

Saint Francis Community Services in Texas

Statement of Work for

Treatment Foster Care Contractors

Purpose

Treatment Family Foster Care is an intensive, short-term service intended for children 5-18, with an emphasis on stepping the child down to a less restrictive and permanent placement. This is accomplished through planned placements with all team members present to discuss placement expectations, family therapy, shared parenting and therapeutic visitation, foster parent coaching and supervision, and monthly child and family team meetings. Discharge planning begins even prior to admission and a 6-month timeline, with steps for achievement, is agreed upon by the team. With the higher reimbursement rate provided for Treatment Family Foster Care, the Contractor ensures that all program staff and foster parents are highly trained in the program's evidence-based therapy and supervision and coaching models, including ongoing training and support groups.

Statement of Work

I. CONTRACTOR RESPONSIBILITIES.

- A. Contractor must:
1. Be licensed as a Child Placing Agency (CPA) to provide foster care services by Residential Child Care Licensing (RCCL).
 2. Comply with Minimum Standards at dfps.state.tx.us/ChildCare/documents/StandardsandRegulations/749_CPA.pdf.
 3. Comply with the SSCC/SAINT FRANCIS Provider Affiliate Agreement and Provider Manual.
- B. Program
- Contractor will have a Treatment Foster Family Care program (hereafter referred to as TFC) for children/youth/Young Adults (hereafter referred to as child) in SSCC/SAINT FRANCIS care and referred by SSCC/Saint Francis to the Contractor as provided for in Contractor's Plan of Operation that has been approved by SSCC/SAINT FRANCIS, to include but not be limited to the following:
1. Individualized, strengths-based therapeutic services and case management;
 2. Time limited services not to exceed six months without a SSCC/Saint Francis approved application for a 90-day extension.;
 3. Highly trained TFC foster family, consisting of at least one full-time, non-employed, stay-at-home caregiver;
 4. Total child capacity of six with a Foster Care capacity of one TFC child in the TFC home; with consideration of a waiver from SSCC/SAINT FRANCIS to maintain a sibling placement not to exceed six children;
 5. Treatment service planning, with a review occurring every 60 days, and provision for the child referred; and

6. Discharge planning, transition services and after care support upon services being completed.
- C. Services
- In addition, the Contractor will also provide the following services:
1. Timely, responsive intake, and admissions into TFC;
 2. Twenty-Four hour, in-home crisis intervention and placement stabilization services available to child and/or family;
 3. Strong clinical supervision and support for case manager and TFC foster parents with a minimum of three visits to the child per week;
 4. Formal respite system, both routine and upon request;
 5. TFC foster parent training and skills development, including trauma-informed care;
 6. Preparation and training for adulthood, social skills training, and normalcy activities based on age and maturity; and
 7. Transportation including but not limited to medical appointments, school, therapy appointments, child and family team meetings, recreational activities, court hearings, home visits and family/sibling visits.
- D. Admission to Contractor's Program
- Contractor will:
1. Ensure that any foster home in which a TFC child could be placed has been approved as meeting the CPA's requirements for the TFC program to appropriately meet the child's needs;
 2. Receive a referral from SSCC/SAINT FRANCIS that includes the child's Common Application Form (Form 2087), as well as a written, dated, and signed psychiatric evaluation or psychological evaluation, including the child's diagnosis if one exists, or a psychosocial assessment as defined in TAC§749.43, performed within the last 14 months;
 3. Coordinate and facilitate the pre-placement staffing with the Child Protective Services caseworker, SSCC/Saint Francis staff, identified TFC foster family, and other interested parties;
 4. Complete a Child and Adolescent Needs and Strengths (CANS) initial assessment prior to initial Treatment Plan development or can use an existing CANS if completed within the last 30 days. The Contractor will update the child's CANS 90 days from placement and every 90 days thereafter to determine if the array of treatment services being provided are effective and meeting the child's specific needs; and
 5. Evaluate, select and place the SSCC/SAINT FRANCIS referred child into a TFC placement based on the foster family's ability to provide intensive treatment foster care services to the specific child referred.
 6. Focus on permanency planning by cooperating with intended long term placement options or developing the current TFC home to be the permanent placement of the child.
- E. Training.
- Contractor must provide training for all direct care staff providing services, inclusive of foster parents. Training is to support the attainment of safety, permanency, and well-being for the child in care. Training must include Trauma Informed Care, Disproportionality and Cultural Competency.
- F. Treatment Planning
- Contractor will:
1. Initiate, coordinate and complete required treatment plans for the child;
 2. Perform initial and ongoing assessments and treatment planning based on assessment results and identified child specific needs; and
 3. Identify, facilitate, coordinate and implement wrap-around services as needed.
- G. Discharge Planning

Contractor will start Discharge Planning and transition services no later than 30 days after child's admission into TFC and be responsible for:

1. Coordination and facilitation of the transition planning meeting with CPS case worker, SSCC/Saint Francis staff, and other interested parties to plan for the child's discharge and transition from the Program. Ongoing discharge planning includes:
 - a. 45 days prior to the end of the six-month time period, if the contractor believes that the child is not ready for successful discharge, contractor will submit a request to SSCC/Saint Francis to apply for the 90-day extension. If the extension request is denied, the contractor will request a Service Level determination from the third-party contractor for the Texas Service Levels System no later than 30 days prior to the six month discharge date.
 - b. Once the child is ready for successful discharge, but no later than 30 days prior to the six month discharge date, or 30 days prior to the nine month discharge date if SSCC/SAINT FRANCIS has previously approved the 90 day extension, contractor will request a Service Level determination from the third party contractor for the Texas Service Levels System;
2. Identification, facilitation and coordination of transition of services and after care support services needed for the child to ensure a safe transition of care to the next appropriate placement; and
3. Identification, facilitation and coordination of transition services or after care support services needed for the subsequent placement caregivers, including biological parents, relatives and/or adoptive parents.

H. Contractor Oversight and Management

The Contractor must provide oversight and management of the foster family to ensure child safety. The contractor will ensure that the child placement ratio of no more than two foster children referred to a TFC home is maintained. Contractor will ensure the foster family is able to meet the needs of the children placed in their home. The Contractor is responsible for:

1. Evaluation of the TFC foster family(s) and their on-going ability to meet the specific and individualized needs of the children placed in the TFC program and their home;
2. Formal provision of paid Intermittent Alternate Care for respite, both routine and upon request;
3. Pre-service and on-going TFC foster family training and skills development, including training specific to trauma-informed care; and
4. Access to 24-hour, in-home crisis intervention and placement stabilization services.

I. Tracking

The Contractor will develop and maintain a SSCC/SAINT FRANCIS approved tracking system to record and document SSCC/SAINT FRANCIS' referrals and discharges that include but is not limited to the following:

1. Date and time of referral;
2. Date of placement;
3. Number of paid days in the TFC program;
4. Progress made during treatment (CANS at discharge);
5. Reasons for discharge from the program; and
6. Next placement type.

II. PERFORMANCE MEASURES

Contractor will comply with Performance Measure requirements in Attachment A (Performance Measures) and as instructed by SSCC/SAINT FRANCIS.

III. REPORTING REQUIREMENTS

Contractor will submit referral and discharge tracking system records to designated SSCC/SAINT FRANCIS Provide Relations every March 15th and September 15th. When the 15th falls on a weekend or holiday, it is due the next business day thereafter. Contractor agrees to comply with SSCC/SAINT FRANCIS reporting requirements referenced in 24-Hour Residential Child Care Requirements Guide, unless otherwise noted as an exception in Attachment A (PROGRAMMATIC CONDITIONS FOR TREATMENT FOSTER FAMILY CARE).

IV. INVOICE AND PAYMENT

- A. The Contractor will be paid on a per diem daily rate of \$277.37 with a minimum foster family pass through rate of \$137.52 and CPA retainage rate of \$139.85 for up to six months. One three-month extension of this rate may be provided if determined by SSCC/SAINT FRANCIS to be necessary.
- B. After the 90 day extension the Level Daily Unit Rate will be consistent to the level as determined by the Service Level Monitor.

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed on the day and year first above written.

SSCC/SAINT FRANCIS

Agency

Provider Agency

Signature

Signature

Title

Title

Date

Date

ATTACHMENT A PERFORMANCE MEASURES

Performance Measures for Treatment Foster Family Care	
OUTPUT MEASURE # 1	
Outcome:	Children in care are provided required CANS assessments.
Performance Period:	Contractor performance for this outcome is determined for one or more of the following Performance Periods, wholly or partially, depending on the contract start and end dates: September 1 through November 30; December 1 through February 28/29; March 1 through May 31; and June 1 through August 31.
Indicator:	The percentage of children exiting the contractor’s care who have had all their required CANS assessments. 90%
Target:	To measure the Contractor's ability to coordinate and provide all the required CANS assessments to children in their care.
Purpose:	Information Management Protecting Adults and Children in Texas (IMPACT) & eCANS The denominator is the number of children who have exited the contractor’s care during the performance period. The numerator is the number of those children in the denominator who have all their required CANS assessments during their placement with the contractor. The numerator is divided by the denominator, multiplied by 100 and stated as a percentage.
Data Source:	

Methodology:	
Performance Measures for Treatment Foster Family Care	
OUTCOME MEASURE # 1	
Outcome:	Children are safe in care.
Performance Period:	Contractor performance for this outcome is determined for one or more of the following Performance Periods, wholly or partially, depending on the contract start and end dates: September 1 through November 30; December 1 through February 28/29; March 1 through May 31; and June 1 through August 31.
Indicator:	Percent of Children/Youth who do not experience a validated incidence of abuse, neglect or exploitation while in Treatment Foster Family Care. 100%
Target:	To evaluate the Contractor's success protecting Children/Youth in its care. Information Management Protecting Adults and Children in Texas (IMPACT)
Purpose:	The denominator is the total number of Children/Youth in SSCC/SAINT FRANCIS managing conservatorship placed with a Treatment Foster Family Care Provider during the Performance Period. The numerator is the number of Children/Youth reported in the denominator who were
Data Source:	Designated Victims as determined by a Residential Child-Care Licensing (RCCL) investigation with a disposition of RTB. Divide the numerator by the denominator. Subtract the result from one (1) to give the complimentary "Children/Youth not Designated Victims" measurement. Multiply by 100 and state as a percentage.
Methodology:	

Performance Measures for Treatment Foster Family Care	
OUTCOME MEASURE # 2a	
Outcome:	Children are successfully transitioned from Treatment Foster Family Care.
Performance Period:	Contractor performance for this outcome is reported bi-annually and determined annually for one or more of the following Performance Periods, wholly or partially, depending on the contract start and end dates: September 1 through February 28/29 and March 1 through August 31.
Indicator:	Percentage of children who have not entered a more restrictive placement during their initial transition from Treatment Foster Family Care. TBD

Target:	To evaluate Contractor's effectiveness of successfully in transitioning children in care into a less restrictive, positive placement.
Purpose:	Information Management Protecting Adults and Children in Texas (IMPACT)
Data Source:	The denominator is the total number of children that have transitioned out of Treatment Foster Family Care during the performance period. The numerator is the total number of children in the denominator that have had an initial transition into a less restrictive placement. Divide the numerator by the denominator and state as a percentage.
Methodology:	Less restrictive placement includes: <ul style="list-style-type: none"> • Placement with parent (reunification) • Adoptive placement • Foster family home • Kinship caregiver

Performance Measures for Treatment Foster Family Care	
OUTCOME MEASURE # 2b	
Outcome:	Children who have been successfully stabilized in Treatment Foster Family Care remain stabilized.
Performance Period:	Contractor performance for this outcome is reported bi-annually and determined annually for one or more of the following Performance Periods, wholly or partially, depending on the contract start and end dates: September 1 through February 28/29 and March 1 through August 31.
Indicator:	The percentage of children who have not entered a more restrictive environment for a period of 6 months after their initial transition from Treatment Foster Family Care. TBD
Target:	To evaluate Contractor's effectiveness in providing long-term stability to children who have successfully transitioned from Treatment Foster Family Care.
Purpose:	Information Management Protecting Adults and Children in Texas (IMPACT)
Data Source:	The denominator is the number of children who have successfully transitioned from the contractor's care into a less restrictive placement for a period of 6 months, anytime during the performance period. The numerator is the number of those children in the denominator

Methodology:	<p>who have remained in a less restrictive placement during that 6 month period. The numerator is divided by the denominator, multiplied by 100 and stated as a percentage.</p> <p>Less restrictive placement includes:</p> <ul style="list-style-type: none"> • Placement with parent (reunification) • Adoptive placement • Foster family home • Kinship caregiver
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Performance Measures for Treatment Foster Family Care	
OUTCOME MEASURE # 3	
Outcome:	Children in Care Show Improved Well-Being (as demonstrated through CANS assessment).
Performance Period:	Contractor performance for this outcome is determined for one or more of the following Performance Periods, wholly or partially, depending on the contract start and end dates: September 1 through November 30; December 1 through February 28/29; March 1 through May 31; and June 1 through August 31.
Indicator:	<p>The percentage of the contractor's overall improvement from pre to post CANS assessment for all children who have exited the contractor's care.</p> <p>TBD</p>
Target:	To evaluate Contractor's effectiveness in reducing the level of need of children in their care.
Purpose:	Information Management Protecting Adults and Children in Texas (IMPACT) & eCANS
Data Source:	The minuend is the sum of the CANS entry assessments of all the Children/Youth who have been discharged from the contractors care during the performance period. The subtrahend is the sum of the CANS exit or most recent assessment of all of the Children/Youth in the minuend. Subtract the subtrahend from the minuend and divide the resulting difference by the minuend. Take the result, multiply by 100 and express as a percentage. A negative percentage shows an overall increase in level of need.
Methodology:	