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

April 20, 2016
## SERVICE SETTINGS FOR HIGH NEEDS KIDS

<table>
<thead>
<tr>
<th>CHILD PLACING AGENCY (CPA)</th>
<th>RESIDENTIAL TREATMENT CENTER</th>
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</thead>
<tbody>
<tr>
<td>- Provide Services in Therapeutic Foster Homes at the Specialized or Intense Level.</td>
<td>- Provide Services in Facilities at the Specialized or Intense Level.</td>
</tr>
<tr>
<td>- Treatment Setting/Treatment Director.</td>
<td>- Highly Trained Staff.</td>
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<tr>
<td>- Additional Specialized Trauma Informed Training.</td>
<td>- Provide 24-hour Supervision.</td>
</tr>
<tr>
<td>- 24-hour Supervision, Support, Crisis Management.</td>
<td>- Higher Child /Staff Ratios.</td>
</tr>
<tr>
<td>- Additional License Required to Operate a Residential Facility.</td>
<td>- Treatment Director.</td>
</tr>
<tr>
<td></td>
<td>- Additional License Required to Operate as a Child Placing Agency.</td>
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</tbody>
</table>
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

- 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

**Increased Admissions to Psych Hospitals**

- 2013: 115
- 2014: 148
GROWTH IN CHILD SPECIFIC CONTRACTS

<table>
<thead>
<tr>
<th>Year</th>
<th>FTE Children</th>
<th>Cost Per Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>30</td>
<td>$389</td>
</tr>
<tr>
<td>2015</td>
<td>39</td>
<td>$445</td>
</tr>
<tr>
<td>2016</td>
<td>45</td>
<td>$472</td>
</tr>
</tbody>
</table>
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 TCM/Rehabilitative Services to Supplement Rate.

* Nineteen additional States surveyed do not lower the rate from Intense to Specialized. ($388 daily average rate)
STAR Health contracted to provide mental health rehabilitative and targeted case management (TCM) 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.
<table>
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<tr>
<th>CURRENT CASE MANAGEMENT STRUCTURE</th>
<th>ENHANCED ACCOUNTABILITY STRUCTURE</th>
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</thead>
<tbody>
<tr>
<td><strong>Child Protective Services</strong></td>
<td><strong>Child Placing Agency</strong></td>
</tr>
<tr>
<td>Court/Legal responsibilities</td>
<td>Court/Legal responsibilities</td>
</tr>
<tr>
<td>Ensuring needs of children are met while in care</td>
<td>Ensuring needs of children are met while in care</td>
</tr>
<tr>
<td>Placement</td>
<td>Placement</td>
</tr>
<tr>
<td>Monthly face-to-face child visits</td>
<td>Monthly face-to-face child visits</td>
</tr>
<tr>
<td>Service Planning (child and family)</td>
<td>Service Planning (child)</td>
</tr>
<tr>
<td>Coordination of CPA Provided services</td>
<td>Monitoring that service coordination is occurring</td>
</tr>
<tr>
<td>Provision of Targeted Case Management for complex behavioral health cases</td>
<td>Responsible for ensuring provision of Targeted Case Management for complex behavioral health cases—may provide or contract with LMHAs/other CPAs</td>
</tr>
</tbody>
</table>
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 contacting 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.

Contact: Nancy Holman Executive Director nholman@tacfs.org 512-773-8923

- 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 TCM 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.