



# Senate Committee on Health and Human Services

Judge John Specia, DFPS Commissioner

*April 20, 2016*

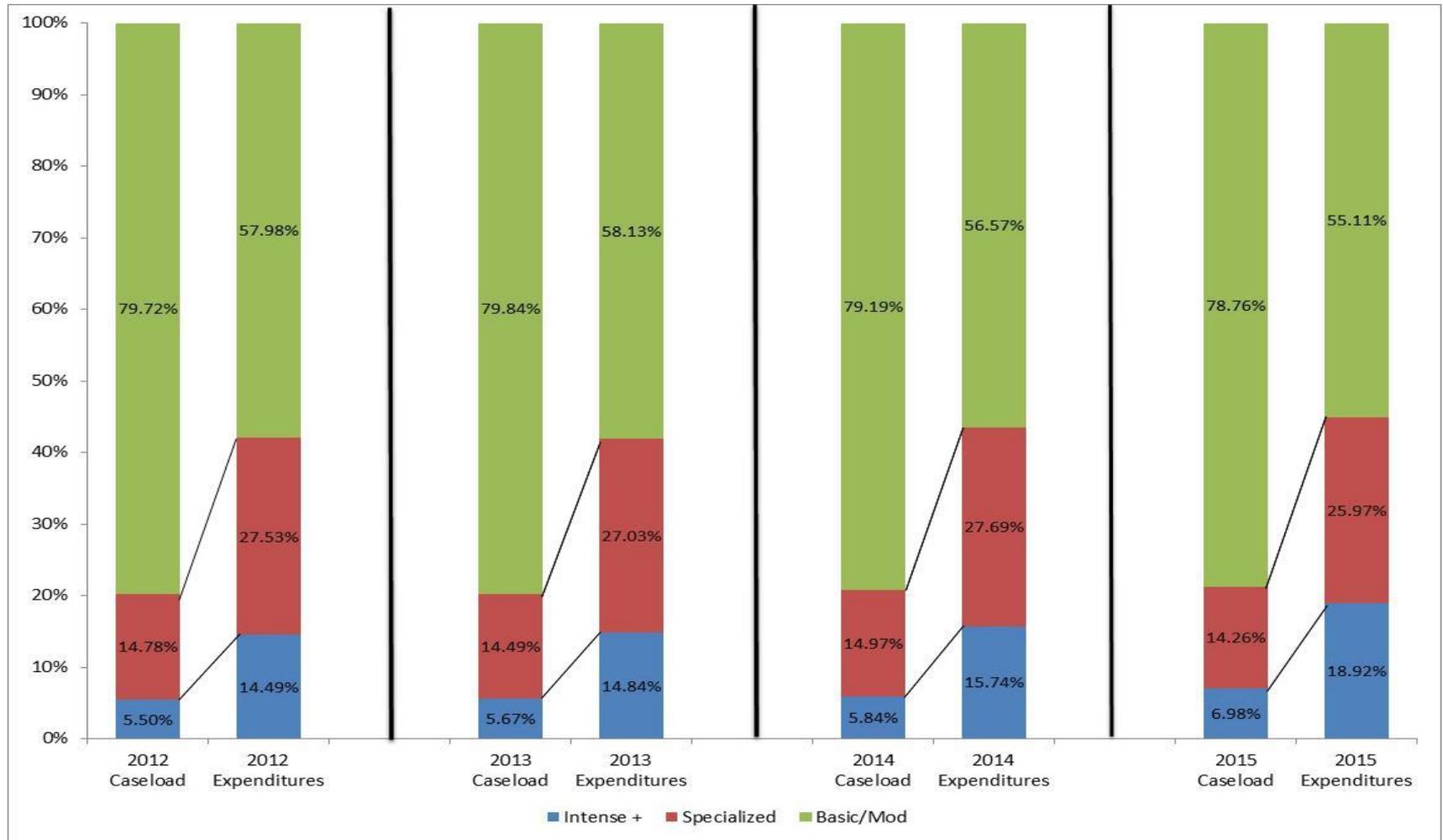
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*The mission of the Department of Family and Protective Services is to protect children, the elderly, and people with disabilities from abuse, neglect, and exploitation by involving clients, families, and communities.*

Study the increase in higher acuity children with trauma and mental illness in the state foster care system, and recommend ways to ensure children have timely access to appropriate treatment and placement options.

- The foster care population has shifted. A higher percentage of children in care are requiring a higher level of services. The needs of children in foster care may include:
  - Emotional Disturbances
  - Primary Medical Needs
  - Intellectual or Developmental Disabilities
  - Other special needs such as autism, bipolar disorder, diabetes and serious behavioral issues

# Children with High Acuity Needs



- This change in the foster care population is due to:
  - **An increase in the use of kinship care.** Children with lower level needs are more likely to be placed with relatives and fictive kin caregivers.
  - **An inconsistent understanding by caregivers and caseworkers** for how and when to access appropriate and available services for serving children in foster care with high needs. A clear and consistent understanding would allow the system to provide the appropriate services earlier, avoiding escalation.

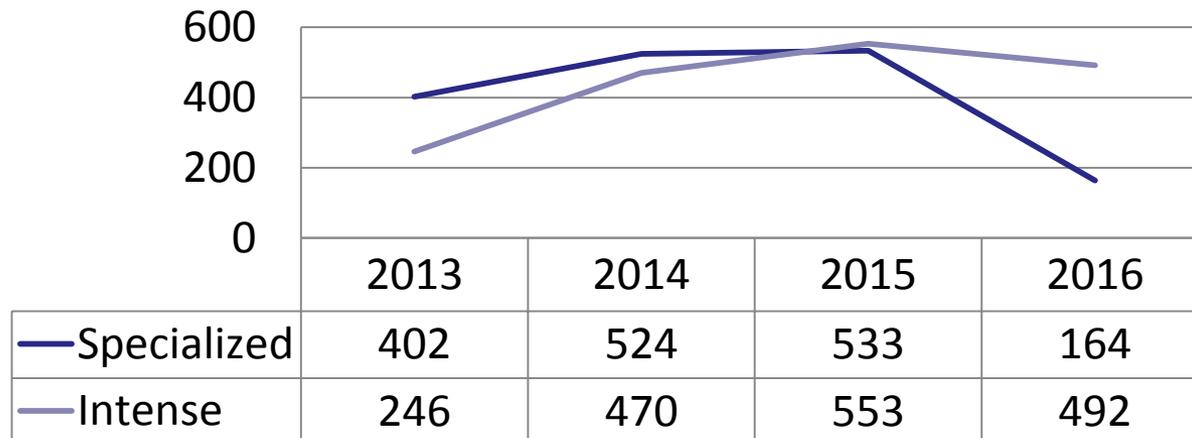
- Foster care capacity is not keeping up with the demand and the shifting needs of the children and youth in foster care.
- Children and youth with high needs, or at risk of escalating needs, are not being identified as early as possible so that appropriate interventions can be provided.
- Providers and CPS are not always coordinating case management and accessing services to help address the behavioral and acute needs of the child. Inadequate coordination on serving children with high needs results in some children's needs not being met by the system.

The agency is experiencing a budget shortfall in Foster Care, in part due to the increase in the percentage of high needs children in foster care.

- **Reliance on Child-Specific Contracts with Psychiatric Hospitals**
  - DFPS began paying for psychiatric hospital stays past medical necessity in March 2015.
  - Used when we cannot find a placement within the already-existing levels of care.
  - The number of children who stayed past medical necessity nearly tripled from February 2015 to February 2016.
  - Child-specific contracts increased from 59 in FY2013 to 136 in FY2015
  - DFPS has had 118 child-specific contracts as of February 16, 2016

- CPS may authorize payment for a level of service higher than what the child is assessed
  - DFPS saw an increase in service level waivers beginning January 2014 through January 2015.
  - CPS created additional controls and improved processes to ensure that requests for Service Level waivers are used appropriately.

Number of Service Level Waivers by Calendar Year



- Capacity-Building
  - El Paso
    - Goal: Keep children who need Residential Treatment Center (RTC) care in the region.
    - Working towards a contract with an RTC in New Mexico, less than an hour away.
  - Abilene
    - Goal: Increase the number of referrals of children for whom services may help stabilize their placement.
    - The Region has developed a “profile” of children in the service area who should be accessing services and using that to ensure children who are in need of behavioral health services are accessing them.
  - Travis County
    - Goal: Recruit foster parents specific to the needs of children in foster care in Travis County
    - The Michael and Susan Dell Foundation is supporting an effort to develop a marketing and foster parent recruitment campaign.
  - Out-of-State Outreach
    - Oklahoma providers have expressed interest in doing business in Texas
    - Will focus on Arkansas providers in April
  - Statewide Outreach
    - The agency is working closely with the faith-based community to help build capacity.

- **Starfish**
  - Children with complex behavioral and medical needs are staffed individually on a weekly basis with leadership from the provider community and HHS agencies.
  - Placements are secured and system issues are being addressed.
- **Sub-Acute Inpatient Treatment Program**
  - The 84<sup>th</sup> Legislature created this new program to provide 24-hour specialized care in an inpatient hospital setting.
  - Goal for first children to access this new treatment program this Summer.
- **Rate Increases**
  - The 84<sup>th</sup> Legislature increased rates for Residential Treatment Centers and Emergency Shelters.
  - Increased the percentage that child placing agencies retained from their rate.

- **Provider and Agency Accountability: Progressive Contract Remedies**
    - Adding more “tools” that range from technical assistance and financial remedies to suspension of placements.
    - Supports provider growth, development, and accountability.
  - **Strategic Provider Outreach and Community Awareness**
    - DFPS is working on an assessment that compares what the system needs to what resources are available.
    - Assessments will be done geographically.
    - Projected foster care need will be communicated to communities.
  - **Diversion Beds**
    - Funded by the 84<sup>th</sup> Legislature, these 30 beds are for children between the ages of 5 and 17 who are at risk of parental relinquishment of rights due to severe emotional disturbance.
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- HHSC Research Project
  - The purpose of this study is to inform the system on the needs and characteristics of this population in order to act on key intervention points.
  - Current Study Group
    - Fiscal Years 2013, 2014, and September-May 2015
    - All children who have stayed beyond time medical necessity, and all children with a child-specific contract
  - Future Study Group
    - Focus on additional target groups
    - Review data of current study group prior to hospitalization/post-hospitalization
    - Compare to STAR Health clients who are in paid Foster Care (not full population)
    - Review total number of placements and comparing characteristics as placements progress

- **Child and Adolescent Needs and Strengths (CANS) Assessment**
  - Authorized by the 84<sup>th</sup> Legislature, this comprehensive assessment will help support decision making for children by identifying their strengths and needed services.
  - Will be implemented statewide Fall 2016 for children entering the system and will support permanency planning for children.
- **Common Application or “Placement Packet”**
  - The common application contains important information about the child and is used for providers to review when considering whether to accept the child into their care.
  - The application is being updated to ensure information being shared with providers truly reflects the current behaviors, needs and strengths of the child.

- Implemented in April 2008, STAR Health is a Medicaid managed care model designed to improve services and better coordinate care for:
    - Children in DFPS conservatorship
    - Youth age 18-22 who sign extended foster care agreements
  - Former Foster Care Children (FFCC) receive Medicaid through age 25 and are served in STAR Health until their 21st birthday
  - Young adults ages 18 through 20 not meeting FFCC eligibility criteria may still qualify under Medicaid for Transitioning Foster Care Youth (MTFCY)
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- In addition to all Medicaid-covered services, STAR Health provides:
    - Immediate eligibility and access to a statewide provider network
    - Increased focus on behavioral health services
    - Service management and coordination teams
    - Access to an electronic health passport through STAR Health’s electronic health information system
    - A range of value-added and case-by-case added services that support foster placements.
  - Enhancements in the new contract include value-added services and case-by-case added services.
  - STAR Health features critical to children with trauma and behavioral health issues include:
    - Psychotropic Medication Utilization Review
    - Psychiatric Hospital Diversion Services
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- Service Coordination Pilot
  - Align resources, incentives and objectives between STAR Health and a child placing agency.
  - Goal is to improve health care outcomes and support placement stability.
- YES Waiver
  - This service provides comprehensive home- and community-based mental health services to children and youth between the ages of 3 and 18 with a serious emotional disturbance.
  - Will be available to children in foster care beginning this Summer.
- Determinations of Intellectual Disability (DID)
  - Working towards reducing the wait time for DIDs so children in care can access long-term services and supports.

- **Improve Caregiver and Caseworker Training and Outreach**
  - Provide training and information to providers, medical consenters, and caseworkers about STAR Health benefits and how to access services for children with high needs.
- **System Accountability: Reasonable Efforts to Prevent Placement Breakdown**
  - Adding a requirement that providers document efforts undertaken and services accessed in an attempt to prevent a disruption in placement.
  - Will also inform the system regarding what services work, what services may not prevent disruptions, and any possible gaps in service availability.

- Performance-Based Contract Monitoring
  - This pilot aims to enhance the safety, permanency, normalcy and well-being of children served in residential foster care through an outcomes-based contracting method.
  - A predictive analytics tool is used to detect, mitigate and address risks efficiently and timely.
  - Outcomes will be transparent and public.
- Foster Care Redesign
  - State contracts with the Single Source Continuum Contractor for a full continuum of care.
  - Innovative solutions to providing services and care for children with high acuity needs.

- Overall Capacity
    - The needs assessment being conducted will inform us of any system gaps and allow us to bring to you measures we think are necessary to filling those gaps.
    - We will work with DSHS to measure the outcomes of the “diversion beds” and determine whether it warrants further investment.
  - Early Identification
    - The research project will help us define this population and allow us to better identify how to serve their needs in a trauma-informed way.
  - Accessing Available Services
    - Monitor outcomes of the Service Coordination Pilot, which is in its very early stages, and determine whether that model can be replicated or expanded.
    - Continue the Starfish process and consider implementing locally.
  - Focus on Quality of Foster Care
    - Continue moving forward with Foster Care Redesign and the performance-based contracting demonstration.
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- Serving children in foster care with high needs is a collaborative effort. DFPS appreciates the ongoing partnership on this complex issue with:
    - The Texas Legislature
    - Foster Parents
    - Foster Care Providers
    - Clinicians and Service Providers
    - Hospitals
    - CASA
    - Child Advocacy Centers
    - Local Mental Health Authorities
    - Superior HealthPlan
    - TJJD and Other State Agencies
    - Judicial Community
    - Child Protection Advocates and Stakeholders
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