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Comments on Sunset Review
Texas Department of Family and Protective Services

Staff Turnover- Texas Department of Family and Protective Services continue to experience high turnover rates among CPS caseworkers. Throwing new money and new caseworkers at the Department has not worked. While appropriations have significantly increased, overall quality has not.

Recommendations:

- We believe that in addition to training, better mentoring is key.
- We support the creation of an office of independent ombudsman that can address conflicts between caseworkers, supervisors, or other personnel. In addition, an office of independent ombudsman could also address problems voiced by foster children and families.

Crisis Culture- We agree that strategic planning and reform should be independent of crises that may occur from time to time.

Recommendations:

- This legislature should express very clear expectations for this agency. These should include strict performance standards.
- Reinstate performance reviews in the Comptroller's office. In this way, an independent agency could monitor and ensure that the legislature's expectations are being met.

Challenges in Reforming Foster Care- Through Foster Care Redesign, Texas has attempted to adopt privatization, a "blended" case rate system of reimbursement, and other changes. We partially concur with recommendations made by Sunset Commission staff.

Recommendations:

- Halt foster care redesign.
- Use Blended Case Rates for foster care- These should be incorporated into the existing system. A flat reimbursement rate eliminates the incentive to "upchart" foster children (make them look like they need more services in order to charge a higher per diem rate).
- Incorporate a proper utilization review system for drugs and medical services in foster care. Congregate settings like Residential Treatment Centers should be subject to HHSC Utilization Review similar to what we see in long term care. This offers the advantage of utilization review being conducted by experienced nurses who have access to claims, records, and the patients themselves.
- Drug UR should also be conducted as above when possible. This ensures face to face contact by a nurse who can review for side effects and other problems.

DADS. A problem provider with repeated violations certainly needs to be corrected or closed. But without a provision to change management instead of relocating sometimes hundreds of children, we essentially have a system that is “too big to fail.”

The Department should be able to push for trusteeship when appropriate, so that we don't penalize and traumatize children when their caregivers fail to adequately protect them. The cost of trusteeship should be borne by the provider. This should be a one time, time limited opportunity for a provider to be corrected. If a problem provider comes out from under trusteeship only to continue business as usual, they should be out of the business.

Stakeholder Input- Sunset Commission staff correctly point out a lack of controls in the recruitment and use of various stakeholder groups and workgroups. We concur.

Recommendations:

- The state should do more to protect against conflicts of interest in workgroups.
- The legislature and the Department should consider whether it is proper for state paid contractors to also serve on workgroups that recommend policy.
- The Department needs to ensure that proper conflict of interest disclosures be made by anyone participating in workgroups. Is it really proper that individuals and groups who received money from drug companies were able to be on workgroups that developed psychotropic drugging guidelines?

Organizational Structure- As noted by the Sunset Commission staff, the organizational structure of the entire HHSC enterprise needs to be evaluated.