



Senate Health and Human Services Committee

Child Protective Services Reform

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Deputy Executive Commissioner

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- **Executive Order RP 35 was issued on July 2, 2004 requiring HHSC to perform a statewide investigation into the practices and procedures of Child Protective Services**
- **CPS Reform Components include:**
 - Strengthen Investigations
 - Support Quality Casework
 - **Improve Services to Families and Children**
 - Build Community Partnership
 - Rebuild CPS management structure
 - Prevent Maltreatment

Improving Services to Families and Children Components:

- **Community-based contracting**
- **Independent Administrators**
- **Performance-based contracting**
- **Medical homes**
- **Management of psychotropic medication**
- **Medical and educational passports**
- **Kinship care**
- **Purchased services**

Contract for Permanency Services

Contract with community-based agencies to provide substitute care, family reunification, adoption, and preparation for adult living services.

- Develop strategy for transitioning responsibility for permanency services to private sector agencies using a phased approach.
- Maintain responsibility within DFPS for legal conservatorship of children and for providing safety-related services:
 - Intake
 - Investigation
 - Family-based Safety Services
- Provide rigorous oversight of contracted services through an enhanced DFPS quality assurance program.

Independent Administrators

Use independent administrators to secure and manage services in defined areas through:

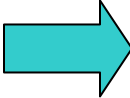
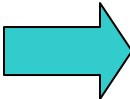
- Recruiting and subcontracting with community-based agencies to provide full range of permanency services
- Selecting the best provider of services for children and families needing permanency services
- Monitoring quality of services delivered by subcontractors
- Ensuring accountability for achieving defined client and system outcomes

Convert from effort-based to performance-based contracting.

- Develop contractual performance standards to ensure that private agencies achieve quality outcomes
- Establish incentives to improve availability of key services
- Implement a comprehensive, multidisciplinary quality assurance team within DFPS to oversee and monitor performance of contracted private agencies
- Ensure that contracts include a “no reject, no eject” clause to ensure stability for children in foster care

Contracting CPS Permanency Services

Pre- and Post-Reform Roles for CPS and Private Sector Agencies

CPS Roles		
Pre-Reform		Post-Reform
Legal Conservator <ul style="list-style-type: none"> Make decisions on behalf of children Keep court informed 		Legal Conservator <ul style="list-style-type: none"> Make decisions on behalf of children Keep court informed
Service Provider <ul style="list-style-type: none"> Statewide intake Investigations Family-based safety services* Substitute care services* Case management services for children in substitute care Family reunification services Adoption & post-adoption services* Preparation for adult living services* Foster/Adoptive home recruitment and development * 		Service Provider <ul style="list-style-type: none"> Statewide intake Investigations Family-based safety services
Manager of Contract Services <ul style="list-style-type: none"> Enroll interested providers Monitor compliance with contractual terms 		Manager of Contract Services <ul style="list-style-type: none"> Establish performance standards Use performance-based contracting Procure independent administrators for defined service areas Establish multi-disciplinary quality assurance teams Verify delivery of services Ensure client and system outcomes are achieved Monitor and enforce contractual terms Monitor and enforce licensing standards
Private Sector Roles		
Pre-Reform		Post-Reform
Contracted Service Provider <ul style="list-style-type: none"> Family-based safety services* Substitute care services* Adoption & post-adoption services* Preparation for adult living services* Foster/Adoptive home recruitment and development * 		Contracted Service Provider <ul style="list-style-type: none"> Substitute care services Case management services for children in substitute care Family reunification services Adoption & post-adoption services Preparation for adult living services Foster/Adoptive home recruitment and development
		Independent Administrator of Services <ul style="list-style-type: none"> Recruit community-based subcontractors Select best available subcontractor to provide services Monitor services delivered by subcontractors

* Indicates services shared between CPS and private sector

Establish a cost-effective healthcare delivery model to provide comprehensive medical services to children in foster care.

- Provide each child with a medical “home” for continuity in healthcare and coordinated access to specialty care.
 - Comprehensive healthcare assessment for children entering foster care.
 - Preventive care and acute medical services.
 - Therapeutic and rehabilitative care for ongoing physical and mental health needs while in foster care.
- Develop protocols for use of psychotropic medications for foster children based on best practices.
- Implement a review system of medical professionals to assess individual clinical care recommendations for foster children.

Key Points:

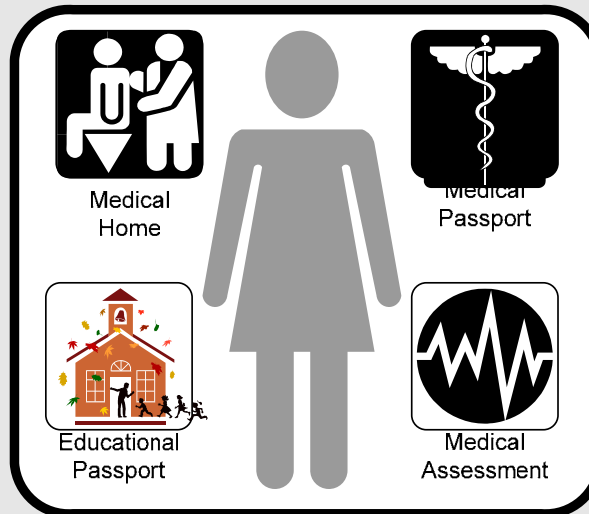
- **Comprehensive evaluation performed before treatment for a mental or behavioral disorder**
 - **Child's history and current functioning made available in timely manner**
 - **Role of non-pharmacological interventions considered before beginning a psychotropic medication**
 - **Physicians utilize available evidence, expert opinion, clinical experience and clinical judgment**
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Ensure children's medical and educational histories are complete and readily available to healthcare and educational providers

- Develop a medical and educational passport system that will:
 - Store and make available to authorized users the child's medical and education history
 - Follow the child through placement changes
 - Be readily available to healthcare providers and schools electronically
- Implement a campaign to gain support from educational and medical provider communities to foster broad acceptance and utilization of the passport

Medical Care for Foster Children

Although their placements may change, children in foster care will be assured of consistent medical and educational services.



CPS Reform Medical Services

Pre- and Post-Reform Roles for CPS

CPS Roles	
Pre-Reform	Post-Reform
<p>Investigation/Family Based Safety Services</p> <ul style="list-style-type: none"> Individual caseworker/supervisor decision to refer children for medical evaluations Individual caseworkers search for local healthcare providers to conduct the evaluations with barriers such as: <ol style="list-style-type: none"> Lack of 24 hour a day availability of healthcare providers with expertise in abuse /neglect issues Lack of insurance or CPS resources to obtain medical evaluations Lack of formal participation by healthcare providers in decisions relating to child safety 	<p>Investigation/Family Based Safety Services</p> <ul style="list-style-type: none"> Caseworker guidelines developed by medical professionals for referral of children for a medical evaluation Network of statewide medical resources housed at Pediatric Centers of excellence to: <ol style="list-style-type: none"> Be connected by satellite clinics statewide Use telemedicine equipment Be available 24 hours a day to children in CPS investigations Provide medical expertise on abuse/neglect Consult with and support local healthcare providers Participate in interdisciplinary teams for decision making for children's safety
<p>CPS Conservatorship (0-18)</p> <ul style="list-style-type: none"> Paper medical record gathered by caseworker <ol style="list-style-type: none"> Incomplete Often not transferred to new caregivers Not readily accessible to healthcare professionals Multiple healthcare professions due to placement changes with little medical history following the child Inconsistent knowledge of caseworkers and foster parents regarding available Medicaid services Lack of consistent expertise by Healthcare providers in abuse / neglect issues Psychotropic medications prescribed without clinical guidelines, consultation or peer review. 	<p>CPS Conservatorship (0-18)</p> <ul style="list-style-type: none"> Electronic Medical passports for physical and behavioral health treatment Medical homes Care coordination services Expertise in abuse/neglect issues of Healthcare providers in the network Clinical guidelines for prescribing and managing psychotropic medications Medical peer review team monitoring medical treatment and use of psychotropic medications
<p>Aging Out Youth (18-21)</p> <ul style="list-style-type: none"> Yearly Medicaid reapplication required 	<p>Aging Out Youth (18-21)</p> <ul style="list-style-type: none"> Medicaid coverage with no reapplication required until the age of 21

Promote continuity and stability for children by providing services and assistance to specific kinship caregivers who might not otherwise be able to assume responsibility for a child or sibling group

- Financial support to meet children's needs
- Case management and referrals for needed services
- Assistance in applying for services such as TANF, Medicaid and CHIP
- Expedited home studies of potential caregivers to allow placement into kinship care as soon as possible

Increase Purchased Services

Develop a broad range of services within communities to meet the complex needs of CPS children

- Increase availability of critical services targeted to CPS children and families, especially:
 - Substance abuse prevention, evaluation and treatment
 - Mental health services
 - Domestic violence prevention and treatment
- Increase the availability of protective daycare
- Collaborate with communities to develop and utilize faith-based resources to meet the needs of families in their communities