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Department of Family
and Protective Services

Senate Health and Human Services

Department of Family & Protective Services Overview

Jaime Masters, Commissioner

March 10, 2021



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and Protective Services

Department of Family and Protective Services

February 2021

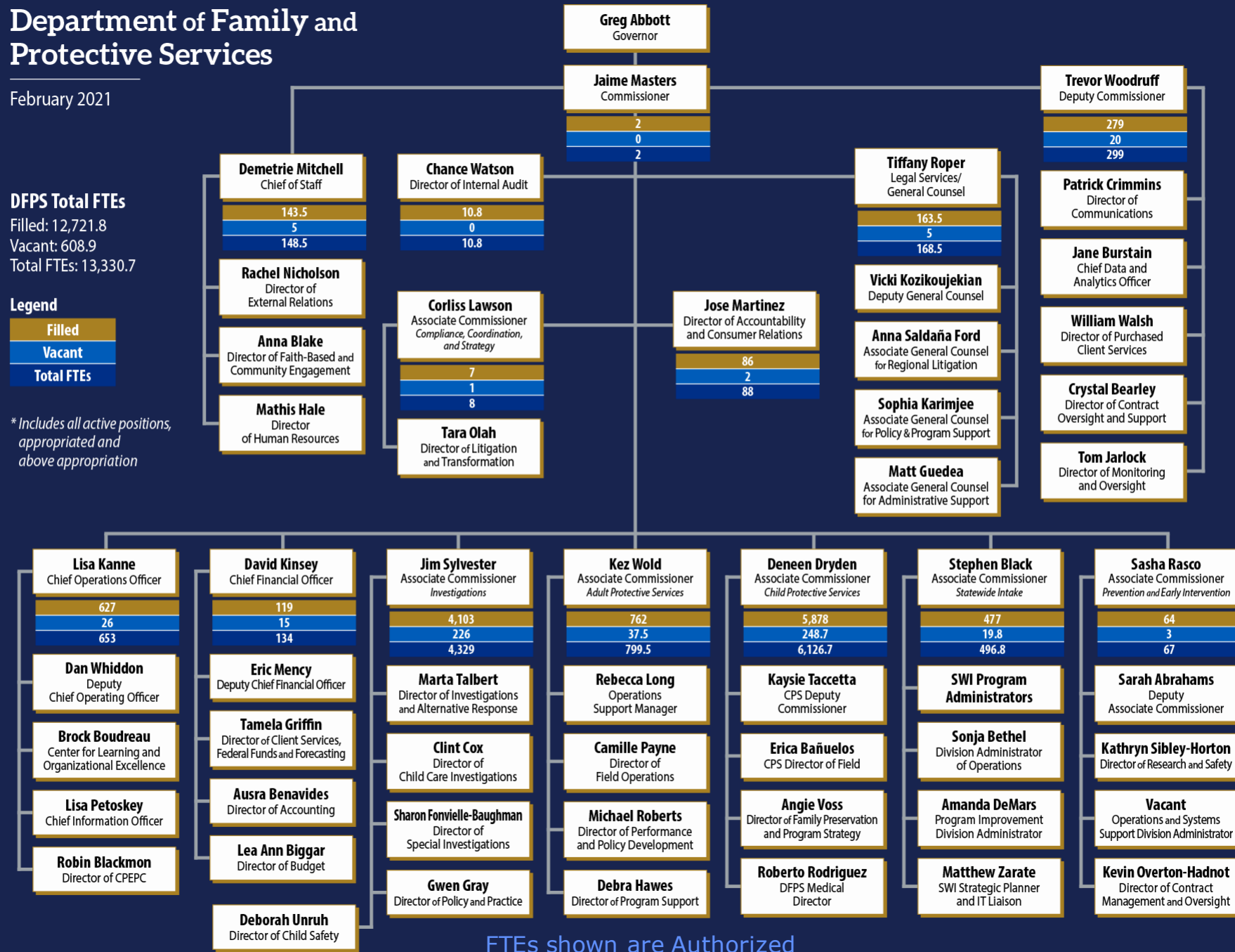
DFPS Total FTEs

Filled: 12,721.8
Vacant: 608.9
Total FTEs: 13,330.7

Legend

Filled
Vacant
Total FTEs

* Includes all active positions, appropriated and above appropriation



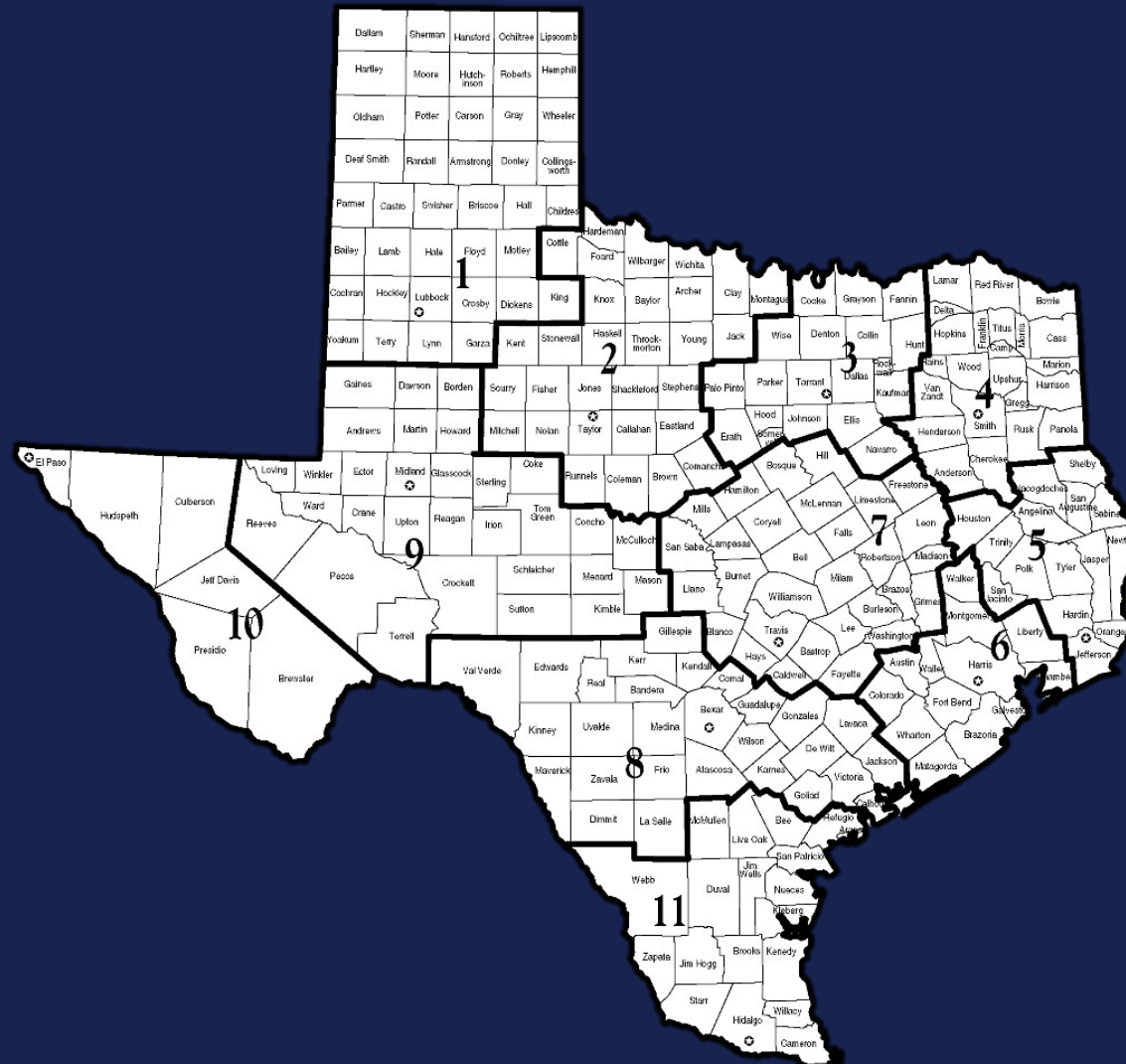
FTEs shown are Authorized



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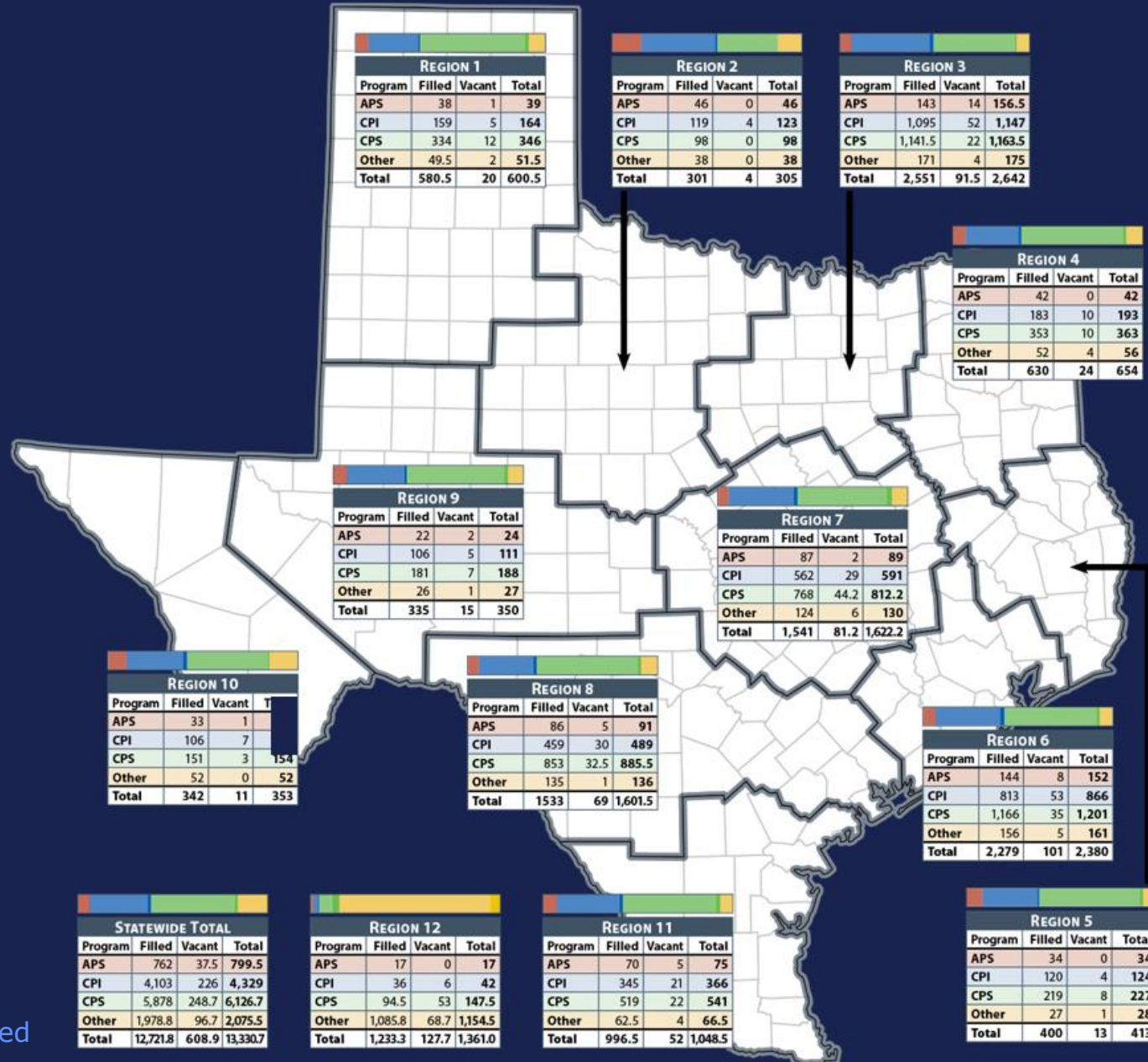
DFPS Regional Map



DFPS Regional FTEs



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FTEs shown are Authorized



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DFPS Core Functions

Statewide Intake (SWI) operates 24 hours a day, seven days a week, as the centralized point of intake for reporting suspected incidents of abuse, neglect, and exploitation and child care licensing standards violations.

Child Protective Investigations (CPI) investigates reports of abuse and neglect and ensures the immediate safety of children.

Child Protective Services (CPS) protects children by working with families to prevent or reduce the risk of abuse and neglect, by placing children in substitute care when they are not safe in their own homes, and by providing services to achieve permanency.

Adult Protective Services (APS) investigates allegations of abuse, neglect, and financial exploitation of adults aged 65 and older, and adults who have a disability and are living in the community. APS provides an array of protective, social, and supportive services to alleviate the neglect and prevent further harm to vulnerable clients.

Prevention and Early Intervention (PEI) contracts with and manages community-based programs aimed to prevent abuse and neglect of Texas children prior to CPI or CPS involvement.



Statewide Intake

What is Statewide Intake?

- Statewide Intake's job is to assess all reports of abuse, neglect, or exploitation and route them to the right local office;
- Initial contact for all reports of abuse, neglect and/or exploitation in Texas;
- Recommend for Investigation or Information & Referral (I&R); and
- 24 hours/365 days/Telework/Satellite Offices, Phone, fax, mail and internet.

Statewide Intake (SWI) division responsibilities includes receiving reports for:

- Child abuse and neglect;
- Abuse, neglect, self-neglect, and exploitation of the elderly or adults with disabilities living at home;
- Abuse of children in child-care facilities or treatment centers; and
- Abuse of adults and children who live in state facilities or are being helped by programs for people with mental illness or intellectual disabilities.



Child Protective Investigations (CPI)

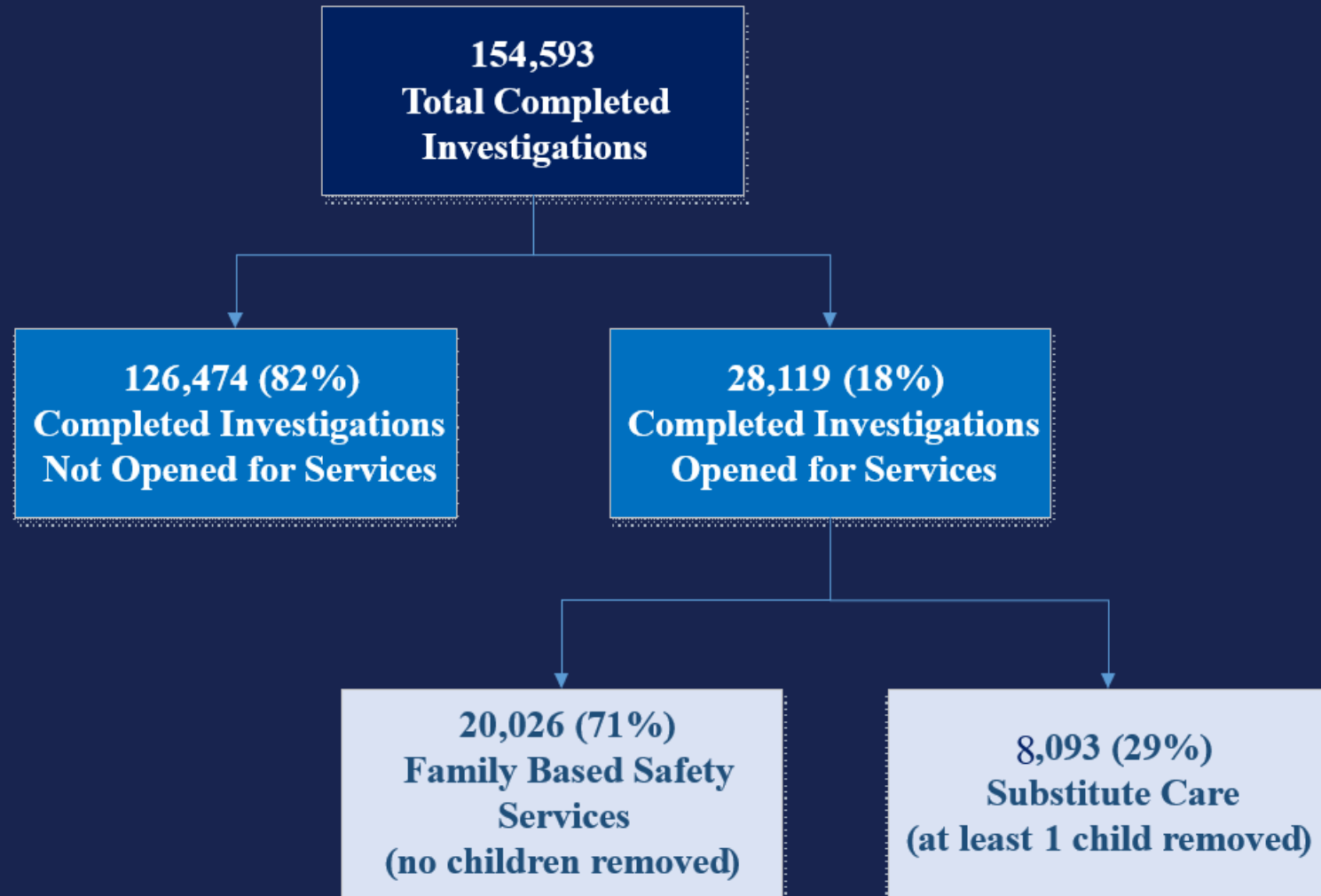
Texas Department of Family and Protective Services (DFPS) investigators investigate reports of child abuse or neglect to determine if any child in the family has been abused or neglected. Investigators decide if there are any threats to the safety of all children in the home. If so, they determine whether the parents are willing and able to adequately manage those threats to keep children safe. If DFPS decides that children aren't safe, the investigator starts protective services.

Investigations responsibilities include:

- Investigating allegations of child abuse and neglect;
- Working with law enforcement on joint investigations;
- Taking custody of children who are unsafe;
- Referring children to community resources that promote their safety and well-being; and
- Assisting in the fight against human trafficking.



CPI At-A-Glance FY 2020





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Child Protective Services (CPS)

Child Protective Services (CPS) becomes involved with children and families when they are referred by the DFPS Investigations division, which investigates allegations of child abuse and neglect.

CPS works closely with families to make it safe for children to remain in their home or return permanently to their parents. When children can't live safely at home, a court of law can give the State of Texas temporary legal custody. CPS places these children in foster care. Foster care is meant to be temporary until a permanent living arrangement is found.

Child Protective Services responsibilities include:

- Providing families a variety of services in their own homes in Family-Based Safety Services (FBSS), to strengthen families so that children can stay safe at home;
- Placing children in foster care and with kin caregivers when they cannot remain safe at home;
- Providing services to help youth in foster care successfully transition to adulthood; and
- Helping children get adopted.



Substitute Care

Of the 27,711 children in care (ages 0-17) at the end of January 2021 Statewide:

15,965
were in foster care

11,442
Child Placing
Agency
Foster Homes

1,047
DFPS Foster
Homes

747
GRO
Child Care Only

1,562
Residential
Treatment
Centers

689
Emergency
Shelters

478
Other Foster
Care

11,746
were in other types of substitute care

10,606
Kinship Care

365
CPA Adoptive Homes

119
DFPS Adoptive Homes

656
Independent Living and Other



Adult Protective Services

APS conducts investigations of alleged abuse, neglect and exploitation (ANE) of persons age 65+ and persons with disabilities living in the community. APS also provides protective services to alleviate ANE.

APS Investigates:

- Individuals in state of self-neglect;
- Caretakers;
- Family members;
- Individuals who have an ongoing relationship with alleged victim; and
- Certain paid caretakers.

APS does not investigate abuse, neglect or exploitation, including financial exploitation, by strangers.



Prevention & Early Intervention (PEI)

- PEI prevents child maltreatment by promoting child, family and community protective factors and building resilience among children and youth. PEI accomplishes its mission by:
 - Contracting with community-based organizations and local governments to deliver voluntary, evidence-based parenting programs, early childhood services and positive youth development programs;
 - Supporting community coalitions working on systemic issues impacting child and family well-being; and
 - Conducting public awareness and education initiatives



Major PEI Programs

➤ **Community Youth Development (CYD)**

- The CYD program contracts with community-based organizations to develop juvenile-delinquency prevention programs in ZIP codes with high juvenile crime rates for youth ages six to 17 (with a focus on youth ages 10 through 17). Communities use mentoring, youth-employment programs, career preparation, and alternative recreational activities to prevent delinquency. CYD services are available in 15 targeted Texas ZIP codes.

➤ **Healthy Outcomes through Prevention and Early Support (HOPES)**

- Project HOPES is a community-based program started in FY 14 providing child abuse and neglect prevention services that target families with children between zero to five years of age. The Project HOPES program is intended to address child abuse and neglect prevention by focusing on community collaboration in high risk counties and by increasing protective factors of families served, thereby reducing the likelihood of abuse.

➤ **Family and Youth Success Program (FAYS) (formerly STAR)**

- The Family and Youth Success Program (FAYS) provides crisis intervention, short-term emergency shelter, individual and family counseling, youth and parent skills groups, and universal child abuse and neglect prevention activities. This program is available in all counties in Texas.

➤ **Texas Home Visiting (THV)**

- The primary goals of Texas Home Visiting (THV) are to enhance maternal and child outcomes and to increase school readiness for children. To accomplish these goals, THV includes two primary components: (a) provision of evidence-based home visiting services for at-risk pregnant women and parents/caregivers of children birth to age five; and, (b) development/enhancement of early childhood coalitions that effectively coordinate services and address broad, community-level issues that impact young children and families.



FY 2020-2021 Accomplishments

- In FY 2020, 44% of children were placed with kinship caregivers.
- In FY 2020, 92% of exits from foster care were exits to positive permanency.
- Of the 29,251 families in FBSS in FY 2020, only 6% ended in a removal and recidivism has decreased slightly to 8%.
- DFPS' Prevention and Early Intervention program increased Healthy Outcomes through Prevention and Early Support services into four new counties as well as hiring nine additional nurses to expand TNFP services and add coverage in four new counties.
- In FY 2020, 87% of children were placed in a family-like setting.
- In FY 2020, expanded foster care continuum by increasing the age of eligibility in Treatment Foster Care program from 0-10 years of age to now serving all children and youth in care up to age 18.
- In FY 2020, expanded the number of youth in Supervised Independent Living programs by 26% to 187 youth across the state.
- APS caseworker turnover has decreased by 19.4 percent, which has led to improved quality of casework.
- SWI hold times have decreased by 25% and abandoned calls have decreased by 35%.



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Summary of Exceptional Items: SB1

Item	Biennial GR/GRD	Biennial All Funds	FY 2022 FTE	FY 2023 FTE
1 Sustain Child Protective Services	\$ 125,337,508	\$ 97,369,923	-	-
a. Maintain Purchased Client Services at Current Levels	35,081,852	35,084,832	-	-
b. Foster Care Payments	81,842,109	52,979,717	-	-
c. Restore Travel Funding for CPS staff	8,413,547	9,305,374	-	-
2 Comply with Federal Court Orders in Foster Care Lawsuit	\$ 83,100,542	\$ 88,741,367	486.0	545.0
a. Conservatorship Staff to Remain within Court Mandated Guidelines	36,404,104	40,194,026	253.0	312.0
b. Heightened Monitoring of Residential Facilities	15,266,058	16,489,280	103.0	103.0
c. Residential Child Care Investigations Staffing	7,951,931	8,073,096	58.0	58.0
d. Permanent Managing Conservatorship Case Reads	676,448	747,752	5.0	5.0
e. IT Projects to Meet Court Orders	3,122,001	3,557,213	-	-
f. Court Monitor Fees	19,680,000	19,680,000	-	-
g. FTE Authority for Current Compliance-Related Staff	-	-	67.0	67.0
3 Expand Community Based Care	\$ 42,147,142	\$ 44,501,621	30.0	42.0
a. Catchment Area 1, Stage II (North Texas - Including Abilene)	22,368,219	23,988,535	18.0	18.0
b. Catchment Area 8B, Stage II (Counties Surrounding Bexar/San Antonio Area)	6,996,094	7,404,496	-	12.0
c. Catchment Area 3E, Stage I (Dallas Area - 9 Surrounding Counties)	6,822,043	7,011,726	6.0	6.0
d. Catchment Area 9, Stage I (West Texas - 30 Counties Including Midland/Odessa/San Angelo)	1,996,667	2,044,634	2.0	2.0
e. Catchment Area 4, Stage I (North East Texas - 23 Counties Including Tyler)	2,109,505	2,159,089	2.0	2.0
f. Catchment Area 5, Stage I (East Texas - 15 Counties Including Beaumont)	1,504,614	1,543,141	2.0	2.0
g. Random Moment Time Study Costs	350,000	350,000	-	-
4 Expand Prevention Services	\$ 10,000,000	\$ 10,000,000	4.0	4.0
a. STAR (Family Youth and Success Program)	3,886,304	3,886,304	-	-
b. Healthy Outcomes through Prevention and Early Support (HOPES)	4,286,312	4,286,312	-	-
c. Prevention Services for Military and Veteran Families	1,000,000	1,000,000	-	-
d. Staffing Support	827,384	827,384	4.0	4.0



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Summary of Exceptional Items: SB1

Item	Biennial GR/GRD	Biennial All Funds	FY 2022 FTE	FY2023 FTE
5 Family First Prevention Services Act (FFPSA)				
a. Placeholder for expansion of FFPSA prevention services	-	-	-	-
6 Data Center Services	\$ 3,146,126	\$ 3,433,847	-	-
a. Sustain Data Center Services	3,146,126	3,433,847	-	-
7 Requested Technical Adjustments	\$ 5,407,591	\$ 5,426,201	-	-
a. Realignment for Screener Staff from CPS to Statewide Intake Strategy	-	-	-	-
b. Adult Protective Services Program Support	636,188	654,798	-	-
c. General Revenue for Children's Trust Fund Revenue Loss	4,771,403	4,771,403	-	-
GRAND TOTAL	\$ 269,138,909	\$ 249,472,959	520.0	591.0



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Foster Care Litigation



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M.D. v Abbott Background

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



M.D. v Abbott Procedural History

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



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M.D. v Abbott Post-Mandate Status

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



M.D. v Abbott Remedial Orders

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

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



M.D. v Abbott Remedial Orders

Organizational Capacity

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



M.D. v Abbott Remedial Orders

Preventing Child-on-Child Sexual Aggression

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



M.D. v Abbott Remedial Orders

Regulatory Monitoring & Oversight of Licensed Placements

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



M.D. v Abbott Remedial Orders

Heightened Monitoring

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



M.D. v Abbott Remedial Orders

Court-Appointed Monitor Orders

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



M.D. v Abbott Ongoing Compliance

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



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

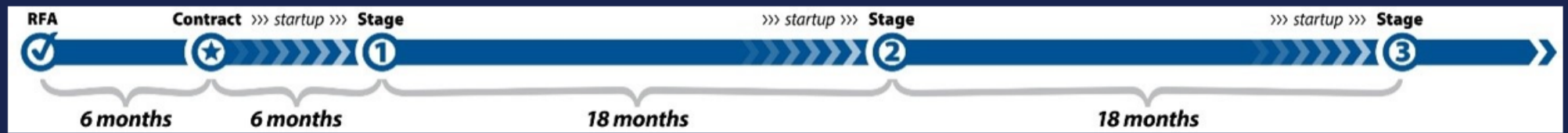


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Community-Based Care



Community-Based Care



Stage I

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

Stage II

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

Stage III

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



Community-Based Care Catchment Areas

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





Catchment Area 3B Status

Region 3B – Fort Worth

ACH – Our Community, Our Kids (OCOK)

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



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



Catchment Area 2 Status

Region 2 – Wichita Falls/Abilene

TFI and New Horizons - *2INgage*

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



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



Catchment Area 8A Status

Region 8A – Bexar County

The Children’s Shelter – *Family Tapestry*

- Serving as SSCC in Region 8A (Bexar County) since February 2019.
- Scheduled to begin negotiations for Stage II (Case Management) in Summer/Fall 2021.
- Delayed Stage II negotiations to address challenges with accounting system. Negotiations have been further delayed due to concerns with child safety and appropriate capacity and placement practices.
- DFPS will continue to work closely with *Family Tapestry* to provide technical assistance to ensure stability of the program and will reevaluate readiness to begin the 6-month start-up activities for Stage II this fall.



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



Catchment Area 1 Status

Region 1 – Amarillo/Lubbock

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

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

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

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



Catchment Area 8B Status

Region 8B – 27 Counties Surrounding Bexar County *Open Procurement*

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



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



Community-Based Care Performance

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

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

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

The following slides include SSCC performance For FY20* .

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



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Community-Based Care Performance Catchment Area 3B

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



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Community-Based Care Performance Catchment Area 2

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



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Community-Based Care Performance Catchment Area 8A

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



Community-Based Care Performance Catchment Area 1

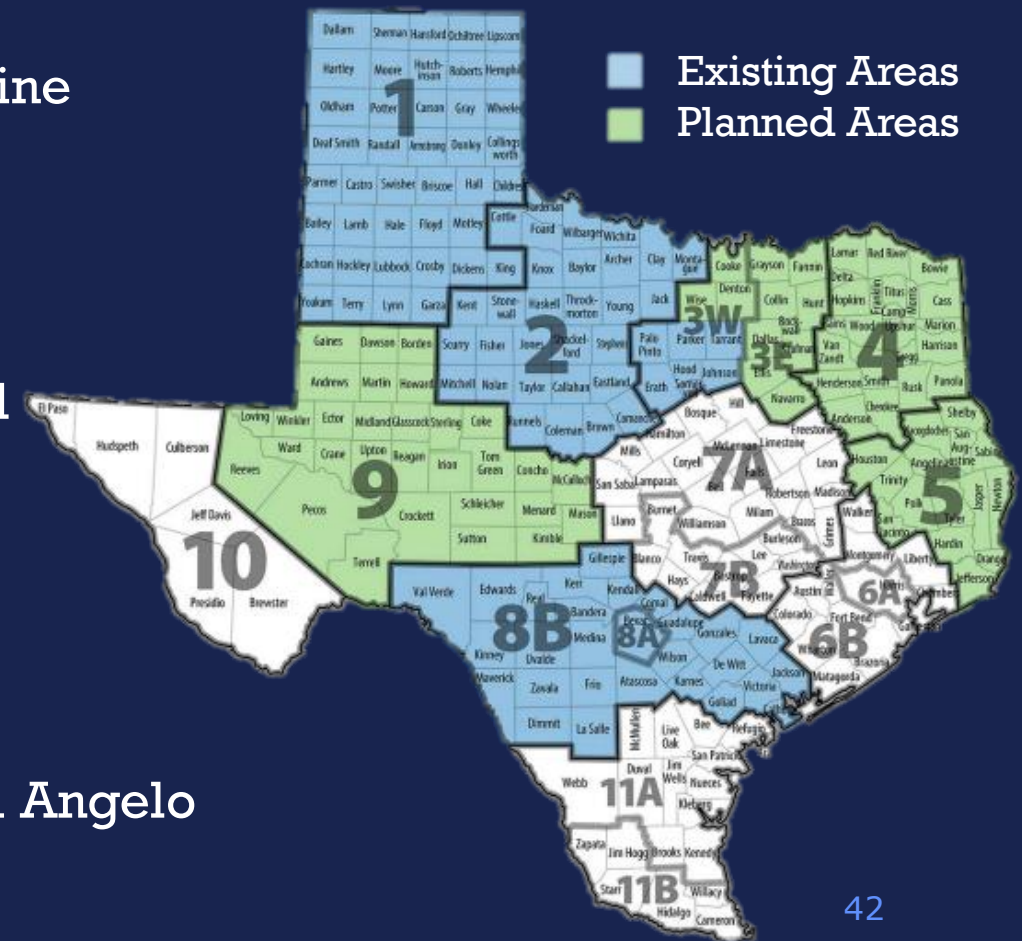
Performance Measure	Baseline Target (FY18-19)	FY 20 Performance
Safe in Foster Care	100%	99.7%
Close to Home (50 Miles)	45%	44%
Family-Like Setting	69%	N/A
Siblings Placed Together	61%	61%
Placement Stability	1.48	N/A
PAL Completion	92%	92%



FY '22-'23 Community-Based Care Expansion

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

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





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FY '22-'23 Community-Based Care Expansion



Region 3E will serve an estimated 2,849 children

Region 4 will serve an estimated 2,039 children



Region 5 will serve an estimated 1,167 children

Region 9 will serve an estimated 1,067 children





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



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Family First Prevention Services Act (FFPSA)



What is FFPSA?

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

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

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

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

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



FFPSA Implementation

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



FFPSA Required Provisions

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

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



FFPSA Optional Provisions

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

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



Existing Prevention Efforts

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

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

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

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

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



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Existing Congregate Care Placement Array

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

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

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

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



Qualified Residential Treatment Providers (QRTPs)

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

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

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



Recommendations to Increase Prevention Efforts

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

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

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

Pilot FFPSA Prevention Service Coordination through PEI Community Grants

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

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

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

Expand Capacity for FFPSA Prevention In-Home Parenting Programs

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

Implementation Recommendations Estimated Costs



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

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

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



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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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



Expectations, Limitations, & Reality of FFPSA

Expectation

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

Limitations

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

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

Reality

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



Expectations, Limitations, & Reality of FFPSA

Expectation	A broad range of prevention services will be eligible for IV-E reimbursement.
Limitations	<p>Only prevention services that meet one of the three federal standards for “evidence-based” (promising, supported, and well-supported) will be eligible for reimbursement. To meet these standards, programs must undergo a protracted evaluation phase and demonstrate effectiveness.</p> <p>Further, states are required to spend at least 50% of the total amount claimed for federal reimbursement for prevention services on “well-supported” programs—those with the highest level of evidence base.</p> <p>A recent survey of programs across the country found that there are only 28 mental health services, four substance abuse prevention and treatment services, four parenting skills training or education programs, and three individual family counseling programs that have been identified as “well-supported” practices. Not all of these programs are broadly available. For example, of the four well-supported programs for substance abuse prevention and treatment identified, only <i>one</i> is appropriate for adults.</p>
Reality	The prevention services eligible for IV-E reimbursement will be limited in most states due to the evidence-based standards required by Family First and the lack of availability of programs that meet the highest standard of being a “well supported” practice.



Expectations, Limitations, & Reality of FFPSA

Expectation

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

Limitations

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

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

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

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

Reality

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



Expectations, Limitations, & Reality of FFPSA

Expectation

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

Limitations

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

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

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

Reality

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



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Expectations, Limitations, & Reality of FFPSA

Expectation

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

Limitations

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

Reality

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



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



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COVID-19 Response



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DFPS COVID-19 Response

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

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

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



DFPS Immediate COVID-19 Actions

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

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

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



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DFPS Immediate COVID-19 Actions

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

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

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

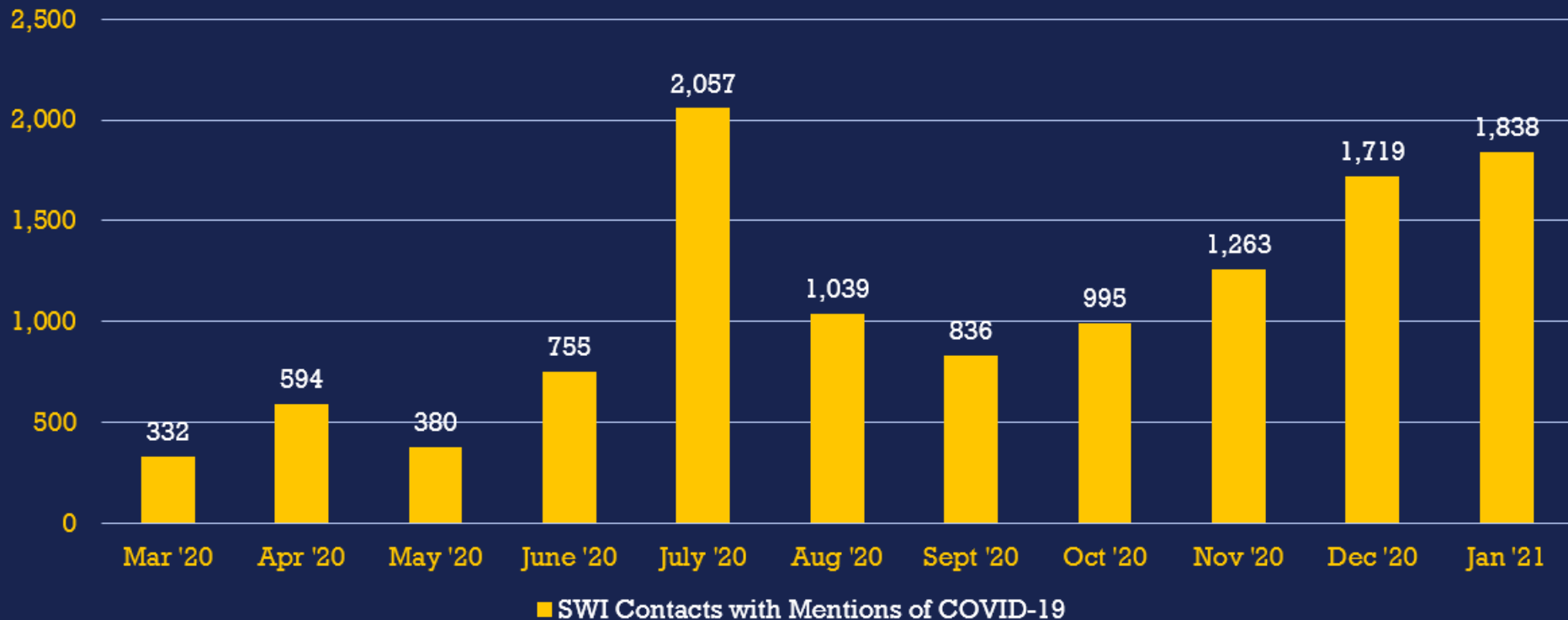
Regardless of the challenges of COVID-19, face-to-face contact remains a critical part of our work to ensure the safety of children, families, and vulnerable adults.



DFPS COVID-19 Contacts

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

SWI Contacts with Mentions of COVID-19





DFPS COVID-19 Affected Children

As of February 4, 2021:

- 1,588 children have been positive for COVID-19 (935 in Temporary Managing Conservatorship and 653 in Permanent Managing Conservatorship). In general, there are an estimated 29,000 children in care on any given day and near 50,000 over the course of a year.
- DFPS also monitors the 10 Day Positivity Rate. Since January 25, 2021, 71 children have tested positive for COVID-19, a rate of 0.2% of youth in care.
- 50 children in DFPS Conservatorship have been hospitalized with a COVID-19 diagnosis since April 2020. 18 of these children had a “primary diagnosis of COVID-19” and 32 children had a “secondary diagnosis of COVID-19”. One child had been hospitalized twice due to COVID-19. Three children remain hospitalized at this time.
- Since the beginning of the tracking of this information, one child in TMC with multiple complex medical problems was hospitalized and died, and COVID was considered a contributory factor in her death.



DFPS Child Access to Vaccines

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

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

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

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

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



DFPS COVID-19 Adult Protective Services

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

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

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



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DFPS COVID-19 Prevention & Early Intervention

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



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Effects of COVID-19 on DFPS Legal Proceedings

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



DFPS COVID-19 Affected Staff

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

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

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

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



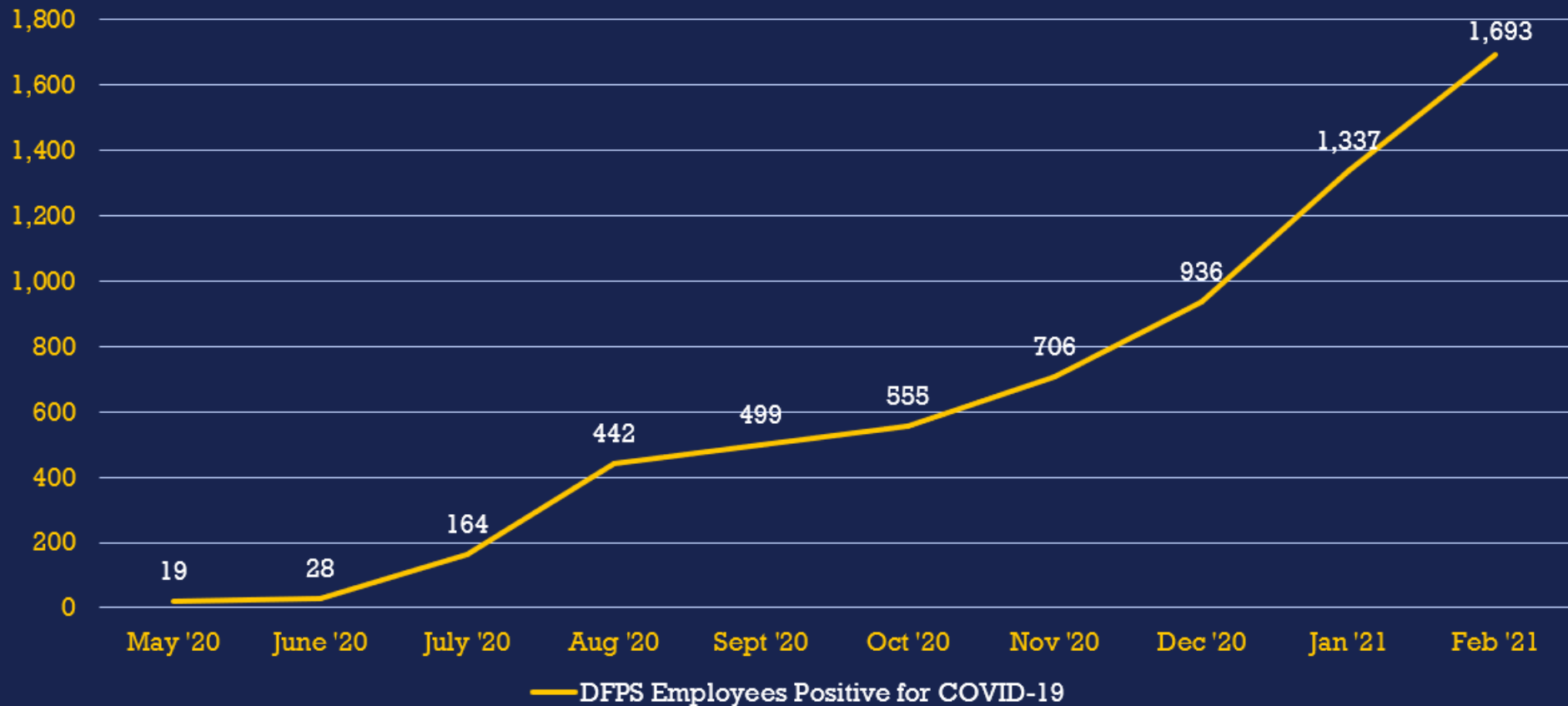
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DFPS COVID-19 Affected Staff

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

DFPS Employees Positive for COVID-19





DFPS COVID-19 Positives

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

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

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



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DFPS COVID-19 Personal Protective Equipment (PPE)

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

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



COVID-19 Impact on Capacity

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

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

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

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



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DFPS CARES Act Assistance

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

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

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



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DFPS COVID-19 Communication

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

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

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



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



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SB 781 and Improving Child Safety



SB 781 DFPS Implementation

Senate Bill 781 (86R) required DFPS to do the following:

- Develop child safety and runaway prevention procedures
- Develop Quality Contracting Framework
- Strategic Plan for Family First Prevention Services Act (FFPSA) congregate care, including Qualified Residential Treatment Programs (QRTPs)



Child Safety and Runaway Prevention

SB 781 required DFPS to establish a strategy to:

1. Develop trauma-informed protocols for reducing the number of incidents in which a child in the conservatorship of the department runs away from a residential treatment center; and
2. Balance measures aimed at protecting child safety with federal and state requirements related to normalcy and decision making under the reasonable and prudent parent standard.



Child Safety and Runaway Prevention

DFPS promulgated a rule defining runaway incident and addressing steps DFPS takes to prevent and reduce runaway incidents. The rule requires protocols/policies DFPS and residential contracted providers must implement to prevent runaway incidents be trauma-informed, ensure child safety, and take into account normalcy and reasonable and prudent parent standard. The rule also requires that runaway prevention planning be implemented by all residential contracted placements (including foster homes) as well as non contracted placements (i.e. Foster Adoptive home development (FAD) and unverified kinship homes).

DFPS policy was updated September 1, 2020 to require caseworkers working with kinship and FAD homes (i.e., non contracted homes) to:

- inform caregivers of a child's runaway history and include that information on placement applications;
- initiate a meeting within 2 business days of determining child exhibits behaviors requiring a runaway prevention plan (for which DFPS created a form);
- implement runaway prevention plan, in collaboration with child, caregiver, and other important people in the child's life; and
- each month, re-evaluate and update plan, if necessary, and discuss child's progress in meeting plan goals with child, caregiver, and others who assisted in developing it.

A resource guide for caseworkers was created September 1, 2020 to provide guidance to help caseworkers determine when a child is at higher risk of running away, what to do if a child is at risk of running away, guidance on developing the runaway prevention plan, tips to help prevent runaway incidents, and runaway risk factor tip sheet.



Child Safety and Runaway Prevention

DFPS updated all Residential Contracts September 1, 2020 to require contracted providers to develop and implement policies/practices that support runaway prevention for the children/youth in their operation that include the following:

- An evaluation of behaviors indicating a higher likelihood of running away to identify children at risk of running away;
- Treatment planning which includes a discussion and documentation of efforts to prevent the child or youth from running away when they have risk factors that indicate they are at a higher risk for running away;
- Strategies for working with the child or youth to prevent runaway behaviors; and
- The use of de-escalation techniques for staff and foster parents when working with a child or youth who have risk factors for running away behaviors.

DFPS contracts also require providers to develop and implement a runaway prevention plan if certain criteria are met. Providers can use a form developed by DFPS (which DFPS provided to all the providers) or can develop their own plan that meets specific criteria listed in the contract. The criteria, among other things, includes timeframes for initiating/completing the plan and persons that must be involved in developing it.

DFPS collaborated as needed with HHSC Child Care Regulation to ensure consistency with CCR unauthorized absence rules/requirements. DFPS staff also met with residential providers to discuss the new requirements.



Quality Contracting Framework

With the support of Senate Bill 781, DFPS strengthened its infrastructure to improve the oversight and quality of contracted services. Infrastructure consists of three components:

- continuous monitoring and evaluation of contractor performance across multiple domains (data);
- proactive oversight to improve the quality and value of contracted services (contract management); and
- contract processes and practices that ensure high standards of integrity and compliance (contracts oversight and support).



Quality Contracting Framework

To improve monitoring and evaluation of contractor performance, DFPS restructured and expanded its Contract Performance division, adding two new Data Analysts with funding from SB 781. Highlights of contract performance work include:

- Tailoring performance measures to the type of services provided;
- Creation of an interactive data dashboard to track use of purchased client services;
- Creation of a comprehensive framework for continuously improving quality of services and safety in Residential Child Care (RCC) operations;
- Creation of a database integrating five years of licensing, abuse and neglect, and contract history and data to generate automated reports that show patterns and trends of individual operations;
- Creation of a risk stratification tool that is run quarterly and evaluates all contracted RCC operations across multiple different domains related primarily to child safety, incorporating both recent trends and historic patterns of concern; and
- Creation of a continuous quality improvement (CQI) process for Community Based Care (CBC) providers that not only tracks contract performance measures, but also evaluates staffing (for Stage II) and other critical measures that contribute to outcomes to proactively address issues as they emerge.



Quality Contracting Framework

DFPS further utilized funding received from SB 781 to support increased capacity and improve up-front contract monitoring.

Three New Application Specialists;

Enable DFPS to conduct thorough, pre-contract application reviews that ensure potential contractors:

- ❖ Meet required qualifications;
- ❖ Prepare operational plans and policies that align with their proposed services;
- ❖ Have sufficient fiscal capacity and controls;
- ❖ Demonstrate readiness to begin providing care.

Using the robust data discussed in the previous slide, provide increased oversight and technical assistance for new contractors during an 18 to 24-month provisional contract period.

Through other contracting resources generously provided by the Legislature last session, DFPS was also able to add contract managers and specialized monitoring staff, thereby reducing workload, allowing for expansion of efforts on other innovations, such as incentives and remedies, and increasing the number of providers receiving in-depth, on-site reviews.



Quality Contracting Framework

The third leg of DFPS' quality contracting framework is its Contract and Oversight Support Division. This small division, which also received resources last session, serves several critical functions in the DFPS contracting framework, including:

- Maintaining DFPS contract management policies;
- Preparation and delivery of top-notch contracting training and continuing education for staff;
- Ensuring contract data integrity and performing mandated reporting (LBB, VPTS, SAO, HUB), quality assurance of contracting policies and legislative implementation;
- Strengthening of oversight processes; and
- Strengthening financial oversight, including monitoring compliance with cost principles and improving DFPS' risk assessment tools and processes.



Incentives & Remedies for Performance Outcomes Quality Contracting Framework

Senate Bill 11 (85R) required the agency to monitor the effectiveness of residential child-care services through:

- Specifying performance outcomes;
- Financial penalties for failing to meet specified performance outcomes; and
- Financial incentives for exceeding any specified performance outcomes.

DFPS established financial remedies for the following outcomes in FY 20:

- Safe In Care: remedies assessed for Reason to Believe (RTB) findings of abuse/neglect of children in foster care;
- Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Appointments within 30 days as required by law;
- Trauma Informed Care (TIC) training for all employees, as required by law;
- Background checks for all employees, as required by law; and
- Emergency Behavioral Intervention (EBI) training for all employees.

DFPS pays financial incentives with the funds gathered through financial remedies for the following in FY 20:

- Discharges from General Residential Operations (GROs) to a family placement (GROs only);
- Less Restrictive Setting and Recidivism (TFFC only);
- Placement of youth age 14 and older in foster home (CPAs only); and
- Placement of sibling groups together in foster home (CPAs only).



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Incentives & Remedies for Performance Outcomes

DFPS experienced improved performance in some targeted areas subject to liquidated damages (LD):

- Early Period Screening Diagnosis and Treatment has marked improvement from 37% of Contracts with LD decreasing to 16%, and number of Contractors with instances of LD above 10 went from 6 to 0.
- Trauma-Informed Care Training saw a small decrease in the number of LD from 4.1% to 4.0%, however the number of contractors with LD has decreased in the sample percentage from 17% to 15%.
- Background Checks experienced a marked improvement from 9% of Contracts with LD decreasing to 1%, and likewise a decrease in the number of LD from 3.3% to .2%.

Data is preliminary and subject to change.

EPSDT - Early Period Screening Diagnosis, and Treatment also referred to as Texas Health Steps



FY 2020 Remedies Snapshot

Safe In Care Remedy: Total of \$1,296,521.98 liquidated damages levied against 60 providers for 119 victims.

Early Periodic Screening, Diagnostic, and Treatment (EPSDT) Remedy: Total of \$34,400 in liquidated damages levied against 107 providers for 344 violations.

Background checks for all employees: Total of \$1,750 in liquidated damages levied against 7 providers for 7 violations.

Emergency Behavioral Intervention (EBI) training for all employees: Total of \$26,750 in liquidated damages levied against 58 providers for 107 violations.

Trauma Informed Care (TIC) training for all employees: Total of \$34,750 in liquidated damages levied against 77 providers for 139 violations.



FY 2020 Incentives Snapshot

DFPS is currently determining how to divide the FY20 remedies among the various incentive areas. DFPS will hold back 25% of the collected remedies to ensure providers can be reimbursed should a finding be reversed. As a reminder, incentives include:

- Incentive for Discharges from General Residential Operations (GROs) to a family placement (GROs only);
- Incentive for discharges to a Less Restrictive Setting and decreased recidivism (TFFC only);
- Incentive for Placement of youth age 14 and older in foster home (CPAs only).
- Incentive for Placement of sibling groups together in foster home (CPAs only).

Incentive payments must be reinvested by the provider into their organization to improve outcomes for children.



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FFPSA Strategic Plan - QRTPs

SB 781 also required DFPS to develop a strategic plan regarding the placement of children in settings eligible for federal financial participation under the requirements of the federal Family First Prevention Services Act (FFPSA).

DFPS published a comprehensive [strategic plan](#) for FFPSA on September 1, 2020.



FFPSA & Congregate Care FAQs

What Congregate Care settings will no longer receive federal Title IV-E funds as of September 29, 2021?

All General Residential Operations (GROs), including cottage homes (which are required by state law to be considered akin to a foster family home and the majority of which are faith-based), emergency shelters, and residential treatment centers (RTCs).

What Congregate Care settings will receive Title IV-E funds? Providers specializing in providing prenatal, post-partum, or parenting supports for youth, supervised settings for young adults over the age of 18 who are living independently, residential care for children and youth who are found to be, or at risk of becoming, sex trafficking victims, and Qualified Residential Treatment Programs (QRTPs).

What is a Qualified Residential Treatment Program (Q RTP)? Q RTPs provide a trauma-informed treatment model (currently required of all Texas providers), with 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. They must facilitate participation of family members in the child's treatment program, including siblings and fictive kin. Q RTPs must provide discharge planning and family-based after care for at least 6 months post discharge and must be accredited. Q RTP placements also require judicial approval and regular review and Q RTP placements are time limited.

How many Q RTPs does Texas have and how many Q RTPs does Texas need? The level of intervention in Q RTPs is most closely akin to the Intensive Psychiatric Treatment Program (IPTP), and as such, they are unnecessarily restrictive and inappropriate for most children in congregate care. Texas estimates that over the course of a year, less than 200 child FTEs would require this level of intervention.



FFPSA & Congregate Care FAQs

Does Texas have to stop placing kids in certain settings? No. Texas Law requires that children be placed in the least restrictive setting that can meet their individual needs. Texas requires a robust continuum of care in order to meet the diverse needs of children in foster care. FFPSA does incentivize a reduction in most congregate care settings by shifting previously available Title IV-E funds for children in these placements to prevention services for children at imminent risk of entering the foster care system.

Do Texas providers need to change their business models to become Title IV-E eligible settings? No. In order to comply with state law, Texas needs to maintain a robust array of foster care services to meet the individual needs of each child in the least restrictive, most family-like setting. If all congregate care providers in Texas changed their business models to become QRTPs, Texas would have no appropriate placements for many of the children whose needs cannot be met in a traditional foster home and providers would have empty beds because most children would not qualify for such a restrictive setting.

Are QRTPs a good thing? Should Texas invest in adding them to the continuum of foster care services? YES! Texas believes that QRTPs can provide necessary services to a small number of children. These children have very high needs and are often placed out of state in order to best meet those needs.

How many kids are in congregate care settings today? Each day, on average, about 3,000 or 13% of children are placed in congregate care settings. This means that 87% of children in foster care are placed in family-like settings.



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FFPSA & Congregate Care FAQs

Has Texas done anything to decrease the use of Congregate Care placements and what else can be done? Yes. Texas has been steadily decreasing its use of Congregate Care placements over the past decade. Texas has expanded the use of Treatment Family Foster Care (TFFC) and now allows children 0-18 to be placed in TFFC homes. TFFC attempts to divert children who might have traditionally been placed in congregate care settings and instead serves them in foster family homes with professional foster parents. TFFC placements will continue to be Title IV-E eligible. Unfortunately, no matter how many foster family homes, TFFC homes, or QRTPs exist, some children's needs can be most appropriately met in a congregate care setting. Funding has not and should not dictate placements for children, rather their individual needs and a prioritization of the least restrictive placement should govern.

Is Texas exploring ways to expand the foster care continuum of services to include QRTPs? Yes. DFPS has approval to spend some FFTA funds to conduct a QRTP Pilot. This pilot would help Texas determine provider interest in this level of service. DFPS is in the process of designing the pilot program based off the guidelines included in FFPSA. DFPS expects that a procurement will be released early in 2022 and that the pilot could begin serving children in summer 2022.

Why did Texas delay implementation of the prevention options afforded by FFPSA? When Texas made the decision to delay implementation in November 2018, no prevention programs were yet included on the federal clearinghouse, meaning there were no opportunities to take advantage of. Failing to delay would have begun costing Texas the Title IV-E funds associated with congregate care without any benefit as Texas could not have drawn down any funds for prevention. Also, since drawing down federal matching funds for prevention takes additional state investment above and beyond current levels, Texas must invest additional funds over current appropriations in order to receive federal match.