Implementation Plan for the Texas Community-Based Care System

December 2019
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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 has 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 that 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 foster care system. Ensuring individual children achieve safe, appropriate and timely permanency becomes the responsibility of the SSCC. Currently, DFPS is implementing CBC in five catchment areas of the state: catchment areas 1 (Lubbock/Amarillo), 2 (Abilene/Wichita Falls), 3b (Fort Worth), 8a (San Antonio/Bexar county), and 8b (Region 8 counties surrounding Bexar county).

Purpose of the Plan

Texas Family Code, chapter 264.153 requires DFPS to develop and maintain an
The next update to this plan will be released in December 2020.

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) 2020 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.

Additionally this plan includes a change in the catchment area structure, as informed by the May 2019 Request for Information (RFI), consolidating 3a, 3b, and 3c into two catchment areas. The new structure will align with the DFPS regional structure of 3 east (3E) and 3 west (3W) and will be incorporated as a part of future procurements for SSCC contracts in those catchment areas.

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;
• 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 Legislature, DFPS developed the CBC model and approach based on the legacy foster care system, the Foster Care Redesign model, and models in other states where 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. In fiscal year 2018, 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 CBC process evaluations and the May 2019 Request for Information.

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 state office. All staff, regardless of region or job function, must have a clear understanding of their role in making CBC successful and what is to be gained by making such a 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 on 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) who represent Texas stakeholders and advocates will 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 reviewing evaluations 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 the CBC public website. The CBC website is located at: [https://www.dfps.state.tx.us/Child_Protection/Foster_Care/Community-Based_Care/default.asp](https://www.dfps.state.tx.us/Child_Protection/Foster_Care/Community-Based_Care/default.asp).

**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
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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 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]) will become the responsibility of the SSCC under a no eject, no reject contract.
- Under a no eject, no reject contract, the 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.
- DFPS will verify the success or failure of the contractor based on performance data reports reviewed by a multi-disciplinary oversight team. DFPS will use a continuous quality improvement process to work with the contractor to understand performance trends. When data indicates intervention is required, DFPS will take progressive contract action beginning with a Continuous Quality Improvement (CQI) plan.
- 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, either by increasing exits toward positive permanency through 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.

- Contract performance measures and other quality indicators will be derived from the above listed guiding principles, as well as the federal Child and Family Services Review (CFSR) measures. Outcome expectations will be directly tied to resources provided to the SSCC under the contract.

**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 must have at least 500 new entries of children into paid care annually. This analysis, along with information gathered through Requests for Information (RFI), a stakeholder survey, and the Public Private Partnership helped inform the division of the state into the current 17 catchment areas, as seen in the Figure 1 below. (Appendix A lists the counties in each catchment area.)

DFPS used these same geographic boundaries to determine the current Community-Based Care implementation sites. 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 closed in June 2019 and the department received a total of 21 responses. Responses came from a wide range of child welfare stakeholders, including judges, providers, CASA, community organizations/collaboratives and a trade association. DFPS analyzed the input received and determined the following with relation to the Community-Based Care catchment areas:

- DFPS will re-align catchment areas 3a, 3b, and 3c, to follow the DFPS regional structure of 3 West (3W) and 3 East (3E). This change will result 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 3a. This change in catchment areas will align with future procurements for SSCC contracts in the 3E and 3W catchment areas. Please see Figure 2 below.
There are current community collaborative groups in the process of completing assessments that may be used to inform existing catchment area boundaries, so there may be some additional changes once those groups complete their work. Additionally, DFPS intends to complete an updated analysis of the factor “500 new entries into paid care” to ensure the criteria remains a viable standard for determining fiscal viability under the CBC model. Changes to catchment area boundaries, along with the announcement of the catchment areas in which the department intends to roll CBC out in FY 2022-2023 will be announced in the FY2021 CBC Implementation Plan update that will be released in December of 2020.
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Figure 1

Community Based Care
Catchment Areas

Figure 2
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.
- 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 remains committed to supporting communities across the state to ensure that they are collaborating as they work to build capacity and prepare to transition to CBC.

**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 SSCC Readiness, DFPS anticipates that Stage I implementation will last approximately 18 months following contract execution (including the 6 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), some PAL aftercare services, 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.

**Stage I**
- Foster Care Network Development
- Placement Services
- Child & Adolescent Needs and Strengths (CANS) Assessment
- Coordinated Child Plan of Service
- Purchased Services for Children & Youth
- Preparation for Adult Living (PAL) for youth in paid foster care
- Adoption services
- Day care coordination

**Stage II**
- Case Management Services
- Plan of Service for Children & Families
- Purchased Services for Families
- Family Reunification Services
- Kinship Services
- Transitional Living Services - Preparation for Adult Living (PAL) for all youth
- Interstate Compact on the Placement of Children
- Adoption and Post-Adoption services

**Stage III**
Assess performance at 18 months from implementation of Stage II for financial incentives & remedies

**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:
   - SCC Administration Plan (Staffing and Workforce Development Plan, Training Plan, Child Placement and Case Management Transition Plans, IT Security Plan);
• SSCC Community Engagement Plan (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. Prepare and implement a staff training curriculum and a provider training curriculum, and provide documentation demonstrating compliance with training requirements.

3. 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 has been developing the readiness process and certification tool for Stage II. Information about the completed Stage II readiness process will be included in the FY 2020 CBC implementation plan.

**Continuous Quality Improvement (CQI)**

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

- Texas Tech University will conduct an independent process evaluation of the transition to each stage of the SSCC model in each catchment area, as required by statute. The process evaluation will describe 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.
- 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:

- 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.
- 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.
- 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 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 who they serve.
  - Included requirements for a Network Development Plan, DFPS Staff Recruitment Plan, Conflict of Interest Plan, and Training Plan to ensure a prepared workforce and a smooth 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.

Policy, process, and rule:

- 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.
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- 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.
- Held protocol development sessions in 3b between DFPS and OCOK in December 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 and Case Management Kinship and Permanency Care Assistance
  - Special Circumstances (Immigration, Indian Child Welfare Cases)
  - Legal/Court Processes
  - Adoption, Post Adoption
  - Interstate compact for Placement of Children
  - Transitional Living Services

**FY20-21 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 lessons learned and initial findings of the CBC process evaluation.
- Update implementation strategy informed by the May 2019 Request for Information, to include a detailed timeline by stage of implementation and catchment area demonstrating the anticipated statewide roll-out schedule.

Impact to policy, process, and rule:

- Develop referral process for Post-Adoption services under the CBC model.
- Develop processes for Preparation for Adult Living (PAL) Aftercare services in the CBC model.
- Develop process for ensuring IV-E eligibility and re-determination of eligibility by DFPS once an SSCC moves into Stage II CBC.
• 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.
• Identify TAC Rules that conflict with CBC approach and may require a waiver from the DFPS Commissioner for the successful implementation of CBC.
• Ensure processes are established related to DFPS legal obligations, including clearly defined processes for handling of Indian Child Welfare cases, Diligent Search Unit requests, paternity testing, contempt, etc.

**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.

**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. Release Request for Application (RFA) (post for 90 days)
4. Evaluation of Responses (45 days)
5. Contract Negotiations (45 days)
6. 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. Hire case management oversight staff (Stage II only)
2. Begin joint weekly calls between CBC Division, SSCC and CPS Regional leadership (within first week of Start-Up)
3. Develop and deploy joint Communications and Community Engagement Plan (within two weeks of contract effective date)
4. Develop schedule and identify participants for joint protocol development and finalize training plan (within first month of contract effective date)
5. Conduct workgroups and develop joint protocol Operations Manual (within first three months of Start-Up)
6. Train DFPS staff including regional contracts, billing coordinators and other impacted staff on systems changes (within first three months of Start-Up)
7. Establish appropriate tracking and reporting processes for SSCC and regional related challenges (within first three months of Start-Up)
8. Complete draft of joint operations manual for review (within one week of final protocol session)
9. Review, edit and approve joint protocol Operations Manual Draft (within two weeks after receiving)
10. Finalize and deploy joint protocol and IT trainings (within one month of go-live)
11. Assess SSCC readiness according to the readiness requirements established for each stage of implementation
12. Test IT systems and finalize processes for reporting of any issues encountered after go-live date (within one month of go-live)
13. Establish final plan for transition of activities (within one month of go-live)
14. Establish average care days anticipated for children from the catchment based on historical catchment performance for performance tracking toward earned incentives.
15. CPS Professional Development is adjusted to incorporate training within the catchment area (Stage I only; before go-live)
16. 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.

17. 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 2019-2021 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. Based on direction from the 86th 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**

- Expanded existing SSCC contract to CBC in Region 3b catchment area - On September 1, 2018, DFPS renewed its existing contract with ACH Child and Family Services in catchment area 3b to include all CBC services. DFPS contracted with ACH Child and Family Services through its division known as Our Community Our Kids to provide services in Tarrant and six surrounding counties beginning in fiscal year 2015 as part of FCR. DFPS and ACH extended the existing contract until August 31st 2023. In
October of 2019, DFPS and ACH announced execution of a contract amendment for Stage II in the 3b catchment area. This amendment shifts responsibility for case management and other services from DFPS to ACH beginning in March 2020.

• **Contracted for an SSCC in Region 2 catchment area** – In June 2018, DFPS awarded a contract to TFI which formed 21Ngage, a new partnership between TFI and New Horizons Ranch and Center Inc., to serve as the Single Source Continuum Contractor for catchment area 2 (Abilene/Wichita Falls area). 21Ngage implemented Stage I CBC (placement services) on December 1, 2018 after a 6 month start-up phase. In December 2019, DFPS and TFI announced execution of a contract amendments for Stage II in the 3b catchment area. This amendment shifts responsibility for case management and other services from DFPS to TFI beginning in June 2020.

• **Contracted for an SSCC 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 catchment area 8a (San Antonio/Bexar County). Family Tapestry implemented Stage I CBC (placement services) on February 1, 2018 after a 6 month start-up phase.

• **Identified Regions 1 and 8b catchment areas as next implementation sites areas** - In August 2018, DFPS selected Regions 1 and 8b as the next implementation areas based on analysis of established selection criteria data and other information. DFPS executed broad reaching Stage I communication plans for announcing new catchment areas and SCCC contracts and initiated on-going stakeholder and community engagement activities.

• **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 catchment area 1 (Panhandle – Amarillo/Lubbock Area). The six month start-up phase began on July 1st 2019. Saint Francis is anticipated to begin serving children in January 2020.

• **Release for Application in Region 8b catchment area** - On May 2, 2019, DFPS released a Request for Application (RFA) for all of the counties in Region 8, excluding Bexar County. The RFA closed on August 2nd 2019 and DFPS is currently in the process of evaluating proposals.

**FY20-21 Plans and On-going Tasks:**

• Establish contract for Region 8b catchment area.

• Complete Readiness assessment and implement Stage I in Region 1 and Region 8b catchment areas.

• Implement CBC Readiness Tool for Stage II in applicable catchment areas to include additional tasks, processes, and procedures. Adjust tool as needed based on lessons learned for subsequent implementation.

• Implement Stage II in Region 3b, Region 2 and Region 8a catchment areas. Execute communication plans and continue stakeholder engagement. Complete Readiness assessment for Stage II. Execute DFPS resource and case management transition plans.
**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.

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 2023-24 and three new catchment areas in FY 2025-26. The chart below provides more information on the sequence of roll-out by fiscal year and stage of implementation.

<table>
<thead>
<tr>
<th>Catchment Area</th>
<th>Fiscal Year 2022-2023</th>
<th>Fiscal Year 2024-2025</th>
<th>Fiscal Year 2026-2027</th>
<th>Fiscal Year 2028-2029</th>
</tr>
</thead>
<tbody>
<tr>
<td>3b/3W</td>
<td>Full Implementation</td>
<td>Full Implementation Re-bid Becomes 3W</td>
<td>Full Implementation</td>
<td>Full Implementation</td>
</tr>
<tr>
<td>2</td>
<td>Full Implementation</td>
<td>Full Implementation</td>
<td>Full Implementation</td>
<td>Full Implementation/ Re-bid</td>
</tr>
</tbody>
</table>
### 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 Residential 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 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.

<table>
<thead>
<tr>
<th>Type of Funding</th>
<th>Purpose</th>
<th>Methodology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legacy System funds Transferred to SSCCs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resource Transfer</td>
<td>On-going annual cost paid to the SCCC for performing tasks and functions performed by DFPS staff in the legacy system.</td>
<td>Transfers funding to the SCCC commensurate with the transfer of functions.</td>
</tr>
<tr>
<td>Foster care Payments</td>
<td>Reimbursement for foster care for children served by the SCCC in a given catchment area.</td>
<td>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.</td>
</tr>
<tr>
<td>Purchased Client Services</td>
<td>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.</td>
<td>Annual allocation of the portion of the purchased client services dollars the department would have spent to procure like services in the legacy system.</td>
</tr>
<tr>
<td>Quality and Utilization Management</td>
<td>Supports SCCC monitoring of services to ensure quality, progress towards child service plan goals, and compliance with all contract terms, performance expectations, outcomes and</td>
<td>Annual allocation of the portion of the dollars the department would have spent to procure like services in the legacy system.</td>
</tr>
<tr>
<td>Additional Funding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>--------------------------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Start-up</td>
<td>One-time payment for readiness activities such as local protocol development and workforce development and training; software purchases; and office leases.</td>
<td>Stage I - $997,000 Stage II - amount varies by catchment area; amounts informed by methodology developed through an external analysis performed by Chapin Hall.</td>
</tr>
<tr>
<td>Network Support</td>
<td>Supports new costs to the system for capacity/network development and oversight, community engagement and IT systems requirements.</td>
<td>$1,900 per child full time equivalent.</td>
</tr>
<tr>
<td>Child and Adolescent Needs and Strengths Assessment</td>
<td>Supports care planning for children receiving therapeutic services; assessment statutorily required every 90 days.</td>
<td>Specified amount per child full time equivalent.</td>
</tr>
<tr>
<td>Stage II Additional Resource Transfers</td>
<td>Additional resource transfers above agency resource transfer to enhance case management services in Stage II per Rider 29, HB 1, General Appropriations Act, 86th Legislature.</td>
<td>Appropriated amount varies by catchment area.</td>
</tr>
</tbody>
</table>

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 Appendix F for full report).
- Identified new data elements for potential use as strata in blended rate moving forward, as informed by Chapin Hall Study (see Appendix G for full report).
- Evaluated FY 20-21 appropriations to determine SSCC contract amounts.

**FY20-21 Plans and On-going Tasks:**
- Pursuant to HB 1, Article II, Special Provisions, Section 32, consult with HHSC and SSCC leadership in the development of a report that evaluates a new rate methodology including specific consideration of CBC.

**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.

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.

**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 FCR portion of the CPS Professional Development training program for new caseworkers has been 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 each catchment area based on the stage of implementation. In addition, and as noted in the catchment-specific timeline, training on catchment-specific protocols will be conducted before each stage rollout. DFPS will also train 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).

**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.
- Adapted training to catchment specific protocols and conducted Readiness training with CPS and SSCC staff in Regions 2 and 8a.
- Updated CBC section of the CPS Professional Development curriculum training for new workers.
- 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.
- Developed and finalized training plan for Stage II CBC for 3b.

**FY20-21 Plans and On-going Tasks:**
- Finalize and update training plan for Stage II CBC.
- Continue general CBC training for DFPS and relevant HHSC Subject Matter Experts.
- Continue support for local training and technical assistance in all catchments.

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

- 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.
- Re-formatting the pre-bill for foster care payments to the SSCC.

**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 October 10, 2019.
- 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.

FY20-21 Plans and On-going Tasks:

- Continue meeting with the Data Access and Standards Governance Council.
- Continue IMPACT enhancements to support stage I and II implementation.
- Develop technical support processes for SSCC access to IMPACT, TARE and CLASS.
- 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 included in the change to the Community-Based Care model, the core multi-disciplinary team includes: the CBC Program Implementation Team, the CBC Contract Division, and the CBC Regional Leadership and Administrator.
• The CBC implementation team consists of three 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.

• 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 Contract Administration Director support financial oversight and monitoring activity.

• A regionally-based CBC Administrator reports directly to the CPS Regional Director in each catchment area. Initially, state and regional staff work together to support start up, implementation and early operations.

Ultimately, programmatic quality assurance, technical assistance and oversight activities will become the responsibility of the regional CPS staff with coordination and support from state office. As catchments progress to Stage II implementation, additional staff will be added to the multi-disciplinary team and DFPS will further develop the structure to oversee performance related to provision of case management services.

Regional Case Management Oversight (CMO) teams will be 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 will play a critical role in providing technical assistance and support to the SSCC. On-going, the teams will be 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 will be called upon to provide support and participate on the multi-disciplinary team.
High-Level Milestones

**FY18-20 Accomplishments:**
- Hired state office CBC Program Specialist.
- 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.

**FY20-21 Plans and On-going Tasks:**
- Hire CBC Case Management Oversight and Technical Assistance staff for Stage II implementation in specified catchment areas.

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

(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 will focus on ensuring that case management activity continues seamlessly 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.

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.
- 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)
Implementation Plan for the Texas Community-Based Care System

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 Processes and Practices (DFPS/SSCC policies and procedures, agreed upon protocols, documentation requirements, HHSC minimum standards and other process or practice expectations as identified in the contract).
- Quality Service Delivery (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 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:

- Administrative, Operational, and Programmatic Capacity (policies, procedures, and overall organizational structure)
- Accountability and Quality Assurance Processes (systems for ensuring compliance with all applicable state and federal regulations, quality assurance, and utilization management practices)
- Experienced, Competent, and Stable Staff (capacity to hire, train, and maintain qualified staff)
- Provider Oversight (subcontractor monitoring plans and timelines)
- Provider 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 management systems to ensure accountability, proper documentation, standard accounting procedures and internal controls.
- Financial 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.
- 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.

**FY20-21 Plans and 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 SCC 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 SCCC 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

The Logic Model

CBC performance and evaluation is tied to the CBC logic model. DFPS and stakeholders identified a logical relationship between placing more children 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.

Performance Evaluation

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 SCCC contract measure performance and performance on select Legislative Budget Board Child Protective Services Performance Measures over time. DFPS reports the performance of each SCCC 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 SCCC 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.

DFPS can use the comparative data to inform CQI efforts in individual catchments and to inform and improve the CBC model. While DFPS reports performance data for SSCCs during the transition, performance cannot be compared to historical baseline until all children in a catchment are transitioned to the SSCC. Further, 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 19, ACH (Region 3B) saw continued performance gains on many contract outcomes, compared to the contract baseline. CBC has already resulted in capacity growth, and DFPS does believe that CBC performance-based contracts will lead to improved outcomes, like children being placed in their home communities and with their siblings. The agency published biannual performance 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 will help DFPS address operations, implementation, and service delivery issues and make adjustments before successive rollout of Community-Based Care in other geographic areas.

Texas Family Code (TFC) Section 264.147 requires that DFPS evaluate the implementation process in each catchment area before expanding Community-Based Care. TFC Section 264.153 requires DFPS to describe, as part of a CBC implementation plan, its evaluation plan including an independent evaluation of each contractor’s processes.

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 where DFPS procures and implements an SSCC Contract under CBC. The process evaluation will cover start up and implementation activity for five (5) catchment areas in fiscal years 2019-2021.

The process evaluation will describe the implementation of Community-Based Care in each catchment area, identify the key successes and barriers, and make recommendations for future implementation efforts. Topics may include operations and resources, redefined roles and responsibilities, communication and community change efforts, readiness activities and supports, and issues resolution processes. The contractor must involve key child welfare stakeholders in the evaluation.

**Independent Outcome Evaluation**

DFPS contracts with Chapin Hall to provide 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 will 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. Chapin Hall will help DFPS test the specific theory of change outlined in the logic model that proposes a single source continuum contractor operating under a performance-based contract and redesigned payment structure will have more success maintaining children in stable placement in their home communities, which will in turn increase permanency rates and reduce utilization of paid foster care days.

**High-Level Milestones**

**FY18-19 Accomplishments:**
- Established contract performance outputs and outcomes for Community-Based Care.
- Designed additional data reporting for CQI.
- Established data transfer with Chapin Hall for Child and Adolescent Needs and Strengths (CANS) aggregate data reporting.
- Expanded Chapin Hall Community-Based Care contract to include the analysis of start-up costs in Stage II and recommendations for enhancements to the blended rate calculation.
- Established five-year contract with Texas Tech University to perform the process evaluation.

**FY20 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.
- Chapin Hall outcome evaluation - In the short term, this is the production of data. Evaluation will be possible once more SSCCs have contracted for services and reached Stage II implementation.
- Complete process evaluation for Stage I and II implementation in Catchments 2, 8a, 1 and 8b - A process evaluation for Stage I implementation for 3b was completed and released in June 2015. DFPS has contracted with Texas Tech for a process evaluation for catchments 2, 8a, 1 and 8b. Texas Tech will also perform a process evaluation for Stage II for 3b.
- 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.

Closing

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 Stage II becomes a reality in parts of the state and more areas begin the transition into Stage I. An updated implementation plan will be released in December 2020 and will include the four new catchment areas for which the department intends to request appropriations to support rollout 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 Foster Care Redesign, now known as Community-Based Care. 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

<table>
<thead>
<tr>
<th>Catchment</th>
<th>County Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>3a</td>
<td>Collin, Cooke, Denton, Fannin, Grayson, Hunt, Wise</td>
</tr>
<tr>
<td>3b</td>
<td>Erath, Hood, Johnson, Palo Pinto, Parker, Somervell, Tarrant</td>
</tr>
<tr>
<td>3c</td>
<td>Rockwall, Dallas, Ellis, Kaufman, Navarro</td>
</tr>
<tr>
<td>4</td>
<td>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</td>
</tr>
<tr>
<td>5</td>
<td>Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler</td>
</tr>
<tr>
<td>6a</td>
<td>Harris</td>
</tr>
<tr>
<td>6b</td>
<td>Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton</td>
</tr>
<tr>
<td>7a</td>
<td>Bell, Bosque, Brazos, Coryell, Falls, Freestone, Grimes, Hamilton, Hill, Lampasas, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Williamson</td>
</tr>
<tr>
<td>7b</td>
<td>Bastrop, Blanco, Burleson, Burnet, Caldwell, Fayette, Hays, Lee, Travis, Washington</td>
</tr>
<tr>
<td>8a</td>
<td>Bexar</td>
</tr>
<tr>
<td>8b</td>
<td>Atascosa, Bandera, Calhoun, Comal, De Witt, Dimmit, Edwards</td>
</tr>
</tbody>
</table>
Implementation Plan for the Texas Community-Based Care System

| 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

[Organizational chart showing the hierarchy and roles within the CBC system]
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
Implementation Plan for the Texas Community-Based Care System

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 SCCC progressive intervention plan.

<table>
<thead>
<tr>
<th>Nature of the problem</th>
<th>Type of action or response</th>
<th>Standard steps taken by DFPS</th>
</tr>
</thead>
</table>
| Negative trend identified or contract requirement not understood e.g., contract performance target need met during a performance quarter. | **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 | • Conversation with contractor  
• CQI Plan requested to determine whether or not the problem is a symptom of a larger issue  
• CQI plan once implementation is monitored and results closely tracked to ensure the strategies implemented address the issue |
| Negative trend continues or a systemic issue is identified e.g., recurring problem which requires specific action steps to correct | **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:  
• Compliance with contract terms or other applicable laws, rules or regulations.  
• Performance related to service delivery, reporting and/or financial stability. | • 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 contractor’s deficiencies or problems are corrected. |
<table>
<thead>
<tr>
<th>Nature of the problem</th>
<th>Type of action or response</th>
<th>Standard steps taken by DFPS</th>
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<tbody>
<tr>
<td>• Other significant deficiencies.</td>
<td>• If the plan is not implemented or the desired results are not achieved, DFPS will proceed to the consideration of other immediate contract remedies.</td>
<td></td>
</tr>
<tr>
<td>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. Significant harm or risk of harm to agency clients e.g., loss or misuse of agency funds related to the contractor’s lack of cooperation or carelessness</td>
<td><strong>Contract Remedy:</strong> 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. DFPS will discuss the impact of the SSCC contract remedy imposed and begin contingency planning efforts. DFPS may begin to remove and find alternate placement for clients. Implementation of the contingency plan will be determined according to the SSCC contract function affected and SSCC stage of implementation. Full and immediate implementation of the contingency plan will begin</td>
<td>• 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: o Suspension of referrals or Service Authorizations o Removal of specific services from the contract provisions o Suspension of payments until the problem is resolved o Placing the contractor on Vendor Hold o Reduction of the contract amount • Deny contract renewal</td>
</tr>
<tr>
<td>Nature of the problem</td>
<td>Type of action or response</td>
<td>Standard steps taken by DFPS</td>
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<td>should contract non-renewal or termination be indicated.</td>
<td>• Reduce the contract term or terminate prior to the contract expiration date</td>
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<tr>
<td></td>
<td></td>
<td>• Report the contractor to the appropriate licensing organization and/or law enforcement</td>
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<tr>
<td></td>
<td></td>
<td>• Liquidated damages as specified in the contract</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Report to the VPTS, state and federal debarment systems</td>
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</table>
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.
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

<table>
<thead>
<tr>
<th>Area</th>
<th>Task</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change Management</td>
<td>• Deploy the Contingency Leadership Team</td>
<td>Cross divisions</td>
</tr>
<tr>
<td></td>
<td>• Organize single points of contacts for DFPS divisions (Communications, Government</td>
<td>CBC Director</td>
</tr>
<tr>
<td></td>
<td>Relations, Budget, IT, CLOE, Legal, CCL, etc.)</td>
<td>CBC Contract Director</td>
</tr>
<tr>
<td></td>
<td>• Establish on-going internal communications (regarding transition):</td>
<td>DFPS HR</td>
</tr>
<tr>
<td></td>
<td>o Issues tracking structure with points of contacts</td>
<td>DFPS Finance</td>
</tr>
<tr>
<td></td>
<td>o Daily status updates to Executive and Regional Leadership</td>
<td>Division points of contact</td>
</tr>
<tr>
<td></td>
<td>o Weekly face-to-face meetings with division points of contact</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Daily calls with Regional leadership</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>• Plan and prepare communication messages:</td>
<td>CBC Project Team</td>
</tr>
<tr>
<td></td>
<td>o Commissioner message to Executive Leadership Team</td>
<td>Associate and Deputy Commissioners</td>
</tr>
<tr>
<td></td>
<td>o Regional staff in the catchment area (outlining specific timeframes for interim</td>
<td>Communications, Media Relations</td>
</tr>
<tr>
<td></td>
<td>processes, any changes in job functions)</td>
<td>Information Technology</td>
</tr>
<tr>
<td></td>
<td>o Regional staff in other catchment(s)</td>
<td>CPS Program</td>
</tr>
</tbody>
</table>
### Implementation Plan for the Texas Community-Based Care System

#### Key Stakeholders
- 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

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Develop and implement contingency staffing plan:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Assess transition needs based on SSCC stage of implementation and SSCC caseloads</td>
</tr>
<tr>
<td></td>
<td>• Develop staff transition plan to include number of staff, positions and functions needed</td>
</tr>
<tr>
<td></td>
<td>• Track staff who will transfer, DFPS staff who will be temporarily reassigned and staff gaps still needed to fill</td>
</tr>
<tr>
<td></td>
<td>• Coordinate with DFPS, the subsequent or interim SSCC to transfer staff, if applicable</td>
</tr>
<tr>
<td></td>
<td>• Deploy other DFPS staff to assist temporarily during the transition</td>
</tr>
<tr>
<td></td>
<td>• Hire temporary staff if staff still needed</td>
</tr>
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</table>

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<thead>
<tr>
<th></th>
<th>DFPS Operations (HR, Legal, etc)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>CBC Project Team</td>
</tr>
<tr>
<td></td>
<td>CPS State Office &amp; Regional Leadership</td>
</tr>
</tbody>
</table>
### Implementation Plan for the Texas Community-Based Care System

| Procurement | HHSC Procurement  
| 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 | DFPS Legal  
| CPS Program  
| CBC Contracts |

| DRITs and Data/Information Needed | Process Data requests for:  
| 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) | CBC Program  
| MRS Region  
| CBC Data Team |

| Contracts and Sub-contracts | Establish designated points of contact for contract/subcontract transition  
| Verify and confirm receipt of all subcontracts  
| 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 | Purchased Client Services Region and CBC Contracts  
| Legal Budget |
### Implementation Plan for the Texas Community-Based Care System

| Budget | Cost out Contingency Plans (based on the stage of implementation):
|--------|------------------------------------------------------------------------------------------------------------------------|
|        | - 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 |

| IT     | IMPACT data transfer - ensure process and resources sufficient to support the following including what must be manual, what can be automated and forms required:
|--------|------------------------------------------------------------------------------------------------------------------------|
|        |   - 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 |

| Program | Develop plan for temporary transfer of tasks to DFPS or contingency SCC
<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Assign resources</td>
</tr>
</tbody>
</table>

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Budget

CBC Program
Eligibility

CBC Program, CBC Contracts
Information Technology
Eligibility
Manual transfer in IMPACT

CBC Project Team

CBC Regional
Staff Resources
<table>
<thead>
<tr>
<th>Implementation Plan for the Texas Community-Based Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Training</strong></td>
</tr>
<tr>
<td>- Train staff on new processes:</td>
</tr>
<tr>
<td>- Engage CLOE in development of training and schedule</td>
</tr>
<tr>
<td>- Determine best approach and schedule for training</td>
</tr>
<tr>
<td><strong>Operations Transfer</strong></td>
</tr>
<tr>
<td>- Based on the stage of implementation, ensure processes and</td>
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<td>timeframes in place to assume responsibility for the following</td>
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<td>(either by DFPS or Contingency SSCC):</td>
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<tr>
<td>- Utilization Management</td>
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<td>- Placements both emergency and non-emergency</td>
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<td>- Kinship services</td>
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<tr>
<td>- Relative verification</td>
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<td>- ICPC homes</td>
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<td>- Placement documentation</td>
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<td>- Transportation</td>
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<td>- Faith based efforts</td>
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<td>- Court requirements</td>
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<td>- Day Care services</td>
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<tr>
<td>- Purchased Adoption services</td>
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<tr>
<td>- PAL Life Skills Assessment and Training</td>
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<tr>
<td>- PAL Aftercare services</td>
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<tr>
<td>- Transitional living services</td>
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<tr>
<td>- Purchased Client Services to families</td>
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<td>- Post-Adoption services</td>
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<td>- Education Training Voucher services</td>
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<td>- Full case management services</td>
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<td>- Family reunification support services</td>
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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.
## Implementation Plan for the Texas Community-Based Care System

### Appendix E. Community-Based Care Logic Model

<table>
<thead>
<tr>
<th>Goals</th>
<th>Business Changes</th>
<th>Inputs/Resources</th>
<th>Outputs</th>
<th>Short-Term Outcomes</th>
<th>Long-Term Outcomes</th>
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</thead>
<tbody>
<tr>
<td>To create sustainable placement resources in communities that meet the service needs of children and youth in foster care</td>
<td>Competitively procure Single Source Continuum Contractors (SSCC) to provide placement and foster care services in designated geographic areas</td>
<td>Public/Private Partnership</td>
<td>Community ownership and partnerships</td>
<td>Safety of children in placements</td>
<td>Improved permanency outcomes with no increase in the return-to-care rate</td>
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<tr>
<td>To contract with community-based nonprofit and local government entities to provide comprehensive care management services to children and families</td>
<td>Contract with the SSCC to provide case management services to children in the temporary or permanent conservatorship of the department, their families, relatives, and kinship caregivers; and to young adults in extended foster care</td>
<td>Established Quality Indicators</td>
<td>SSCC payment structure and utilization review</td>
<td>Placement of children in their home community</td>
<td>Reunification of children with their biological parents when possible</td>
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<tr>
<td>To promote community ownership, flexibility, and innovation in providing services to children and families</td>
<td>Compensate SSCCs for start-up and network development costs</td>
<td>Designated CBC Catchment Areas</td>
<td>Adequate local foster care placement capacity</td>
<td>Stabilizing groups placed together</td>
<td>Placement of children with relative or kinship caregivers, when in their best interest, if reunification is not possible</td>
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<tr>
<td></td>
<td>Compress SSCCs for start-up and network development costs</td>
<td>Staged rollout</td>
<td>Support for kinship placements</td>
<td>Placement settings that meet children’s therapeutic needs in least restrictive settings</td>
<td>Decreased paid foster care days for children under age 18</td>
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<tr>
<td></td>
<td>Use a single blended foster care rate and exceptional care rate</td>
<td>CPS state office implementation team</td>
<td>CANS and FINA initial and ongoing assessments of child and family service needs</td>
<td>Children placed with kin, when possible</td>
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<td></td>
<td>Resource transfer for purchased services and other costs</td>
<td>Local CBC administrators, contract managers, and quality assurance staff</td>
<td>Maintenance of contact between children and their families and important persons</td>
<td>Placement stability</td>
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<td></td>
<td>Utilize performance-based contracts that include incentives and remedies</td>
<td>Funding structure and risk sharing mechanisms</td>
<td>Services that meet the medical, cognitive, developmental, emotional, and behavioral needs of children in care</td>
<td>Educational stability</td>
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<td></td>
<td></td>
<td>Fiscal model for incentives and remedies</td>
<td>SSCC case management model</td>
<td>Caseworker Retention</td>
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<td></td>
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<td>Interoperability of IT systems</td>
<td>Single plans of service for children and families</td>
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<td>Performance, quality assurance, and continuous quality improvement processes</td>
<td>Participation by children and youth in decisions that impact their own lives</td>
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<td>Independent process and outcome evaluation</td>
<td>Services that respect each child’s culture</td>
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<td>Communication and change management plan</td>
<td>Reunification services/services that meet the needs of the families with children in care</td>
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<td></td>
<td></td>
<td>Regional operations manual for OPPS and SSCC</td>
<td>Opportunities, experiences, and activities that are available to children and youth not in foster care</td>
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<td>OPPS-SSCC transition plans for resources, services, and case management</td>
<td>Preparation of children and youth in foster care for adulthood</td>
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<td>Readiness assessment</td>
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<td>Transitional support and training</td>
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</tbody>
</table>

1. Texas Family Code, Subchapter B-1, Section 264.153 Community-Based Care Implementation Plan
Appendix F. Chapin Hall Study on Stage II Start-Up Costs
Appendix G. Chapin Hall Study on Blended Foster Care Rate