

OVERVIEW

Foster Care Redesign is showing positive results improving chronic problems in the Texas foster care system. By entrusting a local nonprofit with the authority and flexibility to manage a regional foster care system, the Texas Department of Family and Protective Services (TDFPS) has provided an opportunity for ACH Child and Family Services to bring coordination, cohesiveness and clear focus to a system that has long been fragmented and disorganized under the traditional statewide system administered from Austin.

This report describes the progress made to date in improving the foster care system in Region 3b. Although the Redesign contract has been in place for a relatively short time, significant systemic improvements in many domains are evident, and are outlined here in three broad categories:

- Capacity Building
- Accountability
- Innovation

Foster parents, providers, parents, TDFPS staff and other stakeholders in the community are engaged and energized by the successes achieved to date. Redesign has engendered a positive climate for collaboration and change at a time when the statewide system continues to struggle with challenges which have persisted for decades. The progress in Region 3b demonstrates that the Redesign approach is a powerful tool to remedy many of the pervasive, complex problems associated with foster care in Texas.

It is vital for our children and families that Foster Care Redesign be sustained and fully funded in our community, and that this model be expanded at scale to other regions of Texas.



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BACKGROUND

WHO ARE WE?

ACH Child and Family Services is a community-based nonprofit in North Texas. For over a hundred years, ACH has worked to fulfill our mission of protecting children and preserving families. ACH began as a Church Women's Cooperative in Fort Worth that brought together diverse denominations to create a home for destitute women and children. From this seminal community collaboration, ACH grew over the decades to span multiple campuses housing as many as 19 different programs, representing a mature continuum of care that includes prevention services, temporary supportive housing for families, an emergency youth shelter, residential care, foster care, adoption, and supervised independent living for young adults aging out of foster care.

ACH and Foster Care Redesign

Today ACH continues its legacy of bringing the community together to confront the complex problems associated with child abuse, child neglect and family separation. Under Foster Care Redesign, ACH fulfills this role in a new way. As the Single Source Continuum Contractor (SSCC) for seven counties making up Region 3b (Tarrant, Palo Pinto, Parker, Johnson, Hood, Somervell, and Erath), ACH has been entrusted with the authority and flexibility to make specific measurable improvements to a system whose endemic problems are well known.

As a trusted nonprofit with long-standing ties in the community, ACH was well positioned to demonstrate what a true community-based model of foster care could look like in Texas. To rally the community and to manage the functions of the SSCC, ACH launched a new division in 2014, and chose the name "Our Community, Our Kids," to convey the underpinning philosophy that abused and neglected children who live in our community belong in our community, and we have a collective responsibility for their well-being. This approach of deep community collaboration differs significantly from the previous failed SSCC rollout in Region 2/9, and from the state's traditional approach to contracting for services.

ACH entered the arena of Foster Care Redesign having done our homework. Our leadership sat on the Fiscal Matters subcommittee of the Public-Private Partnership advisory group that recommended the Foster Care Redesign approach. And before signing the SSCC contract, ACH staff and board members spent three years intensively studying similar models in other states, traveling to Kansas, Nebraska, and Florida for site visits to study how these states achieved improved outcomes for children and to discover crucial innovations that could be brought to Texas, as well as learning from past mistakes.

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BACKGROUND

IMPLEMENTATION TIMELINE

In December 2013 ACH signed a contract with the Texas Department of Family and Protective Services (TDFPS) to serve as the Single Source Continuum Contractor (SSCC) for the Region 3b catchment area. During the six-month start-up period beginning in early 2014, Our Community Our Kids (OCOK) recruited a team of qualified professionals in the areas of care management, quality and contracts, finance, information technology, and community relations, and opened a new office in southwest Fort Worth to serve as the headquarters for OCOK. Policies and procedures and a joint operations manual with TDFPS were created. New information technology infrastructure was developed to allow contracted providers to work as a network. Common data elements were identified and mapped to allow for automated transfer of information.

In July 2014, OCOK began a phased process of transferring children from the legacy foster care system into the administrative oversight of the SSCC.

In September 2014, OCOK took responsibility for finding placement for and managing the care of all new referrals of children removed from their homes in Region 3b.

The transfer of children from the legacy system continued through April 2015, at which point OCOK became responsible for managing the full system of nearly 2,400 children per year.

In short, the first stage of the contract, though complex, rolled out successfully and on-time, thanks to meticulous planning and lessons learned from the previous implementations in Region 2/9.

Today it has been a little over a year since OCOK began managing the fully loaded system (and almost two years since the start of the legacy transfer). Several things are demonstrably different today relative to the legacy system: The practice of children sleeping in offices or hotels has ended; local capacity is growing through targeted strategic recruitment efforts; children are being placed in their home communities at much higher rates; OCOK rolled out several important innovations that have significantly improved the overall operations of foster care in Region 3b; the quality of child welfare data has improved dramatically; and TDFPS caseworkers report they now have more time to spend with children and keeping up with their documentation.

The next stage in the SSCC contract (Stage II), currently in planning, involves OCOK taking over responsibility for management of the system of services for biological families of children in foster care. OCOK is poised to begin Stage II once the scope of work and funding mechanisms have been fully clarified and negotiated.



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CAPACITY BUILDING

Under Redesign, OCOK could pool foster home data from all child-placing agencies operating in and around the region, allowing us to compile, for the first time, a full regional inventory of foster care beds. We plotted this data on a map and observed clear geographic gaps – for example, in rural Palo Pinto County where child removals are trending upwards but where only three licensed foster homes operated. For the first time in Texas, we had good, actionable data allowing us to develop capacity in a strategic, coordinated manner that was not possible before. This has led to the development of a successful rural recruitment effort, the successful development of therapeutic foster care beds, and an overall increase of 20% in total licensed bed capacity over the previous year.

RURAL RECRUITMENT INITIATIVE

Today the number of foster homes in Palo Pinto County has increased from 3 to 20, demonstrating that a seemingly intractable system problem (lack of homes in rural areas) can be resolved through focused and concerted efforts. OCOK’s success in rural recruitment is attributable to our ability to clearly identify the problem, communicate effectively and consistently, and mobilize foster care providers and the community to take action.

OCOK used a variety of communication methods to get the word out to the community, while maintaining a unified message. We produced collateral materials tailored for specific audiences. We reached out to local media. We gave presentations to the Ministerial Alliance, at the Rotary Club, Mental Health Connection meetings, and many other groups. We created a website. We wanted everyone to know that quality foster parents were needed desperately in Palo Pinto County. The unified and persistent marketing approach was designed to make the public and prospective foster families more likely to be exposed to and remember the message.

At the same time, OCOK enlisted a limited number of providers to establish office infrastructure and be able to provide services and training onsite to families in Palo Pinto. We engaged stakeholders and established locations in the community to hold regular monthly recruitment events with providers in attendance. We enlisted high quality foster parents to present at recruiting events and answer questions from prospective parents. We established a foster parent support group to provide ongoing support to retain quality parents. We connected church leadership groups with training resources to help them develop foster care ministries.

The rural recruitment campaign has been successful with the help of these OCOK providers:

- Arrow Child and Family Ministries
- Covenant Kids
- New Horizons
- Texas Family Initiative



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CAPACITY BUILDING

DEVELOPMENT OF THERAPEUTIC CARE

When OCOK assumed responsibility for the care of all children removed from their families in Region 3b, we were confronted with a serious capacity problem, particularly in finding qualified placements for children with varied and complex needs – whether medical, behavioral, developmental, intellectual, cultural, or some combination thereof. Many children land in Residential Treatment Centers (RTCs), living in a more restrictive setting than needed, simply because a family placement could not be found. To make matters worse, there were no RTCs in Region 3b, and children from our community were scattered among many different RTC facilities across the state.

OCOK’s vision is for our community to have the capacity to care for children with complex needs locally, without children having to leave the community for the right care. This means two things - first, it means developing foster parents who have the skills and supports needed to manage complex needs in a family setting; and second, it means opening an RTC within our region for children whose needs do require that level of care. (On this second point, OCOK is currently reviewing responses to a Request for Information for the development of an RTC in Region 3b, and are in discussion with two experienced providers.)

In response to OCOK’s call to action, several provider agencies have begun licensing therapeutic foster parents, specially trained and supported to care for children with complex needs. OCOK and the provider network developed a menu of targeted supports and services for the caregivers and the children, including in-home behavioral healthcare services, in-home parenting skills training, crisis response and crisis respite. OCOK provides financial support to the family for any travel and overnight stays that they may incur during pre-placement visits, and financial support to families accepting placements to help with clothing and other initial needs of children moving out of group care.

OCOK meets biweekly to staff the cases of children placed in RTCs with the goal of identifying children who could be stepped down into therapeutic foster care. So far, 54 children have been brought out of RTCs under this initiative, with a 70% success rate of remaining in the community.

Overall during the first year of operation, OCOK has made progress on placing children in family settings (79% of children compared with past state performance of 77%), but more work remains before local capacity for therapeutic foster care matches demand. We estimate another 80 to 100 therapeutic homes are needed within Region 3b.

Alongside ACH, these providers are leading the way on developing therapeutic foster care:

- Arrow Child and Family Ministries
- The Bair Foundation
- Benchmark Family Services
- Eckerd Kids



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CAPACITY BUILDING

APPROACH TO TARGETED CAPACITY GROWTH

In addition to the development of therapeutic care within the region, there also remains an ongoing need for quality foster parents for children whose needs are more straightforward. There will always be a need for standard foster homes, especially since many will become adoptive placements and self-select out of the fostering process. This cycle of attrition necessitates continual effort on the part of providers and OCOK to recruit new parents.

Building on successes noted in other states, OCOK brought the Quality Parenting Initiative (QPI) to Texas. QPI has a track record of improving recruitment and retention of quality parents. In part, QPI is aimed at transforming the public image of foster care, shifting negative perceptions and rebranding foster care as an honorable calling. The goal is to attract good quality prospective parents who might not have otherwise considered fostering.

QPI is also a useful framework for engaging foster parents and other stakeholders and empowering them to improve the system, thereby reducing frustrations, barriers, and grievances and improving retention of good foster parents. For example, when foster parents involved in the QPI process indicated that they would no longer accept children under the age of 5, this feedback surfaced a common complaint among many foster parents – a long wait time to qualify for daycare reimbursements. This wait caused foster parents to pay hundreds of dollars of their personal money for daycare. OCOK studied the process and found a way to reduce wait time from five weeks down to three days by prequalifying foster parents before they take a child into their home. Tactical system improvements like this one directly improved placement capacity, and will continue to make a difference in the system’s ability to attract and retain good foster parents by identifying and responding to solvable system issues.

Finally, capacity is not just the number of beds available but also involves the type of beds available. As OCOK has done for rural recruitment and therapeutic foster care, it also plans to bring focused recruitment efforts to develop capacity for specific subgroups of children. Areas where we see demand but currently face a shortage of good placement options include the following:

- families willing to take sibling groups, even when there is a large age range involved;
- families comfortable taking children with serious but manageable medical needs such as diabetes;
- families who can provide a supportive environment for gay, lesbian, bisexual, and transgender (LGBT) children;
- families prepared for a pregnant youth or teen mother; and
- families willing to engage in a co-parenting approach with biological families.

The Quality Parenting Initiative is a proven framework for engaging foster parents and other stakeholders in improving the foster care system.



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CAPACITY BUILDING

COMMUNITY ENGAGEMENT

Capacity development is local and relationship-centered by nature. OCOK's deliberate and strategic approach to capacity growth simply was not feasible under the structure of the state-run legacy system. Accurate data was not available, there was no local coordinating entity with the authority and capability to lead the effort, and there was no structure for coordinating the efforts of the many foster care providers.

The legacy system was fragmented, but now OCOK unites providers in a single, amplified voice advocating for the needs of children in foster care; a single voice connecting all the elements of a complex system of care that include schools, doctors, courts and mental health, among others; a single voice advocating for concrete changes to address specific problems.

OCOK's role in understanding the needs of the entire network and creating a focused, unified voice for children cannot be overstated. It is a powerful tool for bringing about meaningful change and for leveraging approaches to improve or expand services.

This approach has helped raise awareness in the community, alleviate confusion about how to interact with the foster care system, and better leverage existing resources that had difficulty connecting in the past. For example, when OCOK sat down with the local mental health authority (MHMR of Tarrant County) and separately with the local children's hospital (Cook Children's), we were able to create unprecedented access to resources for children in foster care at no additional cost. Today each of these systems has services focusing specifically on the needs of children in foster care, thanks to their willingness to partner and thanks to the coordination efforts of OCOK.

The result of OCOK's intensive outreach efforts is a community well educated about Foster Care Redesign and aligned in improving the system of care. Numerous fruitful collaborations benefiting children in foster care have emerged from these relationships.

Over 24 months, OCOK engaged with many sectors of the community, including . . .

- Adoption Agencies
- Advocates for Children
- Alumni Families who have Received DFPS Services in the Past
- Attorneys Representing Parents, Children and DFPS
- Behavioral Health Providers
- Business Leaders
- CASA
- Chambers of Commerce
- Child Advocacy Centers
- Child Placing Agencies
- Child Welfare Boards
- Children & Youth in Foster Care
- Children Medical Centers
- Community Volunteers
- County Commissioners, Judges and Administrators
- CPS Local, Regional and State Personnel
- Faith-based Organizations
- Families of Children in Foster Care
- Federal Representatives (House and Senate)
- Foster Parents
- Health and Human Services Representatives
- Healthcare Agencies
- Law Enforcement (including Juvenile Justice Agencies)
- Local Community Service Providers
- Local School Districts
- Mayors and City Councils
- Members of the Judiciary throughout the Seven Counties
- Philanthropic Organizations
- Residential Child Care Providers
- State Representatives (House and Senate)
- Texas Workforce Agencies



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ACCOUNTABILITY

Central to Foster Care Redesign is the concept of performance based contracting, in which contractors are held accountable for achieving measurable outcomes. When designed well, these contracts offer a smart way for the state to do business. The state clearly identifies how success will be measured, and it contracts with providers to deliver these results. Performance is clear and accountability is high. The shift to performance-based contracting is clearly demonstrated in the SSCC contract under Foster Care Redesign.

As the first urban contract of its kind in Texas foster care, both the SSCC and TDFPS are engaged in a mutual developmental process, learning their new roles and relationship to one another, and navigating the technical and cultural changes required. At the same time, the SSCC and its network of providers are engaged in much the same process. OCOK, as the SSCC for Region 3b, works with providers and with the state, facilitating the change process while also remaining accountable for quality care. The shift toward a true performance-based environment is still underway, and roles and responsibilities of both the state and OCOK will continue to evolve over time, but in our first year OCOK created the requisite foundation.

DATA QUALITY

Data takes on a new importance in an environment of accountability. Without reliable data, results cannot be measured. Early in the process, it was easy for leadership to underestimate the resources required to move to a system with good quality data and good quality analytics. But we learned quickly that this would prove a central challenge.

Foster Care Redesign brought a new scrutiny to the state's IMPACT data. For the first time IMPACT was opened to non-TDFPS staff, allowing OCOK to view IMPACT data and reconcile it with information from our data systems. This process revealed significant data quality problems in IMPACT. And, when it came time to calculate outcome metrics, inconsistencies in formulas and definitions emerged and some vexing analytics challenges came to light, making the accurate measurement of performance surprisingly difficult.

To meet the challenge, OCOK and TDFPS dedicated a great deal of staff time to cleaning up poor quality data. Additional staff resources were required to manage data and chase down missing information. Today analysts from OCOK and TDFPS continue to meet weekly to work through discrepancies in analytics. The result of this sustained focused attention on data is good quality data and a shared technical understanding of how meaningful performance metrics are calculated.

Under Foster Care Redesign, the quality of child welfare data has improved significantly, putting timely and reliable information in the hands of decision makers and creating an environment of accountability.



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ACCOUNTABILITY

CONTRACT OUTCOMES

At the end of its first year of operation, OCOK's performance metrics were as follows:

- **Safety**

99.9% of children did not experience abuse or neglect while in care.

- **Placement Stability**

94% of new admissions (and 97% of those who transferred from the legacy system) have been stable in placement with no more than one move during the two-year performance window. The performance window is not yet over, meaning this percentage is likely to drop; but currently performance compares favorably with the historical baseline of 88%.

- **Placement Proximity / Maintaining Connections**

83% of children placed by OCOK were kept within 50 miles driving distance from the removal location, as measured on the last day of the performance period, up from 71% under the legacy system.

Whereas OCOK's local scope makes it more successful at keeping children close to home, being limited to a local pool of beds is a disadvantage when it comes to keeping large sibling groups in one placement. At the end of our first year, 59% of OCOK's sibling groups had all members of the group together in one placement, down from 64%. The mandated closure of group homes may also have contributed to this decrease. We anticipate OCOK's focused efforts in this area will increase performance as local capacity scales up.

Of the sibling groups who were separated, 83% maintained at least monthly personal contact with their other siblings in care; and 90% maintained monthly contact with other designated family members or fictive kin.

- **Least Restrictive Placement**

79% of Region 3b children were living in a family setting on the last day of the contract year, compared with 76% previously.

- **Youth Fully Prepared for Adulthood**

56% of youth age 16 or older have a driver's license or state ID;
35% of youth age 16 or older have a regular job;
76% of youth who turn 18 have completed Preparation for Adult Living (PAL) Life Skills training.

- **Children and Youth Participate in Decisions That Impact Their Lives**

88% of children age 10 or older participated in developing the service plan;
49% participated in at least one discussion regarding placement options;
30% of children age 10 or older attended their court hearings.



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ACCOUNTABILITY

PROVIDER OVERSIGHT

In our first year OCOK created several new structures to reinforce accountability for quality care within its provider network.

- First, we formed a Quality Improvement and Contracts team to oversee all activities and tasks needed to monitor compliance and improve performance of network providers. Quality and contract staff conduct periodic on-site monitoring reviews of providers' programmatic and administrative practices, using a continuous quality improvement approach.
- We formed a standing Quality Committee made up of providers that meet quarterly to review outcomes. OCOK has established a culture of transparency in which providers' performance data is made public during the quarterly meetings, allowing providers to compare their performance with that of other agencies. The knowledge that performance data is public becomes a motivating factor in providers taking extra care to ensure their data is accurate and in their taking responsibility for the results.
- We provided a technology infrastructure and required that providers submit accurate and timely data about children in their care and the foster homes or facilities they manage. OCOK uses contractual authority to enforce these requirements.
- We formed another provider committee, the Clinical Committee, to focus on improving the quality of clinical practice within the network. An early focus for the Clinical Committee was on improving placement stability. The committee developed a set of Disruption Mitigation Guidelines aimed at reducing the number of placement disruptions. OCOK providers are now required to have formal disruption mitigation procedures containing elements of these guidelines and demonstrate they are adhering to them.
- We required providers to notify OCOK within 24 hours of critical incidents, licensing investigations, suspected fraud, or other serious issues that might affect a child's safety. OCOK ensures providers have operational procedures and mechanisms in place to respond immediately and appropriately to child safety concerns, and to notify OCOK when such a situation occurs.
- We required each child-placing agency to undergo a comprehensive risk management self-assessment. (See page 12 for more information.)
- We rolled out Child and Adolescent Needs and Strengths (CANS) training and required providers to conduct this standardized child assessment, allowing child well-being to be tracked over time. (See page 13 for more information.)

OCOK is raising the bar on quality of care for children through supportive oversight of providers — giving them the tools to improve care while maintaining accountability for performance.



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ACCOUNTABILITY

PROVIDER RISK ASSESSMENTS

From the outset, OCOK recognized its large network of providers varied greatly in their operational sophistication and risk management practices. As a step toward establishing best practice safety standards for the network, OCOK brought in Praesidium, a national firm that provides assessments, training, and consultation on risk management for child-serving providers, and happens to have its headquarters within Region 3b.

OCOK required each child placing agency (CPA) to consult with Praesidium and complete the “Know Your Score” self-assessment. This is a comprehensive organizational assessment tool that provides scores in each of eight domains pertaining to child safety and prevention of abuse: policies, screening and selection, training, monitoring and supervision, internal feedback systems, consumer participation, responding, and administrative practices.

All 40 of the CPA providers in the OCOK network completed the assessment during the first year. This first round of assessments served as a baseline for the network. The scores of individual providers were kept confidential and not shared with OCOK. This was important because it encouraged providers to be candid in their self-assessment. In the future, OCOK may decide to review the assessments of individual organizations, but for this first round it chose to receive only de-identified results from Praesidium.

Each of the CPAs debriefed with Praesidium to review their scores. They received targeted consultation on what else their organization could do to further protect children. Feedback from providers has been positive. They appreciate the opportunity to learn some specific concrete steps they can take to reduce risk, in a “safe,” non-punitive learning environment.

In the second year of the provider contract, all providers are required to repeat the “Know Your Score” self-assessment, and OCOK reserves the right to review future scores. In future years, OCOK plans to continuously raise the bar on quality standards and may require providers to demonstrate compliance with certain best practices related to children’s safety and well-being.

Praesidium provides ongoing training and support for OCOK providers to continue developing awareness and techniques for creating a strong culture of safety within the provider network. This ongoing effort also provides an ideal platform for targeting specific safety issues. For example, at OCOK’s request, Praesidium recently added a risk management training specifically designed to help providers reduce the risk of client-to-client abuse.

***Praesidium’s
“Know Your Score”
assessment gives OCOK
providers concrete tools
to strengthen their
practices around child
safety.***



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ACCOUNTABILITY

STANDARDIZED CHILD ASSESSMENTS

Perhaps the most direct accountability for quality care lies in measuring and tracking child well-being over time. Historically there has been no standardized child assessment tool for child welfare in Texas.

To fill this gap, OCOK selected the Child and Adolescent Needs and Strengths (CANS), a free instrument with a well-established research base that is used in many states and municipalities. We chose the CANS in part because it is utilized by child mental health providers in Texas, allowing both systems to use a common assessment. The CANS is intended as a “communimetric” tool, providing a shared vision of a child’s needs and strengths, identifying areas for clinical focus.

OCOK provided training and support for our providers to become certified on administration of the CANS. OCOK required CANS assessments to be completed for children age 7 and older. Providers are responsible for completing an initial assessment within 21 days and, for therapeutic-level children, every 90 days thereafter. Following OCOK’s rollout of CANS, TDFPS subsequently decided to mandate use of the CANS statewide. OCOK is coordinating with TDFPS on folding together the two implementations. Statewide CANS use is slated to begin later this year.

OCOK now has collected enough data from CANS to begin looking at clinical outcomes. We are still early in this process, but initial analysis of a convenience sample of 164 children in the care of ACH programs has revealed a clear pattern of results. Baseline scores showed, as expected, high levels of trauma. But over an average span of 10 months in care, substantially more children showed clinical success than deterioration in their CANS score. For example:

- Global functioning: 36% clinically successful; 6% deteriorated.
- Risk behaviors: 74% clinically successful; 2% deteriorated.
- Psychological well-being: 52% clinically successful; 6% deteriorated.
- Adjustment to trauma: 56% clinically successful; 4% deteriorated.

(Clinical success is defined as an improvement in CANS score, or maintaining a score of zero.)

These initial results paint a picture of traumatized children demonstrating measurable improvement while in care. They also serve to help us identify the subset of children who are not getting better so we can take a closer look at their cases.

Initial results paint a picture of traumatized children demonstrating measureable clinical improvement while in care.



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INNOVATION

The authority and flexibility provided by Foster Care Redesign offers many opportunities for introducing systemic improvements tailored for the specific geography of the catchment area. An SSCC can scale up quickly and bring new solutions to bear on the old problems of foster care with a focused urgency and agility unavailable within the statewide system.

OCOK used a variety of strategies. Some innovations, like the Quality Parenting Initiative and the Every Child A Priority (ECAP) matching software, were developed in other states and adapted for use in Texas. Others, like the Provider Information Exchange (PIX), were homegrown for use in Region 3b.

TECHNOLOGY INFRASTRUCTURE

From the outset OCOK recognized it would need to develop new technology systems in order to effectively manage services, payments, and placements outside of the state's IMPACT system. We needed modern, reliable and flexible data systems that could be quickly customized to fit a new and changing business model. And we needed systems accessible to our providers, allowing them to function efficiently as a network. Finally, we needed systems that would help OCOK deliver on improved outcomes such as keeping kids close to home and keeping sibling groups together. IMPACT simply was not set up to meet any of these business needs.

In the legacy system, no infrastructure existed for providers to upload record-level information about children or facilities. Although providers entered aggregate data into a performance management system (PMET) and a Vacancy Database, these relatively primitive systems offered no capabilities to disaggregate, de-duplicate, or combine data to report out the information in a meaningful way. And at any rate the SSCC did not have access to systems other than IMPACT.

During our six-month startup period, OCOK focused on procuring and setting up new technology systems to provide the infrastructure needed to effectively manage the functions of the SSCC. Three separate cloud-based systems were created: ECAP for managing beds and matching children to homes; myEvolv for tracking services and payments; and PIX to allow for automated data exchange with providers. These systems, as described in more detail on page 15, are administered by the OCOK support team who provide technical assistance as needed to the provider network.

OCOK partners closely with these technology vendors:

- Five Points / CBCIT
- Foster Care Technology
- Modio Networks
- Netsmart



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INNOVATION

MATCHING SOFTWARE

When ACH traveled to Kansas to learn about their privatized foster care system, we met with TFI Family Services, who showed us how their intake department used specialized software to quickly locate the best placement options for a given child. They called this software Every Child a Priority (ECAP), something they had developed and refined in-house over several years. It allowed them to quickly find a ranked list of best matches for a given child, taking into account geography, characteristics of the child, and the preferences of individual foster families.

During our startup period, OCOK collaborated with TFI to bring ECAP to Texas. A new software company, Foster Care Technology, formed to manage the ongoing development and expansion of ECAP.

Today ECAP serves several essential business functions. It provides a place for providers to log in and enter a profile for each foster family they manage, which is the information used for child matching. Providers are required to designate open beds available in each home, and OCOK holds them accountable for logging in daily to verify the accuracy of open beds.

ECAP provides OCOK with an inventory of beds and facilitates decision making for placements. The software is specifically designed to help OCOK deliver on contract outcomes.

- **Placement Stability.** A study by the University of Kansas found improved placement stability following the implementation of ECAP in Kansas. The software helps intake workers make better placement decisions up front, resulting in fewer disruptions later.
- **Proximity.** ECAP's matching algorithm takes distance into account, ranking homes closer to the child's address of removal with a higher score.
- **Siblings Together.** ECAP considers the combined needs of sibling groups in finding the best match for the most siblings possible.
- **Least Restrictive.** Protocols implemented in ECAP require intake staff to exhaust all options in a family setting before moving on to more restrictive placements. (RTC placements require director-level approval.)
- **Safety.** ECAP warns intake workers if they are about to make a potentially unsafe placement – for example, placing a child with another child who might be abusive toward them.
- **Youth Participate in Decision-Making.** When intake workers have a discussion with youth about their placement options, they log it in ECAP.

ECAP provides OCOK with an inventory of beds and facilitates decision making around placement.



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INNOVATION

TRACKING SERVICES AND PAYMENTS

OCOK also invested in a clinical management system, Netsmart's myEvolv, to store electronic records pertaining to clients and services. The Evolv system is also where providers can log in to enter or upload required documents such as plans of care and CANS assessments, and gain access to CPS documents pertaining to the child.

Evolv was selected for its strong security and HIPAA compliance, and for its ability to efficiently translate service events into financial transactions. This will become especially important in Stage II of the SSCC contract, when OCOK becomes responsible for purchase of services for biological families, and the OCOK provider networks grows larger and more varied, offering many different types of paid services.

In the past this type of complexity has been handled within IMPACT, but we believe it can be administered more efficiently using newer technology, and more effectively with local control to tailor the system for the unique blend of services available within a given community.

INTEROPERABILITY WITH IMPACT

Currently OCOK receives a nightly automated *download* of data from IMPACT, allowing us to reconcile IMPACT data with our internal systems, but automated uploads into IMPACT have not been permitted under federal rules for Statewide Automated Child Welfare Information Systems (SACWIS). However, these rules are set to expire, replaced with radically simplified rules for Comprehensive Child Welfare Information System (CCWIS). The new rules, intended to give states new flexibility, reduce federal mandates from 51 requirements to 14. The use of interoperable systems is specifically encouraged.

It is OCOK's hope that Texas seizes the opportunity of the new rule changes to rethink all past assumptions underlying IMPACT. The core principle of the old rules was the requirement of a single, monolithic, statewide system (like IMPACT), but the new rules open the door to allowing regional SSCC-operated systems (like Evolv) to serve as the systems of record, subject to federal rules and reporting requirements. This would eliminate the need for TDFPS staff in Region 3b spending their time re-entering data into IMPACT that has already been entered in Evolv by OCOK staff.

Interoperability with IMPACT will be particularly important in the coming year when OCOK will become responsible for managing purchased services for biological families of children in foster care (Stage II of the SSCC contract), and the volume of service transactions will increase significantly.

Evolv was selected for its strong security and HIPAA compliance, and for its ability to efficiently translate service events into financial transactions.



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INTEROPERABILITY WITH PROVIDERS

Early during the six-month startup period, OCOK met individually with providers to talk about coming changes, to learn more about one another and to hear their concerns. One concern, shared by many providers, emerged clearly from these conversations. At the time, the first SSCC (Providence) was still operating in Region 2/9, and many providers already had contracts with that SSCC. Now, with a second SSCC coming online, they were concerned about having yet another set of requirements for their staff to keep track of and comply with: different software systems, different data requirements, different processes and different assessment tools. The complexity threatened to become unmanageable as additional SSCCs came online.

Providence and OCOK shared a large number of providers, which forced us to confront this problem early. To achieve the goal of efficient operations for our shared provider network, Providence and OCOK came together and agreed on a common set of data elements and data submission expectations for providers. This involved comparing our separate lists and definitions, and merging them together into a single standard. The result of this collaboration was a minimum core data set any SSCC would need from subcontractors in order to competently execute Stage I of the SSCC contract; it included data pertaining to children in care, and data pertaining to foster homes and other facilities.

OCOK's collaboration with Providence went a step further. We recognized that many of our providers had invested in their own technology systems, and their staff were responsible for entering data there as well as into two separate SSCC data systems. Providence and OCOK jointly created the Provider Information Exchange (PIX), a new technology system developed by Five Points Technology Group, which allows third party systems to connect with and submit data to an SSCC. In other words, PIX allowed our providers to submit data automatically from their own internal software systems, eliminating the need for their staff to enter the same data into two different systems. Better yet, PIX was designed to automatically route data to the correct SSCC, meaning provider staff did not have to spend time thinking about whether a given child was a "Providence child" or an "OCOK child." This prevented errors of child data being inadvertently submitted to the wrong SSCC.

PIX was an ambitious project. It involved working with numerous third party technology vendors, including KaleidaCare, extendedReach, and CaseBook, to quickly modify their products to work with PIX. In all, eleven of OCOK's providers signed up to submit data via PIX instead of manually entering data into ECAP and Evolv. Providers pay an annual subscription fee of \$2500 for the support and maintenance of this service. The project launched on time in September 2014, and is operating successfully despite the occasional glitch.

Providence and OCOK jointly created the **Provider Information Exchange (PIX)**, which allows third party systems to connect with and submit data to an SSCC.



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PIX was designed for scalability with future SSCCs in mind. In the meantime, OCOK and CBCIT/Five Points are working to expand the functionality of PIX to benefit providers in new ways – for example, allowing the SSCC to send electronic referrals to providers and allowing providers to import pertinent case information about the child into their system. The ultimate vision for PIX is a foster care system in which no one wastes their time on double data entry.

SAFE BABIES PROJECT

Beyond technology, OCOK has brought several other noteworthy innovations to Region 3b. One of these is the Safe Babies Project, a collaboration involving many partners including First3Years, the 323rd District Court with Judge Ellen Smith, TDFPS, Early Childhood Intervention (ECI) of North Texas, and CASA, among others.

The first of its kind in Texas, this program seeks to lessen the impact of abuse and neglect and increase the likelihood of reunification for infants and toddlers ages 0-36 months with their biological families in Tarrant County. The program utilizes a co-parenting model between foster parents and biological parents, employing an intervention known as Attachment and Biobehavioral Catch-up for Visitation (ABC-V), in combination with increased communication and coordination between the families and service providers and a clear focus on developmentally appropriate intervention.

Although this is a small pilot project (10-20 children in the first year), it is significant for OCOK for a couple of reasons. First, it brings together key child welfare partners in Texas to achieve goals aligned with Foster Care Redesign. It is our hope that we are planting the seeds for future collaborations.

Second, this project is culturally significant because it allows stakeholders in Region 3b to begin experimenting with a co-parenting approach. The concept of foster families and biological families working together is rare in Texas. Providers and foster families often carry preconceived notions that biological families will be dangerous or angry. In reality the vast majority of biological families are motivated for reunification and their interactions with foster families are positive and productive for all involved. In other states where this is common practice, once families and providers understood the benefits of co-parenting, resistance to the idea tended to fall away. The shift to co-parenting has been successful in other states and we aim to emulate those successes in Texas. When successful, this increases the number of caring adults involved in our children's lives and enhances their support for future success.

The first of its kind in Texas, the **Safe Babies Project** utilizes a co-parenting model between foster parents and biological parents.



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QUALITY PARENTING INITIATIVE

As described previously, the Quality Parenting Initiative (QPI) is a framework for stakeholder engagement that has seen success in other states including Florida, California, and Nevada. QPI was founded in 2008 by the Youth Law Center, created to underscore the important role that foster parents have within the child welfare system. It seeks to elevate the input of foster parents and empower them to help change the system for the better.

Central to QPI is the idea that foster parents should be treated as full partners in building a better system. They should be given flexibility to provide good parenting while being held accountable for achieving good results. Most foster parents are willing and able to do more than has traditionally been asked of them – for example, driving children to doctor’s appointments – but the system is often not set up to support them in that capacity.

QPI works well because it brings clarity and focus to the system change. By bringing stakeholders together to define what good parenting involves, it helps identify where the system is not aligned with the practice of good foster parenting. Putting parents in the same room with decision makers leads to a virtuous cycle of system improvements, leading to better recruitment, training, and retention of quality foster parents, and a greater continuity of expectations for all those involved.

OCOK launched QPI in April 2014. Over 200 community partners attended the kickoff event, and over the course of the next six months, OCOK hosted numerous focus groups with foster parents, birth parents, foster youth, CASA, ad litems, child protective personnel, therapists, mental health professionals, medical personnel, educators, child advocacy centers, judges, attorneys, and community services agencies.

From this intensive work came a set of defined goals and a strategic plan to change the brand of foster care in Region 3b. We have conducted marketing research and a marketing campaign with print materials, video, and a website dedicated to recruiting and retaining quality parents; we created a joint information pamphlet and joint recruiting calendar for providers; we hosted recruiting activities in all seven counties; we hosted the national QPI conference in Fort Worth; we created resource guides for foster families; we established a support group for foster families in Palo Pinto County; we hosted training opportunities; and we reduced the wait time for daycare reimbursements.

Largely as a result of QPI, there is a palpable sense of energy in our community, with diverse stakeholders aligned as never before to create positive change in the foster care system.

Largely as a result of the **Quality Parenting Initiative**, there is a palpable sense of energy in our community, with diverse stakeholders aligned as never before to create positive change in the foster care system.



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CONCLUSIONS

Foster Care Redesign is working in Region 3b. ACH Child and Family Services, a local community-based organization, has been successful in engaging the community to build local capacity, creating an environment of accountability, and introducing innovations that have significantly improved the business of foster care. The result: Children are getting better care.

WHY WE BELIEVE FOSTER CARE REDESIGN IS BETTER FOR CHILDREN

Capacity Building. A regional approach allows a community entity to rally local resources and leadership around the specific needs of kids within the region. A community-based organization can be more effective than the state in engaging local stakeholders, including providers and foster parents, and aligning them to make the system better for kids.

- Focuses on developing local capacity to keep children safely in their home communities, instead of sending them to distant parts of the state, where maintaining contact with friends, family, and support networks is difficult.
- Allows for targeted recruitment of specific types of capacity in the places it is needed – so when a child needs a safe, supportive home that can meet their specific needs, there is one nearby (even if they live in a rural community or if their needs are complex).
- Provides flexibility to support the development of therapeutic foster care, keeping children out of residential treatment centers when they don't belong there.

Accountability. The regional contractor is held accountable for improving specific, measurable child outcomes.

- Raises the bar on quality of care for children through supportive oversight of providers – giving them the tools to improve care while holding them accountable.
- Improves data quality to sharpen lines of accountability and leads to better, more timely decisions impacting children's lives.
- Tracks child well-being over time through a standardized assessment to keep the focus on the needs of children.

Innovation. The flexibility afforded by Foster Care Redesign opens the door to new approaches and facilitates the implementation of practices that have been successful in other states.

- Allows the development of creative solutions to meet kids' needs, rather than a rigid system that stifles innovation.
- Takes advantage of new technology to conduct business more efficiently – so workers can spend more of their time focusing on children.
- Introduces urgency to create change for children, along with a structure for facilitating the change process.
- Allows the traditional roles of foster parents, providers, and TDFPS to evolve as the system matures, in order to ensure better coordinated care for children.

Foster Care Redesign is better for kids because it empowers communities to develop local capacity and be creative in meeting the needs of their children.



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CONCLUSIONS

ECONOMIC BENEFITS OF FOSTER CARE REDESIGN

The North Texas Community Foundation held a public Foster Care Strategy Session in May 2016, convened by Tarrant County Judge Glen Whitley, and featuring a panel of experts in the field of child welfare. OCOK was featured prominently in the discussion, with presenters holding up OCOK as a model for the rest of the state to emulate. One of the speakers, Dr. Ray Perryman, presented the results of his study of the likely fiscal and economic impact of OCOK's improvements to the foster care system.

The County Judges of Region 3b had asked the Perryman Group to study the potential economic impacts of improving the foster care system in North Texas. Dr. Perryman concluded that every dollar invested in Foster Care Redesign yields an estimated return of \$3.44 to the state in long-term revenue.

The long-term benefits derive from the fact that the decisions we make for a child in foster care will largely determine the lifetime trajectory for that person. By doing foster care right, we can divert them from becoming a statistic – in prison, or in and out of homelessness – into more socially productive roles such as college or employment. Child abuse and neglect is expensive for the community, but a smart up-front investment in children pays long-term benefits for all involved.

RECOMMENDATIONS

With clear evidence Foster Care Redesign is working in Region 3b, ACH's staff and Board of Directors believe this is the right approach to replacing the legacy foster care system, which is not well structured to create accountability, develop solutions to specific problems, or spark innovation.

As policy makers, courts, and legislators determine the future of foster care in Texas, it is our hope they will look to Region 3b as a proof of concept for what a true model of community-based care looks like in Texas. In a state as large and diverse as Texas, a regionalized approach to capacity development, accountability, and innovation is essential in affecting positive change.

Every dollar invested in Foster Care Redesign yields an estimated return of \$3.44 to the state in long-term revenue.



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CONCLUSIONS

Recommendation #1. Fully fund the SSCC.

Our experience makes it clear that Foster Care Redesign is currently underfunded. Our early successes are attributable to our willingness and capacity to temporarily supplement state funding with ACH assets. This is not a sustainable approach. It is imperative that we sustain the progress we have made for kids, but this can only happen with full state funding for the administrative functions of the SSCC.

Operating a comprehensive network of services for all children in foster care is a demanding and complicated task requiring strong management and communication. Clearly the original SSCC contract for Region 3b did not allocate sufficient resources for the task: The “resource transfer” of 9.3 FTEs from the state to the SSCC equated to a little under \$650,000 a year, far short of OCOK’s initial operating costs of \$3.6 million per year.

The reasons underlying this large discrepancy are detailed in a September 2014 report by the Public Consulting Group (PCG). This third-party analysis concluded that the resource transfer had been narrowly limited to placement and contract functions, but that successful execution of the SSCC contract required substantial additional activities, some of which were new activities not previously performed by the state.

In the wake of the PCG report, TDFPS and the Texas Legislature took action in 2015 to allocate additional funding to Foster Care Redesign. While the gap has been reduced, there remains a significant gap in funding the administrative functions necessary to effectively execute the SSCC contract.

Recommendation #2. Bring Foster Care Redesign to scale in additional catchment areas.

OCOK cares for approximately 8% of Texas children in paid foster care; the remaining 92% are still served through the legacy system. This reality makes it difficult for providers to commit to operating in a performance-based contract environment, and creates confusion about what approach is being used in Texas.

Expanding Redesign to additional catchment areas will help shift the culture of care to one of higher accountability, closer management, and better coordination and teamwork. Additional projects, and a clear message that Texas is moving to a more coordinated, more accountable system of care, will activate providers to put energy and resources into efforts to make this successful.

Although Texas has a long tradition of underfunding its child-placing agency (CPA) contracts with the expectation that communities will step up to provide the balance, it is must be understood that the SSCC contract is different in type and scale. It cannot be sustained without full state funding.



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CONCLUSIONS

Recommendation #3. Carry forward the spirit of partnership from the collaboration in Region 3b.

OCOK has enjoyed a strong working partnership with TDFPS leadership during implementation of Stage I of the SSCC contract. TDFPS has demonstrated great flexibility in adapting its practices to work effectively with an SSCC. And with each year TDFPS has clearly learned more about how to design, support and oversee the implementation of this contract. Mistakes made in the rollout in Region 2/9 were not repeated in the Region 3b rollout.

The spirit of collaboration and mutual learning between OCOK and TDFPS was an essential element to the successes we have seen in Region 3b. Much learning is taking place within all parties, and a relationship where accountability is clear, but all parties are invested in success, is critical. TDFPS at the regional and state levels and future SSCCs must remain fully engaged partners if future SSCC efforts are to be successful.

Recommendation #4. Embrace new federal CCWIS rules and implement interoperability in state systems.

In order to operate successfully, SSCC's must use modern and efficient technology systems, and must be able to upload required data to the state database (IMPACT) automatically – not through manual processes that are duplicative and introduce errors and delays. Texas caseworkers should not be spending their time entering data in multiple systems.

Texas should move boldly to expand the model of Foster Care Redesign to additional catchment areas, sending a clear message to providers that Texas is committed to moving toward a more coordinated, more accountable system of care.



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DEFINITIONS OF COMMONLY USED ABBREVIATIONS AND TERMS

TDFPS: Texas Department of Family Protective Services

SSCC: Single Source Continuum Contractor

Legacy System: Traditional foster care system run by the state of Texas

Provider: Any agency or company under contract with the SSCC providing services to children in foster care. These include child placing agencies, residential treatment centers, etc.

Fictive Kin: A person and a child in TDFPS conservatorship (or the child’s family) have a longstanding and significant relationship with each other. This term excludes the child’s legal, birth, or adoptive parent(s). Examples include a godparent or someone considered to be an aunt or uncle, even though the person is not related to the child.

ECAP: Every Child A Priority; matching software

CANS: Child and Adolescent Needs and Strengths

myEvolv: The database that stores electronic records pertaining to clients and services. The Evolv system allows providers to log in to enter or upload required documents such as plans of care and CANS assessments, and gain access to CPS documents pertaining to the child in care.

PIX: Provider Information Exchange; allows for automated data exchange with providers.

FTE: Full-Time Equivalent

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