Data-Driven Process Improvement:

Capacity Building and Contract Retention

MENTIMETER SPACE HOLDER

- Multiple Choice
  - Q: How much do you know about the Texas Foster Care System?
    - I live under a rock
    - Bits and pieces
    - I could hold a conversation about it
    - If there was a degree on the subject, I'd have it

MENTIMETER SPACE HOLDER

- Open ended, outputted as speech bubbles
  - Q: What is your field of work?

Texas Department of Family and Protective Services

Office of Data & Systems Improvement

Continuous Quality Improvement (CQI) Infrastructure

Automated Reporting for Internal/External Audiences

Development of Data-Driven Programmatic Tools

Office of Data and Systems Improvement (DSI)'s Mission

➤ The mission of DSI is to build an infrastructure and environment that ensures effective coordination, communication, and consistency across the agency around data reporting and how it's used in understanding and improving performance and outcomes.

We are a Contract Performance team within DSI specializing in contracted care evaluation.

➤ Partnering with agency leadership, our team improves the way we monitor and utilize contracted care. We use data evaluation focused on improving child outcomes, principally safety and risk
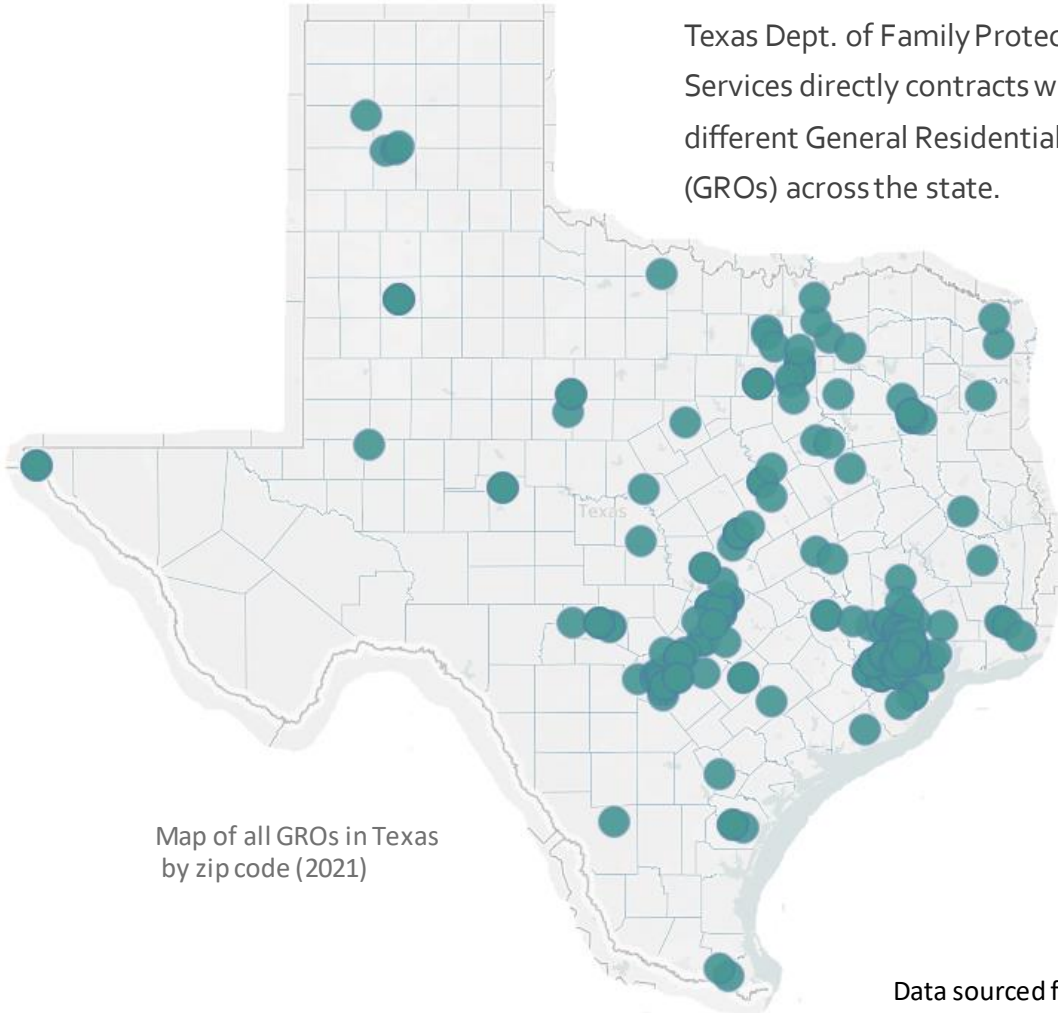
MENTIMETER SPACE HOLDER

- Multiple Choice
  - Q: About how many children are in out-of-home care Texas on any given day?
    - 8,500
    - 14,000
    - 24,500
    - 30,000

About The Texas Foster Care System

Did you know?

Texas Dept. of Family Protective Services directly contracts with almost **200** different General Residential Operations (GROs) across the state.

Map of all GROs in Texas by zip code (2021)

Private Network vs Public Network

Texas uses a mixed system of **both privatized and public foster care.** Between the two networks, the state manages **over 400 providers** for residential contracted care, including 200+ congregate care facilities, 150+ child placing agencies, and 50+ other residential contracted care programs.
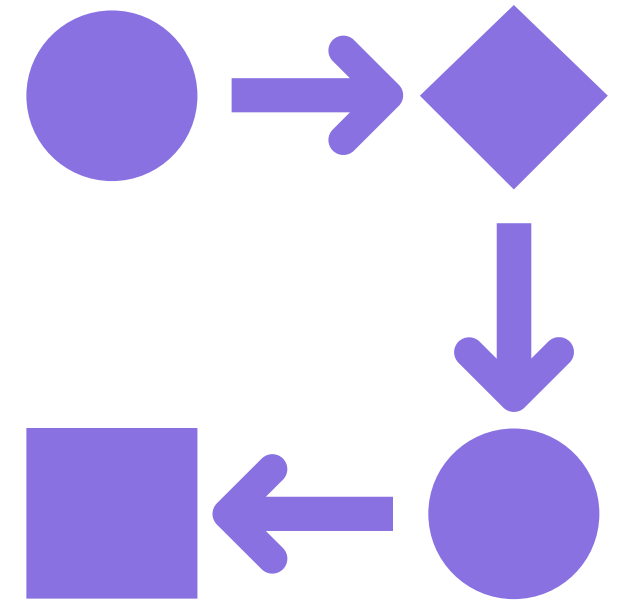
Thousands of Families and Kids

Texas DFPS manages the cases of **over 30,000 children** either temporary or permanent managing conservatorship. Of those children, **over 15,000 children** reside in public or private residential contracted care.

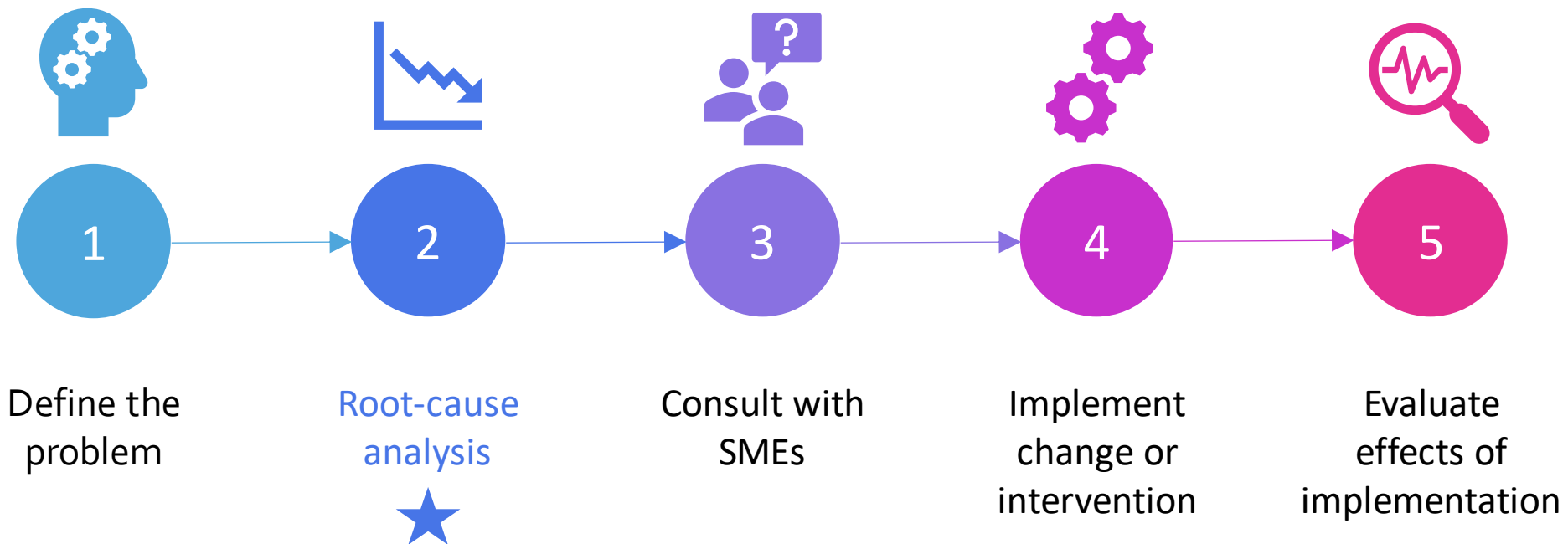# What is Process Improvement & Analysis?

Today we will be covering:

- Mapping Process Improvement

- Root Cause Analysis

- Tool Development

- Implementation & Evaluation

How do you do Process Improvement & Analysis?

1	2	3	4	5
Define the problem	Root-cause analysis ★	Consult with SMEs	Implement change or intervention	Evaluate effects of implementation

Consider The Following

Texas District Court's Legal Review on a Residential Treatment Center in Crisis

"Though [this operation] promises to create a safe environment [...] the Monitors have discovered that children are instead met with *an environment marked by violence and chaos, with frequent riots, police calls, arrests, restraints, seclusions, suicide attempts and sexual abuse...*

The tragedy for children like A.A. and B.B. is that their experiences at [Operation X] are not unique... Even when [B.B.] has been appropriately assessed and recommendations for evidence-based approaches to managing her behavior are made, *poor record-keeping and frequent moves mean that those recommendations get lost and buried* amid her lengthy record.

Her foster families often were *not provided with sufficient information related to her behavioral challenges or equipped with services and supports* to meet those needs. Today, she is caught in a cycle between RTCs and psychiatric facilities, with ever-increasing doses of psychotropic drugs."

M.D., b/n/f Stukenberg, et al. v. Greg Abbott, et al.; "The Court Monitors' Update to the Court Regarding Conditions at [...] Residential Treatment Center

Themes from the Report

- Child outcomes strongly linked to our providers
- Gaps in data/communication lead to gaps in care
- Care improvement needs to be network-based

Consider The Following

CHILD PROTECTIVE SERVICES

Lawmakers Discuss Rising Number of Children Without Placement, Need for Mental Health Providers

Courts struggling to get needs met for foster children, teens without placement

vices

In the past two years, at least 65 Texas foster care operations have closed, over a third of them forced to shut down for safety reasons, and the state has not found replacements for the more than 2,100 beds lost. The capacity shortage hit all-time highs this year, leading the state to place hundreds of children in temporary, unlicensed facilities – often offices, hotels or churches – for indefinite periods of time.

Texas foster care crisis worsens, with fast-numbers of children sleeping in offices, h churches

Increased oversight and lack of funding mean hundreds of children spend their churches and on office floors.

BY

Hayes said, "Whenever a group home or a residential treatment center is shut down, then where are these children going to go?"

He said these children have been sleeping in places like hotels and offices with Child Protective Services, but fixes like these are temporary.

A GROWING PROBLEM

The number of children without placement in the Texas foster care system has risen over the past two years.

Can you define the capacity crisis problem?

Children Without Placement (CWOP): The Bottleneck Effect
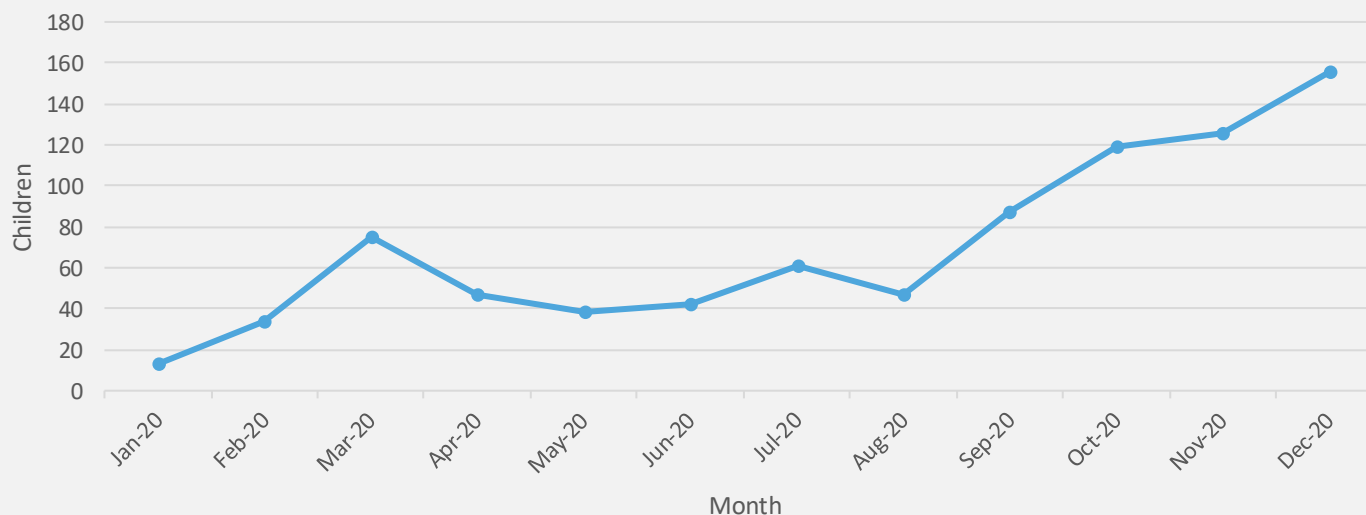
Not Enough Beds

There isn't enough capacity in the foster care network to place every child with high needs into a home or facility.

Limited Resources

For every child without placement, caseworkers must put all other cases on hold – losing out on valuable time for other children

Increasing Counts of Children Unable to Find Placements
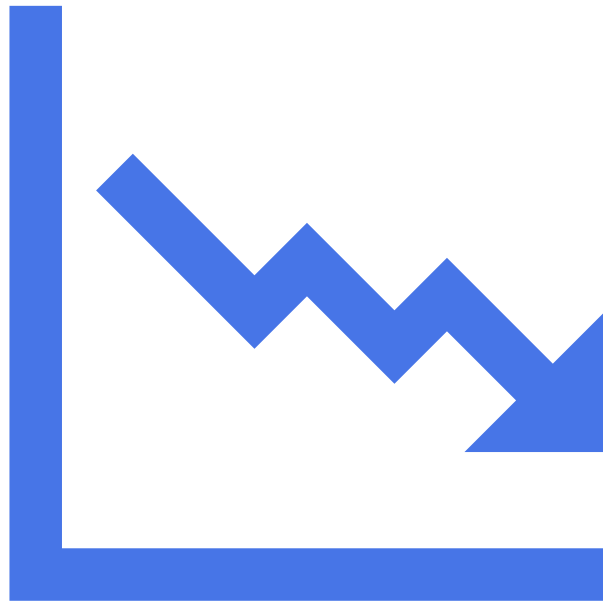(Calendar Year 2020)

A Placement System Under Stress

This leads to delayed family contacts, delayed treatment plans, delayed services, and potentially worse outcomes for children.

MENTIMETER SPACE HOLDER

- Multiple Choice
  - Q: Now that we've identified the problem, what comes next?
    - Consult with SMEs
    - Root-cause analysis
    - Implement a change

Problem 1:
CWOP Numbers Are Affected By Treatment Bed Availability

Children without Placement (CWOP) Counts vs Residential Treatment Center (RTC) Placement Counts
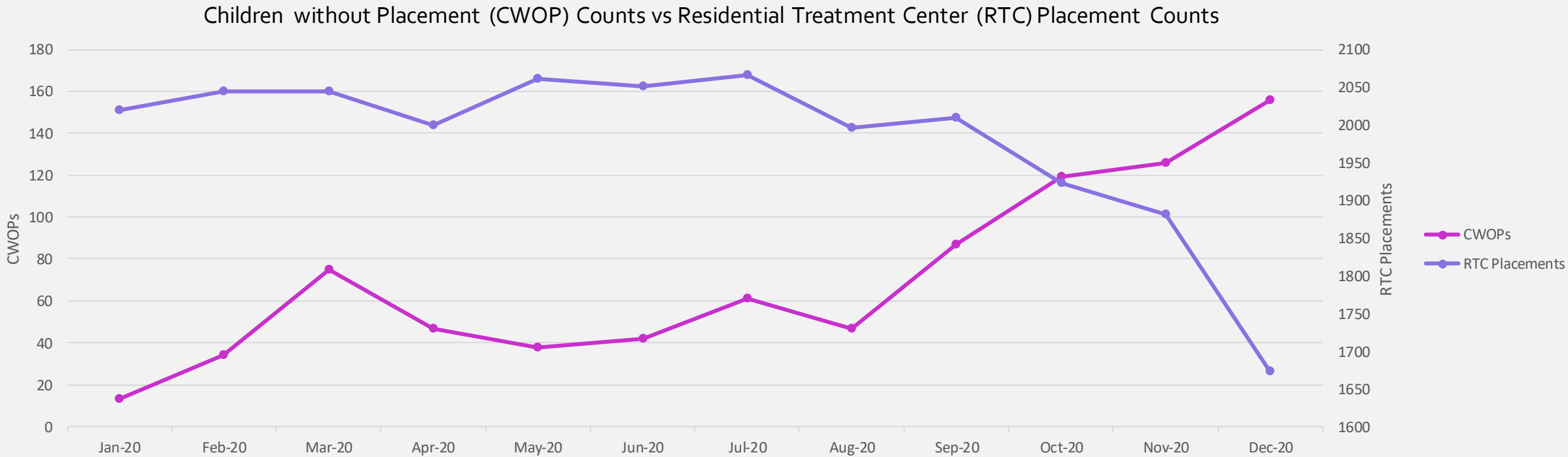
Unprecedented Levels
280 Percent
Increase in total CWOP events in a five-month span in 2020

Falling RTC Capacity
17 Percent
Decrease in RTC placements. CWOPs are negatively correlated with placements at treatment facilities

Data sourced from IMPACT Placement Data: Data Warehouse (2020)

Problem 2:
Contract Turnover

New Contract Turnover Rates* by Contract Type
January 2018 - March 2021

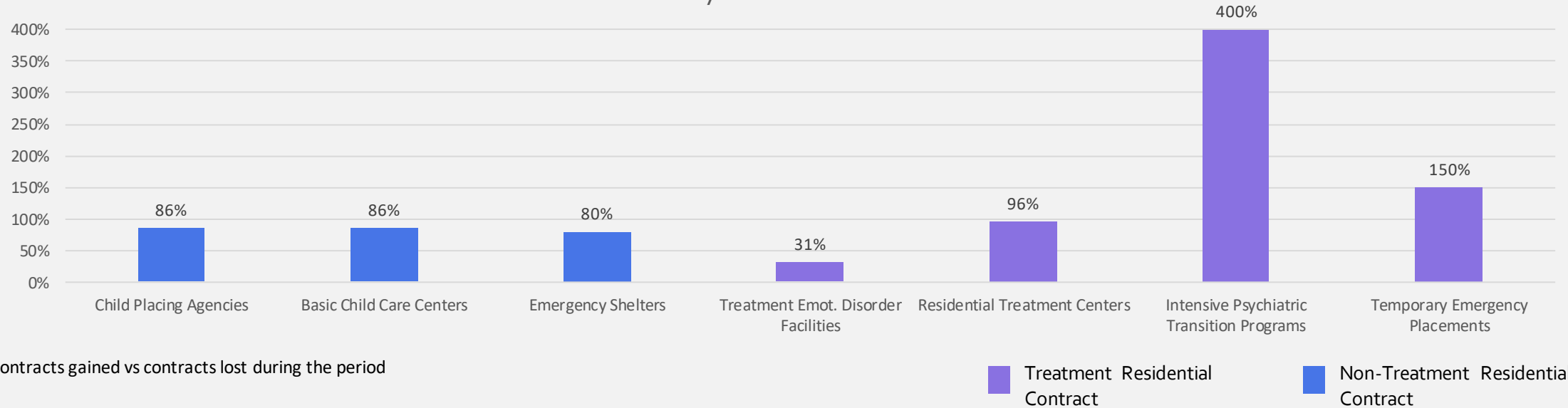| Contract Type	Rate
Child Placing Agencies	86%
Basic Child Care Centers	86%
Emergency Shelters	80%
Treatment Emot. Disorder Facilities	31%
Residential Treatment Centers	96%
Intensive Psychiatric Transition Programs	400%
Temporary Emergency Placements	150%

*New contracts gained vs contracts lost during the period

Treatment Residential Contract

Non-Treatment Residential Contract

Treatment Services Suffer
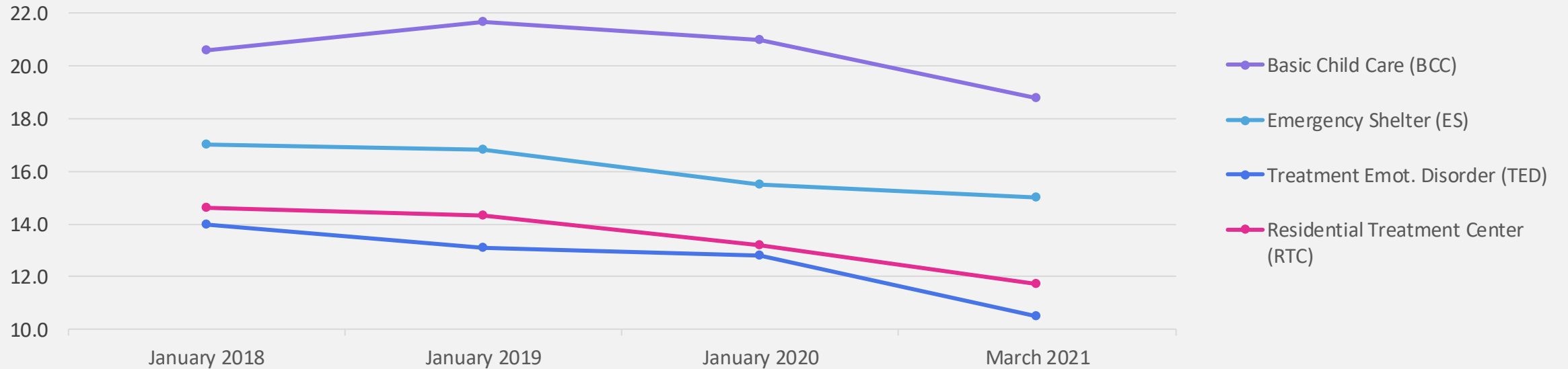# 400 Percent
Turnover rate of psychiatric transition program contracts

Experience Matters
100 Percent
Of the General Residential Operations (GROs) whose contracts started in CY2017 closed their doors.

Data sourced from DFPS data warehouse: Active/Open Residential Child Care Providers (2018 – 2021YTD)

Problem 3:
Provider Tenure

Average Contract Tenure by GRO Contract Type

Legend:
- Basic Child Care (BCC)
- Emergency Shelter (ES)
- Treatment Emot. Disorder (TED)
- Residential Treatment Center (RTC)

X-axis: January 2018, January 2019, January 2020, March 2021

Y-axis: 10.0 to 22.0

GRO-RTCs & GRO-TEDs

-3.2 Years

Tenure for facilities serving children with high needs has dropped by an average of 3.2 years since January 2018

All GRO Contract Types

-2.5 Years

Tenure for all GRO contract types has dropped by an average of 2.5 years since January 2018.

Data sourced from DFPS data warehouse: Active/Open Residential Child Care Providers (2018 – 2021YTD)

Problem 4:
Service Quality Volatility

Average Citations per Residential Facility by Tenure Length

Low Tenure Facility Average

All Facilities Average
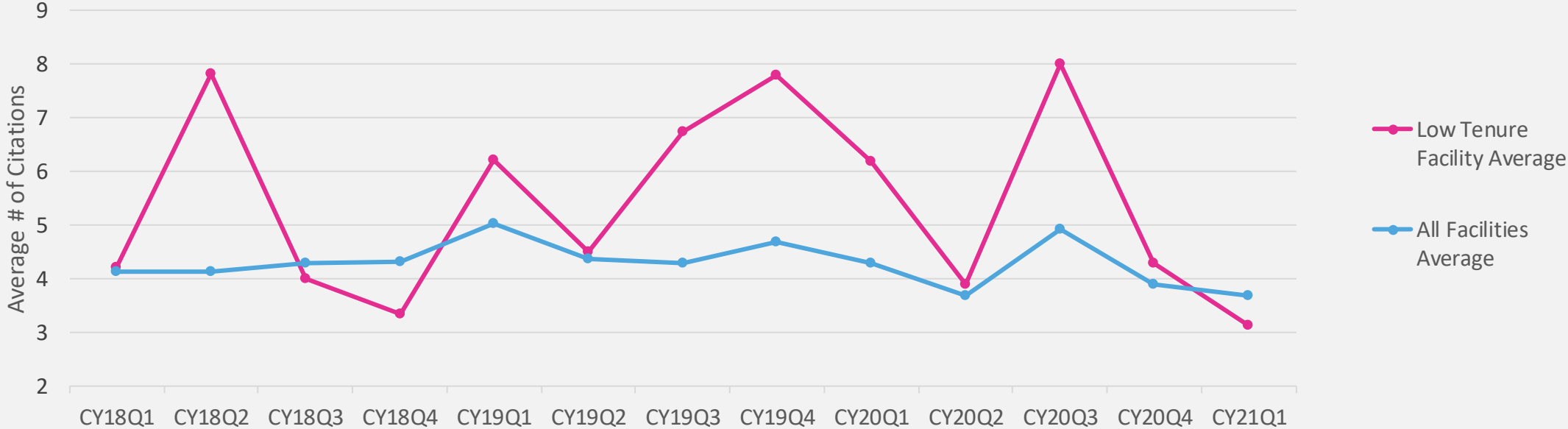
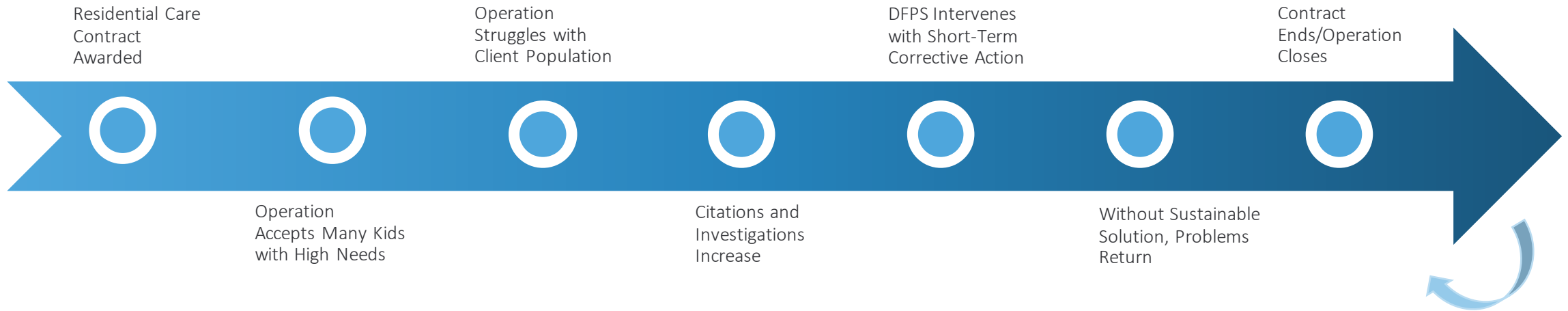**Higher Frequency of Citations**

10 Quarters

For the past 2 years, low tenure contractors were above the mean citations for GROs

Child Safety in Jeopardy

57%

Of the 17k+ citations since CY18 were evaluated at a higher risk to child safety.

Data sourced from HHSC: Abuse/Neglect and Non-Abuse/Neglect Deficiencies (2018 – 2021YTD)

When Providers Fail:
Mapping the Gaps in the Current System

Residential Care Contract Awarded

Operation Struggles with Client Population

DFPS Intervenes with Short-Term Corrective Action

Contract Ends/Operation Closes

Operation Accepts Many Kids with High Needs

Citations and Investigations Increase

Without Sustainable Solution, Problems Return

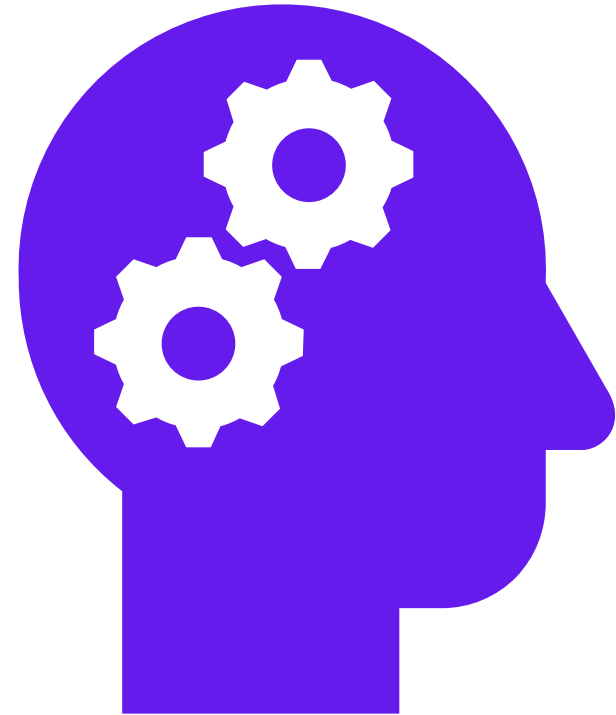The resulting **4** interrelated problems:

INCREASING CWOP COUNTS

INCREASING PROVIDER TURNOVER

DECREASING PROVIDER TENURE

DECREASING SERVICE QUALITY

What now? What do we do with this information?

Resulting 3 Questions

What factors cause rapid operational instability?

What role do placement decisions have in this process?

What information do we need to build a more resilient provider network?

Confer with SMEs

UNDERSTANDING THE MEANING BEHIND OUR DATA

MENTIMETER SPACE HOLDER

- Open Ended as Speech bubbles
  - Q: Who might be a subject matter expert for these questions?

Subject Matter Expert (SME) Insight: Providers and Clients

Narrow Service Array
- Families in crisis, particularly low socioeconomic status families, have few options
- Extremely difficult to access mental healthcare without insurance (and not necessarily easy **with** insurance either)
- Resources like Medicaid-waiver programs have long waiting-lists

Intake Demographics
- Children with severe behavioral issues and medical needs in foster care
- Children from an abuse and/or neglect-initiated removal
- Children with parents who voluntarily relinquished parental rights for access to services

Limited Treatment Homes and Facilities
- Only 3 providers in Texas offering Treatment Foster Family Care*
- Congregate Care services are limited or low quality

*Note that Treatment Foster Family Care (TFFC) is still in its infancy as a program

Subject Matter Expert (SME) Insight: Congregate Care Research

Resources

Tenured or Experienced Staff

Policies that Limit Unstructured Time and Require Supervision

Variety of Evidence-Based Treatment Services

Tenured Residents who are "Bought In" to the Program

Family Members who are "Bought In" to the Program

Achieving a Positive Social Climate

Structure and Active Management
- Adequate Supervision
- Structure and Routine
- Quality Staff
- Monitoring the Composition of Current Residents

Evidence-Based Treatment Practices
- Cognitive Behavior Therapy
- Trauma-Informed Approach
- Strengths-Based Approach
- Using an Evidence-Based Practice Model

Healthy Relationship Building
- Family Engagement
- Positive relationship between youth and staff
- Positive relationship between youth and peers

Subject Matter Expert (SME) Insight: DFPS Leadership

Population & Census adjustments have historically worked best to improve outcomes at operations receiving heightened agency interventions

1. Placement Decrease

› Allows the operation better child-staff ratios and more oversight for managing the needs of the current kids in care

› EX: placement holds

2. Service Level Decrease

› Allows the operation to target groups of children for which it has had prior success to build forward momentum

› EX: admission criteria change, license change

A Residential Treatment Center provider saw a 72% reduction in citations following a 3-month placement suspension.

A Treatment of Emotional Disorders provider reduced citations by 90% through a combined service level & overall placement reduction and continues to sustain this improvement over a year later.

MENTIMETER SPACE HOLDER

- Just a section header, introducing 3 strategies as options for what to do next:
  - Front Door Strategy: Expand the eligibility for non-treatment programs
  - Service Array Strategy: Recruit more services & supports for children and families
  - Stabilization Strategy: Improve the sustainability of existing congregate care

MENTIMETER SPACE HOLDER

- Multiple choice
  - Q: Which strategy do you think we utilized?
    - Front Door
    - Service Array
    - Stabilization

MENTIMETER SPACE HOLDER

- Just a section header, introducing why we didn't use the other solution strategies

How to say *This is out of scope* nicely
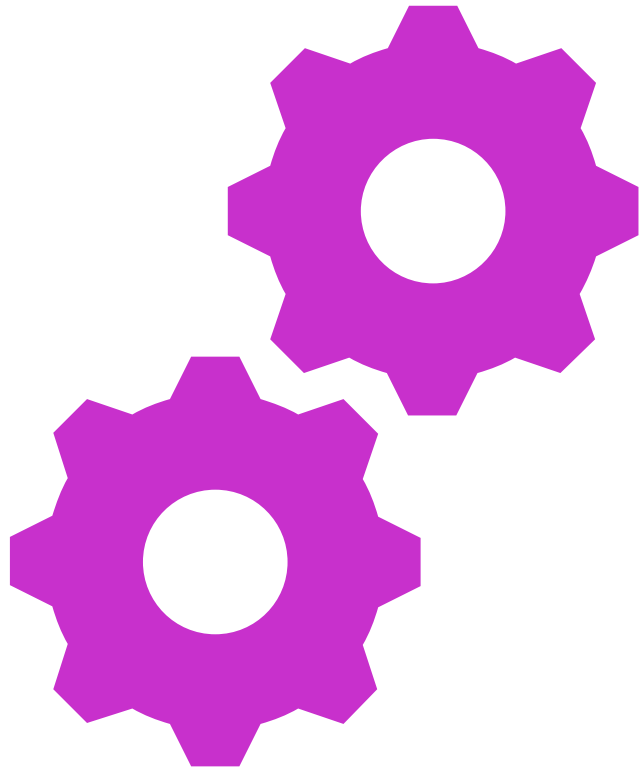
Create a Tool/Process

TO ADDRESS THE PROBLEM(S)

MENTIMETER SPACE HOLDER

- Fun Video for a Rube Goldberg Machine

Consider: Low Hanging Fruit

Sweet Fruit

Most of Fruit

Low-Hanging Fruit

Ground Fruit

Effort / Value

Leveraging the Law: SB 1896

- Sec. 42.258. LIMIT ON PLACEMENTS FOR NEW FACILITY.
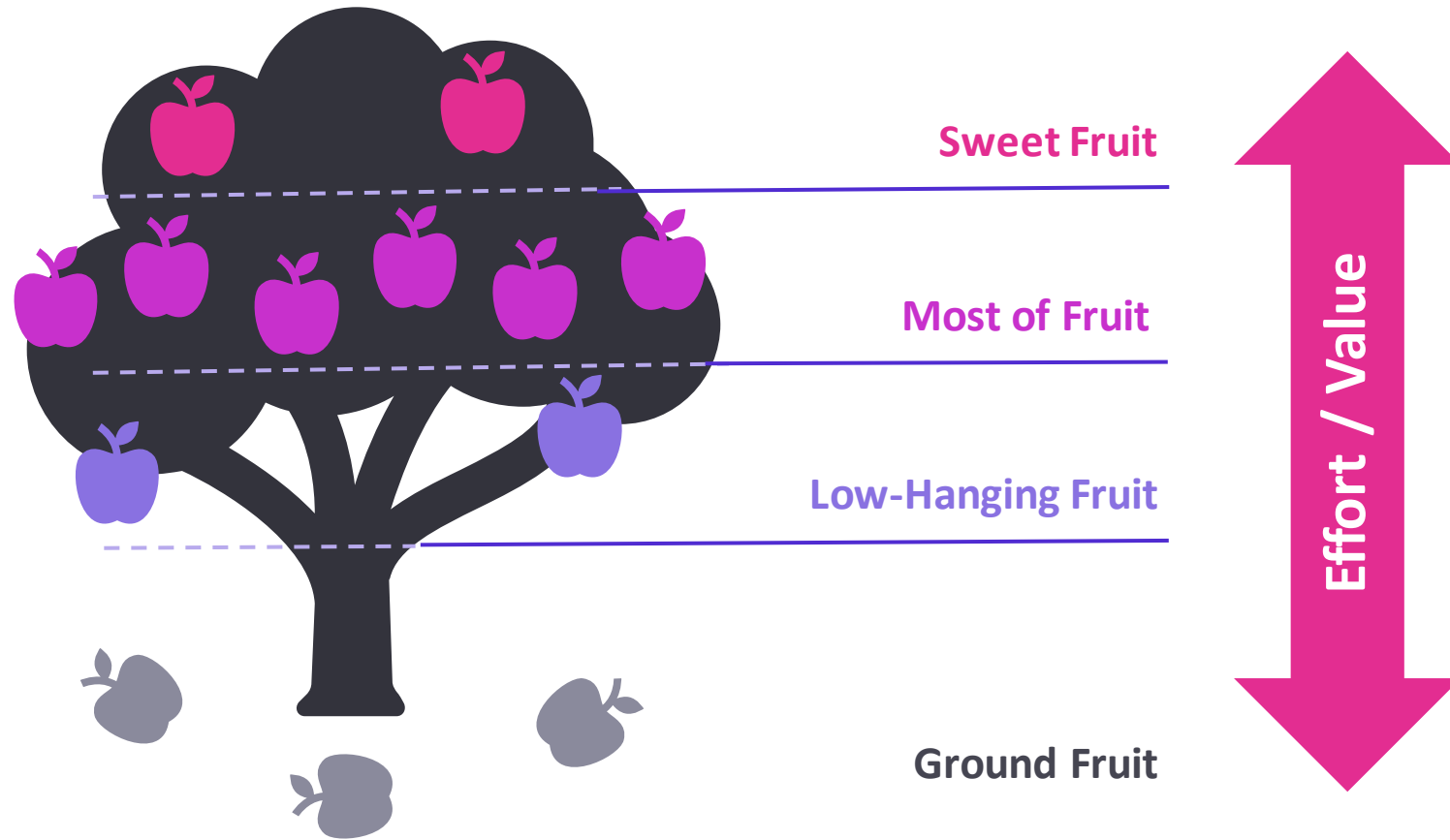 - *If the department or a single source continuum contractor contracts with a general residential operation providing treatment services to place children with the operation before the operation is licensed, the contract must limit the number of children that may be placed at the operation each month and limit the number of children with a service level of specialized, intense, or intense plus until the operation exhibits sustained compliance with the licensing standards.*

Goals for Implementation

Bridge the Research-Practice Gap with 30+ Years of Research & Analysis of Decades of Interventions

Collaborate Across Divisions for Diverse Perspectives & Implementation Success

Adjust & Improve through Utilization of an Evaluation & Implementation Science Framework

MENTIMETER SPACE HOLDER

- Open Ended as Speech bubbles
  - Q: What was your first "Big-Kid" job at a company/agency?

Did your career progression look something like this?

| Entry Level Job | Better Entry Level Job | Intermediate Level Job | Advanced Job | Top Management |

As they succeed in their position, **their responsibility is increased** with potential for pay raises and promotions.

Employees are typically hired at a lower grade to ensure **manageable responsibility based on experience.**

Can we break this process down to its simplest parts to **reconstruct it into some sort of tool?**
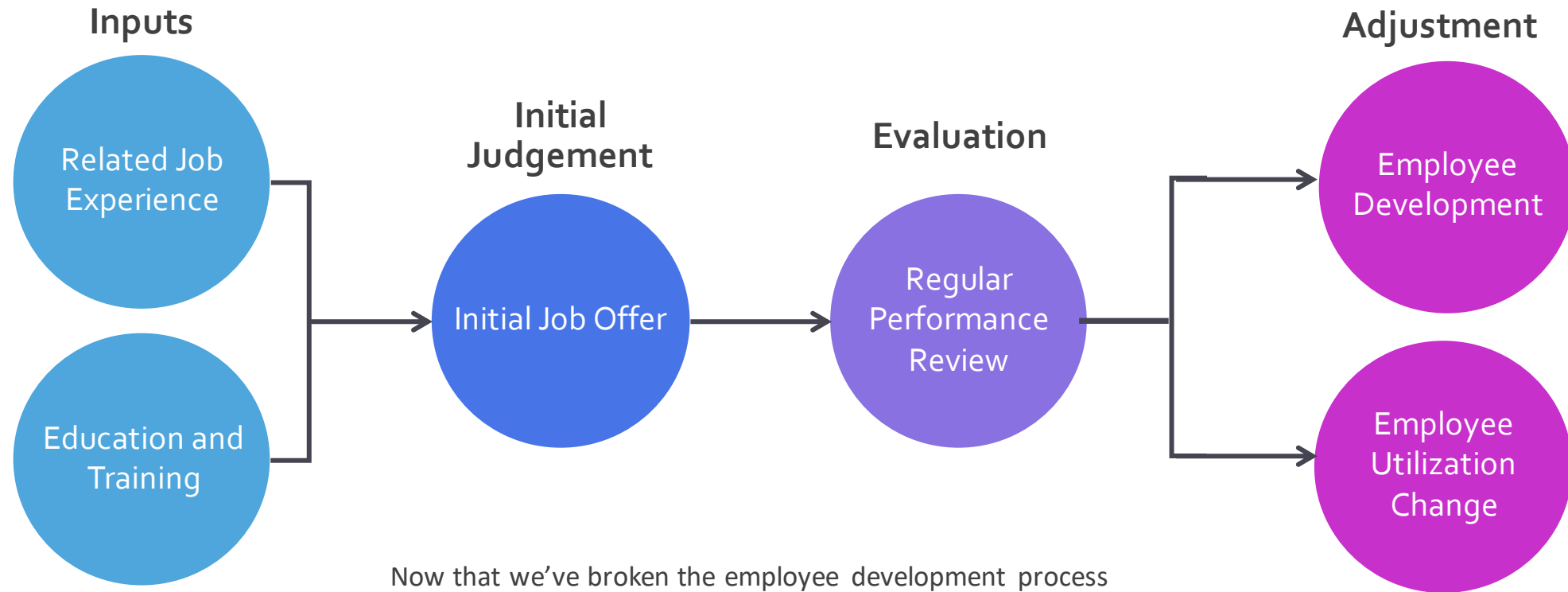
Consider: Child Welfare Caseworkers

❖ Current issues with contractors are like CPS caseworker turnover & tenure problems

❖ Evidence indicates unreasonable caseloads are associated with turnover, which leads to

  • Negative consequences for youth and families

  • Decrease in quality delivery of services

  • Increase in costs and limited organizational functioning for agencies

❖ It takes about 2 years for caseworkers to develop skills and knowledge to work independently (Ellett et al., 2007)

  • Recommendation: Support program that includes reduced and gradually increasing caseloads

Ellett, Ellis, Westbrook, & Dews (2007). A qualitative study of 369 child welfare professionals' perspectives about factors contributing to employee retention and turnover. *Children and Youth Services Review*, *29*, 264-281.

EXIT

Employee Development Process Mapping

Inputs

Related Job Experience

Education and Training

Initial Judgement

Initial Job Offer

Evaluation

Regular Performance Review

Adjustment

Employee Development

Employee Utilization Change

Now that we've broken the employee development process into its base elements, how can we apply this model elsewhere?

Overlay: Contract Development Process Mapping

Inputs

Organizational factors give insight into a contractor's initial competence and ability to serve children safely

Key Organizational Factors

Protective Factors

Protective factors are assets the contractor may have that will increase the chances of successful ongoing performance

Initial Judgement

Initial Capacity Determination

Evaluation

Regular Performance Review

Adjustment

Capacity Increase (+)

Performance meets expectations

Capacity Remains the Same (*)

Performance is below expectations

Capacity Decrease (-)

Performance is significantly below expectations

Consider: Management and Oversight
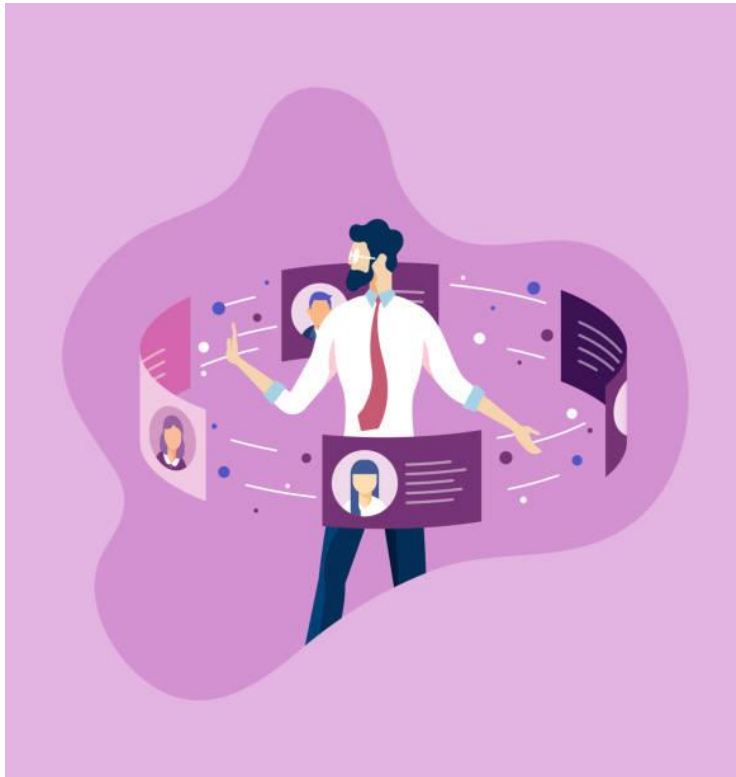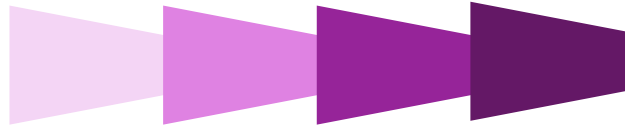
Management

Managers have the most control over **how an employee is utilized or developed** rather than trying to control the quality of an employee's performance.

Contract Oversight

DFPS has the most control over **how a contract is utilized or developed** rather than trying to control the quality of the provider's performance.

Workforce Stability

Employees **need** structured guidance and experience to build their tenure. Stable teams are developed through graduated responsibility based on experience.

Provider Stability

Like a CPS caseworker, operations **need** structure and experience to build their tenure. Tenured operations take time to develop but have **better** outcomes overall.

Evaluate the Tool/Process

TO ASSESS THE IMPACT

Contractor Development Logic Model *Simplified*

Activities, tools, and supports

- Documentation
- Training
- Infrastructure for communication and feedback

Changes in policies, procedures, and environment

- Proactive intervention
- Regular feedback to providers
- Regular communication among managing entities

Changes in provider performance

- Improvement in provider key performance indicators
- Decrease in staff turnover

Changes in the system

- Increase in systemwide residential capacity
- Improvement in service quality
- Improvement in **child experience and outcome**

MENTIMETER SPACE HOLDER

- Ranking multiple choice
  - Q: What's your least favorite data collection method?
    - Survey
    - Structured Observation
    - Interview
    - Focus Group
    - Form

Tools for Evaluation

- Internal Data
  - Deficiencies, investigation outcomes, licensed capacity, number of placements, discharge and next placement patterns
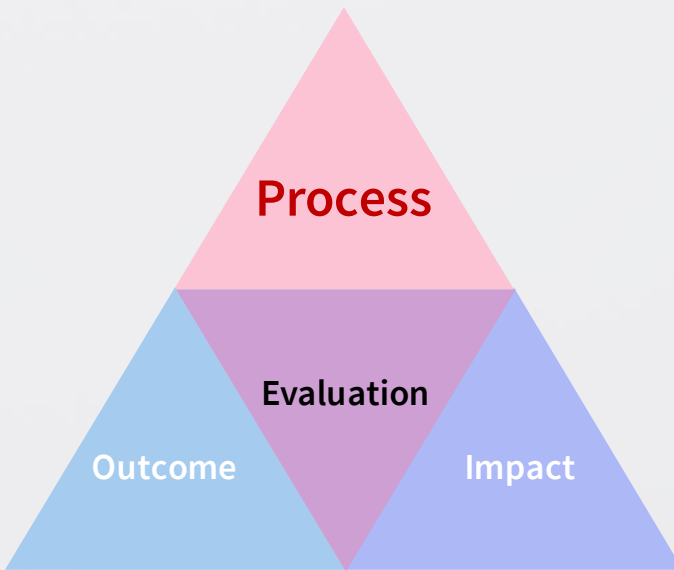
- Structured Observations
  - Discussion content, level of participation, decision-making process

- Surveys
  - Knowledge, implementation process, satisfaction, children's experience
    - Providers
    - Agency staff
    - Children, if feasible

Process Evaluation
(6 months – 1 year)

| Process |
| Evaluation |
| Outcome   Impact |

Question

Was each provider trained in the new contractor capacity development model?

Did each provider underserve, meet, or exceed their capacity limits?

Was each provider given a timely performance evaluation each quarter on capacity?

Data Collection

Provider survey, contract manager survey

Internal data, provider survey

Internal data, provider survey

Analysis

Descriptive statistics

Descriptive statistics

Descriptive statistics

Outcome Evaluation
(1 – 2 years)

Question	Data Collection	Analysis
How many GROs with the new model stay open within 2 years compared to GROs opened before the model?	Internal data	Survival analysis
What is turnover among staff in the facilities under the new model?	Internal data, provider survey	Descriptive statistics, test of differences between new vs. old facilities
Is there a reduction in the number of deficiencies, disciplinary actions, abuse/neglect violations, and reason to believe findings over time?	Internal data	Test of differences between new vs. old facilities

Process

Evaluation

Outcome

Impact

Impact Evaluation
(2+ years)

Question

Are there changes in the service array at DFPS, such as treatment foster family care contracts and qualified residential treatment pilot programs?

Are there changes in the number and characteristics of children in the general out-of-home care populations?

Data Collection

Internal data

Internal data, survey

Analysis

Descriptive statistics

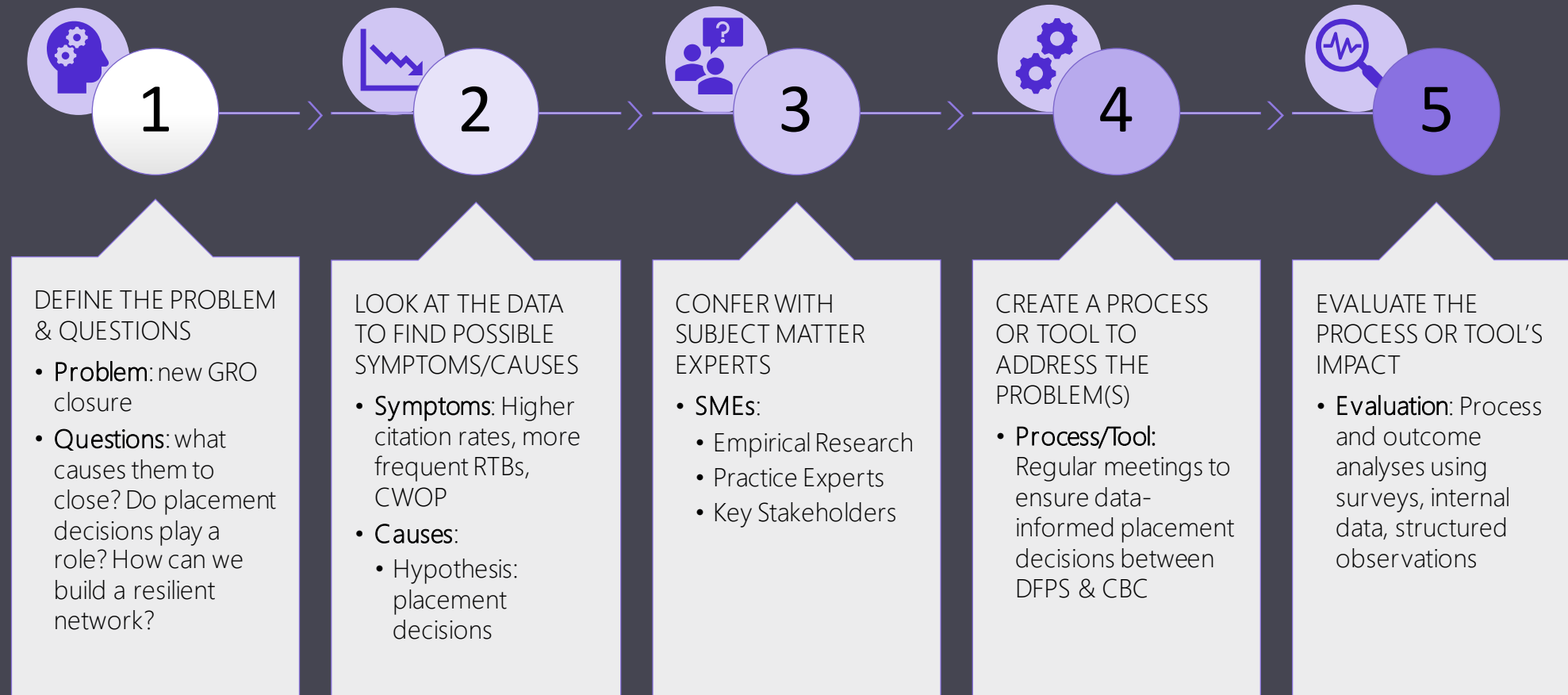Descriptive statistics, test of differences between new vs. old facilities

Process

Evaluation

Outcome

Impact

Summary for Process Improvement & Analysis

1

DEFINE THE PROBLEM & QUESTIONS

- **Problem**: new GRO closure
- **Questions**: what causes them to close? Do placement decisions play a role? How can we build a resilient network?

2

LOOK AT THE DATA TO FIND POSSIBLE SYMPTOMS/CAUSES

- **Symptoms**: Higher citation rates, more frequent RTBs, CWOP
- **Causes**:
  - Hypothesis: placement decisions

3

CONFER WITH SUBJECT MATTER EXPERTS

- **SMEs**:
  - Empirical Research
  - Practice Experts
  - Key Stakeholders

4

CREATE A PROCESS OR TOOL TO ADDRESS THE PROBLEM(S)

- **Process/Tool:** Regular meetings to ensure data-informed placement decisions between DFPS & CBC

5

EVALUATE THE PROCESS OR TOOL'S IMPACT

- **Evaluation**: Process and outcome analyses using surveys, internal data, structured observations

Thank you!

ANY QUESTIONS?