contract measure performance and performance on select Legislative Budget Board Child Protective Services Performance Measures over time. DFPS reports the performance of each SSCC along with the performance of the state as a whole and the performance of the combined non-CBC regions. The report allows for a comparative analysis between the legacy foster care and redesigned CBC systems.

As CBC progresses through a staged, statewide implementation, DFPS and stakeholders can use the data to assess individual SSCC performance over time; whether CBC areas are improving over their historical performance more or less than legacy areas are improving over theirs; and whether there may be statewide trends influencing performance across both legacy and CBC systems.

Major systemic changes take time. Improved performance may not be observable in a catchment, or statewide, until more catchment areas become a part of the redesigned system and advance to Stage II. In FY 20, ACH (Region 3B) saw continued performance gains, placing more children in stable, least restrictive settings, with siblings, and within 50 miles, compared to the contract baseline. In its first full fiscal year of performance, Region 2 maintained least restrictive settings and showed improvement on placement stability. Also in its first full fiscal year of performance, Region 8A saw improvements to placement stability, placement in least restrictive settings and placed more children within 50 miles. The agency publishes biannual Community-Based Care performance [Rider Reports](#) for each SSCC on its public website.

Independent Process Evaluation.

DFPS recognizes the development and implementation of the Community-Based Care model is subject to change over the course of the rollout as a result of on-going analysis of the model over time. The process evaluation is intended to help DFPS address operations, implementation, and service delivery issues and make adjustments before successive rollout of the various stages in subsequent geographic areas.

Texas Family Code Section 264.147 requires that DFPS evaluate the implementation process in each catchment area before expanding Community-Based Care. DFPS has secured a five-year interagency contract with Texas Tech University to perform a process evaluation of Stage I and II implementation in each catchment area. The process evaluation is intended to cover start-up and implementation activities in each catchment area.

The process evaluation is a tool the department uses to assess implementation of Community-Based Care in each catchment area, identify the key successes and barriers, and course correct as needed. Areas of focus include operations and resources, redefined roles and responsibilities, communication and community change efforts, readiness activities and supports, and issues resolution processes.

Texas Tech has conducted structured surveys with stakeholders including individual interviews and small focus groups to elicit open-ended responses from key individuals engaged in implementation from each region. DFPS has and will continue to use this information to modify approaches to implementation and SSCC and community preparedness.

Independent Outcome Evaluation

Texas Family Code Section 264.153 requires DFPS to describe, as part of a CBC implementation plan, its plan for evaluating “the performance of each contractor and the community-based system as a whole that includes independent evaluation of each contractor’s processes and fiscal and qualitative outcomes.” DFPS contracts with Chapin Hall to establish the Continuous Quality Improvement Framework which serves to evaluate how well SSCC-driven, community-specific change strategies succeed in improving outcomes, specifically improved performance.

Chapin Hall provides independent data analysis of each SSCC’s performance on reducing paid foster care days. Continuously reducing the number of paid foster care days, either by having more permanent exits or shorter foster care stays, will result in payment of financial incentives in Stage III. Conversely, utilizing more than the baseline days of care will result in financial remedies. Using “Baseline-Target-Actual” data, Chapin Hall defines the differences between identified baseline values and actual performance and reports if the differences are changing for each SSCC. Chapin Hall and DFPS work with the SSCCs to better understand the data and support strategies that can narrow the difference between actual performance value and the anticipated performance target. Chapin Hall will track re-entries into paid foster care following

a permanent exit to ensure that any improvements to the permanency outcomes are not offset by an increase in the re-entry rate to foster care.

Chapin Hall is also producing the data for the performance outcome for proximity. Geo-mapping software is used to show the percent of placements that are within 50 miles of the child's address at removal.

At a systems level, Chapin Hall will help DFPS test the specific theory of change outlined in the logic model that proposes a SSCC operating under a performance-based contract and redesigned payment structure will have more success maintaining children in stable, least restrictive placement in their home communities, which will in turn increase permanency rates and reduce utilization of paid foster care days. This analysis can only be performed once more contracts reach stage III.

High-Level Milestones

FY18-20 Accomplishments:

- Established contract performance outputs and outcomes for Community-Based Care.
- Designed additional data reporting for CQI.
- Expanded Chapin Hall Community-Based Care contract in fiscal year 2019 to include the analysis of start-up costs in Stage II and recommendations for enhancements to the blended rate calculation.
- Chapin Hall performed historical analysis to establish the baseline performance years for Catchments 3B and 2.
- Re-procured Chapin Hall contract for December 31, 2020 through August 31, 2021 with the opportunity to renew for up to four years.
- Established five-year contract with Texas Tech University to perform the CBC process evaluation.

FY21-23 Plans and On-going Tasks:

- On-going completion of Rider 15 report - As DFPS contracts with more SSCCs, the report will allow for a comparative analysis of CBC and legacy catchments.
- Texas Tech process evaluation - Complete process evaluation for Stage I implementation in Catchments 2, 8A, and 1. A process evaluation for Stage I implementation for 3B was completed and released in June 2015. Complete process evaluation for Stage II for 2 and 3B. DFPS anticipates a final report in early 2021.
 - Present process evaluation findings to internal and external stakeholders.
 - Incorporate approved process evaluation recommendations/lessons learned into next Request For Application and/or Readiness processes.
 - Complete process evaluation for 8B in fiscal year 2022.
- Chapin Hall outcome evaluation – Fiscal year 2021 deliverables include continued production of proximity data, simulation modeling for care day projection, training and

roll out of Baseline-Target-Actual reports and CQI Framework to 3B and 2, and reconciliation process for independent evaluation of care day performance for incentives and remedies beginning FY22 with legislative appropriation.

Closing

Fiscal year 2020 has been a year of change for the child welfare system in Texas with expansion of Community-Based Care to stage I in one new area and Stage II in two catchment areas, significant new policy and process requirements, and the need to respond to an unprecedented worldwide pandemic. DFPS and SSCCs have maintained a strong partnership, managing this change while continuing the work to protect children and connect and engage with families.

DFPS appreciates the help and support of the Legislature and their prioritization of a statewide rollout of Community-Based Care. DFPS is grateful for the countless hours and resources that staff and stakeholders have dedicated to expanding CBC. The department looks forward to the opportunity for continued collaboration, as implementation of Community-Based Care becomes a reality in more areas of the state. The next update to the implementation plan will be released in December 2021 with direction based on the outcome of the 87th Legislative Session and appropriations to support roll out in FY 2022-2023.

Appendix A – Geographic Catchment Areas

DFPS gathered information from stakeholders to establish 17 distinct geographic catchment areas for the implementation of Community-Based Care. In fiscal year 2020, with additional stakeholder input, DFPS revised the catchments to 16 areas with Region 3 following the current DFPS regional structure of 3 east (3E) and 3 west (3W). Catchments break some larger regions down into natural service areas in which Single Source Continuum Contractors develop service networks. The current CBC sites are Regions 1, 2, 3B, 8A, and 8B.

Catchment	County Name
1	Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Robert, Sherman, Swisher, Terry, Wheeler, Yoakum
2	Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young
3A (Current)	Collin, Cooke, Denton, Fannin, Grayson, Hunt, Wise
3B (Current)	Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant
3C (Current)	Rockwall, Dallas, Ellis, Kaufman, Navarro
3E (Future)	Collin, Dallas, Ellis, Fannin, Grayson, Hunt, Kaufman, Navarro, and, Rockwall.
3W (Future)	Cooke, Denon, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant, Wise
4	Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red, River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood
5	Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler
6A	Harris
6B	Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton
7A	Bell, Bosque, Brazos, Coryell, Falls, Freestone, Grimes, Hamilton, Hill, Lampasas, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Williamson

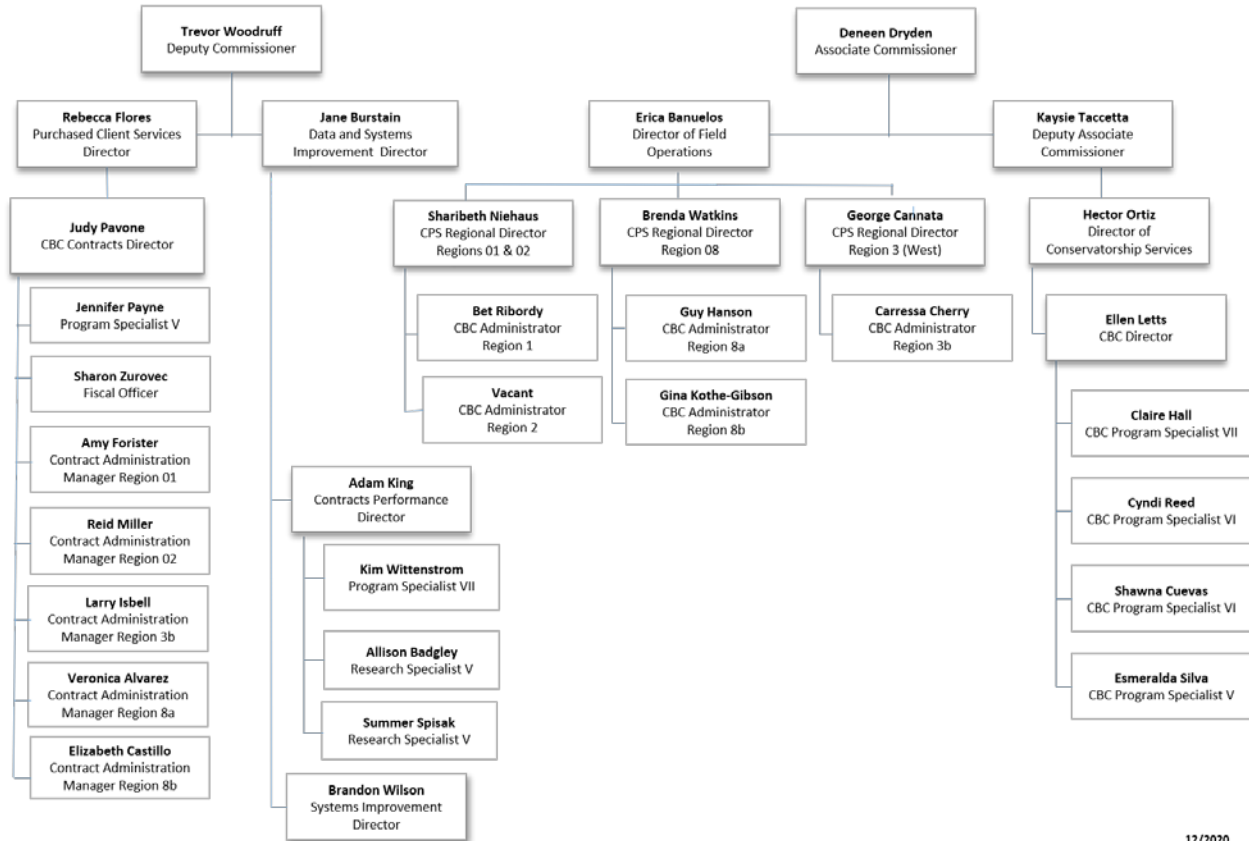
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7B	Bastrop, Blanco, Burleson, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Washington
8A	Bexar
8B	Atascosa, Bandera, Calhoun, Comal, De Witt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala
9	Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler
10	Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio
11A	Aransas, Bee, Brooks, Duval, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Webb
11B	Cameron, Hidalgo, Jim Hogg, Starr, Willacy, Zapata

Appendix B – CBC Organizational Chart



Community-Based Care



12/2020

Appendix C – Progressive Intervention Plan

SSCC Performance Based Contract

As described in the plan, the SSCC contract is a performance-based contract meaning that the SSCC is held contractually and financially accountable for outcomes. Outcomes are tied directly to incentives and remedies which focus on length of stay in paid foster care (permanency). The assessment of remedies or incentives occurs on an annual basis once the SSCC has implemented Stage III. The annual settle up is determined by a third-party evaluation of the baseline, target, and actual data results of the SSCC contractor.

Liquidated Damages for No Eject/No Reject.

The SSCC provider must ensure the full continuum of foster care and purchased services for children and youth in DFPS legal conservatorship from the designated geographic catchment area and who are referred to the SSCC by DFPS. The SSCC must accept all referrals for paid foster care (No Reject) made by DFPS and continue to meet the individual needs of children referred (No Eject) until DFPS determines the individual is no longer eligible for the SSCC services.

The SSCC contract terms and conditions outline Liquidated Damages for No Eject/No Reject as follows; The SSCC acknowledges that its failure to comply with timeframes associated with placement of children as described in this Contract will cause DFPS to incur economic damages of types and in amounts which are impossible or difficult to ascertain. If the SSCC cannot place a child or youth in accordance with the timeframes described in this contract, then such failure will be deemed as a violation of the No Eject/No Reject mandate of the Community-Based Care contract. Accordingly, in lieu of actual damages for such noncompliance, the Contractor agrees that DFPS may recover Liquidated Damages if the SSCC cannot comply with the No Eject/No Reject sections of the contract. The SSCC will be liable to DFPS for payment of liquidated damages in the amount of Ten Thousand Dollars (\$10,000) for each instance of noncompliance with the Contract's no eject/no reject requirement. The Liquidated Damages represent the best, reasonable, and most appropriate estimate of the Department's loss for each instance of noncompliance. After DFPS has found placement for children and youth covered by No Eject/No Reject provisions of the Contract, the SSCC will be liable to DFPS for actual damages in the amount of what the substitute provider bills DFPS for the child's or youth's care.

Contractor Noncompliance

The SSCC is also held accountable and must adhere to other contractual rules, regulations and the terms and condition of the SSCC contract. DFPS and the SSCC have implemented a Continuous Quality Improvement (CQI) process that provides continual data and information collection and analysis used for the early identification of lead agency problems and areas of

possible contract non-compliance. Whenever performance concerns or compliance issues are identified, the contract manager will intervene by requiring the contractor to develop and submit an action plan that lays out the steps the SSCC will take to reverse the trend and or address the area of non-compliance.

If it is suspected that the health, safety, or well-being of DFPS clients is at stake, contract staff should immediately consult with their supervisor to determine whether or not immediate contract remedy is necessary. Likewise, if contract staff suspects that DFPS funds are at risk based on any deliberate or careless action or inaction on the part of the contractor, staff should consult with their supervisor to determine appropriate next steps. If indicated the progressive intervention may move directly to a contract remedy, up to and including contract termination.

This plan outlines the *contract enforcement process or progressive intervention* DFPS will employ should the SSCC contractor fail to operate in compliance with the terms and conditions set forth in the SSCC contract with DFPS.

Progressive intervention actions include monetary and other forms of remedies, such as:

- Requiring CQI plans of action.
- Requiring corrective action plans.
- Obtaining technical assistance or trainings.
- Increasing the nature and intensity of contract monitoring and quality assurance activities.
- Payment of financial remedies in certain circumstances outlined in the contract.
- Payment of liquidated damages (see specific situations defined and noted below).
- Suspending and/or placing conditions or limitations of services when applicable.
- Removing from the provision of services any employee of the Contractor or subcontractor.
- Suspending or terminating all or part of the SSCC contract.

Monetary remedies imposed on an SSCC are done in consultation with DFPS legal.

SSCC Progressive Intervention Process

When the SSCC contractor fails to perform its obligations under the contract, DFPS may respond by an official demand to the contractor to submit a formal plan and assurances to correct a problem. If the contractor submits an acceptable plan and assurances, DFPS follows up on the implementation of the plan to ensure that the contractor's problem(s) are corrected. If the plan is not implemented or the desired results are not achieved, DFPS may proceed to a contract remedy.

Note: HHSC Residential Child Care Licensing's (RCCL) role with all licensed providers, including the SSCC and their subcontractors will remain unchanged. Any violation or act of

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non-compliance to licensing minimum standards is acted on according to the RCCL regulatory process and therefore is not included in this foster care redesign SSCC progressive intervention plan.

Nature of the problem	Type of action or response	Standard steps taken by DFPS
<p>Negative trend identified or contract requirement not understood e.g., contract performance target need met during a performance quarter.</p>	<p>Continuous Quality Improvement Plan: Communication with contractor to discuss the trend identified and/or clarify a contract requirement to increase contractor awareness of possible risks, and offer information and assistance</p>	<ul style="list-style-type: none"> • Conversation with contractor • CQI Plan requested to determine whether or not the problem is a symptom of a larger issue and identify action steps. • CQI plan once implemented is monitored and results closely tracked to ensure the strategies identified by the SSCC in the plan are implemented and address the issue
<p>Negative trend continues or a systemic issue is identified e.g., recurring problem which requires specific action steps to correct</p>	<p>Contract Action Plan: Formal correction to address and resolve the problem and prevent any future risk. A corrective action plan must contain specific steps to be taken by a contractor to correct identified deficiencies and to address concerns that DFPS may have regarding the contractor's:</p> <ul style="list-style-type: none"> • Compliance with contract terms or other applicable laws, rules or regulations. 	<ul style="list-style-type: none"> • Conversation with contractor • Requiring a contract action plan (CAP) be implement • Increase monitoring efforts in targeted area • Impose additional reporting requirements • Scheduled on-site visit to determine whether or not the problem poses a significant risk of harm or loss • Track results of the implementation of the plan to ensure that the

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Nature of the problem	Type of action or response	Standard steps taken by DFPS
	<ul style="list-style-type: none"> • Performance related to service delivery, reporting and/or financial stability. • Other significant deficiencies. 	<p>contractor’s deficiencies or problems are corrected.</p> <ul style="list-style-type: none"> • If the plan is not implemented or the desired results are not achieved, DFPS will proceed to the consideration of other immediate contract remedies.
<p>Contract action plan not implemented and/or contractor breaches the contract due to continued noncompliance actions or inability to meet the terms, conditions, and/or obligations under the SSCC contract.</p> <p>Significant harm or risk of harm to agency clients</p> <p>e.g., loss or misuse of agency funds related to the contractor's lack of cooperation or carelessness</p>	<p>Contract Remedy:</p> <p>A contract remedy occurs when DFPS, to any material extent, denies, terminates, or suspends a contract or payment to a contractor. Contract remedies are the most serious and formal correction taken to resolve the problem and/or eliminate negative impact up to an including contract termination.</p> <p>DFPS will discuss the impact of the SSCC contract remedy imposed and begin contingency planning efforts.</p> <p>DFPS may begin to remove and find alternate placement for clients.</p> <p>Implementation of the contingency plan will be determined according to the SSCC contract function affected and SSCC stage of implementation.</p>	<ul style="list-style-type: none"> • Letter to the contractor warning of possible sanctions if the problem is not corrected. • Depending on associated risk, reduce the services and/or dollars associated with the contract including by: <ul style="list-style-type: none"> ○ Suspension of referrals or Service Authorizations ○ Removal of specific services from the contract provisions ○ Suspension of payments until the problem is resolved ○ Placing the contractor on Vendor Hold ○ Reduction of the contract amount • Deny contract renewal

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Nature of the problem	Type of action or response	Standard steps taken by DFPS
	<p>Full and immediate implementation of the contingency plan will begin should contract non-renewal or termination be indicated.</p>	<ul style="list-style-type: none"> • Reduce the contract term or terminate prior to the contract expiration date • Report the contractor to the appropriate licensing organization and/or law enforcement • Liquidated damages as specified in the contract • Report to the VPTS, state and federal debarment systems

Appendix D - Contingency Plan

DFPS is committed to Community-Based Care as the right approach for partnering with providers to improve service delivery and outcomes. However, DFPS must be prepared with a plan of action in the case that an SSCC contract is terminated. The DFPS Contingency Plan is a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks based on the SSCC's stage of implementation.

The SSCC must also be prepared for contract closure, and in rare situations, early termination of the contract. The SSCC is required to submit a Turnover Plan 12 months after the start of the Contract that outlines the responsibilities and activities the SSCC is required to perform prior to or upon termination of the Contract. The Turnover Plan is a comprehensive document detailing the proposed schedule, activities, and resource requirements associated with the turnover tasks. This plan is required to be updated six months before the end of the Contract Period, including any extensions. DFPS must approve the Turnover Plan.

Should contract termination be necessary, DFPS will use the SSCC's Turnover Plan as well as the DFPS Contingency Plan to ensure the least disruption in the delivery of services to children, youth and families who are being served by the SSCC during the transition to a subsequent vendor.

Objectives

- Provider, foster parent/facility and physical location of every child is known and recorded in IMPACT at all times.
- No delay in payment to providers.
- Transition is seamless to children, youth and families with no disruption in services to any child, youth or family.
- Transition is supported centrally as much as possible, in order to impose the least impact on direct care staff.
- Early identification of challenges/issues is achieved through centralized tracking, reporting and resolution of issues.
- DFPS carries forward what is learned either through contract amendments or in future Request for Proposals to enhance preparation and execution of contingency planning.

Assumptions

- Minimum of 60-day transition period for ramping down SSCC operations and phase in of new provider and/or DFPS legacy system. More time may be needed if the SSCC has advanced beyond Stage I.
- DFPS and HHSC Resources will be made available to support transition.
- The SSCC will participate and be fully engaged in the planning and execution of the transition plan.

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- The Contingency Leadership Team will coordinate and execute the contingency plan. This multi-disciplinary team will be led by the CPS Director of Community-Based Care and consist of a member from the following divisions: CPS Program/Eligibility, Contracts, HHSC Procurement, Budget/Finance, IT AD&M, and IT Management Reporting and Statistics, HHSC Licensing, Center for Learning and Organizational Excellence (CLOE), External Relations, Communications, Legal, and Media. Each area will identify a single point of contact to assist in the coordination and execution of the contingency plan.

Tasks

Area	Task	Resources
Change Management	<ul style="list-style-type: none"> • Deploy the Contingency Leadership Team • Organize single points of contacts for DFPS divisions (Communications, Government Relations, Budget, IT, CLOE, Legal, CCL, etc.) • Establish on-going internal communications (regarding transition): <ul style="list-style-type: none"> ○ Issues tracking structure with points of contacts ○ Daily status updates to Executive and Regional Leadership ○ Weekly face-to-face meetings with division points of contact ○ Daily calls with Regional leadership 	Cross divisions CBC Director CBC Contract Director DFPS HR DFPS Finance Division points of contact
Communication	<ul style="list-style-type: none"> • Plan and prepare communication messages: <ul style="list-style-type: none"> ○ Commissioner message to Executive Leadership Team ○ Regional staff in the catchment area (outlining specific timeframes for interim processes, any changes in job functions) ○ Regional staff in other catchment(s) 	CBC Project Team Associate and Deputy Commissioners Communications, Media Relations Information Technology CPS Program

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	<ul style="list-style-type: none"> ○ Statewide staff ○ Legislative Offices ○ DFPS Council ○ Subcontractors of SSCC ○ Foster Parents and other care givers serving children in SSCC ○ Courts in the catchment area ○ CASA programs in the catchment area ○ Public Private Partnership ○ Key Stakeholders ○ All licensed and contracted providers ○ Webpage and other media outlets as applicable ● Monitor CBC mailbox for questions to be submitted (both from internal and external stakeholders during transition process) ● Post FAQs to CBC webpage 	
<p>Personnel</p>	<p>Develop and implement contingency staffing plan:</p> <ul style="list-style-type: none"> ● Assess transition needs based on SSCC stage of implementation and SSCC caseloads ● Develop staff transition plan to include number of staff, positions and functions needed ● Track staff who will transfer, DFPS staff who will be temporarily re-assigned and staff gaps still needed to fill ● Coordinate with DFPS, the subsequent or interim SSCC to transfer staff, if applicable ● Deploy other DFPS staff to assist temporarily during the transition ● Hire temporary staff if staff still needed 	<p>DFPS Operations (HR, Legal, etc.) CBC Project Team CPS State Office & Regional Leadership</p>

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<p>Procurement</p>	<ul style="list-style-type: none"> • Coordinate with HHSC Procurement on proposed transition plan and timeframes and review options for new procurement, emergency procurement (as applicable) or transfer responsibilities and contract to another SSCC • Plan and execute, as applicable, RFA, contract amendments, MOUs, negotiations 	<p>HHSC Procurement DFPS Legal CPS Program CBC Contracts</p>
<p>DRITs and Data/Information Needed</p>	<p>Process Data requests for:</p> <ul style="list-style-type: none"> • SSCC Children with service level and placements • SSCC Foster Homes • SSCC General Residential Operations (GROs) • Courts and CASA programs • Relatives with verification status in process • Family members being provided purchased client service (Stage II) 	<p>CBC Program MRS Region CBC Data Team</p>
<p>Contracts and Sub-contracts</p>	<ul style="list-style-type: none"> • Establish designated points of contact for contract/subcontract transition • Verify and confirm receipt of all sub contracts • Determine subcontract terms including payment processing • Identify subcontractors without DFPS active contract • Coordinate contract management and monitoring responsibilities • Plan and coordinate process for transfer of contracts either to DFPS or new SSCC in IMPACT system: • Ensure sufficient resources to cover entire continuum of care (residential, purchased adoption, PAL-Life Skills, and foster care day care) are in place and coordinate and close any gaps in service 	<p>Purchased Client Services Region and CBC Contracts Legal Budget</p>

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	<ul style="list-style-type: none"> • Ensure sufficient resources to cover entire continuum of care Stage II: Case Management, purchased client services for families, post adoption, kinship, reunification, and transitional living are in place close any gaps in service • Close out SSCC termed contract and, depending on procurement options, enter new SSCC or emergency contract in IMPACT 	
Budget	<p>Cost out Contingency Plans (based on the stage of implementation):</p> <ul style="list-style-type: none"> • Identify costs and funding to implement contingency plan (such as re-hire DFPS positions or resources for contingency provider) • Assess resources transferred and resources not yet transferred: staff, contract management, utilization management • Assess allocation amount paid for purchased client services and amount remaining 	Budget CBC Program Eligibility
IT	<ul style="list-style-type: none"> • IMPACT data transfer - ensure process and resources sufficient to support the following including what must be manual, what can be automated and forms required: <ul style="list-style-type: none"> ○ transfer of subcontracts in IMPACT ○ transfer of placement in IMPACT ○ transfer of purchase client services for families in IMPACT • Data validation and reporting processes and timeframes • Data entry training and security 	CBC Program, CBC Contracts Information Technology Eligibility Manual transfer in IMPACT
Program	<ul style="list-style-type: none"> • Develop plan for temporary transfer of tasks to DFPS or contingency SSCC • Assign resources 	CBC Project Team CBC Contracts CBC Regional Staff Resources

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	<ul style="list-style-type: none"> • Plan transition timeframes • Process communication • Approve placements in IMPACT • Modify operations manual if new SSCC contract • Ensure child contacts • Coordinate placement and FAD resource support 	<p>Contracts Legal Contingency SSCC</p>
<p>Training</p>	<p>Train staff on new processes:</p> <ul style="list-style-type: none"> • Engage CLOE in development of training and schedule • Determine best approach and schedule for training 	<p>Center for Learning and Organizational Excellence (CLOE) CBC Program and Region</p>
<p>Operations Transfer</p>	<p>Based on the stage of implementation, ensure processes and timeframes in place to assume responsibility for the following (either by DFPS or Contingency SSCC):</p> <ul style="list-style-type: none"> • Utilization Management • Placements both emergency and non-emergency • Kinship services • Relative verification • ICPC homes • Placement documentation • Transportation • Faith based efforts • Court requirements • Day Care services • Purchased Adoption services • PAL Life Skills Assessment and Training • PAL Aftercare services • Transitional living services • Purchased Client Services to families • Post-Adoption services • Education Training Voucher services • Full case management services • Family reunification support services 	

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Thirty (30) days following Turnover of operations, the SSCC must provide DFPS with a Turnover Results Report documenting the completion and results of each step of the Turnover Plan. DFPS will not consider Turnover completed until DFPS approves the Turnover Plan. If the SSCC does not provide the required data or information necessary for DFPS or the subsequent Contractor to assume the operational activities successfully, the SSCC agrees to reimburse DFPS for all reasonable costs and expenses, including: transportation, lodging, and daily meal per diem to carry out inspection, audit, review, analysis, reproduction, and transfer functions at the location(s) of such records, and attorneys' fees and costs.

Appendix E. Community-Based Care Logic Model

Goals	Business Changes	Inputs/Resources	Outputs	Short-Term Outcomes	Long-Term Outcomes
<ul style="list-style-type: none"> To create sustainable placement resources in communities that meet the service needs of children and youth in foster care To contract with community-based nonprofit and local government entities to provide case management and services to children and families To promote community ownership, flexibility, and innovation in providing services to children and families 	<ul style="list-style-type: none"> Competitively procure Single Source Continuum Contractors (SSCC) to provide placement and foster care services in designated geographic areas Contract with the SSSC to provide case management services to children in the temporary or permanent managing conservatorship of the department, their families, relatives, and kinship caregivers; and to young adults in extended foster care Compensate SSCCs for start-up and network development costs Use a single blended foster care rate and exceptional care rate Resource transfer for purchased services and other costs Utilize performance-based contracts that include incentives and remedies 	<ul style="list-style-type: none"> Public Private Partnership Established Quality Indicators Designated CBC Catchment Areas Staged rollout CPS state office implementation team Local CBC administrators, contract managers, and quality assurance staff Funding structure and risk sharing mechanisms Fiscal model for Incentives and remedies Interoperability of IT systems Performance, quality assurance, and continuous quality improvement processes Independent process and outcome evaluation Communication and change management plan Regional operations manual for DFPS and SSCC DFPS-SSCC transition plans for resources, services, and case management Readiness assessment Transitional support and training 	<ul style="list-style-type: none"> Community ownership and partnerships SSCC payment structure and utilization reviews Adequate local foster care placement capacity Support for kinship placements CANS and FSNA initial and ongoing assessments of child and family service needs Maintenance of contact between children and their families and important persons Services that meet the medical, cognitive, developmental, emotional, and behavioral needs of children in care SSCC case management model Single plans of service for children and families Participation by children and youth in decisions that impact their own lives Services that respect each child's culture Reunification services / services that meet the needs of the families with children in care Opportunities, experiences, and activities that are available to children and youth not in foster care Preparation of children and youth in foster care for adulthood 	<ul style="list-style-type: none"> Safety of children in placements Placement of children in their home community Sibling groups placed together Placement settings that meets children's therapeutic needs in least restrictive settings Children placed with kin, when possible Placement stability Educational stability Caseworker Retention 	<ul style="list-style-type: none"> Improved permanency outcomes with no increase in the return-to-care rate Reunification of children with their biological parents when possible Placement of children with relative or kinship caregivers, when in their best interest, if reunification is not possible. Decreased paid foster care days for children under age 18

Appendix F. Chapin Hall Theory of Change and Continuous Quality Improvement Cycle

