DFPS Rider 25 Report for Foster Care Redesign
August 2017

As required in Sections 25 (a) and (b) of Rider 25 (page II-41) in Article II of The General Appropriations Act, 84th Legislature, the Texas Department of Family and Protective Services (DFPS) shall, on August 1 and February 1 of each year of the biennium, "Report selected performance measures identified by the Legislative Budget Board (LBB) that will allow for comparative analysis between the legacy foster care and redesigned foster care systems". Additionally DFPS shall, "Provide a report of the most recent data for the selected comparative performance measures, an analysis of the data that identifies trends and impact occurring in the redesigned foster care system, identification and analysis of factors negatively impacting any outcomes, recommendations to address problems identified from the data, and any other information necessary to determine the status of the redesigned foster care system." To meet these requirements DFPS is using a report format specified by the LBB which is now attached as a spreadsheet. This narrative discusses trends, impact, analyses of the factors that affect the outcomes, and recommendations to address problems that have been identified, if any.

Background

The goal of Foster Care Redesign (FCR) is to improve outcomes for children and families by creating sustainable placement resources that will meet the service needs of children and youth in foster care in their home communities, using the least restrictive placement settings.

The redesign changes the way DFPS procures, contracts, and pays for foster care services. Under FCR, a single contractor provides a full continuum of services to children and families within a designated geographic area. In Stage I, this Single Source Continuum Contractor (SSCC) is responsible for finding foster homes or other living arrangements for children in state care and providing them services to meet identified needs. In Stage II, the SSCC expands services to include planning, coordination, and delivery of services to the families of children and youth in paid foster care. Senate Bill 11, 85th Legislature, requires DFPS to purchase case management services from the SSCC and changes the model to be known as Community Based Care. The SSCC continues to be competitively procured and the contract performance-based with financial incentives and disincentives for permanency outcomes, and additional performance measures for child safety and well-being. While DFPS will be moving forward to develop the model for Community Based Care, this report continues to present outcomes under Foster Care Redesign.

DFPS executed an SSCC contract with ACH Child and Family Services (ACH) on January 1, 2014 for DFPS Region 3b. This SSCC catchment area includes Tarrant, Erath, Hood, Johnson, Palo Pinto, Parker, and Somervell counties in DFPS Region 3. The Region 3b SSCC under ACH Our Community Our Kids (OCOK) accepted its first referral for new and subsequent placements on September 1, 2014. On April 1, 2015,

DFPS and the SSCC completed the transition of the legacy children in Region 3b. As of June 2, 2017 (close of the 3rd quarter) OCOK had 1,361 children in the SSCC continuum which represents 98 percent of the children/youth in paid foster care from 3b, and approximately 8 percent of the overall children and young adults in paid foster care in Texas.[i]

Information obtained through the on-going evaluation of FCR continues to inform further improvements to procurements and will inform implementation processes in new catchment areas for Community Based Care. The 85th legislature has supported implementation of Community Based Care in four additional catchment areas in fiscal years 2018- 2019. DFPS intends to procure Community Based Care in Region 2 and one other region to be announced in fiscal year 2018 and in two additional catchments in fiscal year 2019.

DFPS will consider the following criteria in determining selection of catchment areas:
- Minimum of 500 new entries of children per year
- Proximity to existing catchment area
- Local community support
- Regional readiness and stability
- Placements in and out of catchment area
- Challenges with capacity
- Affordability

Additional factors may be added as DFPS develops the model for Community Based Care.

Using the Rider 25 Report to Evaluate Systems Change

The redesign model is evaluated by comparing performance outcomes for the state as a whole, performance data for non-redesign (legacy) catchments, and performance for individual SSCCs over time. To this end, the February 2017 Rider report included the addition of a non-redesign (legacy) population in addition to the statewide population. The populations reported here are defined as follows:
- The statewide population is the performance of the entire state with regard to SSCC and "SSCC-eligible" legacy placements. "SSCC eligible" placements are paid foster care placements that would be within the scope of an SSCC contract to provide. This data supports assessing statewide trends that may influence both redesign and non-redesign systems.
- The statewide "non-redesign" population aggregates data for children in "SSCC-eligible" placements in catchments that have not implemented FCR. This allows analysis of improvement over historical baselines for children in the legacy regions compared to children served under the redesign.
- The Region 3b legacy population shows the historical performance for the 3b catchment counties: Tarrant, Erath, Somervell, Hood, Palo Pinto, Johnson and Parker. In fiscal year 2015 the number of children in the 3b legacy population decreases as children transition to the 3b SSCC population. By fiscal year 2017, the 3b legacy population reflects only the remaining children in the legacy system in the catchment who will eventually exit care. As of June 2, 2017, there were 33 children from 3b who remained in the legacy system. The small number of children in the numerator and

denominator impacts the resulting percentage as seen in Appendix B and cannot be compared to baseline numbers for all children historically served in these counties.

- The performance of each SSCC is reported individually. The 3b SSCC population is both children who have transferred to the redesigned system and children newly entering care under redesign.

As FCR, now Community Based Care, progresses through a staged statewide implementation, the data can be used to answer the following questions:

Evaluation Question	Data Comparison
1. Are there statewide trends affecting SSCC performance?	Compare state performance trends to SSCC catchment trends and to trends for legacy (non-Redesign) catchments. Similarities may point to statewide factors influencing performance in Redesign catchments.
2. Is the redesigned system doing better than the legacy system?	Compare SSCC performance (currently only one SSCC in 3b) to the performance of the legacy non-redesign population. If the SSCC catchment areas are improving over their historic trends more than the legacy catchment areas are improving over theirs, the changes made to the foster care system under the DFPS redesign model are effective.
3. Is a particular SSCC improving performance over time?	Compare individual SSCC performance across fiscal years. The significant changes implemented in redesign may take time before demonstrating improvement as the SSCC works to build new services in the area.
4. Are some SSCCs performing better than others?	Compare SSCC performance one to another. If improvements to outcomes compared to historical performance are greater for a specific SSCC, the specific strategies implemented by the SSCC may be more effective.

Outcome measurement requires time. Chapin Hall data and performance experts define "sufficient" time as a minimum of two years of full implementation with additional time required to collect data on those children and families' experience and outcomes from entry to exit. Full implementation will now mean implementation of Community Based Care with the SSCC serving the families of children in their care, providing case management services, and kinship services. Major systemic changes may not be observable until more catchment areas become a part of the redesigned system and fully implement Community Based Care.

At almost three years into FCR implementation in Region 3b, DFPS has learned the following about the time required to assess outcomes:

- The first year of implementation is a transition year that reflects outcomes for more children with foster care experience in the legacy system and children served for varying lengths of time under the SSCC.
- The redesign produces a significant shift in placement practices that makes some outcomes difficult to compare to historical performance. Historical outcomes attributed to children from a region or catchment area do not necessarily reflect the performance of providers *operating in the catchment*,

given DFPS' ability to place children with providers in other areas of the state, if their needs cannot be met by local capacity. As the SSCC shifts to placing more children in a catchment area, they begin by accessing existing capacity with the responsibility to grow that capacity to better meet needs. The result is a need for more time to produce outcomes or adjustment of the performance target to better matched inherited capacity.

- Due to their interconnectedness, it may be unrealistic to expect all outcomes to trend in a positive direction initially. Providers should have a vision for how their interventions will affect the outcomes and in which order. Priority must also be given to what is in the best interest of the child. For example, stepping children down from more restrictive to less restrictive settings negatively impacts placement moves.
- Child welfare in Texas is not a "system at rest". Understanding shifts in policy, practice, and population must be considered when assessing performance over baseline.

DFPS continues to refine performance measure methodologies to support the best measurement of outcomes and calculation of baseline targets. Future interoperability of systems will help improve data collection and reporting.

Evaluation of Foster Care Redesign

Evaluation of FCR is on-going to support Continuous Quality Improvement (CQI) and includes both process and outcome components. DFPS and the Public Provider Partnership (PPP) that has served as the guiding body for FCR, and will continue to support Community Based Care, define the key elements to be evaluated. Process and evaluation findings help determine whether these elements are being implemented with fidelity to the model and are yielding the desired outcomes. DFPS uses findings to assist in assessing performance, trends, changes, and any problems and issues in the redesign catchment areas.

The process evaluation plan (outlined in the FCR Implementation Plan) includes an assessment of the development, implementation, and delivery of catchment area services including the SSCC infrastructure. Outcome evaluation includes measuring both contract performance and system change. In addition to the performance measures in this Rider report, DFPS continues to work with Chapin Hall of the University of Chicago to provide an independent data analysis of each SSCC's performance on paid care days which will become the basis for incentive payments once the SSCC gains control over permanency outcomes.

Process Component
The initial process evaluation was conducted in the fall of 2014. Areas of focus that emerged for continuous quality improvements included payment, data, and information technology.

Area of Focus	Current Challenges	Identified Solutions
Payment	• Addressing case mix changes, currently the increase in the proportion of children and youth needing high end services beyond anticipated growth • Appendix D-F shows the anticipated increase in expenditures in AY17 compared to AY16 with the advent into Community Based Care.	Short Term: • Temporary measure to address case mix changes Long Term: • Establish a defined process to adjust the blended and exceptional care rates • Establish a risk sharing strategy. • Explore opportunities to study and review current rate setting methodologies.
Data	• Disentangling SSCC performance from the performance of the legacy system during the time of transition • Disentangling SSCC performance from changes in case mix. • Lag in Data Entry • Accuracy of data entry • Reconciling counts and data definitions across multiple systems • Refining methods for baseline calculation	• Recalibration of some performance measures to more accurately capture desired outcomes. • Adjusting baseline targets • Data reconciliation processes. • Establish a mechanism for data governance to support common data definitions and terms • Address lag in entry through improved tracking, training and IT system changes
Information Technology Compatibility	• Federal SACWIS rules did not support interoperability of systems without human intervention • IMPACT entry requires SSCC manual data entry of information, which results in duplication of effort and time lag • Technology and process changes needed to authorize and make timely payments to the SSCC for purchased services provided for families in Stage 2. Involves some changes to service codes to enable more flexibility under a performance-based contract.	• Federal rule changes to support interoperability through CCWIS • Establish stakeholder workgroup to explore best manner to proceed with building interoperable systems • Internal work with Budget and IT completed in February 2017 to develop and test automated billing solution. New automation to go live in IMPACT once SSCC begins coordinating and providing services to family members. SSCC to produce reports on service utilization.

Outcome Component

OCOK began offering SSCC services in the 3b catchment area in September 2014. Some of the key responsibilities of the SSCC include:

• Taking physical custody of children within four hours of referral

- Placing children within Region 3b to the greatest extent possible
- No eject/no reject of all referrals received

The primary goal of FCR in Stage I is to build residential child care capacity to meet local needs. Although sufficient outcome data is not expected until an SSCC has been fully operable for at least two years, changes to service provision may be seen earlier.

As described in the FCR logic model, results that would indicate that FCR is working in Stage I include:

- Increased foster care capacity in catchment area
- Appropriate services provided in locations needed
- Creative/innovative service provision and/or expansion in type and number of available services
- Improvement in quality of care
- No children supervised temporarily by CPS in offices due to lack of placement.

OCOK has implemented the following system improvements:

System Improvement	Description
Increased placement capacity	- OCOK continues to develop targeted capacity to fill gaps in local capacity. Over the past year, overall foster home capacity within Region 3b grew by 20%. In rural areas, where OCOK has focused its recruitment efforts, capacity growth has been more dramatic: 43% growth in Erath County, 55% growth in Hood County, and 150% growth in Palo Pinto County over one year. - OCOK has made a concerted effort to develop therapeutic foster care so high-needs children can be cared for in a family setting rather than an institution. Over the past year, the number of therapeutic foster homes in Region 3b has increased by 30% (from 161 to 210).ii - No children are supervised by CPS staff overnight
Implemented the Every Child A Priority (ECAP) placement matching system	OCOK uses specialized software to quickly identify and rank placement options for children, matching children and sibling groups with the closest, best possible foster home based on the child's specific needs. This technology leads to faster and better first placements and allows OCOK to manage an inventory of homes across numerous CPA providers.
Performance Reporting	OCOK is rolling out detailed performance reports to its providers, showing providers how they are performing on key metrics relative to the broader network. Metrics include placement stability, therapeutic capacity, safety, child well-being, and others. When rollout is complete, OCOK will meet individually with each provider to review their performance.
Implemented network information exchange	The Provider Information Exchange (PIX), developed by Five Points, Inc. combines different data sources in one seamless process that uniquely identify resources and children in care, integrated with state systems.
Interoperability	OCOK and DFPS have made significant strides in achieving interoperable data systems, allowing data from IMPACT and SSCC systems to transfer

System Improvement	Description
	without requiring duplicate data entry. New technical processes have been established allowing the SSCC the capability to upload data to support operations for Stage II (now Community Based Care) of the SSCC contract (i.e., paid family service data). This is a meaningful milestone because it represents the first time a SACWIS state has supported the ability for a private entity to upload data.
Implemented the Quality Parenting Initiative	• The Quality Parenting Initiative (QPI) is one of the OCOK approaches to strengthening the quality of care provided to children and youth living in foster care. The goal of QPI is to develop a systematic approach to recruiting and retraining high-quality caregivers in our community. This initiative has proven to be effective in improving the quality of care for children in foster care by redefining the expectations and roles of caregivers and child welfare system in excellent parenting.
Implemented the Child and Adolescent Needs Survey (CANS)	• OCOK uses the CANS assessment to gather standardized clinical information on children to inform service plans, support placement decisions, and is beginning to track clinical progress. The CANS is administered for every child over age 5 entering care and every 90 days for children in treatment settings. The test is administered by a trained person who knows the child and is the responsibility of the placing agency to administer. • Initial analysis performed by OCOK on a sample of 164 children showed that most children, even those with high levels of trauma, showed clinical improvement over time.[iii]
Completed comprehensive safety audits in 100% of the OCOK network child placing agencies	• OCOK implemented comprehensive risk management audits within its provider network, utilizing Praesidium's 'Know Your Score' framework. Safety practices were enhanced in all measured domains, including policies, staff screening and selection, training, monitoring and supervision, and administrative practices.

Resulting outcomes for fiscal year 2017 quarter 3 include:

Outcome	Description
Child safety	• 99.9% of placements provided safety for children. This is consistent with child safety statewide.
Increased placement in least restrictive family foster home settings	• 76.5% of all children and 80.9% of newly admitted children were placed in SSCC family foster homes in fiscal year 2017 quarter 3.
Improved placement proximity	• Proximity is measured by the number of placements within 50 miles of home of removal on the last day of a performance period. Data on this measure will next be available for full fiscal year 2017. OCOK achieved proximity for 73.3% of new admissions in fiscal year 2016 and 70.6% for all children served by the SSCC.[iv] OCOK is exceeding historical performance in region 3b on this measure. Conversely, the state as a whole and non-redesign catchments are placing fewer children within 50 miles since 2014.

Outcome	Description
Improved placement stability	• This measure reports for all children in SSCC (or legacy "SSCC-eligible") paid foster care placements at any point during the fiscal year, the number that experienced two or fewer placements during the fiscal year. In this way, the measure aggregates children already in care and children newly entering care. Only placement changes during the current fiscal year impact performance. The "Statewide", "Statewide Non-Redesign" and 3b SSCC all demonstrated a decline between fiscal year 2014 and fiscal year 2016. Fiscal year 2017 data as of quarter 3 is incomplete to gage moves during the fiscal year.
Siblings placed together	• OCOK has performed below the statewide average on the percentage of all siblings placed together. In FY 2016, 59.9% of all siblings in 3b that were under the purview of OCOK were placed together, compared to 62.8% of all siblings placed together statewide. OCOK continues to work on a quality improvement plan in this area that includes: • A placement procedure change that supports reserving homes with multiple openings for sibling sets (rather than filling such beds with single children). • Real-time monitoring of sibling group placements by management software • Monthly staffings to determine the clinical appropriateness of reuniting the siblings and action steps toward that goal • Provider training grounded in national research on the "Importance of Siblings being Placed Together in Foster Care." • Community partnerships to target recruitment of homes for large sibling groups.
Youth are prepared for successful adulthood	• At 94% of youth age 17 in an SSCC foster care placement completing PAL Life Skills Training, OCOK is showing both improvement over historical performance and greater improvement between fiscal years 2015 and 2016 than the "Statewide" and "Statewide Non-redesign" populations of children in paid foster care. Note that this measure excludes children in unpaid care such as unverified relative placements. • OCOK has seen success in increasing the number of youth age 16 and older who have driver's licenses or state identification cards at 49.7% of youth. The number of youth age 16 and older who have a regular job increased to 46% for those reporting.

This data set represents almost three years of performance under a redesigned model. Placing more children safely close to home was the primary focus of Stage I and one where immediate improvement can be seen. Once greater capacity was secured, more steps are being taken to assure the right kinds of placements such as placements for large sibling groups and to meet therapeutic needs. As occurring statewide, ACH is serving an increasing number of children with higher service needs. Progress must be

assessed over the course of the contract and in comparison to simultaneous statewide trends as well as in comparison to historic baseline.

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[i] DFPS Legacy Children 2-9-3b Weekly Data Report as of June 2, 2017; Agency Data Warehouse - Substitute Care Data Mart, Report Number: fps_sa_19s, as of June 7, 2017.

[ii] Data provided by Our Community Our Kids, 8/3/17

[iii] Progress Report: Foster Care Redesign In Texas Region 3B, July 2016

[iv] DFPS Management Reporting and Statistics Quarter 1 Performance Measure Data. DFPS provides a separate measure that isolates "new admissions."