Community-Based Care Process Evaluation

Texas Department of Family and Protective Services

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Texas Tech University

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& Addiction Sciences™

This research was done with the authorization of the Texas Legislature, under the supervision of Eugene W. Wang, Ph.D., and with the financial support of the Texas Department of Family and Protective Services (DFPS).

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  - Children's Home of Lubbock
  - CK Family Services
  - Diversity Family Services
  - Family Link Kids
  - Upbring
- CASAs
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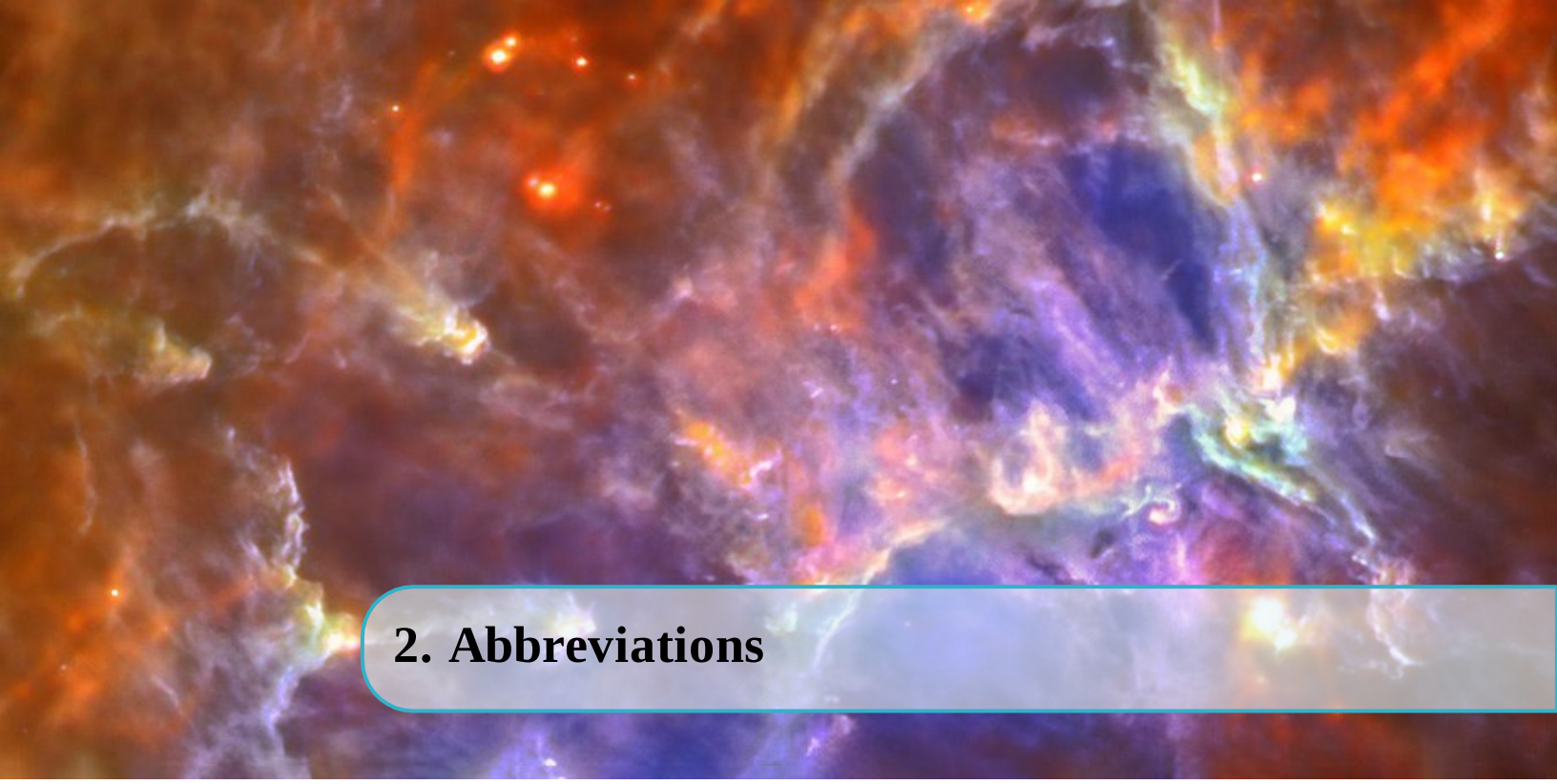
  - Child Advocates/CASA of Red River (Wichita Falls)
  - Child Advocates San Antonio
- Families and Youth

Contents

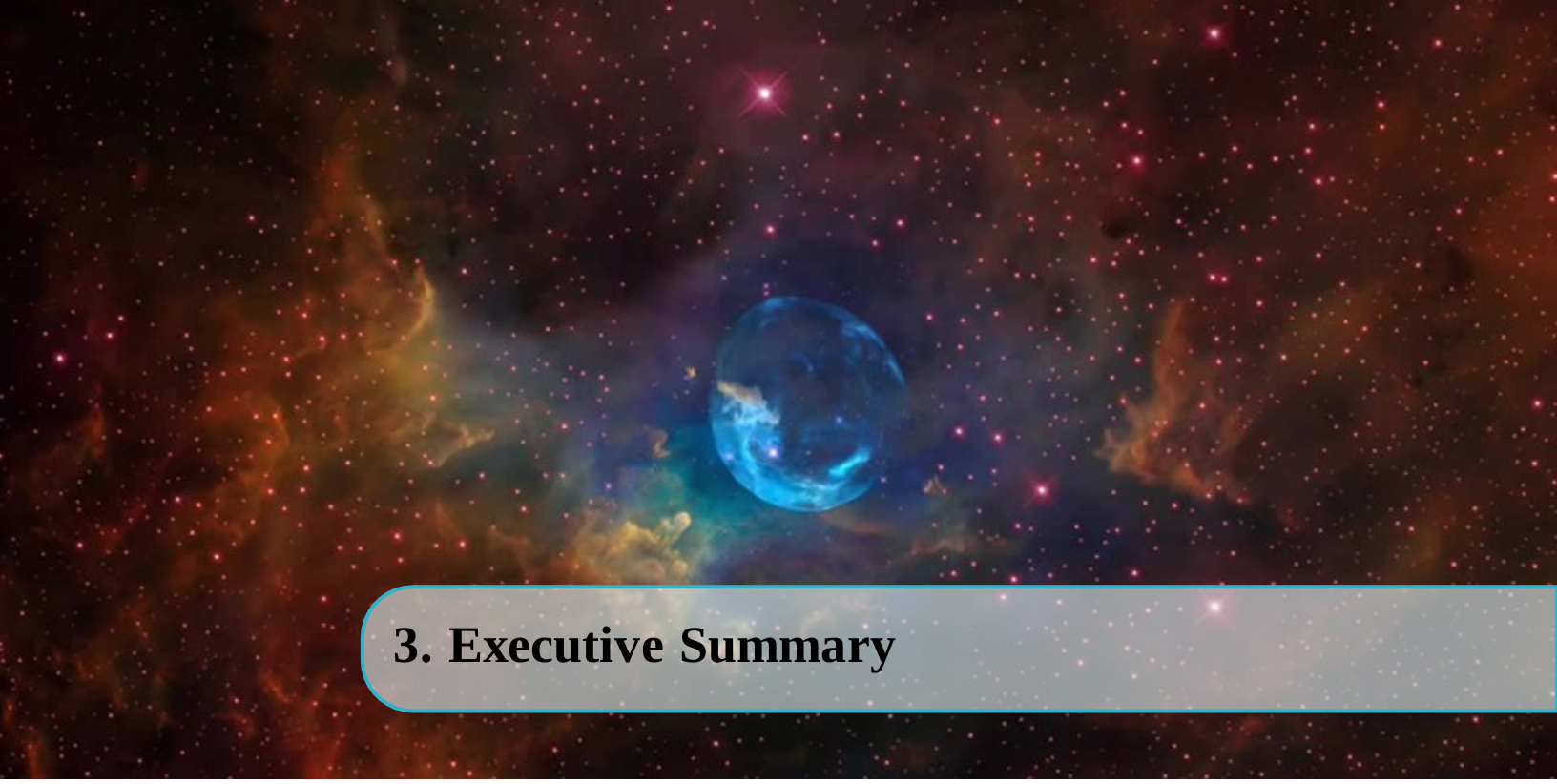
List of Figures



2. Abbreviations

ACH: ACH Child and Family Services
APM: Alternative Payment Model
CAM: Contract Administration Manager
CANS: The Child and Adolescent Needs and Strengths assessment
CASA: Court Appointed Special Advocates
CBC: Community-Based Care
COA: Council on Accreditation
CPA: Child Placing Agency
CMS: Center for Medicare Services
CPS: Children's Protective Services
DFPS: Department of Family and Protective Services
FERPA: Family Educational Rights and Privacy Act
FTE: Full-Time Equivalent
GRO: General Residential Operation
HHSC: Health and Human Services Commission
HIPAA: Health Insurance Portability and Accountability Act
ICPC: Interstate Compact on the Placement of Children
LOC: Levels of Collaboration survey
OCOK: Our Community Our Kids
PCG: Parent Collaboration Groups
RFP: Requests for Proposals
RTC: Residential Treatment Center
SDM: Structured Decision Making
SDS: Stress Diagnostic Survey
SSCC: Single Source Continuum Contractor
STAAR: State of Texas Assessments of Academic Readiness
SoCQ: Stages of Concern Questionnaire
TEA: Texas Education Agency

TFI: Texas Family Initiative LLC
TTU: Texas Tech University
YFT: Youth For Tomorrow



3. Executive Summary

3.1 Authorization

Authorization for the process evaluation comes from the General Appropriations Act 2018-2019. The Act specified:

"The process evaluation must answer the following questions for each stage of Community-Based Care (CBC):

1. Describe the implementation of Community-Based Care in the catchment areas. What were the key successes and barriers? Topics may include but are not limited to the following as they relate to DFPS and/or the Single Source Continuum Contractor (SSCC):

a. Implementation context (relevant climate, anticipated or unanticipated organizational or environmental factors affecting implementation)

b. Operations and resources (organization, staffing, training, IT systems, financial and payment structures, contracting and quality assurance)

c. Redefined roles, responsibilities and relationships among DFPS, the SSCC, foster care and service providers, and community stakeholders

d. Community engagement efforts

e. Communication and cultural change efforts

f. Readiness activities

g. Implementation processes and supports

h. Transition of legacy cases and continuity of services achieved for children and families

i. Issues resolution processes

2. What changes to operations, implementation processes, or service delivery were made to address barriers?

1. What barriers still need to be addressed at the catchment level?

2. Based on analysis of different catchment areas, what suggestions and recommendations can be made for future implementation efforts?"

Section 3 of this report ("Statutory Requirements") goes into much more detail in response to the requirements of the statute. In this section, we highlight the Conclusions and Recommendations from that section of the report.

3.2 Conclusions

It should be noted that the Evaluation Team found that front line staff and volunteers in all the communities are heavily invested in the success of the children and youth in care. This is true of CPS caseworkers, SSCC workers, providers, persons involved in the legal system (i.e., judges, district attorneys, ad litems, CASA staff and volunteers), and others interviewed (i.e., health professionals, educators, etc.).

After reviewing the qualitative and quantitative data, we grouped the conclusions into five themes:

1. "community based"
2. contracts
3. funding
4. transparency and accountability
5. sparse evidence base

These, of course, are not mutually exclusive categories.

3.2.1 "Community Based"

The current CBC effort is Central-Office-centric, despite wide variation among regions and SSCC's (see Historical and Regional Contexts section of this report). Central Office still decides how a region or catchment is defined, how new CBC catchments are defined as "ready," when CBC catchments are placed in the queue to be implemented, the criteria for SSCC selection, the criteria for the SSCC's "readiness" for Stage 1, and the criteria for the SSCC's "readiness" for Stage 2. Central Office has also been more heavily involved in day-to-day operational decisions than Regional Offices or local communities.

3.2.2 Contracts

Scopes of Work and contract amendments are currently ill-defined for effectively communicating the differentiation of expectations and responsibilities of DFPS and the SSCC. This lack of clarity and specificity has led to significant, and unnecessary, confusion and frustration in local implementation efforts. This has been particularly true during Stage 1 (Placement); Stage 2 (Case Management) has not been in place long enough to make judgments.

3.2.3 Funding

The DFPS funding model seems to be trying to move from a fully fee-for-service (legacy) model to a fully-capitated population (managed care) model for Community-Based Care (a) without knowledge of the actual total costs of care; (b) without good metrics of service quality or good risk/need metrics

necessary for risk adjustment procedures; (c) without sharing financial risk with the three newest SSCC's; (d) without knowing how to predict the probability of catastrophic expenditures (and no mechanism to handle that except the Exceptional Rate); (e) with different funding **models** (not just different rates) for the different regions; (f) without funding model analogues for in-network and out-of-network costs; and (g) without an analogue to the CMS roadmap for sequencing toward a fully capitated risk-sharing model. Further, the measures of acuity/risk/need seem to be set and changed by the same group (YFT) that performs the utilization management function.

3.2.4 Transparency and Accountability

For evaluation to be most effective, it must be (a) integrated (process and outcome), (b) independent (external to an organization), and (c) permanent (and not piecemeal). CBC (both DFPS and SSCC's) should be evaluated by an independent entity. Agencies should not evaluate themselves; also, to maintain maximum objectivity for accountability purposes, SSCC performance should also be judged by an independent organization unaffiliated with DFPS. This would be the role of an accrediting body such as the Council on Accreditation (COA).

The overall evaluation process has been structurally limited by having separate process and outcome evaluations. The evaluation would also benefit by having a more robust logic model of what stakeholders (DFPS as well as community stakeholders) agree are the desired outcomes and their weighting, and what processes are hypothesized to achieve each specific outcome. Evaluation would also be more effective with validated tools (i.e., "readiness" tools). Finally, evaluation efforts would be helped by a more robust evidence base linking processes (and their costs) and outcomes. These linkages are necessary to conduct cost-benefit analyses.

3.2.5 Sparse Evidence Base

Relative to other human service fields such as medicine, education, psychology, or even criminal justice, the child welfare field has a sparse evidence base to support differential practices.

At DFPS this sparse practice evidence base is manifested by:

- practice being driven primarily by narrative and oral tradition (team meetings, "reading the case");
- very limited statistical evidence of causal links established between a child/youth's risk, his/her programmatic/clinical needs, outcomes, and differential costs of each of these groups;
- YFT Service Levels not being directly related to placement type, duration, cost, or other programmatic needs (medical, mental health, educational);
- assessment tools such as CANS having very limited validity evidence.

In addition to the sparse evidence base for interventions, there is additionally a sparse evidence base for implementation of initiatives such as Community Based Care.

ACH is well poised to substantially add to the evidence base at both the systemic and practice levels. At the systemic level, their experience with Foster Care Redesign/Community-Based Care could be capitalized on to learn a great deal about systemic factors related to success or failure. At the practice level, they have large sample sizes, they use modern analytics approaches which are much more robust for causal inference, they are specific and transparent about their methods and results, and they have higher quality data because they have known costs of care (and not just cost of provider payment or reimbursement).

3.3 Recommendations

We want to acknowledge the prior efforts of Freundlich and Gerstanzang (2003), the Child and Family Research Institute at the University of Texas at Austin (2014), PCG Human Services (2014), and the "Deloitte Report" (Meadows Mental Health Policy Institute & Texas Center for Child and Family Studies; 2019). We support the recommendations of all these prior reports.

3.3.1 Be Driven by the Local Community

CBC implementation should be refocused and driven by local communities by:

1. rebranding CBC as "Community-Driven Foster Care";
2. allowing local communities to decide on catchment areas, planning for CBC (much as Harris County has done), when they are "ready" for CBC startup, etc.;
3. requiring an SSCC to be (a) a nonprofit or governmental entity, (b) with physical headquarters in Texas, (c) with at least 10 years of operation in child welfare services in Texas, and (d) the CEO and a majority of the Board members are Texas residents;
4. empowering DFPS regional CBC staff with more autonomy, specifically the Regional Director, Regional CBC Administrator, Regional Contract Administration Manager (CAM), and a Regional IT specialist assigned to support CBC implementation and evaluation.

3.3.2 Improve CBC Contracting

DFPS should improve CBC contracting by:

1. requiring the Regional Contract Administration Manager (CAM) to be an attorney who is experienced in contract law and who is responsible for initial contracts and contract amendments;
2. reviewing and modifying, if necessary, all existing SSCC contracts, contract amendments, and Scopes of Work;
3. amending CBC contracts and scopes of work so that expectations are better operationalized;
4. including into CBC contracts procedures for issue resolution for (at minimum): (a) Statement of Work disputes; (b) contract disputes; (c) Joint Operations Manual or procedural disputes; and (d) Contract Action Plan disputes or appeals.

3.3.3 Create Risk-Sharing Funding Model

The Department should create a transparent, risk-sharing funding model by:

1. developing a funding model [such as the Center for Medicare and Medicaid Services (CMS) Alternative Payment Model (APM)] which strategically and explicitly shares financial risk;
2. developing a model which has both in- and out-of-network analogues to account for situations such as Interstate Compact on the Placement of Children (ICPC) and emergency in-region placement services for out-of-region children in care;
3. contracting with an independent organization with experience conducting cost-benefit analyses to conduct a cost analysis;
4. publishing the formulas and confidence intervals for the legacy and blended rates and FTE transfers on its website;
5. reconciling Network Support Payments with the SSCC's on a monthly, rather than annual, basis;
6. allowing all SSCC's to reconcile differences in the blended rate on a monthly basis.

3.3.4 Increase Transparency and Accountability

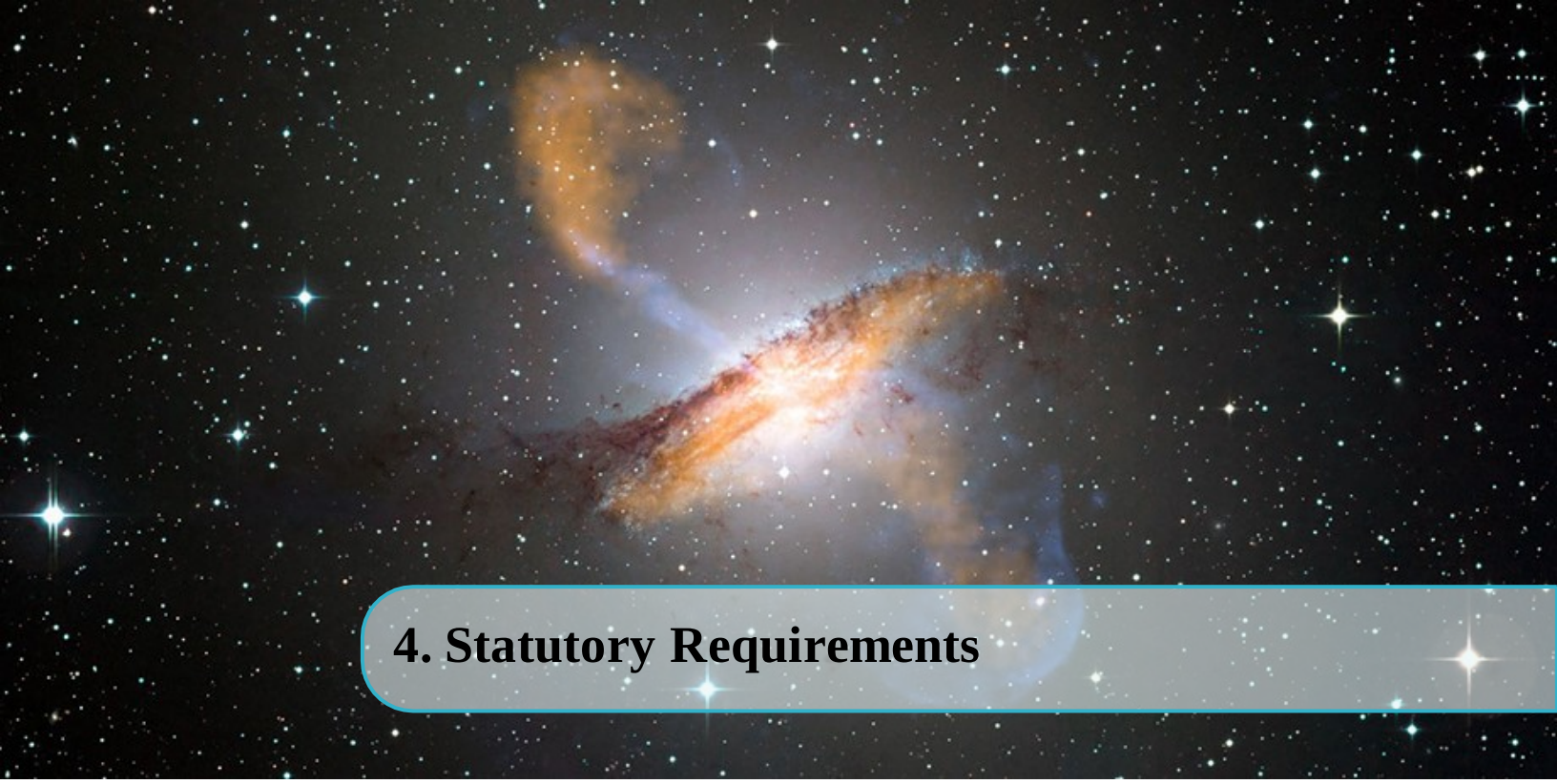
The Department should increase transparency and accountability by:

1. requiring (and funding) SSCC's to be accredited by a professional organization such as the Council on Accreditation (COA)–this accreditation should replace other accountability functions;
2. contracting with a single evaluation team to evaluate DFPS CBC as well as the SSCC's–this evaluation team must be **independent** of DFPS, must have experience conducting cost-benefit analyses of public programs (i.e., education, criminal justice, etc.), and therefore must have access to DFPS and SSCC process, outcome, and personnel, and financial data;
3. expanding the Logic Model and displaying it on the CBC home page;
4. improving data access for SSCC's and evaluation contractors, specifically providing direct access to the Data Warehouse (including, but not limited to, the IMPACT system);
5. assigning an IT/analytics staff person (at each Regional Office conducting CBC) specifically to respond to SSCC and evaluation data requests.

3.3.5 Contribute to the Scientific Practice Evidence Base

The Department should contribute to the scientific practice evidence base at both the systemic level and the individual practice level by:

1. creating visualizations (flowcharts/decision trees) of all conservatorship processes;
2. creating a rank order for placement criteria;
3. studying systemic change by studying ACH's history of Foster Care Redesign/Community-Based Care and the factors related to ACH's sustainability;
4. supporting broad, scientific dissemination of the knowledge created by SSCC's, internal staff, and external evaluators;
5. increasing the capacity of ACH Analytics Department by transferring one or more staff positions to ACH;
6. expecting contractors who conduct DFPS-funded evaluations or studies to disseminate results via conferences and peer-reviewed publications;
7. encouraging DFPS staff to disseminate knowledge through traditional scientific routes;
8. posting the Data Warehouse data codebooks/dictionaries on the DFPS website;
9. making the Regional Statistics data more accessible through the Texas Open Data Portal (data.texas.gov) and the DFPS Data Book;
10. aggregating the Regional Statistics data at both the county and region levels;
11. continuously and rigorously evaluating all measures/assessments/metrics (i.e., CANS, SDM, CBC performance metrics) for reliability and validity;
12. archiving all data collected through DFPS-funded evaluations and studies in the same way as the Inter-university Consortium for Political and Social Research (ICPSR; https://www.icpsr.umich.edu/web/pages/).



4. Statutory Requirements

This section of the report will detail the required elements set out by 85th Legislature.

4.1 Authorization

Authorization for the process evaluation comes from the General Appropriations Act 2018-2019. The Act specified:

"The process evaluation must answer the following questions for each stage of CBC:

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2. What changes to operations, implementation processes, or service delivery were made to address barriers?

1. What barriers still need to be addressed at the catchment level?

2. Based on analysis of different catchment areas, what suggestions and recommendations can be made for future implementation efforts?"

Answers to these questions, and the conclusions and recommendations which follow, come from a synthesis of the quantitative information gathered, as well as themes identified through interviews and focus groups. We have re-ordered some of the statutorily-required sections to enhance the flow of the narrative. Because of its importance to sustainability, we have also made Financial and Payment Structures its own section.

4.2 Evaluation Context

When the Evaluation Team began the process evaluation, it did a very thorough review of system change efforts in child welfare (both nationally and in Texas) to determine if there were any best practices for process evaluation, quantitative evaluation tools to use, and whether or not there was research which justified strategic decisions. We found no best practices for process evaluation, very basic quantitative tools (and less peer reviewed validation of those tools), and very limited objective research about system change efforts. We also could not find any efforts by any state foster care agency which had attempted to identify and report factors related to successes or failures of these systems change efforts. This leads to a sparse evidence base for both current and future change efforts, particularly at the system level. Because of that sparseness, we want to particularly highlight prior research efforts we found particularly rigorous and insightful.

The most relevant research for systemic change efforts specific to CBC that we found were (in chronological order): (1) Freundlich and Gerstenzang (2003); (2) the 2014 UT Process Evaluation; (3) the 2014 PCG SSCC-related costs report; and (4) the 2019 report from the Meadows Foundation and the Texas Center for Child and Family Studies (analyses and recommendations were done by Deloitte, and this report is frequently referred to as the "Deloitte report"; we continue that tradition here).

It has been widely acknowledged that there are multiple levels to consider when evaluating agencies, systems, and communities (i.e., Stroul & Friedman, 1986; United Ways of America, 1996; University of South Florida, http://rtckids.fmhi.usf.edu/socimplementation/whatissocdetail.cfm). We have represented these multiple levels (see Figure 4.1) inspired by United Ways of America (1996) levels of outcomes (while differentiating child and family outcomes) and Brofenbrenner's Ecological Model (Brofenbrenner, 1974). CBC seems to fit into the level of "Cross System Shared Outcomes".

To capture this complex social fabric necessary for child and family success, evaluations of CBC must utilize data from the child, family, program, agency, system, and cross-system shared outcomes levels. These data should be analyzed using hierarchical linear (also known as multilevel) modeling statistical techniques. The other implication of evaluating cross-system shared outcomes is that the expectation of rate of change will be different at each level: client outcomes will change more rapidly than program outcomes, which will change more rapidly than agency outcomes, etc. There has been very little research conducted in child welfare on the expected rate of change at the community level. Of course, this expected rate of community change will vary by size of "the community". The implication for CBC is that much more research needs to be conducted to establish baselines on performance metrics before CBC moves to a stage of financial incentives and disincentives.

For example, preliminary analyses by the Evaluation Team suggest that publicly available annual data for CPS, such as percentage of children placed within county or siblings placed together, have different rates of 10-year stability depending on the population size of the county. Further, this

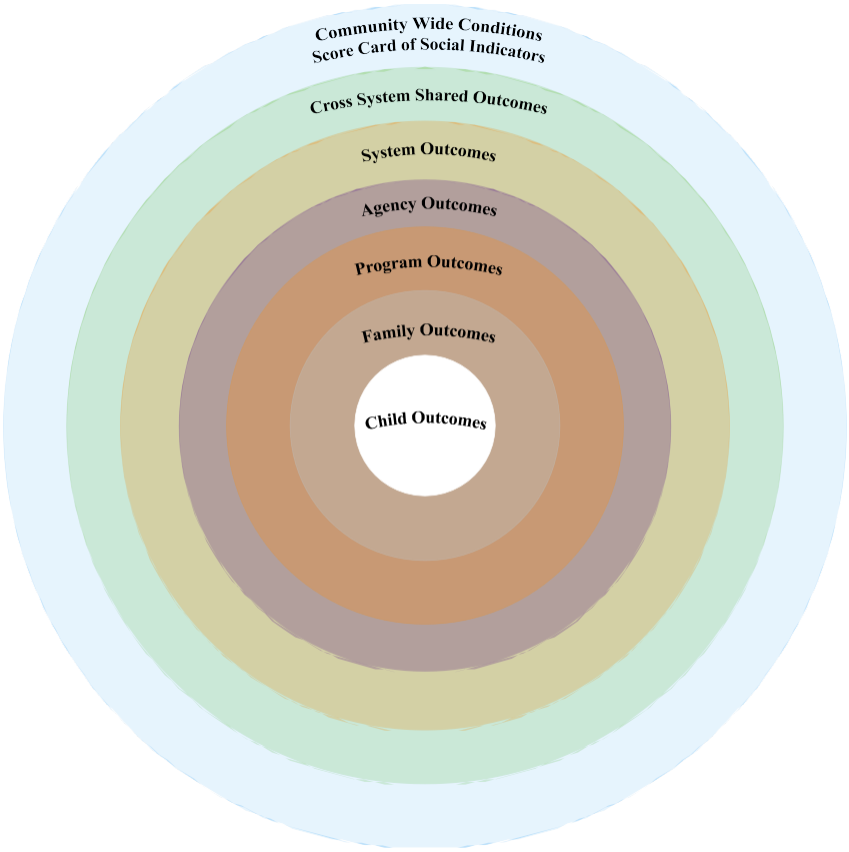


Figure 4.1: Inspired by United Way of America Levels of Outcomes and Bronfenbrenner's Ecological Systems Theory.

relationship between stability and county population is not linear: there is more stability for counties with less than 5,000 population and greater than 150,000 population, but less stability for counties with populations between 5,000 and 150,000. These findings may have significant implications for Region 2, specifically, but also possibly for Region 1, Region 9, and other regions without large urban hubs.

We conducted additional analyses on the stability of indicators related to Investigations, specifically removal rates. The rates of total removals by county also showed a relationship between county population and the stability of those indicators (influenced more by removals from investigation than from family preservation). Thus, our conclusion is that understanding of the long-term stability of indicators (and not just the most recent year) is necessary in order to establish baselines, particularly for indicators used as performance metrics.

Evaluating the "process" of DFPS CBC implementation has been limited by several factors. Some of the limitations have been outside the control of DFPS (such as the coronavirus pandemic), but most have been within the control of the agency. The primary factors limiting evaluability of CBC up to this point have been:

1. DFPS has no strategic evaluation framework and has separated process and outcome evaluations; and

2. DFPS was either unable or unwilling to share some information necessary to meet some of the Legislatively-authorized evaluation requirements.

Although there were multiple examples of Central Office being unwilling to share information, the more egregious were:

1. the Central Office CBC Team told the Evaluation Team there were certain topics (i.e., funding) that they couldn't ask SSCC's about because it was being done in the outcome evaluation (i.e., by Chapin-Hall in the calculation of the blended rate); however, funding is clearly listed in the legislative authorization;
2. when the Evaluation Team asked for someone local (in Region 1) to teach them more about conservatorship, the Central Office CBC Team refused, but offered someone from Central Office;
3. the Evaluation Team was invited (orally and then with meeting requests) to Region 1 protocol sessions and then disinvited without explanation; and
4. Central Office has refused to provide the Evaluation Team with an IMPACT data codebook since they first began requesting in the Fall of 2018.

4.3 Implementation Context

The primary themes we found around Stage 1 implementation context were:

1. the sincere efforts of front-line staff in each region to go above-and-beyond to ensure the best interests of the child/youth in care;
2. lack of an overall implementation strategy;
3. the importance of a **local community partnership** relationship among DFPS Central Office CBC Team, DFPS regional staff, SSCC staff, providers, the legal system(s), and the larger local community; and
4. a DFPS-Central-Office centric decision structure.

One global impression of implementation was that there was a lack of a strategic framework and a lack of explicit, operationalized expectations. This created processes that were random, chaotic, and trial-and-error. This lack of a strategic process had many diffuse (and long-lasting) effects, most of them more negative than would be true with a more structured, strategic process.

The lack of a strategic framework also means that there has been no structured process by which to learn from past mistakes, nor even a way to document that there had been past mistakes. One example is the lack of any clear post-hoc analysis of the failure of prior efforts in Texas, specifically Providence (implementing what was then known as Foster Care Redesign) in Regions 2 and 9. There should be a systematic, ongoing, external effort to identify organizational/systemic factors which lead to success and failure, and to document how to replicate the successes and avoid the failures.

In addition to the lack of a strategic framework, the current relationship of DFPS to the SSCC is a "*vendor*" perspective rather than a local community **partnership** perspective. When ACH began Foster Care Redesign in 2014 there apparently was more of a local community partnership perspective, with the role of DFPS to support the success of Foster Care Redesign. We believe this partnership among DFPS CBC Team, Regional DFPS leadership, and ACH leadership was critical to the sustainability of 3B's efforts.

This current vendor perspective manifests itself in a "vertical" relationship between DFPS and the SSCC and a perspective that DFPS must hold the SSCC "accountable". On the other hand, a local community partnership would have the perspective that DFPS's role is to support CBC by supporting not only the SSCC, but the contributions of the larger local community (i.e., child placement and

treatment providers, the legal community, schools, medical and mental health providers, and the larger nonprofit community).

Finally, many DFPS strategic/structural decisions affect and constrain the SSCC's ability to smoothly transition. Further, there seems to be no scientific evidence base for how these strategic/structural decisions are made, which affects CBC readiness or implementation. There are opportunities to learn about CBC systemic factors related to effectiveness and efficiency from quantitatively studying (a) how other states have been effective or efficient, and (b) the history in Texas of child welfare system change efforts, specifically sustainable efforts such as ACH or less sustainable efforts such as Providence.

There are multiple examples of these department-wide decisions which affect implementation. For example, the Evaluation Team could not find publicly available and documented answers to these questions:

- Why is case responsibility divided into a Stage 1 (placement) and Stage 2 (case management)?
- How are geographic areas chosen to a CBC catchment, and in what order are CBC catchments implemented?
- Why and how are some HHSC health regions subdivided for CBC catchment areas and others are not? For example, why was Region 3 originally subdivided into three catchments, but Regions 1 and 2, which are vastly larger, were not?
- How was the length of time to respond to a request for proposal (RFP) decided?
- How are respondents' RFP applications scored?
- What were the criteria for the 6-month window for startup? Why not, for example, 8 months or 9 months or 12 months? Why not a variable length based on when the SSCC is "ready"?
- How were criteria for "readiness" for transition from startup to Stage 1 implementation (i.e., transferring children in care to the SSCC's "network" for placement responsibility) decided?
- What were the criteria for an 18-month window from Stage 1 to readiness for Stage 2? Is the 18-month window because a 6-month start-up window and an 18-month Stage 1 window is equal to 24 months, or the length of a Legislative biennium in Texas?
- What are the criteria for readiness for transition from Stage 1 to Stage 2?
- How is the blended rate calculated?
- How is the blended rate affected by the transition of children out of the legacy system upon which the calculations of the blended rate are based?
- How much precision (or conversely, uncertainty or the lack of precision) is there in these blended rate estimates?
- How are the amounts of resource transfer and network support payments calculated and what drives the regional differences in the amounts?
- Are local community partners outside of DFPS or the SSCC invited in planning/implementation meetings, such as joint protocol sessions?

4.4 Operations and Resources

4.4.1 Organization

The primary organizational challenge of CBC implementation is the lack of clarity regarding the roles and authority of the Central Office CBC Team and the local community (e.g., the DFPS Regional Leadership Team, the SSCC Leadership Team, foster care providers, the legal community, primary and mental health providers, schools, nonprofits, and the faith community).

We strongly believe that one of the defining factors of the success of OCOK was the shared vision that the DPFS Central Office CBC Team played vis-a-vis the DFPS Regional Leadership Team and the SSCC Leadership Team when OCOK was first established in 2014. This shared vision of CBC and the roles of the various stakeholder groups has changed as DFPS CBC Team staff has turned over and new CBC catchment areas have been added.

For Community-Based Care to be truly "community-based" and community driven, more authority and autonomy must be transferred to the local communities–not only to DFPS regional staff and SSCC staff, but the larger local community. **Specific recommendations for ensuring that CBC efforts are community driven are detailed below.**

4.4.2 Staffing

Staffing issues were variable across the four catchment areas. The "FTE" (or "resource) transfer for both Stage 1 and Stage 2 were not specific or transparent enough to be understood. The formulas for these transfers ought to be standardized across regions and publicly accessible.

4.4.3 Training

The primary issue around training was that supervisors and administrators must be prepared for constant re-training of staff for two reasons: staff turnover, and (more importantly in terms of operations) staff's understanding of protocols, roles, and responsibilities shifting over time.

4.4.4 IT Systems

Information technology (IT) systems are one of the most important operational aspects of modern social service delivery systems. Thus, the functionality and utility of the IMPACT database, and the ability of community partners (i.e., the SSCC, providers, legal community) to access relevant portions becomes a critical aspect of efficient care.

The IMPACT database (and it's successor, IMPACT 2.0), as well as the "Data Warehouse" data, should be available to SSCC staff, not only for performing point-of-care services for children/youth in care, but also to have additional non-client data necessary for the SSCC's to conduct planning, such as forecasting for staffing, budgets, etc.

The major complaint about IT systems was the current lack of interoperability of the DFPS IMPACT system and SSCC data systems. This lack of interoperability meant that SSCC's were responsible for establishing procedures (usually very labor intensive either in terms of IT expertise and/or data entry) to offset that interoperability.

One seemingly minor example of an improvement in efficiency is that the current process is that a DFPS staff person has to enter an ending date for a placement before an SSCC staff person can enter the new starting date, despite the fact that the SSCC has initiated the new placement. Allowing/requiring the SSCC to enter both the ending date of an old placement and the starting date of a new placement would cut an unnecessary step out of the process.

Other IT system improvements/barriers were not able to be identified because Department staff refused to provide the Evaluation Team with a data codebook (sometimes called a data "dictionary") for IMPACT 1.0 or IMPACT 2.0, despite us asking multiple times over the course of almost two years. Data codebooks are not protected by HIPAA or FERPA and are typically publicly released on agency websites. Texas Education Agency (TEA), for example, releases a new data codebook every year when it reports STAAR testing results. The Inter-University Consortium for Political and Social Research (ICPSR) archives data and data codebooks for most, if not all, federally funded studies.

On October 1, 2020, a search of the ICPSR site using the search term "child welfare" found 4,344 studies. Public release of data codebooks by TEA and ICPSR is evidence there are not data security concerns posed by releasing data codebooks.

4.5 Financial and Payment Structures

Figure 1: The Updated APM Framework

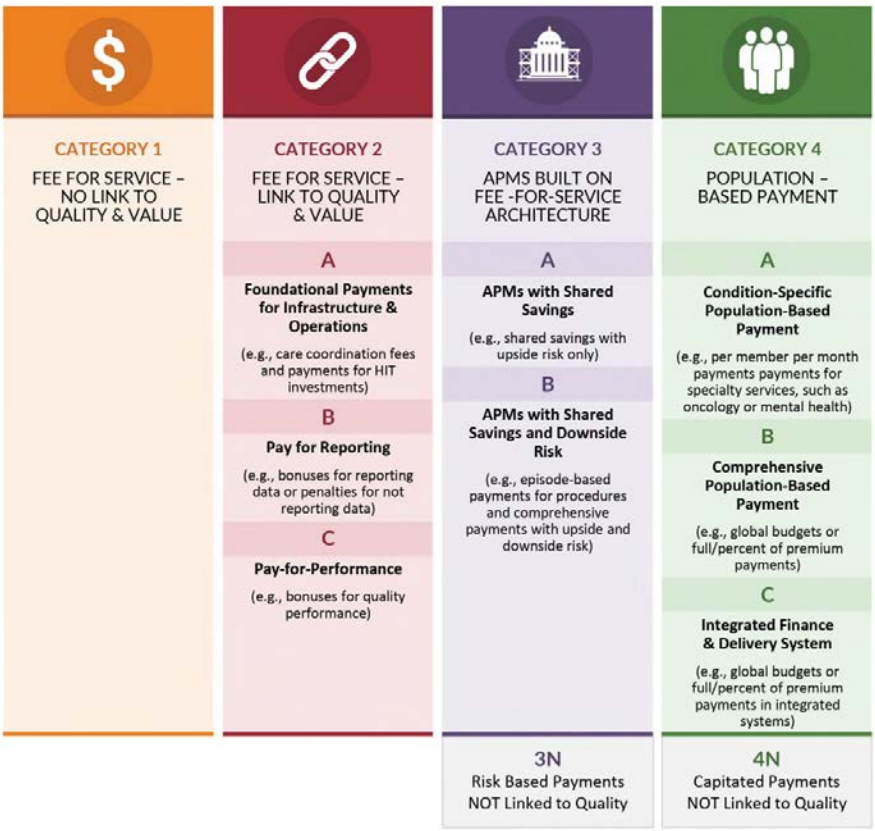


Figure 4.2: HCP LAN APM Framework 2017

Financial and payment structures are clearly critical to the sustainable success of any endeavor– public or private. Currently, the financial and payment structures DFPS uses with the three newest SSCC's are more rigid and restrictive than the funding model the Department uses with ACH. This places almost all of the financial risk currently with the three new SSCC's. We believe that the Department's approach with ACH ought to be expanded to the newer SSCC's. This would not only reduce the financial risk on the SSCC, but would also improve their cash flow.

A much more strategic and methodologically rigorous approach, analogous to the Center for Medicare and Medicaid Services (CMS) Alternative Payment Model (APM) should be used to develop a financial risk-sharing model. See Figure 4.2 for a visual representation of an APM framework. However, we believe that currently DFPS does not have all the elements necessary to move to an alternative payment model: there are far too many unknowns, there are no metrics of quality, and other currently-used metrics (i.e., YFT levels) are much too imprecise and unreliable to be able to be used for an alternative payment model. Further, there is no strategic, sequential plan to transition from the current funding model to a more sophisticated alternative payment model, nor are there well-defined metrics which would need to be met to transition from one stage to the subsequent stage. Finally, there is currently no mechanism for SSCC's to be reimbursed for providing services to out-of-network children who are in care. Thus, an in-network and out-of-network model should also be developed.

Because there are currently no good metrics of quality, the best proxy would be professional accreditation for SSCC's and for providers. An example of accreditation would be the Council on Accreditation (COA; https://coanet.org/). There would be several advantages of relying on an external accreditation model. The first would be that it would be an external, professionally-accepted process by which to establish practice norms; one example would be caseload size. A second advantage would be that a consistent, reliable framework for funding would be known because there would be a set of national practice standards. A third major advantage to an accreditation model would be that it would serve an independent, objective accountability function, thus obviating the need for the DFPS to allocate staff for that function.

Currently, the Legacy and CBC rates for reimbursement are defined by the Health and Human Services Commission (HHSC), and are not based on the actual costs of care. We believe that relying on the state to define the costs of care (and thus the reimbursements SSCC's and other types of providers receive) is fundamentally flawed for several reasons, the two most important of which are that (a) there is no evidence that HHSC knows the state's total costs of care, partially because the current cost reporting system does not include all the relevant cost categories incurred in foster care and (b) some cost categories may be unknowable to HHSC, because other state agencies bear the costs. In the 2019 report Deloitte identified that "there are cost report restrictions that limit the costs foster care organizations are able to submit" and that "important data on costs related to service quality are not currently collected" (Deloitte, 2019, p. 24). Therefore, they recommended that "to more fully and accurately understand foster care organizations' costs, cost reports should allow foster care organizations to report all costs needed to run their business" (Deloitte, 2019, p. 25)

The Legacy and CBC recommendations by Deloitte in 2019 are so important we have re-created them as Figure 4.3 and Figure 4.4. We want to highlight two of their recommendations for improving the rate-setting methodology for both Legacy and CBC rates: (1) using the "CANS on a regular basis to define type and intensity of services delivered and link the CANS to payment rates"; and (2) "Make all assumptions and methodologies clear to stakeholders in order to provide more transparency on rate setting process".

We want to expand on the Deloitte recommendation of using the CANS to determine level of need and link CANS scores to region-specific payment rates. Dr. Wang and his team recognize some limitations of the CANS–he and colleagues currently have a manuscript under review outlining approaches to improving its reliability, validity, and utility. Despite some of the limitations of the CANS, it has at least been subjected to professional scrutiny by researchers across the country; to our knowledge, the YFT levels have not.

We can't overstate the benefits (and thus the importance) of expanding on YFT levels in terms of

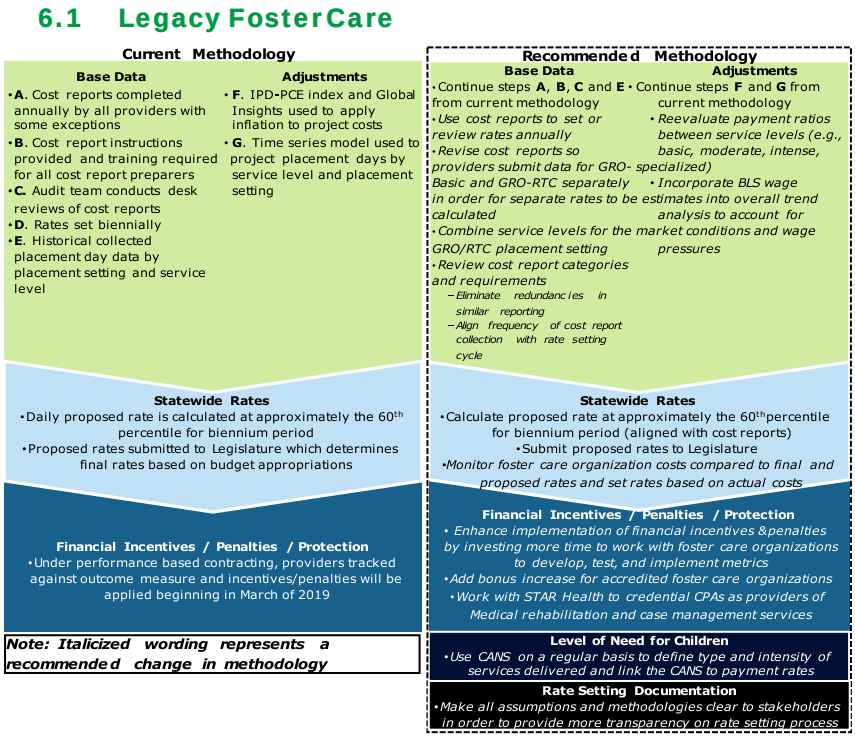


Figure 4.3: Deloitte Legacy Recommendations

improved practice and evaluation at the individual child and family level, but to also give a more objective foundation for financial and payment structures. Using the CANS for practice decision making and a basis for other structural components (funding) is an urgent need, but also one which would require ongoing technical research to improve its reliability, validity, and utility in child welfare.

We would also like to suggest how to operationalize and standardize Deloitte's recommendation to make "all assumptions and methodologies clear". We believe all costs/rates/reimbursements should be reported with the level of completeness and specificity consistent with the APA Journal Article Reporting Standards (JARS), now reported in the 7th Edition of the APA Style Manual. For example, all future reporting should include (a) plots of entire distributions of values, (b) measures of imprecision/uncertainty using confidence intervals, (c) algorithms/formulas of inputs and weights for all costs/rates/reimbursements.

The optimum method to understand the relationship between societal funding and child and family outcomes would be to conduct cost-benefit analyses from all three perspectives generally accepted in cost-benefit methodology research: individual, organizational (i.e., DFPS), and societal. Because current Legacy and CBC rates are too uncertain to conduct any set of cost-benefit analyses, we recommend that a cost-analysis be conducted immediately. This cost analysis should be conducted by an independent entity and should utilize cost data not only from DFPS and HHSC, but also

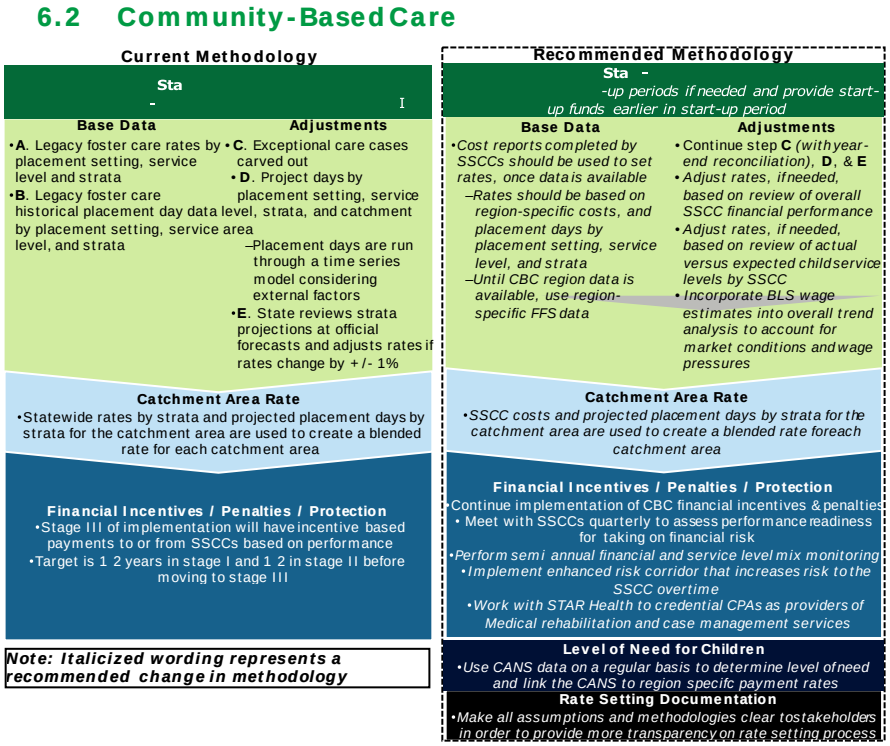


Figure 4.4: Deloitte CBC Recommendations

from providers and SSCC's. The cost analysis should also be conducted specifically using current professional standards of practice in child welfare as operationalized by accreditation, for example by the Council on Accreditation (COA; https://coanet.org/). This would have the effect of making reimbursement rates focused on the children in care and their needs (rather than focused on provider costs), and would have the secondary benefit of having an independent body with professionally established minimum standards of practice conduct oversight and accountability of SSCC's and other types of providers.

4.6 Contracting & QA/Communication/Roles & Responsibilities/Issues Resolution

Contracting is an area in which improvements would lead to substantial improvements in effectiveness and efficiency. SSCC/CBC contracts are generally a loosely summarized and vague outline of the Scope of Work and do not contain elements of standard contract language which provides explicit outcome expectations and agreements. Some described these Scopes of Work as written in "aspirational" terms rather than operational terms. Sometimes there is a mix of the aspirational and the operational, further confusing front-line staff. For example, many DFPS and SSCC staff were confused when the "clock" started on the placement window and how long the window lasted. This was due to both a 4-hour window ("aspirational" in the sense that it was desired) and a 7-hour

window ("operational" in the sense that consequences started) were included in the Scope of Work.

Changes in DFPS's operational expectations (i.e., the SSCC is responsible for extended care/ return to care youth) were sometimes communicated only orally, and were not part of the contractual language. Contract amendments were not organized or structured in traditional ways and were not available for public scrutiny.

4.6.1 Roles and Responsibilities

This domain had evidence of both the most successes as well as the most significant barriers. Interviews and focus groups in all four regions identified staff and community members who were unclear about roles/responsibilities, and frequently were misinformed specifically about the responsibilities of the SSCC in Stage 1. It remains to be seen if moving to Stage 2, where the SSCC is responsible for both placement and case management, resolves some of the role confusion. Whether SSCC responsibility for both placement and case management resolves confusion (and changes outcomes) should be a specific point of emphasis in future evaluation efforts.

The responsibility for communicating differential roles and responsibilities should be placed upon DFPS or a combination of DFPS/SSCC staff; Region 3B has a long history of demonstrating this type of collaborative communication process. The SSCC should not be put in the uncomfortable position of being the sole communicator to the rest of the local community of what it *is* (and more importantly, what it is *not*) responsible for.

4.6.2 Communication

A huge barrier in the process of implementing CBC is that the communication about differential responsibilities (i.e., who's responsible for what) is frequently communicated only verbally by DFPS. This oral communication from DFPS is often inconsistent with prior statements or guidance either between various DFPS staff or even the same staff member over time. In fact SSCC staff described it as "moving the goalposts" or "changing the rules". This chaotic, informal, oral communication climate has led to confusion, chaos, frustration, and anger, not only for SSCC staff, but others in the community.

Local stakeholders, from existing DFPS caseworkers to SSCC staff to the legal community (i.e., judges, prosecutors) to the nonprofit community (i.e., CASA staff and volunteers) were confused about differential roles and responsibilities. This was apparent across all CBC regions and across all organizations. The lack of operationalization leads to substantial chaos and randomness. Many times CPS front-line staff reported that the SSCC was responsible for tasks for which the SSCC was not, by contract, responsible.

A consistent theme was that the courts–a central stakeholder in conservatorship–were not as central in the planning and communication process as they could or should be. This should be addressed.

Communication between DFPS and SSCC's should be operationalized, and then formalized better in scopes of work, initial contracts, contract amendments, and operations manuals. It should be the responsibility of DFPS and the SSCC (and not the SSCC alone), to inform the DFPS staff **and the community** (i.e., judges, ad litems, CASA, providers, medical and mental health providers, school personnel) about the role differentiation. The SSCC should not be put in the awkward position of explaining to local community partners that they are not responsible for tasks for which DFPS retains contractual responsibility. This is particularly true in Stage 1 where there is substantial role confusion which potentially leads to either duplication of services or gaps in services.

4.6.3 Issues Resolution Processes

The lack of formal resolution processes was made clear to the evaluation team. This deficit led to multiple examples of a single DFPS staff person using an authoritarian or autocratic decision process (i.e., imposing a decision on the SSCC without any discussion or negotiation). Contracts could be improved by including dispute resolution procedures for (at minimum): (a) Statement of Work disputes; (b) contract disputes; (c) Joint Operations Manual or procedural disputes; and (d) Contract Action Plan disputes or appeals.

4.7 Readiness Activities

"Readiness" for each stage of CBC implementation could be improved, which would make all down-stream processes more effective and efficient. DFPS did no evaluation of a region's/community's readiness. Because there is no established evidence base to inform "readiness," it is unclear what criteria would be necessary for a community to be "ready," outside of it's own declaration of readiness. However, it would seem as though some prior community stakeholder preparation would be critical for long-term, sustainable success. An example of laudable community readiness activities has occurred in Harris County (with funding support from the Meadows Foundation). This type of community preparation for CBC would likely go a long way in ensuring sustainable success.

Further, the "Readiness Checklist" DFPS had for Stage 1 was developed internally and not validated against any external criterion. Therefore, it's not really clear which of the readiness components DFPS thought were necessary to accomplish during the 6-month startup stage were in fact necessary, and how each is weighted. There is also no research support that a 6-month window is necessarily sufficient for all regions. We agree with the 2019 Meadows Mental Health Policy Institute and Texas Center for Child and Family Studies report that this 6-month start-up window should be evaluated, and should be made more flexible, contingent upon the needs of the SSCC and the local community.

Lastly, there seem to be no readiness criteria for Stage 2. Clearly, more specific criteria around "readiness" for startup, for Stage 1, and for Stage 2 are necessary for more effective, efficient, and sustainable CBC processes.

4.8 Transition of Legacy Cases/Continuity of Services

Transition of legacy cases to SSCC's (particularly in Stage 1) could have been smoother with more planning and communication. For example, 2INgage prepared a plan to transfer youth into their network based on Service Level. This plan was approved by DFPS. However, when it came time to transfer youth into the 2INgage network, DFPS reported to 2INgage that the IMPACT system was not set up to allow that type of transfer, and that cases would need to be transferred by provider. This should have been negotiated and approved prior to beginning of the transfer so that 2INgage knew what to expect. Dr. Wang has developed operational relational databases, and finds it difficult to understand why transferring cases by level was not possible.

On a positive note, community members outside of DFPS/SSCC's (i.e., CASA staff/volunteers) reported no discontinuity of care for children/youth in care due to the transition of legacy cases during Stage 1.

4.9 Community Engagement Efforts

"Community engagement" was not specifically mentioned as a barrier during interviews or focus groups. But the Evaluation Team believes strongly that community engagement is a shared responsibility of the SSCC and the DFPS regional leadership, and that joint community engagement (i.e., DFPS & SSCC) is particularly critical in transition phases (i.e., entering into the 6-month startup, transitioning from startup to Stage 1, and transitioning from Stage 1 to Stage 2). ACH/OCOK and the DFPS Region 3 Leadership Team have a laudable history in this regard; this model should be replicated in all CBC regions.

4.10 Implementation Processes and Supports

There are some existing legacy processes that constrain how much flexibility SSCC's functionally have to replace ineffective or inefficient processes. The best example is the existing Youth For Tomorrow (YFT) Service Level system. These existing service levels are not differentiated enough to identify different placement and programmatic needs, not tied directly to placement or program, and (we would argue) not necessarily tied to a child/youth's risk. However, because reimbursement is tied to service level, it is difficult for SSCC's to replace the YFT Service Level system with a new system. As we note above, we wholeheartedly concur with the Deloitte recommendation to begin to use the CANS for these purposes.

Another example of legacy processes constraining or confusing CBC implementation are the "criteria" DFPS case managers (and thus SSCC's) must consider for placement. The DFPS manual states:

"When making a placement decision, the caseworker must consider the following:

1. Placement with a noncustodial parent if there are no concerns of abuse or neglect
2. Placement with siblings
3. Placement with relatives and other connections
4. The child's education needs, including the need to maintain education stability
5. Placement in the least restrictive setting
6. Proximity of placement to the child's home
7. Child's individual needs and preferences
8. Biological parents' recommendations
9. Substitute caregiver's circumstances

For additional guidelines, refer to the Placement Process Resource Guide PDF Document - Issues to Consider in Placement Decisions.

The safety of the child is the paramount consideration in any placement selection."

There should be a systematic review of these criteria for CBC Stage 1 to see if all of these are congruent with contractual expectations or limitations.

There is also no acknowledgment that some of these criteria (i.e., proximity and keeping siblings together) might come into conflict at the time of placement decision, given available options at that time. And because there is no acknowledgment that some of the criteria might come into conflict, there is no guidance as to how to weight (or rank order) criteria if two or more come into conflict. This is exacerbated by the fact that these two examples (proximity and keeping siblings together) are CBC outcome performance metrics, creating an unnatural conflict/tension.

An extension of this type of problem is that many complaints heard in interviews and focus groups about specific SSCC placement decisions implicitly did not compare the actual decision to the "menu" of placement options available to the SSCC at the time of the placement decision. Any decision maker, in any decision making process, can only make decisions from available options, and child welfare placement decisions are no different. Inherently, there are no perfect options in child welfare. Thus, the criteria against which any placement decision (SSCC or Legacy) should be held is that it was the best of the available options. This requires, of course, a listing alternatives available at the decision point and a formal process by which to **rank order** the criteria so that accountability for poor decisions can empirically/quantitatively be made. There is an entire discipline built around these complex decision-making problems–Multiple-Criteria Decision Analysis. Thus, weighting/rank order placement criteria should not be left up to subjective judgment, but rather should be formalized after utilizing these scientific methods to make these placement decision procedures more objective.

Although SSCC's are limited (either contractually or functionally) in their ability to modify some legacy processes, ACH's Analytics Team has been able to come up with some very technically sophisticated and practically useful studies. For example, using survival analysis to rank-order placements, and using principal components analysis and cluster analysis to identify clusters of children with varying acuity and needs, and comparing those clusters to costs. These types of data driven approaches could facilitate not only better practice/service process and outcomes, but would also facilitate developing/fine-tuning rate setting. The approaches used by ACH's Analytics Team should be generalized not only to CBC regions, but also to the Legacy system. Each SSCC could be supported in this endeavor by providing more funding specific to analytics.

Another set of supports which could be helpful to front-line staff and volunteers would be to provide more visual representations of processes/decisions, at both the program level (i.e., with program Logic Models), as well as at practice levels (i.e., through placement decision trees and flowcharts of how children/youth progress through the foster care system and who is responsible for what at each stage).

These types of flowchart/decision tree visual supports would benefit programs (by formally structuring and linking processes to outcomes), program evaluation (by being the basis for Logic Models), tenured child welfare professionals (by being a more efficient way of transferring knowledge to new staff and volunteers than current manuals), and for new staff and volunteers by providing an efficient "advance organizer" (Ausubel, 1960) for learning new information about child welfare practices.

These visual supports could be generated in multiple ways. It could be as simple as stakeholders coming to consensus and "drawing" them in flowchart/decision tree form. They could also be constructed in more formal ways through Joseph Novak's (2009) "concept mapping" approach, Multiple-Criterion Decision Analysis (MCDA) methods, or statistical decision tree methods. Any of these would be of substantial benefit to local stakeholders, and easier to comprehend than thousands of pages of text. These visual supports should be prominently displayed on the DFPS website, SSCC websites, as well as in the front of protocol manuals.

4.11 Lessons Learned

What changes to operations, implementation processes, or service delivery were made to address barriers?

As of the time this report was completed, we were waiting on DFPS input for this specific topic. We anticipate they will provide that in the future in the form of an Appendix.

4.12 Conclusions

It should be noted that the Evaluation Team found that front line staff and volunteers in all the communities are heavily invested in the success of the children and youth in care. This is true of CPS caseworkers, SSCC workers, providers, persons involved in the legal system (i.e., judges, district attorneys, ad litems, CASA staff and volunteers), and others interviewed (i.e., health professionals, educators, etc.).

After reviewing the qualitative and quantitative data, we grouped the conclusions into five themes:

1. "community based"
2. contracts
3. funding
4. transparency and accountability
5. sparse evidence base

These, of course, are not mutually exclusive categories.

4.12.1 "Community Based"

The current CBC effort is Central-Office-centric, despite wide variation among regions and SSCC's (see Historical and Regional Contexts section of this report). Central Office still decides how a region or catchment is defined, how new CBC catchments are defined as "ready," when CBC catchments are placed in the queue to be implemented, the criteria for SSCC selection, the criteria for the SSCC's "readiness" for Stage 1, and the criteria for the SSCC's "readiness" for Stage 2. Central Office has also been more heavily involved in day-to-day operational decisions than Regional Offices or local communities.

4.12.2 Contracts

Scopes of Work and contract amendments are currently ill-defined for effectively communicating the differentiation of expectations and responsibilities of DFPS and the SSCC. This lack of clarity and specificity has led to significant, and unnecessary, confusion and frustration in local implementation efforts. This has been particularly true during Stage 1 (Placement); Stage 2 (Case Management) has not been in place long enough to make judgments.

4.12.3 Funding

The DFPS funding model seems to be trying to move from a fully fee-for-service (legacy) model to a fully-capitated population (managed care) model for Community-Based Care (a) without knowledge of the actual total costs of care; (b) without good metrics of service quality or good risk/need metrics necessary for risk adjustment procedures; (c) without sharing financial risk with the three newest SSCC's; (d) without knowing how to predict the probability of catastrophic expenditures (and no mechanism to handle that except the Exceptional Rate); (e) with different funding **models** (not just different rates) for the different regions; (f) without funding model analogues for in-network and out-of-network costs; and (g) without an analogue to the CMS roadmap for sequencing toward a fully capitated risk-sharing model. Further, the measures of acuity/risk/need seem to be set and changed by the same group (YFT) that performs the utilization management function.

4.12.4 Transparency and Accountability

For evaluation to be most effective, it must be (a) integrated (process and outcome), (b) independent (external to an organization), and (c) permanent (and not piecemeal). CBC (both DFPS and SSCC's) should be evaluated by an independent entity. Agencies should not evaluate themselves; also, to maintain maximum objectivity for accountability purposes, SSCC performance should also be judged by an independent organization unaffiliated with DFPS. This would be the role of an accrediting body such as the Council on Accreditation (COA).

The overall evaluation process has been structurally limited by having separate process and outcome evaluations. The evaluation would also benefit by having a more robust logic model of what stakeholders (DFPS as well as community stakeholders) agree are the desired outcomes and their weighting, and what processes are hypothesized to achieve each specific outcome. Evaluation would also be more effective with validated tools (i.e., "readiness" tools). Finally, evaluation efforts would be helped by a more robust evidence base linking processes (and their costs) and outcomes. These linkages are necessary to conduct cost-benefit analyses.

4.12.5 Sparse Evidence Base

Relative to other human service fields such as medicine, education, psychology, or even criminal justice, the child welfare field has a sparse evidence base to support differential practices.

At DFPS this sparse practice evidence base is manifested by:

- practice being driven primarily by narrative and oral tradition (team meetings, "reading the case");
- very limited statistical evidence of causal links established between a child/youth's risk, his/her programmatic/clinical needs, outcomes, and differential costs of each of these groups;
- YFT Service Levels not being directly related to placement type, duration, cost, or other programmatic needs (medical, mental health, educational);
- assessment tools such as CANS having very limited validity evidence.

In addition to the sparse evidence base for interventions, there is additionally a sparse evidence base for implementation of initiatives such as Community Based Care.

ACH is well poised to substantially add to the evidence base at both the systemic and practice levels. At the systemic level, their experience with Foster Care Redesign/Community-Based Care could be capitalized on to learn a great deal about systemic factors related to success or failure. At the practice level, they have large sample sizes, they use modern analytic approaches which are much more robust for causal inference, they are specific and transparent about their methods and results, and they have higher quality data because they have known costs of care (and not just cost of provider payment or reimbursement).

4.13 Recommendations

We want to acknowledge the prior efforts of Freundlich and Gerstanzang (2003), the Child and Family Research Institute at the University of Texas at Austin (2014), PCG Human Services (2014), and the "Deloitte Report" (Meadows Mental Health Policy Institute & Texas Center for Child and Family Studies; 2019). We support the recommendations of all these prior reports.

4.13.1 Be Driven by the Local Community

CBC implementation should be refocused and driven by local communities by:

1. rebranding CBC as "Community-Driven Foster Care";
2. allowing local communities to decide on catchment areas, planning for CBC (much as Harris County has done), when they are "ready" for CBC startup, etc.;
3. requiring an SSCC to be (a) a nonprofit or governmental entity, (b) with physical headquarters in Texas, (c) with at least 10 years of operation in child welfare services in Texas, and (d) the CEO and a majority of the Board members are Texas residents;
4. empowering DFPS regional CBC staff with more autonomy, specifically the Regional Director, Regional CBC Administrator, Regional Contract Administration Manager (CAM), and a Regional IT specialist assigned to support CBC implementation and evaluation.

4.13.2 Improve CBC Contracting

DFPS should improve CBC contracting by:

1. requiring the Regional Contract Administration Manager (CAM) to be an attorney who is experienced in contract law and who is responsible for initial contracts and contract amendments;
2. reviewing and modifying, if necessary, all existing SSCC contracts, contract amendments, and Scopes of Work;
3. amending CBC contracts and scopes of work so that expectations are better operationalized;
4. including into CBC contracts procedures for issue resolution for (at minimum): (a) Statement of Work disputes; (b) contract disputes; (c) Joint Operations Manual or procedural disputes; and (d) Contract Action Plan disputes or appeals.

4.13.3 Create Risk-Sharing Funding Model

The Department should create a transparent, risk-sharing funding model by:

1. developing a funding model [such as the Center for Medicare and Medicaid Services (CMS) Alternative Payment Model (APM)] which strategically and explicitly shares financial risk;
2. developing a model which has both in- and out-of-network analogues to account for situations such as Interstate Compact on the Placement of Children (ICPC) and emergency in-region placement services for out-of-region children in care;
3. contracting with an independent organization with experience conducting cost-benefit analyses to conduct a cost analysis;
4. publishing the formulas and confidence intervals for the legacy and blended rates and FTE transfers on its website;
5. reconciling Network Support Payments with the SSCC's on a monthly, rather than annual, basis;
6. allowing all SSCC's to reconcile differences in the blended rate on a monthly basis.

4.13.4 Increase Transparency and Accountability

The Department should increase transparency and accountability by:

1. requiring (and funding) SSCC's to be accredited by a professional organization such as the Council on Accreditation (COA)–this accreditation should replace other accountability functions;
2. contracting with a single evaluation team to evaluate DFPS CBC as well as the SSCC's–this evaluation team must be **independent** of DFPS, must have experience conducting cost-benefit analyses of public programs (i.e., education, criminal justice, etc.), and therefore must have

access to DFPS and SSCC process, outcome, and personnel, and financial data;
3. expanding the Logic Model and displaying it on the CBC home page;
4. improving data access for SSCC's and evaluation contractors, specifically providing direct access to the Data Warehouse (including, but not limited to, the IMPACT system);
5. assigning an IT/analytics staff person (at each Regional Office conducting CBC) specifically to respond to SSCC and evaluation data requests.

4.13.5 Contribute to the Scientific Practice Evidence Base

The Department should contribute to the scientific practice evidence base at both the systemic level and the individual practice level by:

1. creating visualizations (flowcharts/decision trees) of all conservatorship processes;
2. creating a rank order for placement criteria;
3. studying systemic change by studying ACH's history of Foster Care Redesign/Community-Based Care and the factors related to ACH's sustainability;
4. supporting broad, scientific dissemination of the knowledge created by SSCC's, internal staff, and external evaluators;
5. increasing the capacity of ACH Analytics Department by transferring one or more staff positions to ACH;
6. expecting contractors who conduct DFPS-funded evaluations or studies to disseminate results via conferences and peer-reviewed publications;
7. encouraging DFPS staff to disseminate knowledge through traditional scientific routes;
8. posting the Data Warehouse data codebooks/dictionaries on the DFPS website;
9. making the Regional Statistics data more accessible through the Texas Open Data Portal (data.texas.gov) and the DFPS Data Book;
10. aggregating the Regional Statistics data at both the county and region levels;
11. continuously and rigorously evaluating all measures/assessments/metrics (i.e., CANS, SDM, CBC performance metrics) for reliability and validity;
12. archiving all data collected through DFPS-funded evaluations and studies in the same way as the Inter-university Consortium for Political and Social Research (ICPSR; https://www.icpsr.umich.edu/web/pages/).

5. Historical and Regional Contexts

5.1 Systems Change in Foster Care

One of the main thrusts of Community-Based Care is to transfer decision-making to those individuals who are closer to the children in care. Because there is so much variability across DFPS regions (not to mention variability *within* regions), we want to identify contextual and historical differences **between** the regions, and potentially point out differences **within** regions. All of these differences potentially affect strategic decisions, as well as setting appropriate expectations for local, community-based efforts.

5.2 State Overview

Not only is Texas a large state, but there are regional variations which affect population distribution (and composition), as well as resource distribution.

Unique to the lower 48 states, Texas is very large in terms of land area. The land area of Texas is more than 67% larger than California. Even the public health regions are large. For example, Region 1 would, by itself, be the 38th largest state (behind Virginia and ahead of Indiana). Region 8 would be the 38th largest state (behind Indiana and ahead of Maine). Region 2 would be the 41st largest (behind West Virginia and ahead of Maryland). Even the smallest Texas public health region (Region 5) would be the 42nd largest state. This vastness creates unique challenges to social service delivery agencies.

As seen in Figure 5.1, there are dramatic differences in distribution of population across Texas.

The last twenty years have seen a migration of individuals to the population centers located around Texas. This migration not only affects the population, especially in rural areas, but has a direct effect on available resources. Work force education varies greatly depending on the area of the state, which hinders the growth of industry due to the limited available workforce. The effects are better illustrated by examining the differences between regions.

Regions 3 and 8 have both experienced population growth in the last generation. Region 8 has had increased growth around Bexar county and the norther portion of the region. The more rural portions of the region have had moderate population growth, with two counties experiencing a

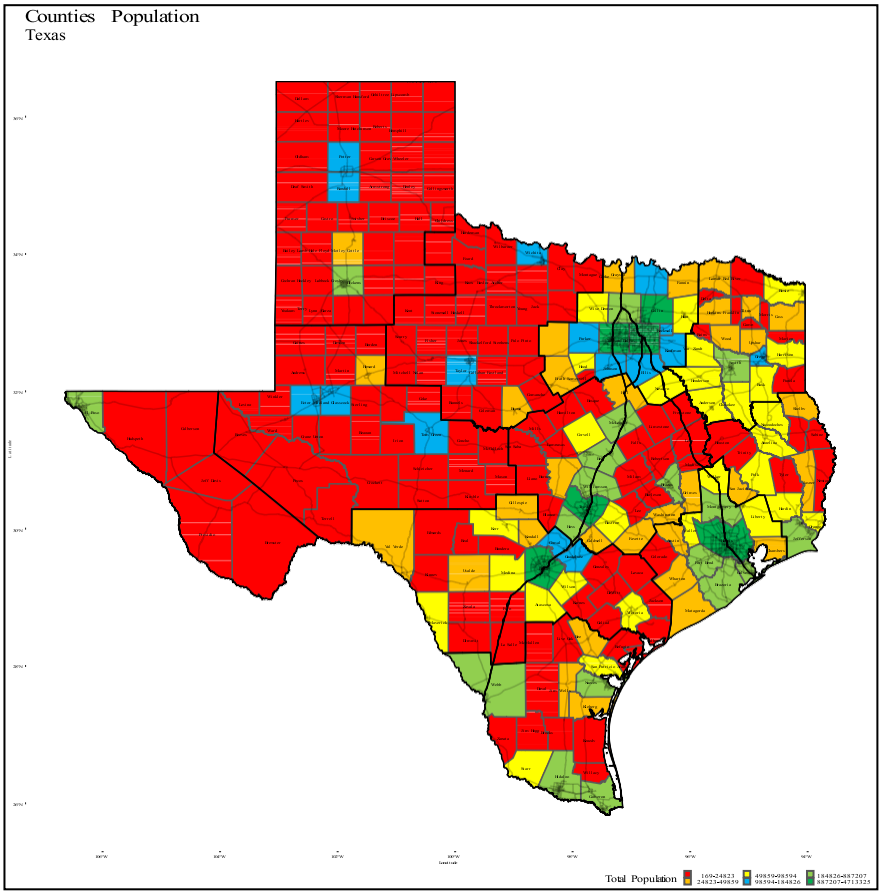


Figure 5.1: County Population

decrease in population. Region 3 is a more urban/suburban area and has seen population increases throughout the region. Both region 3 and region 8 have had large increases in individuals with a bachelor's degree. High school diploma/GED completions have also increased. The urban/suburban areas of both region 3 and 8 have also seen an increase of the under 18 population. The rural areas, especially in region 8 have experienced a decrease in the under 18 population. These metrics show a clustering of educated populations around the population hubs and may be an indicator of increased overall resources within the two regions.

Regions 1 and 2 differ greatly from the I35/I45 corridor. This is evidenced by the different population variables that are illustrated in the state maps. The migration from the more rural areas is depicted in not only the general population change from 2000 – 2018 but is magnified in the decrease of the under 18 population. The change in education is also markedly different than the I35/I45 corridor. There have been moderate increases in both bachelor's degrees and high school diplomas/GEDs in some areas of Regions 1 and 2. However, over 25% of the counties in Regions 1 and 2 have seen a decrease in both bachelor's degrees and high school diplomas/GEDs. Both regions have counties that have shown increase in all areas. However, these counties have not experienced the increase on the same scale as counties located on the I35/I45 corridor. The exception in Region 1 is the increase on most metrics of oil producing counties. Yoakum and Garza counties have had continued growth due to the expansion of the oil industry over the time-period. The increase in both

counties can be considered outliers to the general population migration of Regions 1 and 2. Figure 5.2 shows the marked difference between the changes in individuals with a bachelors degree.

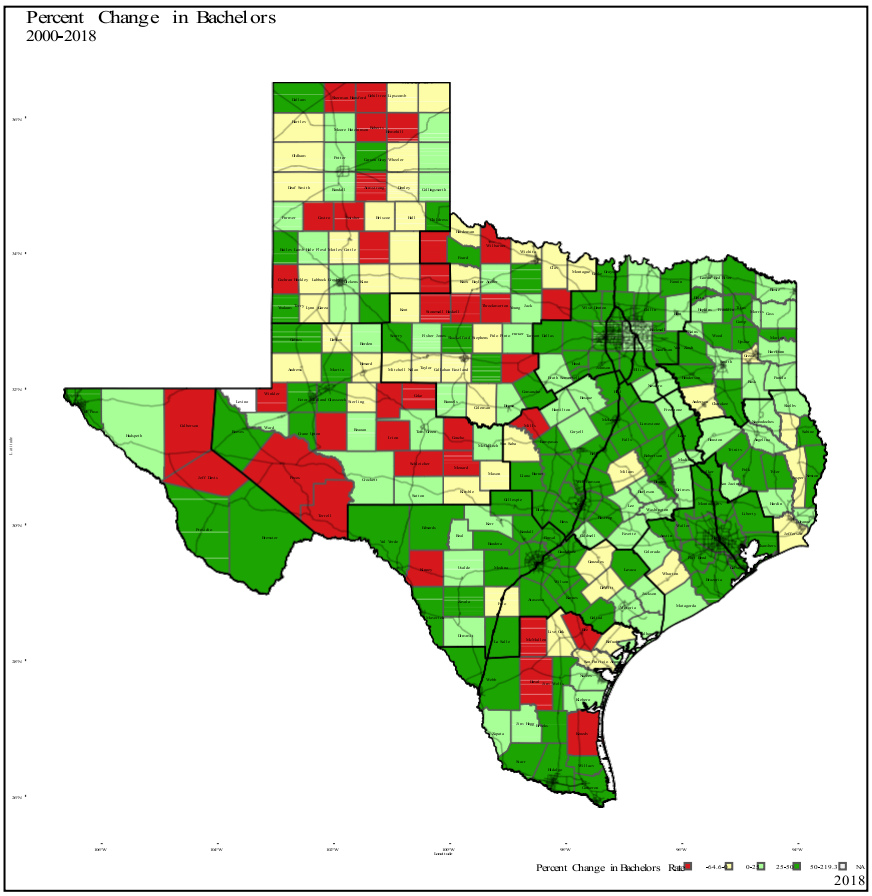


Figure 5.2: Percent Change in Bachelors Degree, 2000-2018

To have a sustainable workforce, it is important to have a large enough population of college graduates to staff the needed offices. The increase in bachelors degrees are predominately distributed along the I35-I45 corridor. The regions west of the corridor are much more limited in a workforce with at least a bachelor degree.

Another metric that paints a difference in population distribution that affects staffing is the change in population of 18 - 29 year old, Figure 5.3.

This age group is essential for filling entry level roles. The increases in this age group are predominately concentrated around the urban areas of DFW, Austin, San Antonio and Houston. There are also increases in the oilfield counties of the Permian Basin. The other regions of the state have seen a small increase or migration (decrease) of young adults to more urban areas.

The decrease of entry level workers and the smaller number of individuals with bachelor degrees in less urban regions, make staffing more difficult.

As can be seen in Figure 5.4, the open foster homes in Texas are distributed around the population centers in Texas: the Dallas-Ft. Worth (DFW) area, the Houston area, and the Austin-San Antonio corridor.

The bed capacity of Residential Treatment Centers (RTCs) in Texas seem to be disproportionately

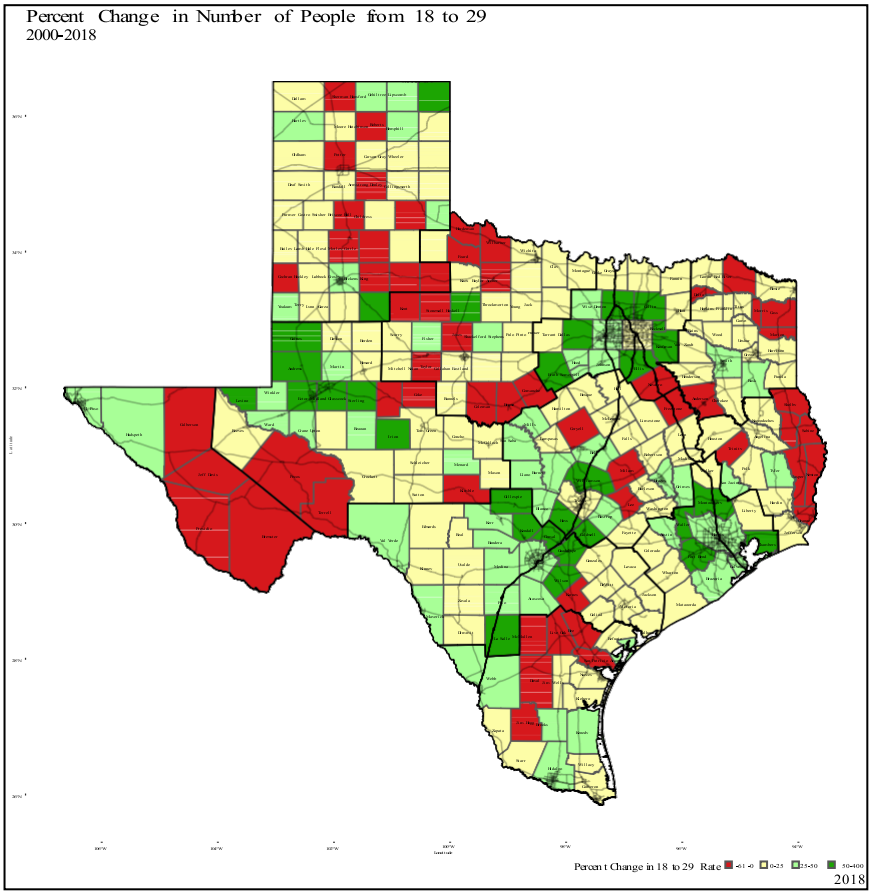


Figure 5.3: Percent Change in Age 18 to 29, 2000-2018

centered around the Houston and San Antonio areas. Despite the DFW area having large urban and suburban populations, the proportion of the bed capacity in the state seems to be distributed less in the DFW than would be anticipated by pure supply-demand processes. See Figure 5.5 for the distribution of RTC bed capacity in Texas.

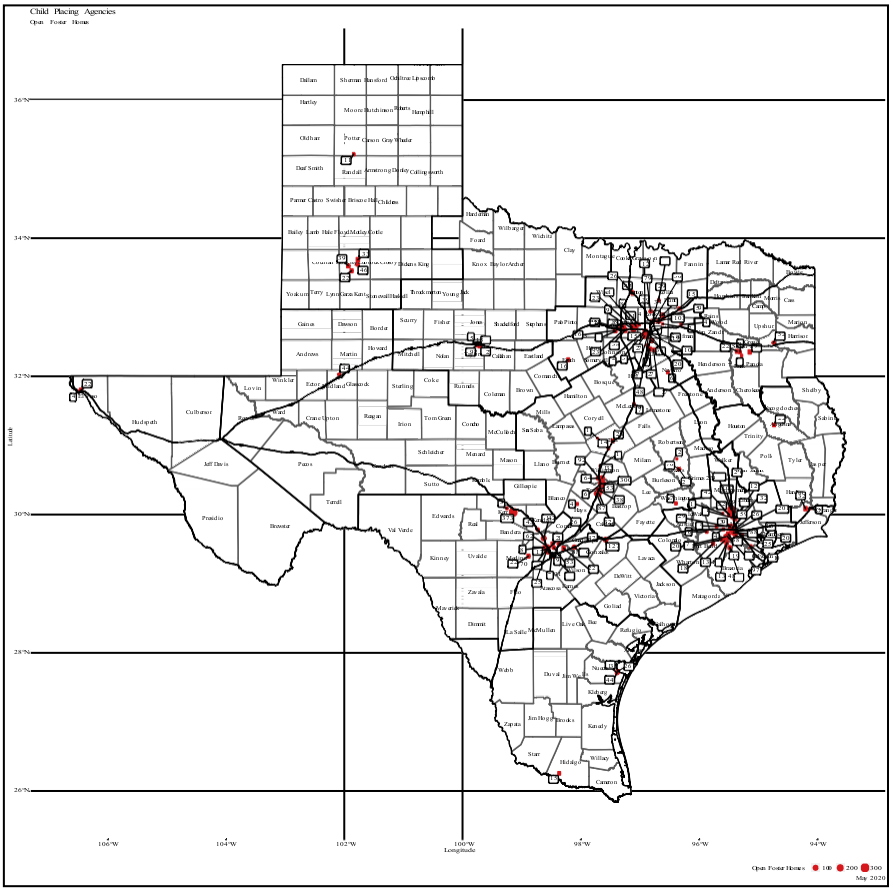


Figure 5.4: Texas Open Foster Homes, May 2020

State Timeline

Date	Event
September 1, 1998	Project PACE started
March 31, 2001	Project PACE ended
August 1, 2011	DFPS issues RFP for provision of paid foster care and purchased services to support the safety, permanency and well-being of children in state's conservatorship
2012	Tentative awards to Providence Service Corporation of Texas to serve Regions 2/9 and to Lutheran Social Services of the South to serve Region 11.
August 9, 2012	DFPS withdrew tentative award to Lutheran Social Services
September 1, 2013	Fully executed contract with Providence
August 1, 2014	Providence voluntarily terminated its contract
May 2, 2019	DFPS releases RFA for Region 8B
July 2020	Procurement officially closed for Region 8B
September 1, 2020	DFPS released RFA for Region 8B (all counties in Region 8 except Bexar)

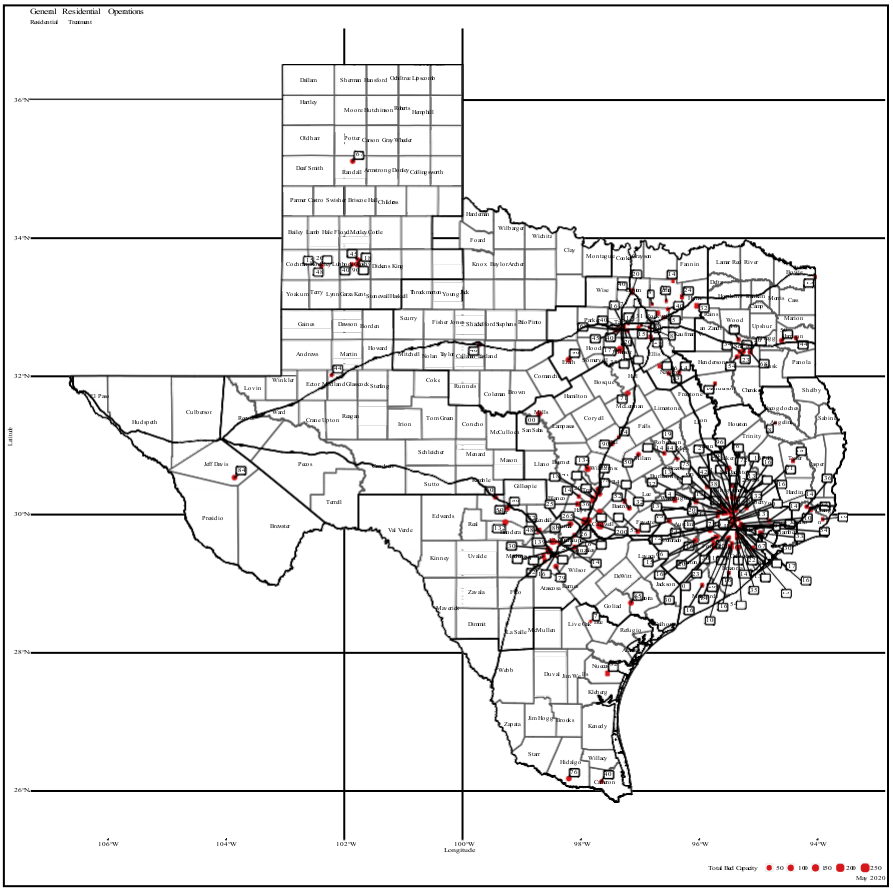


Figure 5.5: Texas RTC Bed Capacity, May 2020

5.3 Regional Overviews

5.3.1 Region 3B

5.3.2 ACH/OCOK

ACH Child and Family Services website: https://achservices.org/
Our Community Our Kids (OCOK) website: https://achservices.org/programs/our-community-our-kids/

"Our [ACH Child and Family Services] story begins over a century ago when a group of women – who were dedicated to providing a safe home and hope for a good future to orphans and destitute women with children – founded what became known as All Church Home for Children. Today, that organization is called ACH Child and Family Services. While our programs and services have changed to meet the needs of our community, we remain true to our mission of protecting children and preserving families. We invite you to enjoy our story and join us as we continue our efforts to elevate children and families in need of help in our community for decades to come. (https://achservices.org/about-ach/history/)

As a trusted nonprofit with long-standing ties in the community, ACH was well positioned to demonstrate what a true community-based model of foster care could look like in Texas. Torally the

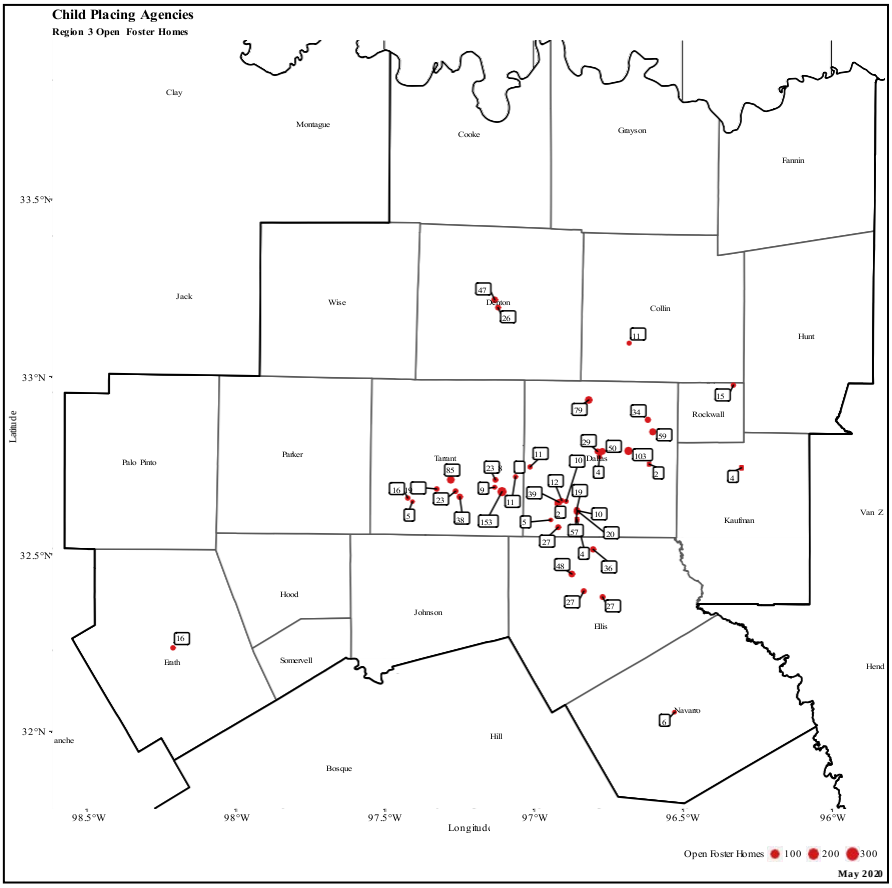


Figure 5.6: Region 3 Open Foster Homes, May 2020

Region 3B Timeline

Date	Event
November 8, 2013	DFPS awarded ACH Child and Family Services of Forth Worth Region 3B (Tarrant, Erath, Hood, Johnson, Palo Pinto, Parker, Somervell)
September 1, 2014	ACH began as 3B SSCC; division of ACH was developed (OCOK)
March 21, 2017	DFPS renews contract with ACH Family Services for Region 3B
September 1, 2019	DFPS extends contract with ACH in 3B to expand to Stage 2 of CBC

community and to manage the functions of the Single Source Continuum Contractor (SSCC), ACH launched a new division in 2014, and chose the name "Our Community, Our Kids," to convey the underpinning philosophy that abused and neglected children who live in our community belong in our community. We have a collective responsibility for their well-being.

As the SSCC for the Texas Department of Family and Protective Services in Region 3b, OCOK oversees the care of children in Texas Region 3b, which includes Tarrant, Palo Pinto, Parker, Johnson, Hood, Somervell and Erath counties."

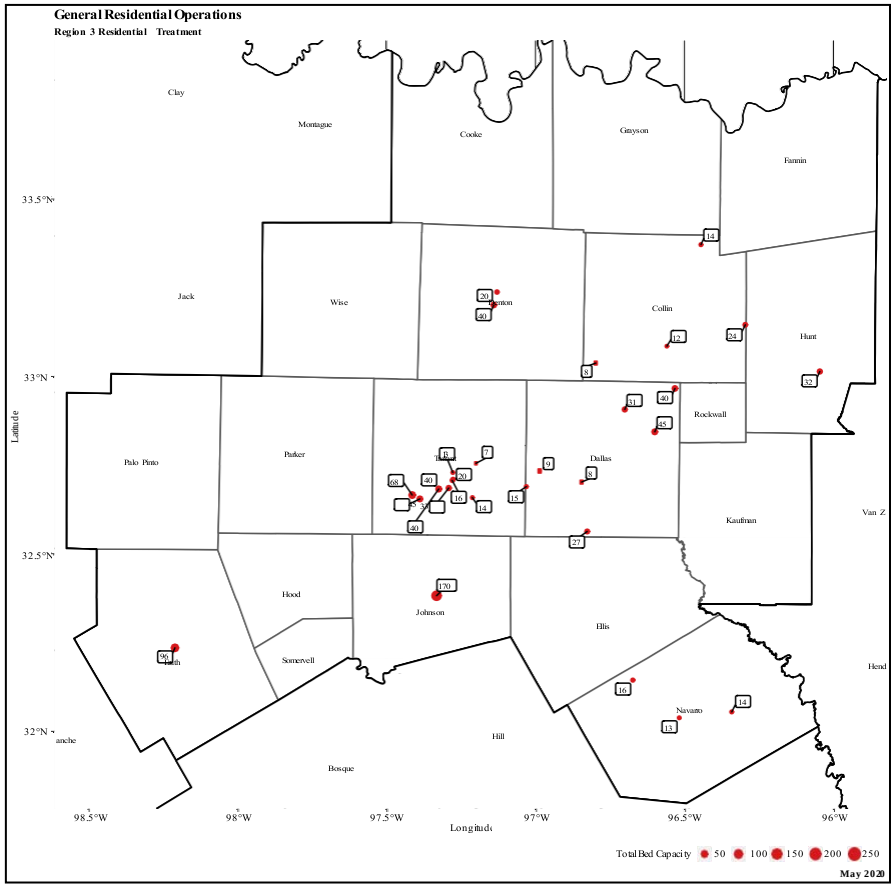


Figure 5.7: Region 3 RTC Bed Capacity, May 2020

5.3.3 Region 2

5.3.4 2INgage

TFI: https://tfifamily.org/

2INgage: https://www.2ingage.org/

"Texas Family Initiative brings strength through their extensive national experience providing foster care, adoption, case management, placement and family preservation services, as well as providing agency oversight to ensure accountability and quality services within a provider network. The Texas Family Initiative has experience in Texas community-based care and will bring their knowledge to promote industry innovation and grow resources in the communities within Region 2. TFI Family Services, Inc. (TFI) serves as the parent company to Texas Family Initiative LLC. TFI, founded in 1965, is a multi-state child welfare, behavioral health and administrative support organization with licenses in good standing in five states. TFI is a 501(c)(3) private, non-profit organization accredited by the Council on Accreditation (COA)."

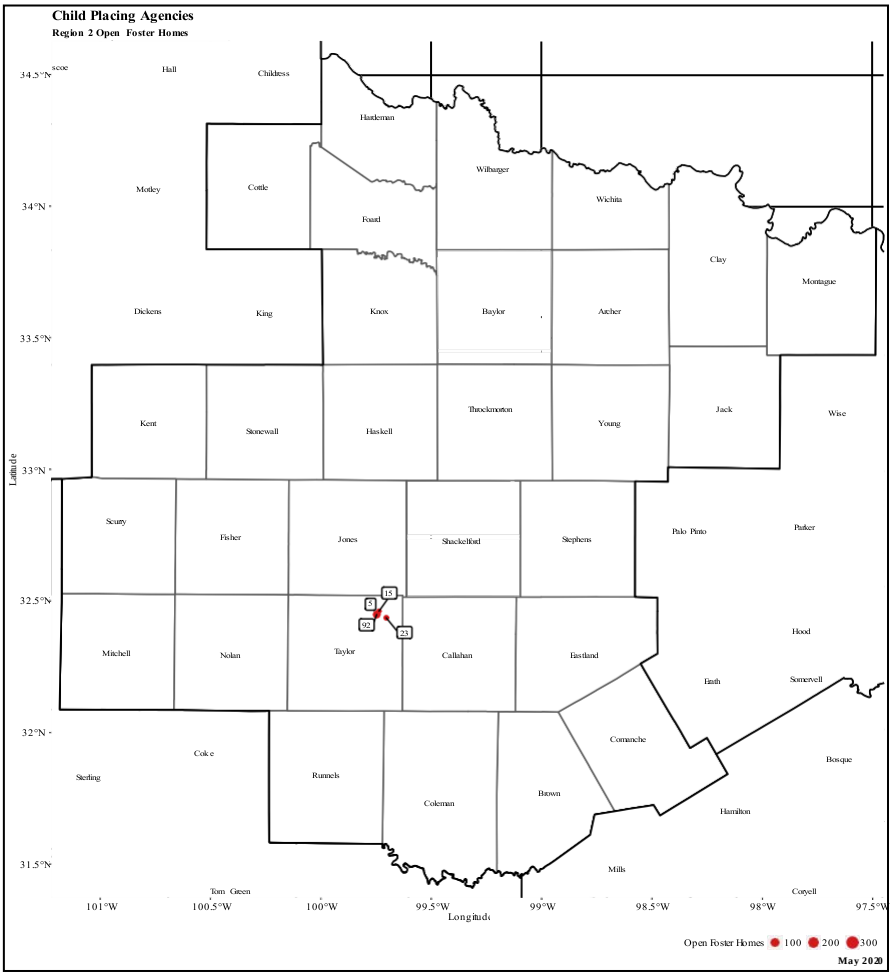


Figure 5.8: Region 2 Open Foster Homes, May 2020

Region 2 Timeline

Date	Event
2015	DFPS announces Region 2 as latest Foster Care Redesign Catchment Area
August 1, 2016	DFPS releases RFP for Region 2; later closed the solicitation
September 2017	DFPS announces Region 2 and 8A among next areas for CBC
October 18, 2017	DFPS releases RFA for Region 2
May 29, 2018	DFPS awarded CBC contract inRegion 2 to 2Ingage

5.3.5 Region 8A

5.3.6 Children's Shelter/Family Tapestry

Children's Shelter: https://www.childrensshelter.org/

Family Tapestry: https://www.familytapestry.org/about-us/community-based-care/

"The Children's Shelter is a private, nationally accredited nonprofit corporation. Since 1901, we have provided a safe haven for child survivors of abuse, neglect, and abandonment in San Antonio

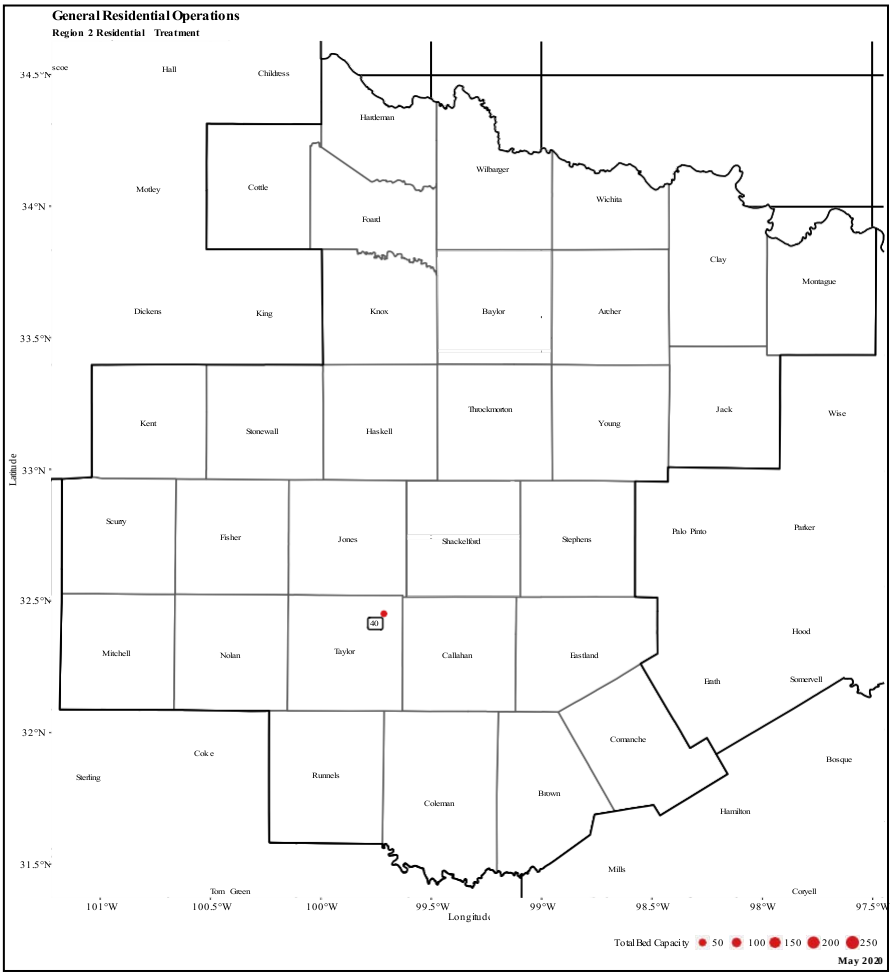


Figure 5.9: Region 2 RTC Bed Capacity, May 2020

and Bexar County. Today, The Children's Shelter is a trauma-informed care certified organization that provides a continuity of care through an array of a family of services. We provide emergency shelter and therapeutic foster care for children and youth. Our Family Strengthening programs teach nurturing parenting skills to vulnerable families and help families overcome crises. Finally, our mental health clinic provides trauma-sensitive therapeutic interventions for children and families impacted by maltreatment" (https://www.childrensshelter.org/)

Region 8A Timeline

Date	Event
September 2017	DFPS announces Region 2 and 8A among next areas for CBC
March 8, 2018	DFPS releases RFA for Region 8A (Bexar)
August 3, 2018	DFPS awarded CBC contract in Region 8A to Family Tapestry, a division of the Children's Shelter

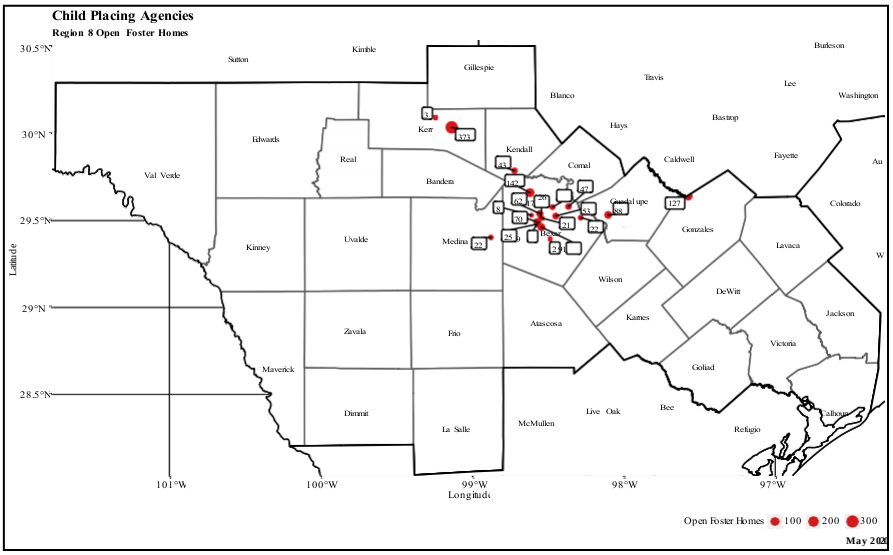


Figure 5.10: Region 8 Open Foster Homes, May 2020

5.3.7 Region 1

5.3.8 Saint Francis Ministries

Saint Francis Ministries: https://saintfrancisministries.org/

"Since 1945, Saint Francis Ministries has been dedicated to the needs of children and youth. We advocate for them and work to protect them. We do our best to ensure that every child we serve gets a chance at a happy and fulfilling life. As a non-profit, faith-based organization, we place great stock in the value of both traditional and non-traditional families. We believe strong families make children's lives better.

What began as a home for boys on the Kansas prairie is now a multi-faceted child and family services ministry serving over 31,000 people in Arkansas, Kansas, Mississippi, Nebraska, Oklahoma, Illinois, Texas, and Central America with a broad range of programs and services. We help strengthen and heal families while providing for the health and security of children.

Though rooted in the Episcopal tradition, Saint Francis Ministries is an independent not-for-profit organization dedicated to the protection, nurturing, and healing of children and families in body, mind, and spirit. To that end, while partnering with government agencies in supporting children and families in crisis, Saint Francis Ministries honors religious freedom and is also committed to allowing children and families in its care to participate in religious activities on a voluntary basis."

Region 1 Timeline

Date	Event
December 7, 2018	DFPS releases RFA for Region 1
June 13, 2019	DFPS awarded CBC contract in Region 1 to St. Francis
January 5, 2020	Region 1 is live for Stage 1 CBC

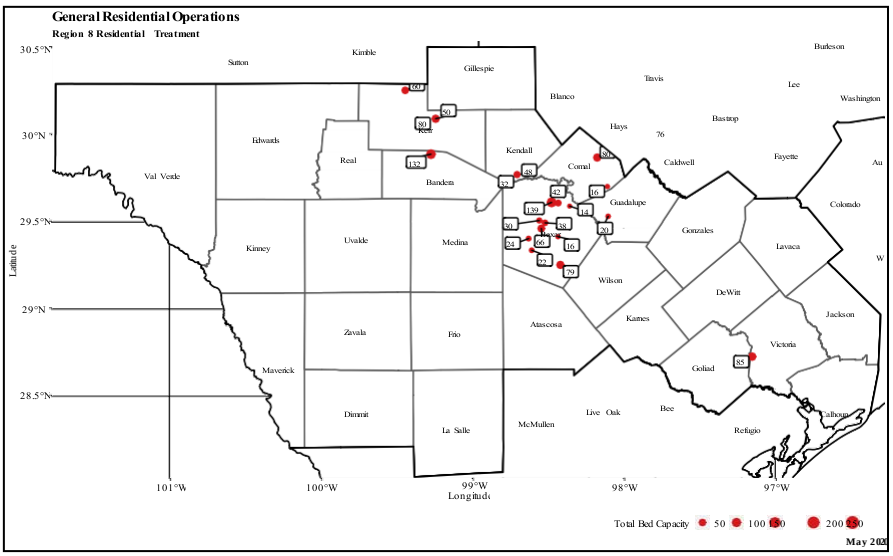


Figure 5.11: Region 8 RTC Bed Capacity, May 2020

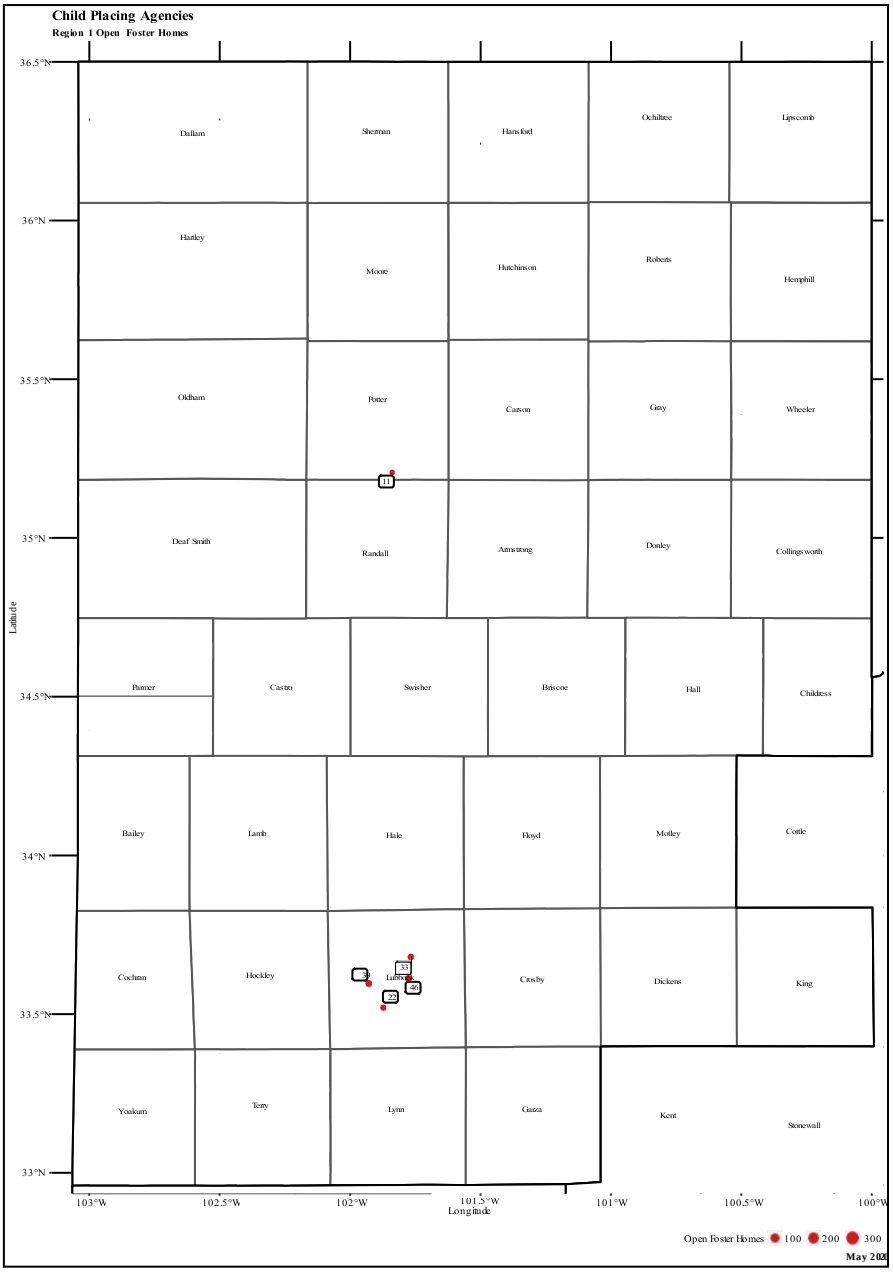


Figure 5.12: Region 1 Open Foster Homes, May 2020

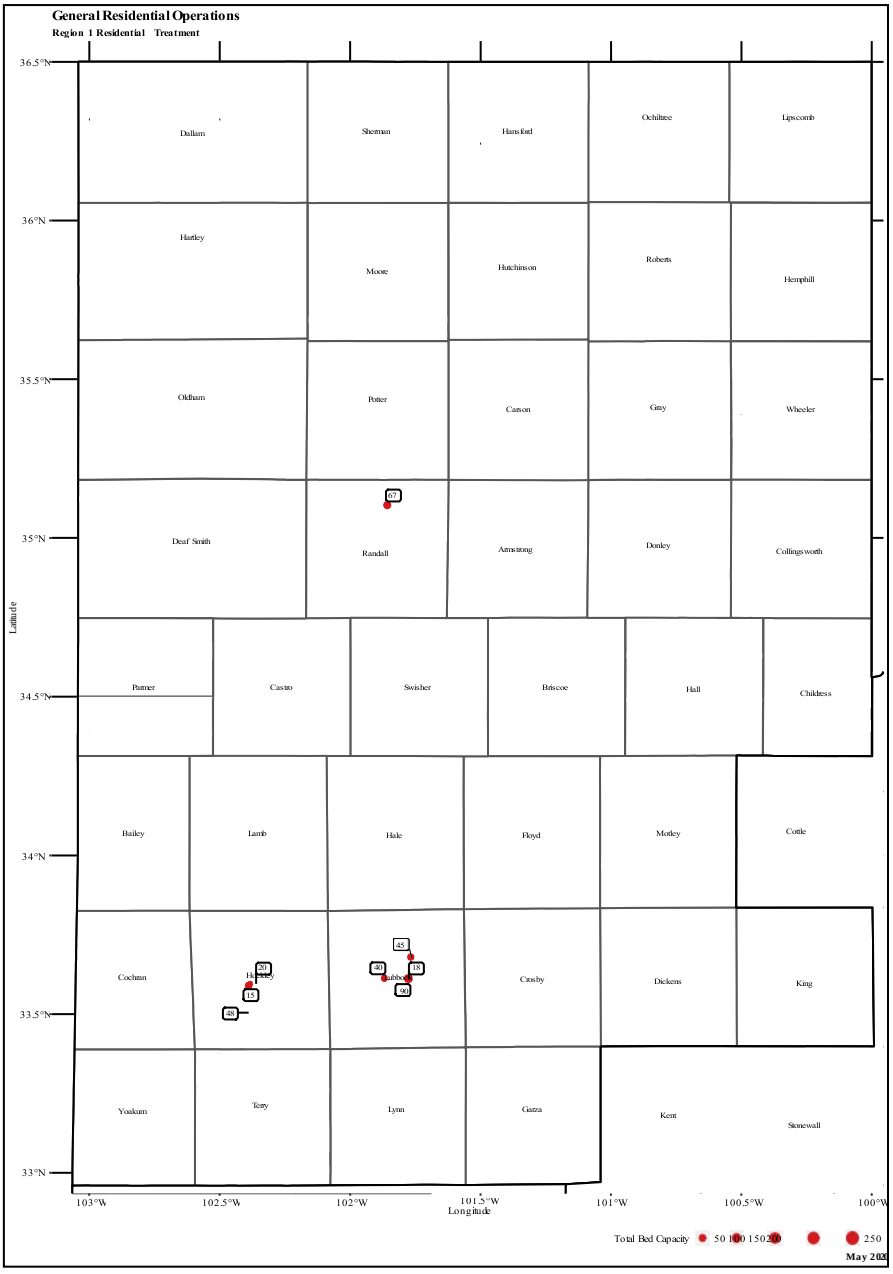


Figure 5.13: Region 1 RTC Bed Capacity, May 2020

6. Method

This process evaluation used a combination of quantitative and qualitative approaches. The quantitative approaches included three structured surveys: the Levels of Collaboration survey (LOC; Frey et al., 2006), the Stages of Concern Questionnaire (SoCQ; George et al., 2006), and the Stress Diagnostic Survey (SDS; Ivancevich & Matteson, 1980).

The SDS was added in November, 2019, after 3B and 2 Stage 1 surveys had already been completed; thus, it is available for Stage 1 in 8A and Region 1, and Stage 2 for 3B. These quantitative surveys, as well as open-ended responses, were confidential and administered to all available staff in each region. Thus, the quantitative surveys were intended to reach a larger, and broader, group of stakeholders than the interviews and focus groups could.

The qualitative approaches included individual face-to-face and phone interviews, small focus groups, and open-ended responses on the survey. To protect the privacy and confidentiality of interviewees and focus group members and their organizations, we will not list them, but rather the total number of individuals from each region.

6.1 Participants

6.1.1 Site Visit Interviews/Focus Groups Sample Sizes

- Region 3B: May/June 2019. N = 60
- Region 2: June 2019. N = 41
- Region 8A: November 2019. N = 29
- Region 1: June 2020. N = 24
- Region 3B Stage 2: June/July 2020. N = 26

6.1.2 Quantitative (Qualtrics surveys) Sample Sizes

- Region 3B, Stage 1 (June 2019)
  - LOC (n = 97)
  - SoCQ (n = 104)
- Region 2, Stage 1

  - LOC (n = 97)
  - SoCQ (n = 97)
- Region 8A, Stage 1 (November/December 2019)
  - LOC (n = 159)
  - SoCQ (n = 169)
  - SDS (n = 157)
- Region 1, Stage 1 (July/August 2020)
  - LOC (n = 120)
  - SoCQ (n = 144)
  - SDS (n = 122)
- Region 3B, Stage 2 (August 2020)
  - LOC (n = 99)
  - SOCQ (n = 106)
  - SDS (n = 95)
- Total N:
  - LOC: 572
  - SoCQ: 620
  - SDS: 374

6.2 Measures

6.2.1 Levels of Collaboration (LOC)

The Levels of Collaboration (LOC) scale examines shared collaboration efforts with other partners on a scale from 0 (no interaction at all) to 5 (collaboration). This model includes five levels–networking, cooperation, coordination, coalition, and collaboration. The authors opted to include a "0" response option as well to include agencies that have no collaboration. The arrows on the graphs represent the level of collaboration each entity had with another, with lighter green indicating lower collaboration and darker green indicating higher levels of collaboration. The key for each level is located in the bottom left of the graph.

Five Levels of Collaboration and Their Characteristics					
	Networking 1	**Cooperation 2**	**Coordination 3**	**Coalition 4**	**Collaboration 5**
Collaboration with Organization	Aware of Organization	Provide information to each other	Share information and resources	Share ideas and resources	Members belong to one system
Roles	Loosely defined roles	Somewhat defined roles	Defined roles	Defined roles	Defined roles
Communication	Little communication	Formal communication	Frequent communication	Frequent prioritized communication	Frequent communication is characterized by mutual trust
Decisions	All decisions are made independently	All decisions are made independently	Some shared decision making	All members have a vote in decision making	Consensus is reached on all decisions

6.2.2 Stages of Concern Questionnaire (SoCQ)

Stages of Concern Questionnaire (SoCQ) suggests how to address concerns of individuals involved in change. They are called stages because usually there is developmental movement through them; that is, the user of an innovation may experience a certain type of concern rather intensely, and then as that concern subsides, another type of concern may emerge. The Stages of Concern about an innovation appear to progress form little or no concern, to personal or self concerns, to concerns about the task of adopting the innovation, and finally to concerns about the impact of the innovation. The SoCQ is the primary tool for determining where an individual is in the stages.

Stages of Concern		Expressions of Concern
6	Refocusing	I have some ideas about something that would work even better.
5	Collaboration	I am concerned about relating what I am doing with what other staff is doing.
4	Consequence	How is my use affecting children?
3	Management	I seem to be spending all my time getting materials ready.
2	Personal	How will using it affect me?
1	Informational	I would like to know more about it.
0	Awareness	I am not concerned about it.

The following suggestions offer examples of interventions that might be useful:

Stage 0- Awareness Concerns

- If possible, involve staff in discussions and decisions about the innovation and its implementation.
- Share enough information to arouse interest, but not so much that it overwhelms.
- Acknowledge that a lack of awareness is expected and reasonable, and that no questions about the innovation are foolish.
- Encourage unaware persons to talk with colleagues who know about the innovation.
- Take steps to minimize gossip and inaccurate sharing of information about the innovation.

Stage 1- Informational Concerns

- Provide clear and accurate information about the innovation.
- Use a variety of ways to share information– verbally, in writing, and through any available media. Communicate with individuals and with small and large groups.
- Have persons who have used the innovation in other settings visit with your staff. Visits to user sites could also be arranged.
- Help staff see how the innovation relates to their current practices, both in regard to similarities and differences.
- Be enthusiastic and enhance the visibility of others who are excited.

Stage 2- Personal Concerns

- Legitimize the existence and expression of personal concerns. Knowing these concerns are common and that others have them can be comforting.
- Use personal notes and conversations to provide encouragement and reinforce personal adequacy.
- Connect these staff with others whose personal concerns have diminished and who will be supportive.

- Show how the innovation can be implemented sequentially rather than in one big leap. It is important to establish expectations that are attainable.
- Do not push innovation use but encourage and support it while maintaining expectations.

Stage 3- Management Concerns

- Clarify the steps and components of the innovation. Information from innovation configurations will be helpful here.
- Provide answers that address the small specific "how-to" issues that are so often the cause of management concerns.
- Demonstrate exact and practical solutions to the logistical problems that contribute to these concerns.
- Help staff sequence specific activities and set timelines for their accomplishments.
- Attend to the immediate demands of the innovation, not what will be or could be in the future.

Stage 4- Consequence Concerns

- Provide these individuals with opportunities to visit other settings where the innovation is in use and to attend conferences on the topic.
- Don't overlook these individuals. Give them positive feedback and needed support.
- Find opportunities for these persons to share their skills with others.
- Share with these persons information pertaining to the innovation.

Stage 5- Collaboration Concerns

- Provide these individuals with opportunities to develop those skills necessary for working collaboratively.
- Bring together those persons, both within and outside the sites, who are interested in collaboration.
- Help the collaborators establish reasonable expectations and guidelines for the collaborative effort.
- Use these persons to provide technical assistance to others who need assistance.
- Encourage the collaborators, but don't attempt to force collaboration on those who are not interested.

Stage 6- Refocusing Concerns

- Respect and encourage the interest these persons have for finding a better way.
- Help these individuals channel their ideas and energies in ways that will be productive rather than counterproductive.
- Encourage these individuals to act on their concerns for program improvement.
- Help these persons access the resources they may need to refine their ideas and put them into practice.
- Be aware of and willing to accept the fact that these persons may replace or significantly modify the existing innovations.

6.2.3 Stress Diagnostic Survey (SDS)

The Stress Diagnostic Survey (SDS) is a self-administered questionnaire where respondents answer each statement on a scale (1-7, where 1 represents never and 7 represents always) which best describes how frequently the condition described is a source of stress (Ivancevich Matteson, 1980). There are six subscales: role conflict, role ambiguity, work overload quantitative, work overload qualitative, career development, and responsibility. Each of the individual level stressor categories can be classified into low, moderate or high stress according to the sum of their item scores. The six subtotals can be added to attain a total stress score to understand each individual's level of stress. The total score can also be classified on the same low-moderate-high scale (Ivancevich Matteson, 1980).

Role Conflict. When a situation arises in which two or more role pressures are in conflict with one another, a condition of role conflict exists. Role conflict is present whenever compliance with one set of pressures makes compliance with another set difficult, objectionable, or impossible. Some role conflict is objective, exists because two or more people are sending contradictory requests to the employee, and therefore results from dysfunctional organization practices. The other type of role conflict is subjective and results from conflict between the formal requirements of the role and the individual's own desires, goals, or values. As a stressor, role conflict undermines job satisfaction and is associated with both personal and organizational costs.

Role Ambiguity. Role ambiguity is a lack of clarity about one's role, job objectives, and the scope of the responsibilities of one's job. Some role ambiguity is natural when starting a new job or transitioning to a new structure in an existing organization, however, chronic role ambiguity is linked to more job dissatisfaction, job-related tension, and lower levels of self-confidence. No organization can be structured or managed in a manner that will eliminate this problem, but steps can be taken to minimize ambiguity such as increased communication channels, updating job descriptions, and improved orientation procedures.

Work Overload Quantitative and Qualitative. Like ambiguity, work overload is experienced by most people at one time or another, but chronic overload for an extended period can create problems. When employees perceive that they have too much work to do, too many different things to do, or insufficient time to complete assigned work, a condition of quantitative overload exists. Qualitative overload occurs when employees feel they lack the ability to complete their jobs or that performance standards are too high, regardless of how much time they have. Overload results from an interaction of the person with the environment. The absolute level of work needed to be done is mediated by characteristics of the individual to determine subjective or perceived overload. Other stressors may also contribute. Occasional overload is inevitable, however, some can be avoided or minimized through better scheduling, better assessment of resource needs, and more attention being paid to the fit or match between the individual's expertise and the requirements of the job.

Career Development. An individual's interaction with the organizational environment which influence that person's perception of the quality of her or his career progress is known as career development stressors. Career variables may serve as stressors when they become sources of concern, anxiety, or frustration to the individual. These stressors have the potential to affect anyone at any time, however, frequently the cause of stress is a discrepancy between actual accomplishments and expected ones. More so than other stressors, career problems may be aggravated by factors unrelated to work. Stress in career development often manifests itself in the form of job dissatisfaction, changing careers, reduction in the quality and/or quantity of the work produced, or increased tendency to question or challenge previously accepted management decisions. Dealing with career

development stressors is extremely difficult. In some cases, it may be as simple as helping an individual align expectations with realistic opportunities. However, sometimes due to the extra-organizational scope and seriousness of the problem, resources for dealing with it are available only in the professional community.

Responsibility. Different types of responsibility function differently as stressors. One way to categorize this is in terms of responsibility for people, such as the activities of people, versus responsibility for things, such as equipment or budgets. Responsibility for people acts as a stressor as it relates to the need to make unpleasant interpersonal decisions and that positions with responsibility for people lend themselves to overload, role conflict, and ambiguity. Due to the nature of the stressor it cannot be eliminated, however, organizations can be more careful attention to the fit between the individual and the job.

6.3 Procedures

Human subjects protection was received through Texas Tech University Human Research Protection Program IRB2019-111. Informed Consent was gathered prior to each interview/focus group and prior to respondents who completed the Qualtrics survey. Visa gift cards of $25 were provided for youth and parents who were interviewed.

The online survey was developed and administered via Qualtrics. A link to the survey was sent to the CBC Administrator and SSCC CEO/COO with instructions to distribute to all relevant DFPS and SSCC staff, as well as staff from other community stakeholders (i.e., providers, CASA, ad litems, judges, etc.). There were no individual identifiers in the Qualtrics survey; thus, respondent anonymity and privacy were protected.

Because each individual structured survey (LOC, SoCQ, SDS) and each open-ended question could be answered or not, there are slightly different sample sizes for each structured survey, as well as widely varying response rates for the open-ended questions. All Qualtrics survey responses were exported and analyzed in R.

7. Quantitative Results

On the Levels of Collaboration survey, Regions 1, 2, and 8A Stage 1 all had an average level of collaboration of Level 2 moving into Level 3. Transitioning from Stage 2 Cooperation to Stage 3 Coordination involves sharing information and resources with one another, having defined roles, evolving communication from formal to frequent, and beginning to have some shared decision making. Region 3B had just entered Level 3 Coordination in Stage 1, but regressed to Level 2 Cooperation in stage 2. To evolve from Stage 3 Coordination to Stage 4 Coalition sharing of ideas instead of just information is necessary. Communication must move from frequent to frequent and prioritized communication, and decision making must shift from some shared decision making to all members must have a vote in decision making. The Stages of Concern Questionnaire indicated, on average, DFPS was evenly split between Stage 2 and Stage 6, the SSCC groups were in Stage 5, CPA groups were in Stage 0, and Legal Groups were split across Stage 1, Stage 0, and Stage 6. For the Stress Diagnostic Survey, Responsibility for People and Role Overload Quantitative were sources of high stress in across all samples in Region 1 Stage 1, Region 8a Stage 1, and Region 3b Stage 2.

7.1 3B, Stage 1

7.1.1 Levels of Collaboration (LOC)

Figure 7.1 represents the Levels of Collaboration in 3B during Stage 1, measured in May, 2019 (or five years after they began receiving youth into the OCOK network).

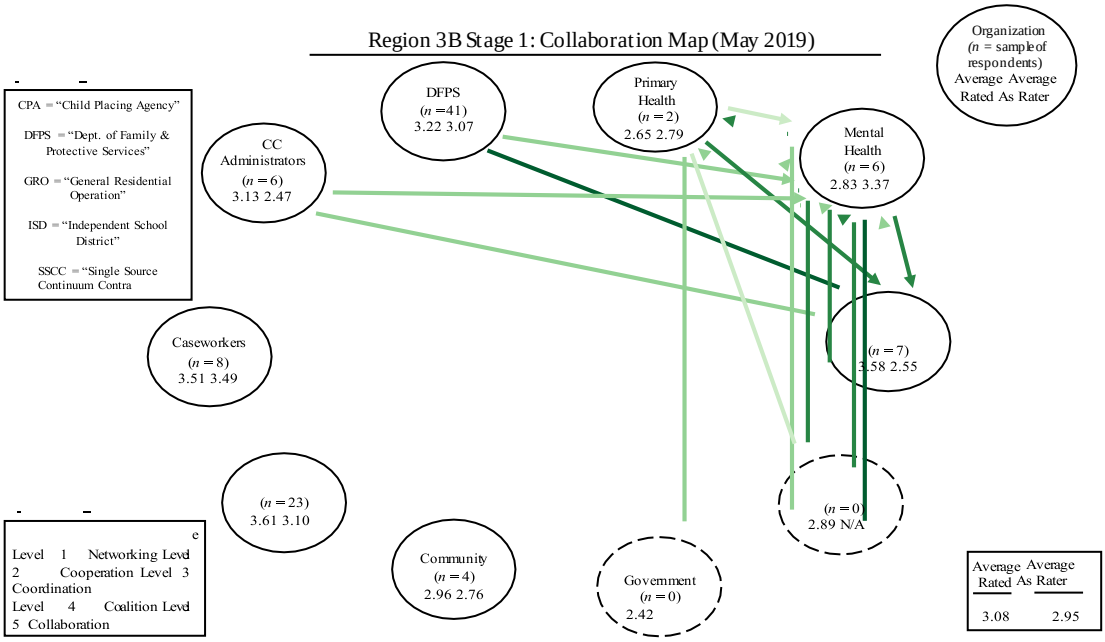


Figure 7.1: 3B Stage 1 Levels of Collaboration Map

The average level of coordination for the region was 3.08, the highest level of collaboration amongst the four regions, indicating the region has begun level 3 Coordination. CPA/GRO had the highest rating at 3.61, signifying Level 3 Coordination moving into Level 4 Coalition.

7.1.2 Stages of Concern Questionnaire (SoCQ)

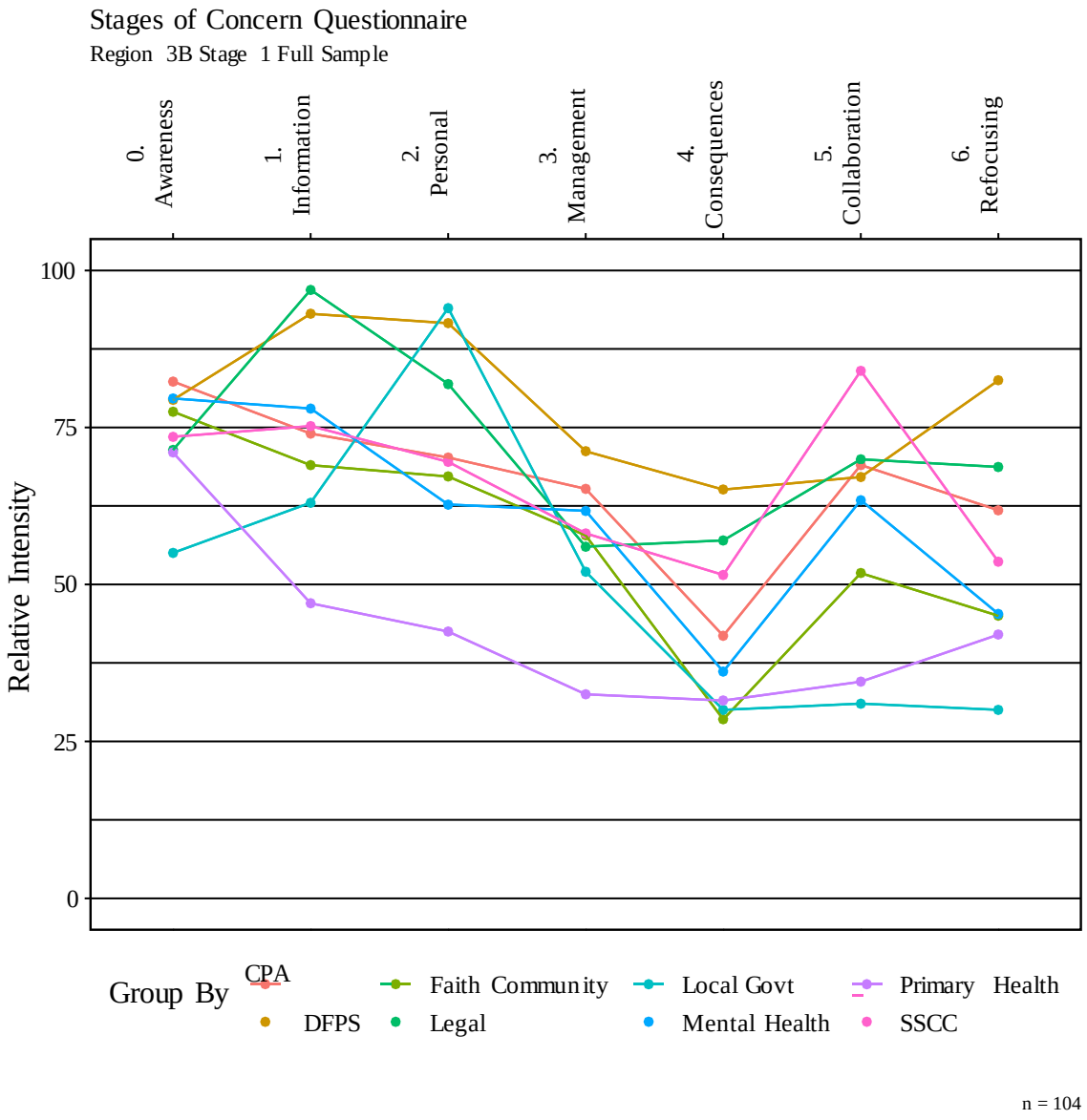


Figure 7.2: 3B Stage 1 Stages of Concern Questionnaire Profile: Full Sample

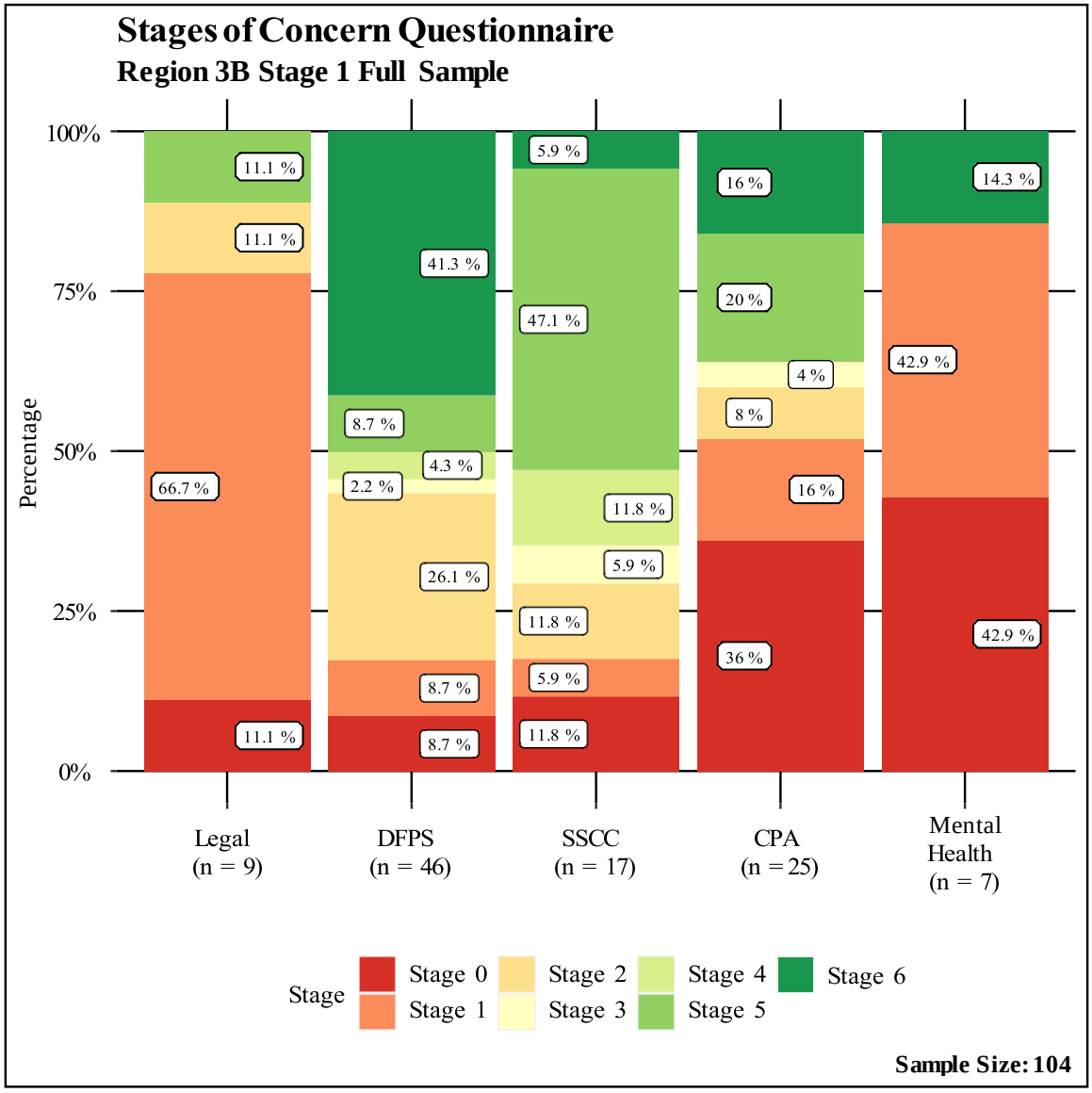


Figure 7.3: 3B Stage 1 Stages of Concern Questionnaire: Full Sample

Legal groups were mostly in Stage 1, indicating Informational concerns. Informational concerns are wanting to know more about the innovation. Providing clear and accurate information about the innovation and helping staff to see how the innovation relates to their current practice in both similarities and different can help assuage Stage 1 concerns. DFPS was on average in Stage 6 Refocusing concerns. Refocusing concerns indicate the group is exploring ways to change the innovation and have some ideas about some navigate thing that would work even better than the current innovation. For organizations in Stage 6, assist individuals in channeling their ideas and energies in a productive way to encourage their concerns for program improvement. The SSCC was on average in Stage 5 Collaboration concerns. Collaboration concerns involve how to coordinate and cooperate with others in the most effective way. To assist in navigating out of Stage 5 concerns, organizations must help collaborators establish reasonable expectations and guidelines for the

collaborative effort. Providing these individuals with opportunities to develop those skills necessary for collaborative work would be beneficial. The CPA sample was in Stage 0, indicating awareness concerns. Awareness concerns indicate the organizations are not concerned with the innovation and have not given the innovation much thought. To move out of Stage 0, organizations must involve staff in discussions and decisions about the innovation and implementation. Mental Health groups were evenly split between Stage 0 Awareness concerns and Stage 1 Informational concerns.

7.2 Region 2, Stage 1

7.2.1 Levels of Collaboration (LOC)

The average level of coordination for the region was 2.93 indicating the region is on the cusp of being level 3 Coordination. CPA/GRO had the highest rating at 4.00 indicating Level 4 Coalition. Legal was moving from Level 3 Coordination into Level 4 Coalition. DFPS, SSCC Caseworkers, Mental Health, ISD Faculty, Faith Community, SSCC Administrators, and Local Government were in level 2 Cooperation moving into level 3 Coordination.

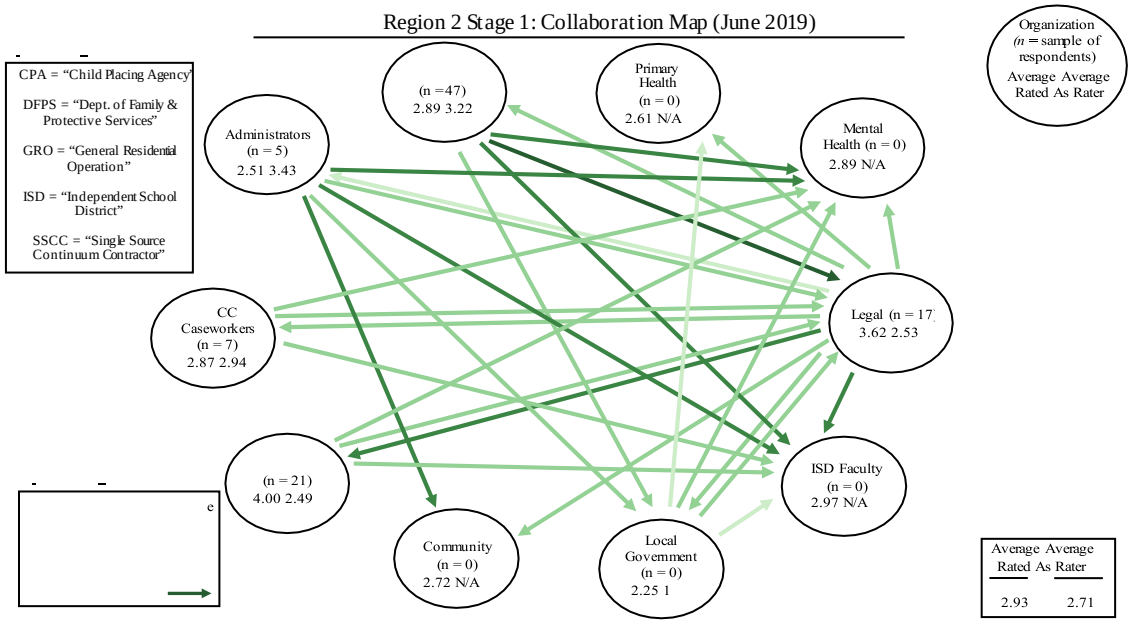


Figure 7.4: Region 2 Stage 1 Levels of Collaboration Map

7.2.2 Stages of Concern Questionnaire (SoCQ)

Legal groups were mostly in Stage 1, indicating Informational concerns. Informational concerns are wanting to know more about the innovation. Providing clear and accurate information about the innovation and helping staff to see how the innovation relates to their current practice in both similarities and different can help assuage Stage 1 concerns. DFPS on average was in Stage 2 Personal concerns. Personal concerns indicate the group is most concerned about status, rewards and what effect the innovation has on the them. To move out of Stage 2 concerns, connect these staff with others whose personal concerns have diminished and who will be supportive. Legitimize the

existence of personal concerns and show how the innovation can be implemented sequentially rather than in one big leap. The SSCC was in Stage 5 Collaboration concerns. Collaboration concerns involve how to coordinate and cooperate with others in the most effective way. To assist in navigating out of Stage 5 concerns, organizations must help collaborators establish reasonable expectations and guidelines for the collaborative effort. Providing these individuals with opportunities to develop those skills necessary for collaborative work would be beneficial. The CPA sample was in Stage 0, indicating awareness concerns. Awareness concerns indicate the organizations are not concerned with the innovation and have not given the innovation much thought. To move out of Stage 0, organizations must involve staff in discussions and decisions about the innovation and implementation.

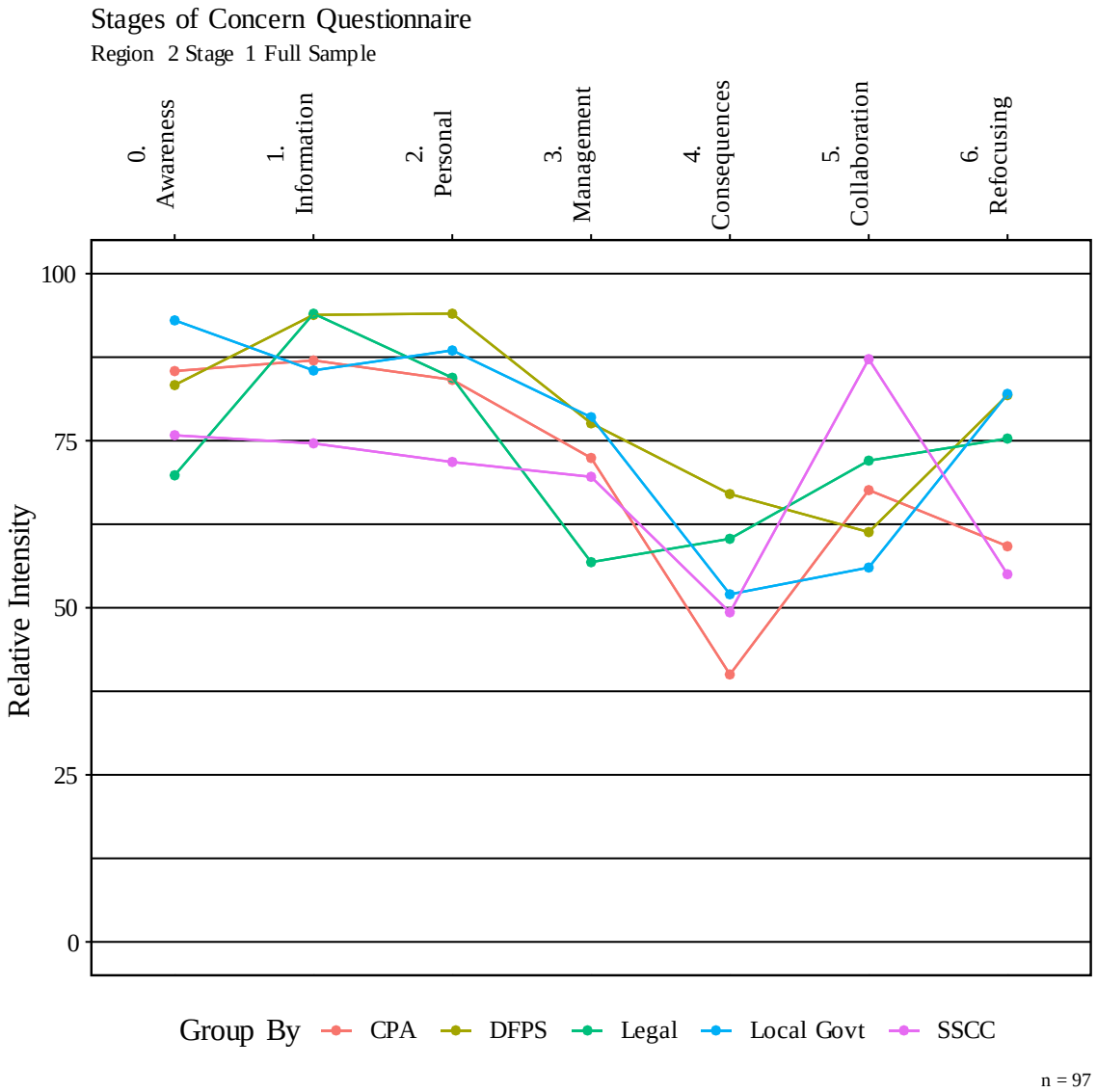


Figure 7.5: Region 2 Stage 1 Stages of Concern Questionnaire Profile: Full Sample

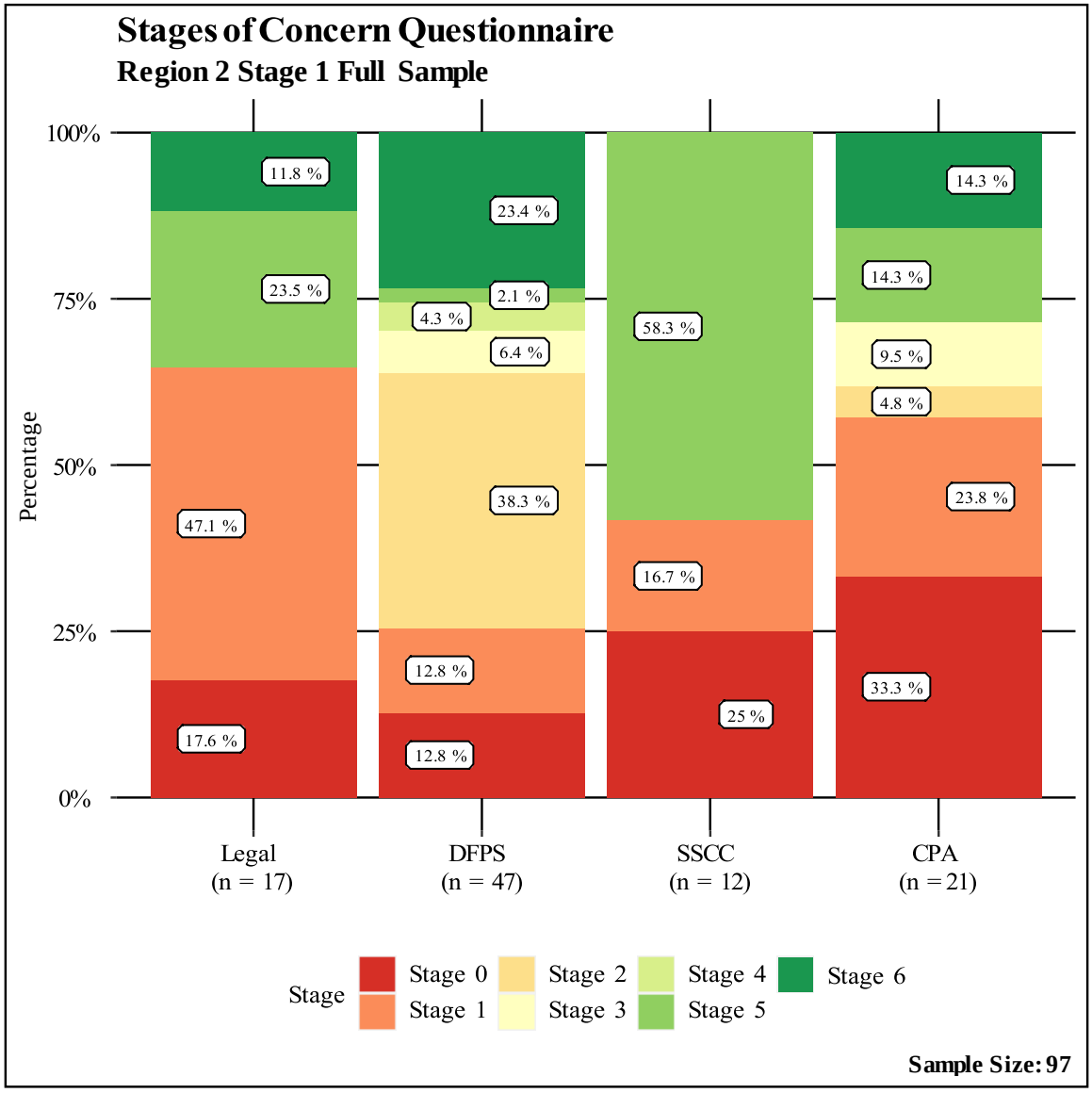


Figure 7.6: Region 2 Stage 1 Stages of Concern Questionnaire: Full Sample

7.3 8A, Stage 1

7.3.1 Levels of Collaboration (LOC)

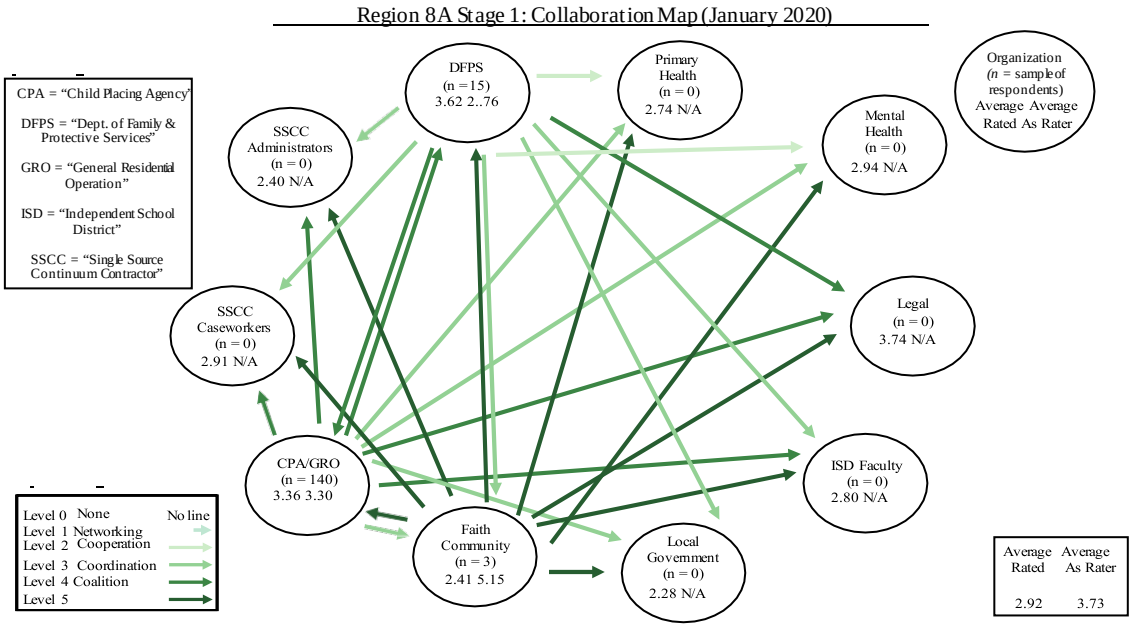


Figure 7.7: Region 8A Stage 1 Levels of Collaboration Map

The average level of coordination for the region was 2.92 indicating the region is on the cusp of being level 3 Coordination. Only three types of groups responded to the 2019 survey for stage 1 so the results are somewhat limited. From the groups that did respond, Legal had the highest rating, followed by DFPS, and then CPA/GRO. All three are moving towards level 4 Coalition.

7.3.2 Stages of Concern Questionnaire (SoCQ)

Region 8A's results were somewhat limited due to the low response rate. DFPS on average was in Stage 2, indicating Personal concerns. Personal concerns indicate the group is most concerned about status, rewards and what effect the innovation has on the them. To move out of Stage 2 concerns, connect these staff with others whose personal concerns have diminished and who will be supportive. CPA was in Stage 6 Refocusing concerns. Refocusing concerns indicate the group is exploring ways to change the innovation and have some ideas about some navigate thing that would work even better than the current innovation. For organizations in Stage 6, assist individua ls in channeling their ideas and energies in a productive way to encourage their concerns for program improvement. The category "other" was split between Stage 1 Informational and Stage 2 Personal concerns. Informational concerns are wanting to know more about the innovation. Providing clear and accurate information about the innovation and helping staff to see how the innovation relates to their current practice in both similarities and different can help assuage Stage 1 concerns.

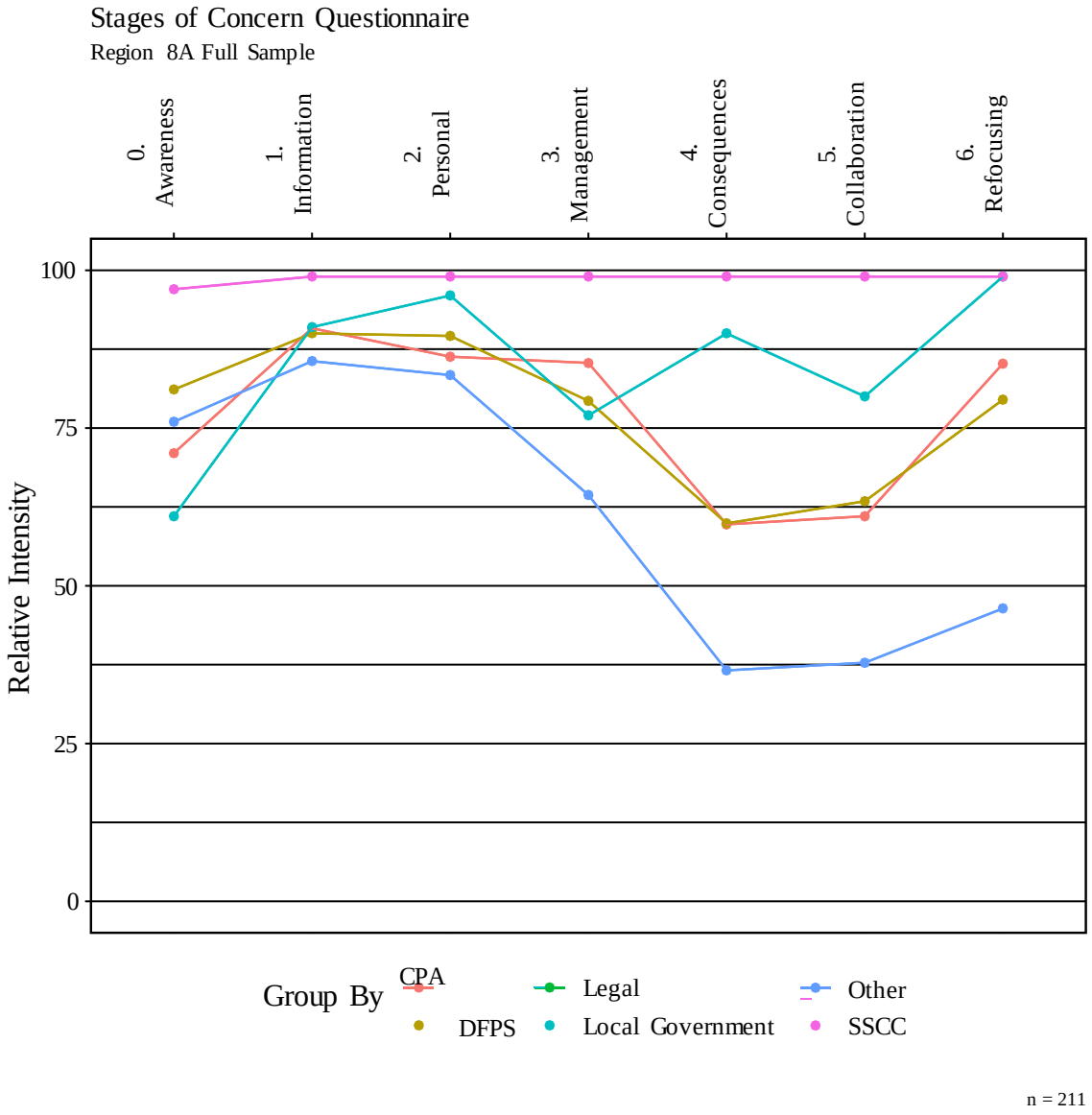


Figure 7.8: Region 8A Stage 1 Stages of Concern Questionnaire Profile (Full Sample)

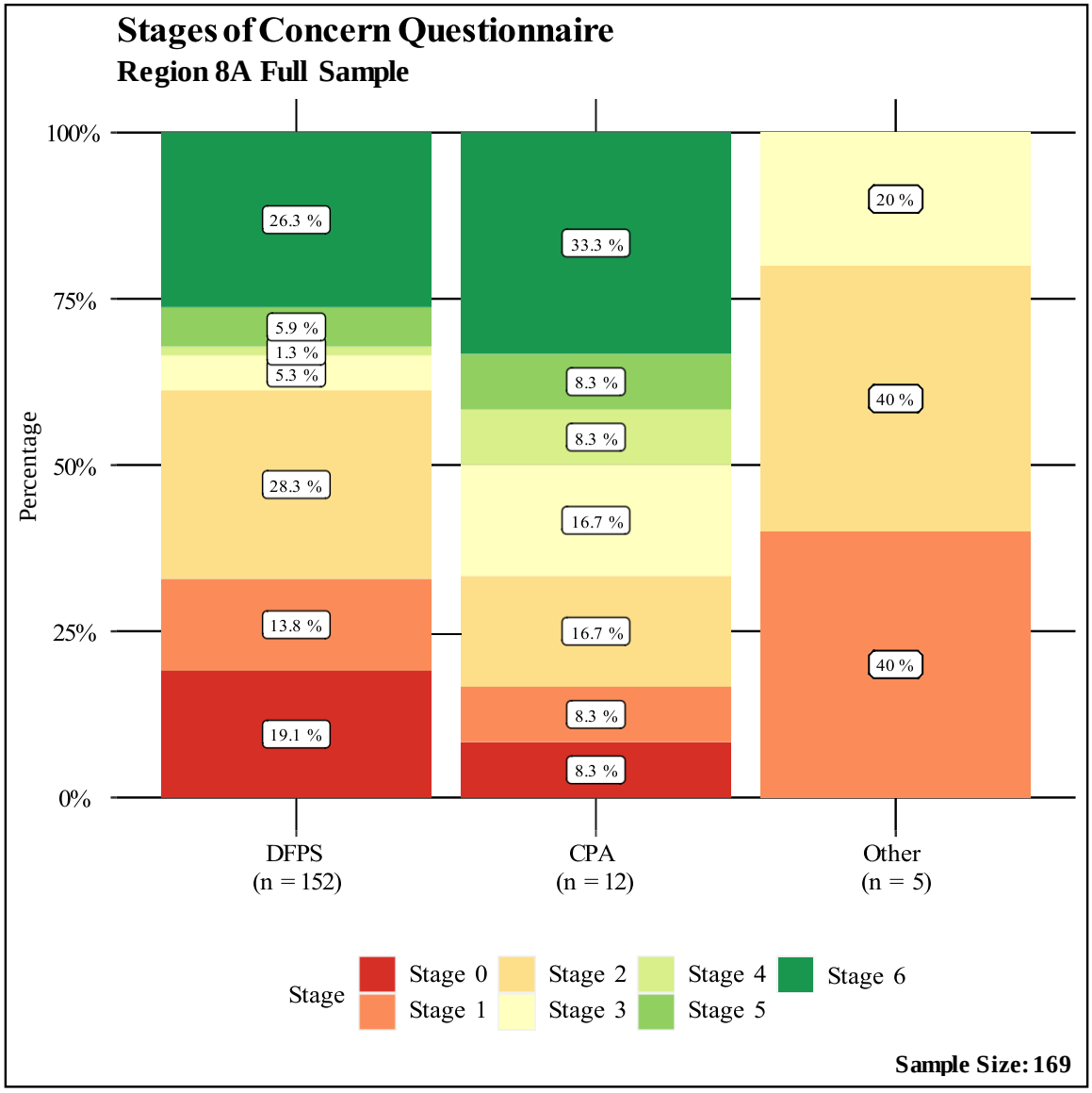


Figure 7.9: Region 8A Stage 1 Stages of Concern Questionnaire (Full Sample)

7.3.3 Stress Diagnostic Scale (SDS)

For the full sample (N = 157), all six subcategories for the Stress Diagnostic survey were majority moderate level of stress. Role Overload Quantitative, Responsibility for People, Career Development, and Role Overload Qualitative categories were a source for high level of stress for a significant number of individuals. The DFPS sample (N = 142) had moderate level of stress in Role Ambiguity, Role Conflict, Role Overload Qualitative and Career Development. However, Role Overload Quantitative and Responsibility for People had high levels of stress.

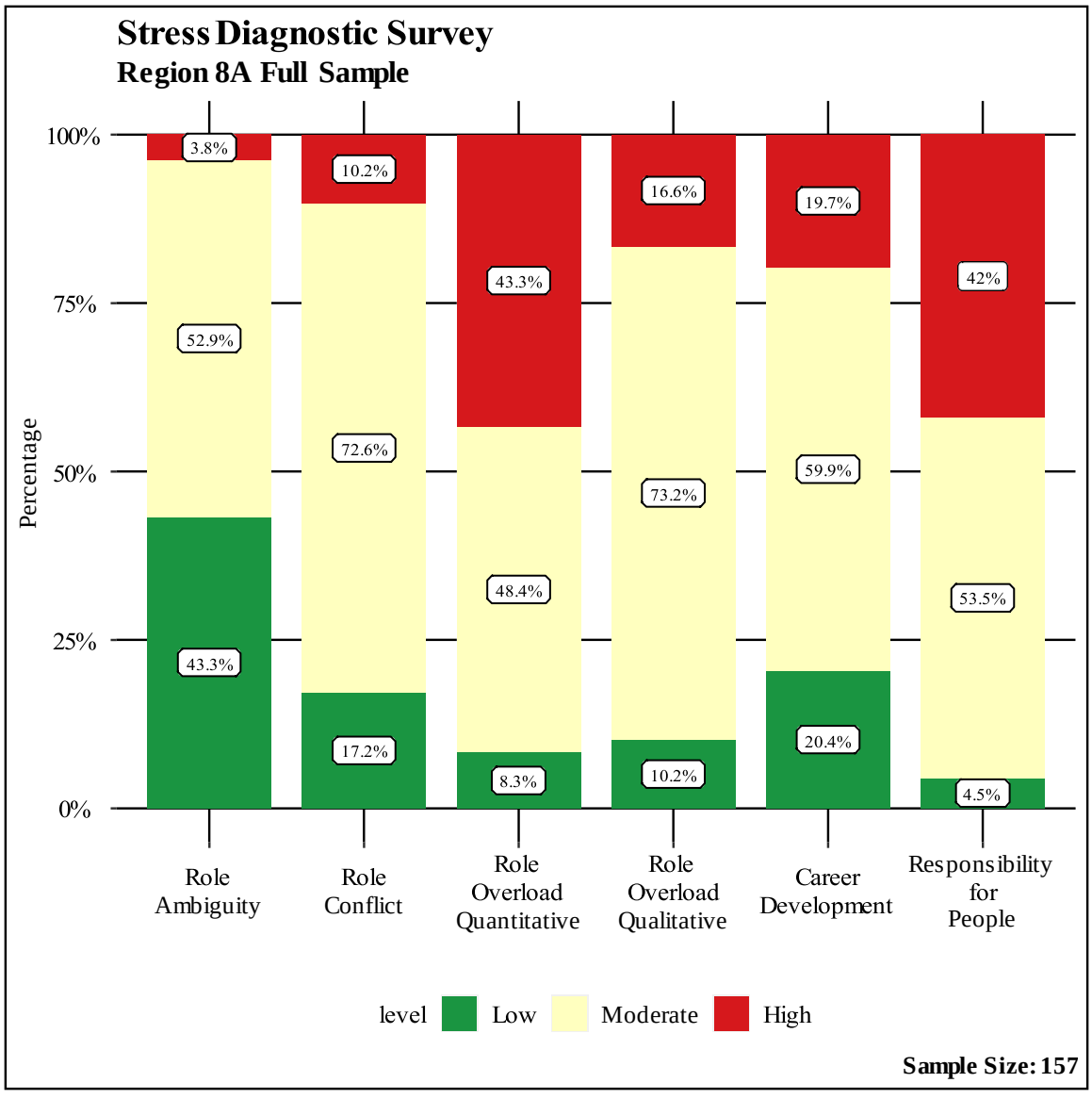


Figure 7.10: Region 8A Stage 1 Stress Diagnostic Scale (Full Sample)

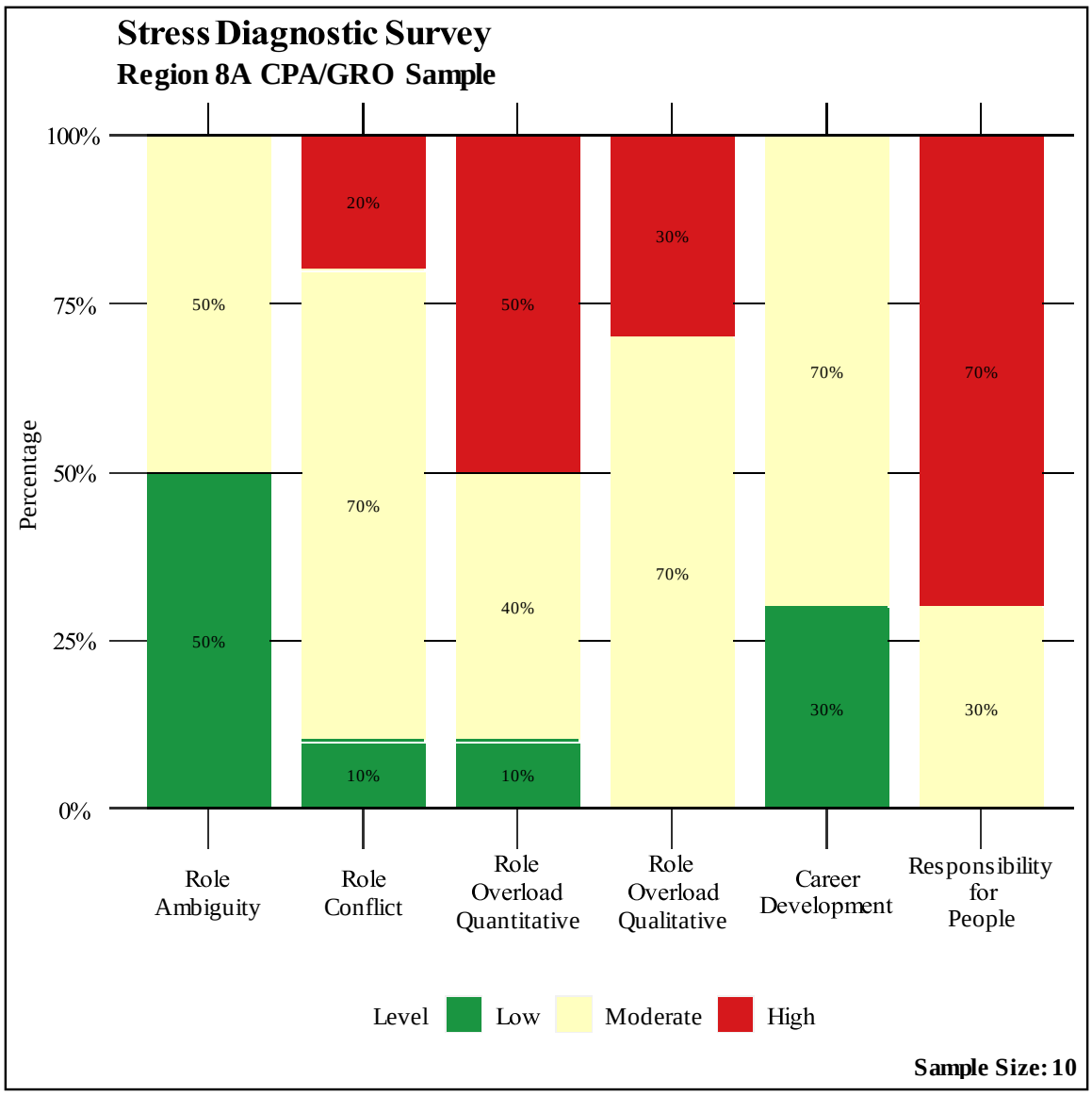


Figure 7.11: Region 8A Stage 1 Stress Diagnostic Scale (CPA/GRO Sample)

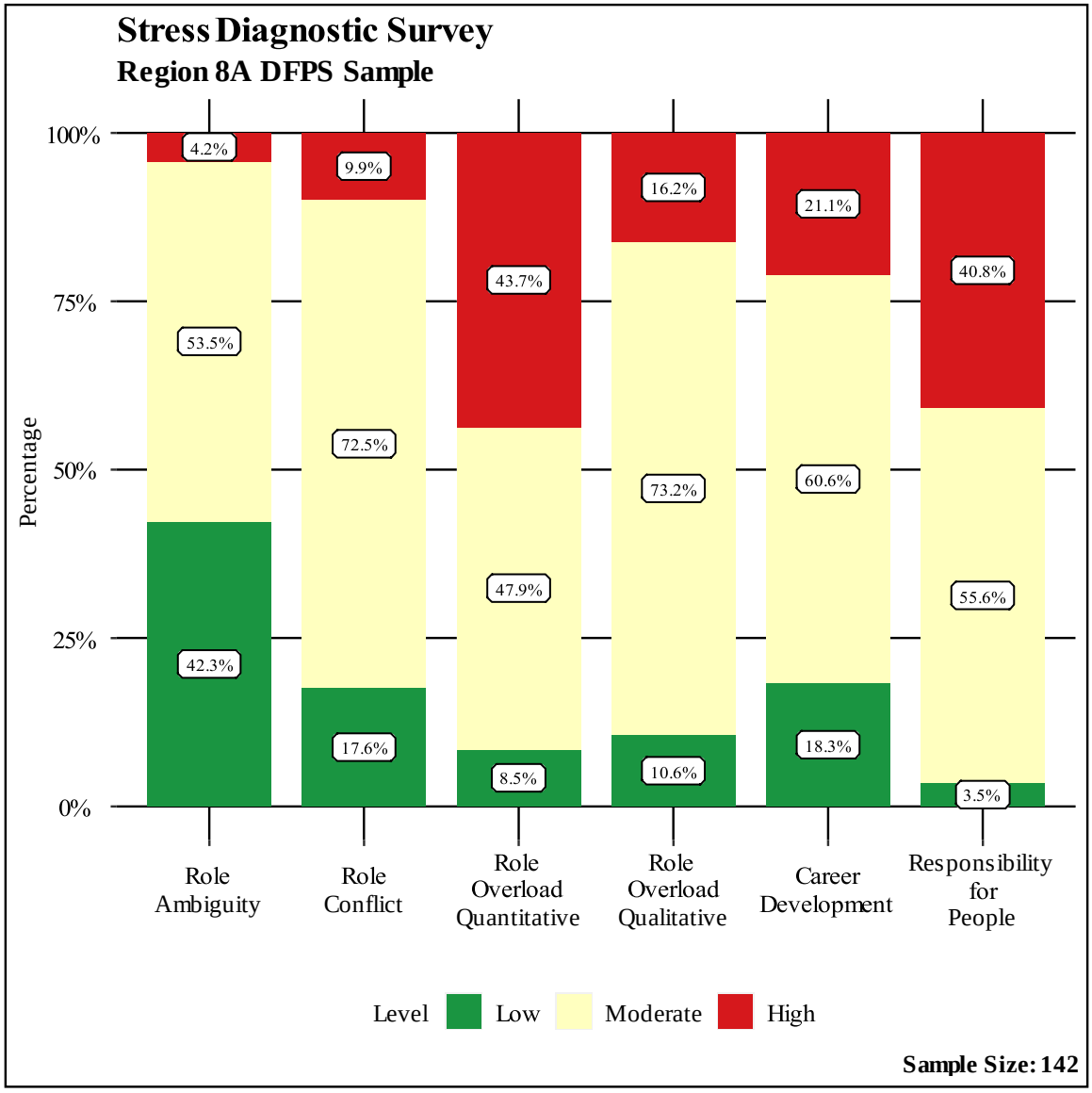


Figure 7.12: Region 8A Stage 1 Stress Diagnostic Scale (DFPS Sample)

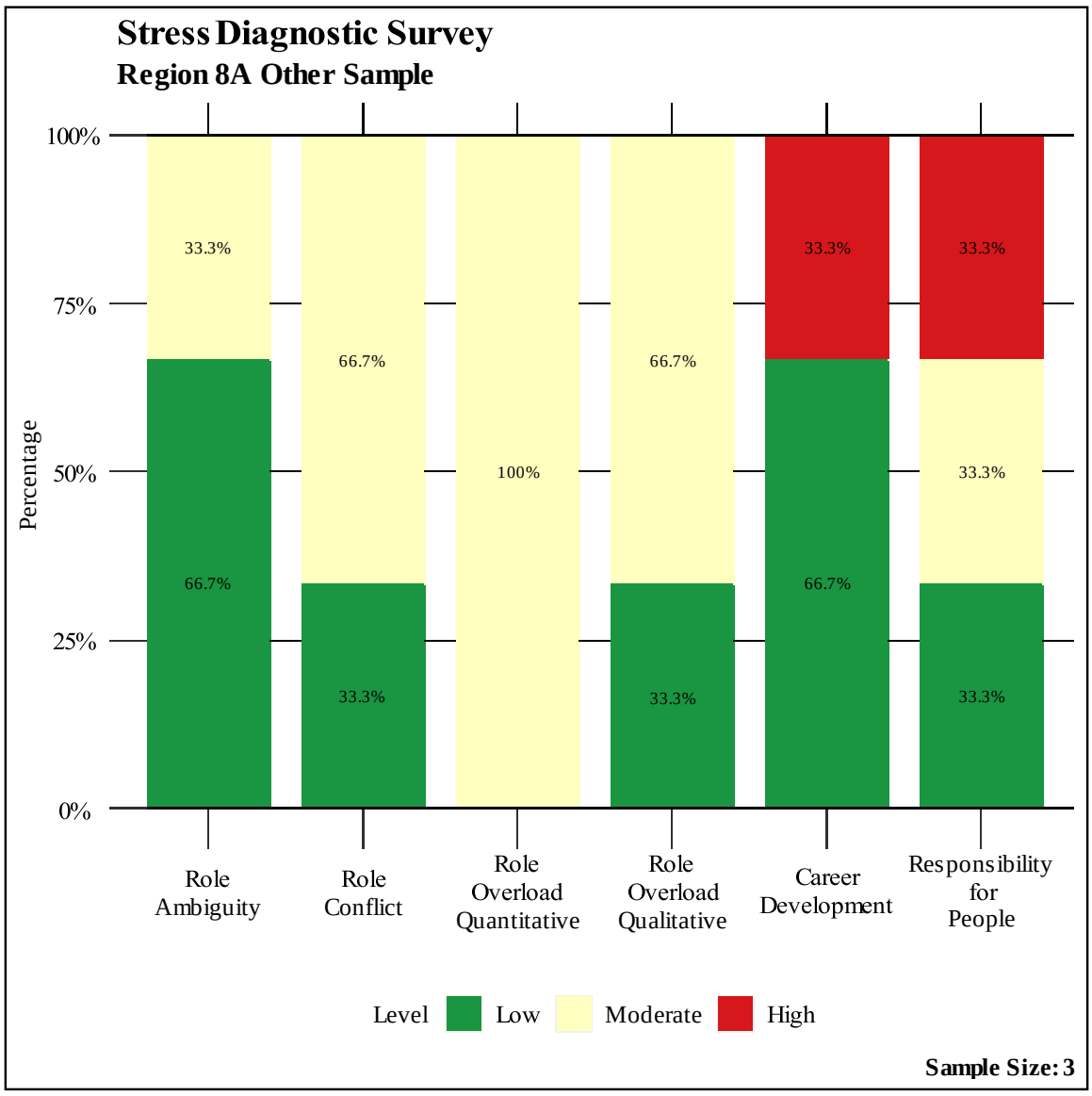


Figure 7.13: Region 8A Stage 1 Stress Diagnostic Scale (Other Sample)

7.4 Region 1, Stage 1

7.4.1 Levels of Collaboration (LOC)

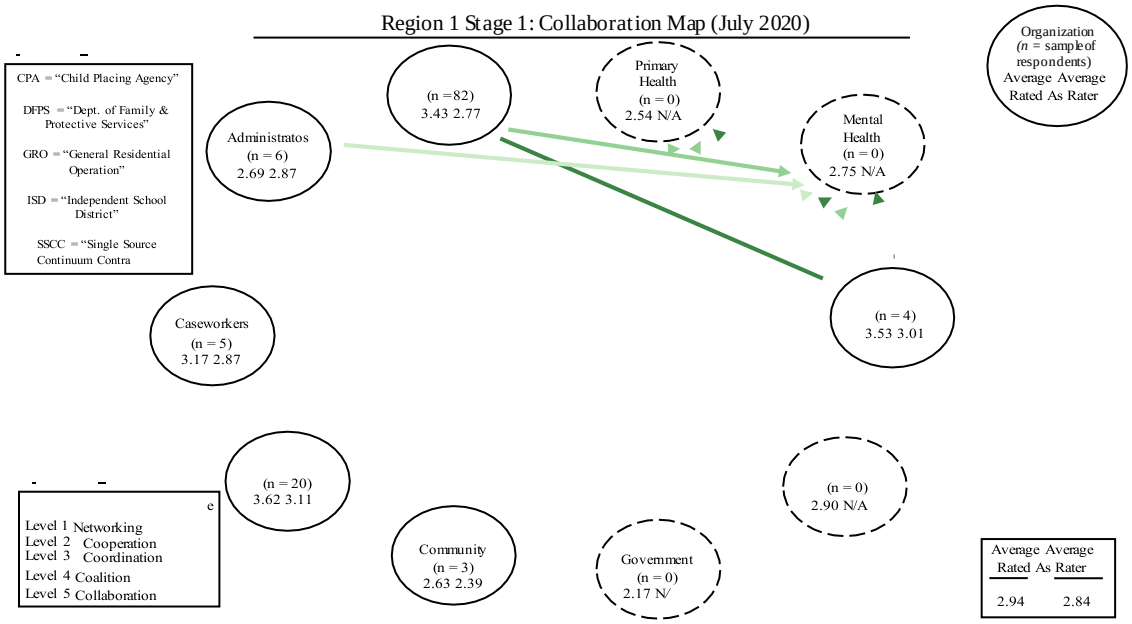


Figure 7.14: Region 1 Stage 1 Levels of Collaboration

The average level of coordination for the region was 2.94, indicating the region is on the verge of level 3 Coordination. Six types of groups responded to the 2020 stage 1 survey. CPA/GRO had the highest rating overall at 3.62, indicating a transition towards Level 4 Coalition. CPA/GRO, Legal, DFPS, and SSCC Caseworkers all are in Level 3 Coordination moving into Level 4 Coalition. Mental Health, SSCC Administrators, Primary Health, ISD Faculty, and Faith Community are in Level 2 Cooperation moving into Level 3 Coordination.

7.4.2 Stages of Concern Questionnaire (SoCQ)

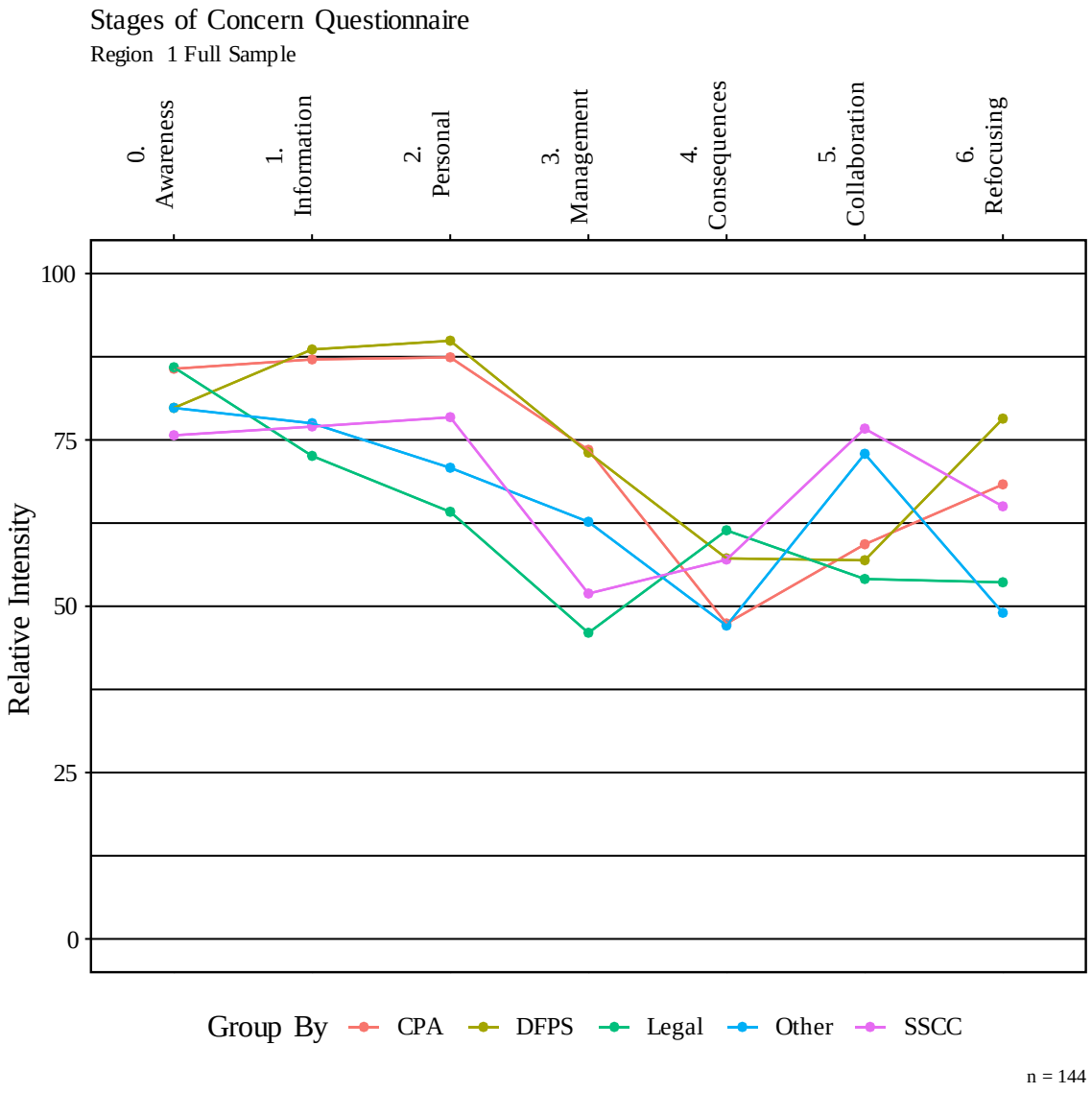


Figure 7.15: Region 1 Stage 1 Stages of Concern Questionnaire Profile (Full Sample)

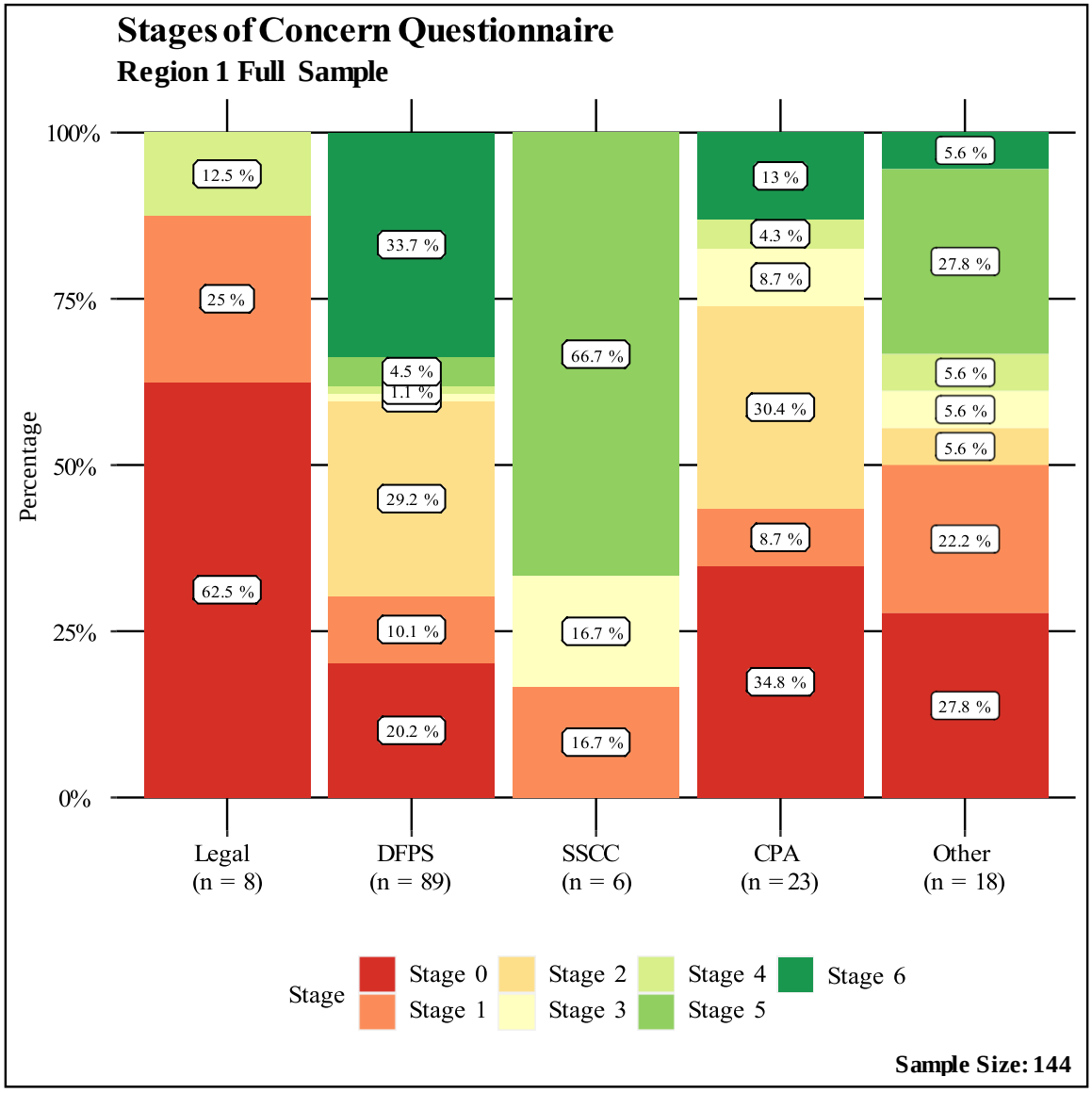


Figure 7.16: Region 1 Stage 1 Stages of Concern Questionnaire (Full Sample)

Legal and CPA groups have the highest percentage of individuals in Stage 0, indicating awareness concerns. Awareness concerns indicate the organizations are not concerned with the innovation and have not given the innovation much thought. To move out of Stage 0, organizations must involve staff in discussions and decisions about the innovation and implementation. DFPS had the highest percentage of individuals in Stage 6 Refocusing concerns. Refocusing concerns indicate the group is exploring ways to change the innovation and have some ideas about some navigate thing that would work even better than the current innovation. For organizations in Stage 6, assist individuals in channeling their ideas and energies in a productive way to encourage their concerns for program improvement. The SSCC were mostly in Stage 5 Collaboration concerns. Collaboration concerns involve how to coordinate and cooperate with others in the most effective way. To assist in navigating out of Stage 5 concerns, organizations must help collaborators establish reasonable expectations and

guidelines for the collaborative effort. Providing these individuals with opportunities to develop those skills necessary for collaborative work would be beneficial.

7.4.3 Stress Diagnostic Scale (SDS)

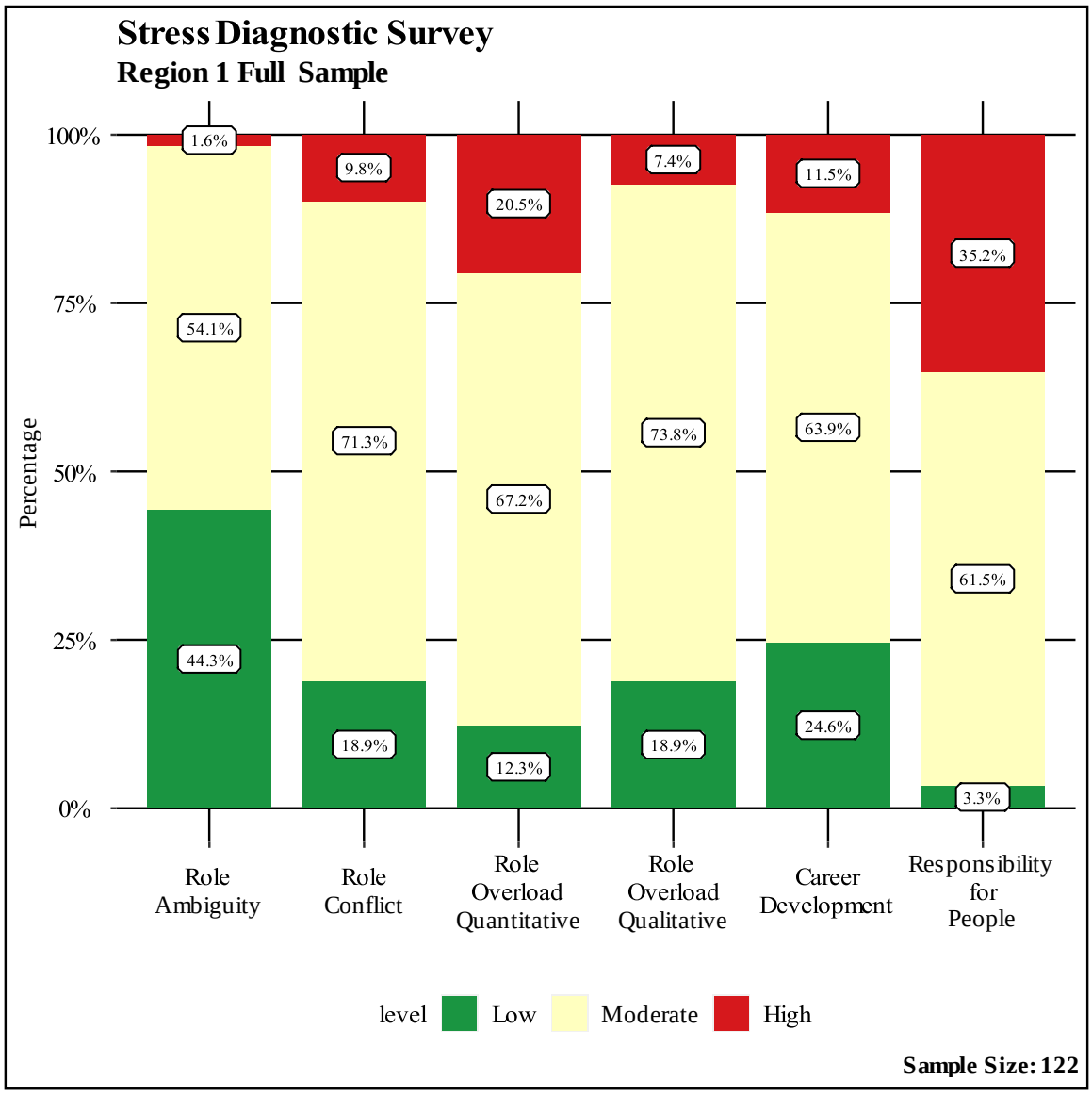


Figure 7.17: Region 1 Stage 1 Stress Diagnostic Scale (Full Sample)

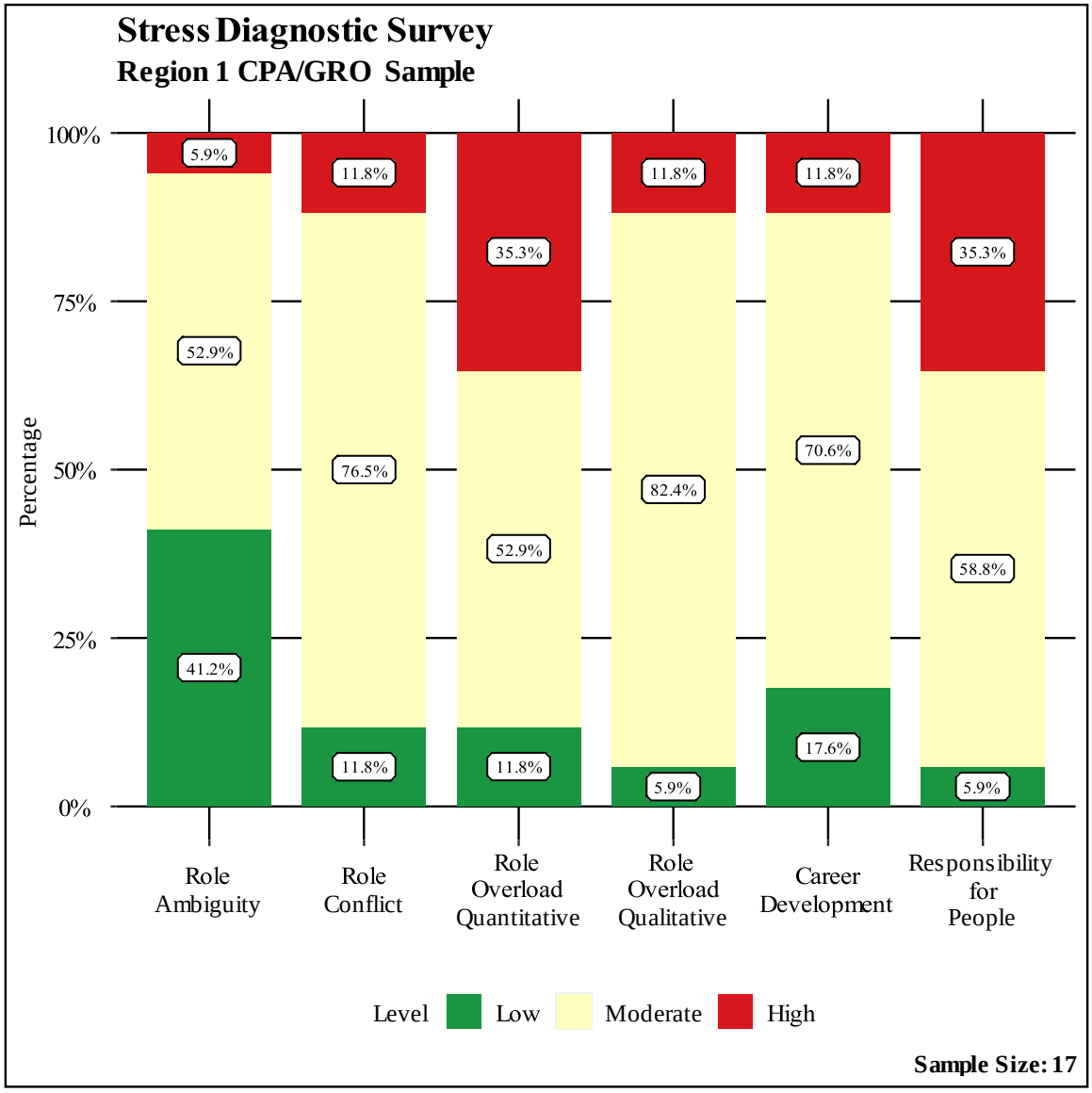


Figure 7.18: Region 1 Stage 1 Stress Diagnostic Scale (CPA Sample)

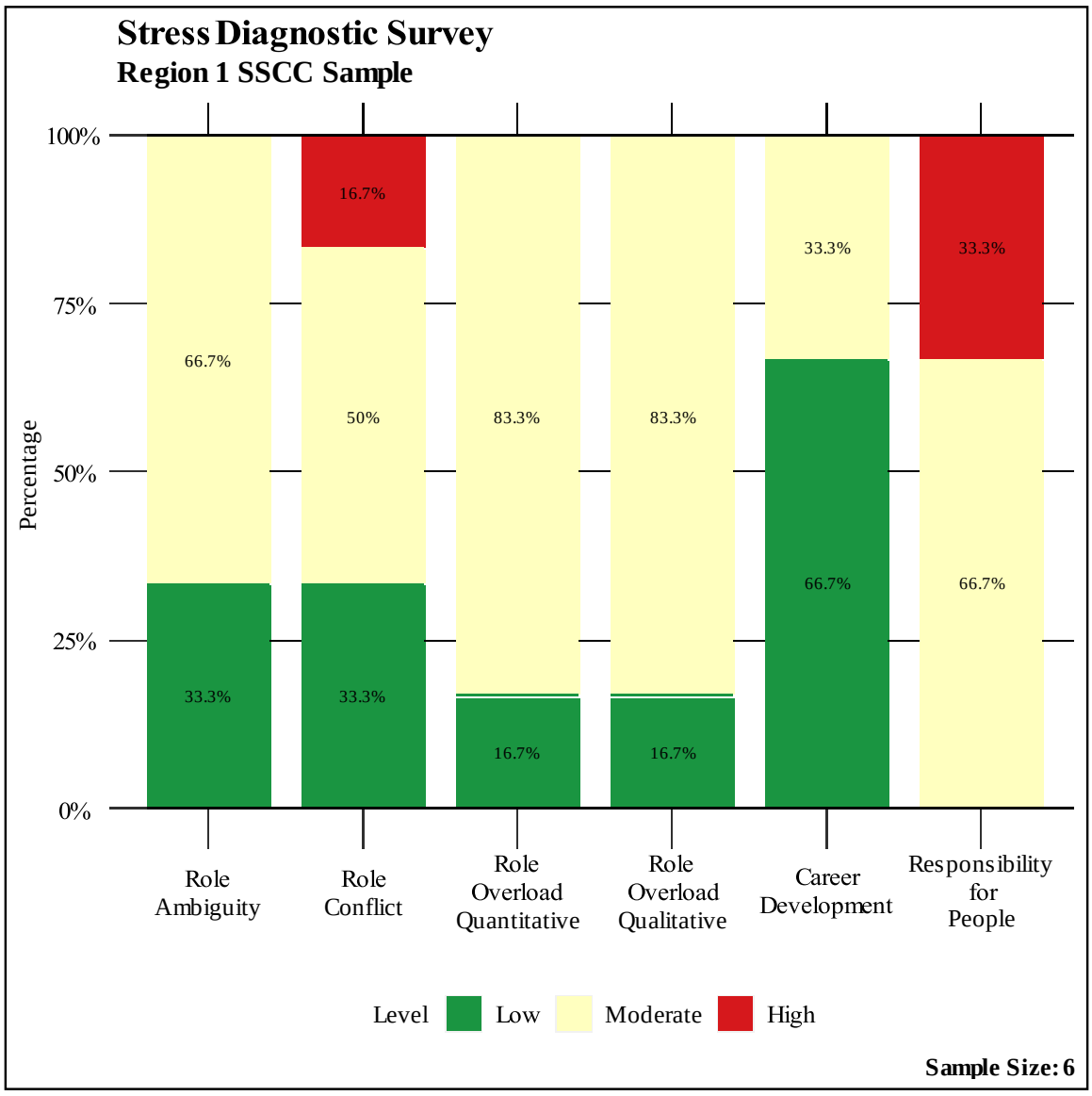


Figure 7.19: Region 1 Stage 1 Stress Diagnostic Scale (SSCC Sample)

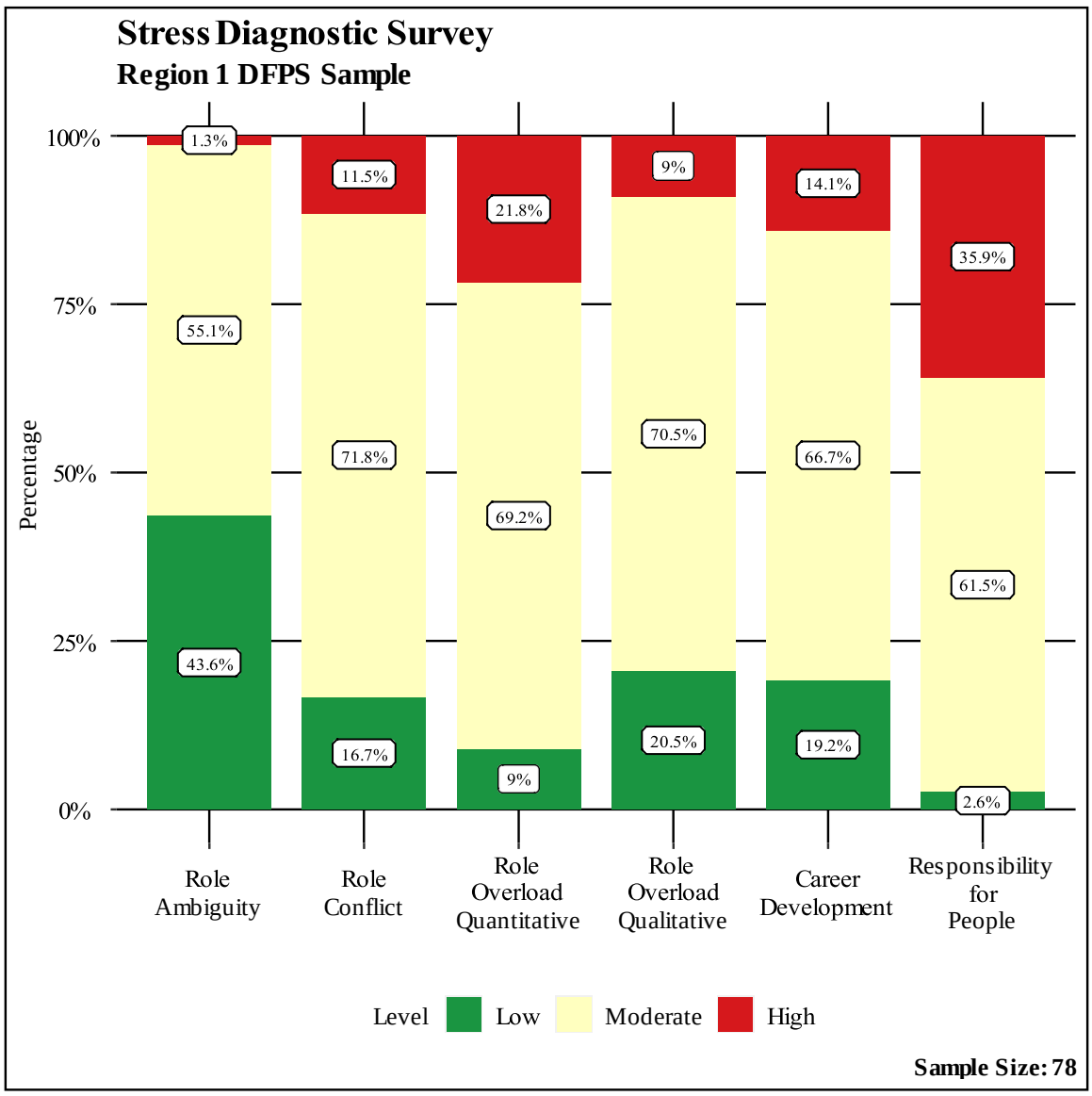


Figure 7.20: Region 1 Stage 1 Stress Diagnostic Scale (DFPS Sample)

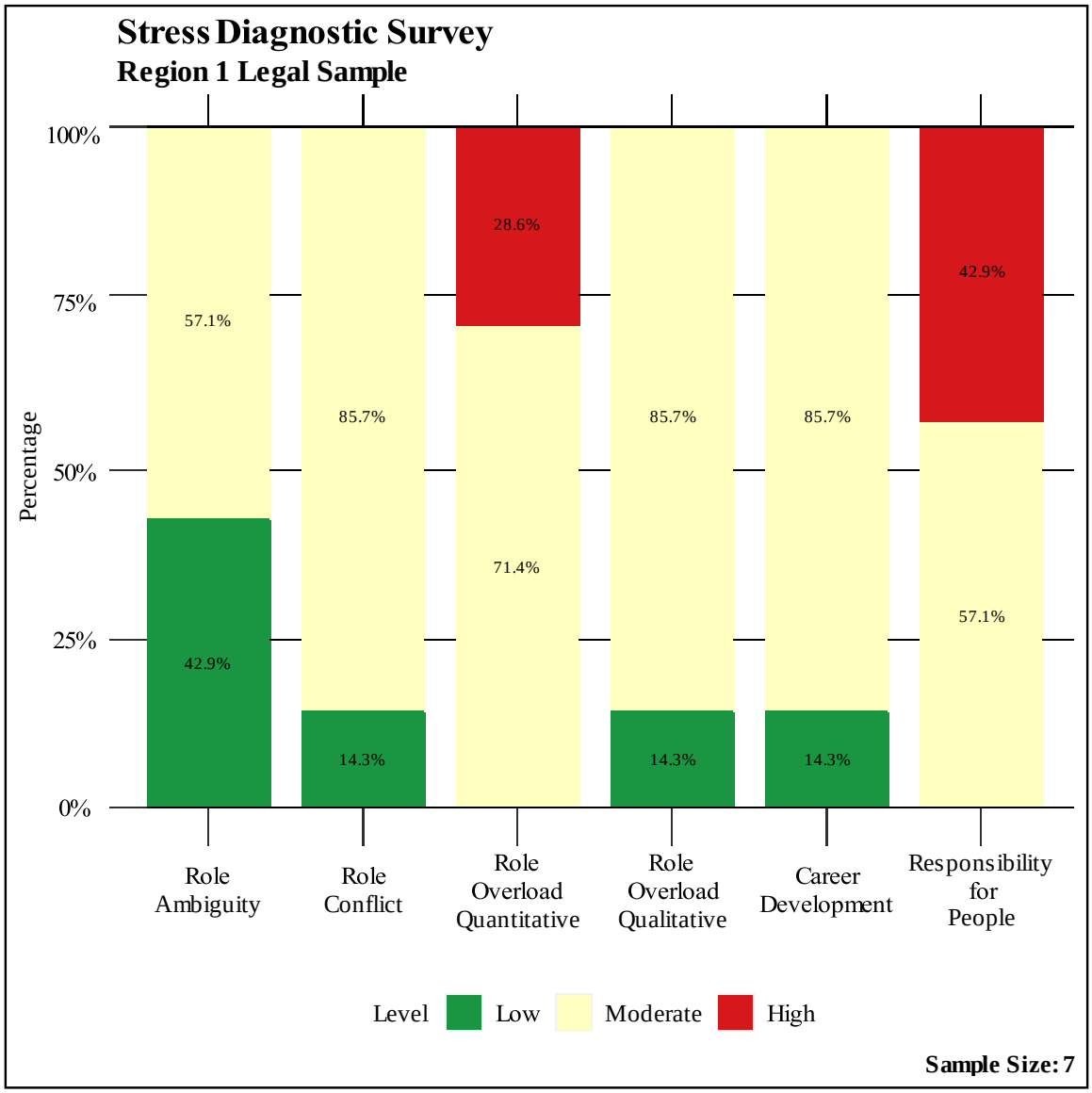


Figure 7.21: Region 1 Stage 1 Stress Diagnostic Scale (Legal Sample)

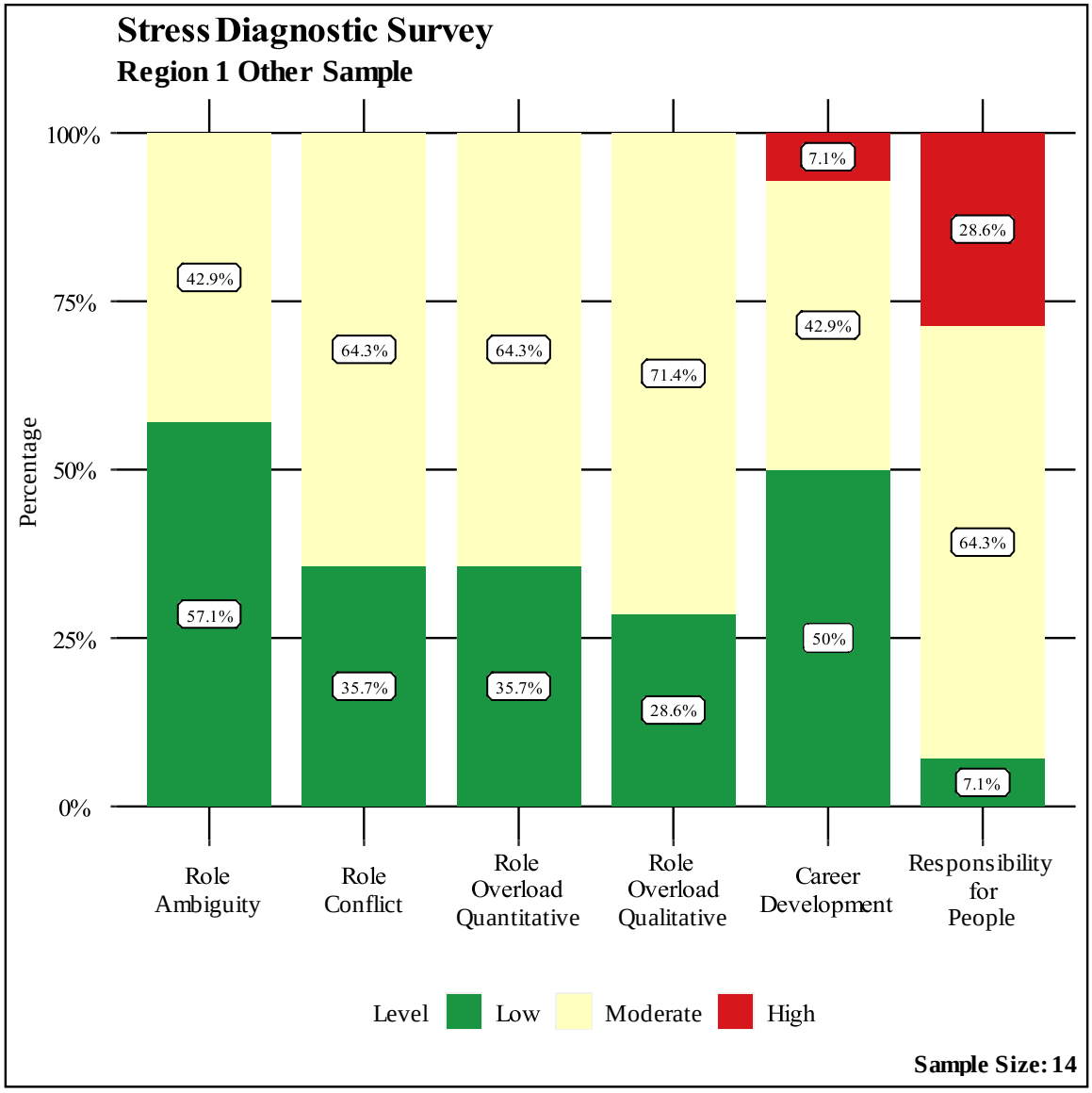


Figure 7.22: Region 1 Stage 1 Stress Diagnostic Scale (Other Sample)

For the full sample (N = 122), all six subcategories for the Stress Diagnostic survey were moderate level of stress. However, Responsibility for People and Role Overload Quantitative had a large number of individuals with a high level of stress. The DFPS sample (N = 78) had an overall moderate level of stress, with high level of stress in Responsibility for People, Role Overload Quantitative, and Career Development categories. The SSCC sample (N = 6) had moderate level of stress in most categories, except Career Development was low level of stress. Responsibility for People and Role Conflict were the sources for high level of stress. The CPA/GRO sample (N = 17) indicated moderate level of stress, with Role Overload Quantitative and Responsibility for People being sources of high level of stress.

7.5 3B, Stage 2

7.5.1 Levels of Collaboration (LOC)

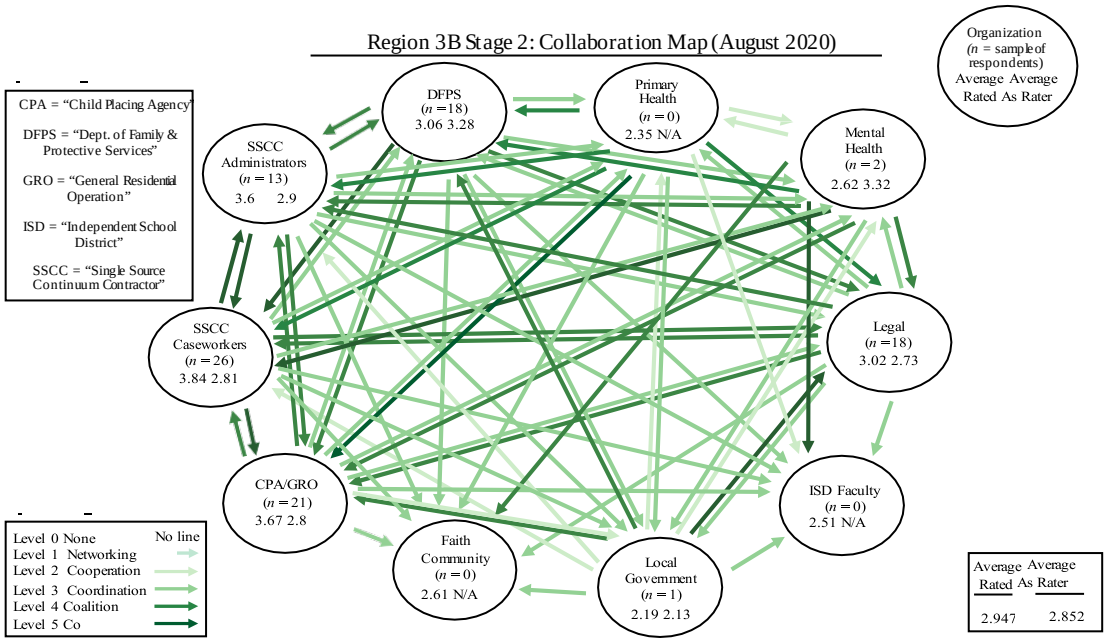


Figure 7.23: Region 3B Stage 2 Levels of Collaboration Map (Full Sample)

The average level of collaboration for the region in stage 2 was 2.95, indicating the region is on the verge of Level 3 Coordination. The level of collaboration decreased for the overall sample since stage 1. SSCC Administrators, SSCC Caseworkers, and CPA/GRO had the highest level of collaboration in Level 3 Coordination moving into Level 4 Coalition.

7.5.2 Stages of Concern Questionnaire (SoCQ)

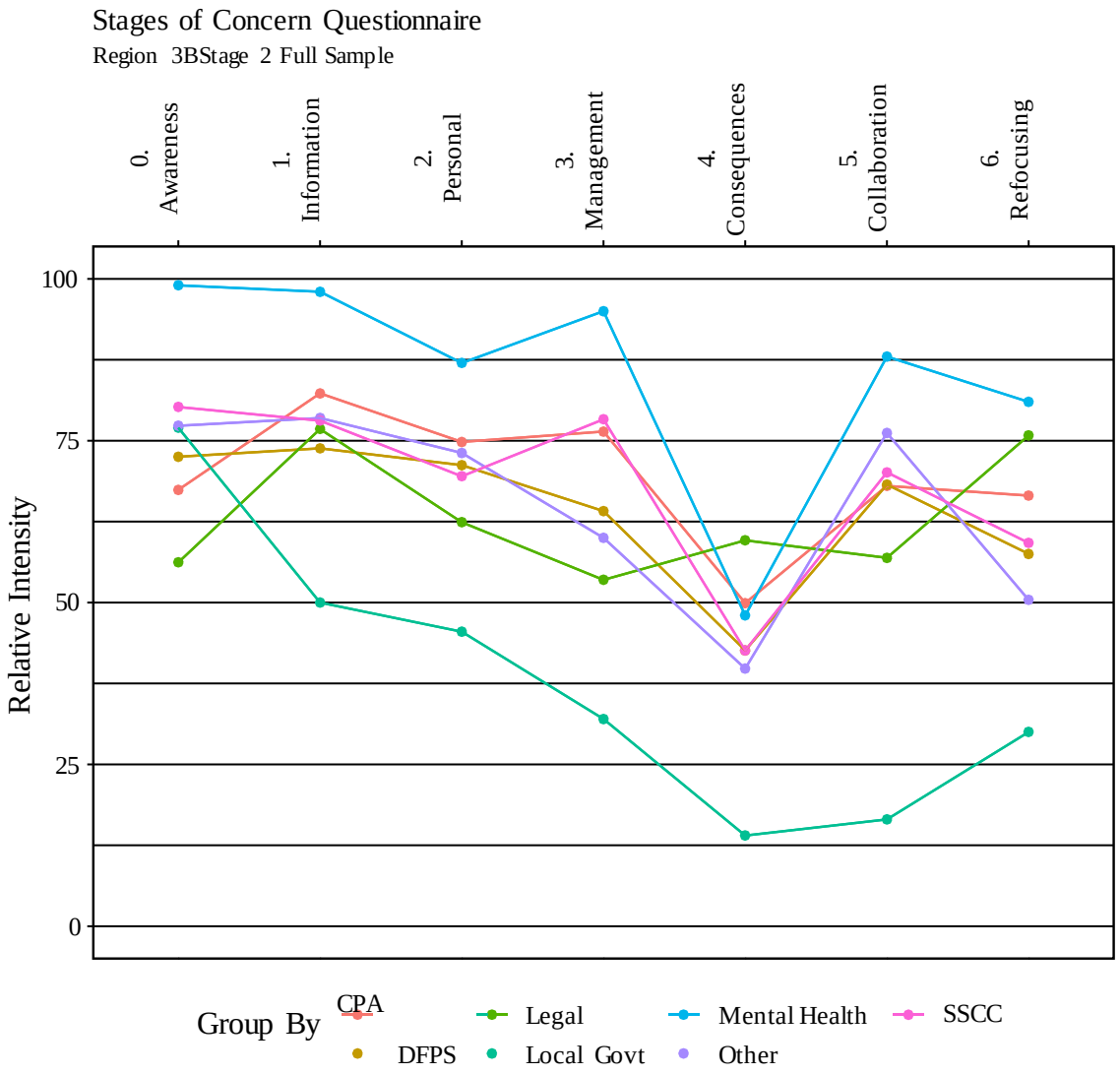


Figure 7.24: Region 3B Stage 2 Stages of Concern (Full Sample)

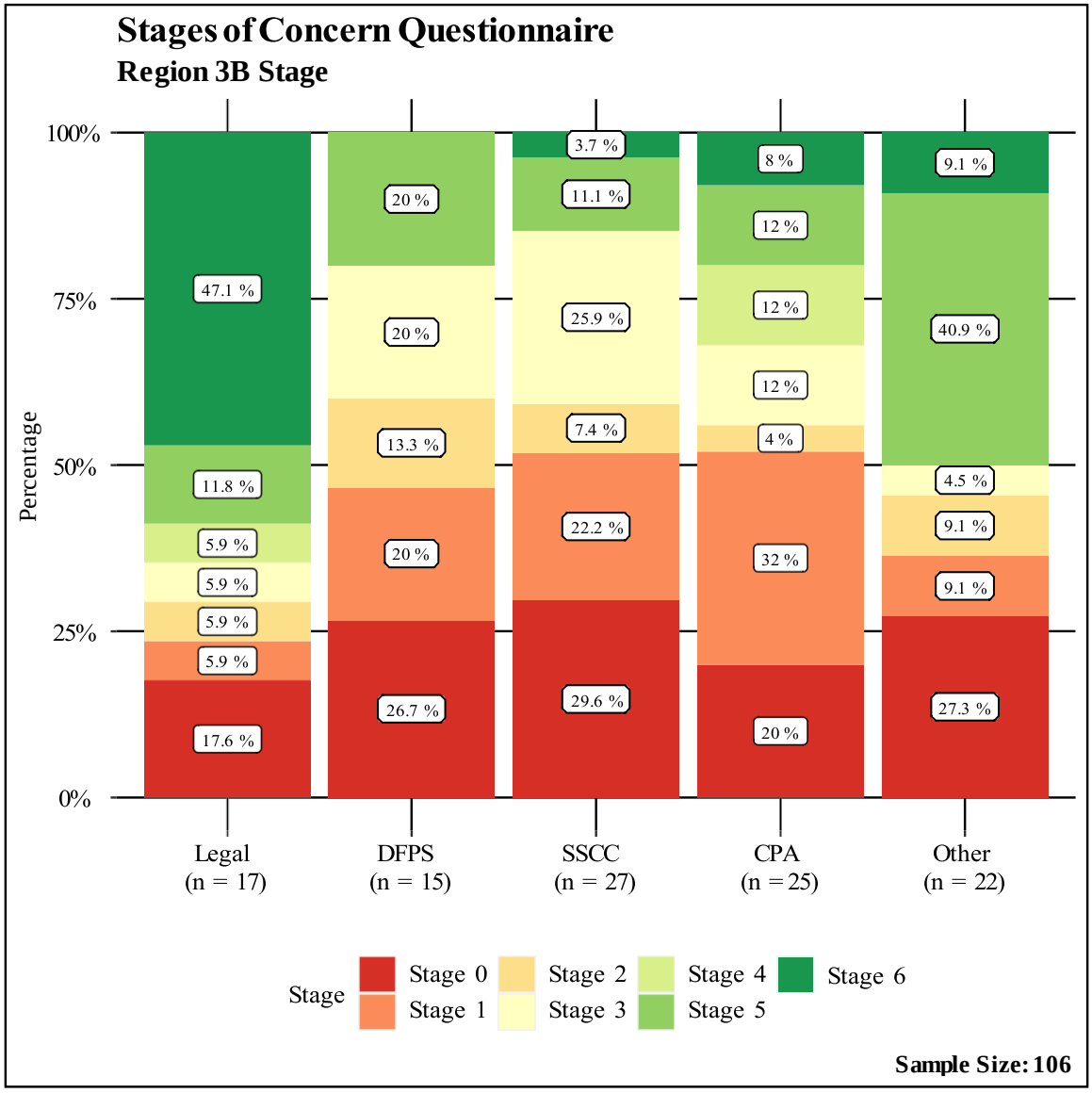


Figure 7.25: Region 3B Stage 2 Stages of Concern (Full Sample)

DFPS had the highest percentage of individuals in Stage 0, indicating Awareness concerns. Awareness concerns indicate the organizations are not concerned with the innovation and have not given the innovation much thought. To move out of Stage 0, organizations must involve staff in discussions and decisions about the innovation and implementation. The SSCC group had a high percentage of individuals in Stage 0: Awareness concerns, Stage 1: Informational Concerns, and Stage 3: Management concerns. Informational concerns are wanting to know more about the innovation. Providing clear and accurate information about the innovation and helping staff to see how the innovation relates to their current practice in both similarities and different can help assuage Stage 1 concerns. Management concerns indicates intense concern about management, time, and logistical aspects of the innovation. Clarifying steps and components of the innovation, as well as demonstrating exact and practical solutions to logistical problems can help staff move out of Stage

3 concerns. CPA had the highest percentage of individuals in Stage 1, indicating Informational concerns. The Other group was mostly in Stage 5 Collaboration concerns. Collaboration concerns involve how to coordinate and cooperate with others in the most effective way. To assist in navigating out of Stage 5 concerns, organizations must help collaborators establish reasonable expectations and guidelines for the collaborative effort. Providing these individuals with opportunities to develop those skills necessary for collaborative work would be beneficial. Legal was mostly Stage 6 representing Refocusing concerns. Refocusing concerns indicate the group is exploring ways to change the innovation and have some ideas about some navigate thing that would work even better than the current innovation. For organizations in Stage 6, assist individuals in channeling their ideas and energies in a productive way to encourage their concerns for program improvement.

7.5.3 Stress Diagnostic Scale (SDS)

For the full sample (N = 95), most of the subcategories for the Stress Diagnostic survey were moderate stress level except for Responsibility for People which was majority high stress level. Role Overload also had a high percentage of individuals with high stress level. The Legal sample (N = 15) had low to moderate stress levels overall, with the highest level of stress being in the Role Overload Quantitative subcategory. The CPA/GRO sample (N = 22) had low to moderate levels of stress for most categories except for the 68% high stress level for Responsibility for People. Role Overload Quantitative category also had high level of stress for that sample. The Local Government displayed low to moderate stress levels in most categories, but high stress levels in Responsibility for People. DFPS (N = 14) showed mostly low to moderate stress levels and higher stress levels in Responsibility for People and Role Overload Quantitative. The SSCC sample (N = 24) had the highest levels of stress indicated, with Role Conflict, Role Overload Quantitative, Career Development, and Responsibility for People all sources of high stress.

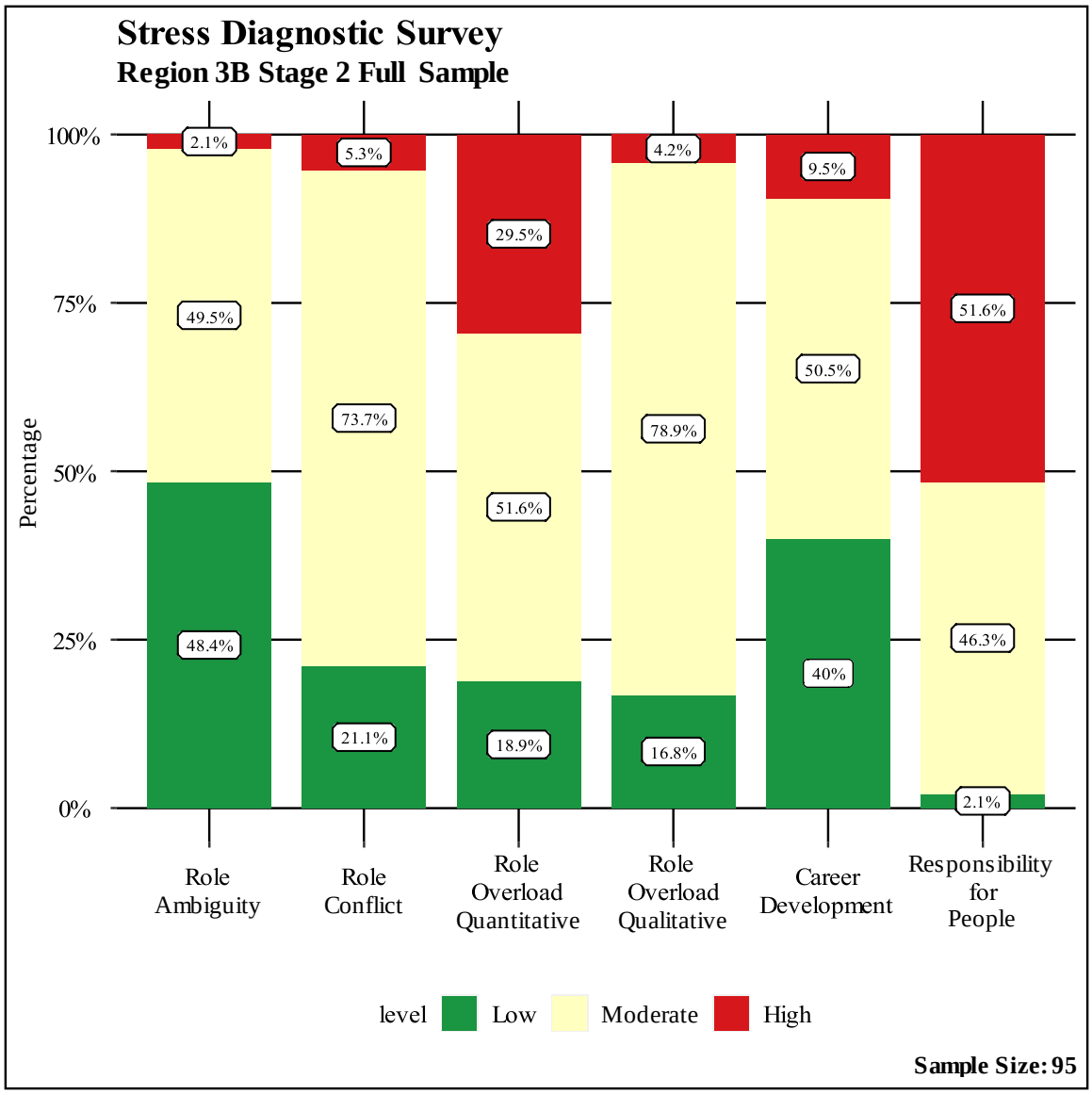


Figure 7.26: Region 3B Stage 2 Stress Diagnostic Survey (Full Sample)

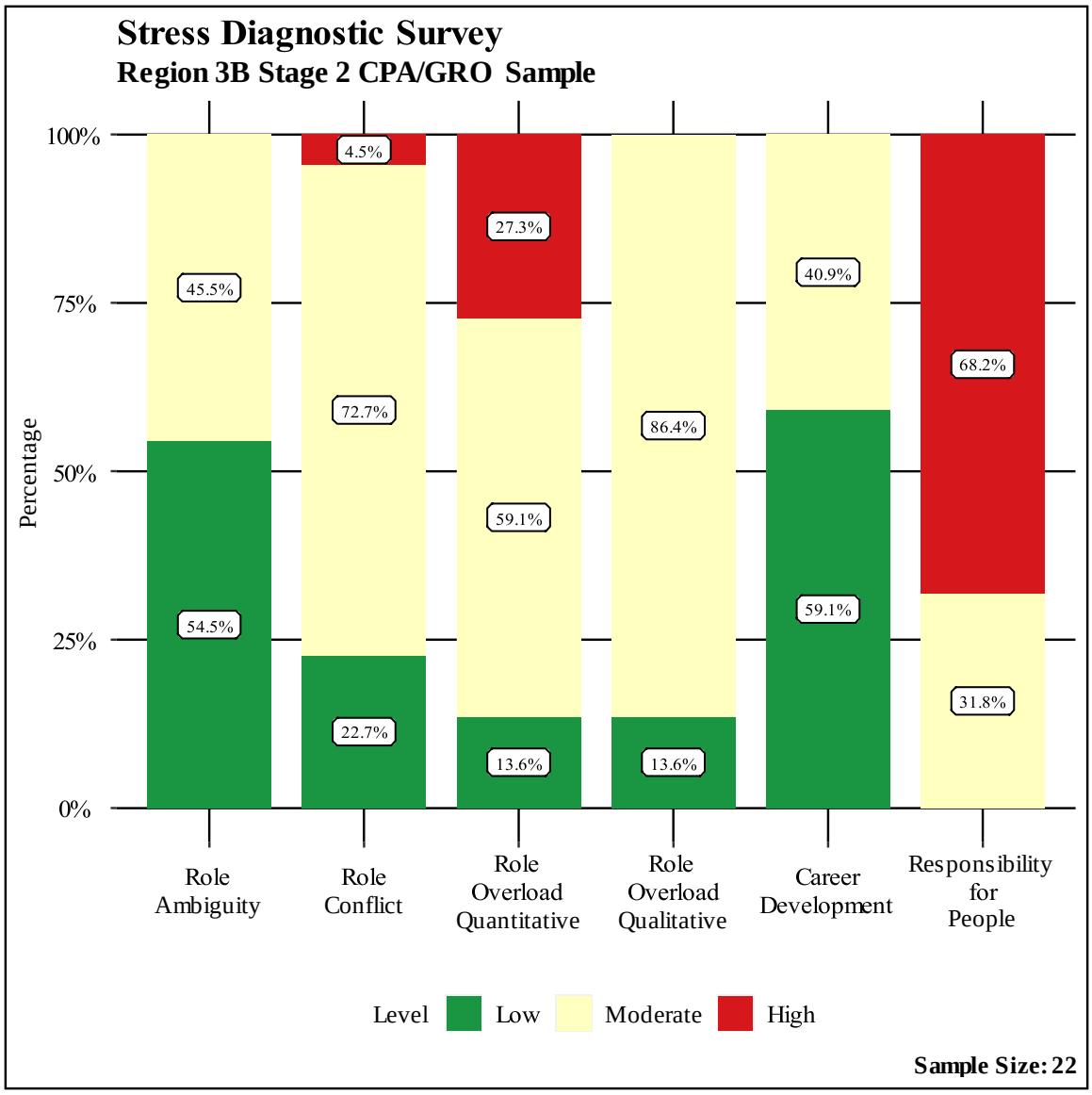


Figure 7.27: Region 3B Stage 2 Stress Diagnostic Survey (CPA Sample)

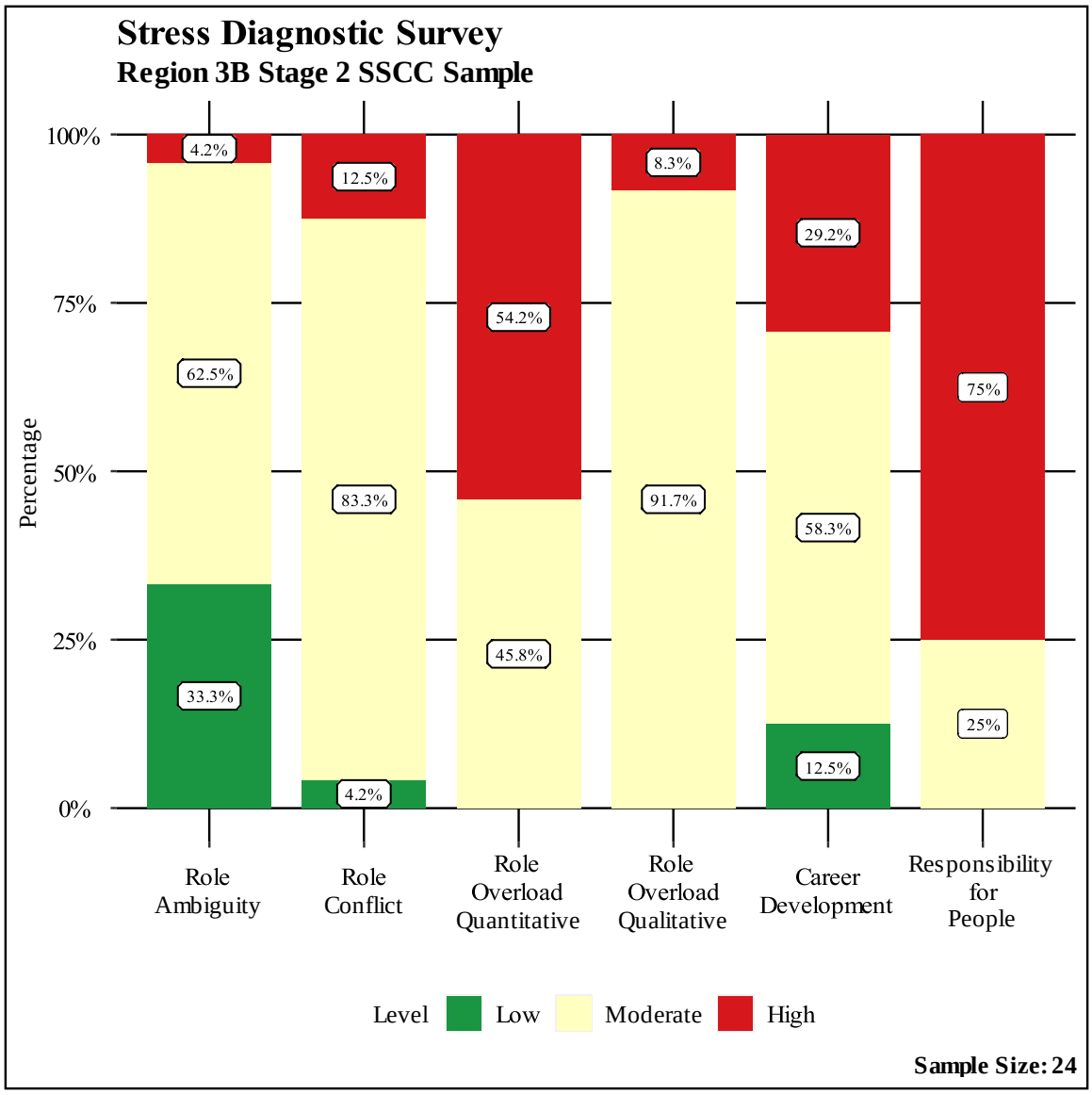


Figure 7.28: Region 3B Stage 2 Stress Diagnostic Survey (SSCC Sample)

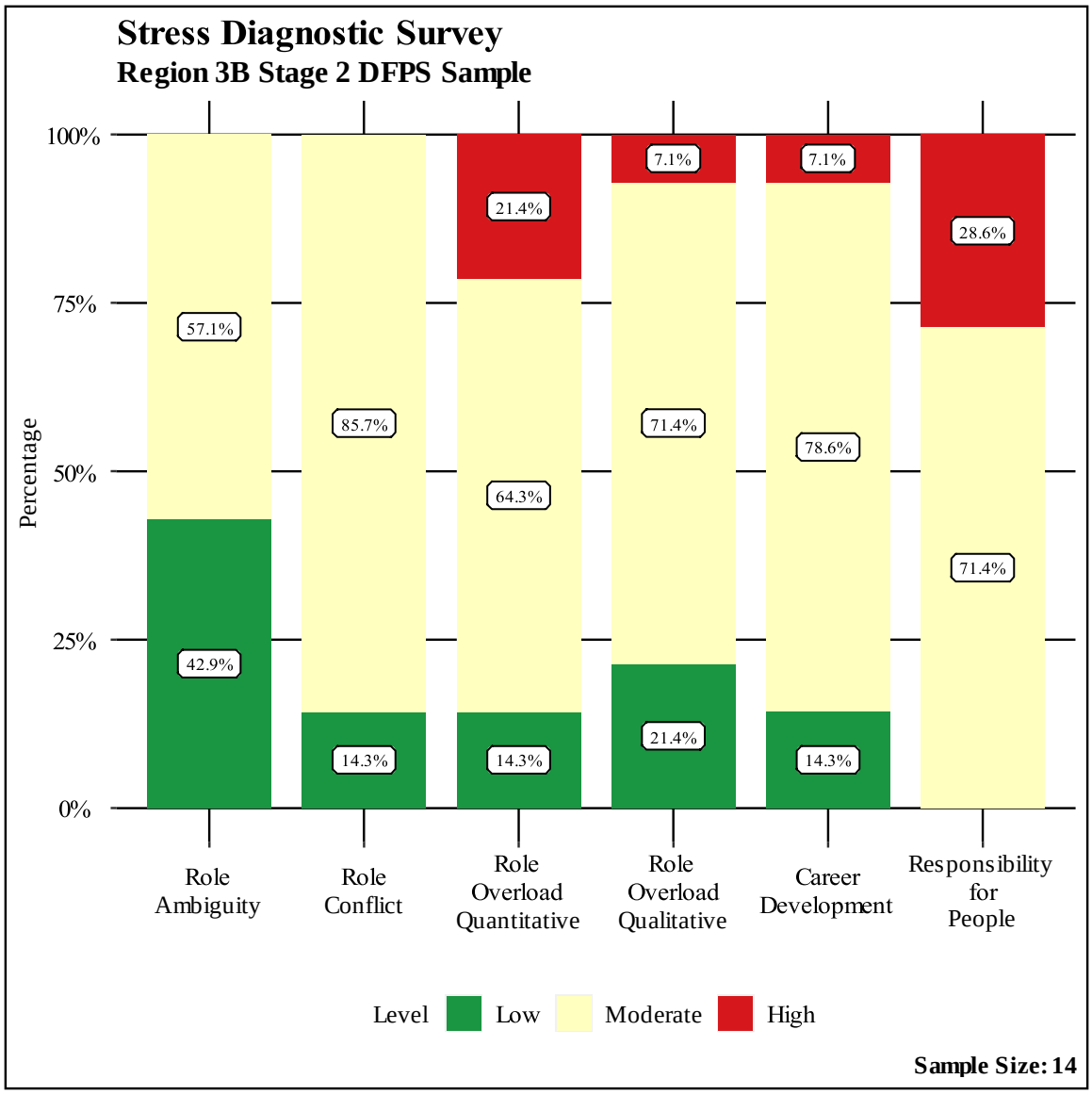


Figure 7.29: Region 3B Stage 2 Stress Diagnostic Survey (DFPS Sample)

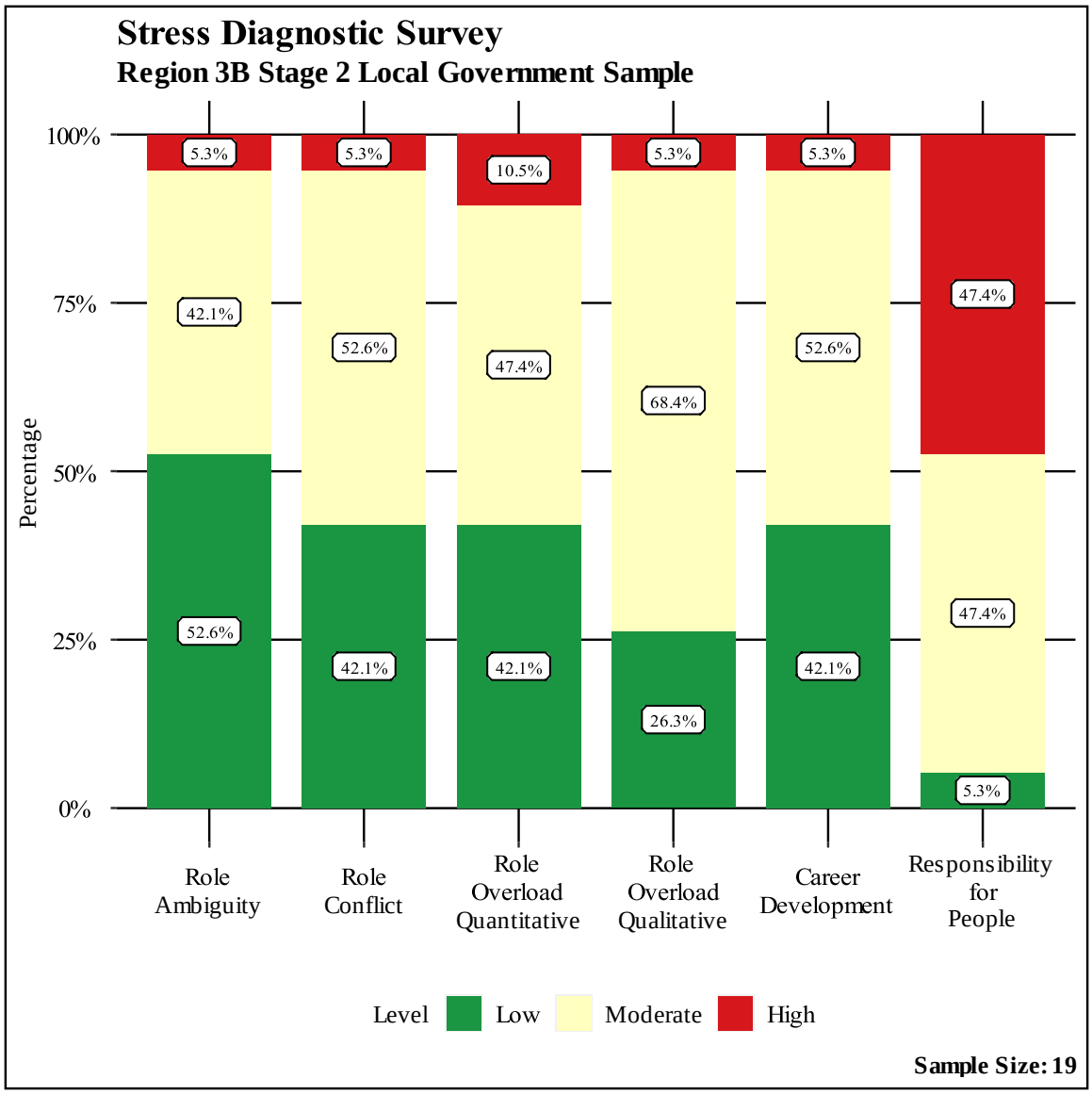


Figure 7.30: Region 3B Stage 2 Stress Diagnostic Survey (Local Government Sample)

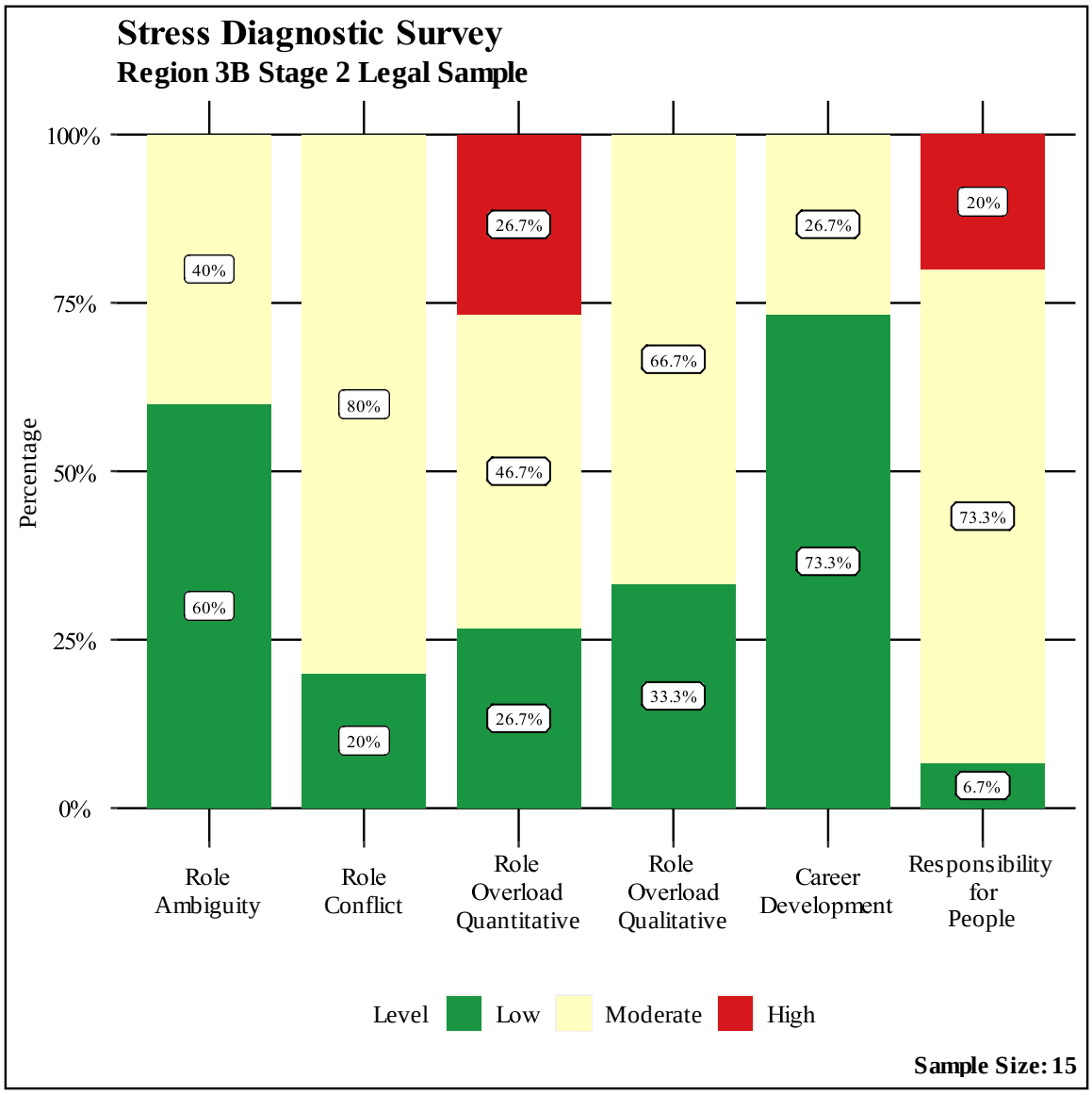


Figure 7.31: Region 3B Stage 2 Stress Diagnostic Survey (Legal Sample)

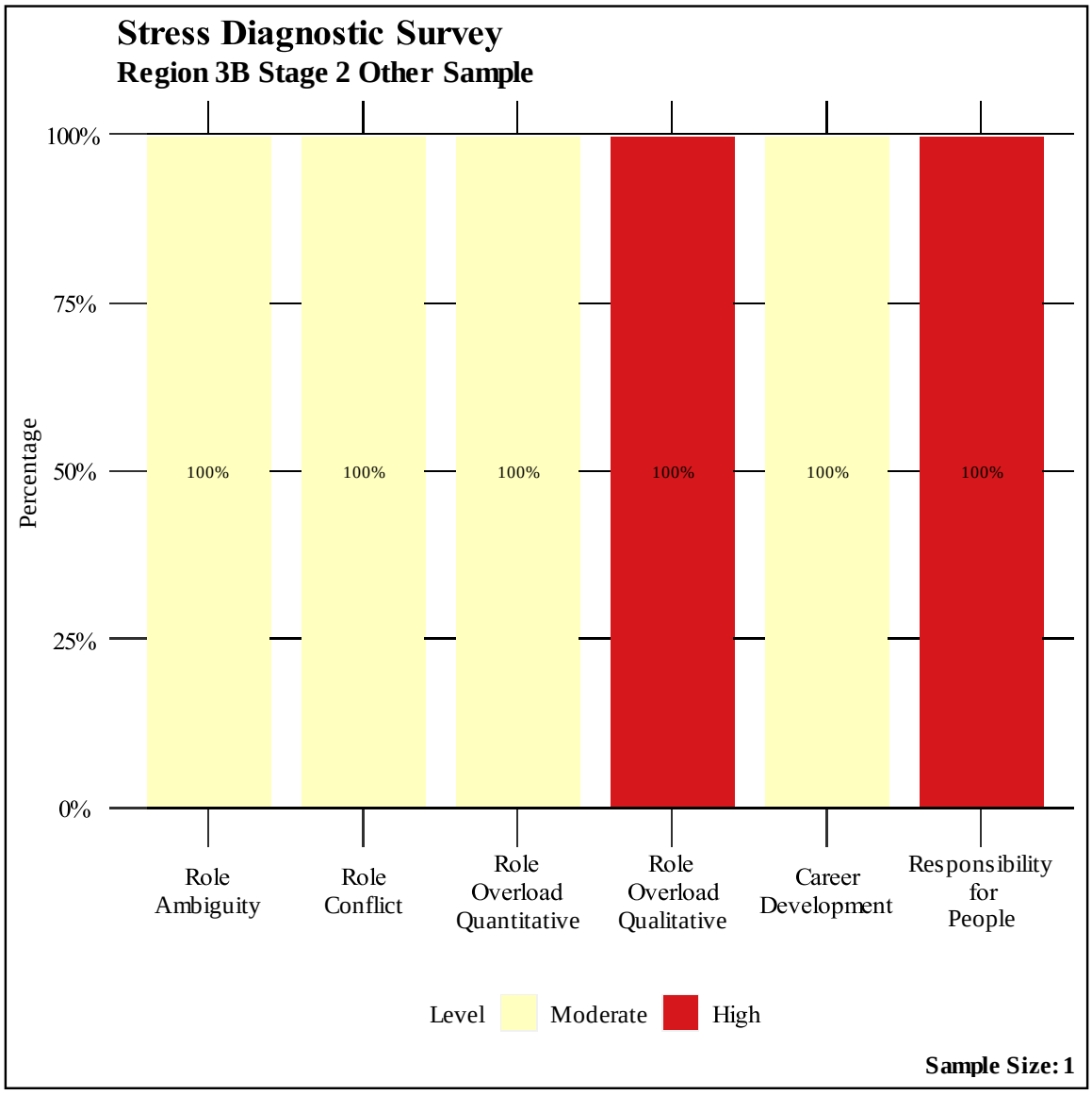


Figure 7.32: Region 3B Stage 2 Stress Diagnostic Survey (Other Sample)

8. Qualitative Results

The survey included open-ended text responses to the topic areas required by statute. The Evaluation Team has begun to do preliminary text mining analyses of these responses, using principles and methods outlined in the Tidy Text Mining online book (https://www.tidytextmining.com/index.html).

The first type of text mining analysis is to look at the frequency of words and to visualize them as word "clouds" for ease of identifying prominent terms used in text. The word cloud analyses we conducted included all open-ended text questions, with a minimum criteria for occurrence of 2, and a maximum of 75. The groups represented had to have had sample sizes greater than or equal to 5. They will be displayed in the same order as the quantitative results.

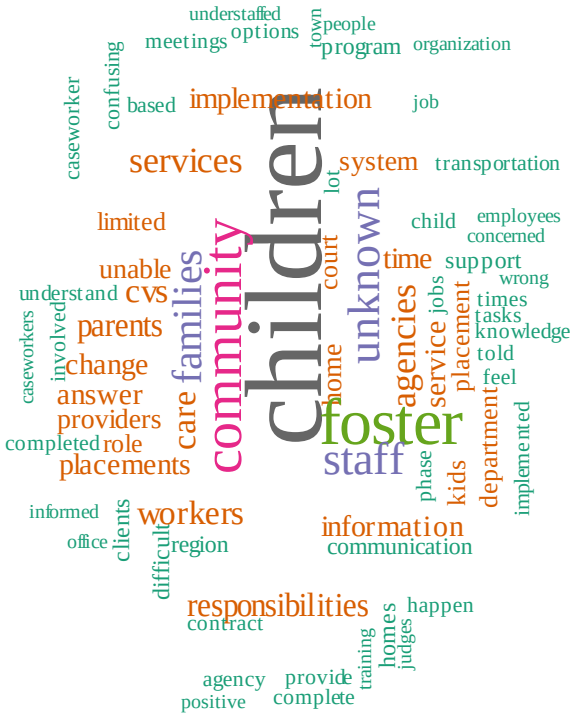
As described in Tidy Text Mining, there are also methods called Sentiment Analysis and Topic Modeling. We have begun to explore both methods with the text responses, but these exploratory results were not ready by the time this report was published. These results will be released in the future in either an Addendum to this report or as a separate report.

Region 3B Stage 1
Sample: Full Sample

N = 45 Unique Respondents

Figure 8.1: Region 3B Stage 1 Word Cloud: Full Sample

Region 3B Stage 1
Sample: CPS Caseworkers



N = 17 Unique Respondents

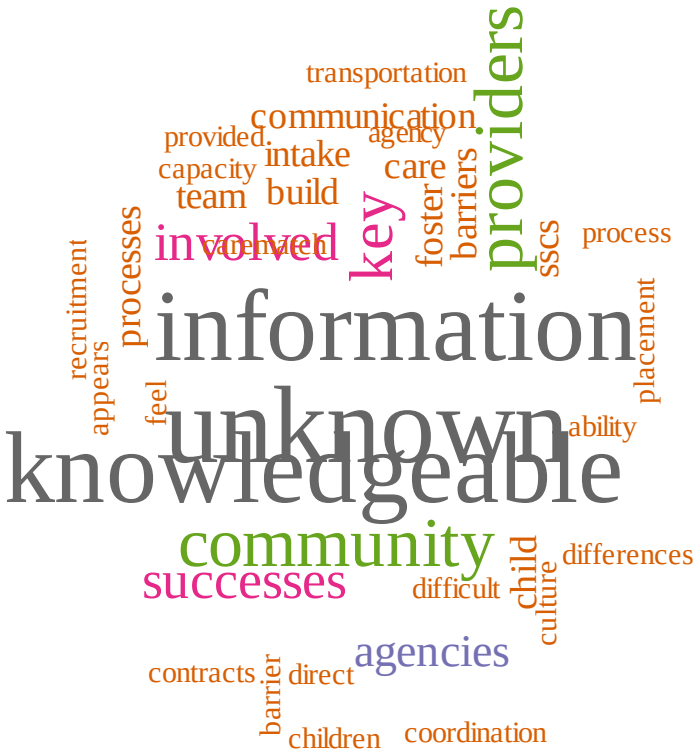
Figure 8.2: Region 3B Stage 1 Word Cloud: CPS Sample

Region 3B Stage 1
Sample: CPA Caseworkers

N = 14 Unique Respondents

Figure 8.3: Region 3B Stage 1 Word Cloud: CPA Sample

Region 3B Stage 1
Sample: SSCC Caseworkers



n = 5

Figure 8.4: Region 3B Stage 1 Word Cloud: SSCC Sample

Region 2 Stage 1
Sample: Full Sample

N = 47 Unique Respondents

Figure 8.5: Region 2 Stage 1 Word Cloud: Full Sample

Region 2 Stage 1
Sample: CPS Caseworkers

N = 49 Unique Respondents

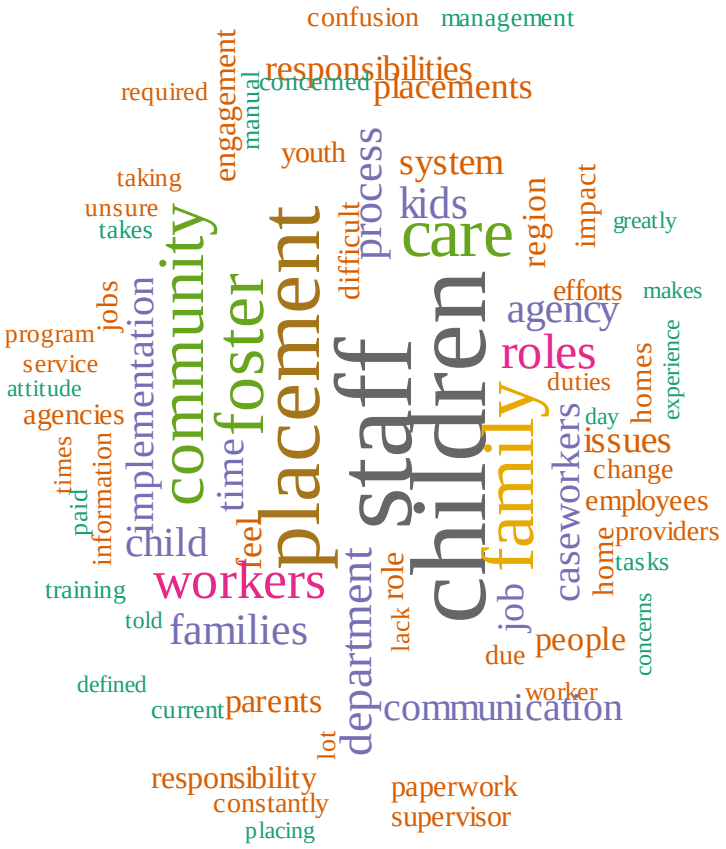
Figure 8.6: Region 2 Stage 1 Word Cloud: CPS Sample

Region 2 Stage 1
Sample: CPA Caseworkers

N = 11 Unique Respondents

Figure 8.7: Region 2 Stage 1 Word Cloud: CPA Sample

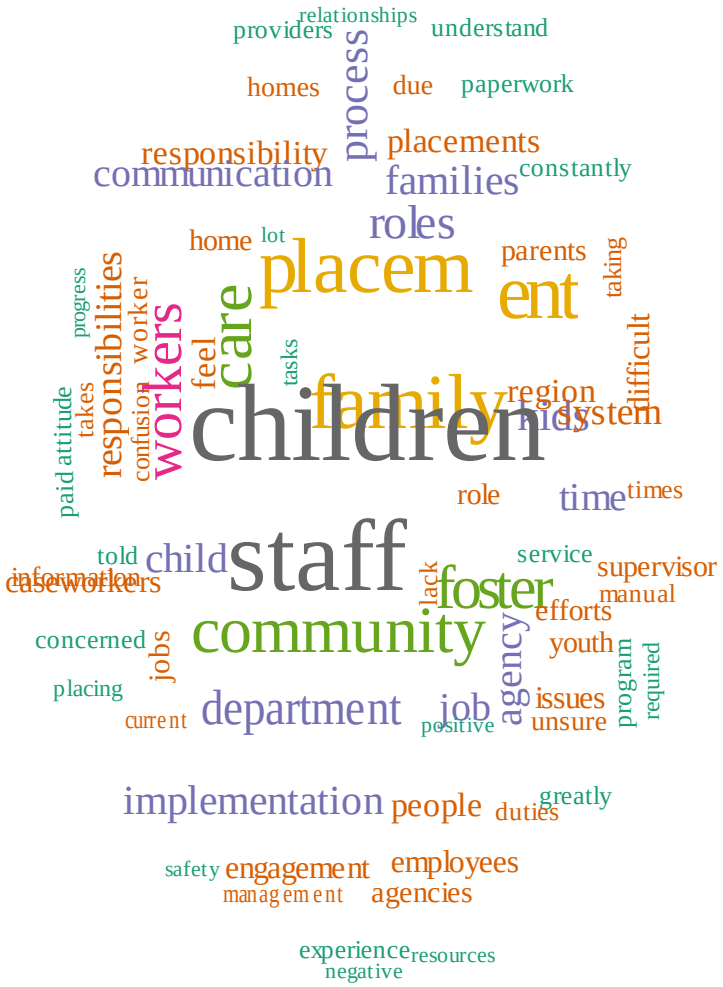
Region 8a
Sample: Full Sample



N = 83 Unique Respondents

Figure 8.8: Region 8A Stage 1 Word Cloud: Full Sample

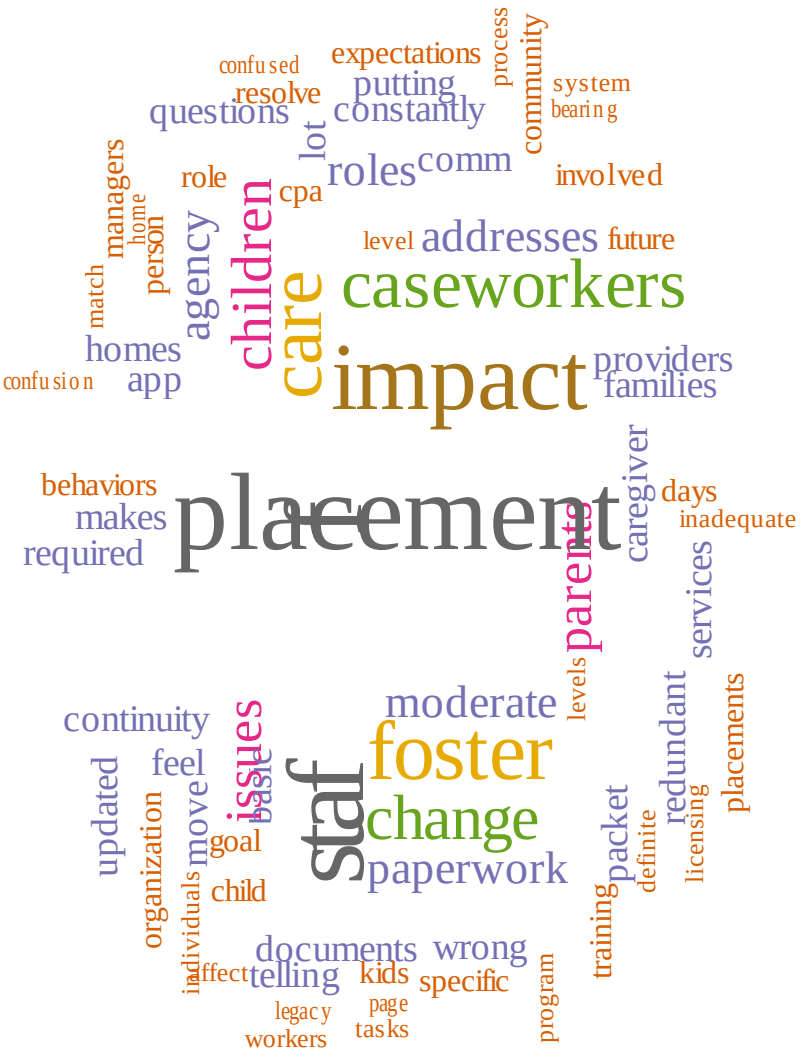
Region 8a
Sample: CPS Caseworkers



N = 75 Unique Respondents

Figure 8.9: Region 8A Stage 1 Word Cloud: CPS Sample

Region 8a
Sample: CPA Caseworkers



N = 8 Unique Respondents

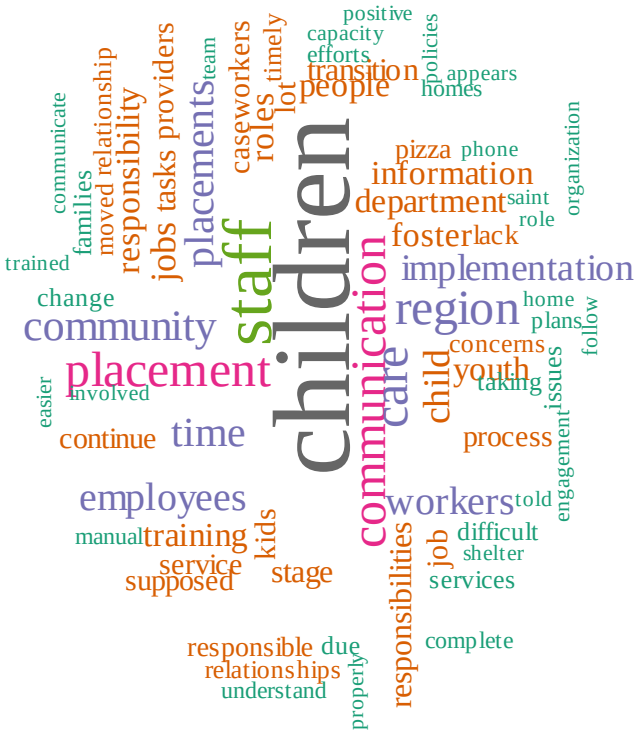
Figure 8.10: Region 8A Stage 1 Word Cloud: CPA Sample

Region 1
Sample: Full Sample

N = 73 Unique Respondents

Figure 8.11: Region 1 Stage 1 Word Cloud: Full Sample

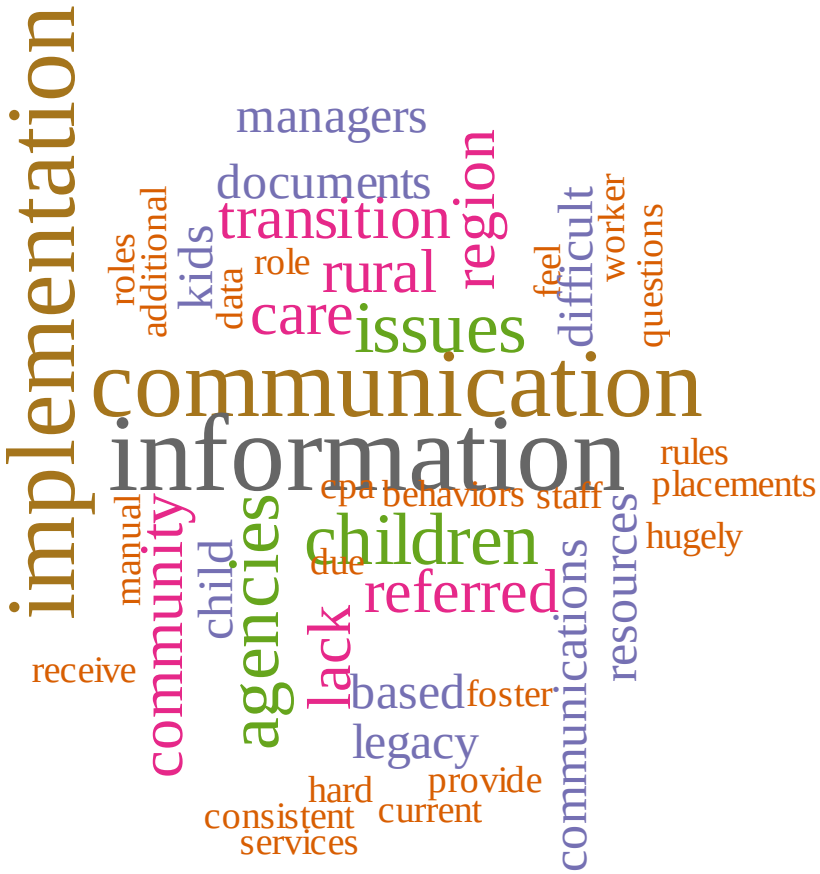
Region 1
Sample: CPS Caseworkers



N = 49 Unique Respondents

Figure 8.12: Region 1 Stage 1 Word Cloud: CPS Sample

Region 1
Sample: CPA Caseworkers



N = 11 Unique Respondents

Figure 8.13: Region 1 Stage 1 Word Cloud: CPA Sample

Region 3B Stage 2
Sample: Full Sample

N = 60 Unique Respondents

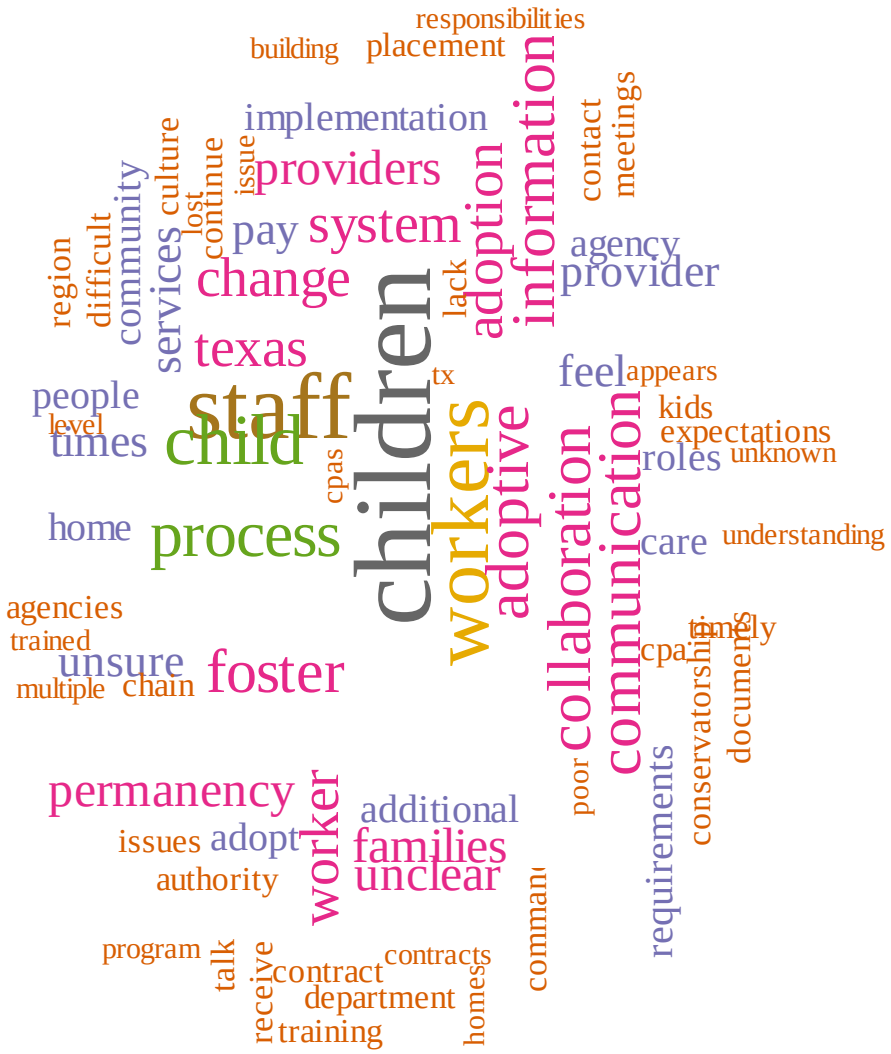
Figure 8.14: Region 3B Stage 2 Word Cloud: Full Sample

Region 3B Stage 2
Sample: CPS Caseworkers

N = 8 Unique Respondents

Figure 8.15: Region 3B Stage 2 Word Cloud: CPS Sample

Region 3B Stage 2
Sample: CPA Caseworkers



N = 14 Unique Respondents

Figure 8.16: Region 3B Stage 2 Word Cloud: CPA Sample

Region 3B Stage 2
Sample: SSCC Caseworkers

N = 13 Unique Respondents

Figure 8.17: Region 3B Stage 2 Word Cloud: SSCC Caseworkers Sample

Region 3B Stage 2
Sample: SSCC Administrators

N = 10 Unique Respondents

Figure 8.18: Region 3B Stage 2 Word Cloud: SSCC Administrators Sample

Region 3B Stage 2
Sample: ad Litem Appointees

N = 11 Unique Respondents

Figure 8.19: Region 3B Stage 2 Word Cloud: Ad Litem Sample

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Texas Department of Family and Protective Services

Commissioner
Jaime Masters

January 28, 2021

MEMORANDUM FROM THE COMMISSIONER

FROM: Jaime Masters, MS, MFT
Commissioner

SUBJECT: Community Based Care (CBC)

I am very thankful for Governor Abbott's and the Legislature's support and direction regarding Community Based Care (CBC). I also appreciate the outside perspective offered by Dr. Wang, and his willingness to partner with the Department of Family and Protective Services (DFPS) on this project. We will take what has been presented and discuss it with our partners to improve the way in which we roll out and support Single Source Continuum Contractors (SSCCs) in CBC. While there is much here to consider and guide us in our discussion with our CBC partners, there are a few aspects of the report that warrant a response.

First, the report provides conclusions without detailing how the conclusion was reached. Several of the conclusions are very general without identifying the problems that DFPS would need to examine. For example, page 22 of the report reads:

> "One global impression of implementation was that there was a lack of a strategic framework and a lack of explicit, operationalized expectations. This created processes that were random, chaotic, and trial-and-error. This lack of a strategic process had many diffuse (and long-lasting) effects, most of them more negative than would be true with a more structured, strategic process."

No details are provided regarding the basis for this conclusion, nor noted examples of "random", "chaotic", or "trial-and-error" processes. Further, it does not discuss any of the existing processes actually used, or what weaknesses those processes presented that DFPS could improve upon. All I can glean from this portion of the report is that whomever was interviewed felt there was a lack of a strategic framework. It is not clear whether those interviewed were DFPS staff, SSCC staff, residential providers, healthcare providers, etc. Change invites confusion, but without details of who felt this way, why, what processes were weak and why, and how DFPS could improve these processes, I do not know how to improve upon the challenges hinted at. The report indicates there is a problem, but importantly does not provide information as to who thinks it is a problem, where that problem is, what processes are a problem, or recommendations for improving the problem.

Second, the report contains inaccurate statements. For example, page 30 of the report, reads:

> "The lack of formal resolution processes was made clear to the evaluation team."

This is alarming as it omits an important fact. The contract does in fact require a conflict resolution process, and each catchment area's Operations Manual describes this process and how it works. The report is wholly silent on this, and consequently does not account for it. As a result, I cannot address any potential weaknesses in that process.

Third, while the report concerns itself in detail with several issues that DFPS did not request, it is missing content that is perhaps the most needed by our agency, namely a description of how DFPS, the SSCC, and the community worked to prepare for and make the significant transition of case management and services for families to community providers in stage II of CBC. The report was intended to document, with direct input from those involved, how we accomplished this transition, what we have learned, and how we will continue to improve. Our stakeholders across the state are anxious to learn from the experience of their counterparts in the CBC areas. I regret in reading this report that I do not think a reader would come away with a clear picture of the undertaking, or the perspectives of those involved. The quantitative results on page 92 indicate that the survey instrument included open-ended responses that were in the process of being analyzed for release at a future date. There is still some opportunity, then, to receive this feedback.

Though I would prefer to connect with Dr. Wang to discuss the above, I did not want to further delay the release of this report. I look forward to the opportunity to talk with Dr. Wang to see whether there is additional research, including stakeholder input not included in the report, that would assist me in taking meaningful action to improve our work in CBC. I am fully invested in the CBC process and believe in its vision. Thank you again for your dedication to the children and families of Texas.