



**TEXAS**  
Department of Family  
and Protective Services

# **Family First Prevention Services Act**

## **The Changing Landscape of Texas Child Welfare**

### **Strategic Plan**

---

September 1, 2020



## Table of Contents

Executive Summary .....	1
What is FFPSA? .....	3
FFPSA Required provisions:.....	4
NEICE System.....	4
Statewide Fatality Prevention Plan.....	5
Ensuring Appropriate Diagnosis and Placements.....	5
Abuse and Neglect Registry and Criminal Records Checks .....	5
Federal Model Licensing Standards.....	5
FFPSA Optional Provisions .....	5
Evidence-Based Prevention Services .....	6
Qualified Residential Treatment Programs .....	6
Placements in Substance Abuse Treatment Facilities.....	7
Kinship Navigator .....	7
Existing Texas Prevention Services: In-Home Parenting Support Services, Mental Health, Substance Abuse .....	8
Assessing the Prevention Landscape .....	8
Services Accessed through HHSC.....	8
Prevention and Early Intervention Services .....	9
Child Protective Services: Family Preservation and Permanency Services and Supports...	10
Surveys of Prevention Landscape.....	12
Assessment of FFPSA Evaluation Requirements.....	12
Implementation Considerations for Prevention Services .....	13
Modification of Texas Candidacy for Foster Care through Submission of an FFPSA Prevention Plan.....	13
Data Collection Requirements .....	15
Evaluation Component.....	16
FFPSA and Congregate Care .....	18
The Current Texas Landscape for Child Placements .....	18
Placement Options under FFPSA.....	19
Qualified Residential Treatment Program.....	20

Implementation Considerations for Congregate Care.....	23
Analysis of Limitation on Federal Funding Participation for Foster Care .....	24
Providers.....	25
DFPS Foster Care Payments.....	25
DFPS Staff and Local Court Costs.....	25
Kinship Navigator.....	27
Current and Ongoing Efforts.....	27
Family Resource Center Model (FRC) and Kinship Navigator Pilot .....	28
Harris County Protective Services Family Navigation Program.....	29
Coordination of Implementation of CBC with FFPSA Services.....	30
SSCC Services to Support Family Reunification.....	31
SSCC Services to Support Family Preservation .....	31
Coordination of CBC and FBSS services .....	32
PPP Feedback: Incorporating FBSS into Existing SSCC Contracts.....	32
PPP Feedback: Contracting for FBSS Separately from SSCC Contracts .....	33
Financial Models and Resources.....	34
Discretionary Funding Opportunities authorized by FFPSA .....	34
Kinship Navigator grants .....	34
NEICE Grant .....	34
Family First Transition Act .....	34
Notification.....	34
Enhanced Training Associated with Procurement, Contract Monitoring, and Enforcement Services .....	36
Community and Stakeholder Engagement.....	39
Implementation Options.....	41
Option 1: Coordination of FBSS services in CBC Catchment Areas .....	42
Option 1A: Incorporate FBSS Services into Existing CBC Model as a New Stage of Implementation.....	42
Option 1B: Contract for FBSS Services in Existing Catchment Areas Under a New (Non- SSCC) Contract.....	44
Option 2: Implementation – FFPSA Prevention Services .....	47

Option 2A: Coordination of FBSS Services in CBC Including FFPSA Prevention Services	47
Option 2B: Build FBSS Capacity for FFPSA Prevention Services	48
Option 2C: Study the Coordination of FBSS Services in CBC, Including FFPSA Prevention Services	49
Option 2D: Pilot FFPSA Prevention Service Coordination through PEI Community Grants	49
Option 2E: Expand Helping through Intervention and Prevention (HIP) Services for Pregnant and Parenting Foster Youth	50
Option 2F: Expand Capacity for FFPSA Prevention In-Home Parenting Programs	51
Option 2G: CPS Rural Service Area: Evidence-Based Prevention Services Model	51
Option 3: FFPSA Options for Congregate Care and Children with a High Level of Need	52
Qualified Residential Treatment Programs (QRTP) Pilot	53
Option 4: FFPSA Implementation – Kinship Navigator	54
Appendix A: PEI Programs Currently Utilizing Evidence-Based Prevention Service Models	56
PEI Programs Currently Utilizing Evidence-Based Prevention Service Models	56
Appendix B: Current PEI Programs	59
Helping through Intervention and Prevention (HIP)	59
Healthy Outcomes through Prevention and Early Support (HOPES)	59
Texas Home Visiting (THV)	59
Texas Nurse-Family Partnership (TNFP)	59
Maternal Infant Early Childhood Home Visiting (MIECHV)	60
Family Youth and Success Program (FAYS formerly known as STAR)	60
Appendix C: Summary of Prevention Services Surveys	61
2018 FFPSA Services Landscape	61
Texas Center for Child and Family Studies Prevention Services Study	61
Family Preservation and Prevention Services Survey	62
Caseworker Survey Findings	62
PEI Provider Survey	64
Post-adoption and post-permanency survey	64
Appendix D: Family First Transition Act Estimated Costs	66
Appendix E: FFPSA Implementation Options Estimated Costs	67



# Executive Summary

The Texas Department of Family and Protective Services (DFPS) believes that children thrive in safe, stable, nurturing families and communities. DFPS works diligently to preserve and nurture the parent-child bond, but also to ensure an appropriate array of services are available for children who have been or are at risk of being abused and neglected. With the support of state leadership, Texas has implemented many improvements in recent years to better serve Texas children and families, including creating and expanding Community-Based Care (CBC), financial support for kinship caregivers, and investing in early intervention services. The Family First Prevention Services Act (FFPSA), passed by Congress in 2018, makes several new options available to the state to continue this critical work and build on existing successes.

DFPS has the opportunity to design a Texas-specific plan that allows our state to build on the positive momentum in the current system and to do so in a way that most benefits children and families in Texas. DFPS programs and divisions, including Child Protective Services (CPS), Prevention and Early Intervention (PEI), Office of Finance, Legal, Purchased Client Services (PCS), Data and Systems Improvement (DSI), and other DFPS programs and divisions, have spent recent months analyzing stakeholders' input, researching the approaches of other states toward implementation, and working on a plan to inform the Texas Legislature on the options offered by FFPSA, but more importantly, the opportunities to improve outcomes for Texas children and families.

This strategic plan provides information on the existing Texas landscape for the programs affected by FFPSA and the provisions of this important federal legislation and presents opportunities for its implementation in Texas. Our Texas leadership has paved the way for many of the changes supported by FFPSA and our child welfare system will benefit from thoughtful and meaningful expansion of these provisions. While Texas will lose access to previously available Title IV-E funding for congregate care on September 29, 2021, there is no deadline for Texas to decide a final approach to an expanded prevention service array, which means that as Texas determines what resources exist to invest in furthering the Texas vision, adjustments may be made to our state's plan for implementation.

In addition to exploring the new approach offered by FFPSA, DFPS has worked to fulfill the requirements of Senate Bills [355](#) and [781](#) (86R). These bills require DFPS to explore the potential of FFPSA and its intersection with existing state priorities, such as Community-Based Care. By requiring this strategic plan, the Texas Legislature signaled its dedication to the goals of FFPSA and tasked the agency to thoughtfully examine the provisions, so the Legislature may decide the best ways to continue improving outcomes for children and families. DFPS believes this

## Family First Prevention Services Act Strategic Plan

plan can assist in prioritizing next steps for Texas and we remain dedicated partners in this critical work.

This strategic plan outlines the present landscape for a number of services currently provided, including services meant to help prevent children from entering the foster care system, existing placement array for children in substitute care, and current efforts to support kinship caregivers. The plan discusses available options under FFPSA to improve the types of services provided to these populations. This plan also illustrates approaches and options for the Legislature to consider funding to expand on the existing landscape and meet the requirements and considerations for FFPSA implementation.

DFPS would like to thank Casey Family Programs, the Texas Center for Child and Family Studies, the Texas Health and Human Services Commission, and the many community providers, judges, staff, and countless stakeholders that contributed to this strategic plan. Their time and invaluable input allowed DFPS to create this comprehensive plan, and we are grateful for their continued partnership and dedication to serving the children and families of Texas.



## 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 services for children in foster care and their families. FFPSA seeks to improve services and outcomes for four main populations: 1) children placed in congregate care settings; 2) kinship caregivers and the children they are caring for; 3) parents who struggle with substance abuse; and 4) children who are at imminent risk of entering foster care.

FFPSA aims to reduce the use of congregate care placements by disallowing federal reimbursement for these types of settings, except in Qualified Residential Treatment Programs (QRTP),<sup>1</sup> which are licensed, accredited programs that offer trauma informed treatment and after care supports; certain substance abuse placements where parents can receive treatment while having their children placed with them; and specified other limited specialized placements. This change does not limit Texas' ability to continue to place children in appropriate settings that can meet their individual needs; however, it does limit the types of settings in which the state is allowed to seek federal reimbursement.

FFPSA also provides an opportunity to improve supports to kinship caregivers by allowing a federal match for states that choose to establish evidence-based Kinship Navigator Programs to guide kinship caregivers through available state services. Further, FFPSA hopes to divert children from entering foster care by allowing federal match for evidence-based in-home parenting programs, substance abuse treatment, and mental health services. For more than 40 years, the Texas Legislature has focused support and resources on these populations, through a variety of approaches.

As allowed by FFPSA, Texas opted to continue to claim Title IV-E funding for existing congregate care settings through September 29, 2021, to gain more clarity on the requirements of FFPSA, 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. The decision to continue to claim this funding delayed the implementation of the optional provisions of FFPSA until September 29, 2021. Again, 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.

---

<sup>1</sup>Texas does not currently have any contracted providers that meet all requirements of FFPSA to be a QRTP.

In December 2019, the President signed the Family First Transition Act (FFTA), which will assist DFPS in FFPSA implementation efforts. DFPS has received approximately \$50.3 million in funding under FFTA to spend through federal fiscal year 2025<sup>2</sup> and must notify the Governor and the Legislative Budget Board of its intent to use these funds, per the General Appropriations Act, Article IX, Sec. 13.02.<sup>3</sup>

## **FFPSA Required provisions:**

FFPSA includes five required provisions. It is Texas' understanding that we are complying or have 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 inappropriate diagnoses and 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.

## **NEICE System**

The creation of an ICPC/NEICE system will more easily facilitate the placement of children from Texas in other states around the country. DFPS works diligently to place children with relatives and in adoptive homes, which sometimes necessitates out-of-state placements. Texas currently uses a manual process due to the large number of placements that must be coordinated. Similarly, other states place children with relatives and in adoptive homes in Texas. In Federal Fiscal Year 2019, approximately 428 children were placed into Texas and approximately 559 children were placed out of Texas. The NEICE system will streamline these placement efforts. In 2019, Texas applied for and was awarded \$424,000 in federal grant funds to assist Texas in coming into compliance with this provision. This system must be operational by 2027, but with this grant, Texas anticipates compliance by 2023 as work is already underway. This work coincides with the DFPS Agency Strategic Plan Goal to improve processes to support better permanency outcomes for children and youth in care. While there will be ongoing costs to support the continuation of this system, Texas believes that implementation will greatly improve the process by which children can be placed around the country.

---

<sup>2</sup> Federal fiscal year runs from October 1 through September 30.

<sup>3</sup> DFPS has already submitted notification of its intent to spend \$16.2 million of FFTA funding per the General Appropriations Act, Article IX, Sec. 13.02. Please see Appendix D for additional detail.

## **Statewide Fatality Prevention Plan**

Since March 2015, Texas has maintained a [statewide fatality prevention plan](#). The plan is developed in partnership with the Department of State Health Services, our state public health agency, and is based on epidemiological mapping of child abuse and neglect fatalities. DFPS has a division, the Office of Child Safety, dedicated to the study of child abuse and neglect fatalities. Texas produces an [annual report](#) on abuse/neglect fatalities, participates in the State Child Fatality Review Team, and critically examines abuse/neglect child fatalities. Texas is complying with federal guidelines.

## **Ensuring Appropriate Diagnosis and 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.

## **Abuse and Neglect Registry and Criminal Records Checks**

Texas contracts with providers around the state to serve children at all levels of need. In order to serve children in the Texas foster care system, providers must submit a Texas Crime Information Center (TCIC) check, a Federal Bureau of Investigations (FBI) fingerprint-based background check, and a Central Registry check. Due to federal Rap Back background checks, Texas can continuously monitor criminal arrest records and receive notifications of any criminal history reported to the FBI. Texas is complying with federal guidelines.

## **Federal Model Licensing Standards**

Texas licenses Child Placing Agencies (CPA) through the Regulatory Services Division at the Texas Health and Human Services Commission (HHSC). HHSC sets Minimum 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 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 whether Texas will update the State's standard. 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, and HHSC will be updating the Minimum Standard administrative rules as noted in DFPS' Title IV-E State Plan Amendment.

## **FFPSA Optional Provisions**

The following optional provisions modify Texas' ability to claim and draw down Title IV-E funds, thus requiring Texas to determine how to invest state general revenue to leverage Title

IV-E funds under FFPSA. It is important to note that in order to receive some federal match for implementation of these services, Texas must invest additional funding beyond current appropriations. Below is a summary of the new opportunities beyond existing services that are eligible for some federal match.

### **Evidence-Based Prevention Services**

FFPSA allows for a 50% federal match<sup>4</sup> 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. There is no limit to the amount of funds Texas may draw down, but Texas must make a front-end investment in evidence-based prevention services to serve this population of children and families. DFPS currently accesses primarily free or low-cost community services for many families involved in Family Based Safety Services (FBSS) cases, though some families do access community services funded through the PEI division. DFPS does not currently receive funding for widespread implementation of evidence-based prevention services envisioned by FFPSA. These services would require additional upfront state investment in evidence-based prevention services beyond current appropriations, including 50% expenditure of state funds on well-supported practices in order to claim the 50% federal match. This federal match opportunity may allow Texas to improve the quality of prevention services for families and children and decrease recidivism. Prevention services that qualify for federal match are included in the ACF-created Title IV-E Prevention Services [Clearinghouse](#). Children and families would not have to meet traditional Title IV-E eligibility criteria to participate in this program. However, there are also additional administrative and technology requirements described later in this document that come with this opportunity that would require additional state resources.

### **Qualified Residential Treatment Programs**

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 a QRTPs and other limited specialized settings for specific populations. QRTPs are licensed, accredited programs that offer an intense medical model for congregate care, including trauma-informed treatment and after care supports for children requiring this specific placement setting. The state may claim reimbursement under Title IV-E for children and youth who meet the criteria for Title IV-E eligibility. Texas does not currently have any contracted providers that meet all requirements of FFPSA to be a QRTP. Title IV-E reimbursement for children placed in a QRTP is limited to children who are eligible for traditional Title IV-E reimbursement. If a child does not

---

<sup>4</sup> From fiscal year 2027 onward, the 50% match changes to an amount equal to the State's Federal Medical Assistance Percentage (FMAP) rate.

meet the eligibility criteria, the child's placement in a QRTP will be paid through the State's general revenue funds. QRTPs have administrative and reporting requirements that would require additional state resources, which are detailed later in this document.

### **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.<sup>5</sup> DFPS will further explore Title IV-E draw down for a child placed in these settings and continue to partner and coordinate implementation with HHSC.

### **Kinship Navigator**

FFPSA also allows for federal match for certain evidence-based, approved Kinship Navigator Programs. As of the drafting of this plan, 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. However, Texas continues to invest in kinship placements by providing financial support to kinship caregivers who care for children in the conservatorship of the state and meet the qualifications to receive those payments. DFPS is also using federal grant funds to explore ways to serve the much larger general population of kinship caregivers who care for children and youth who are not involved in the child welfare system.

---

<sup>5</sup> These services are provided by HHSC Behavioral Health.

## **Existing Texas Prevention Services: In-Home Parenting Support Services, Mental Health, Substance Abuse**

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. However, because Texas is a low-removal state, it is unknown if these additional services would result in a significant diversion of children from foster care. 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.

### **Assessing the Prevention Landscape**

FFPSA provides Texas with a new opportunity to use Title IV-E funding for evidence-based prevention services to enhance and increase family preservation efforts. Title IV-E funding has not previously been available to help prevent entry into foster care. This presents an opportunity for Texas to make a front-end investment and build upon existing infrastructure to implement FFPSA prevention services to maintain children safely in their own home or the home of a kinship caregiver.

FFPSA allows a 50% federal match for certain evidence-based prevention service models funded by the state. FFPSA ranks the models as promising, supported, or well supported and requires that 50% of the state's expenditures be on well-supported practices. Currently, DFPS does not use many of these types of programs in FBSS. These FFPSA services would include fidelity to the evidence-based prevention service model and tracking of family outcomes. Researched and rigorously evaluated evidence-based prevention service models increase the likelihood of improved outcomes. Under the current model, FBSS services are typically accessed by families in their communities such as services offered on a sliding fee scale or at no cost, faith-based resources, and services available through the parent's insurance or other resources. Some FBSS families are also able to access community services funded through PEI programs.

The information below examines Texas' existing prevention landscape. While improving the quality and/or availability of these services could help improve long-term outcomes for Texas children and families, not all services are eligible for federally matched funding under FFPSA.

### **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. In more populous counties, the LMHAs have developed collaborations with the child welfare system to strengthen services for this population of children. 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.

SUD programs provided by HHSC have a single point of contact through outreach, screening, assessment, and referral services (OSAR) to help individuals access substance use services, case management and peer support. An OSAR service provider will stay in touch with individuals waiting for treatment and refer them to community services. HHSC provides inpatient and outpatient substance use disorder services, including residential programs for women and their children.

DFPS and HHSC leadership meet monthly to discuss Behavioral Health Services needs and capacity. These meetings strengthen the coordination of services and provide a forum to address gaps, challenges, and new programs. The Behavioral Health Services Leadership Meeting includes DFPS leaders in Child Protective Investigations (CPI), CPS and PEI. HHSC participants are leaders in SUD Services, Mental Health Services, and other Behavioral Health entities. DFPS values this partnership and looks forward to continued collaboration to ensure the continuance and expansion of these necessary services.

## **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. However, not all evidence-based prevention service models funded by PEI are currently listed on the Title IV-E Prevention Services Clearinghouse. Appendix A lists the currently approved FFPSA models and any corresponding PEI program(s) currently using the respective evidence-based prevention service models in populations outside of youth who are at imminent risk of entering foster care.

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 involvement with the formal 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).

While the target populations for PEI and FFPSA are different, the risk factors present in the families served can be similar. Furthermore, DFPS has experience funding, overseeing, and evaluating evidence-based prevention service models and community partnerships. All PEI prevention services are targeted using a public health model based on extensive data analysis of child abuse and neglect risk factors. 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. A brief synopsis of some major programs funded by PEI are in Appendix B.

## **Child Protective Services: Family Preservation and Permanency Services and Supports**

CPS family preservation services include FBSS, reunification, post adoption, and post permanency services and supports. At their core, these services are meant to keep families together and prevent entry or re-entry into foster care.

### **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 2019, FBSS served a total of 27,585 families and 74,092 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 through PCS contracts.

FBSS staff have regular contact with families in their homes to evaluate child safety and use a service-planning process with families to identify needs and corresponding services to address identified areas of risk. Traditionally, for families who need FBSS, Texas relies on local resources to access primarily free or low-cost services through community partners around the state for parenting skills training and support. Local non-profit and faith organizations often provide parenting-skills classes to help parents learn about proper nutrition, appropriate discipline and supervision, and more. These critical community partners are funded through a mix of federal, state, county, and city grants; foundation grants; charitable donations; and other private sources. While DFPS appreciates the work of our community partners and recognizes that the services they provide are essential to serving children and families in their home communities, these services are often not evidence-based prevention services (as defined by the Title IV-E Prevention Services Clearinghouse) and do not meet the more robust and costly requirements of FFPSA. As parents participate in services, FBSS caseworkers evaluate and assess behavioral changes that support and promote child safety. An investment in higher-



quality, evidence-based prevention services could result in decreased recidivism for families served through FBSS, and the provider foundation in place is positioned to provide such services with additional resources.

It should be noted that some services accessed by children and families involved in FBSS services are PEI-funded services, some of which are evidence-based prevention service programs. Additional families exiting CPS involvement may also access PEI services. In these instances, the services are state funded through appropriations made to PEI.

As a result of a recent review of current practices, FBSS updated practice and policies that support more robust and efficient service provision that more closely aligns with model guidelines. As of September 10, 2020, the new practice will allow a FBSS case to open while concurrently completing investigative tasks in CPI. The goal is for a FBSS caseworker to engage with a family as soon as the family is first identified as needing services, so assessment and service planning can begin without delay.

Ensuring families are connected to necessary and appropriate services sooner will help reduce the amount of time the family is involved with the agency.

### **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 otherwise achieved permanency, 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 services to children.

These additional services help reduce the likelihood of re-entry into the foster care system. Appropriations for post-adoption and post-permanency services help a child stabilize and remain in their permanent home. Beyond some limited residential treatment services (only available for post-adoption), many community prevention services are accessed at little to no cost to families when services are available.

If DFPS were required to re-direct existing funds to purchase evidence-based prevention services, rather than continue funding those services as they are funded today, DFPS will serve fewer children than are presently served. It's also important to note the services provided to children in Family Reunification would be ineligible for federally matched funds, as those children are already in the conservatorship of the state. These children might benefit from higher-quality services, but those services would have to be provided at the State's expense. 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 including these populations is

discussed in the “Modification of Texas Candidacy for Foster Care through Submission of an FFPSA Prevention Plan” section in this document.

## **Surveys of Prevention Landscape**

To better assess existing capacity of evidence-based prevention services in Texas, DFPS partnered to conduct several surveys from 2018-2020. These surveys polled service providers, advocates, community partners, and caseworkers to help DFPS better understand the existing service array and interest in growing the evidence-based service array in Texas. A summary of the following surveys is in Appendix C:

- 2018 FFPSA Services Landscape;
- [Preparing for Family First Prevention Services Act Implementation in Texas: A Statewide Service Capacity Assessment](#), which was completed by the Texas Center for Child and Family Studies; and
- Family Preservation and Prevention Services Survey.

DFPS is again grateful for the partnership of Casey Family Programs, the Texas Center for Child and Family Studies, the Texas Health and Human Services Commission, and the provider community for their assistance in gathering this valuable information. These surveys have informed this strategic plan and necessary steps to improve the quality of services provided to families and children in Texas.

## **Assessment of FFPSA Evaluation Requirements**

Implementation of FFPSA evidence-based prevention services require rigorous evaluation of the program’s efficacy. As discussed earlier in this plan, the Title IV-E Prevention Services Clearinghouse provides a rating for approved services using a three-tiered approach that categorizes services as promising, supported, or well-supported. Services in the promising and supported categories require a rigorous evaluation to be eligible for reimbursement. For well-supported services, states may either conduct a rigorous evaluation or apply for a continuous quality improvement waiver, which removes the rigorous evaluation requirement. Conducting rigorous evaluations requires designing an evaluation that provides detailed evidence of how effectively a program achieves intended outcomes. A key aspect of designing a rigorous evaluation is using an evaluation design that is experimental or quasi-experimental. These designs provide evidence of how a service impacts those who receive it compared to similar individuals who do not receive the service. In addition, rigorous evaluations evaluate whether services are delivered in the way in which model developers designed them to be delivered.

To further explore the requirement and options for compliance, DFPS staff coordinated with the Texas Center for Child and Family Studies on two events in Fiscal Year 2020 that gave

researchers, providers, and other organizations an opportunity to learn about FFPSA and provide feedback.

On February 25, 2020, the Texas Center for Child and Family Studies and the Texas Alliance of Child and Family Services hosted a half-day conference on FFPSA prevention services. DFPS staff, including the Associate Commissioners for CPS and PEI, participated in the conference. Representatives from over 70 groups and organizations attended the conference.

On June 4, 2020, Texas Center for Child and Family Studies convened a researcher roundtable with 20 child welfare researchers from schools of social work across Texas. Leadership from DFPS, CPS, PEI, and the Office of Data and Systems Improvement participated to provide information about the status of FFPSA in Texas, led a discussion about the state of evidence-based practice research, and responded to questions from researchers.

Additionally, DFPS has supported FFPSA evaluation by:

- Providing a link to an actively maintained list of research groups and individual researchers in Texas with experience in researching and evaluating child welfare. Available here: [https://www.dfps.state.tx.us/Child\\_Protection/Family\\_First/default.asp](https://www.dfps.state.tx.us/Child_Protection/Family_First/default.asp)
- Providing a link to an actively maintained list of child welfare conferences in calendar years 2019 and 2020. Available here: [https://www.dfps.state.tx.us/Child\\_Protection/Family\\_First/default.asp](https://www.dfps.state.tx.us/Child_Protection/Family_First/default.asp)
- Participating in a cross-state learning collaborative focused on FFPSA evaluation to stay abreast of evaluation efforts across the country, identify opportunities to share information, and leverage cross-state evaluation efforts.

DFPS also has significant experience evaluating prevention efforts in partnership with higher education and other state agencies, particularly through its reporting on the evidence-based home-visiting program, Maternal, Infant, and Early Childhood Home Visiting (MIECHV), funded by the federal Health Resources and Services Administration.

## **Implementation Considerations for Prevention Services**

To meet the requirements of evidence-based prevention services, the following implementation requirements must be met.

### **Modification of Texas Candidacy for Foster Care through Submission of an FFPSA Prevention Plan**

Texas currently has a definition for a Title IV-E foster care candidate in DFPS policy developed for FBSS which DFPS uses as the basis for claiming Title IV-E reimbursement for some expenses associated with administering the Title IV-E state plan. The FBSS caseworker designates a child as a foster care candidate:

## Family First Prevention Services Act Strategic Plan

- Any time a child is the subject of a safety plan and absent preventive services the plan is removal; or
- A child is not the subject of a safety plan but is at high or very high risk of abuse or neglect, and absent preventive services the plan is removal.

Under FFPSA, the State may expand evidence-based services to the existing candidate population and also may expand the definition of foster care candidate. These changes will determine eligible populations for FFPSA prevention services.

- If expansion of Title IV-E Prevention Services Clearinghouse approved evidence-based prevention service programs is pursued, DFPS must submit a Title IV-E prevention plan for consideration by ACF with the proposed Title IV-E Prevention Services Clearinghouse services to be delivered, proposed changes to the candidacy definition and an evaluation approach in order to receive approval for additional reimbursement under Title IV-E; or
- If no additional funding is provided then Texas would not need to provide a new candidacy definition to ACF, nor comply with the optional requirements of the bill; however, Texas would not be eligible to receive any additional federally matched funds for evidence-based prevention services.

DFPS also recognizes that the prevention and child welfare systems and state population are dynamic and constantly evolving. As Texas evaluates new interventions afforded by FFPSA, DFPS may continue to review the definition of foster care candidacy in an effort to maximize federal support for these services.

If evidence-based prevention services are to be provided in accordance with FFPSA, DFPS will submit the proposed foster care candidacy definition to ACF for consideration and approval. A candidate for foster care is a child who is at imminent risk for removal and but for the provision of services to the child and child's family, would be removed from the child's home and placed in foster care. 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;

## Family First Prevention Services Act Strategic Plan

- Substance use or addiction;
- Lack of protective capacity; or
- Parents' inability or need for additional support to address serious needs for the child.

Families receiving family preservation services through FBSS have been investigated by CPI due to allegations of abuse or neglect of their children and DFPS has determined that the children can remain safely in the home with the provision of FBSS services. These services can be voluntary or court-ordered, but involvement is triggered by a report of abuse or neglect and an ensuing investigation.

Children who have exited DFPS conservatorship through reunification, managing conservatorship, or adoption may be at risk of subsequent disruption or re-entry into the foster care system. This is often due to behavioral health issues the child may experience. The Texas Legislature has supported expansion of post-adoption services statewide and post-permanency services, which are provided to a limited population in three regions (6A, 6B, and 11) of the state. Services provided to this population are voluntary and are accessed only when a caregiver reaches out to DFPS to request assistance.

Pregnant and parenting youth in DFPS conservatorship not only manage the trauma of their own abuse or neglect that led to their entry into the foster care system, they have the added responsibility of keeping their own children safe. DFPS places pregnant and parenting foster youth with their children whenever it is safe to do so. Many pregnant and parenting youth are able to live with kinship caregivers and in traditional foster family homes. Regardless of placement, these youth can and do benefit from voluntary evidence-based prevention services that strengthen their ability to appropriately parent their own children and reduce the risk that those children may also enter the foster care system. The PEI division funds evidence-based home visiting services for pregnant and parenting foster youth through its Helping through Intervention (HIP) program. However, these services are not statewide and not all community providers currently use models from the Title IV-E Prevention Services Clearinghouse.

If expansion of allowable evidence-based prevention service programs is pursued as envisioned by FFPSA for these candidate populations, the funding will need to account for Information Technology (IT) costs associated with implementing the new foster care candidate definition. DFPS also will need to update policy and train staff and providers on implementing the new definition.

### **Data Collection Requirements**

Information about required reporting for prevention services was released by the Children's

Bureau in Technical Bulletin #1 on August 19, 2019<sup>6</sup>, and in Technical Bulletin #2 on January 7, 2020.<sup>7</sup> 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. A cross-divisional team, including CPS, PEI, Office of Data and Systems Improvement, Finance, and IT, reviewed the data elements to determine if changes were needed to Information Management Protecting Adults and Children in Texas (IMPACT), data warehouse tables, or other reporting functions.

In summary, all elements relating to reporting of child demographics and child outcomes (such as entry into foster care) are available in current data warehouse tables. 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, including IMPACT, Performance Management Evaluation Tool (PMET), and Prevention Early Intervention Reporting System (PEIRS). To generate data about services provided to individuals, changes to multiple applications are required.<sup>8</sup>

## Evaluation Component

As introduced above, 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. Components of the evaluation plan include:<sup>9</sup>

1. Description of the interventions, target populations to be served, evaluation goals, and evidence used to justify selections.
2. Theory of change articulating the issues the intervention seeks to address and mechanisms through which it generates the expected changes.
3. Evaluation design that includes:
  - a. Conceptual and theoretical framework used in evaluation,
  - b. Description of how evaluation design supports evaluation goals, and
  - c. Description of components included in evaluation.
4. Logic model describing resources needed for the service, activities conducted during the course of the service, outputs that can be measured during the course of the service, and outcomes that can be measured as a result of a service.
5. Data collection, sampling, and analysis plan that describes what data will be collected during the evaluation, how that data will be collected, and how data will be analyzed to

---

<sup>6</sup> <https://www.acf.hhs.gov/cb/resource/title-iv-e-tb1>

<sup>7</sup> [https://www.acf.hhs.gov/sites/default/files/cb/iv\\_e\\_prevention\\_tb2.pdf](https://www.acf.hhs.gov/sites/default/files/cb/iv_e_prevention_tb2.pdf)

<sup>8</sup> This cost estimate is included in Appendix D.

<sup>9</sup> <https://www.acf.hhs.gov/sites/default/files/cb/im1904.pdf>

Family First Prevention Services Act  
Strategic Plan

measure service impacts.

6. Description of study limitations that are weaknesses in the design of the study.
7. Reporting, dissemination, and use plan that describes how evaluation findings will be shared and used to improve practices.
8. Description of data security and privacy measures, informed consent procedures for individuals who are contributing data for use in evaluation, and description of institutional review board who will review study design.
9. Evaluation roles and responsibilities of key evaluation staff.
10. Timeline of evaluation activities.
11. Budget.

## FFPSA and Congregate Care

### The Current Texas Landscape for Child Placements

As of the last day of Fiscal Year 2019, there were approximately 29,242 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. For some children in DFPS conservatorship, this type of setting is with a non-custodial parent or other relative caregiver, while others may live in a foster or cottage home. There may also be times a child or youth must temporarily live in an emergency shelter. For youth with higher needs, a Residential Treatment Center (RTC) may be the most appropriate living arrangement so the child can receive treatment services.

To ensure a rich service array is available to serve the more than 17,000 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 as determined by HHSC Residential Child Care Minimum Standards, the DFPS Residential Child Care contract or SSCC contract. 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.

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).

The child, the parent, the child's caseworker, attorney ad-litem, guardian ad-litem, and Court Appointed Special Advocate (CASA) are all a part of planning for the child. This includes ensuring that children are served in the most appropriate setting, based on their individual needs. To inform the planning process, children in care receive a Child and Adolescent Needs and Strength (CANS) assessment, which is coupled with other clinical and medical information, and used to help determine the child's level of need. The child's level of need, often referred to as a service level, allows for identifying a provider that can meet the child's service needs. This process may vary in catchment areas operating under the CBC model.

## **Placement Options under FFPSA**

FFPSA does not disallow any placements currently authorized and utilized in Texas. It does however limit/change the placement types eligible for consideration 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). The state can continue to claim Title IV-E foster care maintenance payments for any children who were already living in a non-eligible congregate care placement prior to September 29, 2021. Each time an eligible child is moved to a congregate care placement after September 29, 2021 that is not eligible for Title IV-E funding, the state will be allowed to claim Title IV-E foster care maintenance payments for the child for the first two weeks of placement in the new setting. After two weeks, the state will be required to use general revenue funds. However, the state may continue to claim Title IV-E administrative costs on behalf of the child while in that placement.

As of the last day of Fiscal Year 2019, 3,396 children were in non-QRTP congregate care settings and approximately 42% of the care days provided to these children was IV-E eligible. The loss of IV-E eligibility for these placements is projected to cost approximately \$26 million per year.

The placement types eligible for consideration of Title IV-E funding under FFPSA are identified below. FFPSA also introduces a placement type known as a QRTP, which is not currently a part of the DFPS contracted service array:

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.<sup>10</sup>

### **Qualified Residential Treatment Program**

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, including documenting and maintaining contact information for any known biological family and fictive kinship 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.

While some Texas providers may meet one or more of these criteria, as of August 2020, DFPS is not aware of any contracted providers that meet all the necessary criteria, meaning that no contracted providers currently meet the federal criteria to draw down Title IV-E funds for this type of placement.

---

<sup>10</sup> This cost estimate is included in Appendix D.

It is also important to note that many children do not require the level of supervision and restriction that accompany the QRTP model. While some children may benefit from the near in-patient hospitalization setting envisioned in FFPSA, many children can be successful in much less restrictive settings. Texas feels strongly that we should continue to prioritize the least restrictive placements required by state and federal law and continue efforts to decrease the use of congregate care settings whenever possible. However, those efforts do not mean that Texas children will not continue to require less restrictive congregate care settings that will not be eligible for federal reimbursement. DFPS will continue to prioritize the needs of each individual child.

## **Research**

In order to meet the requirements outlined in Senate Bill 781 (86R), DFPS contracted with the University of Houston (U of H) on a consulting engagement to assess available research related to accreditation as well as services provided using a QRTP<sup>11</sup>.

The survey found no explicit research on the impact of accreditation on child and family outcomes. U of H provided DFPS with a review of the limited research on associated concepts including risk reduction and post discharge monitoring between accredited and non-accredited residential treatment facilities; trauma informed care in psychiatric residential treatment; family involvement; and access to aftercare. In general, U of H found limited research:

- Although the research-based literature has not yet reported empirical data to support the building components of an effective QRTP, there are incentives reported by other states to establish QRTPs as a support system for foster youth transitioning back home or entering adulthood.
- Research on the service components as related to QRTP criteria is related to trauma-informed care, 24/7 nursing care, family involvement, aftercare qualification.
- The potential efficacy of a QRTP Model is demonstrated by the outcomes reported by the Children's Village (CV) in the state of Washington, emphasizing that residential care should be temporary, uses evidence-based interventions, and includes family members in the treatment process.
- Incentives to QRTP implementation are related to implementation of evidence-based interventions in RTCs, getting funding to support the initial setup of a QRTP and its ongoing implementation.
- Impact of accreditation on care quality was reported by studies on risk reduction, aftercare outcomes, and learning from another country.

---

<sup>11</sup> [http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2020/2020-06-14-Qualified\\_Residential\\_Treatment\\_Programs.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2020/2020-06-14-Qualified_Residential_Treatment_Programs.pdf)

## **Stakeholder Input**

The scope of work in the U of H contract included two mechanisms for seeking stakeholder input: 1) a survey of contracted RTC and General Residential Operation (GRO) providers to identify those currently accredited and those in the process of becoming accredited, soliciting input from non-accredited providers about how incentives might influence their decision to become accredited and what types of incentives would be most desirable; and 2) focus groups designed to gather supplemental information about the benefits and challenges of the accreditation process.

## **Provider Readiness Assessment Survey**

DFPS identified all contracted providers that were licensed as GROs providing treatment services in the state and worked with U of H to solicit feedback from these organizations. Out of 150 providers surveyed, 94 agencies responded, yielding a 77% response rate. Status of accreditation among the 94 respondents<sup>12</sup> is as follows:

- Accredited: 28
- Seeking accreditation: 34
- Not yet seeking accreditation: 25
- No response on accreditation status: 7

The 59 non-accredited providers indicated major factors that might incentivize providers to become accredited: financial assistance, knowledge of best practice through accreditation training, and national and state recognition. These providers also noted that resources needed to support pursuit of accreditation include funding, staff training and clarity on accreditation standards. Similarly, the types of incentives identified as most likely to influence a provider to become accredited include increased funding for initial and ongoing costs associated with accreditation; expert or peer guidance from someone who has already successfully sought accreditation; and assistance in accessing staff training to comply with accreditation standards.

## **Focus Groups**

In addition to the provider readiness survey, focus groups were conducted with three groups of providers consisting of 1) accredited organizations; 2) organizations seeking accreditation; and 3) organizations not yet seeking accreditation.

Major themes expressed during the focus groups related to reasons for seeking accreditation, reasons for not yet moving forward with accreditation, preparation and resources necessary to seek accreditation, and changes needed for successful completion of the accreditation process.

Reasons for seeking accreditation included:

---

<sup>12</sup> Accreditation data is as of February 2020.

## Family First Prevention Services Act Strategic Plan

- Desire to have an agency that offers services beyond the minimum standards and to be recognized as a leader in the field.
- To comply with FFPSA to continue receiving Title IV-E funding as it relates to QRTPs.
- To improve evaluation efforts, including participation in the peer review process, in the hopes of improving client outcomes.
- To improve relationships with stakeholders, including service consumers and potential funders.

Reasons identified for not moving forward yet for accreditation were:

- Cost in terms of dollars and time spent.
- Low perceived benefit related to accreditation.
- Confusion about the process and the meaning of being accredited.
- Do not know what questions to ask up front and how to prepare for it.

Identified preparation and resources needed for accreditation echoed those identified in the survey responses and included the need for funding, guidance, and technical assistance, along with upgrades to data systems, more professional staff to meet standards including 24/7 nursing staff requirements, and additional administrative staff to guide accreditation and oversight processes.

Survey respondents and focus group participants indicated, “both the initial and ongoing cost of accreditation was high, and that many additional resources were needed to become successfully accredited. Similarly, they indicated a need for additional financial support regarding the process, particularly for provider agencies who are newer and have fewer employees...”. More specifically, “participants in the focus groups recognized that there were benefits to accreditation and that ultimately accreditation was a worthwhile, but costly, endeavor. Overall, those who had completed the process reported that accreditation was associated with improved data collection, enhanced evaluation and better client outcome.”

## **Implementation Considerations for Congregate Care**

In order for an individual child’s placement to be considered an eligible QRTP placement, 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 the assessment must address, along with a listing of tasks that must be completed.
2. The court with legal jurisdiction over the child’s CPS case, must consider (within 60 days of placement) the assessment, determine whether the needs of the child can be met in a

foster family home, or if not, whether placement in the QRTP provides the most effective and appropriate setting for the child, and whether or not the placement is consistent with the short and long-term goals for the child as specified in the permanency plan, and approve or deny the placement. Elements of this process are repeated at each subsequent status review and permanency hearing for the child, as long as they remain in the QRTP placement. DFPS anticipates that there may be additional costs or an impact on caseloads if caseworkers must attend additional court hearings for children on their workload. There could also be increased costs at the county level for more hearings.

3. For a child placed in a QRTP for more than 12 consecutive months or 18 non-consecutive months (based on age, if younger than 13 years old, this is reduced to 6-months), 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.

### **Analysis of Limitation on Federal Funding Participation for Foster Care**

FFPSA limits the State's access to federal reimbursement for congregate care by eliminating the state's ability to claim reimbursement for the cost of congregate care except for specific settings. As described above, those settings are: 1) supervised settings for youth 18 or older who are living independently; 2) settings providing high quality residential care and supportive service for children who are found to be or at risk of being a victim of sex trafficking; 3) settings specializing in providing prenatal, post-partum or parenting supports; and 4) QRTPs. The current capacity for these types of placements is limited and is reserved for youth who require enhanced services to meet their specific needs.

Some of these settings are part of the current DFPS placement array. One program DFPS offers for those in extended foster care is Supervised Independent Living, which provides an opportunity for young adults to live in shared housing, dorm, or apartment with financial and, in limited circumstances, case management support. DFPS also contracts with certain licensed GROs that provide unique, high-quality care for youth in foster care who have been victims of sex trafficking and need specialized treatment services. A limited number of pregnant and parenting teens in conservatorship are placed in congregate care settings, but the majority of these youth are able to be placed in a foster family or kinship home and receive appropriate supports. Having these placement options within the existing DFPS service array allows DFPS to continue to receive federal funding for these settings.

DFPS does not contract with any licensed GROs that meet the QRTP criteria. DFPS assessed the fiscal implications for expanding the residential placement service array to include QRTPs. The analysis included potential costs to residential providers, costs to DFPS to compensate

residential providers, and costs to DFPS to meet the assessment, placement and monitoring obligations established within the law.

## **Providers**

Congregate care providers, known as licensed GROs in Texas, would incur certain expenses to establish or transition to and operate a QRTP. Providers would require expert technical assistance to navigate the accreditation process, would pay initial and ongoing fees to the accrediting entity, would incur costs to prepare standards-compliant policies, procedures, and protocols, and may need to upgrade data systems to track and monitor additional child data. To operate the program, which requires onsite nursing and clinical staff as well as six months of aftercare services after the child has left the placement, the provider would incur increased expense to maintain all necessary staffing. Providers may also incur expenses for increased training for direct care staff to assure fidelity to new treatment approaches.

## **DFPS Foster Care Payments**

To compensate the providers for meeting the new requirements, DFPS anticipates paying for more days of care at the highest of the existing rate fee schedule. DFPS can seek reimbursement from Title IV-E for a portion of the costs; however, Title IV-E participates only in the cost of care associated with maintenance of the child (e.g. food, clothing, shelter, daily supervision) and not for the clinical components of care. Not all children who are currently placed in other congregate settings need the intensive services provided in a QRTP, nor would a QRTP be the least restrictive placement that could meet their individual needs. Additionally, not all children and youth in conservatorship are eligible for Title IV-E reimbursement today.

## **DFPS Staff and Local Court Costs**

FFPSA requires the child welfare agency to meet certain criteria to be eligible to receive Title IV-E reimbursement for the cost of care in a QRTP. The child welfare agency must contract with an independent qualified individual or organization to assess each child's needs, determine those needs cannot be met in a foster family home, and recommend the child be placed in a QRTP to meet their individual needs. FFPSA requires review and approval of the placement by the court within 60 days of placement and then regularly thereafter at status and permanency hearings. Child welfare agency staff must prepare and provide the court with specific information for review at each hearing. Additional efforts must be made to update the child's payment status to assure claims for federal funds are only made for days that have been approved to avoid continual audit exceptions. As a result, there will be additional costs for DFPS staff, IT modifications and processes, contracts for the individual assessor, and others. In addition, DFPS believes there will be increased costs to courts (and local counties and municipalities) to handle the additional court workload associated with these reviews.

Family First Prevention Services Act  
Strategic Plan

For efficiency and ease of implementation, if Texas moves forward with expanding the current placement array to include QRTP settings, DFPS would partner with the SSCCs to develop a centralized process for contracting, assessment and referral of appropriate children to the program.



## **Kinship Navigator**

There are approximately 276,800 children in Texas living in the care of someone who is not one of their parents.<sup>13</sup> This includes nearly 12,000 children in kinship placements on any given day in our Texas child welfare system, comprising of approximately 44% of placements in Texas.

Texas has prioritized kinship placements for children in the child welfare system and incentivized these placements by providing funding for a daily payment for many of those placements. The Kinship Navigator Programs envisioned by FFPSA are unique because they do not require involvement with a state child welfare program to access additional services. Through FFPSA, states can receive federal reimbursement for up to 50% of their expenditures to provide Kinship Navigator Programs, which is a model that connects kinship caregivers caring for children to benefits and services, including information, referrals, follow-up services, counseling, and other needed benefits and services. Kinship Navigator Programs strengthen support systems to help caregivers preserve the family unit without involvement in the child welfare system.

Kinship Navigator Programs that meet certain evidence-based requirements of promising, supported, or well-supported practices will be listed on the ACF Title IV-E Prevention Services Clearinghouse. To date, ACF has not approved a Kinship Navigator Program on the Title IV-E Prevention Services Clearinghouse, so there is no opportunity to draw down federal funds at this time. Access to a network of evidence-based requirements of trauma-informed promising, supported, or well-supported practices services will aid in preventing these families from experiencing unnecessary hardships and maximize the caregivers' ability to provide safety and stability and, if needed, permanency for the children placed in their home. Once ACF approves a Kinship Navigator Program on the Title IV-E Prevention Services Clearinghouse, DFPS will assess implementation options for any approved Kinship Navigator Programs.

### **Current and Ongoing Efforts**

In the Texas child welfare system, kinship caregivers caring for a child in DFPS conservatorship have access to referral services, emotional support services, case management, and outreach provided by a Kinship Development caseworker. In addition, with the passing of HB 4, (85R), eligible kinship caregivers may receive monetary assistance to help care for their kinship children and youth; however, not all kinship caregivers qualify for the reimbursement. Kinship caregivers are also regularly reminded of their option to become a verified foster home, allowing them access to additional services and supports, as well as a daily placement rate and Permanency Care Assistance if the youth exits to DFPS conservatorship into the permanent

---

<sup>13</sup> 2010 census data

custody of their kinship caregiver. Outside of child welfare, kinship caregivers have access (when eligible) to additional services, such as SNAP, Medicaid, and TANF.

DFPS used \$156,000 in federal grant funds to contract with U of H to examine the infrastructure needed to support a Kinship Navigator Program in Texas<sup>14</sup>, as well as the projected costs to implement and sustain the program. The review included an assessment of current services available to kinship families, gaps in resources, and costs associated to implement and sustain a Kinship Navigator Program. Upon their conclusion of an evidence-based analysis of Kinship Navigator Programs in the nation, as well as an evaluation of the needs of kinship caregivers in Texas, the U of H made recommendations to improve and enhance the Texas 2-1-1 system with each recommendation building on the next.

DFPS used \$426,000 in federal grant funds to collaborate with HHSC 2-1-1 to enhance 2-1-1 services to kinship families across Texas. Activities for this effort included:

- One-time network/telephony infrastructure support to strengthen the 2-1-1 infrastructure (equipment and security) that allows for continued service to kinship related calls.
- Comprehensive training development related to cultural competency, kinship, and trauma informed care to enhance support 2-1-1 staff provide for kinship caregivers.
- Targeted outreach to promote kinship care resources at 2-1-1. Efforts included developing a targeted marketing campaign for kinship caregivers that will increase their knowledge of resources, training to 2-1-1 centers to enhance their ability to handle kinship related calls efficiently and utilize appropriate cultural competency levels.

DFPS plans to utilize approximately \$550,000 in federal grant funds to continue the partnership with HHSC to evaluate other ways to enhance the 2-1-1 system to better support kinship caregivers.

## **Family Resource Center Model (FRC) and Kinship Navigator Pilot**

DFPS will use approximately \$450,000 in federal grant funds to support a pilot that will strengthen the connections between Family Resource Centers (FRCs) and a Kinship Navigator Program. FRCs are community-based resource hubs where families can access formal and informal supports to promote their health and well-being. The FRC model seeks to provide services to children and families, increase parenting skills and protective factors, and reduce the likelihood of formal involvement with CPS. FRC services vary but typically include some combination of the following: parent skill training, job training, substance abuse prevention,

---

<sup>14</sup> [http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2019/2019-02-15-Kinship\\_Navigator\\_Program.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2019/2019-02-15-Kinship_Navigator_Program.pdf)

mental health services, housing support, crisis intervention services, literacy programs, and concrete supports such as food or clothing banks.

The PEI Division is awarding four kinship navigator planning grants with federal grant funds with Family and Youth Services providers up to the cumulative amount of \$450,000. The selected kinship navigator grantees will conduct 12 months of planning activity aligning with the FFPSA goals of assessing, planning and implementing a kinship navigator program and service components. These planning grants are scheduled to be awarded September 1, 2020 and will help prepare for possible future implementation of a Texas Kinship Navigator program and support ongoing state planning activities around the capacity, infrastructure, resources and supports needed to successfully expand services to kinship caregivers throughout the state.

The PEI Division's FAYS Program has services available across all 254 counties in Texas. On average, this program serves more than 30,000 families per fiscal year, including kinship caregivers, some of which may be involved in the child welfare system. Services through the FAYS Program are available to any family, regardless of involvement with the child welfare or juvenile justice system. Most providers offer a range of services including intake, resources and referrals, basic service needs, child care, crisis intervention, life skills training, family-based curriculum, individual and family counseling, individual and group education, support groups, and youth skills training.

PEI plans to work with at least one provider in the FAYS Program to modify or enhance the service array, training, and community connections to meet the framework and program model design to pilot a family resource center. Texas will conduct planning grants for one year and complete an evaluation as well as technical assistance materials for possible expansion if appropriate after one year.

### **Harris County Protective Services Family Navigation Program**

DFPS will use approximately \$50,000 in federal grant funds to evaluate the Harris County Protective Services Family Navigation Program. The family navigators are staff members who have lived experiences interacting with DFPS and other parts of the child welfare system. The family navigators work with a small number of families to provide 20 to 22 hours of weekly support. The program offers emotional support, systems navigation, and connections to community resources. In addition, the program allows kinship families to access trauma-informed psychiatric and mental health therapies through its Integrated Healthcare Services and mental health therapy programs. Kinship navigator funds will provide an important, one-time evaluation of this program in Harris County. The evaluation information will inform DFPS' plan for potential future use of a Kinship Navigator Program in Texas.

## Coordination of Implementation of CBC with FFPSA Services

Over the past several years, the Texas Legislature has made historic investments in improving the outcomes for the children, youth and families served by DFPS. One of the most significant drivers of change occurred in 2017 when the 85<sup>th</sup> Texas Legislature directed major foster care system reform through [Senate Bill 11](#). This legislation gave shape to the CBC Model and a plan for statewide implementation of the redesigned foster care system. To ensure the continued success of CBC, the 86<sup>th</sup> Texas Legislature required that DFPS develop a plan to address a coordinated approach to implementation of CBC and prevention services.

For an overview of CBC, including a description of the model, funding model and payment structure, the plans for statewide implementation, please visit the [CBC website](#).

As required in statute, DFPS will continue to use the independent process and outcome evaluation contracts in a strategic manner to inform resource needs and the financial model. The initial process evaluation for Region 3b in Stage I led to several improvements to the DFPS financial model for CBC including enhancements to IMPACT for interoperability and data exchange, the creation of the network development fee, and the process and methodology for resource transfers. DFPS will receive the results of the process evaluation for current Stage I contracts performed by Texas Tech this fall. Chapin Hall, contracted for the outcome evaluation of CBC, has been instrumental in the past in performing studies as needed such as a study of the blended rate and Stage II start-up costs. DFPS continues to consult with Chapin Hall to establish the fiscal model and processes for assessing incentives and remedies in Stage III of Community-Based Care.

In order to determine how prevention services could be efficiently and transparently coordinated with the statewide implementation CBC, DFPS created a short-term work plan for FY 2019-2020 that included:

- Assessing the methods of service delivery under the current DFPS and SSCC structure.
- Researching other state's family-preservation service models, particularly models where this stage of service is contracted out to a provider.
- Holding workgroup meetings with the four existing SSCCs and the contractor operating the Family Based-Safety Services Pilot in DFPS Region 10.
- Determining intersects between services dictated in FFPSA and the current CBC model.
- Presenting information gathered from the workgroup and research to the DFPS Public Private Partnership for feedback.
- Conducting a cost/benefit analysis on various options that would support a coordinated approach to implementation.

For a description of FBSS services, please see the section, “Child Protective Services: Family Preservation and Permanency Services and Supports,” found in this report.

## **SSCC Services to Support Family Reunification**

Beginning in Stage II of the CBC model, the SSCC becomes responsible for delivery of case management and services to families of children in DFPS conservatorship from the designated catchment area. The primary permanency goal for most of children that enter the state’s substitute care system is family reunification. To support this work, the SSCC is charged with developing a network of services that are available to families in the community, and that if accessed and completed by the caregiver, should result in successful permanency for the child.

The SSCC network of services may include the following:

- Community-based service providers such as those directed through faith organizations,
- HHSC behavioral/mental health providers,
- HHSC SUD providers,
- Non-profit contacted services,
- Substance abuse testing, and
- Services purchased using the SSCC allocation of the department’s PCS appropriation.

Because the SSCC is operating under a performance-based contract, the organization has the latitude to design the network of services in a manner that they feel best supports the intended performance outcomes.

It is important to note that the SSCC does not receive additional funding to support the purchase of additional client services, beyond what the department would have received had the catchment area remained under the legacy system.

## **SSCC Services to Support Family Preservation**

As a part of its existing contract, beginning in Stage I, the SSCC is responsible for ensuring the full continuum of foster care services for children, youth and young adults from the catchment area. This continuum of care includes serving (in coordination with STAR Health, PEI and other resources) pregnant and parenting foster youth, foster children and youth that have been victims of human trafficking, and young adults that are transitioning out of the foster care system.

Additionally, as a part of Stage II, the SSCC becomes responsible for coordinating services to parents of children in care, which includes referrals to in-patient substance abuse treatment programs where children in conservatorship of the state can live with their parent, while their parent receives treatment.

There is no funding provided to the SSCCs that is earmarked to offer well-supported, supported or promising practices as laid out in the Title IV-E Prevention Services Clearinghouse.

If additional state funding to support the implementation of the services envisioned in FFPSA is provided through the General Appropriations Act, DFPS will incorporate accordingly in the PCS allocation provided to the SSCCs. The department will also ensure that SSCCs are provided information on any new or additional services that may be provided through HHSC or other divisions within DFPS as a result of FFPSA.

## Coordination of CBC and FBSS services

Gaining from all that has been learned from this experience, the DFPS spent much of FY 2019-2020 evaluating options of how the CBC model may be expanded to include FBSS services.

To guide this work, DFPS leveraged the experience of the four existing SSCC providers, as well as that of the provider responsible for the provision of FBSS services through a pilot in Region 10. Beneficial to this process was the fact that two of the existing SSCC providers have experience in offering both SSCC-like and FBSS-like services in other states and have done so under a variety of model structures. Through this work, consensus was reached amongst the group that DFPS should consider contracting for FBSS services. The group recommended two different structures for how this could be done:

- 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.

This recommendation was presented to the DFPS Public Private Partnership (PPP) in January 2020. The PPP discussed options for how the department could proceed with incorporating FBSS into the CBC model, including identification of pros and cons for the two different structures identified in the workgroup.

### PPP Feedback: Incorporating FBSS into Existing SSCC Contracts

Potential Advantages	Potential Draw-Backs
<ul style="list-style-type: none"> <li>• Efficiencies in Administrative Costs;</li> <li>• Efficiency in terms of implementing higher expense evidence-based programming;</li> <li>• Cross-trained staff, working with families in multiple stages;</li> </ul>	<ul style="list-style-type: none"> <li>• Stigma that foster care service provider also provides family preservation services;</li> <li>• Provider and state will always be battling perception that SSCCs receive more funding if child is brought into care;</li> </ul>

Potential Advantages	Potential Draw-Backs
<ul style="list-style-type: none"> <li>• Pulls all services under one umbrella for families; and</li> <li>• Data collection on specific families, will be able to determine what has worked and what has not for the family, better service coordination.</li> </ul>	<ul style="list-style-type: none"> <li>• Adding additional stages to CBC will slow the current momentum and further push out statewide implementation; and</li> <li>• Establishes a very large contract, where the state and community are reliant on a single provider to manage and deliver a wide range of services.</li> </ul>

**PPP Feedback: Contracting for FBSS Separately from SSCC Contracts**

Potential Advantages	Potential Draw-Backs
<ul style="list-style-type: none"> <li>• May open to more potential bidders; and</li> <li>• Keeps prevention funding separate from foster care funding, mitigating perceived conflict of interest around notion that SSCC gets more money if children enter care.</li> </ul>	<ul style="list-style-type: none"> <li>• Multiple lead agencies in a catchment area may lead to community and provider fatigue;</li> <li>• At times, FBSS has the responsibility of recommending the removal of children from their homes when safety cannot be maintained, logistics for maneuvering this process as a contracted entity will be challenging; and</li> <li>• Requires processes be built not only between CPI and the provider for case transfer, but also an additional process between the SSCC and the provider.</li> </ul>

## **Financial Models and Resources**

### **Discretionary Funding Opportunities authorized by FFPSA**

DFPS received several discretionary 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.

#### **NEICE Grant**

DFPS was awarded \$424,000 to make necessary changes to implement the use of the electronic interstate case processing system for ICPC requests. FFPSA requires states to have this system operational by 2027. DFPS anticipates compliance by 2023.

#### **Family First Transition Act**

On December 20, 2019, the President signed a year-end spending package that included FFTA. FFTA includes monies designated for the implementation of FFPSA. Texas' allotment is \$50.3 million and is available through September 30, 2025.

Per the General Appropriations Act, Article IX, Sec. 13.02, DFPS has notified the Governor and the Legislative Budget Board of its intent to use \$16.4 million of FFTA funding to make the necessary information technology changes required to implement FFPSA, as well as conduct a pilot to further explore QRTPs. Please see Appendix D for additional details on how and when this money will be spent. Options on how to spend the additional \$33.9 million of FFTA funding are discussed under Implementation Options later in this document.

#### **Notification**

As directed by Senate Bill 355 and as required by the General Appropriations Act, Article IX, Sec. 13.02, DFPS will continue to notify the Office of the Governor and the Legislative Budget Board of any additional federal funds received in excess of \$10 million. DFPS will further notify



Family First Prevention Services Act  
Strategic Plan

Senate Finance, House Appropriations, Senate Health and Human Services, House Health and Human Services, Public Health and the Legislative Budget Board of the receipt of any private or federal funds to be used for the purposes outlined in this plan. This strategic plan will serve as notification to the aforementioned committees of DFPS' receipt and intent to use some of the federal funding received through FFTA.

## **Enhanced Training Associated with Procurement, Contract Monitoring, and Enforcement Services**

Managing contracts and procurements is complex and requires specialized training to acquire the necessary knowledge and expertise. To supplement statutorily mandated training and certifications offered through the Texas Comptroller, DFPS conducts training to contracts staff to ensure state and federal regulations are followed and that internal DFPS policies and programmatic initiatives are implemented. To increase knowledge, efficiency, and effectiveness, the agency has dedicated staff to support contract management policy, which includes a dynamic training platform. This centralized team coordinates training held by subject matter experts within HHSC, DFPS, and third-party vendors.

DFPS consults with auditors when making significant changes to policies and procedures, and reviews state and federal contract audits and evaluations to learn from strengths and weakness found in other contract management operations to proactively improve agency procedures for contract management and contracted service delivery. Once the agency changes policies and procedures, training is scheduled for contract management staff on revised expectations.

In FY19, DFPS employed almost 200 Certified Texas Contract Managers who managed over 3,600 contracts that valued nearly \$840 million. These contracts are mainly for specific client services with a set rate of payment.

DFPS recognizes that contract management roles and responsibilities are shifting from managing singular contracts for services, to awarding grants and managing contracts for systems of care. This shift demands a holistic contract management approach that requires coordinating and integrating expertise from across DFPS divisions. This dynamic, multi-disciplinary contract management approach allows for more effective assessment of quality and identifying process improvements that focus on performance, administrative and operational capacity, financial stability, and adequate business controls.

- Over the past several years, DFPS has implemented improvements to contract monitoring, enforcement, and oversight processes to include: Drawing on expertise, including auditors, to strengthen methods for assessing contractor procedures to determine whether procedures are consistently followed.
- Implementing specialized teams to incorporate integrated data analysis and audit expertise to inform contract management and monitoring.

## Family First Prevention Services Act Strategic Plan

- Extending contract management and monitoring beyond requiring a license or certification and responding to results from inspections and investigations to focus on health, safety, and well-being of children and youth in care.
- Continuing to develop and improve contract tools within the context of program and service requirements and cross system oversight.
- Enhancing risk assessment and analysis protocols to pre-empt contractor performance problems, prevent high risk situations, and promote quality care.
- Adding depth to readiness/pre-contract assessments and withholding contracts from entities who may meet standards to obtain a license but are not qualified nor adequately prepared to care for children involved with CPS.
- Increasing analysis of readiness and strengthened oversight and monitoring during the first 18 to 24 months after initial contract execution and prior to entering a subsequent contract or phase.
- Adding specialized contracted services, service requirements, and increase payment rates for qualified contractors caring for children and youth with intense physical or mental health needs. With support from the Legislature, DFPS added a foster care payment rate for Intense Plus residential treatment, and Treatment Foster Care and increased rates for contractors placing children in foster home settings.
- Incorporating financial incentives and remedies for performance on quality requirements including background checks on new staff, staff training on Trauma Informed Care, timely Texas Health Steps medical check-ups, and Emergency Behavioral Interventions.
- Identifying and addressing indications of potential, emerging, and identified deficits in quality, performance, and compliance and requiring continuous improvement processes to remedy potential weaknesses and threats.

Changes to the CBC model or implementation of FFPSA evidence-based prevention service programs, additional new or modified trainings may be necessary to guide and support contract management staff. Training needs may include:

- Financial Management: allocation calculation methodology, purpose of payment, claims methodology for each stage, reconciliation process and financial reports.
- Performance Based Contracting: evaluating adequacy of a contractor's model for oversight of its continuum of services provided by a network of service providers.
- Evidenced Based Models: analyzing, assessing, and validating self-reported data.

## Family First Prevention Services Act Strategic Plan

- Acquisition planning and successfully transitioning responsibilities.
- Information Technology: assessing information systems and cybersecurity threats.

Consideration will be given to the following when determining the training modality, maximizing cost efficiencies, identifying reasonable and necessary costs, and ensuring evaluation and on-going maintenance of training material:

- Staff resources – both existing and new;
- Outside trainers;
- Direct and indirect costs associated with courses, materials, and delivery;
- Costs associated with travel required to participate as applicable;
- Re-training and addressing skill deficits;
- Considering ways to maximize cost efficiencies (group training, train the trainer, cross-training, choosing re-usable materials, electronic options, etc.); and
- Incorporating an evaluation phase to determine the impact training has had on the overall skills and performance of staff.

## Community and Stakeholder Engagement

To ensure informed recommendations and options for implementation, DFPS began stakeholder engagement with a [FFPSA informational webinar](#) on September 19, 2019. DFPS developed the webinar to provide basic information about FFPSA and recorded and posted it on the DFPS public website. DFPS leadership also conducted dozens of in-person and virtual meetings to discuss the provisions of the bill and gather input.

DFPS hosted a [Public Hearing](#) on January 30, 2020, to provide information related to FFPSA and give the public an opportunity to provide testimony. Public testimony was given by entities including TexProtects, Friends of the Children, Center for Families and Children at the Texas Public Policy Foundation, Texas Alliance of Child and Family Services, Resource Recovery Council, Center for Public Policy Priorities, Family Nurturing Center of Texas, Texans Care for Children, Family Connects, United Way of Greater Austin, Texas Pediatric Society, Every Child Texas, Texas CASA, National Association of Social Workers, Texas Parents as Teachers, Disability Rights Texas, and Nurse Family Partnership National Office.

Public testimony included the following themes:

- Support for prevention programs;
- Support for an expanded foster care candidacy definition;
- Support for developing QRTPs;
- Increased support for kinship families who are involved with the child welfare system, and kinship families not currently involved with the child welfare system; and
- Additional substance use disorder services.

The Parent Collaboration Group is a group of parents whose families have been involved with CPS. The group works with CPS to help improve how CPS provides services and supports families. CPS met with the Advisory Committee for the Parent Collaboration Group relating to the provisions of FFPSA and feedback from the group included:

- Development of additional in-home services, including an evidence-based mentoring model and peer support services;
- Expanding faith-based interventions so families have a supportive network after their CPS case is closed; and
- Navigation of social services, programs, and support services.

In addition, DFPS participates in a bi-monthly, multi-state FFPSA learning collaborative hosted by Casey Family Programs to facilitate continued peer-to-peer conversations. This collaborative is open to FFPSA stakeholders nationwide, including child welfare agencies. Participation in this collaborative has provided Texas with a more refined understanding of FFPSA, lessons learned from early implementers of FFPSA, and other considerations as Texas contemplates implementation options.

## Family First Prevention Services Act Strategic Plan

Additional stakeholder groups DFPS engaged from September 2019 through August 2020 include:

- Advisory Committee on Promoting Adoption of Minority Children
- CASA Executive Directors
- Children’s Commission
- Child Protection Round Table
- Committee for Advancing Residential Practices
- CBC SSCC Leadership
- DFPS CPS and CPI Leadership Conference
- HHSC Behavioral Health Advisory Committee
- HHSC Intellectual Development Disability-Behavioral Health Leadership
- Houston Area Partners for Youth (HAPY)
- Mid-Winter Conference for Title IV-E Universities
- Public Private Partnership
- QRTP Focus Group comprised of DFPS, Children’s Commission, and Judges
- Researchers Roundtable
- Statewide Behavioral Health Coordinating Council
- Texas Alliance of Children and Family Services
- Texas Child Welfare Board
- Texas Prevention Framework Workgroup
- Substance Use Disorder HHSC/DFPS Joint Leadership Team
- Youth Leadership Council

Overall, stakeholders are eager to see Texas implement an array of evidence-based prevention services outlined by FFPSA. Many stakeholders would like DFPS to broaden the definition for foster care candidacy to extend services to additional vulnerable populations. Also, stakeholders supported tele-health and tele-medicine to ensure prevention services are available in rural communities. In addition, parents, along with advocates for families, want more services provided in the home and additional one-on-one interventions. Residential, mental health, substance use disorder, and parent training providers all indicate a need for funding to facilitate the transitions envisioned by FFPSA. DFPS will continue to engage stakeholders during planning and implementation of FFPSA in Texas.

## Implementation Options

Throughout this plan, DFPS has discussed several opportunities to implement FFPSA provisions as a part of the strategic planning process. With the exception of Option 1, the various options described below provide some opportunity to invest either State or federal funds toward the implementation of enhanced prevention services or residential care services that meet the requirements of FFPSA.

In addition to the options to further FFPSA in Texas, Senate Bill 355 (86R) required DFPS to look for opportunities to coordinate existing FBSS services within the CBC model and those recommendations are included within Option 1 below.

Options are costed out to include appropriate method of finance, but options 2B, 2C, 2D, 2E, 2F, and 2G could also be financed using FFTA federal funds.

Implementation options are outlined in the following categories:

1. Coordination of FBSS services in CBC Catchment Areas
  - a. Incorporate FBSS Services into Existing CBC Model as a New Stage of Implementation
  - b. Contract for FBSS Services in Existing Catchment Areas Under a New (Non-SSCC) Contract
2. FFPSA Implementation – FFPSA Prevention Services
  - a. Coordination of FBSS Services in CBC Including FFPSA Prevention Services
  - b. Build FBSS Capacity for FFPSA Prevention Services
  - c. Study the Coordination of FBSS Services in CBC, Including FFPSA Prevention Services
  - d. Pilot FFPSA Prevention Service Coordination through PEI Community Grants
  - e. Expand Helping through Intervention and Prevention (HIP) Services for Pregnant and Parenting Foster Youth
  - f. Expand Capacity for FFPSA Prevention In-Home Parenting Programs
  - g. CPS Rural Service Area: Evidence-Based Prevention Services Model
3. FFPSA Options for Congregate Care and Children with a High Level of Need - QRTP pilot
4. FFPSA Implementation – Kinship Navigator

For additional details on the funding, FTEs, and method of finance associated with each of these options, please refer to Appendices D and E.

## **Option 1: Coordination of FBSS services in CBC Catchment Areas**

Per the provisions of Senate Bill 355 (86R), DFPS explored the resources necessary to coordinate prevention services as they exist today with CBC implementation. The coordination of FBSS services in CBC catchment areas is unrelated to FFPSA and therefore is not eligible for federally matched funds. Based on research on funding and structures used in other states for the delivery of in-home, FBSS-like services, and feedback from stakeholders, DFPS has developed two potential options for coordination of implementation between CBC and FBSS services. These options and associated funding requirements are outlined below:

### **Option 1A: Incorporate FBSS Services into Existing CBC Model as a New Stage of Implementation**

This option would create a new Stage IV of the CBC model. Stage IV would be incorporated into the existing SSCC contracts and would require that all existing and future SSCCs demonstrate the capacity and readiness to provide FBSS services approximately 18 months after the successful transition to Stage III.

Under this new Stage IV, SSCCs will be required to leverage existing community and HHSC-funded resources, and will receive their share of appropriated PCS funding.

If pursued, DFPS will need statutory direction and appropriate funding in order to ensure timely and efficient transition. Since DFPS has four existing CBC contracts with four SSCCs, these contracts will need to be expanded in scope, as FBSS services were not included in the original procurements for these contracts. If no statutory direction is given to expand the scope of existing and new contracts, existing CBC contracts (and those in active procurement) would have to be re-procured to accommodate the expanded scope. Reflecting this direction in statute will be similar to the process for adding case management to the CBC model.

#### **Funding Considerations:**

A continuation of the CBC financing structure in which DFPS resources are transferred to the contracted provider as they assume responsibilities previously held by CPS would be required. DFPS currently compensates the SSCC for the following categories:

##### **Start-up**

Readiness activities associated with workforce development, building a provider network, and other necessary infrastructure.

##### **Resource Transfer**

Ongoing annual payment to the contractor for staff functions transferred to the contractor. The funding allocated to the staff and associated support function in the legacy system is determined based upon department appropriation and the caseload size assumed by the SSCC.



## Family First Prevention Services Act Strategic Plan

DFPS would reduce a proportional number of Full Time Equivalents (FTE) and the associated resources as reflected in the General Appropriations Act. DFPS would also request funding for the costs associated with employee retirement benefits to be distributed as part of the resource transfer.

### **Purchased Client Services**

DFPS will identify expenditures for this population for the services the contractor is expected to provide and allocate appropriate funding from the overall appropriation for these services. DFPS will update allocations each year to reflect the percentage of families projected to be served in each catchment area. The vendor would be expected to use community and other state resources as DFPS does today, unless additional purchased client services funds were provided above current appropriation levels.

### **Network Support**

The payments cover costs such as development and oversight of a network of services providers, developing billing systems, and on-going community engagement activities.

## **DFPS Infrastructure and Oversight Resource Needs**

### **Case Management Oversight**

Case Management Oversight (CMO) teams will be needed to perform case reviews, provide subject matter expertise, and to help assess performance trends. During the transition, the teams will provide technical assistance and support to the new contractor. Ongoing, the teams will be responsible for addressing any serious case concerns and providing technical assistance around practice issues and trends, as well as exercising the necessary oversight per federal requirements. Other DFPS subject matter experts at the state and local level will provide support and participate on the multi-disciplinary team.

Based on feedback and experience from the SSCCs, it will be important to have a strong case dispute resolution process in place. This process will need to be designed such that timely decisions that may impact child safety are made when there is disagreement between DFPS and the SSCC on the appropriateness of an individual case for FBSS services. The CMO team will be a vital part of this process.

### **DFPS Implementation Infrastructure**

An implementation team will operationalize the model and perform the activities necessary for successful model development and implementation. Each catchment area will have an implementation manager. Additionally, staff to support activities such as conducting criminal background checks, manage user access to maintain a secure system, on-boarding, and IMPACT data corrections.

**Contract Oversight:**

A Contract Administration Manager would function as a project manager throughout each stage of the contract lifecycle, supporting procurement and contract establishment, ensuring all contract management and monitoring tasks and activities are completed accurately and timely, and that all subject matter experts and stakeholders have been included as appropriate.

**Action Items and Anticipated Timeframes**

- Determine cost components and fiscal impact of implementing this option.
- Texas Legislature would have to amend Texas Family Code, Chapter 264, to allow for the provision of FBSS case management and services into the CBC model (87R).
- Develop Stage IV of CBC model, including determination of feasibility of current catchment area construct, and update relevant sections of CBC Implementation Plan accordingly. (FY 2022)
- Develop revamped CBC RFA and amend the contract (if it is determined that Stage IV can be included in existing contracts) to include new requirements, funding, and performance measures. (FY 2022-2023)
- Begin negotiations with SSCC contractors to incorporate contract changes. (FY 2023)

**Option 1A: Cost**

Consistent with the established schedule for CBC implementation, these funds would not be necessary until FY 2024-2025. Costs would be largely based on existing appropriated resources and accompanying startup funding, network support and case management oversight structure.

**Option 1B: Contract for FBSS Services in Existing Catchment Areas Under a New (Non-SSCC) Contract**

This option will create a new contract where a single provider would be responsible for the provision of FBSS case management services to include developing, managing, and oversight of a network of providers designed to provide community-based family preservation services. This option will require community collaboration and joint process development between DFPS, the SSCC and the new FBSS community-based service provider. An existing SSCC would not be precluded from bidding on this contract, and if an existing SSCC was awarded this contract, the agency will follow the process for Option 1A as described above.

Under this new contract, the single provider will be required to leverage existing community and HHSC-funded resources, and will receive their share of appropriated PCS funding.

**Funding Considerations**

This option will follow a financing structure similar to that of CBC in which DFPS resources are transferred to the contracted provider as they assume responsibilities previously held by CPS would be required. DFPS anticipates this single provider will require compensation similar to the existing CBC SSCC contracts, although further study is required to determine the size of

## Family First Prevention Services Act Strategic Plan

caseload that will allow a stand-alone model to be financially viable. This option will also likely duplicate some of the economies of scale envisioned by the CBC model, as you could have an SSCC implementing the CBC-required provisions and a separate contractor providing the FBSS required provisions. The following compensation categories will require consideration:

### Start-Up Funds

Readiness activities associated with workforce development, building a provider network, and other necessary infrastructure.

### Resource Transfer

Ongoing annual payment to the contractor for staff functions transferred to the contractor. The funding allocated to the staff and associated support function in the legacy system is determined based upon department appropriation and the caseload size assumed by the SSCC. DFPS will reduce a proportional number of FTEs and the associated resources as reflected in the General Appropriations Act. DFPS will also request funding for the costs associated with employee retirement benefits to be distributed as part of the resource transfer.

### Purchased Client Services

DFPS will identify expenditures for this population for the services the contractor is expected to provide and allocate the appropriate portion of the overall funding for these services. DFPS will update the allocations each year to reflect the percentage of families projected to be served in each catchment area. The vendor would be expected to use community and other state resources as DFPS does today.

### Network Support

The payments cover costs such as development and oversight of a network of services providers, development of billing systems, and on-going community engagement activities.

## **DFPS Infrastructure and Oversight Resource Needs**

### Case Management Oversight

CMO teams would be needed to perform case reviews, provide subject matter expertise, and help to assess performance trends. During the transition, the teams would provide technical assistance and support to the new contractor. Ongoing, the teams would be responsible for addressing any serious case concerns and providing technical assistance around practice issues and trends, as well as exercising the necessary oversight per federal requirements. Other DFPS subject matter experts at the state and local level would provide support and participate on the multi-disciplinary team.

Based on feedback and experience from the SSCCs, it will be important to have a strong case dispute resolution process in place. This process will need to be designed such that timely decisions that may impact child safety are made when there is disagreement between DFPS and the SSCC on the appropriateness of an individual case for FBSS services. The CMO team will play an important part in this process.

### **DFPS Implementation Infrastructure**

An implementation team will operationalize the model and perform the activities necessary for successful model development and implementation. Each catchment area will have an implementation manager. Additionally, staff to support activities such as conducting criminal background checks, manage user access to maintain a secure system, complete on-boarding, and complete IMPACT data corrections will be required.

As referenced in Option 1 above, based on feedback and experience from the SSCCs, it will be important to have a strong case dispute resolution process in place. This process will need to be designed such that timely decisions that may impact child safety are made when there is disagreement between DFPS and the SSCC on the appropriateness of an individual case for FBSS services. The CMO team will be a vital part of this process.

### **Contract Oversight**

A Contract Administration Manager would function as a project manager throughout each stage of the contract lifecycle, supporting procurement and contract establishment, ensuring all contract management and monitoring tasks and activities are completed accurately and timely, and that all subject matter experts and stakeholders have been included as appropriate.

### **Action Items and Anticipate Timeframes**

- Determine cost components and fiscal impact of implementing this option.
- Complete a work-measurement study on regional contracts staff to determine any efficiencies gained through this model that would result in a resource transfer to the new contractor (FY 2022).
- Establish guiding principles for this contract to guide contract development including performance measures/outcomes (FY 2022).
- Assess feasibility of current catchment area construct to determine if it aligns with this new direction in FBSS service delivery (FY 2022).
- Develop new FBSS community-based model, and implementation plan (FY 2022).
- Develop and release the RFA(s) for this contract (FY 2023).
- Negotiate contract, enter start-up to include joint process planning between new FBSS community-based contractor, SSCC and DFPS (FY 2023).
- Go-live (FY 2023)

### **Option 1B: Cost**

Consistent with the established schedule for CBC implementation, these funds would not be necessary until FY 2024-2025. Costs would be largely based on existing appropriated resources and accompanying startup funding, including network support and case management oversight structure.

## **Option 2: Implementation – FFPSA Prevention Services**

There are several opportunities to increase or improve the quality of prevention services provided in Texas. Some options below would require Texas to invest additional state funds (at varying levels) but would allow for some federally matched funds. Other options below would work to improve the quality and delivery of services, while requiring little to no additional state investment and receiving no federally matched funds.

### **Option 2A: Coordination of FBSS Services in CBC Including FFPSA Prevention Services**

The Texas Legislature continues to support statewide expansion of CBC. There are currently 79 Texas counties who are served by a SSCC and DFPS is committed to requesting appropriate funding to continue existing implementation plans.

The core goal of CBC is to empower communities to care for their children. CBC was initially envisioned to contract for the placement (Stage I) of children in their own communities, and case management duties (Stage II) and financial incentives and remedies (Stage III) were added through [Senate Bill 11](#) (85R). Adding FBSS to the CBC model as a Stage IV, as described in Options 1A and 1B above, adds the responsibility of implementing FBSS services. Option 2A includes implementing FBSS in the CBC model, but implementing in a way that draws down IV-E funding for evidence-based prevention services.

Senate Bill 11 (85R) required DFPS to conduct an FBSS pilot, which helped inform many of the necessary steps to add FBSS to the CBC model. DFPS also worked with the existing SSCCs to gather their input on the addition of FBSS to the CBC model, along with their experience in other states.

To add FBSS to the CBC rollout, DFPS recommends the following steps to also add enhanced prevention services to that rollout:

- Modify state statute to include FBSS services as a requirement of CBC contracts, to avoid the delay of contract re-procurement.
- Establish FBSS as Stage IV, to allow the SSCCs to gain case management experience in Stage II, prior to adding an additional stage of service.
- Structure FBSS services and funding to remain separate from existing CBC services, to allow for individualized focus on two distinct populations.
- Allow for proper readiness and startup timeframes, to allow SSCCs to build the necessary community capacity.
- Establish performance outcomes in contract, to ensure that children and families receive necessary services.

By adding FBSS to the CBC model, the SSCCs should build capacity for evidence-based prevention services in their communities and draw down the commensurate matching federal funds to support these programs. Without expansion of existing FBSS services to fund evidence-based prevention services, these services wouldn't be eligible for federal match, but this option would allow Texas to fulfill the goals of FFPSA directly at the community level, while expanding the CBC model.

However, simply incorporating FBSS case management as it exists today (as outlined in Options 1A and 1B) to the CBC model, would not include the enhanced prevention services that FFPSA outlines as this would require more investment from the state.

### **Option 2A: Cost**

If the Legislature chooses to modify the statute to include FBSS in the CBC model and expand existing services as envisioned by FFPSA, consistent with the established schedule for CBC implementation, these funds would not be necessary until FY 2024-2025. Costs would be largely based on existing appropriated resources and accompanying startup funding, including network support and case management oversight structure.

### **Option 2B: Build FBSS Capacity for FFPSA Prevention Services**

Many current contracted service providers are interested in providing evidence-based prevention services to families and children in FBSS programs, but this requires an investment in training and ongoing support to ensure model fidelity. To capitalize on an already existing population of contracted service providers, DFPS could provide training and ongoing support to embolden these provider's investment and procure more evidence-based prevention services.

As discussed previously, DFPS is currently appropriated funds to provide services to children and families in FBSS, including some through PEI home-visiting programs. However, appropriated funds that DFPS receives today are not enough to purchase the more robust services envisioned under FFPSA. As such, Texas could use some general revenue funds, which would be eligible for federally matched funds, to purchase Title IV-E Prevention Services Clearinghouse approved evidence-based prevention services and determine their effectiveness.

DFPS could use existing agency contracting structure to purchase evidence based-prevention services included on the Title IV-E Prevention Services Clearinghouse, including but not limited to in-home parenting services not currently purchased today and therapeutic interventions. Additionally, DFPS could partner with HHSC to provide some additional funds and partner with them to explore options to purchase evidence-based substance use disorder and behavioral health services for DFPS clients. DFPS could report the results to the 88<sup>th</sup> Legislature to inform future decision-making relating to the prevention services array.

### **Option 2B: Cost**

For FY 2022-2023, DFPS anticipates a total cost of \$10.6 million all funds. This option is also scalable based on the direction of the Legislature.

### **Option 2C: 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. This study could examine any resources or unique provisions necessary to provide evidence-based prevention services and the associated federal compliance. This study could help ensure the timely and efficient transition of FBSS services, including evidence-based prevention services, as part of the CBC model, while avoiding potential delays or pitfalls with existing CBC contracts. DFPS could provide the results of this study to the 88<sup>th</sup> Legislature for consideration of CBC expansion.

### **Option 2C: Cost**

For FY 2022-2023, DFPS anticipates a total cost of \$300,000 all funds.

### **Option 2D: 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. This proposed hub would capture required reporting elements for model fidelity, continuous quality improvement and track family and community outcomes. This is a scalable cost option where PEI could solicit for up to six pilot sites to evaluate various implementation strategies in diverse communities across the state. This option is consistent with prior legislative direction from the [83<sup>rd</sup> Legislative Session, Rider 30](#), providing PEI the authority to competitively procure established statewide networks of community-based prevention programs that provide evidence-based programs and address conditions resulting in negative outcomes for children and youth. Since this legislation, PEI has been the vehicle in which these types of services have been delivered through community providers. This option allows DFPS to leverage PEI's existing contract structure of granting funds to communities allowing the greatest flexibility for local communities to choose solutions to serve families. In addition, PEI can leverage existing community presence and partnerships to increase capacity of evidence-based programming and any new FFPSA programming. PEI has experience with federal funders that require evidence-based practice fidelity and CQI processes and reporting required by FFPSA. Roll out of this model could be more expeditious to getting FFPSA services to families and PEI would seek

input from and coordinate with the local SSCC to ensure smooth evidence-based prevention service delivery for families.

DFPS recommends the following steps:

- Develop model, resulting RFA, and competitively bid out the pilot site(s) and to allow for readiness and startup timeframes, to allow providers to build the necessary community capacity.
- Establish performance outcomes in contract, to ensure that children and families receive high-quality services that maintain the fidelity of the evidence-based prevention service models.
- Ensure that providers utilize funds properly in order to meet all of the requirements laid out in FFPSA, including evaluation and data reporting.

Evidence-based prevention services provided to children within the proposed candidacy (subject to approval) would be eligible for federal match. This model would require funding beyond existing levels, but would allow Texas to fulfill the goals of FFPSA directly at the community level without transfer of case management. DFPS could provide the strategies learned from this pilot to the 88<sup>th</sup> Legislature for further FFPSA implementation consideration. This expansion would serve an estimated 2,425 clients per biennium.

#### **Option 2D: Cost**

For FY 2022-2023, DFPS anticipates a total cost of \$8.6 million all funds. This option is also scalable.

#### **Option 2E: Expand Helping through Intervention and Prevention (HIP) Services for Pregnant and Parenting Foster Youth**

FFPSA allows for federally-matched funds to help serve pregnant and parenting foster youth. These youth have been victims of abuse or neglect themselves, and Texas has the opportunity to empower them to successfully care for their own children. DFPS can expand evidence-based prevention services eligible for federal match by serving additional pregnant and parenting foster youth through the HIP Program. PEI served 190 youth in the HIP program in FY 2019 but could offer these voluntary services to all pregnant and parenting foster youth (an estimated 502 total).

Subject to ACF approval, this program would be eligible to receive federally matched funds.

#### **Option 2E: Cost**

This option would direct PEI to use base funding for the HIP program to offer this service to the full population of pregnant and parenting foster youth and request federally matched funds. DFPS will use general revenue to match FFPSA federal funds to increase funds available to serve additional families. FY 2020-2021 appropriation is \$2.4 million.



## **Option 2F: Expand Capacity for FFPSA Prevention In-Home Parenting Programs**

DFPS can expand existing evidence-based in-home parenting programs. PEI supports several home visiting programs in which nurses and other professionals visit parents in their homes at regular intervals following tested curricula to educate them about an array of skills including effective discipline strategies, precautions to ensure child safety, appropriate expectations of child's development, methods to build healthy systems of family support and healthy coping skills for stress. These programs are proven to increase parents' protective capacity therefore decreasing the likelihood of their child's entry into foster care.

PEI could expand this type of prevention service to families with young children under the age of 6, which data shows this age group as a particularly vulnerable age group at risk of child maltreatment. This expansion is scalable but could be expanded to serve children who meet the eligibility requirements of FFPSA under the proposed foster care candidacy definition discussed earlier in this document. This expansion would serve an estimated 620 additional families.

### **Option 2F: Cost**

For FY 2022-2023, DFPS anticipates a total cost of \$5.2 million all funds. This option is also scalable.

## **Option 2G: CPS Rural Service Area: Evidence-Based Prevention Services Model**

Ensuring services are readily available and accessible to families living in rural Texas can be difficult. FBSS caseworkers have regular contact with families in their homes and frequently provide some high-level support and coaching to educate parents about parenting skills or using parenting skills with their child or children. Training FBSS caseworkers in an evidenced-based parenting model would ensure that the in-home training rural families receive in FBSS is high quality, consistent with FFPSA, and assures fidelity to an evidence-based prevention service model. This would provide an opportunity to bring an evidenced-based in-home parenting model to the family, rather than requiring a family travel to the service. This option for providing FFPSA services capitalizes on the already established caseworker role and requirements of meeting with families in their homes but enhances these in-home meetings by including facilitation of an evidenced-based prevention service model. In this option, an FBSS caseworker, specially trained to facilitate one of the evidence-based practices on the Title IV-E Prevention Services Clearinghouse, would be solely focused on providing the service to families. While the primary FBSS caseworker would continue case management responsibilities, this specialized caseworker would act as a secondary worker focused on providing the evidence-based prevention services model they are trained to facilitate. Families in rural Texas would be the targeted population and in particular, parents with children at very high risk of future abuse and/or neglect who remain in the home. This pilot would target families in five

primarily rural regions of the state, to both ensure services to families who struggle to access them today and to pilot the direct provision of evidence-based prevention services using FBSS staff. DFPS could report the results of this effort to the 88<sup>th</sup> Legislature to inform future decisions on prevention services.

### **Option 2G: Cost**

For FY 2022-2023, DFPS anticipates a total cost of \$7.7 million all funds. This option is also scalable.

## **Option 3: FFPSA Options for Congregate Care and Children with a High Level of Need**

FFPSA decreased the types of congregate care settings that were eligible for Title IV-E federal funds reimbursement without modifying the child eligibility requirements, meaning that many of the children estimated to be eligible for Title IV-E federal funds would require placement in settings that would receive no federal reimbursement. However, this does not mean that these settings are no longer appropriate for these children, nor that a more intensive setting would be best suited to meet their needs. DFPS works to place children in the least restrictive, most appropriate setting, regardless of the state or federal funds that pay for that setting and DFPS will continue to prioritize the needs of children over federal funding. However, the changes made by FFPSA are ultimately purposed to decrease the number of children who require placement in congregate care settings and improve the quality of those congregate care settings, which are two goals that DFPS supports.

CBC is fundamentally designed to improve outcomes. SSCCs benefit financially by helping kids step down into lower service levels and reach safe permanency quickly. SSCCs are further held accountable through performance outcomes and financial incentives and remedies in Stage III. By prioritizing the continued expansion of CBC, Texas can elevate the quality of congregate care, while limiting the amount of time that children spend in those more restrictive settings. While these congregate care settings would not be eligible for federal funds, the existing service array is necessary to allow children to be placed in the least-restrictive setting that can meet their needs.

In addition to the continued statewide rollout of CBC, the Texas Legislature has provided additional opportunities for serving children with a high level of need, both in intensive congregate care settings and in highly trained foster family homes. The Treatment Foster Family Care program allows children with high needs to be placed with professional foster parents who can meet their unique needs. As these children are placed in a traditional foster family setting, these placements will still be eligible for Title IV-E match under FFPSA.

## **Qualified Residential Treatment Programs (QRTP) Pilot**

Based on the elements described in FFPSA, a QRTP is a highly-structured, defined approach to treating children and youth who have the most acute needs in the foster care system. This level of structure would not be necessary for the majority of children and youth receiving treatment/therapeutic services in the foster care system. Directing children and youth to this type of placement, when a less restrictive setting is appropriate and available, seems counter to their individual best interest, particularly with the strides Texas has made to promote normalcy, youth voice, and encourage the tailoring of restrictiveness to the child's individual needs in treatment settings.

There is a small subset of children and youth in care that have extraordinarily high needs, for whom a QRTP may be appropriate. DFPS will use the results of the QRTP pilot to help inform an appropriate rate to reflect the requirements of a QRTP. This would include an appropriate daily rate that included provider costs for maintaining the necessary medical staff, funding for provider accreditation costs, DFPS resources required to ensure federal reporting and placement requirements (including clinical admin staff to ensure appropriate placement), and associated training and IT costs for creating a new type of placement. It's important to remember that while the agency would partner with providers to build this type of capacity, ultimately, providers would have to determine if the funding appropriated and risks associated fit their business model.

DFPS suggests a limited procurement for this new service type and would extend a limited number of grants to existing licensed GROs who were awarded through the procurement. DFPS could also provide funding for increased provider rate payments to address the increased cost of care and contract with a qualified independent professional group to complete the required assessments. DFPS would require additional staff to manage this pilot.

In order to ensure meaningful conclusions from this pilot, DFPS would propose the following timeline, which would allow the agency to report the status of the pilot to the 88<sup>th</sup> Legislature:

- Hire staff to project manage and oversee QRTP pilot program- September-December 2020
- Develop and release the RFA, design processes and protocols for QRTP pilot program including independent assessment, court requirements, etc. January 2021-January 2022
- Post RFA- January-March 2022
- Enter into contract(s) for QRTP pilot program- April 2022
- QRTP, DFPS, Court readiness work- April-June 2022

While a QRTP pilot would take substantial investment of time, the pilot could avoid the potential delays involved with adding QRTPs to the existing placement array without all of the experience and information necessary to properly fund this type of program. In other words,

the state could direct that QRTPs be added to the existing service array during the 87<sup>th</sup> Legislature but may see limited provider interest or realize limited expanded capacity due to incomplete understanding of the complexities of complying with this new model. The state could benefit from more information learned through a pilot that would have minimal state investment, as federal funds could be used to complete this work. At the end of the pilot period, DFPS will have the information necessary to make a recommendation about the costs and benefits of full implementation.

### **Option 3: Cost**

This option was already included in the intended FFTA expenditures which have been submitted to the Governor and the Legislative Budget Board per the General Appropriations Act, Article IX, Sec. 13.02. For FY 2022-2023, DFPS anticipates a total cost of \$8 million all funds. However, the details on this pilot program are included in the strategic plan to help explain the purpose and process of the pilot. The results of the pilot will present additional options to the legislature for future expansion.

### **Option 4: FFPSA Implementation – Kinship Navigator**

DFPS, along with HHSC and other community partners, have already begun to use federal grant funds to explore how best to serve this population. While many kinship caregivers have no need to interact with our child welfare system, they could benefit from access to enhanced services, including perhaps the case management envisioned by FFPSA. While Texas waits to see what Kinship Navigator Programs are approved and placed on the Title IV-E Prevention Services Clearinghouse, we should use the information gained from ongoing work to inform potential next steps. Until there are programs on the Title IV-E Prevention Services Clearinghouse, Texas cannot further explore opportunities for expansion, nor understand the potential state investment required to do so.

In the absence of approved kinship programs, services through PEI's programs are available to any family, inclusive of multigenerational families, regardless of involvement with the child welfare or juvenile justice system. PEI contracted services are available to all parents and caregivers, including kinship caregivers, and providers understand the critical role kinship caregivers play and the significant challenges or barriers these caregivers experience in accessing services within their respective communities. To date, PEI's programs have services across all counties in Texas, in which there are existing services in place to serve kinship families.

As previously outlined in the Family Resource Center Model section of this strategic plan, PEI has taken a proactive approach through awarding four FAYS providers a kinship navigator planning grant to increase accessibility of services for families, including kinship caregivers. The awardees will engage their communities in assessing kinship family needs through planning for services designed to effectively meet kinship needs. Upon conclusion of the

## Family First Prevention Services Act Strategic Plan

planning grant year, PEI will build upon existing program infrastructure to expand, adjust, or improve service array, training, and community connections based on lessons learned. In addition, this work will allow PEI to improve services for these families and to better prepare the state once a Title IV-E Prevention Services Clearinghouse kinship navigator model is approved.

When the Title IV-E Prevention Services Clearinghouse includes approved Kinship Navigator programs, DFPS intends to consider the approved programs for potential future implementation in Texas. Not all Texas kinship caregivers will need the level of services envisioned by the Kinship Navigator programs in FFPSA. While kinship caregivers who are involved in the child welfare system have access to their CPS Kinship Development caseworker and the associated case management and connection to services and resources provided by that caseworker, Kinship Navigator programs are purposed to provide a similar level of case management and coordination for kinship caregivers who do not need to be involved with the child welfare system. Even more kinship caregivers can benefit from any improvements made to state systems and infrastructure, like the ongoing work with HHSC to improve 2-1-1. If future Legislatures were to direct DFPS through additional appropriation to implement any approved evidence-based Kinship Navigator programs, DFPS would envision allowing CPS Kinship Development caseworkers to still maintain their important case management and coordination duties with the families on their caseload. Similarly, the PEI division could lead DFPS efforts to implement Kinship Navigator programs for families who are not child welfare involved.

DFPS wants to continue to inform the Texas Legislature of additional ways to improve the services provided to Texas children and families. There are many grandparents, aunts, uncles, cousins, siblings, fictive kinship, and others who dedicate their lives to caring for vulnerable children and Texas should continue to support these families as much as possible.

### **Option 4: Cost**

There is no current opportunity for expansion of this initiative, but the details above are provided to illustrate how federal grant funds are being used to promote improved services to kinship caregivers.

## Appendix A: PEI Programs Currently Utilizing Evidence-Based Prevention Service Models

As of July 3, 2020, the following evidence-based prevention service models are utilized by PEI and are on the Title IV-E Prevention Services Clearinghouse.

### PEI Programs Currently Utilizing Evidence-Based Prevention Service Models

Model	Ranking	Age Group	Dosage Fits in Current FBSS Model of 6-9 months	Dosage – Shorthand	Evidence Based Prevention Service Area	Current Provider
<b>Brief Strategic Family Therapy</b>	Well Supported	6-17	Yes	12-16 weeks	Parenting, Mental Health	None
<b>Families Facing the Future</b>	Supported	All	Yes	16 weeks	Substance Abuse	None
<b>Functional Family Therapy</b>	Well Supported	11-18	Yes	3-6 months	Mental Health	None

Family First Prevention Services Act  
Strategic Plan

<b>Model</b>	<b>Ranking</b>	<b>Age Group</b>	<b>Dosage Fits in Current FBSS Model of 6-9 months</b>	<b>Dosage – Shorthand</b>	<b>Evidence Based Prevention Service Area</b>	<b>Current Provider</b>
<b>Healthy Families America</b>	Well Supported	Prenatal - 3m for enrollment	Yes + beyond	prenatal to 3 years	Parenting	HIP, THV-MIECHV
<b>Homebuilders</b>	Well Supported	Families with youths ages 0–17	No	4–6 weeks	Parenting	None
<b>Methadone Maintenance Therapy</b>	Promising	Adults; Youth in certain situations	Yes + beyond	At least 1 year	Substance Abuse	None
<b>Motivational Interviewing</b>	Well Supported	Unspecified	Yes	1-3 sessions	Substance Abuse	FAYS
<b>Multisystemic Therapy (MST)</b>	Well Supported	12-17	Yes	3-5 months	Mental Health, Substance Abuse	None

Family First Prevention Services Act  
Strategic Plan

<b>Model</b>	<b>Ranking</b>	<b>Age Group</b>	<b>Dosage Fits in Current FBSS Model of 6-9 months</b>	<b>Dosage – Shorthand</b>	<b>Evidence Based Prevention Service Area</b>	<b>Current Provider</b>
<b>Nurse-Family Partnership</b>	Well Supported	Prenatal for enrollment	Yes + beyond	prenatal to 2 years	Parenting	HOPES, THV-MIECHV, TNFP
<b>Parent-Child Interaction Therapy</b>	Well Supported	2-7	Yes	12-20 weeks	Mental Health	Baby Court
<b>Parents as Teachers</b>	Well Supported	Prenatal - 5yo	Yes + beyond	prenatal to 5 years	Parenting	HIP, HOPES, THV
<b>SafeCare</b>	Supported	0-5	Yes	18-20 weeks	Parenting	Baby Court, HOPES, HIP
<b>Trauma Focused-Cognitive Behavioral Therapy</b>	Promising	Children and youth with trauma	Yes	12-25 sessions/weeks	Mental Health	FAYS



## **Appendix B: Current PEI Programs**

### **Helping through Intervention and Prevention (HIP):**

HIP grants provide in-home parent education using evidence-based or promising practice programs and serve current and former foster youth who are pregnant, who have recently given birth, and/or are parenting a child up to age two. HIP programs are effective in increasing protective factors and promoting positive outcomes. HIP has a total of nine PEI service contracts and covers 69 counties. Participation varies between three to four and half months. For FY 2019, the annual number of families served through HIP totaled 320 where 99.54% of the children involved remained safe during the fiscal year. Approximately 60% of these families were pregnant or parenting youth.

FFPSA evidence-based prevention service models used: Safe Care, Healthy Families America, Parents As Teachers (PAT)

### **Healthy Outcomes through Prevention and Early Support (HOPES):**

Project HOPES is a flexible, community-based approach to child abuse and neglect prevention by focusing on high risk counties and by increasing protective factors of families served. Project HOPES provides a wide variety of initiatives for families with children zero to five years of age. HOPES has a total of 26 PEI service contracts and covers 50 Counties. HOPES participation typically lasts three to twelve months. For FY 2019, the annual number of families served totaled 7,312, in which 99.23% of HOPES children remained safe during the fiscal year.

FFPSA evidence-based prevention service models used: NFP, PAT, SafeCare

### **Texas Home Visiting (THV):**

THV is a voluntary program where early childhood and health professionals regularly visit the homes of pregnant women or families with children under the age of six. Through the use of various evidence-based prevention service models, THV supports positive child health and development outcomes and increase family self-sufficiency.

### **Texas Nurse-Family Partnership (TNFP):**

TNFP is a model that involves a nurse regularly visiting the home of first-time mothers or families with children under age two. Families start TNFP by their 28th week of pregnancy and can receive supports until the child reaches two years of age. TNFP has a total of 16 PEI service contracts in 26 Counties. Participation in TNFP is ordinarily two years. For FY 2019, there were 3,459 clients served by TNFP providers. Reported outcomes for FY 2019 included 39.87% of

women breastfed for at least six months postpartum, and 71.80% of primary caregiver(s) or family members reading, telling stories, singing songs daily to or with their children.

FFPSA evidence-based prevention service models used: NFP

## **Maternal Infant Early Childhood Home Visiting (MIECHV):**

(MIECHV) is a federal grant that supports the implementation of several evidence-based home visiting models. Additionally, MIECHV supports the coordination of local and state early childhood coalitions to build comprehensive early childhood systems. MIECHV has 20 PEI service contracts and covers 24 counties. MIECHV participation is ordinarily two years. For FY 2019, there were 4,831 clients served by MIECHV providers. Reported outcomes for FY 2019 included 54.84% of women breastfed for at least 6 months postpartum and 68.86% of primary caregiver(s) or family members reading, telling stories, singing songs daily to or with their children.

FFPSA evidence-based prevention service models used: NFP, PAT, Healthy Families America (HFA)

## **Family Youth and Success Program (FAYS formerly known as STAR):**

The FAYS program helps families address conflict and everyday struggles. Every FAYS provider offers one-on-one coaching or counseling with a trained professional and group-based learning for youth and parents. FAYS programs also operate a 24-hour hotline for families having urgent needs. FAYS services vary across the state, but target families with children 6-17 years of age, specifically youth who are dealing with: conflict at home, school attendance or behavior issues, delinquency, or have a youth who has run away from home. FAYS has 28 PEI service contracts and covers 254 counties. FAYS participation averages three to six months. For FY 2019, the annual number of youths served was 25,508, in which 99.86% of the youth remained safe. In addition, 93.58% of the youth were not referred to juvenile probation during FY 2019.

FFPSA evidence-based prevention service models used: Trauma-Focused-Cognitive Behavioral Therapy (TF-CBT), Motivational Interviewing

## **Appendix C: Summary of Prevention Services Surveys**

To better assess existing capacity of the types of services that could be provided under FFPSA, DFPS partnered to conduct a number of surveys. These surveys polled service providers, advocates, community resources, caseworkers, and others to help the state better assess existing services, community resources, and interest in growth of services, among other things.

### **2018 FFPSA Services Landscape**

In May 2018, DFPS partnered with HHSC to survey over 400 contracted service providers who provide mental health, substance abuse, in-home parenting, and residential care. At the time, there was limited understanding of the provisions of FFPSA and since that time DFPS and providers' knowledge and understanding of the provisions of FFPSA have evolved. DFPS appreciates the partnership of HHSC and the provider community in assisting DFPS in understanding the landscape of services provided in Texas and how those may support the intent of FFPSA in Texas.

### **Texas Center for Child and Family Studies Prevention Services Study**

The Texas Center for Child and Family Studies administered a survey in collaboration with DFPS, Casey Family Programs, and HHSC. This survey was conducted to determine modality and approach of services currently being offered across the state and the ability to leverage or build on programs that could be funded through FFPSA.

The Executive Summary of the report outlines the primary research questions:

1. What are the mental health, substance abuse, and in-home parent training services currently available for child welfare-involved families in the state?
2. To what extent do services currently being provided in these categories meet criteria for being evidence-based, according to current federal guidelines?
3. What are the barriers to expanding the state's capacity to serve additional clients? What are the barriers to expanding providers' service arrays to include more qualifying evidence-based prevention services?

The critical finding of this study is that there are significant gaps between the services currently being offered by community providers in the state and the programs that have been approved to date as FFPSA-qualifying evidence-based prevention services. For the full report and results of this survey, please see:

[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2020/2020-04-01\\_FFPSA.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2020/2020-04-01_FFPSA.pdf).

## **Family Preservation and Prevention Services Survey**

In May 2020, DFPS conducted a series of surveys to gather data about the current service array of substance abuse, mental health, and parenting services. Three surveys were conducted in parallel and were sent to: DFPS caseworkers providing FBSS, contacts at organizations funded through PEI, and contacts at organizations providing post-adoption and post-permanency services.

Recipients of the FBSS survey included 884 caseworkers. 612 caseworkers completed the full survey, a 69% response rate. The PEI survey was sent to primary and secondary contacts at organizations funded through the HOPES, HIP, and FAYS programs. Surveys were sent to 165 individuals; 78 individuals completed the survey, a 47% response rate. Lastly, surveys were sent to the main contacts at the four organizations that provide post-adoption and post-permanency services to families; all four organizations submitted survey responses, a 100% response rate.

While the questions on each survey varied based on the recipient group, the focus of the surveys was to gather detailed information about the service needs of families currently participating in the systems supported by DFPS, and the pathways through which families are referred to and receive services for substance abuse, mental health, and parenting needs. Gathering evidence about the needs of families and barriers they face to participating in services can inform the match between services available under FFPSA with the needs of families and communities in Texas.

Please note that the administration of this survey coincided with the onset of the COVID-19 pandemic, which has greatly affected the ability of service providers across the state to meet the needs of families. At this time, it is not known how this may have impacted the response rate or findings of this survey.

### **Caseworker Survey Findings**

Caseworkers were asked a series of questions about the activities they do with families during their visits, the frequency with which they provide referrals to services in the community, how they provide referrals, and the perceived barriers to families participating in services to which they are referred.

The majority of caseworkers indicated supporting families in a variety of ways during their visits. Caseworkers report providing a high level of support around parenting practices: 73% reported educating parents about parenting skills or approaches frequently or during most visits, and 68% report coaching parents about using parenting skills with their child or children.

## Family First Prevention Services Act Strategic Plan

Additionally, most caseworkers provide education about substance abuse disorders or substance abuse treatment (79%) and mental health disorders or mental health treatment (57%) frequently or during most visits. The majority of caseworkers also indicate using their visits to support families in applying skills learned through other community services: 83% said they conduct “knowledge checks” to understand what a parent has learned, and 72% request parent(s) model or demonstrate skills learned frequently or during most visits.

Caseworkers providing family-based safety services frequently provide referrals to services available in the community based on the needs of each family. A series of questions prompted caseworkers to consider the number of times they provided referrals to specific services with families on their caseloads during the prior 3 months.

The frequency with which caseworkers provide referrals to substance abuse, behavioral health/mental health, and parenting services indicates that most families served in FBSS need these supportive services to strengthen their ability to protect their children and keep them safely in their homes. Notably, over a third of caseworkers had referred families to counseling for substance use disorders 10 or more times during the prior 3 months; around one quarter of caseworkers had referred families to outpatient substance abuse services 10 or more times in the last 3 months. Similarly, around a quarter of caseworkers referred families for individual counseling for behavioral health/mental health services 10 or more times in the prior 3 months. Generally, the high levels of referrals across service types indicates the need for a robust system of service providers in communities across Texas.

Caseworkers were asked to reflect on their experiences with families they had worked with in the previous 3 months who had been referred to substance abuse, behavioral health/mental health services, and parenting services in the community. For each type of service that families may have been referred to, caseworkers were asked if specific barriers prevented families from participating in the services.

Across substance abuse, behavioral health/mental health, and parenting services, caseworkers perceived that families face many barriers that may impede their ability to participate in services. Caseworkers most commonly reported that family members’ work schedules and lack of transportation were the most prevalent barriers. Additionally, some caseworkers noted barriers that were specific to their communities or client populations, such as needing more services available for Spanish-speaking families, including substance abuse services and counseling.

Comments from caseworkers made it clear that the COVID-19 pandemic has introduced challenges for families, but multiple caseworkers felt that there were unexpected benefits, particularly around the increased use of teleconferencing. Caseworkers commented that the use of this approach to service delivery has dramatically decreased barriers related to transportation, scheduling issues, and the need for child care that were present for some

families. This approach has also helped clients become more engaged and allow families to access services more frequently.

## **PEI Provider Survey**

The PEI survey was sent to the primary and secondary contacts at organizations receiving funding through PEI grant-funded programs: HOPES, HIP, and FAYS. Broadly, PEI supports child abuse and neglect prevention, juvenile delinquency prevention, and early intervention programs using a public health framework. Among the 78 respondents who completed the PEI survey, 57 were directors or administrators, 18 were supervisors of direct service professionals, and three held other types of jobs.

Respondents were asked to provide information about the services their organization provides, as many organizations provide a variety of services beyond those funded directly by PEI contracts. The majority of survey respondents reported working for agencies that provide parenting services, as well as some types of behavioral health/mental health services. Relatively few survey respondents reported that their agencies provide substance abuse services.

When asked if direct service providers at their organizations regularly provide referrals to services at other organizations, 71% of respondents indicated that direct service providers regularly provide referrals to substance abuse services, 84% regularly refer to mental health/behavioral health services, and 39% regularly refer to parenting services. Similar to FBSS caseworkers, respondents to the PEI survey felt that families faced numerous barriers when seeking services, particularly around the logistical challenges of transportation, work schedules, and child care.

Survey respondents provided additional insights about the services in communities in which their organizations work, many of which echoed the transportation concerns and struggles of service availability in rural communities.

Finally, staff at PEI funded programs were asked about their interest in expanding their organization's capacity to provide substance abuse, mental health/behavioral health, and parenting services. 47% of respondents work in an organization that would be open to expanding capacity for substance abuse services; 73% would be interested in expanding capacity for behavioral health/mental health services; and 98% would be interested in expanding capacity for parenting services.

## **Post-adoption and post-permanency survey**

Four organizations contract with DFPS to provide support to families with children who are adopted. Additionally, one of the same organizations also provides services to children and families through the post permanency program, which provides support to families who have been granted permanent managing conservatorship (PMC). These services are designed to help children and families adjust to the adoption or PMC, cope with any history of abuse of the

## Family First Prevention Services Act Strategic Plan

child, and avoid the permanent or long-term removal of the child from the family setting. Primary contacts at all four contracted agencies submitted survey responses.

Respondents were asked to provide information about the services their organization provides, as organizations may provide services beyond those funded directly by DFPS.

Contacts at the post-adoption/post-permanency organizations were asked about their interest in expanding their organization's capacity to provide substance abuse, mental health/behavioral health, and parenting services. Fifty percent of respondents work in an organization that would be open to expanding capacity for substance abuse services; 100% would be interested in expanding capacity for behavioral health/mental health services; and 100% would be interested in expanding capacity for parenting services.

## Appendix D: Family First Transition Act Estimated Costs<sup>15</sup>

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

<sup>15</sup> These intended expenditures have been submitted to the Governor and the Legislative Budget Board per the General Appropriations Act, Article IX, Sec. 13.02.



## Appendix E: FFPSA Implementation Options Estimated Costs

Items below reflect options presented that would have a cost in FY22-23. The method of finance assumes use of FFPSA IV-E match where applicable. However, all the options below could be financed with 100% federal FFTA funds in FY22-23 if DFPS were directed to do so through the appropriations process.

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
<b>Option 2B: Build FBSS Capacity for FFPSA Prevention Services</b>	\$2.65	\$5.3	3.0	\$2.65	\$5.3	3.0	\$5.3	\$10.6
<i>Funding to purchase evidence-based program (EBP) for families in FBSS. The number of families served will be based upon the cost of the EBP selected from the FFPSA Clearinghouse. DFPS will select specific regions to provide services within the appropriations. 3.0 DFPS evaluation staff will be used to complete the required FFPSA evaluation.</i>								
<b>Option 2C: Study the Coordination of FBSS Services in CBC, including FFPSA Prevention Services</b>	\$0.3	\$0.3					\$0.3	\$0.3
<i>Funding to purchase a complex study including fiscal and programmatic analysis of incorporating FBSS into CBC, including delivery of EBP. Cost is based upon similarly priced studies.</i>								
<b>Option 2D: Pilot FFPSA Prevention Service Coordination through PEI Community Grants</b>	\$2.15	\$4.3	4.0	\$2.15	\$4.3	4.0	\$4.3	\$8.6
<i>Funding to implement 4 to 6 pilots to deliver community chosen evidence-based models of prevention services. Assumes a mix of well supported, supported, &amp; promising practices from FFPSA Clearinghouse. Estimated 2,425/clients/biennium. 4 FTEs in PEI to Support Program Implementation.</i>								
<b>Option 2E: Expand Helping through Intervention and Prevention (HIP) Services for Pregnant and Parenting Foster Youth</b>	TBD	TBD		TBD	TBD		TBD	TBD
<i>DFPS will use GR to match FFPSA federal funds to increase funds available to serve additional families. FY 20/21 appropriation is \$2.4 million.</i>								

Family First Prevention Services Act  
Strategic Plan

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	
<b>Option 2F: Expand Capacity for FFPSA Prevention In-Home Parenting Programs</b>	\$1.3	\$2.6		\$1.3	\$2.6		\$2.6	\$5.2	
<i>Funding to expand home visiting capacity for the FFPSA Prevention Candidacy population age birth to six. Mix of well-supported, supported, &amp; promising practices from the FFPSA Clearinghouse. To serve selected regions of the state. Estimated 620 families/biennium.</i>									
<b>Option 2G: CPS Rural Service Area: Evidence-Based Prevention Services Model</b>	\$2.0	\$4.0	50.0	\$1.9	\$3.7	50.0	\$3.9	\$7.7	
<i>Funding to purchase EBP from the FFPSA Clearinghouse for families in FBSS with children ages birth to 5 in rural regions of the state. 45 FTEs, CPS caseworkers and supervisors; 5 FTEs, DFPS evaluation staff; Contractor to provide EBP Training &amp; Support for Fidelity to Model.</i>									
							<b>TOTAL</b>	<b>\$16.4</b>	<b>\$32.4</b>