



Senate Health and Human Services Committee Hearing

Recommendations to Improve Services for High Needs Children in Texas Foster Care

April 20, 2016

SERVICE SETTINGS FOR HIGH NEEDS KIDS

CHILD PLACING AGENCY (CPA)

- Provide Services in Therapeutic Foster Homes at the Specialized or Intense Level.
- Treatment Setting/Treatment Director.
- Additional Specialized Trauma Informed Training.
- 24-hour Supervision, Support, Crisis Management.
- Additional License Required to Operate a Residential Facility.

RESIDENTIAL TREATMENT CENTER

- Provide Services in Facilities at the Specialized or Intense Level.
- Highly Trained Staff.
- Provide 24-hour Supervision.
- Higher Child /Staff Ratios.
- Treatment Director.
- Additional License Required to Operate as a Child Placing Agency.

CONTRACTOR AUTHORITY

RESPONSIBILITIES

- Recruit, train, supervise, and support foster families; residential staff.
- CPA recommends placements in homes they verify.
- Manage the case of the child while placed in their care.
- Monthly face-to-face visits, service plans, assessments.
- Can request transfer of a child out of their care.

LIMITATIONS

- Services, plans, treatment, and case management limited to the child while placed with the CPA or RTC.
- Not authorized to work with biological family.
- No authority to make placements or placement changes.
- No funding or responsibility to plan transition placements for the child as he/she improves or needs more services.
- Limited access to wrap around or targeted case management services.

RECOMMENDATIONS TO IMPROVE SERVICES TO HIGH NEEDS CHILDREN

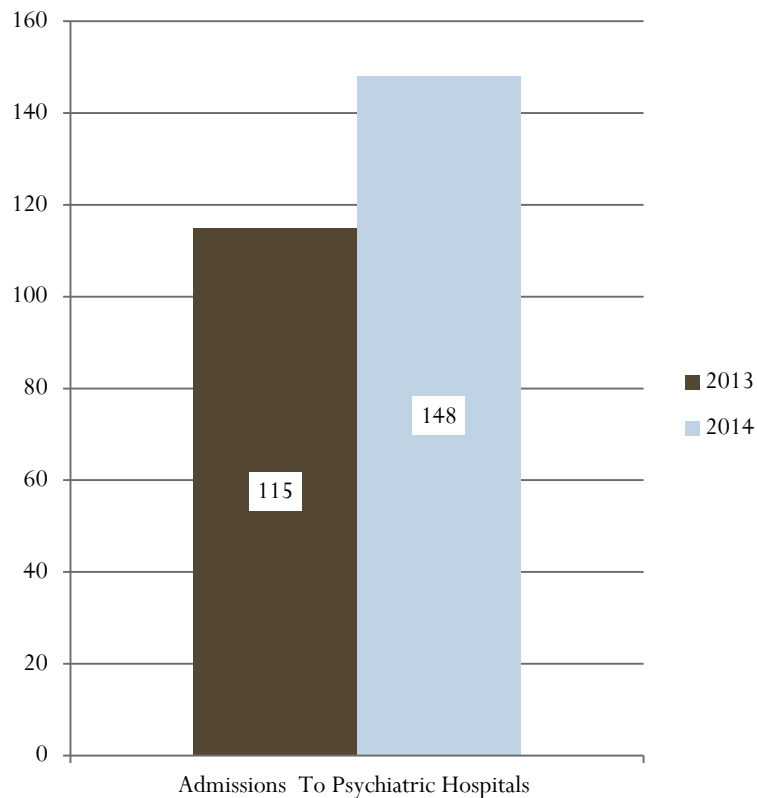
- Revise Funding/Rate Methodology.
- Improve Access to Rehabilitative Services / Targeted Case Management.
- Pilot Case Management/Care Coordination Model for Targeted Population.
- Support Performance Contracts.
- Address Data Accuracy Critical to Monitoring Performance.
- Understand Business of Capacity Building.
- Support Foster Care Redesign.

FOSTER CARE RATE METHODOLOGY

- Rate Methodology Adopted 15 years ago.
- No revision of Cost Categories or Time Studies.
- No Modeling of Best Practice Training or Services.
- No Incentives Payments for Quality, Caseloads or Staff Ratios.
- No Funding to Work with Biological Families.
- No Funding to Transition Children from Residential Settings.
- Dramatic Drop in Funding From Intense to Specialized Services.

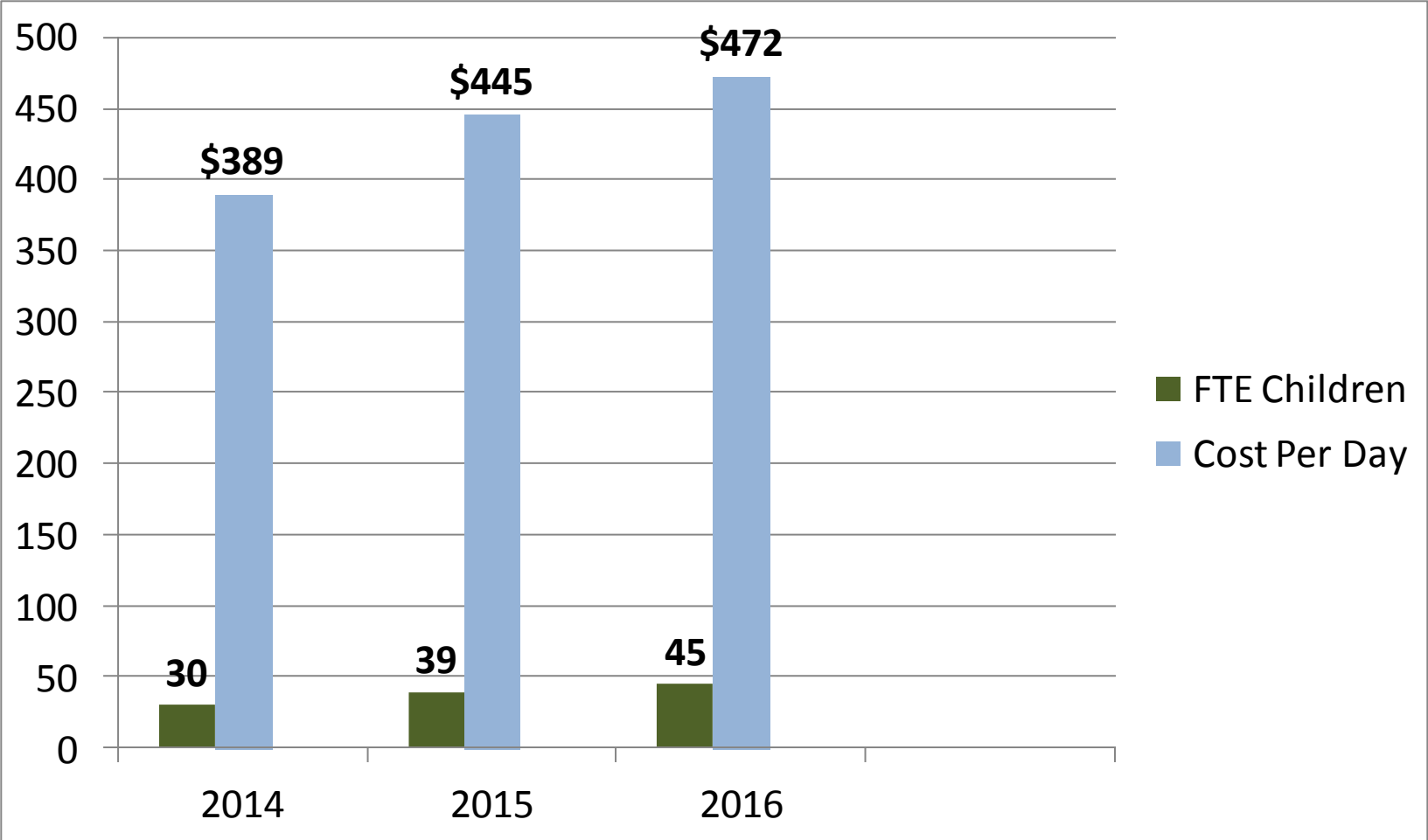
REPERCUSSIONS OF OUTDATED METHODOLOGY

Increased Admissions to Psych Hospitals



- Creation of Costly Specialized Payments:
 - Child Specific Contracts: \$472/day
 - Psychiatric Transition: \$374/day
 - Sub Acute Care: \$655/day
- Decrease in Placement Capacity for High Acuity
 - Few options at hospital discharge
- Multiple Placement Moves
 - 2.7 average moves
 - 5.7 average emotional high needs

GROWTH IN CHILD SPECIFIC CONTRACTS



FUNDING SOLUTIONS

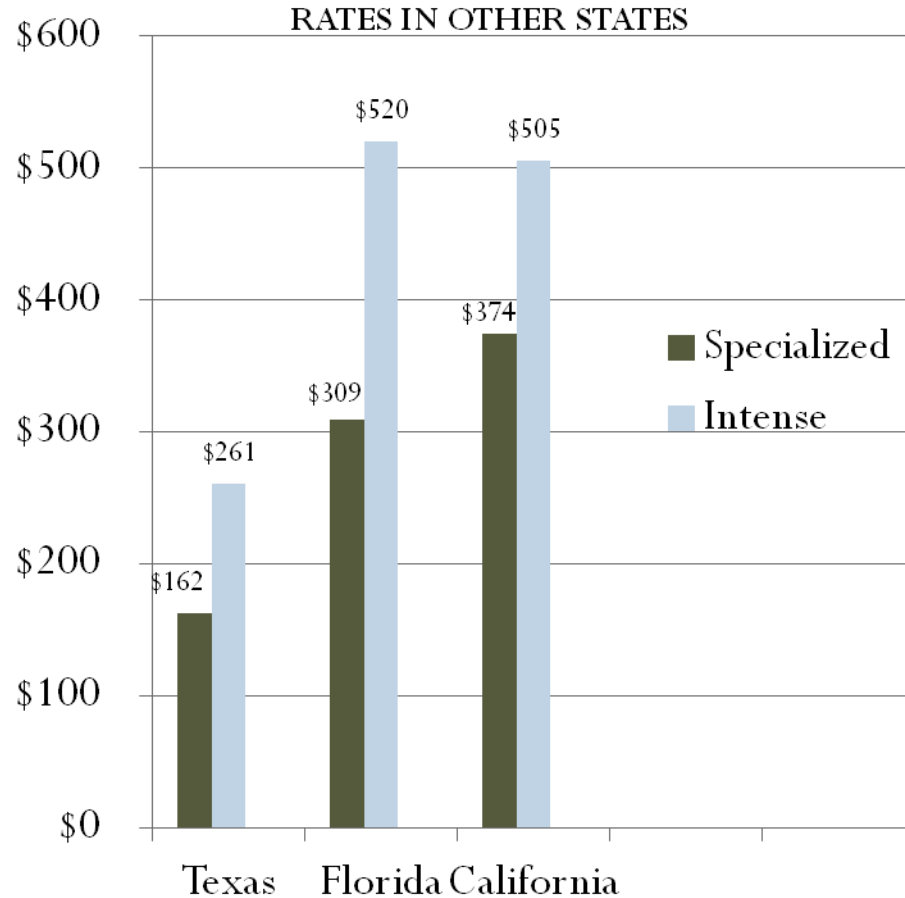
Model Cost of Care to Establish Base Funding for High End Residential.

Maintain Funding Levels for Intense and Specialized Services. (*Utilization Review at Six Months, not 90 days, for Specialized and Intense*)

Provide Complete History / Assessment before Admission.

Judge Performance Through Outcomes.

Access Medicaid TMC Rehabilitative Services to Supplement Rate.



Nineteen additional States surveyed do not lower the rate from Intense to Specialized. (\$388 daily average rate)

NEEDED TARGETED CASE MANAGEMENT REHABILITATIVE SERVICES

- STAR Health contracted to provide mental health rehabilitative and targeted case management (TMC) services.
- Services have been under-utilized in foster care system.
- Recent legislation enables CPAs to become credentialed providers .
 - Obstacles in expense and length of credentialing process.
 - Substantial financial investment required by CPA to front costs.
- Services critical to high acuity children include:
 - Skills training and development.
 - Day program for acute needs.
 - Crisis intervention.
 - Psychosocial rehabilitation services.
 - Medication training and support.

SUPPORT CARE COORDINATION PILOTS

- Build accountable case management process for high acuity children.
 - Currently CPS and CPAs engage in separate case planning which can negatively impact results and outcomes.
- Pilots would consolidate care coordination with a CPA contracted to deliver well-being and permanency outcomes.
 - Improves transition between settings.
 - Improves accountability and service access and coordination.
- Clear definition of population critical. Initial focus on select group of emotional high acuity children.
- Pilots would be assumed by SSCCs when Foster Care Redesign expands to more regions. Option for one pilot in Redesign.
- Several states operate programs to coordinate care for high acuity children.

ENHANCED ACCOUNTABILITY

Source : The Stephen Group Report

CURRENT CASE MANAGEMENT STRUCTURE			ENHANCED ACCOUTABILITY STRUCUTRE	
Child Protective Services	Child Placing Agency		Child Protective Services	Child Placing Agency
Court/Legal responsibilities			Court/Legal responsibilities	
Ensuring needs of children are met while in care			Ensuring needs of children are met while in care	
Placement				Placement
Monthly face-to-face child visits	Monthly face-to-face child visits		Monthly face-to-face child visits	Monthly face-to-face child visits
Service Planning (child and family)	Service Planning (child)		Joint service planning (child and family)	Lead on service planning but joint service planning (child and family)
	Coordination of CPA Provided services		Monitoring that service coordination is occurring	Total coordination of CPA-provided services, medical services, behavioral health services
	Provision of Targeted Case Management for complex behavioral health cases			Responsible for ensuring provision of Targeted Case Management for complex behavioral health cases-may provide or contract with LMHAs/other CPAs

PERFORMANCE CONTRACTING

Performance-based contracting can improve quality if:

- Outcomes align with contractor authority.
- Data accurately captures contractor activity.
- Outcomes are defined and data is captured consistently by CPS and contractor.

Performance-based contracting pilot underway (64 contractors):

- Outcomes consistent where possible with Foster Care Redesign.
 - SSCC has placement and service management responsibilities that strengthen outcomes.
- Data inconsistencies must be resolved during the pilot.
- Goal for statewide implementation and contractor scorecard in 2017.

ACCURATE PUBLIC/PRIVATE DATA

- CPS data accuracy issues.
- Reconciliation across systems (IMPACT and the private agency data) takes time.
- Conflicted Data undermines accuracy of performance measures.
- Flawed performance measures undermines drive toward quality care.
- Federal SACWIS did not support interoperability of systems without duplication of human intervention.
- Federal rules changed to support interoperability in October, 2015.
- State system changes needed to implement rule change are critical to performance contracts.

BUSINESS OF CAPACITY BUILDING

FOSTER HOME DEVELOPMENT

- Licensing and contract standards influence capacity building.
 - Proximity of homes affects staffing and branch office requirements.
 - Supervision, crisis management and visitation requirements affect proximity of home development.
- CPA retainage rate critical to development of quality homes and to keep children safe.
- Regional cost differences not recognized in rates.

RESIDENTIAL FACILITIES

- Start up funding.
- Zoning requirements.
- DFPS decisions / needs change.
- Funds drop intense to specialized.
- Federal Legislation impact on residential facility costs:
 - Courts role increases.
 - Numerous case reviews.
 - Accreditation and more staffing requirements.

SUPPORT FOSTER CARE REDESIGN

Texas Alliance of
Child and Family
Services

An association
representing non-
profit organizations
serving children and
families throughout
Texas.

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- Foster Care Redesign addresses capacity and placement issues identified in the report.
- Redesign works with the community and mobilizes resources to meet the needs of high acuity children.
- Redesign needs greater access to Medicaid TMC and Rehabilitative Services.
- The SSCC does not have the care coordination authority for the proposed pilot.
- Recommend incorporating this authority with the SSCC, as well as implementing pilots in non-catchment areas.