



TEXAS
Department of Family
and Protective Services

House Appropriations Committee

Article II Subcommittee

House Bill 1 Presentation

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Overview

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DFPS Mission, Vision, and Values

DFPS Mission

We promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation.

DFPS Vision

Improving the lives of those we serve.

DFPS Values

***Accountable:** We act with a sense of urgency to deliver results in an accountable, ethical, and transparent manner.*

***Respectful:** We recognize the value of each person and act timely, value privacy, and treat all with respect.*

***Diverse:** We promote diversity, inclusion, and equality by honoring individual differences.*

***Collaborative:** Whether through our staff or contractors, we work in partnership with clients, families, and communities to ensure our mutual success.*

***Professional:** We value our staff and strive for excellence while being professional, passionate, and innovative.*



Core Functions

- **Statewide Intake (SWI)** operates 24 hours a day, seven days a week, as the centralized point of intake for reporting suspected incidents of abuse, neglect, and exploitation and child care licensing standards violations.
- **Child Protective Investigations (CPI)** investigates reports of abuse and neglect and ensures the immediate safety of children.
- **Child Protective Services (CPS)** protects children by working with families to prevent abuse and neglect, by placing children in substitute care when they are not safe in their own homes, and by providing services to achieve permanency.
- **Adult Protective Services (APS)** protects adults living in their own homes who have disabilities or who are 65 years old or older by investigating reports of abuse, neglect, and exploitation and providing short-term services.
- **Prevention and Early Intervention (PEI)** contracts with and manages community-based programs aimed to prevent abuse and neglect of Texas children prior to CPI or CPS involvement.



2020-21 Selected Accomplishments

Investments by the Legislature last session contributed to significant improvements in DFPS programs and operations across the state in the current biennium including:

- APS caseworker turnover has decreased by 19.4 percent, from 23.6 percent in July 2018 to 19 percent in July 2020. APS cases per worker are also down.
- SWI frontline worker turnover has decreased by 61 percent, from 16.2 percent in July 2018 to 6.3 percent in July 2020, with average hold times also decreasing.
- Expansion of Community Based Care continues to proceed successfully. For example, in March and June of 2020, Regions 3B and 2, respectively, expanded into Stage II despite the challenges of COVID-19 and Region 1 began serving children and families in Stage I in January 2020. As of August 2020, CBC is serving 6,201 children, approximately 20% of children in conservatorship in Texas.
- The average daily caseload for conservatorship workers decreased from 17.8 children per worker in August 2019 to 15.9 in August 2020 – a decline of 11 percent.
- Child Protective Investigations cases per worker decreased from 12.7 in July 2018 to 10.1 in July 2020.
- DFPS' Prevention and Early Intervention program increased Healthy Outcomes through Prevention and Early Support services into four new counties as well as hiring nine additional nurses to expand TNFP services and add coverage in four new counties.



FY 2021 Critical Budget Issues

FY 2021 Child Protective Services Entitlement Needs: \$16.2 million GR

- Net Projected deficit of \$16.2 million in GR for the following entitlement programs:
 - Foster Care: \$25.1 million GR deficit
 - Adoption Subsidy/Permanency Care Assistance: \$8.9 million GR surplus

FY 2021 CPS Other Client Service Needs: \$15.8 million GR

- Projected deficit of \$15.8 million GR in the 3 purchased client services strategies.
 - Adoption Purchased Services: \$2.4 million
 - Substance Abuse Purchased Services: \$5.8 million
 - Other CPS Purchased Services: \$7.6 million
- Estimated need can be covered with transfer of existing appropriations in FY 2021

Foster Care Lawsuit: \$18.5 million GR

- Projected need of \$9.8 million for ongoing payments to court monitors (DFPS portion only)
- Projected need of \$8.7 million GR for staffing related to Heightened Monitoring
- Estimated need can be covered with transfer of existing appropriations in FY 2021



FY 2022-23 Key Budget Drivers

Child Protective Services Client Services Support

- Foster Care spending is projected to increase by 3.6%, including increased costs for 24 hour awake supervision. There will be an increased need for General Revenue to offset the inability to draw Title IV-E for congregate care settings. DFPS forecasts a return towards pre-pandemic Foster Care child FTE levels in the next biennium.
- Adequate foster care rates are necessary to ensure a stable provider network throughout the state.
- Substance Abuse, Adoption Assistance and Other Purchased Client Services requested at FY21 projected spending levels with no growth in FY22-23.

Foster Care Lawsuit Compliance

- Ongoing compliance with remedial orders in the M.D. vs. Abbott lawsuit requires significant resources in the coming biennium.

Community-Based Care Expansion

- Requested funding includes expansion into 5 new catchment areas in Stage I and progression to Stage II in 3 new catchment areas.



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FY 2022-23 Summary of HB 1

All \$ figures in millions

DFPS Goals	FY 2020-21	FY 2022-23	FY 2022-23	FY 2022-23
	LBE	Introduced Bill	Exceptional Items	Total Request
Goal 1 Statewide Intake Services	\$ 50.1	\$ 49.4	\$ 10.7	\$ 60.1
Goal 2 Child Protective Services	3,736.0	3,752.0	255.1	4,007.1
Goal 3 Prevention Programs	215.7	218.7	14.7	233.4
Goal 4 Adult Protective Services	140.3	139.5	0.7	140.2
Goal 5 Indirect Administration	178.0	174.8	10.0	182.2
Goal 6 Agency-wide Automated Systems	54.6	54.0	8.5	62.4
Total Agency	\$4,374.7	\$4,388.3	\$ 299.7	\$4,688.0
General Revenue	2,512.5	2,501.6	316.5	2,818.1
General Revenue - Dedicated	11.4	11.4	0.0	11.4
Federal Funds	1,835.4	1,860.8	-16.9	1,843.9
Other Funds	15.5	14.6	0.0	14.6
Total Agency Method of Finance	\$ 4,374.7	\$ 4,388.3	\$ 299.7	\$ 4,688.0

DFPS Goals	FY 2021	FY 2023	FY 2023	FY 2023
	LBE FTEs	Introduced Bill FTEs	Exceptional Item FTEs	Total
Goal 1 Statewide Intake Services	416.8	416.8	78.0	494.8
Goal 2 Child Protective Services	10,260.9	10,637.8	505.0	11,142.8
Goal 3 Prevention Programs	68.1	65.1	4.0	69.1
Goal 4 Adult Protective Services	848.8	848.8	0.0	848.8
Goal 5 Indirect Administration	797.9	793.0	29.0	822.0
Goal 6 Agency-wide Automated Systems	0.0	0.0	0.0	0.0
Total Agency	12,392.5	12,761.5	616.0	13,377.5



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Summary of Exceptional Items

Item	Biennial		FY 2022	FY2023
	GR/GRD	All Funds	FTE	FTE
1. Sustain Child Protective Services	\$ 127,647,908	\$ 99,680,323	-	-
2. Comply with Federal Court Orders in Foster Care Lawsuit	83,100,542	88,741,367	486.0	545.0
3. Expand Community Based Care	87,237,884	92,371,768	55.0	67.00
4. Expand Prevention Services	10,000,000	10,000,000	4.0	4.0
5. Family First Prevention Services Act (FFPSA)	-	-	-	-
6. Data Center Services	3,146,126	3,433,847	-	-
7. Requested Technical Adjustments	5,407,591	5,426,201	-	-
GRAND TOTAL	\$ 316,540,051	\$ 299,653,506	545.0	616.0



#1 Sustain Child Protective Services

a. Maintain Purchased Client Services at

FY 2021 Levels: \$35.1M GR/ \$35.1AF for the biennium

- Adoption Purchased Services - \$5.9M
- Substance Abuse Purchased Services - \$11.6M
- Other Purchased Child Protective Services - \$17.6M

(\$ in Millions)	FY 2022	FY 2023	Biennium
General Revenue (GR)	\$57.9	\$69.7	\$127.7
All Funds (AF)	\$47.1	\$52.6	\$99.7
FTEs	0	0	

b. Foster Care Payments: \$84.2M GR / \$55.3 AF for the biennium

- The DFPS Fall 2020 Forecast projects a return towards pre-pandemic caseloads levels in the next biennium.
- The DFPS forecast recognizes the loss of federal Title IV-E funding related to federal law removing IV-E eligibility for children in congregate care settings beginning October 1, 2021. This is estimated to shift \$43M from IV-E to GR in the biennium.

c. Restore Travel Funding for CPS Staff : \$8.4M GR / \$9.3M AF for the biennium

- DFPS requests a partial restoration of the travel reimbursement for CPS workers that was part of the 5% reduction as CPS staff are expected to return to pre-COVID travel levels in FY2022-23.



#2 Comply with Federal Court Orders in Foster Care Lawsuit

a. Conservatorship Staff : \$36.4M GR / \$40.2M AF for the biennium

- Additional conservatorship caseworkers and support staff to stay within court mandated child per worker guidelines.

b. Heightened Monitoring: \$15.3M GR / \$16.5 AF for the biennium

- Staffing to meet ongoing compliance of remedial order 20.

c. Residential Child Care Investigations: \$8.0M GR/ \$8.1M AF for the biennium

- Staffing to meet ongoing compliance of remedial orders 3, 5-11.

d. Permanent Managing Conservatorship Case Reads: \$0.7M GR / \$0.7M AF for the biennium

- Staffing to meet ongoing compliance of remedial orders 24-31.

e. IT Projects to Meet Court Orders: \$3.1 GR / \$3.6 AF for the biennium

- Provides information technology for ongoing compliance efforts with remedial orders 3, 5-11; 4, 32; 24-31.

f. Court Monitor Fees: \$19.7M GR / \$19.7 AF for the biennium

- Costs associated with the special monitors assigned by the court.

g. FTE Authority for Current Compliance-Related Staff

- FTE authority only (not funding) to include 67 existing lawsuit compliance staff within the agency FTE cap.

(\$ in Millions)	FY 2022	FY 2023	Biennium
General Revenue (GR)	\$40.5	\$42.6	\$83.1
All Funds (AF)	\$43.2	\$45.6	\$88.7
FTEs	486.0	545.0	



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#3 Expand Community-Based Care

DFPS requests funding to continue the expansion of Community-Based Care (CBC) to 5 new catchment areas in Stage I and progression to Stage II in 3 catchment areas.

(\$ in Millions)	FY 2022	FY 2023	Biennium
General Revenue (GR)	\$40.4	\$46.9	\$87.3
All Funds (AF)	\$42.5	\$49.9	\$92.4
FTEs	55.0	67.0	

Catchment area implementation schedule:

Catchment Area	Stage	Implementation Date
8A (Bexar County)	II	9/1/2021
8B (Counties Surrounding Bexar/San Antonio Area)	I	9/1/2021
1 (North Texas - Including Amarilla/Lubbock)	II	3/1/2022
8B (Counties Surrounding Bexar/San Antonio Area)	II	3/1/2023
3E (Dallas Area - 9 Surrounding Counties)	I	9/1/2022
9 (West Texas - 30 Counties Including Midland/Odessa/San Angelo)	I	12/1/2022
4 (North East Texas - 23 Counties Including Tyler)	I	3/1/2023
5 (East Texas - 15 Counties Including Beaumont)	I	6/1/2023



#4 Expand Prevention and Early Intervention Services

DFPS requests funding to support the expansions of its already established STAR Program (now called Family and Youth Success Program), Military Families Program, and Healthy Outcomes through Prevention and Early Support Program (HOPES).

STAR \$3.9M GR/AF for the biennium

- Provides services to families with children ages 6-17 years who are dealing with conflict at home or looking for support with everyday struggles. (Now called the Family and Youth Success Program)

Military Families Program \$1M GR/AF for the biennium

- Serves military families and veterans with children ages 0-17 years by utilizing parenting education, counseling, and youth development resources to build on the strengths of caregivers and children to promote strong families and supports positive parental involvement

HOPES \$4.3M GR/AF for the biennium

- Serves families with children ages 0-5 years. Each community customizes services based on local needs, with a focus on evidence-based interventions.

(\$ in Millions)	FY 2022	FY 2023	Biennium
General Revenue (GR)	\$5.0	\$5.0	\$10.0
All Funds (AF)	\$5.0	\$5.0	\$10.0
FTEs	4.0	4.0	

Additional Clients Served (Average Monthly)		
Program	2022 Exceptional Item	2023 Exceptional Item
STAR	1,192	1,192
Military Families	275	275
HOPES	358	358



#5 Family First Prevention Services Act (FFPSA)

DFPS developed a strategic plan with options to expand evidence-based prevention services under FFPSA required by SB 355, 86th Legislature.

(\$ in Millions)	FY 2022	FY 2023	Biennium
General Revenue (GR)	\$ -	\$ -	\$ -
All Funds (AF)	\$ -	\$ -	\$ -
FTEs	-	-	

DFPS received \$50M in transition federal funds to assist in implementation of the state's approach to FFPSA. \$34M remains available for appropriations committees to allocate to prevention models under FFPSA.



#6 Data Center Services

This request supports increased Data Center Services costs billed through DIR, primarily due to the transition to a new Microsoft Office 365 Enterprise Licensing model.

(\$ in Millions)	FY 2022	FY 2023	Biennium
General Revenue (GR)	\$2.2	\$0.9	\$3.1
All Funds (AF)	\$2.4	\$1.0	\$3.4
FTEs	-	-	

The request funds the difference between the projected Data Center Services costs for DFPS and the funding in SB1/HB1.



#7 Requested Technical Adjustments

Technical adjustment are requested to transfer the Screener function, restore appropriations for Adult Protective Services Program Support and restore General Revenue because of the lack of available revenue in the Children's Trust Fund.

(\$ in Millions)	FY 2022	FY 2023	Biennium
General Revenue (GR)	\$ 2.7	\$ 2.7	\$ 5.4
All Funds (AF)	\$ 2.7	\$ 2.7	\$ 5.4
FTEs	-	-	

- The transfer of the screener function to A.1.1. from B.1.1. (67 FTEs) and appropriations are to enhance the focus on screening of abuse and neglect allegations in the early stages. (Net change in FTEs)
- Restore appropriations for D.1.2, Adult Protective Services Program Support. SB1 held FTEs at FY 2021 levels and appropriation were reduced resulting in underfunding of budgeted staffing levels (equivalent to 5.5 FTEs).
- Restore General Revenue appropriation in C.1.4, Other At-Risk Prevention that was based on an equal increase in the Children's Trust Fund (5084), however, the BRE does not anticipate the revenue will be available at the appropriated level.



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Foster Care Litigation



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M.D. v Abbott Background

- On March 29, 2011, Children's Rights, a national advocacy group, filed suit in federal court alleging constitutional claims.
- The lawsuit is a class action concerning substantive due process claims for general class children in the Permanent Managing Conservatorship (PMC) of DFPS.
- There is one sub-class concerning oversight of licensed foster care placements.



M.D. v Abbott Procedural History

- Trial held in December 2014
- District Court issued opinion December 2015
- District Court rendered final order January 2018
- Texas appealed the final order; stay granted by 5th Circuit
- October 2018 – 5th Circuit issued opinion; remanded to District Court
- November 2018 – District Court rendered modified final order
- July 2019 – 5th Circuit issued opinion on 7/8; mandate issued and stay lifted 7/30; opinion vacated, modified, or affirmed DC orders



M.D. v Abbott Post-Mandate Status

- Roughly 50 Remedial Orders and a general injunction left standing after July 2019 5th Circuit opinion
- Remedial Orders generally fall within categories:
 - Screening, Intake, and Investigation of Maltreatment in Care Allegations
 - Organizational Capacity
 - Preventing Child-on-Child Sexual Aggression
 - Regulatory Monitoring and Oversight of Licensed Placements
 - Orders related to court-appointed monitors



M.D. v Abbott Remedial Orders

Screening, Intake, and Investigation of Maltreatment in Licensed Foster Care

- RO 3 – receiving, screening, and investigating reported abuse/neglect allegations, taking into account child’s safety needs
- ROs 5 and 6 – Priority 1 and Priority 2 case initiation.
- ROs 7 and 8 – Priority 1 and Priority 2 Face-to-Face contact, RO 9 – timely Face-to-Face tracking
- ROs 10 and 11 – timely investigation completion; track and report investigation completion timeliness
- RO 16 – timely investigation documentation
- RO 18 – timely notification letters sent to referents and providers
- RO A6 – provide children with point of contact for reporting abuse/neglect
- RO B5 – caseworker notification of abuse/neglect intake
- RO 37 – foster home referral history reviews



M.D. v Abbott Remedial Orders

Organizational Capacity

- RO 1 – CPS Professional Development (CPD) training
- RO 2 – Graduated Caseloads
- RO 35 – Tracking Conservatorship (CVS) caseloads on child-only basis
- ROs A1-A4 – Conservatorship caseloads
 - guidelines (14-17 children per caseworker)
- ROs B1-B4 – Child Care Investigations caseloads
 - guidelines (14-17 investigations per investigator)



M.D. v Abbott Remedial Orders

Preventing Child-on-Child Sexual Aggression

- RO 4 – caseworker and caregiver training to recognize/report sexual abuse, including child-on-child sexual abuse
- RO 23 – IMPACT sexual abuse profile characteristic
- ROs 24, 26, 28, 29, 30 – documentation of history of child sexual abuse victimization or aggression
- ROs 25, 27, 31 – notice to caregiver of history of child sexual abuse victimization or aggression
- RO 32 – policy/staff training on child-on-child sexual abuse policy
- ROs A7-A8 – 24-hour awake supervision in licensed foster care placements with more than 6 children and at least one child in PMC



M.D. v Abbott Remedial Orders

Regulatory Monitoring & Oversight of Licensed Placements

- RO 12-15, 17, 19, 21 –HHSC licensing/inspection and other related functions
- RO 20 – Heightened Monitoring
 - *Within 120 days, RCCL, and/or any successor entity charged with inspections of child care placements, will identify, track and address concerns at facilities that show a pattern of contract or policy violations. Such facilities must be subject to heightened monitoring by DFPS and any successor entity charged with inspections of child care placements and subject to more frequent inspections, corrective actions and, as appropriate, other remedial actions under DFPS' enforcement framework.*
- RO 22 – failure to report/corrective action



M.D. v Abbott Remedial Orders

Heightened Monitoring

- Heightened Monitoring is a coordinated effort between DFPS and HHSC to address a pattern of deficiencies and/or concerns relating to residential child care operations, including General Residential Operations and Child Placing Agencies, that serve youth in the PMC of DFPS.
 - Out-of-state contractors and contractors that solely contract with the Single Source Continuum Contractors as a part of Community Based Care may also be subject to Heightened Monitoring.
- The process includes looking at each operation's contract violations, minimum standards deficiencies, and confirmed abuse and neglect allegations for the last 5 calendar years.



M.D. v Abbott Remedial Orders

Court-Appointed Monitor Orders

- ROs AA1-AA13, BB1-BB3
- Appoint monitors, establish duties, mandate access to records, data, reports, information as well as access to private agency partners, child welfare stakeholders, and children in PMC
- Written report to court every 6 months; required to set forth whether Texas has met the requirements of the Court's Orders, including the steps the state has taken, the reasonableness of those efforts, the quality of work in carrying out those steps, and the extent to which that work is producing the intended effects and/or the likelihood that the work will produce the intended effects



M.D. v Abbott Ongoing Compliance

- Ongoing efforts to implement the orders affirmed by the Fifth Circuit and working with the court-appointed monitors, whose responsibilities include verifying compliance with the District Court's Remedial Orders
- Hearing held September 2020
- Contempt Order issued December 2020
 - Required certification of compliance:
 - RO 22
 - Other ROs (2, 3, 5, 7, 10, B5, 25, 26, 27, 29, 31, 37)
- Upcoming Monitors report to the court (anticipated Spring 2021)
- May 5, 2021 Compliance Hearing scheduled



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For more information, please visit the [DFPS - Foster Care Litigation](#) webpage, which includes Trial Court Orders and 5th Circuit Opinions



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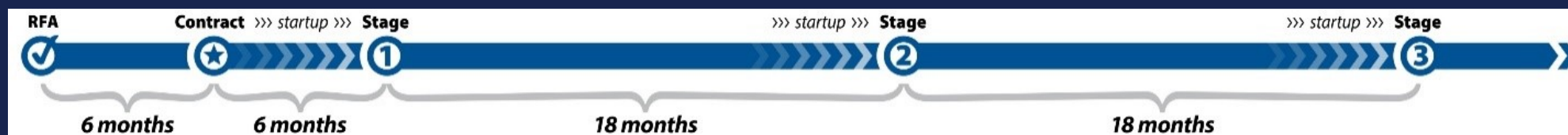
Community-Based Care



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Community-Based Care



Stage I

- ❖ Foster Care Network Development
- ❖ Placement Services
- ❖ Child & Adolescent Needs and Strengths (CANS) Assessment
- ❖ Coordinated Child Plan of Service
- ❖ Adoption Purchased Services for Children & Youth
- ❖ Preparation for Adult Living (PAL) for youth in paid foster care
- ❖ Daycare coordination

Stage II

- ❖ Case Management Services
- ❖ Plan of Service for Children & Families
- ❖ Purchased Services to Support Reunification for Families
- ❖ Kinship Services
- ❖ Transitional Living Services – PAL for all Youth
- ❖ Interstate Compact on the Placement of Children
- ❖ Adoption and Post-Adoption Services

Stage III

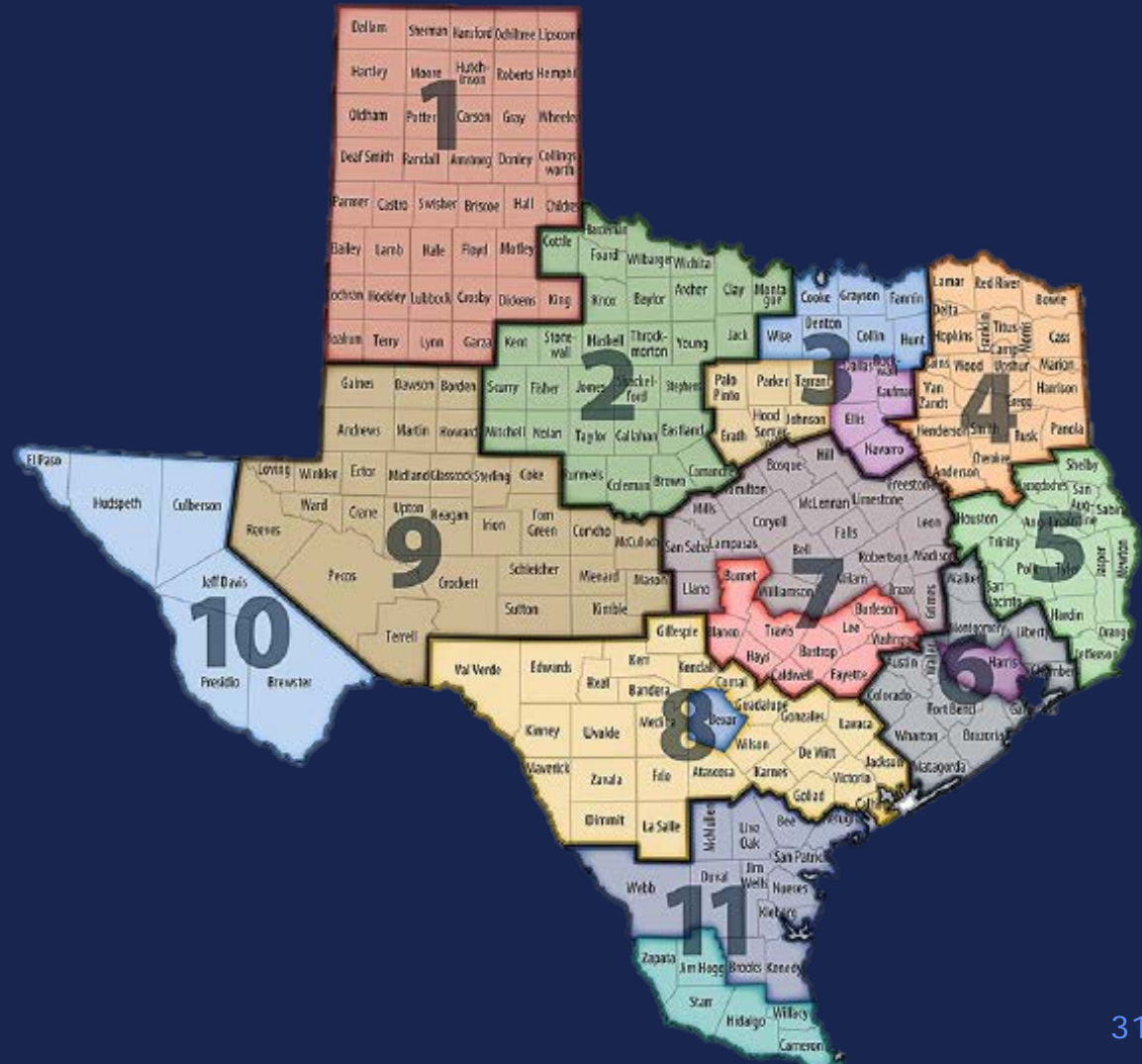
- ❖ Assess performance at 18 months from implementation of Stage II for *financial* incentives & remedies



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Community-Based Care Catchment Areas

As of January 7, 2021,
6,480 children
(approximately 21% of
children in substitute
care) are served in CBC
Catchment Areas: 3B Fort
Worth, 2 Abilene/Wichita
Falls, 8A Bexar County,
and 1 Amarillo/Lubbock.





Catchment Area 3B Status

Region 3B – Fort Worth

ACH – Our Community, Our Kids (OCOK)

- Serving as SSCC in Region 3B (Fort Worth and surrounding counties) since January 2014.
- Transitioned into Stage II (Case Management) on March 1, 2020, as planned.
- DFPS is focused on contract oversight and technical assistance.



As of January 7, 2021, *ACH* was serving 1,984 children, approximately 7% of children in conservatorship in Texas.



Catchment Area 2 Status

Region 2 – Wichita Falls/Abilene

TFI and New Horizons - *2INgage*

- Serving as SSCC in Region 2 (Wichita Falls/Abilene) since December 2018.
- Transitioned into Stage II (Case Management) on June 1, 2020 as planned, despite the hurdles of COVID-19.
- DFPS is focused on contract oversight and technical assistance (as a reminder, Texas Family Initiative (TFI) has done this work previously in other states).



As of January 7, 2021, *2INgage* was serving 1,665 children, approximately 6% of children in conservatorship in Texas.



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Catchment Area 8A Status

Region 8A – Bexar County

The Children's Shelter – *Family Tapestry*

- Serving as SSCC in Region 8A (Bexar County) since February 2019.
- Scheduled to begin negotiations for Stage II (Case Management) in Spring 2020.
- Delayed Stage II negotiations to address challenges with accounting system. Negotiations have been further delayed due to concerns with child safety and appropriate capacity and placement practices.
- DFPS will continue to work closely with *Family Tapestry* to provide technical assistance to ensure stability of the program and will reevaluate readiness to begin the 6-month start-up activities for Stage II this fall.



As of January 7, 2021, *Family Tapestry* was serving 1,787 children, approximately 6% of children in conservatorship in Texas.



Catchment Area 1 Status

Region 1 – Amarillo/Lubbock

St. Francis Ministries – *St. Francis Community Services*

- Serving as SSCC in Region 1 (Lubbock/Amarillo) since January 2020.
- Currently serving children and families in Stage I.
- Consistent with the CBC implementation plan, DFPS will request funding for expansion into Stage II for the FY 2022-2023 biennium.
- As a reminder, St. Francis has done this work previously in other states.

Dallam	Sherman	Hansford	Ochiltree	Lipscomb	
Hartley	Moore	Hutchinson	Roberts	Hemphill	
Oldham	Potter	Carson	Gray	Wheeler	
Deaf Smith	Randall	Armstrong	Donley	Collingsworth	
Parmer	Castro	Swisher	Briscoe	Hall	Childress
Bailey	Lamb	Hale	Floyd	Motley	
Cochran	Hockley	Lubbock	Crosby	Dickens	King
Yoakum	Terry	Lynn	Garza		

As of January 7, 2021, *Saint Francis Ministries* was serving 1,044 children, approximately 4% of children in conservatorship in Texas.



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Catchment Area 8B Status

Region 8B – 27 Counties Surrounding Bexar County

Open Procurement

- Original procurement officially closed in August 2019.
- Due to unforeseen circumstances the agency was unable to execute a contract with the remaining proposers and determined that re-procurement through HHSC was necessary.
- This procurement closed in December 2020. DFPS is in contract negotiations and expects to sign a contract in March 2021.
- Once a contract is signed, readiness activities will begin and Stage I services would likely begin in late summer 2021.



The SSCC in Region 8B is anticipated to serve an estimated 1,212 children or 4% of all children in in conservatorship in Texas.



Community-Based Care Performance

The SSCCs are held to performance measures that are prescribed by [Texas Family Code, Chapter 264.151](#).

DFPS monitors the performance of each SSCC and conducts reviews of their performance on a quarterly basis.

DFPS then meets with each SSCC to discuss any concerning trends in performance and determine how best to improve.

The following slides include SSCC performance For FY20* .

*As a note, some performance measures for FY2020 may be affected by COVID-19 response and may be beyond the control of the SSCCs.



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Community-Based Care Performance Catchment Area 3B

Performance Measure	Baseline Target (FY17-18)	FY 20 Performance
Safe in Foster Care	100%	99%
Close to Home (50 Miles)	73%	77%
Family-Like Setting	85%	85%
Siblings Placed Together	66%	66%
Placement Stability	1.46	1.47
PAL Completion	78%	78%



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Community-Based Care Performance Catchment Area 2

Performance Measure	Baseline Target (FY17-18)	FY 20 Performance
Safe in Foster Care	100%	99%
Close to Home (50 Miles)	47%	46%
Family-Like Setting	88%	88%
Siblings Placed Together	67%	63%
Placement Stability	1.40	1.34
PAL Completion	90%	89%



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Community-Based Care Performance Catchment Area 8A

Performance Measure	Baseline Target (FY17-18)	FY 20 Performance
Safe in Foster Care	100%	99.4%
Close to Home (50 Miles)	75%	83%
Family-Like Setting	70%	72%
Siblings Placed Together	64%	63%
Placement Stability	1.47	1.42
PAL Completion	88%	96%



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Community-Based Care Performance Catchment Area 1

Performance Measure	Baseline Target (FY18-19)	FY 20 Performance
Safe in Foster Care	100%	99.7%
Close to Home (50 Miles)	45%	44%
Family-Like Setting	69%	N/A
Siblings Placed Together	61%	61%
Placement Stability	1.48	N/A
PAL Completion	92%	92%



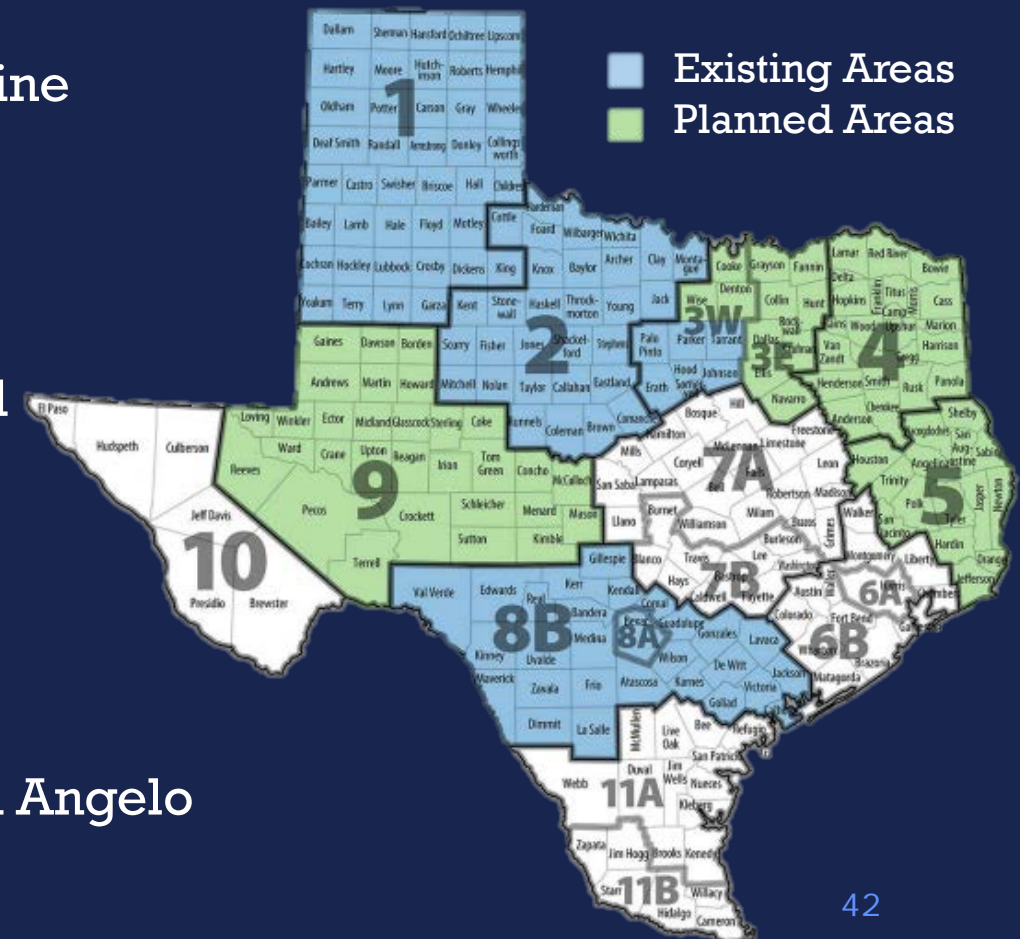
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FY '22-'23 Community-Based Care Expansion

DFPS published an updated [CBC Implementation Plan](#) in December 2020.

- This implementation plan includes a timeline for implementation, funding and payment structure, and more.
- This implementation also announced that subject to appropriations, DFPS planned to post Requests for Application to expand CBC into four additional catchment areas in the FY 22-23 biennium:
 - Catchment Area 3E: Dallas
 - Catchment Area 4: Tyler/Longview
 - Catchment Area 5: Beaumont
 - Catchment Area 9: Midland/Odessa/San Angelo





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FY '22-'23 Community-Based Care Expansion



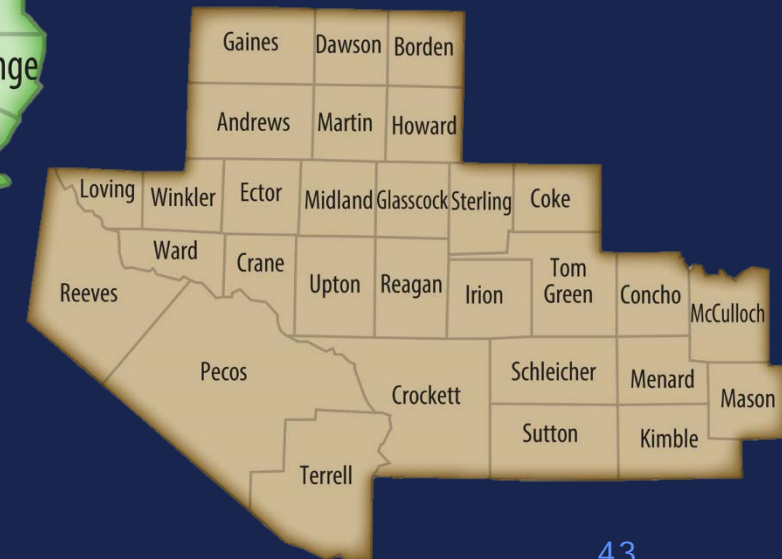
Region 3E will serve an estimated 2,849 children

Region 4 will serve an estimated 2,039 children



Region 5 will serve an estimated 1,167 children

Region 9 will serve an estimated 1,067 children





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For more information, please visit the [Community-Based Care](#) website.



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Family First Prevention Services Act (FFPSA)



What is FFPSA?

FFPSA was signed into law as part of a Bipartisan Budget Act on February 9, 2018, as [Public Law 115-123](#).

This law, among other changes, restructured federal child welfare funding, particularly Title IV-E and Title IV-B of the Social Security Act, which Texas uses to pay for the care of children in foster care and their families.

FFPSA seeks to improve services and outcomes for four main populations:

- 1) children placed in congregate care;
- 2) kinship caregivers and the children they are caring for;
- 3) parents who struggle with substance abuse and their children; and
- 4) children who are at imminent risk of entering foster care, as defined by Texas.

DFPS published the [FFPSA Strategic Plan](#) on September 1, 2020.



FFPSA Implementation

- In November 2018, Texas notified the Federal Administration for Children and Families (ACF) that it intended to delay implementation of certain provisions of FFPSA until September 29, 2021.
- The delay allowed Texas to gain more clarity on the requirements of FFPSA as the federal government continues to provide additional guidance on implementation to states, engage stakeholders, examine the resources needed to enhance evidence-based prevention services, and determine the best path forward for the children and families of Texas.
- There is no deadline for Texas to decide a final approach to draw down Title IV-E funding for expanded prevention services, which means that as Texas determines what resources exist to invest in furthering the Texas vision, adjustments can be made to our state's approach.
- In December 2019, the President signed into law the Family First Transition Act (FFTA), which will assist DFPS in FFPSA implementation efforts by providing states a one-time transition funding to assist with implementing FFPSA. By providing states transition funding, the federal legislature recognized the upfront investment that states must make in order to implement the provisions of FFPSA. This funding must be used to advance the goals of FFPSA.
- This funding is not eligible for additional federal match, unlike additional investment of new state funds. DFPS received \$50.3 million in funding under FFTA to spend through federal fiscal year 2025 and has approval to spend \$16.4 million of FFTA funding per the General Appropriations Act, Article IX, Sec. 13.02. The remaining \$33.9 million is available for appropriation by the Legislature.



FFPSA Required Provisions

FFPSA includes five required provisions. Texas is complying or has a plan to comply with each of the following:

1. Creation of an Interstate Compact on the Placement of Children (ICPC) National Electronic Interstate Compact Enterprise (NEICE) system to quickly and securely exchange data and documents for children placed across state lines;
2. Creation of a statewide fatality prevention plan to prevent abuse and neglect fatalities;
3. Establishment of protocols to prevent children from being inappropriately diagnosed and to ensure appropriate placements;
4. Implementation of procedures for providers to conduct abuse and neglect registry and criminal records checks, including fingerprint-based background checks; and
5. Compliance with proposed federal model licensing standards.



FFPSA Optional Provisions

FFPSA includes optional provisions that change how Texas can use federal funds.

1. Title IV-E matched funds for the provision of evidence-based prevention services for families with children at imminent risk of entering the foster care system;
2. Elimination of Title IV-E reimbursement for certain congregate care settings;
3. Allowance of Title IV-E reimbursement for children placed with a parent in residential family-based treatment facility for substance abuse; and
4. Allowance of Title IV-E reimbursement for Kinship Navigator programs that connect kinship caregivers to benefits and services.



Existing Prevention Efforts

One goal of FFPSA is to reduce the entry of children into foster care by providing families with evidence-based parenting support, substance abuse prevention and treatment, and mental health prevention and treatment. In Texas, these prevention services would impact children and families involved in Family-Based Safety Services (FBSS).

- FBSS is designed to help avoid the removal of children from their homes by strengthening the family's ability to protect their child through the provisions of in-home services.

Texas currently serves families and children at imminent risk of entering the foster care system through FBSS and DFPS partners with HHSC to access mental health and substance use disorder services for families.

- Texas HHSC programs fund and provide services for mental health and substance use disorder services through Local Mental Health Authorities (LMHA) and Substance Use Disorder (SUD) treatment programs.
- The Prevention and Early Intervention (PEI) Division at DFPS funds a number of evidence-based programs that serve families that may or may not be involved with the child welfare system.

CPS also provides some limited services (based on appropriation) to children who have been adopted or achieved permanency in order to maintain a stable permanent placement.



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Existing Congregate Care Placement Array

When children can no longer safely remain in their homes, DFPS is required by federal and state law to seek out the least-restrictive, most family-like setting available that can meet the child's individual needs.

Prior to the passage of FFPSA, Texas was eligible for Title IV-E reimbursement for children placed in foster family homes, general residential operations (including emergency shelters and residential treatment centers), and other settings, such as Supervised Independent Living (SIL) and Home and Community Based Services.

The placement types eligible for consideration of Title IV-E funding under FFPSA include foster family homes, providers specializing in providing prenatal, post-partum, or parenting supports for youth, supervised independent living settings, residential care for children and youth who are found to be, or at risk of becoming, sex trafficking victims, and Qualified Residential Treatment Programs (QRTPs).

FFPSA does not disallow any placements currently authorized and utilized in Texas. It does however limit/change the placement types eligible for reimbursement of Title IV-E funding. Because of the changes to Texas' ability to draw down Title IV-E funds for most congregate care placements, Texas is estimated to lose \$43 million in federal funds during the FY 2022-2023 biennium.



Qualified Residential Treatment Providers (QRTPs)

FFPSA does allow for Title IV-E reimbursement for children appropriately placed in QRTPs. In order for a provider to have a program that is considered to be a QRTP, the program must meet all prescribed criteria as set out in FFPSA. These criteria include registered or licensed nursing staff and other clinical staff who are available 24 hours a day, 7 days a week and on-site during business hours, accreditation, facilitation of family and sibling participation in a child's treatment program, and at least 6 months of after care.

In order for an individual child placement in a QRTP to be considered eligible for Title IV-E funding, the following are required by FFPSA and must occur:

1. An independent assessment must be completed within 30 days after the child's placement into the QRTP by a trained professional or licensed clinician.
2. The court over the child's CPS case, must, within 60 days of placement, determine if the child's needs can be met in a foster family home or whether placement in the QRTP provides the most appropriate setting for the child (this process is repeated at each status review and permanency hearing).
3. For a child placed in a QRTP for more than 12 consecutive months or 18 non-consecutive months (or for more than a total of 6 months, regardless of consecutive or non-consecutive, if the child is younger than 13 years of age), the State shall submit documentation and signed approval from the DFPS Commissioner to ACF for the continued approval (to claim IV-E funds) for the child's placement.



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Recommendations to Increase Prevention Efforts

There are several opportunities to increase or improve the quality of prevention services provided in Texas. All of these recommendations would be eligible to use FFTA funds for implementation in the FY 2022-2023 biennium, but some would require Texas to invest additional state funds (at varying levels) in subsequent biennia. However, the investment of additional state funds would allow for some federally matched funds. These services would be provided to children and families in Texas' proposed candidacy population: children and families involved in FBSS, children and families post-permanency or post-adoption, and pregnant or parenting youth in DFPS Conservatorship.

Study the Coordination of FBSS Services in CBC, Including FFPSA Prevention Services

- In order to allow for further consideration of incorporating FBSS into the CBC model, DFPS could pay for a study to fully inform that transition. While the funding and implementation structure for the existing CBC model is well-established, the addition of prevention services will require additional considerations.

Pilot FFPSA Prevention Service Coordination through PEI Community Grants

- PEI could pilot a model where a single community organization would be knowledgeable of their community resources and serve as a central hub to receive referrals, assess family information for best community service fit, and connect families to FFPSA prevention services.

Expand Helping through Intervention and Prevention (HIP) Services for Pregnant and Parenting Foster Youth

- DFPS can expand evidence-based prevention services eligible for federal match by serving additional pregnant and parenting foster youth through the HIP Program.

Expand Capacity for FFPSA Prevention In-Home Parenting Programs

- DFPS can expand existing evidence-based in-home parenting programs that are proven to increase parents' protective capacity therefore decreasing the likelihood of their child's entry into foster care.

Implementation Recommendations Estimated Costs



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Strategic Plan Option	Estimated Costs (dollar amount in millions)								
	FY 2022			FY 2023			TOTAL for FY 2022-2023		
	General Revenue*	All Funds	FTEs	General Revenue*	All Funds	FTEs	General Revenue*	All Funds	
Recommendation 1: Study the Coordination of FBSS Services in CBC, including FFPSA Prevention Services	\$0.3	\$0.3					\$0.3	\$0.3	
Recommendation 2: Pilot FFPSA Prevention Service Coordination through PEI Community Grants	\$2.15	\$4.3	4.0	\$2.15	\$4.3	4.0	\$4.3	\$8.6	
Recommendation 3: Expand Helping through Intervention and Prevention (HIP) Services for Pregnant and Parenting Foster Youth	TBD**	TBD**		TBD**	TBD**		TBD**	TBD**	
Recommendation 4: Expand Capacity for FFPSA Prevention In-Home Parenting Programs	\$1.3	\$2.6		\$1.3	\$2.6		\$2.6	\$5.2	
							TOTAL	\$7.2	\$14.1

*FFTA funds could be used for the FY 2022-2023 biennium, General Revenue funds would be required in subsequent biennia.

**If FY 2020-2021 General Revenue funding levels are maintained in FY 2022-2023, DFPS would be able to draw additional federal match.



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For more information, please visit the [DFPS FFPSA](#) website.



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Appendices



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Appendix A: Summary of Exceptional Items: HB1

Item	Biennial		FY 2022	FY2023
	GR/GRD	All Funds	FTE	FTE
1 Sustain Child Protective Services	\$ 127,647,908	\$ 99,680,323	-	-
a. Maintain Purchased Client Services at Current Levels	35,081,852	35,084,832	-	-
b. Foster Care Payments	84,152,509	55,290,117	-	-
c. Restore Travel Funding for CPS staff	8,413,547	9,305,374	-	-
2 Comply with Federal Court Orders in Foster Care Lawsuit	\$ 83,100,542	\$ 88,741,367	486.0	545.0
a. Conservatorship Staff to Remain within Court Mandated Guidelines	36,404,104	40,194,026	253.0	312.0
b. Heightened Monitoring of Residential Facilities	15,266,058	16,489,280	103.0	103.0
c. Residential Child Care Investigations Staffing	7,951,931	8,073,096	58.0	58.0
d. Permanent Managing Conservatorship Case Reads	676,448	747,752	5.0	5.0
e. IT Projects to Meet Court Orders	3,122,001	3,557,213	-	-
f. Court Monitor Fees	19,680,000	19,680,000	-	-
g. FTE Authority for Current Compliance-Related Staff	-	-	67.0	67.0
3 Expand Community Based Care	\$ 87,237,884	\$ 92,371,768	55.0	67.0
a. Catchment Area 8A, Stage II (Bexar County)	40,565,152	43,288,796	25.0	25.0
b. Catchment Area 8B, Stage I (Counties Surrounding Bexar/San Antonio Area)	4,525,590	4,581,351	-	-
c. Catchment Area 1, Stage II (North Texas - Including Abilene)	22,368,219	23,988,535	18.0	18.0
d. Catchment Area 8B, Stage II (Counties Surrounding Bexar/San Antonio Area)	6,996,094	7,404,496	-	12.0
e. Catchment Area 3E, Stage I (Dallas Area - 9 Surrounding Counties)	6,822,043	7,011,726	6.0	6.0
f. Catchment Area 9, Stage I (West Texas - 30 Counties Including Midland/Odessa/San Angelo)	1,996,667	2,044,634	2.0	2.0
g. Catchment Area 4, Stage I (North East Texas - 23 Counties Including Tyler)	2,109,505	2,159,089	2.0	2.0
h. Catchment Area 5, Stage I (East Texas - 15 Counties Including Beaumont)	1,504,614	1,543,141	2.0	2.0
i. RMTS Costs	350,000	350,000	-	-



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Appendix A: Summary of Exceptional Items: HB1

Item	Biennial		FY 2022	FY2023
	GR/GRD \$ 10,000,000	All Funds \$ 10,000,000	FTE 4.0	FTE 4.0
4 Expand Prevention Services				
a. STAR (Family Youth and Success Program)	3,886,304	3,886,304	-	-
b. Healthy Outcomes through Prevention and Early Support (HOPES)	4,286,312	4,286,312	-	-
c. Prevention Services for Military and Veteran Families	1,000,000	1,000,000	-	-
d. Staffing Support	827,384	827,384	4.0	4.0
5 Family First Prevention Services Act (FFPSA)	-	-	-	-
a. Placeholder for expansion of FFPSA prevention services	-	-	-	-
6 Data Center Services	\$ 3,146,126	\$ 3,433,847	-	-
a. Sustain Data Center Services	3,146,126	3,433,847	-	-
7 Requested Technical Adjustments	\$ 5,407,591	\$ 5,426,201	-	-
a. Realignment for Screener Staff from CPS to Statewide Intake Strategy	-	-	-	-
b. Adult Protective Services Program Support	636,188	654,798	-	-
c. General Revenue for Children's Trust Fund Revenue Loss	4,771,403	4,771,403	-	-
GRAND TOTAL	\$ 316,540,051	\$ 299,653,506	545.0	616.0



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Appendix B: FFPSA



FFPSA Required Provisions

Creation of an ICPC NEICE System (Required by 2027)

- This system will more easily facilitate the placement of Texas children in other states around the country in relative placements or adoptive homes. DFPS similarly receives children for placement from other states. Texas currently uses a manual process due to the large number of placements that must be coordinated. This automated system would streamline this process for an estimated 987 placements each year. Texas received \$424,000 in federal grant funds and anticipates compliance by 2023 as work is already underway.

Creation of a Statewide Fatality Prevention Plan, to Prevent Abuse and Neglect Fatalities

- Since March 2015, Texas has maintained a statewide fatality prevention plan. Texas also produces an annual report on abuse/neglect fatalities, participates in the State Child Fatality Review Team, and critically exams abuse/neglect fatalities. Texas is complying with federal guidelines.

Establish Protocols to Prevent Inappropriate Diagnoses and Ensure Appropriate Placements

- Texas' approved [Title IV-B plan](#) includes Health Care Oversight provisions to ensure that children in foster care are not inappropriately diagnosed and inappropriately placed as a result. Texas is complying with federal guidelines.



FFPSA Required Provisions

Implementation of Procedures for Providers to Conduct Abuse and Neglect Registry and Criminal Records Checks, Including Fingerprint-Based Background Checks

- In order to serve children in the Texas foster care system, providers must submit a Texas Crime Information Center (TCIC) check, an FBI fingerprint-based background check, and a Central Registry check. Texas is complying with federal guidelines.

Compliance with Federal Model Licensing Standards

- HHSC sets minimum licensing standards to mitigate risk for children in out-of-home care settings by outlining basic requirements to protect the health, safety, and well-being of children in licensed care. This includes minimum standards for Child Placing Agencies (CPAs) that verify individual foster homes. On March 29, 2019, Texas submitted a Title IV-E state plan amendment for approval to the federal Administration for Children and Families (ACF) addressing which of Texas' standards are consistent with the model licensing standards; which standards deviate from the model standards, including the reason for the deviation and which standards Texas will update. The submitted Title IV-E state plan also addressed whether Texas waives certain non-safety standards for relative foster homes. On May 2, 2019, ACF informed Texas that it had approved the revised Title IV-E state plan addressing the model licensing standards. HHSC will be updating the minimum standard administrative rules as noted in DFPS' Title IV-E State Plan Amendment.



FFPSA Optional Provisions

Evidence-Based Prevention Services

- FFPSA allows for a 50% federal match if the state invests in evidence-based prevention services for families with children at imminent risk of entering the foster care system, including children whose adoption or guardianship is at risk of disruption or dissolution, as well as pregnant and parenting foster youth. From fiscal year 2027 onward, the 50% match changes to an amount equal to the State's Federal Medical Assistance Percentage (FMAP) rate.

Congregate Care Settings Eligible for Title IV-E Reimbursement

- Although Texas will no longer be able to claim Title IV-E foster care maintenance payments for IV-E eligible children in many of the types of congregate care settings that currently exist in Texas as of September 29, 2021*, FFPSA does allow Title IV-E reimbursement for limited specialized congregate care for specific populations, in addition to foster home placements. These congregate care settings include placements specializing in supports for pregnant and parenting youth; Supervised Independent Living (SIL) settings for young adults over the age of 18; placements for youth who are victims of or at risk of becoming sex trafficking victims; and Qualified Residential Treatment Programs (QRTPs), which are licensed, accredited programs that offer an intense medical model for congregate care, including trauma informed treatment and after care supports.

* FFPSA allows Title IV-E reimbursement for up to two weeks in these congregate care settings. The funding limitations of FFPSA will apply once a child is moved to a new placement after September 29, 2021.



FFPSA Optional Provisions

Placements in Substance Abuse Treatment Facilities

- Texas may claim Title IV-E reimbursement for foster care maintenance expenses for up to 12 months for a child in DFPS conservatorship who is placed with a parent in a residential family-based treatment facility for substance abuse, without regard to the child's IV-E eligibility. As of July 2020, Texas has 10 residential providers that serve all Texas parents (not just those in the child welfare system) with substance use disorder issues while allowing their children to remain in their care.

Kinship Navigator

- This model connects kinship caregivers to benefits and services, including information, referrals, follow-up services, counseling, and other assistance. The Kinship Navigator Programs envisioned by FFPSA are unique because they do not require the family to be involved with a state child welfare program to access additional services. There are currently no approved Kinship Navigator Programs on the Title IV-E Prevention Services Clearinghouse and thus no opportunities to draw down additional federal funds for this type of service.



Existing Prevention Efforts

One goal of FFPSA is to reduce the entry of children into foster care by providing families with evidence-based parenting support, substance abuse prevention and treatment, and mental health prevention and treatment. In Texas, these prevention services would impact children and families involved in FBSS. Texas currently serves families and children at imminent risk of entering the foster care system through FBSS and DFPS partners with HHSC to access mental health and substance use disorder services for families.

Services Accessed through HHSC

- Texas HHSC programs fund and provide services for mental health and substance use disorder services through Local Mental Health Authorities (LMHA) and Substance Use Disorder (SUD) treatment programs. Families needing these services have access to LMHA programs, such as the Youth Empowerment Services (YES) Waiver, and a full range of mental health services. Families involved with DFPS access mental health and SUD services at no additional cost to DFPS. Families are referred and/or court ordered to these services based on the needs determined through the course of the investigation and/or while the family is receiving services through FBSS.



Existing Prevention Efforts

Prevention and Early Intervention Services

- DFPS uses a number of evidence-based prevention service models through PEI grantees to offer services to families who may not be involved with the child welfare system or may not be at imminent risk of entering the system. PEI manages grants to community-based programs whose primary objective is to prevent juvenile delinquency and child abuse and neglect in a majority of cases before formal involvement with the child welfare system. PEI funds evidence-based prevention services to at-risk families and their children to increase protective factors, promote safety and healthy relationships in the home, and promote resilience and healthy development for youth in the community.
- Through home visiting program models, PEI grants serve families with children ages 0-5, an age group particularly vulnerable to child abuse and neglect. PEI grants also serve families with children 6 years of age and older through the Family and Youth Success (FAYS) program (previously STAR). To date, PEI has granted state and federal funding to 132 prevention lead service contractors across the state, many of whom have multiple subcontractors, who served over 67,000 families across Texas in FY 2019.



Existing Prevention Efforts

Family Based Safety Services

- FBSS is the DFPS family preservation program designed to help avoid the removal of children from their homes by strengthening the family's ability to protect their child and reduce threats to their child's safety. The FBSS program provides in-home services to help stabilize the family and reduce the risk of future abuse or neglect.
- FBSS provides services to approximately 9,500 families and 25,300 children during any given month. In Fiscal Year 2020, FBSS served a total of 29,251 families and 76,869 children. Services provided to children and families are accessed through various resources to include those available in communities, SUD and mental health services provided through HHSC, and services purchased by DFPS.

Other CPS Services

In addition to FBSS, children may receive prevention services through the following:

- CPS provides limited services (based on appropriation levels) to children who have been adopted (post-adoption); children who have achieved permanency through permanent managing conservatorship, often with a family member (post-permanency); and children who are in the conservatorship of the state but are in the process of family reunification (family reunification).
- The state Medicaid program provides a comprehensive spectrum of healthcare services to children.

At present, children and families receiving post-adoption, post-permanency, and family reunification services are not included in Texas' Title IV-E foster care candidate definition. A proposed expanded Title IV-E foster care candidate definition is discussed in slides 15 and 16.



Considerations for Implementation

Expanded Title IV-E Foster Care Candidate (Cont.)

Populations can include:

1. Children receiving family preservation services through DFPS.
2. Children who have exited DFPS conservatorship through reunification, managing conservatorship, or adoption and are at risk of disruption and re-entry.
3. Pregnant youth or parent in DFPS conservatorship.

Circumstances of a child, parent, or kinship caregiver that place a child at risk of entering foster care include:

- Child maltreatment, including abuse and neglect;
- Children born to mothers with a positive toxicology screening or children who are born with a positive toxicology screening;
- Substance use or addiction;
- Lack of protective capacity; or
- Parents' inability or need for additional support to address serious needs for the child.



Considerations for Implementation

Data Collection

- The Children's Bureau requires states implementing FFPSA to report on a specified set of data elements that include child level demographic data, data about prevention services provided to individuals, and outcome data for children who received prevention services. No major changes would be required to generate data for FFPSA reporting on child demographics. However, data about services provided to children or families are tracked in multiple DFPS automation systems. To generate data about services provided to individuals, changes to multiple applications are required.

Evaluation

- Services provided under FFPSA that meet the promising or supported criteria as defined in the Title IV-E Prevention Services Clearinghouse must be rigorously evaluated; services that are well-supported require either rigorous evaluation or monitoring under a continuous quality improvement (CQI) plan. If a CQI approach is approved, well-supported practices do not require evaluation. Evaluation plans must be submitted for each individual service requiring evaluation.



Existing Congregate Care Placement Array

- As of the last day of Fiscal Year 2020, there were approximately 27,875 children in substitute care (DFPS conservatorship). When it is unsafe for a child to remain in his or her own home, DFPS is required by federal and state law to seek out the least-restrictive, most family like setting available and be able to meet the child's individual needs.
- To ensure a rich service array is available to serve the more than 16,000 children each day who require a paid foster care placement setting, DFPS contracts with over 300 individual contractors statewide, as well as Single Source Continuum Contractors (SSCC) in areas operating under the CBC model.
- Each individual contractor in turn specializes in providing care based on a subset of categories. These services range in acuity from foster home and emergency shelter care for children with basic needs, to care for children with primary/complex medical needs or those with a severe emotional disturbance. Individual service providers operating under the traditional or legacy foster care system, are reimbursed for the services delivered based on the child's level of need/acuity of services provided.



Existing Congregate Care Placement Array

The current Title IV-E allowable service array includes the following placement types:

- **Child Placing Agency:**
 - Foster Family Homes - approximately 76% of children in paid foster care live in this type of placement. Services range from basic care, to primary/complex medical care, to therapeutic/treatment services offered in the home.
- **General Residential Operation:**
 - Basic Child Care Services - approximately 5% of children in paid foster care live in this type of placement, often cottage homes. Services offered in this setting are primarily designed to serve children with very low acuity of need.
 - Emergency Shelter - approximately 4% of children in paid foster care live in this type of setting. Services offered in this type of setting include 24/7 admissions and assessments. This placement type is temporary while a longer-term placement option is sought.
 - Residential Treatment Center (RTC) - approximately 10% of children in paid foster care live in this type of placement. RTC services range from providers who offer treatment services to children who require infrequent intervention to providers who specialized in programs such as the state's Intensive Psychiatric Treatment Program (IPTP), which is designed for children with very high acuity of need, such that they require frequent intervention to maintain their own health and safety.
- **Other settings** – approximately 4% of children and youth live in other settings such as Supervised Independent Living, court ordered placements, and Home and Community Based Services (HCS).



Congregate Care Maintained Under FFPSA

- FFPSA does not disallow any placements currently authorized and utilized in Texas. It does however limit/change the placement types eligible for reimbursement of Title IV-E funding. Texas will no longer be able to claim Title IV-E foster care maintenance payments for IV-E eligible children in some congregate care settings*. The funding limitations of FFPSA will apply once a child is moved to a new placement after September 29, 2021 (the Texas delayed implementation date).
- Because of the changes to Texas' ability to draw down Title IV-E funds for most congregate care placements, Texas is estimated to lose \$43 million in federal funds during the FY 2022-2023 biennium.
- The placement types eligible for consideration of Title IV-E funding under FFPSA are identified below:
 1. Foster Family Homes (based on guidelines outlined in FFPSA).
 2. Providers specializing in providing prenatal, post-partum, or parenting supports for youth.
 3. Supervised settings for young adults over the age of 18 who are living independently.
 4. Residential care for children and youth who are found to be, or at risk of becoming, sex trafficking victims.
 5. QRTPs.
- Because of the change in allowable IV-E placements, IMPACT will need to be updated prior to September 29, 2021. The necessary changes will be complex in nature and DFPS has already begun prioritizing this work.

* Effective September 29, 2021, Title IV-E reimbursement is limited to two weeks in these settings.



Qualified Residential Treatment Providers (QRTPs)

In order for a provider to have a program that is considered to be a QRTP, the program must meet all prescribed criteria as set out in FFPSA. These include having:

1. A trauma-informed treatment model.
2. Registered or licensed nursing staff and other clinical staff who are available 24 hours a day, 7 days a week and on-site during business hours.
3. A program that facilitates participation of family members in the child's treatment program.
4. A program that facilitates outreach to the family members of the child, including siblings, and involves documenting and maintaining contact information for any known biological family and fictive kin of the child.
5. Documentation demonstrating how the family members were integrated into the treatment process, including post-discharge, and how sibling connections are maintained.
6. A program that provides discharge planning and family-based after care for at least 6 months post discharge.
7. Accreditation by one of three listed accrediting bodies, or any other independent, not-for-profit accrediting organization as approved by ACF.



Implementation Considerations for QRTPs

In order for an individual child placement in a QRTP to be considered eligible for Title IV-E funding, the following are required by FFPSA and must occur:

1. An independent assessment must be completed within 30 days after the child's placement into the QRTP by a trained professional or licensed clinician (who is not an employee of the State and is not connected to any placement setting) unless ACF grants a waiver. FFPSA prescribes all elements to be addressed and tasks to be completed.
2. The court over the child's CPS case, must consider (within 60 days of placement) the assessment, determine if child's needs can be met in a foster family home or whether placement in the QRTP provides the most appropriate setting for the child, and whether the placement is consistent with the goals for the child as specified in the permanency plan, and approve or deny the placement. This process is repeated at each subsequent status review and permanency hearing for the child, as long as the child remains in the QRTP placement. DFPS anticipates additional costs or an impact on caseloads if caseworkers must attend additional court hearings for children on their workload. There could also be increased county costs for more hearings.
3. For a child placed in a QRTP for more than 12 consecutive months or 18 non-consecutive months (or for more than a total of 6 months, regardless of consecutive or non-consecutive, if the child is younger than 13 years of age), the State shall submit documentation and signed approval from the DFPS Commissioner to ACF for the continued approval (to claim IV-E funds) for the child's placement.



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Ongoing Efforts to Support Kinship Caregivers

DFPS received kinship navigator grants authorized by FFPSA since its enactment in 2018.

Kinship Navigator grants

- DFPS was awarded funding for three consecutive grant years. DFPS used \$156,000 to conduct a study of various approaches to implement effective Kinship Navigator Programs. Additionally, DFPS used \$426,000 to partner with HHSC on specific enhancements for 2-1-1 to enhance responsiveness to kinship families seeking assistance from this statewide resource.
- Of the current grant year funding, DFPS plans to use:
 - approximately \$550,000 towards additional 2-1-1 enhancements,
 - approximately \$50,000 for evaluation of a Kinship Navigator Program in Harris County,
 - and approximately \$450,000 for planning grants to develop and implement programming and strategies to serve kinship caregivers by the PEI division.



CBC and Prevention Services (FBSS)

DFPS evaluated options of how the CBC model may be expanded to include FBSS services.

To explore options, DFPS partnered with the four existing CBC providers and the provider responsible for FBSS services provided through a pilot in Region 10.

Group consensus was that DFPS should consider contracting for FBSS services. The group recommended two different structures to do so:

- Roll the provision of FBSS case management and services into the existing SSCC contracts.
- Contract for FBSS case management and services using a separate Request for Application (RFA) in the designated CBC catchment areas; allowing for, but not requiring, an SSCC to bid on the FBSS RFA.



FFTA Funding

- In December 2019, the President signed into law the Family First Transition Act (FFTA), which will assist DFPS in FFPSA implementation efforts by providing states a one-time transition funding to assist with implementing FFPSA.
- By providing states transition funding, the federal legislature recognized the upfront investment that states must make in order to implement the provisions of FFPSA.
- This funding must be used to advance the goals of FFPSA.
- This funding is not eligible for additional federal match, unlike additional investment of new state funds.
- DFPS received \$50.3 million in funding under FFTA to spend through federal fiscal year 2025 and has approval to spend \$16.4 million of FFTA funding per the General Appropriations Act, Article IX, Sec. 13.02. The remaining \$33.9 million is available for appropriation by the Legislature.



FFTA Funding

Family First Transition Act Initiatives		Estimated Costs (dollar amounts in millions)			
		FY 2021	FY 2022	FY 2023	FY 2021-2023
Qualified Residential Treatment Program Pilot	Incentive Grants - Provider Accreditation	\$1.5			\$1.5
	Additional Residential Provider Payments		\$2.4	\$3.1	\$5.5
	CPS QRTP Implementation Staff (4 FTEs)	\$0.2	\$0.4	\$0.4	\$1.0
IMPACT Modifications/Other Admin System Modification		\$2.7	\$2.8	\$2.9	\$8.4
Evidence Based Prevention Services based on direction during the 87th Legislature					\$33.9
				TOTAL	\$50.3 ⁷⁷



Recommendation 1: Study the Coordination of FBSS Services in CBC, Including FFPSA Prevention Services

DFPS would report all necessary implementation considerations for transferring family preservation services, along with prevention services contemplated by FFPSA to a current SSCC or competitively-procured contracted provider. Information would include statutory changes and resources necessary for implementation, along with appropriate contract provisions.

Implementation considerations could be used at the direction of the 88th Legislature to inform a statewide rollout.

DFPS could provide much of the information necessary with existing resources but could use up to *\$300,000 AF (FFTA funds)* to contract for some implementation options to ensure that the Legislature has all necessary information.



Recommendation 2: Pilot FFPSA Prevention Service Coordination through PEI Community Grants

DFPS would procure new contracts to provide clearinghouse approved evidence-based prevention services for in-home parenting skills, behavioral health, and substance use supports. DFPS would use a lead agency model similar to HOPES to procure contracts for these types of services and pay for one contractor per community to provide these services as well as coordinate referrals to other needed services to families in the candidacy population in that service area.

Up to 2,425 at-risk families in the identified candidacy population could be served in the FY 2022-2023 biennium. (The final number of families served would depend on the modalities or curricula provided around the state). These services would be an additional referral option (along with services accessed today from community providers at little or no cost to families or CPS) for the caseworkers who serve families in the identified candidacy population.

Up to 6 pilot sites determined through community interest and available support infrastructure. DFPS would choose the pilot sites based on the needs of the candidacy population in the area as well as the merits of the proposal which includes the history and ongoing projects of any existing contractors that submit proposals. This option is not restricted to existing PEI contractors only.

The creation of new capacity for evidence-based family preservation services would help Texas determine the efficacy of these new modalities and curricula for Texas families. In particular, encouraging communities to provide supportive services for families seeking behavioral health or substance use treatment could prevent the entry of additional children into foster care. Community-led efforts would allow individual communities to determine appropriate programs to meet the unique needs around the state.

DFPS would propose using \$8.6 million AF (FFTA funds) to contract for new capacity for these services for families in the identified candidacy population (children and families involved in FBSS, children in post-permanency, and children in post-adoptive placements) for the FY 2022-2023 biennium. *Additional general revenue funds would be required in subsequent biennia to sustain services.* This option is scalable.



Recommendation 3: Expand HIP services for Pregnant and Parenting Foster Youth

DFPS would use existing state appropriations and request matched federal funds to offer evidence-based services to pregnant and parenting youth already in DFPS conservatorship.

If FY 2022-2023 appropriations (General Revenue) remain constant from FY 2020-2021 levels, which allowed PEI to serve 436 families, PEI could serve up to 190 additional pregnant and parenting foster youth (up to the age 21 if in extended foster care or age 22 if the youth is attending high school). HIP is currently operating in 66 Texas Counties, but if current general revenue funds are maintained and DFPS is able to access federal matching funds, this program could be offered to pregnant and parenting youth statewide.

These programs are effective in increasing protective factors to promote positive outcomes for children and families in order to keep children safely with their young parent. In FY 2020, 98.7% of the children of parents who participated in HIP services remained safe during services.

There would be no additional cost to the state. DFPS would simply leverage existing appropriations for HIP in and draw down Title IV-E matching funds to offer evidence-based services to additional pregnant and parenting youth already in DFPS conservatorship.

This initiative would also allow DFPS to truly “pilot” the processes required to receive federal match for FFPSA prevention services, including the evaluation and data collection processes.



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Recommendation 4: Expand capacity for FFPSA Prevention In-Home Parenting Programs

DFPS would purchase additional evidence-based in-home parenting program services through existing contracts, specifically for families in the identified candidacy population.

PEI could serve up to 620 additional at-risk families with children ages 0-5 in the FY 2022-2023 biennium. In FY 2020, 16,235 number of families were served by the several PEI programs funding evidence-based) home-visiting (HOPES communities, Texas Nurse Family Partnership (NFP) and the Texas Home Visiting (THV) Programs. These in-home parenting skills evidence-based programs are already provided statewide, these additional funds would just expand the availability of these existing services through existing contracts to families in the identified candidacy population.

These programs are effective in increasing protective factors to promote positive outcomes for children and families in order to keep children safely at home. In FY 2020, 98.8% of families remained safe while participating in HOPES, 96% of families remained safe while participating in NFP and 98.3% of families remained safe while participating in THV.

DFPS would propose to use *\$5.2 million AF (FFTA funds)* to expand these available services for families in the identified candidacy population for the FY 2022-2023 biennium. *Additional general revenue funds would be required in subsequent biennia to sustain services.* This option is scalable.

This initiative provides additional funding for proven programs that are already implemented in Texas and included on the clearinghouse. Using FFTA funds in the FY 2022-2023 biennium allows more families to access these proven programs and additional GR investment in subsequent biennia would allow for federal matching funds.



Expectations, Limitations, & Reality of FFPSA

Expectation

The federal government will let states claim IV-E reimbursement for services to prevent child maltreatment.

Limitations

Prevention services are not IV-E reimbursable until a child becomes a “candidate for foster care,” the definition of which already exists in federal statute and is limited to children at “imminent risk” of foster care entry. Only children who would enter foster care if the service was not provided would be eligible.

As such, states will not be able to claim federal IV-E reimbursement until well after maltreatment has occurred and been substantiated and a family is in a significant state of crisis.

Reality

Family First allows states to claim IV-E reimbursement for services to prevent *entry into foster care* (not to prevent the maltreatment in the first instance). Federal reimbursement is further limited to the subset of children who are at the point of meeting the existing federal definition of “candidates for foster care.”



Expectations, Limitations, & Reality of FFPSA

Expectation

A broad range of prevention services will be eligible for IV-E reimbursement.

Limitations

Only prevention services that meet one of the three federal standards for “evidence-based” (promising, supported, and well-supported) will be eligible for reimbursement. To meet these standards, programs must undergo a protracted evaluation phase and demonstrate effectiveness.

Further, states are required to spend at least 50% of the total amount claimed for federal reimbursement for prevention services on “well-supported” programs—those with the highest level of evidence base.

A recent survey of programs across the country found that there are only 28 mental health services, four substance abuse prevention and treatment services, four parenting skills training or education programs, and three individual family counseling programs that have been identified as “well-supported” practices. Not all of these programs are broadly available. For example, of the four well-supported programs for substance abuse prevention and treatment identified, only *one* is appropriate for adults.

Reality

The prevention services eligible for IV-E reimbursement will be limited in most states due to the evidence-based standards required by Family First and the lack of availability of programs that meet the highest standard of being a “well supported” practice.



Expectations, Limitations, & Reality of FFPSA

Expectation

The law provides sufficient support to help kinship families care for children while their parents receive IV-E funded prevention services.

Limitations

In order for the parents to receive IV-E funded prevention services, the child must be kept *outside* of the foster care system.

This means that if children need to be placed with relatives to keep them safe while their parents receive services, the placement with relatives must happen outside of foster care.

Since the child is placed outside of foster care, the child and caregiver will not receive the resources and supports they would receive if the relative were licensed as a foster care placement.

Further, the caregiver will not be trained and supported to care for a child recovering from trauma, abuse and neglect.

Reality

Family First will lead to more children being diverted from foster care to *informal care* with kin, thereby depriving children who have experienced abuse and neglect of supports and services that could help them recover and thrive.



Expectations, Limitations, & Reality of FFPSA

Expectation

The law provides access to residential care for children who need that level of support and treatment.

Limitations

Access to residential care is limited to “children with serious emotional or behavioral disorders or disturbances,” i.e. a specific mental health diagnosis found in the DSM.

Many children who have experienced abuse and neglect—and who may benefit from the structure and therapy provided through a short-term residential treatment—exhibit behavioral symptoms without ever receiving a DSM diagnosis.

This is especially true for “cross-over” or “dual status” youth who may have entered foster care through the juvenile justice system.

Reality

FFPSA restricts access to congregate care for children whose behavioral challenges might be best supported by the temporary, stabilizing, and therapeutic structure of a residential treatment program if those children have not been diagnosed with “serious emotional or behavioral disorders or disturbances.”



Expectations, Limitations, & Reality of FFPSA

Expectation

Children and youth in out-of-home care who are ineligible for congregate care under Family First can be properly served in a family home.

Limitations

Evidence drawn from data about young people with intensive mental health and behavioral needs demonstrates that when they are placed in a family home without specialized training for their caregiver and enhanced support (i.e. therapeutic foster care) many of them experience adverse outcomes. Yet Family First does nothing to expand access to services to support community-based placements for children and youth with significant challenges who will be ineligible for congregate care. Forcing youth with high needs into family homes without the necessary level of support provided by specialized foster care runs the risk of failed placements and youth homelessness, incarceration, and/or victimization.

Reality

Family First does not sufficiently invest in developing the capacity of family-based placements to support children and youth with higher levels of need.



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For more information, please visit the [DFPS FFPSA](#) website.



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Appendix C: COVID-19 Response



DFPS COVID-19 Response

DFPS is charged with serving tens of thousands of vulnerable children, families, and adults each year, and must continue this critical work, regardless of the challenges posed by unforeseen events, like natural disasters or global pandemics.

Our work did not stop as COVID-19 began spreading, however we did modify certain practices whenever necessary and appropriate.

DFPS began monitoring the spread of COVID-19 in February 2020 and preparing for a coordinated statewide response.



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DFPS Immediate COVID-19 Actions

More than 98% of DFPS are equipped to work from a location other than their assigned office. This is largely achieved through the use of laptops, state-issued cell phones, and VPN technology.

In March 2020, DFPS transitioned support staff in direct delivery programs and staff in administrative departments to work from home full time. No changes were made for caseworkers or other critical direct delivery positions (about 8,500 staff) since these staff already operated under a mobile model before the pandemic began. Beginning in May 2020, DFPS began to transition Executives, some Directors and other critical positions back to the office on a scheduled basis.

Over the summer of 2020, each agency department assessed their ability to convert certain positions to full time telework based on the experience we gained during the pandemic with these staff supporting critical functions from home. As of 2/1/21, DFPS has transitioned 882 positions to permanent, full-time telework.



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DFPS Immediate COVID-19 Actions

As the world grappled with how to respond to COVID-19 and how to limit the spread of the virus, DFPS adjusted practices in an effort to keep children, families, and vulnerable adults safe.

DFPS saw many courts cancel in-person hearings and switch to virtual formats.

DFPS also balanced child, parent, foster parent, and staff safety while prioritizing in-person parent-child visits, whenever safely possible.

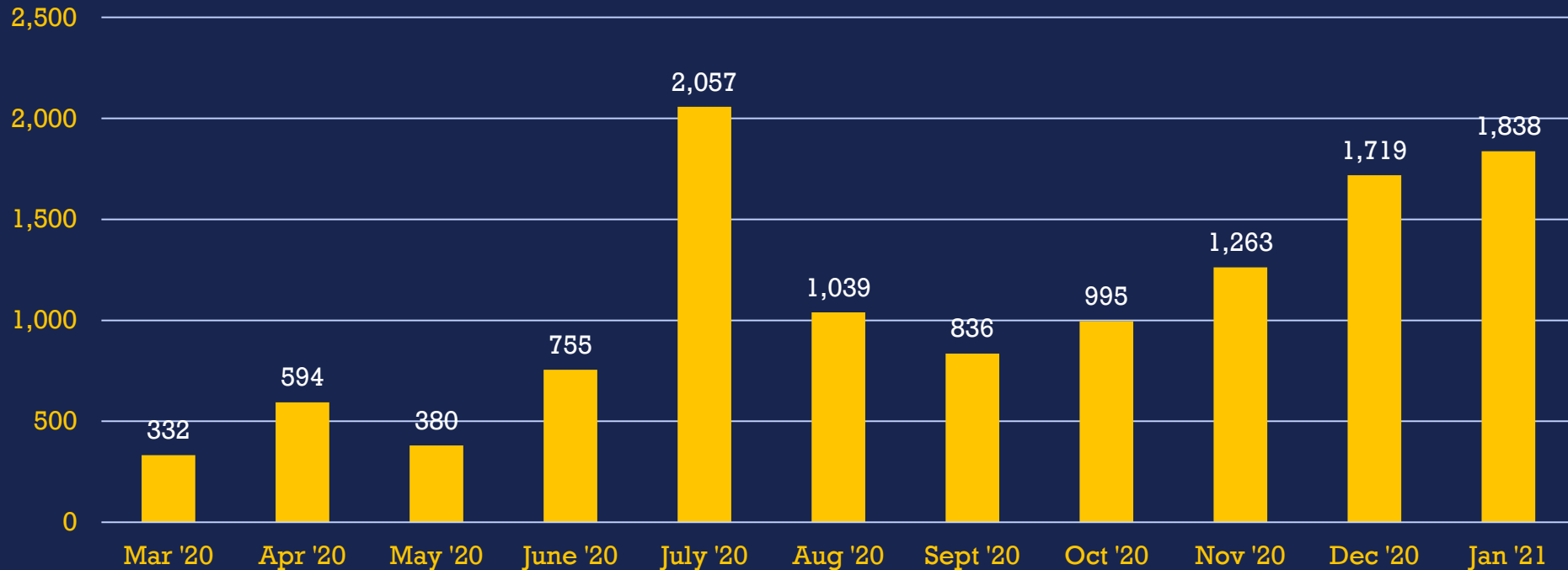
Regardless of the challenges of COVID-19, face-to-face contact remains a critical part of our work to ensure the safety of children, families, and vulnerable adults.



DFPS COVID-19 Contacts

SWI created a COVID-19 code to track intakes that alleged COVID exposure, positive individuals, mentions of COVID concerns, etc. This code allowed caseworkers to take appropriate precautions, knowledge of COVID positive staff at licensed childcare providers, and more. DFPS has received nearly 12,000 total contacts related to COVID since March 2020.

SWI Contacts with Mentions of COVID-19



■ SWI Contacts with Mentions of COVID-19



DFPS COVID-19 Affected Children

As of February 4, 2021:

- Of the 29,940 children in the legal custody of the state, 1,588 children or 5% have been positive for COVID-19 (935 in Temporary Managing Conservatorship and 653 in Permanent Managing Conservatorship).
- DFPS also monitors the 10 Day Positivity Rate. Since January 25, 2021, 71 children have tested positive for COVID-19, a rate of 0.2% of youth in care.
- 50 children in DFPS Conservatorship have been hospitalized with a COVID-19 diagnosis since April 2020. 18 of these children had a “primary diagnosis of COVID-19” and 32 children had a “secondary diagnosis of COVID-19”. One child had been hospitalized twice due to COVID-19. Three children remain hospitalized at this time.
- Since the beginning of the tracking of this information, one child in TMC with multiple complex medical problems was hospitalized and died, and COVID was considered a contributory factor in her death.



DFPS Child Access to Vaccines

Vaccine availability remains limited, even for eligible individuals. Only the Pfizer vaccine is available for youth (limited to 16+). Following the Texas vaccination strategy, 16 and 17 year olds in conservatorship who have specific conditions are in the 1B population and eligible for the vaccine.

Superior runs a report to identify eligible STAR Health members based on known diagnoses that are consistent with CDC guidance. There were 362 children on the initial report, generated in January. Superior will provide an update monthly with newly identified eligible youth and add them to their outreach. DFPS and Superior are working together to fine-tune the diagnostic criteria in order to best capture all potentially eligible youth. Superior began automated calls (in English and Spanish) in January to caregivers of children identified as eligible for the vaccine, notifying the caregiver of the youth's eligibility.

Guidance has also been provided to DFPS Staff to contact a youth's medical provider(s) for specific questions on vaccine eligibility or their recommendation. The CPS Medical Services Team is available to staff for child-specific questions.

The STAR Health Member Line is available for information about where to locate vaccine distribution information, but STAR Health is not managing distribution separately for children in conservatorship as vaccine availability/distribution is driven by DSHS.

General Vaccination policy is available in the [CPS Handbook](#), however staff have been notified that the COVID vaccine is recommended for anyone who is eligible to receive it, including youth who qualify per DSHS guidelines. Unlike other routine vaccines, the COVID vaccine is currently only authorized by the FDA for emergency use, which means getting it is voluntary and the youth should agree (if able) in addition to the medical consentor.



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DFPS COVID-19 Adult Protective Services

Adult Protective Services (APS) investigates abuse and neglect of disabled and elderly adults. They also directly provide or help connect those adults to services, including assistance with shelter, home repairs, food, transportation, managing money, medical care, home healthcare services, and mental health services, services proven even more critical during our state's response to the pandemic.

This population is extremely vulnerable to the COVID-19 virus, which required APS to modify their practices and to make all attempts not to place these individuals at increased risk of contracting the virus from DFPS staff.

APS made immediate policy adjustments to maximize use of technology while focusing face to face contacts on the most critical and emergent cases. As a result, APS was able to limit COVID-19 exposure to a small number of clients and staff.



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DFPS COVID-19 Prevention & Early Intervention

- The Prevention and Early Intervention division of DFPS pivoted its contracted, community-based prevention services to provide family supports, parent education, and youth mentoring virtually as needed and also broadened overall efforts to address the new challenges of parenting and being a teenager in the pandemic.
- The home-visitors, parent educators, crisis counselors and youth mentors working in the PEI funded community-based organizations have used a variety of video meetings, chat messaging, phone calls, and social media messaging to provide evidence-based services, as well as reach out and engage new client parents and youth that are struggling.
- A Facebook Live chat for single fathers, mobile toy lending libraries, online story time and activities for young children and a youth leadership podcast are a few of the many creative and successful initiatives provided by PEI contractors during the pandemic.
- PEI providers have also pivoted to help parents manage sudden unemployment or food shortages and have also provided educational materials to homes to keep children engaged.
- Parents have expressed deep gratitude for the connection and help in navigating the stresses of parenting at home, more family members were able to join in services around the kitchen table, "Parent Cafe" support groups were able to meet together online and youth mentoring services, like Big Brothers Big Sisters, particularly have found the use of technology to work very well.



Effects of COVID-19 on DFPS Legal Proceedings

- Partnered with the Office of Court Administration to train attorneys on conducting remote hearings and obtaining equipment so that statutory hearings could continue. Also worked to ensure that no statutory dismissal deadlines were missed, consistent with the Texas Supreme Court's emergency orders. Attorneys were also distributed PPE, as many were still attending mediation and court hearings in person in some areas.
- Provided legal support to CPS with their guidance on COVID testing, notifications and treatment/vaccines; visitation and contact issues in the early days; guidance on how to ensure education continuity with virtual schooling, etc.
- Updated HR policies and practices related to the pandemic response.



DFPS COVID-19 Affected Staff

In addition to the critical work that caseworkers do to protect children, families, and vulnerable adults, they are often parents and caregivers in their own homes.

While caseworkers themselves may have avoided contracting the virus, many were exposed or needed to act as caregivers for others who were positive for COVID-19.

This has had a serious impact on the DFPS workforce and like all other Texas agencies, DFPS has been challenged to balance workloads.

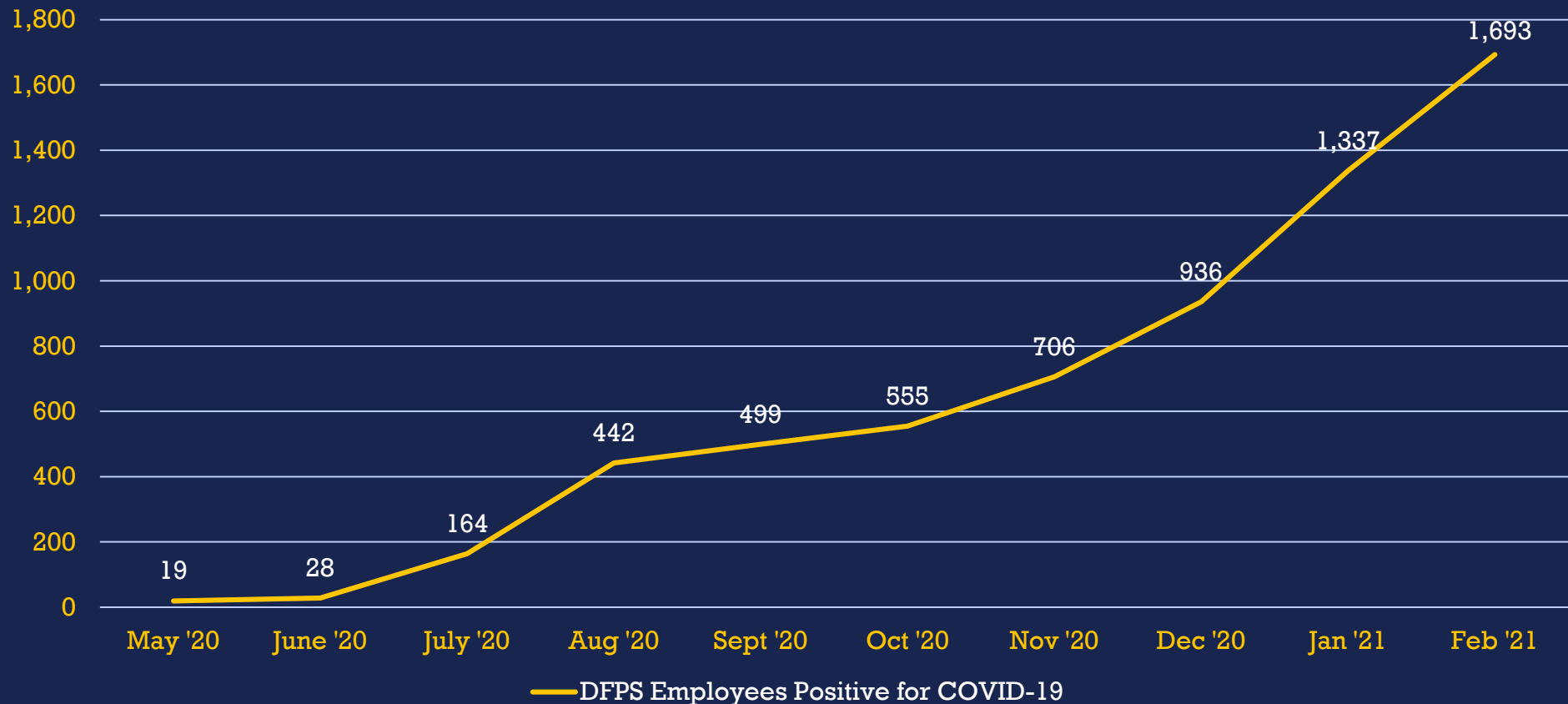
DFPS has carefully monitored our workforce, to ensure that adequate staff are available to perform necessary job functions.



DFPS COVID-19 Affected Staff

DFPS requires staff to notify their immediate Supervisor and Human Resources if they become aware that they are positive for COVID-19. DFPS is aware of a total of 1,693 staff who have been positive for COVID-19.

DFPS Employees Positive for COVID-19





DFPS COVID-19 Client Notifications

DFPS Leadership followed CDC and DSHS guidelines and asked staff to quarantine appropriately when positive for COVID-19 or exposed to someone who was positive.

DFPS Leadership also determined that the agency had an ethical responsibility to notify clients and households of any potential known contact with DFPS staff who may have been exposed to COVID-19, and subsequently exposed those clients or households.

APS: 14 positive workers with client contact
54 client/non-client notifications made
40 households

CPI: 194 positive workers with client contact
1944 client/non-client notifications made
661 households

CPS: 271 positive workers with client contact
2729 client/non-client notifications made
979 households

DFPS TOTALS:
479 positive workers with client contact
4727 client/non-client notifications made
1680 households



DFPS COVID-19 Positives

DFPS has noted several positive developments through the response to COVID-19:

Telemedicine: The use of telemedicine for our children, families, and vulnerable adults has been invaluable. In particular, we've seen increased participation by families in virtual therapy sessions. In many instances, both parents are able to participate, because transportation, child care, and other hurdles are removed through virtual sessions.

Virtual Visits/Contact: Nothing can take the place of safe and appropriate in-person parent child visits while children are in foster care. However, the use of virtual visits has proven an effective way to INCREASE interaction with biological families and a valuable supplement to in-person visits. Many foster families have reported additional opportunities to include biological families in normal life events, like extracurricular or school achievements, even bedtime stories.



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DFPS COVID-19 Personal Protective Equipment (PPE)

DFPS leadership directed staff to follow appropriate CDC guidelines for personal protective equipment (PPE), including the use of social distancing, masks, face shields, gloves, hand sanitizer, etc. In order to continue the critical work of protecting children, families, and vulnerable adults, DFPS worked quickly to supply staff with necessary PPE. DFPS partnered with TDEM to obtain available supplies, but also purchased PPE as necessary. DFPS expended approximately \$1,789,601 on PPE supplies in the calendar year 2020.

Distributed PPE Item	Total
Cloth Masks	117,185
Disinfecting Wipes (Containers vary from 50-160 count)	84,393
Disposable Masks	4,008,150
Face Shields	11,469
Gloves	4,407,368
Hand Sanitizer (Containers vary from 1.69oz to 1 gallon)	280,172
KN-95 Masks	199,040
Respirator Masks	2,075
Safety Goggles	3,983
TOTAL	9,113,835



COVID-19 Impact on Capacity

COVID-19 has had an immense impact on the childcare provider community and thus, the placement capacity and array available for children in DFPS conservatorship. The provider community, like DFPS, has faced some unprecedented and previously unforeseen challenges, but has remained dedicated to serving our children.

Providers have faced challenges with recruiting, training, and retaining appropriate staff. They've worked to procure and purchase adequate personal protective equipment in order to keep staff and children safe and minimize the spread of COVID-19. Providers have also been diligently working to maintain as much normalcy for children as possible.

DFPS has made significant efforts to maintain communication and assist as possible with the challenges faced by providers:

- DFPS worked with providers to safely quarantine or locate appropriate alternate placements for youth who were COVID positive.
- Worked to limit staff and child COVID-19 exposure by conducting virtual monitoring or ensuring appropriate PPE and safety precautions for in-person visits.
- Worked with providers during quarterly targeted monitoring of initial Texas health step exams and training requirements as children were not being seen in person and training could not be completed in person.



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DFPS CARES Act Assistance

DFPS contracted with the Texas Alliance of Child and Family Services (TACFS) using Federal CARES Act funding. TACFS offered down-grants from \$2,000 to nearly \$17,000 and met wide-ranging needs in order to continue to provide high-quality services and care. In total, TACFS met its funding obligation by awarding \$950,000 in grants by January 15, 2021. These grants went toward:

- Securing personal protective equipment and sanitation supplies
- Meeting basic needs for families, such as diapers, formula, and food
- Supporting foster alumni with gift cards for food or other critical needs
- Providing incentive pay for employees working with COVID-19 positive or exposed children
- Expanding and securing technology for telehealth and virtual services
- Providing educational supplies for virtual schooling

TACFS will send DFPS a final report May 14, 2021. The report will outline the details of the award distributions and include a data analysis of information they are collecting from a survey they sent to all the awardees. It is anticipated that the analysis will include information regarding additional COVID-19 related expenses incurred by the awardees and a reflection on the positive impact that the funding had on their clients and organizations.



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DFPS COVID-19 Communication

DFPS modified the [public-facing website](#) to include links to the DSHS and CDC websites, and began sharing regular updates as information became available. This information includes available testing locations, the COVID-19 Mental Health Support Line, Resources for Parents and Caregivers, [Rainbow Room](#) and [Silver Star Room](#) locations for community donations, and more.

DFPS Leadership remained in regular communication with field staff on safety protocols, PPE availability and distribution, expectations for visitation and face-to-face client contact and employee policies.

DFPS Program and Contracts sent [regular communications](#) to residential childcare providers, as additional protocols for safety developed.



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For more information, please visit the [DFPS Coronavirus Resources](#) website.
