



Texas Department of
Family and Protective Services

Presentation to the
House Human Services Committee:
House Bill 3041

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Family First Prevention Services Act of 2018

Family First supports the use of evidence-based practices to promote the well-being of children, youth, and families and to prevent unnecessary foster care placements.

- As an alternative to paying for a foster care placement, Family First allows for federal match for the following categories of evidence-based family preservation services:
 - in-home parenting programs
 - substance abuse treatment
 - mental health services
- Services must be on the approved Title IV-E Prevention Services Clearinghouse.



Family First Prevention Services Act of 2018

- Services may only be for children determined to be at “imminent risk for foster care entry,” or pregnant or parenting foster youth.
- Services can be delivered to the parent or the child, or both.
- To claim Title IV-E funds under Family First, states must have a prevention plan that has been approved by the federal government.

House Bill 3041 (87th Legislature Session, 2021)

- Directs DFPS to establish a ***pilot program*** that allows the department to ***dispose of an investigation*** by referring the family of a child that is ***a candidate for foster care*** to ***family preservation services*** including: mental health services, substance abuse treatment, and in-home intensive parenting support, and allowing the child to safely remain home instead of entering foster care; or by providing services to a pregnant or parenting foster youth.
 - Rider 48(b) provides ***\$4,900,000*** in ***federal funds*** in ***each*** fiscal year of the biennium to purchase pilot services for children who are ***at imminent risk*** of being removed from the child's home and placed into the conservatorship of DFPS.
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HB 3041 – Key Provisions

House Bill 3041 requires that DFPS:

- Implement a pilot program in two (2) child protective services regions (one urban and one rural; one community-based care region).
- Obtain a court order from a court of competent jurisdiction to compel the family of a child who is a candidate for foster care to obtain family preservation services and complete the family preservation services plan.
- Report to the Texas Legislature within one (1) year of DFPS commencing a pilot program, and every two (2) years after that date on specific metrics as outlined by the bill.

DFPS is also coordinating those sections of the bill that involve key components of the child welfare system including: investigations, courts, legal services, and contracted services.

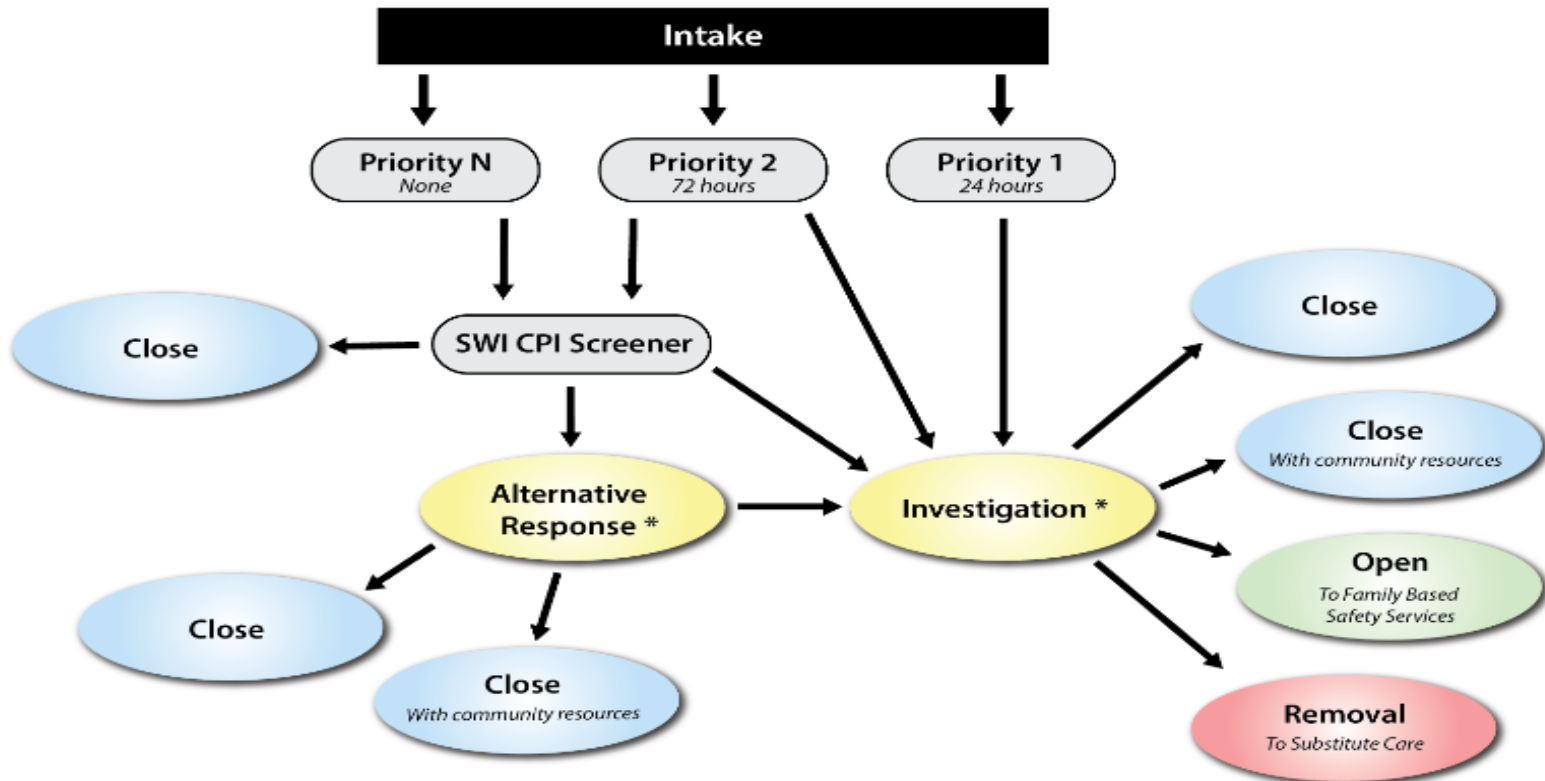


***"Child who is a candidate for foster care"** means a child who is at imminent risk of being removed from the child's home and placed into the conservatorship of the department because of a continuing danger to the child's physical health or safety caused by an act or failure to act of a person entitled to possession of the child but for whom a court of competent jurisdiction has issued an order allowing the child to remain safely in the child's home or in a kinship placement with the provision of family preservation services.*

***"Family preservation service"** means a time-limited, family-focused service, including a service subject to the Family First Prevention Services Act (Title VII, Div. E, Pub. L. No. 115-123), provided to the family of a child who is: a candidate for foster care to prevent or eliminate the need to remove the child and to allow the child to remain safely with the child's family.*



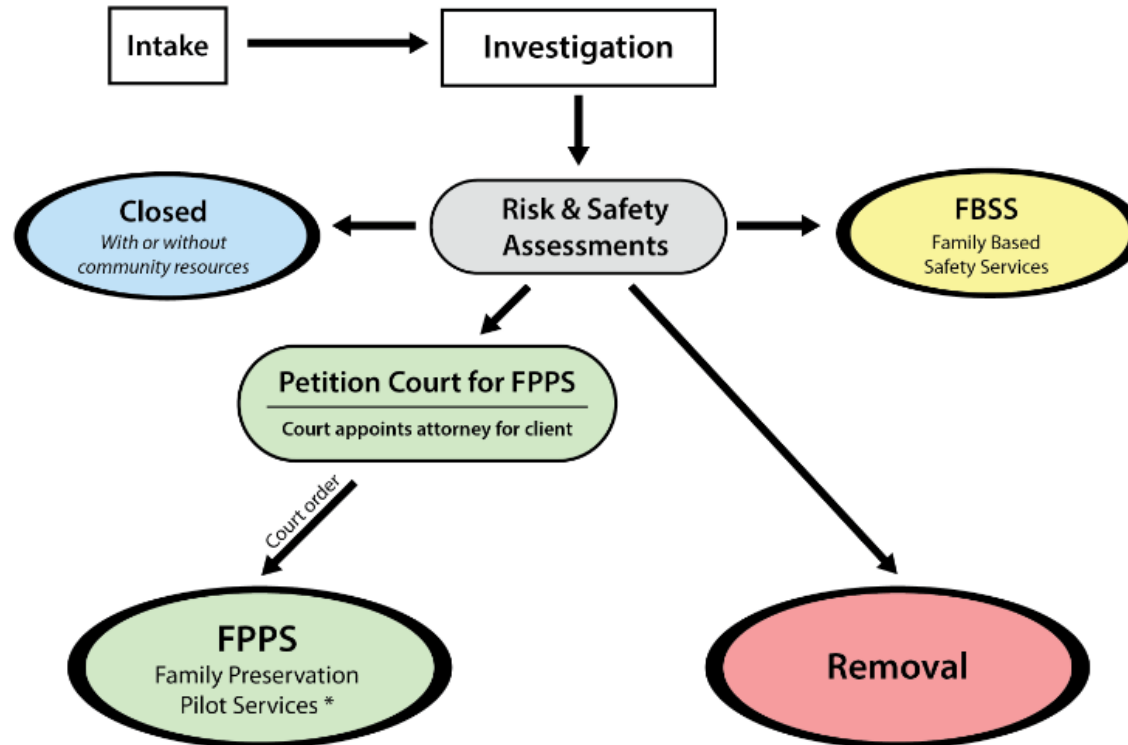
CPI Investigation Process



* Both alternative response cases and investigations may require a safety plan or a parental child safety placement to address child safety.



Disposition of Investigation



** The court may not order family preservation services upon a finding by clear and convincing evidence that the parent has subjected the child to aggravated circumstances; including abandonment without a means of identification or leaving the child in the possession of another for more than 6 months, conduct that would result in conviction of certain penal code violations, conviction of certain felony violations, or any requirement of registration on a sex offender registry; or if the child or another child is the victim of serious bodily injury or sexual abuse of a parent or with the parent's consent. See Tex. Fam. Code §262.2015*



New Legal Framework

DFPS and pilot providers are working with the Judiciary to build the new pathway to preservation services.





Proposed Evidence Based Models

SSCC	Counties Served	Evidence Based Model Proposed
OCOK	Tarrant	<ul style="list-style-type: none">• Functional Family Therapy• Motivational Interviewing
2Ingage	All 30 counties in Big Country/Texoma (2) : Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young	<ul style="list-style-type: none">• Functional Family Therapy• Parent-Child Interaction Therapy• Trauma-Focused Cognitive Behavioral Therapy• Motivational Interviewing• Trust-Based Relational Intervention
Saint Francis	Ochiltree, Lipscomb, Hutchinson, Hemphill, Wheeler, Gray, Carson, Moore, Potter	<ul style="list-style-type: none">• Family Centered Treatment• Motivational Interviewing
Belong	Edwards, Bandera, Comal, Gonzales, Karnes (Counties that have child protection courts)	<ul style="list-style-type: none">• Functional Family Therapy• Brief Strategic Family Therapy• Parents as Teachers



Proposed Evidence Based Models

Evidence Based Model	Evidence Based Model Description
Functional Family Therapy (FFT)	<ul style="list-style-type: none">• Address risk and protective factors that impact 11 to 18-year-old youth who have been referred for behavioral or emotional problems.• Increase motivation for change, identify specific needs of the family, support individual skill-building.• Weekly, 60 to 90 minutes over an average of three to six months.
Parent-Child Interaction Therapy (PCIT)	<ul style="list-style-type: none">• Two- to seven-year-old children and their parents/caregivers are coached in behavior-management and relationship skills.• Improve the quality of the parent-child relationship.• Most families master program content in 12 to 20 one-hour sessions.
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	<ul style="list-style-type: none">• Children/adolescents who have post-traumatic stress disorder (PTSD) symptoms, dysfunctional feelings or thoughts, or behavioral problems.• Supports caregivers in overcoming their personal distress and implementing effective parenting skills.• Usually administered in clinical office settings over 12 to 16 weekly one-hour sessions.



Proposed Evidence Based Models

Evidence Based Model	Evidence Based Model Description
Brief Strategic Family Therapy (BSFT)	<ul style="list-style-type: none">• Structured family systems approach to treat families with children or adolescents (6 to 17) who display/at risk for developing behaviors including substance abuse, conduct problems, and delinquency.• Establish relationships with family members, observe how family members behave with one another, and work in the present to promote more effective and adaptive family interactions.• 12 to 16 weekly sessions in community centers, clinics, health agencies, or homes.
Intensive Care Coordination using High Fidelity Wraparound	<ul style="list-style-type: none">• Children and youth with complex emotional, behavioral, or mental health needs, and their families.• Stabilize immediate crises (1-4 weeks).• Develop care plan that identifies needs, services, and strategies (within 30-45 days).• Implement the care plan, and each team member focuses on action steps assigned (every 4 weeks).• Create a transition plan that includes community-based supports.



Proposed Evidence Based Models

Evidence Based Model	Evidence Based Model Description
Family Centered Treatment (FCT)	<ul style="list-style-type: none">• Home-based trauma treatment for families who are at-risk of dissolution or in need of reunification and serve youth who move between the child welfare, behavioral health, and juvenile justice systems.• Identify core emotional issues, identify functions of behaviors in a family systems context, change the emotional tone and behavioral interaction patterns among family members, and develop secure relationships.• Sessions occur 2 or more times per week for about 6 months and families have access to on-call support 24/7.
Parents as Teachers (PAT)	<ul style="list-style-type: none">• A home-visiting parent education program that teaches new and expectant parents skills intended to promote positive child development and prevent child maltreatment.• Families can begin the program prenatally and continue through when their child enters kindergarten.• Services offered on a biweekly or monthly basis, depending on family needs and are typically held for one hour in the family's home.



Proposed Evidence Based Models

Evidence Based Model	Evidence Based Model Description
Motivational Interviewing (MI)	<ul style="list-style-type: none">• Promote behavior change and improve physiological, psychological, and lifestyle outcomes.• Identify ambivalence for change and increase motivation by helping clients progress through five stages of change.• Promote behavior change with a range of target populations and problem areas.• One to three sessions, 30 to 50 minutes and often used in conjunction with other therapies or programs.
Trust-Based Relational Intervention (TBRI)	<ul style="list-style-type: none">• Caregivers of children who have faced abuse, neglect, and/or other trauma.• Attachment-based and trauma-informed approach.• Build trust and positive relationships between caregivers and children; address children’s physical and environmental needs and build children’s self-regulation skills; and build children’s social competencies.



Begin Implementation activities



Evaluation

Execute an Interagency Contract with University of Texas Medical Branch and utilize data, surveys, and focus groups to gather quantitative and qualitative information.



Form local implementation collaborations

Each catchment area's collaboration should include the Children's Commission, DFPS, CPS and CPI Regional Directors, SSCCs, and Courts