



Texas Department of  
**Family and Protective Services**

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House Human Services Hearing  
October 13, 2021

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Family and Protective Services

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# Efforts of DFPS and HHSC to Remedy the Rising Number of Children Without Placement (CWOP)

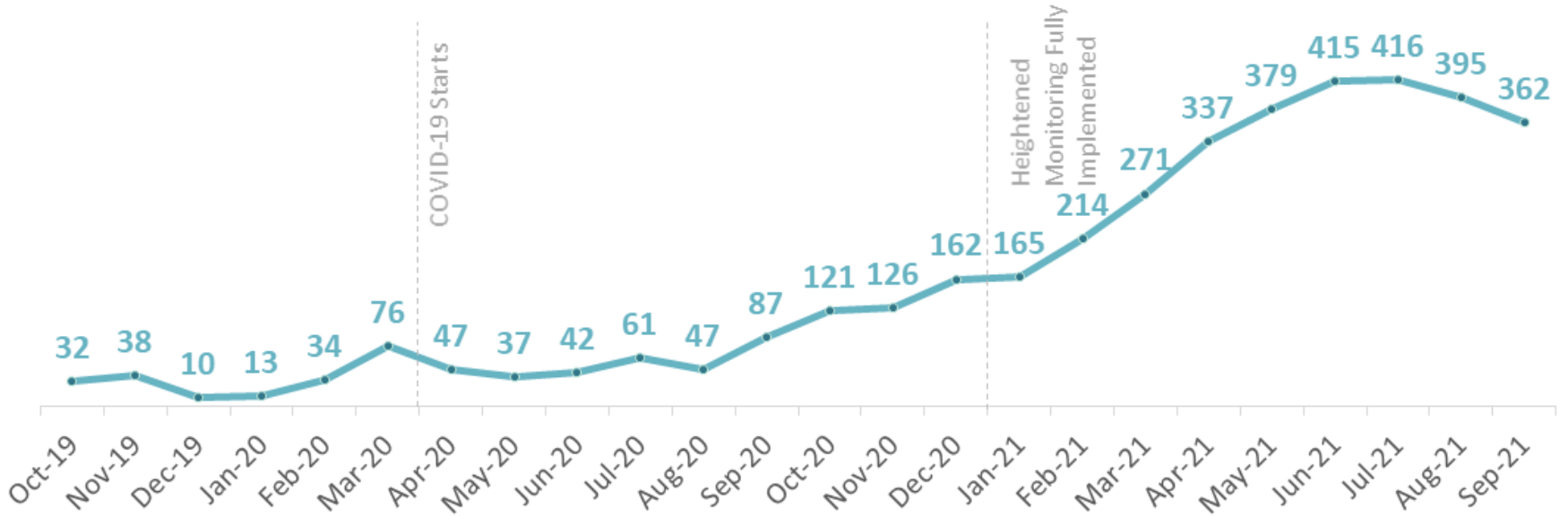
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- The provision of temporary emergency care to youth in CWOP - a “last resort” - has been utilized by the Department to varying degrees for the past several years.
- Since September 2020, there has been a marked increase in the number of youth in CWOP.
  - Contributing factors include the COVID-19 pandemic, shortage of providers, and stricter regulations.



# Number of CWOP from October 2019 - September 2021

Monthly Count of Children Without Placement

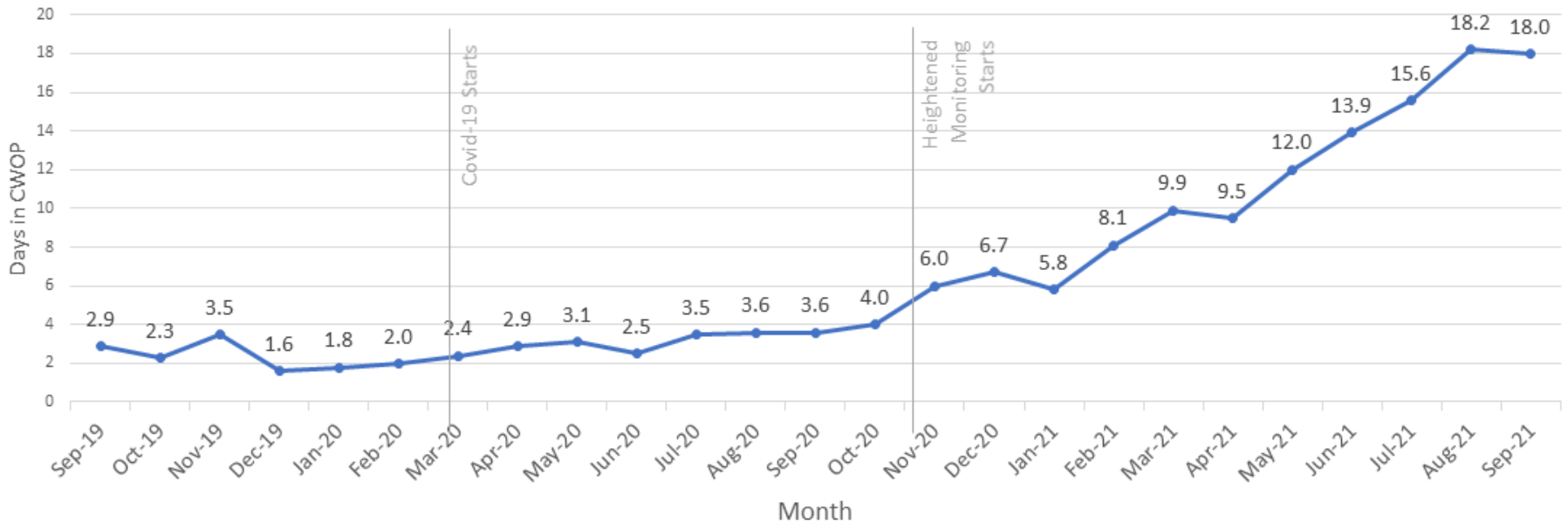


Source: Internal DFPS CWOP tracker; SSCC CWOP self-reported data. Values represent unique children who experience a CWOP episode during the month.



# Average Stay in Days for CWOP from September 2019 - September 2021

Average Nights in Event for Children Without Placement  
(September 2019 - September 2021)



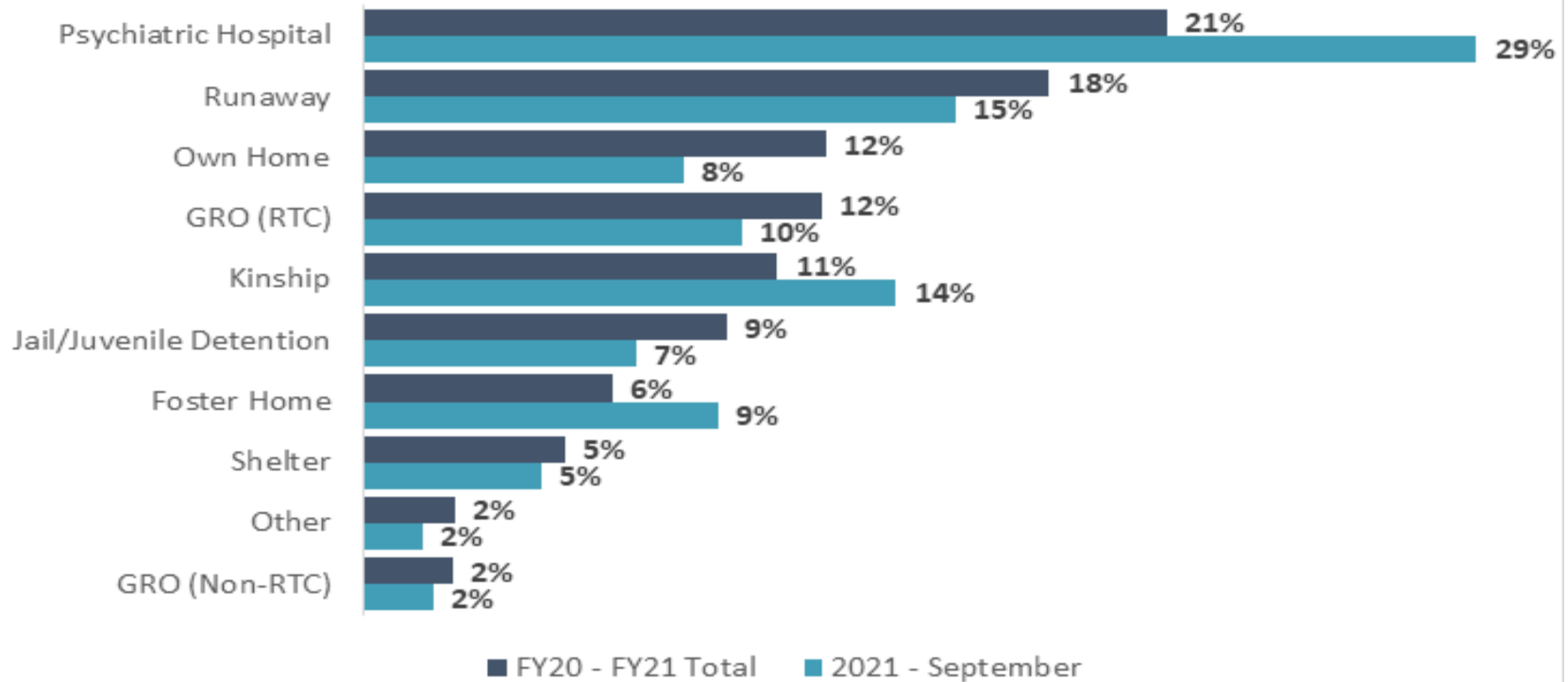
Source: Internal DFPS CWOP tracker; SSCC CWOP self-reported data. Values represent unique children who experience a CWOP episode during the month.

- Youth in CWOP:
    - tend to be older (13-17 years of age),
    - have higher needs,
    - require a specialized or intense level of care,
    - have experienced prior psychiatric hospitalizations, and
    - have a history of running away, self-harm, physical aggression/assault, sexual victimization and/or sexual aggression.
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# Most Common Placements Prior to CWOP Stay

## Top 10 Placements Prior to CWOP Stay (FY20 - FY21 Total vs September 2021)



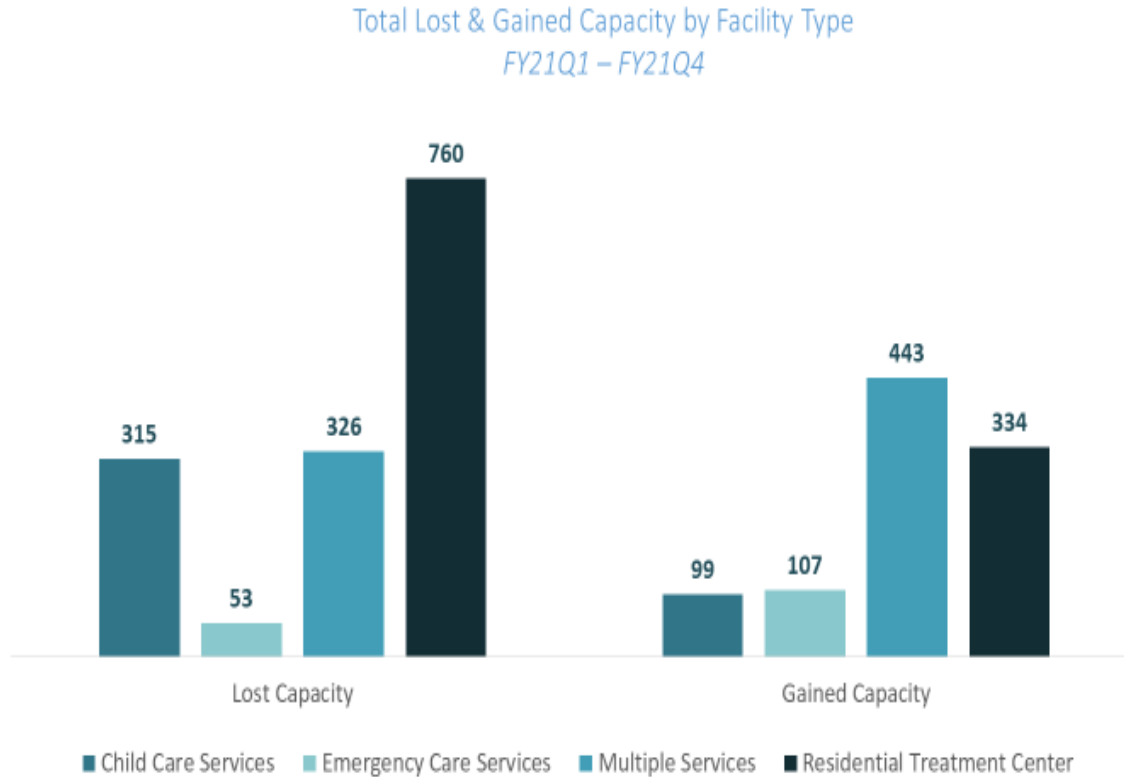
Source: Internal DFPS CWOP tracker; SSCC CWOP self-reported data. Values represent unique children who experience a CWOP episode during the month.

- **Capacity:**
    - The continued loss of capacity is occurring at higher rates than gained capacity.
      - During FY 2020, Texas lost 540 beds in congregate care settings, while gaining 393.
      - In FY 2021, Texas lost 1,454 General Residential Operation (GRO) beds due to contract closures.
  - **Shortage of step-down providers:**
    - In August 2020, DFPS had contracts with 11 Intensive Psychiatric Transition Program (IPTP) providers, but now only 3 providers remain.
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# Total Lost & Gained Capacity by Facility Type



Source: Internal DFPS administrative data

# Immediate Capacity Growth Steps and Actions

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- Rapid Expansion of Sub-Acute Beds
    - From June 1, 2021 to present, DFPS has developed 34 sub-acute beds.
  - Expansion of Temporary Emergency Placement (TEP) Beds
    - Since June 2021, DFPS has developed 6 additional TEP beds.
    - DFPS now has a total of 28 TEP beds, with plans to continue expansion.
  - Intensive Review of each child in CWOP
    - On September 30, 2021, CPS completed a detailed history and summary of every child that is currently in CWOP.
      - Each region will hold a “drill down” meeting with executive leadership in attendance, as well as the youth being staffed, caseworkers, placement team members, and other stakeholders in the case, such as CASA and the child’s attorney ad litem.
      - During these focused meetings, placement options will be discussed with the youth to determine goals, find family members, and identify connections with other adults.
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# Strategies for Long-Term CWOP Reduction

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- Reducing the front door
    - DFPS continues to pursue a robust, wrap-around service continuum for children and families to specifically prevent refusal to accept parental responsibility (RAPR)/mental health removals.
    - DFPS is requiring a Regional Director to approve removals for all children 12 and older.
      - A Regional Director must also approve any removal when the reason is RAPR related.
  - Strengthening Mental and Behavioral Health Services
    - DFPS has been working closely with HHSC to explore services available to children and identify gaps and areas of need.
    - DFPS is also meeting with out of state providers that may be interested in growing capacity in Texas.
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# Strategies for Long-Term CWOP Reduction

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- Long-Term Capacity Growth
    - Since June 1, 2021, DFPS has developed 102 licensed, permanent capacity beds, broken down as follows:
      - GRO: 47 beds
      - RTC: 11 beds
      - Psychiatric Residential Treatment Facilities (PRTF): 4 beds (will increase to 16 when facility can add staff)
      - Sub-Acute: 34 beds
      - TEP beds: 6
    - DFPS has a dedicated team that focuses solely on working with new contractors to support them through the process and provide technical assistance for their first year of operation.
    - DFPS has met with providers to learn about obstacles and barriers the providers encounter, and is working on recommendations to address them, including improving the contracting process and creating an appeal process.
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# Strategies for Long-Term CWOP Reduction

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- Diversifying the array for high-needs children in foster care
  - DFPS has expanded Treatment Foster Care (TFC) to allow more providers to serve a wider array of children. Placement in a TFC home better serves children's needs as it is least restrictive.
- Building a stronger congregate care network
  - The DFPS data division is in the process of building a predictive model (graduated placement range model) which will recommend a safe census range for GROs based on real-time indicators of operational safety and stability.

# Funding Received for Capacity Building

- 87<sup>th</sup> Regular Session, Rider 51, Senate Bill 1: To build placement capacity in Community-Based Care regions by providing temporary rate increases, awarding incentive payments to providers showing improvement on performance measures, and through grants to providers.
- 87<sup>th</sup> Second Called Special Legislative Session, House Bill 5: DFPS requested similar funding for capacity stabilization and the Legislature passed House Bill 5, which provided an additional \$70 million in general revenue for the biennium to provide supplemental payments to retain providers and increase provider capacity, and an additional \$20 million in general revenue for the biennium for targeted foster care provider capacity grants.
- House Bill 5 further requires the bill be implemented in coordination with Rider 51. With a total of approximately \$123 million in general revenue appropriated to address this critical need for providers to serve foster children with complex needs, foster care contractors' ability to maintain and grow capacity over the next two years will be greatly enhanced.

