Study of Options for Implementing Family Preservation Services

As Required by Senate Bill 910, 87th Legislature, Regular Session, 2021

October 1, 2022

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Executive Summary

Senate Bill (S.B.) 910, 87th Texas Legislature, Regular Session, 2021, and codified in Family Code, Section 264.1691, requires the Department of Family and Protective Services (DFPS), to provide a report identifying options and appropriate processes to transition Family-Based Safety Services (FBSS) into Community-Based Care (CBC), and study ways to expand existing FBSS services under the Family First Prevention Services Act (FFPSA). DFPS, through a partnership with the Public Policy Research Institute at Texas A&M University, submits this report to the 88th Texas Legislature.

Part 1: Examines FBSS case management functions, current budget and federal Title IV-E requirements, and required coordination with Child Protective Investigations (CPI) staff. It also, outlines options to transition FBSS to Community-Based Care and processes to integrate FBSS into the continuum of services provided by Single Source Continuum Contractors (SSCCs). Through an existing contract, DFPS consulted with the Center for State Child Welfare Data at Chapin Hall at the University of Chicago to construct a methodology for estimating the cost of start-up for an SSCC to provide FBSS. See Appendix B: FBSS Case Management Start-up Estimates by Chapin Hall for detailed approach and methodology.

Part 2: Analyzes the requirements of FFPSA and provides examples of implementation in other states. As provided in Family Code, Section 264.1691(e), DFPS contracted with the Public Policy Research Institute at Texas A&M University to help inform the implementation of family preservation services as part of the existing CBC model in Texas with a specific focus on operations, implementation, financial modeling, contract provisions, and service delivery issues. The (*FFPSA Study of Implementation Options*) is found in Appendix A.

Introduction

In September 2020, the Department of Family and Protective Services (DFPS) released its strategic plan for implementing FFPSA. S.B. 910, 87th Texas Legislature, Regular Session, 2021, requires DFPS, not later than October 1, 2022, to study and develop Option 2C from the strategic plan and submit options to the Governor; Lieutenant Governor; Speaker of the House of Representatives; House Committee on Appropriations; Senate Committee on Finance; House Committee on Human Services; and Senate Committee on Health and Human Services. As required by S.B. 910, this report puts forth processes to transition FBSS services into Community-Based Care and identifies options to expand FBSS or other family preservation services under FFPSA. This report is divided into two separate parts:

Part 1: Implementation of Family-Based Safety Services into Community-Based Care

FBSS seeks to maintain children safely in their homes by strengthening the family's ability to protect their children and reduce dangers to children's safety. The FBSS case management function consists of:

1. Assessing child safety and family needs;
2. Taking action to ensure immediate child safety; and
3. Making referrals to and coordinating services to meet identified needs.

Through the passage of S.B. 1896, 87th Legislature, Regular Session, 2021, the CBC definition was expanded under Family Code, Section 264.152(4) to include direct case management to prevent entry into foster care and preserve families. This encompasses aspects of FBSS. However, federal statute requires DFPS to maintain two FBSS case management functions. First, DFPS must continue to determine and document in Information Management Protecting Adults and Children in Texas (IMPACT) whether a child meets the criteria for Foster Care Candidacy, which is needed to draw down federal Title IV-E funds. DFPS will also need to maintain the ability to investigate any alleged abuse and neglect in an open FBSS case and initiate a removal, if needed.

Options to transition FBSS case management functions to CBC include:

- Integrate both FBSS and conservatorship (CVS) case management under one SSCC with only one procurement and one contract to manage and oversee. Having the same SSCC provide both FBSS and CVS case management has the potential to reduce disruptions for families who transition from FBSS to CVS.
- Competitively procure only FBSS case management services within a CBC catchment area. This increases the pool of available providers and allows providers to target efforts

where they may have more expertise; however, there will need to be more coordination to minimize disruptions for families.

Also, this report recommends the financial modeling options for implementing FBSS into CBC, to include the start-up and on-going costs and the shared financial risks between DFPS and SSCCs. The development of a joint operations manual is a critical element of successful implementation and is recommended to clearly define the roles of the agency and provider with respect to individual case decisions and actions.

Performance measures are also identified to track desired outcomes. In the interim as SSCCs work toward FBSS implementation, DFPS will use indicators to track in real time whether the SSCC is providing quality case management and services critical to achieving identified benchmarks.

Finally, once the SSCC is ready to assume case management responsibilities, a team including a contract manager and regional and state office staff will provide oversight to ensure the SSCC is compliant with the contract, performance measures, and quality indicators along with provisions in the joint FBSS operations manual.

Part 2: Implementation of the Family First Prevention Services Act in Texas

DFPS continues to build capacity for placement options, as well as work to ***safely reduce the number of children and youth coming into care***, particularly those without a placement to meet their needs. FFPSA aims to divert children from entering foster care by allowing federal match for evidence-based in-home parenting programs, substance abuse treatment, and mental health services. FFPSA also aims to reduce the number of children in congregate care and support kinship placements in lieu of non-familial substitute placements.

FFPSA candidacy in Texas is currently outlined in H.B. 3041, 87th Texas Legislature, Regular Session, 2021. Under H.B. 3041, DFPS implemented a pilot program to provide time-limited family-focused preservation services to court-involved families of children at-risk of foster care entry and pregnant/parenting children. DFPS is piloting the Texas Family First (TFF) pilot program and is partnering with SSCCs to stand up evidence-based preservation services in the pilot areas. The TFF pilot program is designed to prevent children from entering foster care by providing court-ordered services to families to alleviate safety concerns.

In accordance with the requirements of FFPSA, DFPS will develop and submit a prevention plan that will define the eligible populations for FFPSA prevention services in Texas. This plan must then be approved by the Administration of Children and Families. DFPS can adjust the prevention plan, which allows for stages of FFPSA implementation. A prevention plan does not mandate the state to provide services under the plan, but instead allows for claiming federal

Title IV-E reimbursement for financial investments in evidence-based prevention services for foster care candidates.

Part 1: Implementation of Family-Based Safety Services into Community-Based Care

Current Family-Based Safety Services Functions Performed by DFPS[1]

Through Child Protective Services (CPS), DFPS has been providing FBSS, also known as "in-home services" and "family preservation services", since the 1970s. FBSS seeks to keep children safely in their homes by strengthening the family's ability to protect children and reduce danger. Broadly, the FBSS case management function[2] consists of:

1. Assessing child safety and family needs;
2. Taking action to ensure immediate child safety; and
3. Making referrals to and coordinating services to meet identified needs.

The most recent DFPS FBSS work measurement study (see Table 1 below) provides some insight into how much time FBSS caseworkers spend on the different functions.[3]

Table 1: FBSS Work Measurement Study by Task

Task	Percentage of Case Management Time
Assessing Child Safety and Family Needs	
FBSS case transfer/Initial face to face	7%
Safety Assessment and Planning	40%
Family Plan of Service	3%
Case related staffing	6%
Total	**56%**
Taking Action to Ensure Immediate Child Safety	
Removal	1%

[1] Unless otherwise noted, the description of FBSS case management functions is based on the DFPS Handbook, Section 12000, et al (Family Based Safety Services). Available at Child Protective Services Handbook (state.tx.us).
[2] The DFPS contracts division manages the contracts for purchased client services.
[3] DFPS Work Measurement Study, 2015. Percentages exclude leave and non-caseworker activities.

Task	Percentage of Case Management Time
Parental Child Safety Placement (PCSP) Activities	5%
Court Activities	3%
Total	**9%**
Referrals to and Coordination of Services	**16%**
Staff Training	**7%**
Other	**12%**

Assessing Child Safety and Family Needs

While a case remains open, FBSS caseworkers continually assess child safety and family needs through face-to-face visits with the children and family, contacts with collaterals who have knowledge about the child and family (e.g., teachers, neighbors, relatives), and service providers working with the family. FBSS caseworkers document their assessments in IMPACT.

The safety assessment documents child safety. A safety plan is completed when an immediate danger to a child has been identified. Under a safety plan, all contact between the parent and child is supervised by a relative or fictive kin of the parent's choosing. An initial safety assessment and safety plan, if needed, are completed as part of the investigation leading to FBSS. The FBSS caseworker updates the forms anytime there is a change in circumstances or needed actions affecting immediate child safety.

Risk of future abuse and neglect is initially assessed by Child Protective Investigations (CPI) and documented in the risk assessment. FBSS caseworkers continue to reassess and document risk during the case to determine if the risk to child safety has decreased enough for CPS to close the case. Child safety is assessed through completion of a risk reassessment within 90 days after the initial family plan of service and every 90 days thereafter, or under new circumstances affecting risk. FBSS caseworkers must also complete a risk reassessment within 30 days of case closure.

FBSS caseworkers also collaborate with the family to complete the Family Strength and Needs Assessment (FSNA) that informs the Family Plan of Service (FPOS) and details services in which the family will be participating. The FSNA and initial FPOS are usually completed within 21 days after the start of the FBSS stage. The FPOS must be updated every six months.

FBSS caseworkers currently document the children's foster care candidacy (FCC) – defined in federal law as a serious risk of removal[4] – in the initial and updated FPOS. Texas currently has a definition for a Title IV-E foster care candidate. DFPS policy was developed for FBSS which

[4] Federal Child Welfare Manual, Section 8.1D, Question 2.

DFPS uses as the basis for claiming Title IV-E reimbursement for some expenses associated with administering the Title IV-E state plan. The FBSS caseworker designates a child as a foster care candidate:

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

Taking Action to Ensure Immediate Child Safety

An FBSS caseworker may take one or more of the following actions to ensure immediate child safety:

- **Initiate services or actions to mitigate or resolve immediate safety threats.** An example is the parent inviting a person of the parent's choosing to temporarily move into the home with the parents to provide supervision or a parent temporarily places the child outside of the home, but retains legal custody, until immediate safety threats are mitigated or resolved.

- **Initiate court ordered services or other legal actions.** The FBSS caseworker can petition the court to order parents to comply with necessary services to ensure the ongoing safety of the child. This can include assessments and/or therapies. This can also include ordering a parent to cooperate with necessary services for their child.

- **Remove the child and seek legal custody.** In some circumstances, the removal is initiated by an Investigations caseworker, and in other circumstances, the FBSS caseworker initiates the removal when safety threats cannot be mitigated. The functions associated with the removal and transfer to CVS are primarily managed by the stage in which the removal was initiated.

Making Referrals to and Coordination of Services

FBSS FPOS services can include protective day care, parenting instruction, psychological assessments, family counseling, crisis intervention, substance abuse assessment, testing and treatment, and domestic violence intervention. These services are provided through referrals to community-based providers, contracted services providers, or if services are not available in a particular area, FBSS caseworkers directly.

FBSS caseworkers must also ensure a referral to Early Child Intervention services for any child under the age of three is made within 10 days of a transfer from CPI to FBSS.

Family-Based Safety Services Budget

The FBSS direct budget includes funding for staff and purchased client services (PCS).[5]

As Table 2 below shows, most of the FBSS budget is allocated to staff, which primarily includes caseworkers and supervisors. As of August 22, 2022, there were 887 case carrying FBSS caseworkers with an average daily caseload of 4.8 families statewide.

Most of the FBSS Purchased Client Services (PCS) portion of the budget supports child safety through protective day care and drug testing. Approximately 15 percent of FBSS PCS budget is dedicated to treatment.

Table 2. FBSS Fiscal Year 2022 Budget

Type of Service	FY 22 Budget for FBSS
Direct delivery staff	$84,235,745.00[6]
County funded staff	$6,095,594.00[7]
Protective Day Care	$18,746,227.00[8]
Drug testing	$2,003,833.89
Substance Abuse Evaluation and Assessment	$107,969.37
Substance Abuse and Other Treatment (including but not limited to individual, group, family counseling, diagnostic consultation)	$1,563,377.01
Mental Health Evaluation and Assessment (including but not limited to psychological, psychiatric, psycho-social, domestic violence evaluation/assessment)	$2,388,055.91
Mental Health and Other Treatment (including but not limited to individual, group, family counseling, domestic violence intervention, diagnostic consultation)	$2,613,021.97
Other Services (including but not limited court-related services, translator services, parent/caretaker training)	$653,125.68[9]

[5] The FBSS budget for the management of PCS contracts is separate.
[6] Transaction Details FY2022 as of 9/7/22
[7] County funded staff may change from year to year and as approved by DFPS Finance
[8] 202206_Daycare_update_LAR
[9] 202204_update_PCS Services

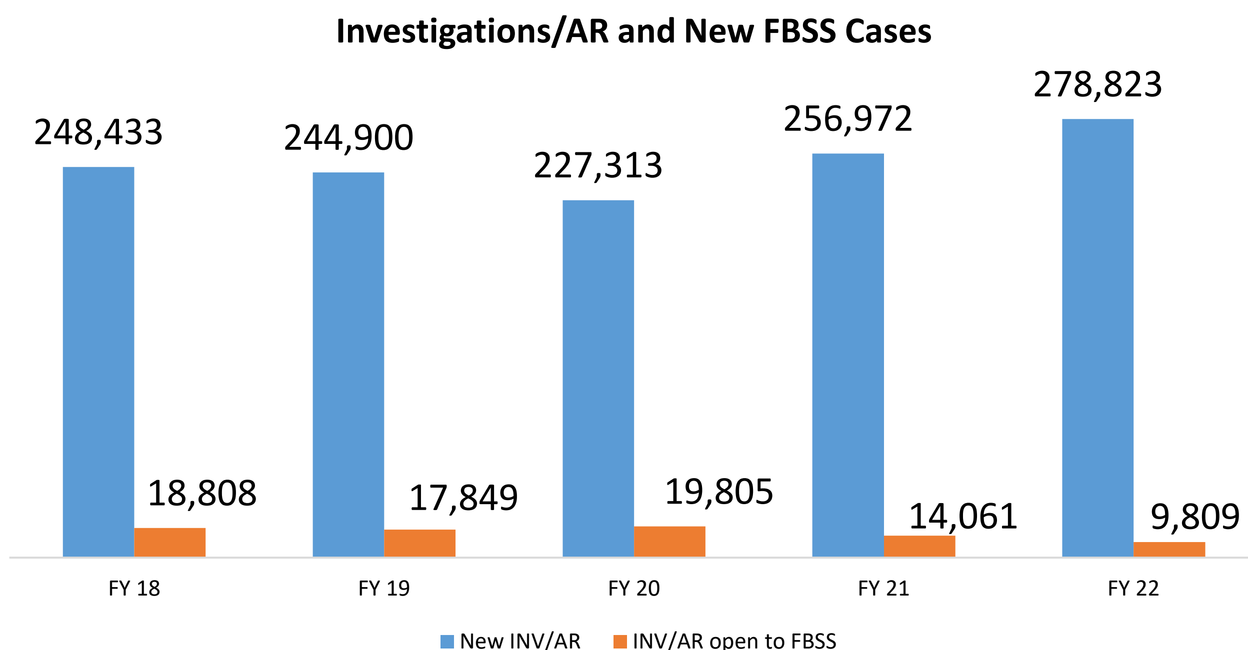
Total	$118,406,949.83

Family-Based Safety Services Population

To provide context for the services needed in FBSS, DFPS has analyzed data on the volume, case mix, and outcomes statewide for families in FBSS. Catchment specific data will be provided as part of the implementation process and Request for Application (RFA) in each catchment area.

The number of new FBSS cases has been declining since fiscal year 2020[10], primarily due to fewer investigations and alternative response (AR) cases opening to FBSS[11] (Figure 1 below).

Figure 1. Investigations/Alternative Response and New FBSS Cases Fiscal Years 2018-22[12]



In September 2020, DFPS implemented a new policy to narrow the types of investigations that could be opened to FBSS.[13] While the policy change did not impede the ability of CPI to remove children from homes with serious safety concerns, it placed additional requirements on those cases that could be opened to FBSS. For example, if, after discussion, the attorney representing DFPS determines no legal basis for removal, or if the court denies removal, then CPI was

[10] Unless otherwise noted, fiscal year refers to the state fiscal year from September 1 to August 31.
[11] DFPS Executive Dashboard – New Investigations/AR stages and New FBSS stages.
[12] The number of investigations/AR and New FBSS for fiscal year 2022 is an estimate calculated as follows: (actual new investigations/AR and new FBSS September to July/11) * 12.
[13] DFPS handbook, section 2400.

required to close the case with no continued oversight or services.[14] Similarly, cases were closed if a parent is unwilling to cooperate in services needed to ensure child safety and DFPS was unable to remove or obtain a court order for services.

As a result of this policy change, fewer investigations are being opened for FBSS. In fiscal year 2020, 32 percent of confirmed investigations were opened to FBSS, compared to 16 percent in Fiscal Year to date 2022.[15] Moreover, fewer investigations and AR cases with substance abuse, mental health, and domestic violence are being opened for FBSS services (See Table 3).

(Note: As with any policy or practice change, DFPS has continued to monitor for any impact on child safety. As indicated by the data presented, a significant number of cases were closed without continued FBSS case management. Due to this significant shift, DFPS has made adjustments to the policy that will ensure high-risk cases are not closed without appropriate safety measures and monitoring in place.)

Table 3. Investigations and AR with a Substance Abuse, Mental Health, and Domestic Violence Indicator Opened for FBSS[16] Trend from Fiscal Year 2018 to Fiscal Year 2022, Q1

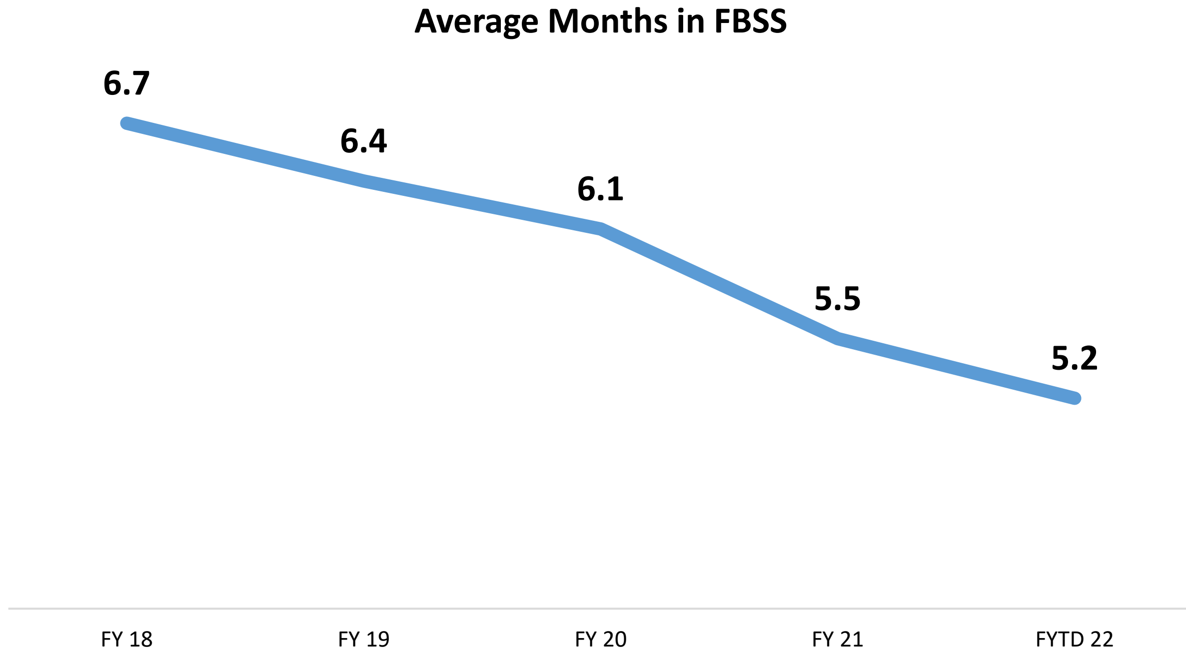
Fiscal Year	Indicators		
	Substance Abuse	Mental Health	Domestic Violence
2018	43%	39%	69%
2019	37%	34%	66%
2020	36%	33%	67%
2021	39%	34%	70%
2022, Q1	24%	18%	59%

For families referred to FBSS, one in four in fiscal year to date 2022[17] (through July) had their case closed without providing services as FBSS deemed the case inappropriate for FBSS (18 percent)[18] or the family was uncooperative (6 percent).

For families in FBSS, the time to case closure has been declining[19] as seen in Figure 2 below.

Figure 2. Fiscal Year 2018 to Fiscal Year to Date 2022 Average Months in FBSS

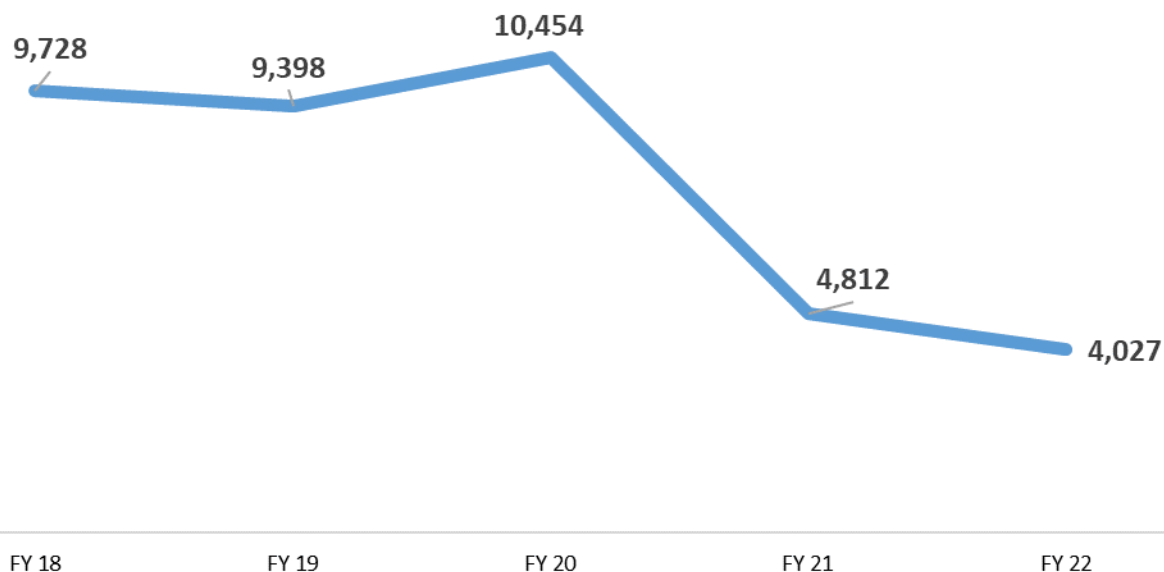
[14] DFPS handbook, section 2400.
[15] DFPS monthly data: Number of Completed Investigations by Disposition and Closure Action. FYTD 2022 is through July 31, 2022.
[16] DFPS Report Investigations-AR by Indicators fiscal year 2017 to fiscal year 2022, Q1.
[17] DFPS DRIT 107115.
[18] Case closure of inappropriate for services or admin closure.
[19] DFPS Databook For Fiscal Years 2018-21: Families Completing FPR Services. DFPS Executive Dashboard for FYTD 2022 through July.



The number of families in FBSS also has been declining due to fewer new cases, cases referred for FBSS but closed without any services provided, and a shorter time to FBSS case closure. During July 2022, there were 4,027 families statewide in FBSS.[20] See Figure 2 below.

Figure 3. Families in FBSS from Fiscal Year 2018 to Fiscal Year to Date 2022

[20] DFPS monthly data: Families and Children in Family Preservation



The number of families in FBSS during July 2022 varied from 98 in Deep East (Region 5) 521 in Metroplex West (Region 3B).

The removal rate from FBSS has declined. In fiscal year 2018, 6.8 percent of FBSS cases had at least 1 child removed, and in fiscal year to date 2022, the rate was 5.1 percent.[21]

For families who received services in fiscal year to date 2022 (through July), 88 percent[22] had their case closed with the child in the home with a closure reasons of risk reduced. The remaining 12 percent had their case closed with the child out of the home either in a Parental Child Safety Placement (PCSP) or a removal.

For children with their FBSS case closed in their own home with risk reduced, 10 percent were an alleged victim within six months of case closure in fiscal year to date 2022.

Implementing Family-Based Safety Services in Existing Catchment Areas

In developing implementation options for FBSS in existing catchment areas, DFPS has incorporated lessons learned from current efforts in implementing CVS under CBC and a previous pilot providing FBSS (FBSS Outsource Pilot) in El Paso that was active from January 2018 to December 2020. DFPS has also incorporated information from transition efforts in other states as summarized in the 2019 Chapin Hall at the University of Chicago Report *Privatization*

[21] DFPS Executive Dashboard.
[22] DFPS DRIT 107115.s

of Child Welfare Services, which included a synthesis of expert panels, literature, and public reports on privatized CBC in child welfare.[23]

The 87th Legislature expanded the CBC definition under Family Code, Section 264.152(4) to include direct case management to prevent entry into foster care, as well as preserve families. However, there are two FBSS case management functions that under federal law DFPS must maintain.

First, DFPS must continue to determine and document whether a child meets the criteria for Foster Care Candidate (FCC), which is needed to draw down Title IV-E funds for FBSS.[24] With CBC implementation, the existing method of documenting through the FPOS as discussed above will no longer be viable as the function of developing and documenting the FPOS would be completed by the SSCC. As a result, DFPS will need to implement IT changes in IMPACT to create a way to document FCC eligibility outside of the FPOS.

Second, DFPS must also continue to investigate any alleged abuse and neglect in an open FBSS case and, if needed, initiate a removal. According to fiscal year 2021 data, 19.4%[25] of all removals were from an open FBSS stage. Because SSCCs will be unable to complete this function, consideration should be given to this workload increase for Investigations staff.

As with Community-Based Care in CVS, an SSCC in FBSS will not be able to sub-contract its case management responsibilities; however, they can sub-contract the services for families.

Family-Based Safety Services Implementation Options

DFPS is exploring how best to integrate FBSS case management through the CBC model into existing contracts and future contracts.

One option for implementing FBSS in an existing CBC catchment is to integrate it into the existing scope of service so one SSCC is responsible for both FBSS and CVS. Statutory changes are needed to authorize DFPS to amend existing SSCC contracts, as well as legislative appropriations for the associated service and case management.

The primary benefit of integrating FBSS and CVS into one SSCC contract for each catchment area is the available economies of scale. Purchased Client Services (PCS) and community services provided in FBSS are similar to reunification services in CVS and, administratively, there would be only one procurement and one contract to manage and oversee. Having the same SSCC provide both FBSS and CVS case management also reduces disruption for families that transition from FBSS to CVS.

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[23] Available at: [Jul 8 2019 KY HB 1 Privatization Recommendation Report 6-28-19.pdf]
[24] Federal Child Welfare Manual, [Section 8.1D], Question 6.
[25] DFPS Databook For Fiscal Year 2021: [CPS Conservatorship: Removals]

Proposed Financial Model

This section outlines financial model options for CBC-implemented FBSS.[26]

Start-Up Costs

Child welfare experts, experience in Texas and in other states highlight the need to provide an SSCC with start-up costs. DFPS consulted with the Center for State Child Welfare Data at Chapin Hall at the University of Chicago to construct a methodology for estimating the cost of start-up. See Appendix B: FBSS Case Management Start-up Estimates by Chapin Hall for detailed approach and methodology.

In its report, Chapin Hall at the University of Chicago outlines two start-up cost estimates: one for SSCC-type agencies and a separate estimate for non-SSCC agencies.

Start-up Cost Estimates by Catchment Area: Summary

Catchment Area	Estimated Start-up Costs (SSCC)	Estimated Start-up Costs (non-SSCC)
Area 1	$1,673,643	$1,841,007
Area 2	$1,366,735	$1,503,409
Area 3W	$2,689,435	$2,958,378
Area 3E	$2,043,333	$2,247,667
Area 4	$1,311,759	$1,442,934
Area 5	$1,128,914	$1,241,805
Area 6A	$1,801,126	$1,981,239
Area 6B	$1,606,278	$1,766,906
Area 7A	$1,284,906	$1,413,396
Area 7B	$1,284,906	$1,413,396
Area 8A	$2,532,768	$2,786,045
Area 8B	$1,429,794	$1,572,773
Area 9	$1,241,047	$1,365,152
Area 10	$1,606,278	$1,766,906

[26] Family Code, Section 264.1691(c)(3)(B) requirement.

Catchment Area	Estimated Start-up Costs (SSCC)	Estimated Start-up Costs (non-SSCC)
Area 11A	$1,487,161	$1,635,878
Area 11B	$1,163,146	$1,279,461
Total	$25,651,229	$28,216,352

Ongoing Costs

With respect to setting up a model to pay for ongoing case management and PCS that includes shared financial risk, there are two different models.

1. Resource Transfer

One option is a resource transfer, similar to the model in CBC for CVS case management. Under this option, DFPS would annually determine the statewide budget for all FBSS-related costs. However, calculating the budget for FBSS would need to account for the current FBSS case management functions remaining with DFPS. As discussed above, DFPS staff will still need to make the FCC determination. Moreover, removals currently being directly initiated and managed by FBSS caseworkers without an investigation will need to remain with DFPS, which will increase the Investigations workload. In fiscal year 2021, 19 percent of all removals were directly from an FBSS stage.[27]

Once the annual adjusted FBSS budget is determined, DFPS would transfer the catchment area's portion of the budget to the SSCC. As FBSS is not an entitlement, the resource transfer implicitly incorporates risk sharing. If the volume or needs of new FBSS cases is more exceeds those forecasted or exceeds the amounts of funds appropriated to DFPS for like-services, the SSCC would need to find a way to cover the additional costs. Conversely, DFPS bears the financial risk if the volume or needs of new FBSS cases is less than projected. In those circumstances, DFPS would not seek return of the funds. Instead the SSCC would use them to reinvest in systemic improvements. To head off significant changes, a risk corridor can be developed where the SSCC and DFPS accept an agreed upon level of deviation from projected volume and needs of new FBSS cases but, outside of that range, the SSCC returns funds if volume or needs are lower than projected, and DFPS requests supplemental funding if volume or needs are higher.

The primary benefit of a resource transfer is the ease to project and control costs. It also provides an incentive for the SSCC to find ways to help families more quickly and safely leave FBSS: they can keep those funds for reinvestments.

[27] DFPS data book, Child Protective Services (CPS) Conservatorship: Removals (state.tx.us).

2. Case Rate

Another option is to pay the SSCC a case rate, a predetermined amount for each family referred. To implement a case rate, experience in other states[28] highlights that the best practice is to conduct a cost study to obtain information about the actual cost of providing services to obtain the desired outcomes.

With a case rate, there is no financial risk to the SSCC with respect to the volume of referrals as they would be paid for each case referred. However, the State of Texas will be responsible for the full financial risk associated with an increased number of referrals. As the case rate is predetermined, the SSCC does bear the risk of higher needs for each referral. This risk can be mitigated with a "layered" case rate based on the family's level of need at the time of the referral. The SSCC can also offset that risk if it finds less expensive ways to meet family needs while still ensuring child safety and safely reduces the time to case closure.

Developing a Joint DFPS and Single Source Continuum Contractor Family-Based Safety Services Operations Manual

As highlighted in the 2019 Chapin Hall at the University of Chicago report and shown in DFPS experience with CBC and the FBSS Outsource Pilot, clearly defining the roles of the agency and provider is a critical element of successful implementation. In CBC for CVS and the FBSS Outsource Pilot, DFPS defined those roles through an operations manual jointly developed between DFPS and the SSCC during the readiness period.

DFPS recommends an operations manual for every catchment area in which FBSS is provided in CBC. The joint FBSS operations manual will be developed during the readiness period and detail DFPS and SSCC roles.

Transfer between Child Protective Investigations and Family-Based Safety Services

When after completing an abuse or neglect investigation or Alternative Response (AR) on a family not currently in FBSS or CVS, if DFPS determines a family needs FBSS, DFPS will open a new FBSS stage and notify the FBSS SSCC in the relevant catchment area. Both the investigation and FBSS stage will be open concurrently in IMPACT.[29]

After the SSCC assigns a caseworker and supervisor to the FBSS stage, there will be a staffing between DFPS and the SSCC to discuss the case and a joint family visit. DFPS will maintain primary responsibility for child safety until the joint family visit. After the joint family visit, DFPS will close the investigation, and responsibility will fully transfer to the SSCC.

[29] This functionality was not available during the FBSS Outsource Pilot.

Transfer between Family-Based Safety Services and Conservatorship

In a removal in an open FBSS case, DFPS will work with the SSCC to describe in the manual how the SSCC will coordinate with the DFPS investigator and, upon removal, transfer information and background regarding the family and the FBSS case to the CBC/CVS caseworker. The precise nature of the SSCC's involvement and responsibilities during the open investigation will depend on whether the same SSCC provides case management in both FBSS and CVS or there are separate SSCCs provide case management for FBSS and CVS.

Foster Care Candidacy Determination

The joint FBSS operations manual will include a provision for DFPS to determine and document a child's FCC status enabling the department to draw down Title IV-E funds for FBSS.

Dispute Resolution

The process for resolving differences between DFPS and the SSCC with respect to individual case decisions (e.g., whether removal in an FBSS case is appropriate) and other disputes will be included in the joint FBSS operations manual. The precise details will be worked out with each SSCC depending on its particular structure and case management model.

Ensuring Clear Distinction of Funding, Personnel, and Processes for Family-Based Safety Services and Conservatorship

When the same SSCC provides both FBSS and CVS case management, it becomes more problematic to ensure clear distinctions of money, personnel, and processes. In such circumstances, DFPS will work with the SSCC to set up appropriate structures so the SSCC has maximum flexibility to support their case management and services model while also ensuring the SSCC can properly account for and report on funding, personnel, and processes for FBSS and CVS separately as required by state and federal law.

Contractor Accountability

As highlighted in the 2019 Chapin Hall at the University of Chicago report and as shown in DFPS' experience with privatized CVS and the FBSS Outsource Pilot, any CBC effort must have clearly articulated outcomes and quality indicators. The SSCC must then have a defined and detailed theory of change to support its proposal that its model will achieve the identified outcomes and ensure quality case management and services.

Performance Measure Recommendations

The primary goal of FBSS is to prevent children from entering foster care by partnering with families and communities to ensure families can provide a safe and stable environment for their children. To measure whether an SSCC is achieving this outcome, DFPS recommends the following performance measures:

1. The percentage of FBSS cases with a new confirmed allegation of abuse or neglect while a FBSS case is open to measure of child safety.

2. The percentage of FBSS cases closed with children safely in their own home as a measure of providing needed services so families can provide a safe and stable environment without continued DFPS intervention.

3. Of children in their own home at FBSS case closure, the percentage who are alleged victims of abuse or neglect within 6 months and within 12 months of case closure. DFPS is required to track and report this measure[30] which ensures accountability for prematurely closing cases before the family can safely care for their children.

To help adjust for changes in the case mix that may occur over time, the above measures can be further delineated by the risk level in the investigation that opened to FBSS. As with CBC for CVS, DFPS will determine baseline for the catchment's performance prior to CBC implementation and evaluate the SSCC's performance against that baseline. The baseline should be regularly evaluated and adjusted to account for systemic and other changes outside the SSCC's control.

Quality Indicators

Performance measures evaluate whether an SSCC is achieving desired outcomes. However, these outcomes can sometimes take from 18 to 24 months to emerge. To ensure child safety and contractor accountability in the interim, DFPS will use a variety of indicators (e.g., fidelity, quality, timeliness, among others) to track whether the SSCC is providing quality case management and services critical to achieving the identified outcomes. In addition, DFPS also assesses and collects data on implementation to determine contextual factors related to implementation of quality and fidelity measures.

One important measure of quality is an SSCC's fidelity to their own proposed model of case management and services. DFPS will work with each SSCC to identify the critical elements of its model and how to determine if those elements are being implemented as intended.

Another critical element to track is the quality of the case management and services of the SSCC. This is essential for ensuring contractor accountability and child safety, as well as a federal requirement under the Child and Family Services Review (CFSR).

Under the CFSR, DFPS is evaluated on the timeliness of arranging services and on having face-to-face contact with all children and parents at least once a month. DFPS has reports to track compliance with these requirements which will also be used for tracking SSCC compliance in each catchment area.

[30] Human Resources Code, Section 40.0516(a)(9)(C)

Among other things, the CFSR also evaluates DFPS on:

1. Whether the services provided are appropriate, target child safety, and address identified needs;
2. Evaluation and management of risk and child safety;
3. The quality of face-to-face visits with children and parents; and
4. Whether a child's educational, physical health, and mental health/behavioral needs are being met.

To ensure DFPS is complying with these requirements, DFPS selects a random sample of cases each quarter from across the state that includes cases in every region and conducts a review using the federally established CFSR case review tool. DFPS will continue to conduct CFSR case reviews for FBSS cases from a catchment area after FBSS is implemented in CBC. During the readiness period, DFPS will detail the CFSR sample size for the catchment area and how DFPS will work with each SSCC on findings or concerns.

An experienced caseworker with a manageable caseload is another necessary element in providing quality services and ensuring child safety. DFPS is required to report employee turnover under Human Resources Code, Section 40.0516(a)(11). Turnover and caseload are also key Legislative Budget Board (LBB) performance measures. Based on the financial model for FBSS CBC and each SSCC's case management model, DFPS will work with each SSCC to develop turnover and caseload targets using the LBB methodology.

Single Source Continuum Contractor Oversight

As with the CBC for CVS process, DFPS and the Office of Community Based Care Transition (OCBCT) will coordinate oversight for the FBSS CBC. There will be a readiness period for the SSCC's implementation of their model and theory of change, and the staffing and infrastructure will be evaluated. During this period, DFPS and the OCBCT will work with the SSCC to determine how existing FBSS cases will be transitioned to the SSCC. This process will be included in the joint FBSS operations manual.

Once DFPS and OCBCT determine the SSCC is ready for case management responsibilities, a team including a contract manager and regional and state office staff will provide ongoing oversight to ensure the SSCC is compliant with the contract, performance measures, and quality indicators along with provisions in the joint FBSS operations manual.

Community Engagement

The SSCC's proposal to provide FBSS case management will include how they will engage the community, including partnerships with faith-based organizations and community members with lived experience.

Part 2: Implementation of the Family First Prevention Services Act in Texas

Family First Prevention Services Act Overview

As DFPS continues to build capacity, it is essential to also ***safely reduce the number of children and youth coming into care***, particularly those without a placement to meet their needs. This strategy protects children, youth, and families from the trauma of preventable separation and keeps more children and youth in their communities. With more flexibility on Texas's candidacy definition, DFPS can utilize Family First Transition Act (FFTA) funds and devise strategies to position Texas to ultimately leverage FFPSA to reduce removals and mitigate our state's placement crisis.

FFPSA aims to divert children from entering foster care by allowing federal match for evidence-based in-home parenting programs, substance abuse treatment, and mental health services. FFPSA also aims to reduce the number of children in congregate care and support kinship placements in lieu of placements with non-familial placements.

Current Landscape of the Family First Prevention Services Act in Texas

The 87th Legislature produced three key pieces of legislation that provided DFPS with direction for Texas' transition to FFPSA eligible services.

- S.B. 1896 requires DFPS to transition all families receiving FBSS to FFPSA evidence-based programs and create an implementation plan to transition services and develop community referrals to existing prevention programs by January 1, 2025.
- S.B. 910 requires DFPS to provide a report with options on how to best move forward with incorporating the FBSS stage into CBC and expand existing FBSS services under FFPSA.
- H.B. 3041 requires DFPS to implement a pilot program to provide time-limited family-focused preservation services to court-involved families of children at-risk of foster care entry and pregnant/parenting children. Through H.B. 3041, FFPSA candidacy was defined as "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."

Additionally, Texas received $50.3 million in one-time FFTA funds to spend through fiscal year 2025 to assist in creating the infrastructure and capacity to deliver FFPSA programs. The 2022-

23 General Appropriations Act. S.B. 1, 87th Texas Legislature, Regular Session, 2021 (Article II, DFPS, Rider 48) directs DFPS to utilize $34 million in FFTA funds to implement certain prescribed programs that meet FFPSA criteria. In addition to the H.B. 3041 pilots, DFPS is expanding some evidence-based programs for a limited number of families with an open FBSS case under Rider 48(e). As the department works to utilize these funds, DFPS recommends using a portion of any remaining FFTA funds to expand FFPSA-approved services to all children and families receiving FBSS services to support the transition of all families receiving FBSS to FFPSA evidence-based programs.

Texas Family First

As directed by H.B. 3041, DFPS is piloting the Texas Family First (TFF) pilot program under the federal FFTA in parts of the state and will report back to lawmakers upon the one-year anniversary of implementation. DFPS is also partnering with SSCCs to stand up evidence-based preservation services in the pilot areas.

The TFF pilot program is designed to prevent children from entering foster care by providing court-ordered services to families to alleviate safety concerns. The new program falls under the FFPSA umbrella and is currently being offered in four CBC catchment areas:

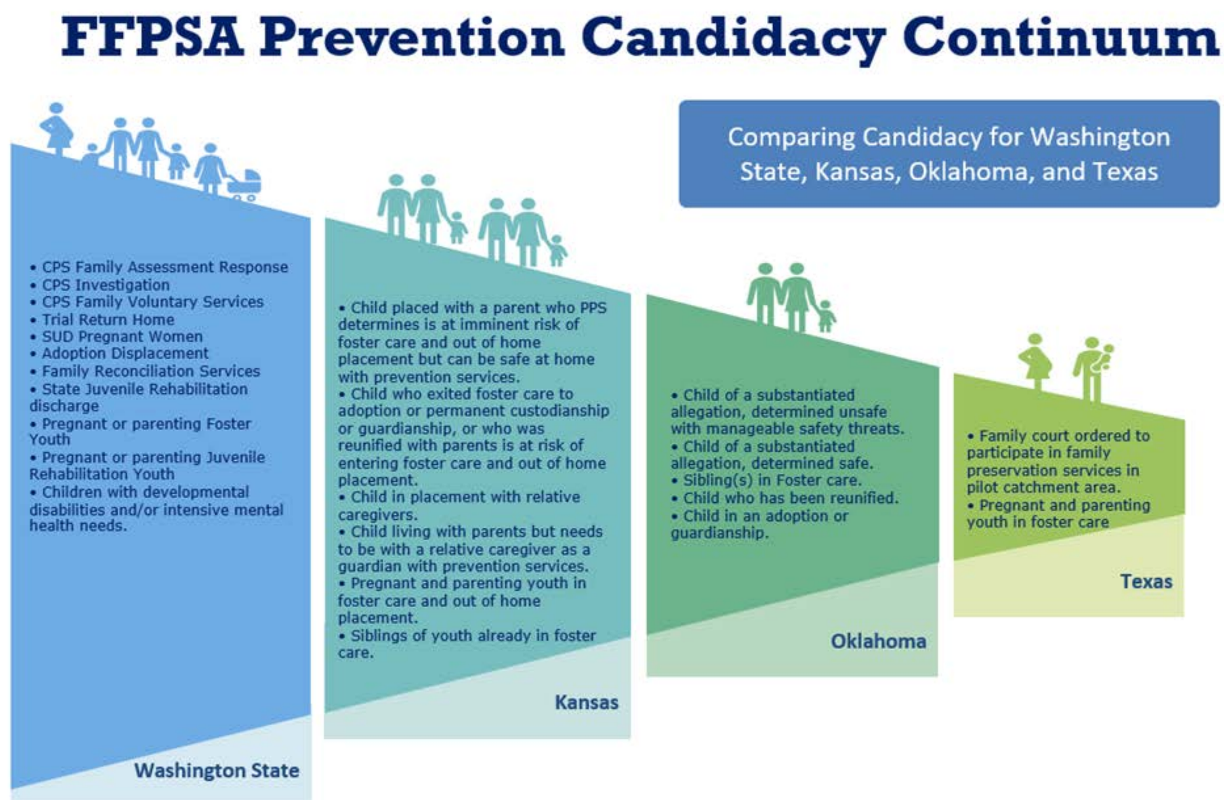
- Big Country and Texoma (2INgage)
- Panhandle (Saint Francis Ministries)
- Metroplex West (Our Community Our Kids)
- South Central and Hill Country (Belong)

Utilizing the Family First Prevention Services Act to Reduce Children without Placement

Effective Solutions Exist

Addressing the needs of children and families before a crisis could reduce the number of children and youth without a placement. As DFPS continues to work to safely reduce the number of children and youth entering care, we can learn from other states' FFPSA strategies. (See Figure 4 below.)

Figure 4. FFPSA Prevention Candidacy Continuum Comparison of Texas with Four States



Washington State

In their FFPSA plan, Washington State **proposed** the expansion of voluntary prevention services and created a broad candidacy definition with multiple candidacy populations that include:

- CPS Family Assessment Response;
- CPS Investigation;
- CPS Family Voluntary Services;
- Trial Return Home;
- Substance Use Disorder Pregnant Women;
- Adoption Displacement;
- Family Reconciliation Services;
- State Juvenile Rehabilitation Discharge;
- Pregnant or Parenting Foster Youth;
- Pregnant or Parenting Juvenile Rehabilitation Youth; and
- Children with Developmental Disabilities and/or Intensive Mental Health Needs.

This candidacy group included 60,832 children/youth/pregnant women in Fiscal Year 2019. By maintaining a broad candidacy definition, Washington State can support many families before

there is a need for removals. In their plan they are proposing an array of evidence-based programs including: Functional Family Therapy, Motivational Interviewing, Multi-Systemic Therapy (MST), Nurse-Family Partnership, Parents as Teachers (PAT), Child-Parent Psychotherapy, Homebuilders, Incredible Years, SafeCare, and Triple P to keep children safely at home when possible.

Kansas

Kansas established the following eligibility criteria for their FFPSA prevention services:

- A child placed with a parent who is at imminent risk of foster care but can remain safe at home with prevention services;
- A child who exited foster care and is again at risk of entering foster care;
- A child in placement with relative caregivers;
- A child living with parents but needs to be with a relative caregiver with prevention services;
- Pregnant and parenting youth in foster care; and
- Siblings of youth already in foster care.

Within their plan, Kansas offers prevention services approved on the Title IV-E including: Trust Based Relational Intervention, Family Centered Treatment, Functional Family Therapy, Parent Child Interaction Therapy, MST, Healthy Families America, PAT, and Motivation Interviewing. Similar to Washington, Kansas broadly defined FFPSA candidacy which allows the state to deliver services to more children and families, thus keeping them from entering out of home placements.

Oklahoma

Oklahoma determined the following populations as eligible for their Title IV-E Prevention Program and services.

- Child of a substantiated allegation determined unsafe with manageable safety threat;
- Child of a substantiated allegation determined safe;
- Sibling(s) in foster care;
- A child who has been reunified; and
- A child in an adoption or guardianship.

Oklahoma focused their FFPSA plan on in-home parent skill-based programs, SafeCare, and Intercept that were already established within the infrastructure of the state's child welfare system. The state targeted its FFPSA efforts within the current system by contracting with community-based providers with an established history of serving families involved with the system who have experienced child maltreatment to increase the efficiency of the state's plan.

Texas

Of these candidacy states, Texas has started with a narrow candidacy definition outlined in H.B. 3041. DFPS believes that by broadening its candidacy federal funding can be used to support

families and keep children safely at home. This will allow FFPSA services to reach more families with our current infrastructure and reduce the number of children entering care.

Family First Prevention Services Act Next Steps

As DFPS continues to build foster care capacity it is essential to also safely reduce the number of children and youth coming into care – especially those children with complex needs. What follows are components necessary for Texas to receive Title IV-E reimbursement under FFPSA and reduce the number of children and youth coming into care.

Foster Care Candidate Definition

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

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

Approved Prevention Plan

If evidence-based prevention services are to be provided in accordance with the requirements of FFPSA, DFPS will develop and submit a proposed foster care candidacy definition as part of a prevention plan. This plan must then be approved by the Administration of Children and Families. FFPSA allows states to propose an expanded foster care candidacy definition. The foster care candidacy definition will determine the eligible populations for FFPSA prevention services. DFPS can adjust the prevention plan which allows for stages of FFPSA implementation. A prevention plan does not require the state to provide services under the plan; rather, it allows Title IV-E reimbursement claims when the state invests in evidence-based prevention services for foster care candidates. Candidacy must be validated by DFPS and evidence-based services provided with model fidelity for Title IV-E reimbursement.

Possible populations eligible for foster care candidacy, which could be rolled out in stages, are:

1. FBSS;
2. Refusal to Assume Parental Responsibility;
3. Reunification;
4. Post-Adoption;
5. Children of families under investigation or in alternative response; and
6. Children at risk in other service sectors such as juvenile justice, substance use or mental health treatment.

Family First Prevention Services Act Prevention Services

There are various ways to implement FFPSA prevention services in stages. FFPSA implementation is affected by factors that include:

- General Revenue appropriated by the Legislature to implement FFPSA prevention services;
- Future direction of FBSS and CBC;
- Populations included in the definition of candidacy for foster care; and
- An approved FFPSA prevention plan.

One option for FFPSA implementation could be for SSCCs providing services to families in FBSS to choose a menu of evidence-based programs to provide services to families. Another option is that DFPS would contract directly with a broader set of community organizations that provide specialized services for populations within the definition of foster care candidacy separate from the SSCC contract.

Funding appropriated for FFPSA will determine the geographic scope where FFPSA could be implemented. Available funds will also guide the selection of evidence-based models because costs associated with the models varies. DFPS's current pilots under H.B. 3041 will also inform future roll-out of any expanded FFPSA prevention services.

DFPS worked with the Texas Health and Human Services Commission and the Texas Alliance of Child and Family Services on a capacity assessment (Preparing for Family First Prevention Services Act Implementation in Texas a Statewide Service Capacity Assessment April 2020) as well as publishing a strategic plan (Family First Prevention Services Act the Changing Landscape of Texas Child Welfare, Strategic Plan, September 1, 2020) for FFPSA as required by the 86th Legislature.

Conclusion

The 87th Legislature expanded the CBC definition under Family Code, Section 264.152(4) to include direct case management to prevent entry into foster care, as well as preserve families. This report outlines transition FBSS case management functions to into CBC through SSCCs, including estimated start-up costs. DFPS worked with Chapin Hall at the University of Chicago to outline two start-up cost estimates: one for SSCC-type agencies and a separate estimate for non-SSCC agencies. This report also identifies options to support ongoing costs and mechanisms to track performance measures.

The second part of this report outlines ways the State of Texas can divert children from entering foster care by allowing federal match for evidence-based in-home parenting programs, substance abuse treatment, and mental health services provider through FFPSA. There are various ways to implement FFPSA prevention and family preservation services, contingent of factors that include: General Revenue appropriated by the Legislature; future direction of FBSS and CBC; populations included in the definition of candidacy for foster care; and federal approval of the state's FFPSA prevention plan. DFPS will continue to work with SSCCs and all child welfare partners to assist with the development of the state's options to implement FFPSA in the 88th Texas Legislature.

FFPSA provides an opportunity for states, for the first time, to be able to utilize federal Title IV-E funding for evidenced-based prevention services as an alternative to removal when a child can remain safely at home. In development of this, and other, reports, DFPS has analyzed the existing array of services under FBSS and whether these services result in measured outcomes. The department has also partnered with Public Policy Institute at Texas A&M University to garner feedback from child welfare experts and stakeholders on the state's current landscape of prevention services, as well as the opportunities and potential challenges that may emerge as the Texas moves toward implementation of FFPSA. Whether services are delivered through the framework of the existing FBSS model, Texas Family First, or Texas 'prevention plan, FFPSA is a positive step forward in maintaining child safety by strengthening the family's ability to protect their children and reduce dangers to children's safety. DFPS, in conjunction Texas A&M University, submits this report for consideration by the 88th Texas Legislature and puts forth options to transition FBSS to CBC and ways to further implement family preservation services under FFPSA.

List of Acronyms

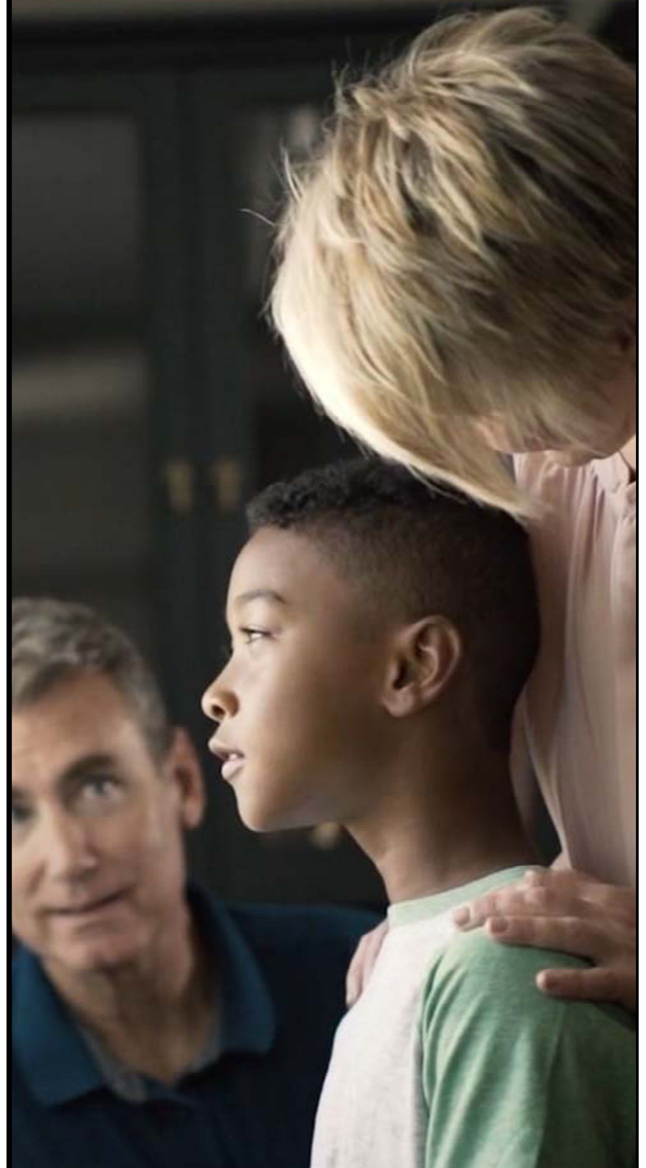
Acronym	Full Name
AR	Alternative Response
CBC	Community-based Care
CFSR	Child and Family Services Review
CPS	Child Protective Services
CVS	Conservatorship
DFPS	Department of Family and Protective Services
FBSS	Family Based Safety Services
FCC	Foster Care Candidacy
FFPSA	Family First Prevention Services Act
FFTA	Family First Transition Act
FPOS	Family Plan of Service
FSNA	Family Strength and Needs Assessment
FYTD	Fiscal Year to Date
H.B.	House Bill
LBB	Legislative Budget Board
MST	Multi-Systemic Therapy
OCBCT	Office of Community Based Care Transition
PAT	Parents as Teachers

Acronym	Full Name
PCS	Purchased Client Services
PCSP	Parental Child Safety Placement
RFA	Request for Application
S.B.	Senate Bill
SSCC	Single Source Continuum Contractor
TFF	Texas Family First

Appendix A: FFPSA Study of Implementation Options in Texas

FFPSA

Study of Implementation Options in Texas



AUGUST 31, 2022

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Introduction & Context

Signed into law on February 9, 2018, as a part of the Bipartisan Budget Act (HR. 1892), Family First Preservation Services Act (FFPSA) intends to help keep children safely with their families and avoid the traumatic experience of entering foster care. The law gives states and tribes the ability to target their existing federal resources into an array of prevention and early intervention services to keep children safe, strengthen families and reduce the need for foster care whenever it is safe to do so. It also provides federal funds for evidence-based Kinship Navigator programs that link relative caregivers to a broad range of services and supports to help children remain safely with them and requiring states to document how their foster care licensing standards accommodate relative caregivers (FFPSA 2018). As of summer 2022, the FFPSA planning and implementation landscape around the nation varies: some states have created FFPSA implementation plans, some others are at the stage of developing their plan, and a third group is already implementing their approved plans. Texas has taken some steps towards developing a plan and currently considering the different angles and moving pieces that fit into the family preservation puzzle.

In connection with planning and implementation of FFPSA, as part of the 87th Regular Legislative Session of the Texas Legislature, Senate Bill 910 requires the Department of Family and Protective Services (DFPS) to study and develop a comprehensive list of options for implementing family preservation services (FPS) into existing Community-Based Care (CBC) SSCC (Single Source Continuum Contractors) targeted regions. DFPS contracted with the Public Policy Research Institute (PPRI) at Texas A&M University in September 2021 to conduct a 12-month (September 2021 to August 2022) study. The larger goal of the study has been to help inform the quality implementation of family preservation services as part of the existing CBC model in Texas with a specific focus on operations, implementation, financial modeling, contract provisions, and service delivery issues. Study findings intend to assist DFPS in developing the prevention-focused infrastructure and capacities in Texas that encourage timely implementation of FFPSA.

PPRI's study focused on synthesizing available information and findings from a plethora of previously completed reports and studies to put together a more comprehensive picture of what family preservation services could look like in Texas considering its unique context, nuanced experiences, and myriad of challenges. PPRI explored studies produced or commissioned by Texas DFPS, by invested stakeholders both internal and external to DFPS, and documentation (including approved FFPSA implementation plans and related reports) from other states on how they envisioned and/or implemented the FFPSA requirements. What arose from PPRI's study is a complex discussion on how family preservation fits into the Texas landscape of child welfare services and care. Our intent through this report is to describe the potential challenges and opportunities we identified and the associated recommendations that underlie any change considerations to the current DFPS system for FFPSA planning and implementation in Texas.

Methods & Report Structure

PPRI used its critical data collection and policy studies infrastructure centering on a mixed-methods social scientific approach for this study. Building on work done earlier by Texas DFPS and its external research contractors, PPRI's plan included multiple methods of data collection and analysis relying on systematic review of previous research and relevant documents, critical stakeholder engagement (both internal agency stakeholders and external stakeholders), data reviews and relevant data analysis from primary and secondary sources to inform the recommendations development. Analytic induction and conversation analysis techniques guided the qualitative data assessments for the stakeholder engagement tasks, centered on customized interview guides. The PPRI team conducted 7 unique interview sessions with 30 internal DFPS members and 18 unique interview sessions with 49 individuals from external stakeholder organizations that are germane to family preservation services in Texas. Document reviews were primarily conducted in two main areas: relevant reports, legislations and informational material on foster care transitions and CBC model in Texas by Texas DFPS and its research contractors; and key similar documents from other leading states that have implemented family preservation programs and practices earlier and have highlighted their experiences in public facing material.

Working in close consultation with DFPS, PPRI team identified a group of 7 other states (Arkansas, California, Kentucky, Maine, Illinois, Kansas, Florida) to further explore their FFPSA planning and/or implementation lessons from publicly available reports and documents. PPRI standardized the data extraction as much as possible utilizing a standard form for tracking information from all the selected states to create targeted profiles. The state profiles created included: 1) how these states have selected and maximized evidence-based services, 2) how these states implemented the contracting process, 3) what key measures these states have used to guide implementation, 4) what specific fiscal data have the states used to reflect on FPS costs and 5) what successes and challenges these states have had in FPS implementation.

Data from all three explored sources (reports and documents, stakeholder interviews and state profiles) were systematically analyzed to inform this report with the help of detailed note capturing, statement extractions, coding and recoding, and nested schema development for topics and sub-topics. A collaborative web-based application, Dedoose, was used to organize and analyze all secondary and primary data to facilitate recommendations development. Data sources are outlined in the appendix. The findings section of the report that follows is categorized around critical topics that inform the FFPSA planning infrastructure in Texas. For each topic, we describe the context of the issue, the potential opportunities, and the advantages or disadvantages of the topic according to interviews we have coded and reports or state profiles we have reviewed.

Findings

This findings section is categorized around critical topics (implementation, operations, service provision etc.) in decision-making considerations that could help develop the family preservation service infrastructure in Texas. For each topic we describe in this section, as discussed earlier, we reflect on the context of the issue, the potential opportunities, and the advantages or disadvantages of the topic according to the stakeholder interviews we have coded and reports we have reviewed. Each section ends with highlighting takeaways for DFPS to consider in subsequent FFPSA planning.

Perceptions of Family Preservation and FFPSA

While we did not ask the stakeholders we interviewed specifically about their thoughts on family preservation or FFPSA; their feedback during the interviews elicited general impressions. Most stakeholders support the idea of increasing or expanding family preservation services and believe it will improve the lives of Texans. The stakeholders want to be involved in the process and are willing to work with the state agency in whatever capacity they can.

On the other hand, there is confusion and hesitation about the role of the stakeholders themselves in the family preservation and FFPSA context and whether they will be investing in something that might disappear in the future. One interviewee summed it up best:

> *"… the vibe is not good in child welfare right now… there is a distrust or an opaqueness to the future. It is little pilots, trying little things, not [being] all-in on things. They don't know [if they should adopt a family preservation model, or invest in services] … what if the state doesn't want it and then what are we doing? How will we sustain this? There's just a lack of clarity and therefore it's hard to get excited… I think if people knew that [Family Preservation Services] was going to be there in 5 years then they could get excited about it."*

This feedback is enlightening as it illustrates a common theme from our stakeholders that permeated many of the main topics we discussed and present in this report. The stakeholders are supportive of the idea of family preservation services playing a larger role for child and family welfare in the state but have significant concerns on the realities of doing so.

Takeaway
DFPS needs to determine how family preservation services fits into the overall mission of DFPS (regardless of funding source and federal regulation) and communicate this level of commitment to service providers and other family preservation and child welfare stakeholders through a vision statement as California and Florida have done. A majority of providers and stakeholders are willing to support the agency and provide the services needed if they feel more certain and aware of how long family preservation will be a focus for DFPS. There is a serious hesitation that the agency will change its mind or shift its attention, leaving the providers unsupported after the initial investment.

Implementation

The topic of implementation incorporates the strategies and infrastructure that need to be in place to implement family preservation services in Texas. While much of the discussion focused on FFPSA specifically, many of the key points such as the need for additional supports can be applied to family preservation overall.

Candidacy

One of the main decisions to be made in the sphere of implementation is who will be eligible to receive family preservation services. FFPSA defines the term 'child who is a candidate of foster care' to mean “a child who is identified in a prevention plan under section 471(e)(4)(A) as being at imminent risk of entering foster care” (FFPSA 2018). States have the ability and the responsibility to develop their operational definition of “candidacy” within the parameters of the law, but this is a challenging task as candidacy determines which children and families receive the prevention services and frame how child welfare systems use the law to meaningfully expand federally funded prevention activities. Many states are leveraging the flexibility in “imminent risk” and expanding the definition of candidacy to include different populations.

Currently, foster care candidacy in Texas is dependent on the outcomes of the safety and risk assessments that are completed by DFPS staff. A child is a candidate for foster care when they have a risk assessment score of high or very high AND a danger indicator that impacts their safety. Additionally, DFPS is piloting a very specific candidacy definition outlined in House Bill 3041 for prevention services. DFPS has not yet submitted a revised version of their foster care candidacy and accompanying prevention plan to the federal government. DFPS anticipates that any changes to foster care candidacy and accompanying prevention plan will be informed by the House Bill 3041 pilots.

For the seven states PPRI reviewed, California, Kansas, Kentucky, and Maine have maintained the federal definition that include foster care candidates, pregnant/parenting foster youth, and parents and kin caregivers of such candidates or foster youth. Arkansas, Illinois, and Florida have expanded the definition of candidacy populations to include youth with substance abuse issues, mental illness, intellectual development disability or delay, as well as assistance for parents through support services (poverty relief, respite care, childcare).

Stakeholders stressed repeatedly that clarification on candidacy definition is needed in Texas primarily because considerations of expansion of candidacy could align with a true shift in how care and family preservation services are provided in the state. Stakeholders also suggested changing the language on who can refer a family to services. They would like to see school personnel and healthcare providers be educated on the FFPSA service options and provided with the resources to make referrals, as they are most often aware when a family is “at-risk”. In Arkansas, a family can even refer themselves to the state’s family preservation services if they need help or assistance because of barriers and challenges. As one stakeholder put it, this can be “true primary prevention”

as there is no confirmed abuse or neglect. Some of the SSCCs in Texas are "actively trying to figure out ways to find families that haven't been involved with the system yet."

Why might Texas want to expand the definition of candidacy? For one, stakeholders need a clarification of Texas's definition of candidacy and pointed out that expansion of candidacy aligns more fully to a commitment of family preservation principles. One stakeholder argued that if adhering to the narrow federal definition, "it is already too late [to help the family]." Another stakeholder pointed out how Texas clearly defines candidacy will determine if this is "a compliance view of family preservation or a transformative view." Expansion of candidacy aligns with a true shift in how care is provided in the state. A stakeholder noted, "While states seem to have mostly younger children in care, FFPSA seems to be geared towards older youth." Another said, if the definition is too narrow, then "courts do not have the opportunity to expand the service array available to youth and families…judges can only control what is in front of them. How the state defines candidacy will determine what kinds of cases are seen by the courts and what types of services are available to the courts to mandate."

Another reason might be to increase the benefit of the costs associated with launching of family preservation programs. There is critical lack of FFPSA-approved evidence-based programs currently in the state and if Texas decides to seek the FFPSA federal match, a financial investment into creating these services and/or getting some services accepted by the federal clearinghouse will be needed. This is discussed more fully in the service provision section. These types of investment generally call for steep up-front costs. Expanding the definition of candidacy might allow serving more children and families thereby leading to lower up-front costs per family.

Takeaway 1

First, DFPS should decide how they value family preservation services. To use the words from one of our interviewees – is it a compliance view or a transformative view? A transformative view involves expanding the federal definition of candidacy and also investing heavily into appropriate services. At the same time, the investment into services will actually be needed even with a merely compliance view and so, expansion of candidacy can also minimize per-individual costs.

Takeaway 2

Secondly, after Texas decides its operational definition of candidacy, it should consider not only what populations to serve but also who is responsible for identifying these populations and making referrals. Service availability and candidacy go hand-in-hand and should be looked at in tandem when making decisions. However, populations, needs and services vary dramatically across Texas. Stakeholders recommend working with statewide and local experts to map the populations and services more clearly and use this as a guide to making decisions. Many of the SSCC providers discussed doing this within their own organizations: "We are systematically assessing the resources and services in our service regions…not only are we making sure that we have enough placement capacity, but also making sure that we have enough service capacity."

Additional Supports

As one internal stakeholder put it, *"[i]t's not like everybody needs a program. Some people just need a systemic way to get what they need."* Multiple interviewees had examples of how a family's needs could be better met outside of a formal program – things like helping obtain food and formula, fixing a car to allow the individual to get to work, or providing transportation. These supports are especially critical to prevent children entering the welfare system because of neglect and inability rooted in poverty. Stakeholders emphasized the need for understanding the "nitty gritty" in the communities: "Are there food bank resources? Is there help for paying utility bills? Knowing these kinds of things that affect families and put them in a situation where their kids are at risk."

Takeaway

If the federal government only covers the costs of evidence-based programming through FFPSA, will DFPS include flexibility in funding to support other necessary costs as part of a family preservation mission? These supports were repeatedly cited as being critical to help improve the family's situation and minimize the chances of further involvement in DFPS system. If the state decides to increase the number of children and families eligible for prevention services under FFPSA, it will have to make decisions about how to budget state and local dollars designated for all levels of additional supports.

Communication and Education

Some stakeholders expressed frustration about the lack of clarity on the state's plans for family preservation services and FFPSA. Others felt that terms like "family preservation", "FFPSA", and "evidence-based" need to be more clearly defined and communicated before any real progress can be made on targeted planning and implementation. Still others are unaware of the legislation and how it could potentially impact them. While this uncertainty is to be expected given that Texas is still in the planning stage and focus has been directed to a pandemic in recent years, the longer the confusion and lack of plan remains, the more likely frustration is to build.

At the same time, there are many groups - including other agencies, advocacy groups such as Texas Alliance of Children and Family Services, the Texas Child Welfare Boards, and myriad service providers - willing to collaborate and are just waiting on further instruction, facilitation, and guidance from DFPS. Once established, these lines of communication will need to be carefully maintained during implementation. These groups can be useful in determining what services are most appropriate and how to best serve the populations of interest.

Contract Provisions

The CBC model in Texas has ushered a new way in which DFPS procures contracts and pays for eligible services. Under a performance-based service agreement, an SSCC provides services to children and families under DFPS conservatorship within a designated community area. In Stage I, the SSCC is responsible for ensuring the full continuum of paid foster care placements and other services for children in the state's legal conservatorship. SSCCs also support adoption recruitment, matching and home studies. In Stage II, the SSCC expands services to include unverified relative or "kinship" placements, services to parents, and the SSCC has sole responsibility for the legal case management function. In Stage III, the SSCC continues the provision of all Stage I and II services and is awarded with financial incentives and disincentives for permanency outcomes and additional performance measures for child safety and well-being. (Rider 15 Report, p. 1-2).

In stakeholder interviews, concerns about family preservation procurement and contracting focused on lack of funding: "There is not a lot of funding for the Family Based Safety Services (FBSS) stage of service beyond FTE caseworkers, drug testing, and daycare. So right now, there's not funding in this stage of service to contract and purchase evidence-based programming." On the other hand, the internal stakeholder concerns about the contracting process focused on inter-agency disconnect: "We are ordered to contract with HHSC to perform requirements but HHSC has a very prescriptive, official way of doing procurements that is not well suited towards a crisis-driven agency mission like DFPS." PPRI heard about the urgent need to work closely with the legal stakeholders to explain that FBSS "is a different world."

Stakeholders also discussed the need for contracts to be simpler. The contracts need a "degree of flexibility to allow local experts to address the particular issues that a family is facing." A suggestion has been to tailor provider contracts to fit community and provider needs simultaneously through useful collaboration.

[Asking smaller providers as a part of their contract] "to collect their own data for evaluation might be burdensome... [It puts a lot of stress on] smaller organizations who may not have that expertise."

[Providers need to be] "able to read and understand a contract in a way that gives them a <u>transformative</u> mindset rather than a <u>compliance</u> mindset."

Scaling and Sustainability

Multiple states are using a phase-in approach to FFPSA and additional services, similar to the current DFPS strategy of phasing in the SSCCs in the targeted CBC community areas. A phased-in approach allows for more nimble adjustments according to the needs (including case management) of the targeted geography, can help with predicting and controlling the variable service and implementation costs, and ensure proper communication with and monitoring of the communities where implementation occurs. California allowed counties to opt-in to providing FFPSA services and did not expect all counties to be able to opt-in during the first year. Florida built up the family preservation data infrastructure and identified multi-phase system enhancements while California decided to invest in further evidence-based programming not currently covered by FFPSA.

PPRI Recommendations on Implementation

Currently, uncertainty clouds candidacy definition for FFPSA eligibility and related discussions of family preservation services in Texas. There is also confusion about the role of the stakeholders themselves in the family preservation and FFPSA context and whether they will be investing in something that might disappear in the future. Clarifying candidacy definition and messaging the family preservations services and benefits clearly would help convey Texas's intent and planned steps for the stakeholders. Utilizing groups that are already invested in the family preservation model will help strengthen outreach and ensure that appropriate information is shared regularly and consistently on FFPSA planning and implementation. Communication strategies will also need to be regularly revisited and evaluated as organizational turnover and changes in legislation happen.

Because populations, needs and services vary dramatically across Texas, stakeholders recommend working with statewide and local experts to map the populations and services more clearly and use this mapping of existing resources and capacities as a guide to inform decisions. Once stakeholders are aware of the types of family preservation services available and how these could be provided to targeted eligible population and clear definitions of eligible population, a phased-in flexible approach to providing the services could be considered. Other state's phased-in plans can act as models based on what DFPS decides as priority issues in the FFPSA implementation scenario.

Simultaneously, provider contracts need to be simple, streamlined and flexible to appropriately reflect the needs of the targeted regions and intertwine the performance measures meaningfully with a centralized Continuous Quality Improvement (CQI) system by avoiding significant provider (including SSCC) burden. There is also the need to minimize the efforts of smaller organizations to procure and comply with contracts. DFPS might want to learn from Prevention and Early Intervention (PEI) best practices in this realm on orientation, ramp-up, training, incentives, innovative local capacity building and effective collaboration. Family preservation services contracting process in the State of Maine can serve as an example too. Performance measures incorporated into contracts are monitored by Maine state staff to ensure that services are implemented as purchased while their contract performance evaluations integrate workforce training as a key component.

Operations

Many organizations and individuals partner with DFPS to care for children and families across the state. Operations focuses on what roles these organizations and groups could play in family preservation services provision.

Workforce

During our interviews, two specific workforce groups were called out for being impacted by FFPSA. One is the DFPS workforce itself, and how it would be impacted by the shift to community-based care. As decision and care are driven from a central state location to more localized groups, a respective shift in workforce is expected. DFPS has already noted a shift in the agency workforce with employees choosing to leave early or feeling stressed about potentially losing jobs in the future. The other is the service provider workforce and how to recruit and maintain, the often rigid, workforce requirements necessitated by the approved evidence-based programs (EBP) and ensure appropriate caseloads. Providers are concerned about their ability to hire the right staff (e.g., have the right education, are located in the right community, etc.) to match FFPSA's EBP requirements and have families and children to serve.

While adherence to federal guidance is important in setting directions for workforce training in family preservations services and child welfare, local and regional pockets of research-to-practice initiatives could be fully utilized in this realm. Many states, such as Massachusetts, have included a comprehensive trainer guide, a participant manual, as well as development materials to on-the-job learning and the transfer of learning based on child welfare best practices aligned with the state's family preservation mission. Arkansas partners with the community service branch of the University of Arkansas at Little Rock (UALR) School of Social Work to provide new worker training for all program staff and FFPSA family service workers. Concepts such as candidacy, prevention planning, EBPs are written into their curriculum for ongoing training of field workers.

Takeaway
A part intent of FFPSA is to provide training and professional development to make sure the workforce is well-qualified to protect and promote child welfare. Texas needs to consider investing on organizations and universities offering centralized training and/or continuing education for the child welfare workforce. Currently, state agencies such as Department of Human Services and academic institutions in many states such as Minnesota and Arkansas train, develop, and support the skills, expertise, and well-being of child welfare workforce while nurturing a commitment to equitable child welfare practices.

Prevention and Early Intervention (PEI)

The PEI unit of DFPS has grant agreements with community-based programs and agencies to maximize the potential of children and families in Texas communities. While not all services are available in all Texas communities, PEI services are free of charge and participation is voluntary. PEI recommends best practices and policies to reduce child abuse and prevent bad outcomes before they happen. Instead of direct services, PEI contracts with local nonprofits, governments, and schools and provide funding and resources to support local service providers and the families. For the evidence-based contracted services PEI has cultivated in Texas for over 8 years, as an agency stakeholder put it, "…the key purpose has been to be upstream from traditional child welfare involvement." These are services that belong to the community and are available at earlier points of contact with other systems.

Research stakeholders emphasized: "If prevention is viewed as government intrusion in family's lives, it will not work. But if you focus on the upstream meeting of needs through holistic design of programs as Texas has done with PEI, then it could be more successful." A PEI staff commented, "We don't have our own Clearinghouse, but we do have some of the same type of thinking." PEI's federal funds have forced "systemic thinking from the state perspective about promoting relational health or building systems upstream." Their data system PEIRS (Prevention and Early Intervention Reporting System) is designed as a "data and care management system" that can break down data, either by a workflow or an evidence-based model itself, accessed through the individual level or a provider level.

Takeaway

PEI at DFPS provides a central meeting point for parent educators, youth service providers, civic leaders, policy advocates, researchers, DFPS staff, Prevention and Early Intervention grantees, and others with a professional interest in child and family well-being, youth development, and juvenile justice. PEI is already recognized as a "thought partner" in FFPSA planning and implementation in Texas. The overall PEI lessons in integrating EBPs in service delivery, working with contracted local service providers, utilization of quality improvement parameters and well-recognized success in shifting the thinking about child welfare needs to be considered as a valuable model for family preservation services planning and implementation to meet the FFPSA requirements.

Court System

The court system plays a crucial role in operations by determining who gets what types of family preservation services. Judges are not only partners but also gatekeepers and ultimate decision makers in the child welfare system. FFPSA requires judicial oversight of the placement and review of children in residential treatment programs to ensure that children are in the least restrictive placement that meets their needs consistent with their permanency plan. In their judicial oversight role, judges need to set clear expectations for family engagement, and individualized, detailed treatment and transition plans for the child to return home with community services and supports. The court also ensures that the child and family are engaged in the development of any treatment and transition plans and that they feel that they have the necessary services and supports. Chapter 5 of the Rider 15 Report recognizes the critical role of the courts in CBC readiness efforts and presents opportunities for involving judicial and legal stakeholders not only in early planning but every step of CBC implementation.

The Meadows 2021 report recognizes that it is "difficult for generalist judges to maintain the level of knowledge and specialization required for child welfare law" (p. xviii). Stakeholders discussed that judges do not always know what services are good and available in specific communities. Judges need to be well-informed about the potential services available in the communities and the available repertoire of any EBPs. A suggestion is for the SSCCs and DFPS to "educate judges about which programs are proven effective" (p. xix) so they are able to make informed selections. A stakeholder discussed that the Texas judicial community generally support prevention models for children and families but FFPSA "presents a huge paradigm shift" and this is why judges are "trying to figure out what prevention would look like" under FFPSA. However, judges do not have the time to conduct their own research on service availability in their region.

Takeaway 1

While working on community engagement to assess readiness with SSCC based family preservation implementation, to use a stakeholder's statement, "It is mission critical to have judges at the table and not after implementation has already started." Judicial stakeholders PPRI talked to discussed being in the dark about quality family preservation services that are available in their regions. DFPS needs to ensure that judges are involved early in the process, have access to information about repertoire of effective services and/or resource guides and are a key part of any CQI system and related course corrections and any updates.

Takeaway 2

DFPS oversight policies for CBC areas could ensure a key recommendation from the 2021 Meadows Report: "Child Protection Advocates contracted by the SSCC must be trained and expected to work with the student, the student's caregivers, and the school and school district to identify, address, and continually support the student's academic goals and interests" (p. xxi). Oversight policies also need to mandate that every SSCC must have a strategic guidance for providers to encourage families to use necessary health services available in the targeted regions. Strengthening behavioral health access needs to be ensured hand in hand with in-home and long-term care supports. If availability of health providers is a challenge, as often is the scenario in rural Texas areas, SSCCs should encourage providers to use telemedicine services.

Other Agency Partners

Of the other agency partners for DFPS that are germane to FFPSA implementation, health services and the school system stand out. Family preservation largely aims to promote child wellbeing by improving the quality of children's caregiving environments a key part of which is health and education. School staff are in an optimal position to prevent, identify, and assist victims of child abuse and neglect because of their frequent contact with the students. The 2021 Meadows Report discusses how "community-level collaborative efforts can address some of the most persistent academic challenges for these students during CBC planning and implementation" (p. xx). Child welfare and education agencies can strategically collaborate to develop solutions for increasing school stability: "By emphasizing local placements, CBC naturally lends itself to increasing school stability since it is easier for a child to attend their school of origin (home school) if they remain in their community."

Similarly, in order to effectively address the mental and behavioral health needs of children and families, it is important to understand their access to health and how the health services coordination scenario operates. The leaders of the Texas Senate Health & Human Services Committee (SB 1896, Kolkhorst) and the Texas House Human Services Committee (HB 3041, Frank) have both proposed legislation that would strengthen family preservation in Texas and move to draw down new federal funding available for these services. Every SSCC needs to have a strategic guidance for providers to encourage families to use necessary health services, provide information on how to access emergency and crisis behavioral health services alongside children and youth empowerment services that are available for them. Additional outreach training is required for children and youth identified as having special healthcare needs.

"Schools know when kids and families are at-risk even if they don't meet CPS's definition of a child going into foster care."

"[Family preservation] should be a multi-agency appropriation: most adult supports come from HHSC whereas DFPS is child focused."

Lived Experience

Standard best practices encourage program planners to involve those with lived experiences in the planning and implementation of targeted programs. The same holds true for family preservation services. The insights of people with lived experience can be extremely valuable in prevention planning, and education about targeted services, Other states, for example California, have included youth and parents in discussions with decision-makers and elected officials. DFPS has established two such mechanisms: Parent Collaboration Group and Youth Leadership Councils. Input from these and similar groups would be valuable in FFPSA planning and implementation.

When designing opportunities for input, agencies must be wary of not merely including lived experience voice just to say they did. Instead, opportunities must truly "bring them to the table" as one stakeholder put it. Strategies such as offering stipends to compensate for time and showing how their input acted on were suggestions to ameliorate this for those with lived experience. A lived experience stakeholder who talked to PPRI said, "So, I absolutely do agree that we need some type of board, panel, whatever, to really advocate for the changes that need to be made." Another said, "Sometimes they need to remember that we are not just numbers… there is more in it than just numbers." In environmental assessments and asset mapping at community levels, including lived experience voices is crucial.

Takeaway
DFPS needs to establish regular feedback and involvement mechanisms from the youth and families they hope to impact. Including those with lived experience in workgroups or other collaborative planning sessions can help ensure services and program design are effective for the actual target population. A critical part of the environmental assessment process in the Meadows 2021 Report was to hear from youth and caregivers with lived experiences in the child welfare system in two CBC communities to complement the interview and survey data they collected from other key stakeholders, such as service providers and program administrators. Other states also have similar mechanisms.

Fiscal Considerations

The costs of implementing FFPSA mandated family preservation services include the service provider costs, infrastructure costs, administration costs, evaluation costs, sustainability costs and even potential network building costs. Given the many options and current uncertainty of the direction of family preservation services in the state, it is difficult to give specific details about these cost items. Instead, we discuss the general fiscal considerations as noted by our stakeholders, reports and other state profiles review. Once more decisions are made, specific numbers can be incorporated into the projections allowing for a more detailed conversation of costs.

Upfront Costs

As mentioned above, given the current gap in Title IV-E clearinghouse-approved services and availability in Texas, the anticipation is that the costs to launch new EBPs will be high. Furthermore, little has been invested into family preservation prior and so the stakeholders anticipate there will be higher costs for upfront development of infrastructure and the network needed to support a

large-scale family preservation services program. FFPSA does include some support for administrative and data collection costs incurred by the states. In addition, FFPSA transitional funds can be used to support some of the of upfront costs of building program portfolios in each state.

An often-suggested recommendation to support EBPs is to braid funding from different programs on top of the FFPSA-related funds. Of the states we reviewed, the additional funding sources mentioned most often were Medicaid, Social Security block grant, Title IV-B, and Temporary Assistance to Needy Families (TANF). Maine noted that they also received a grant from SAMHSA (Substance Abuse Mental Health Services Administration) to fund some activities. We found that state reports described utilizing local funds but did not offer specifics on what this entailed. Many of these program sources align with resources provided by the Health and Human Services Office of the Assistant Secretary for Planning and Evaluation IV- Prevention Toolkit: Understanding Roles of Funding and Decision Points.

Takeaway

How Texas funds family preservation services is directly connected to its level of commitment to these services. There are federal mechanisms available to cover some of the transition and administrative costs with FFPSA-supported programming. Anything not covered (additional services or supports plus the required state match) would have to be paid out of state funding. Utilizing other sources of funds will require additional efforts by DFPS to seek funding and manage the variety of funding restrictions. However, other states have been able to manage this successfully. Texas can look towards those models if willing to commit. Furthermore, other reputed organizations (e.g., Annie E. Casey Foundation, Mathematica, Chapin Hall) have experience and developed resources for these exact scenarios.

Perceptions of Federal Funding

Some stakeholders were wary of FFPSA because of the reliance on federal funding. These stakeholders expressed concern that there would be a large number of restrictions tied to the funds making implementation difficult, that the funding would not remain in place long enough, or that a child/family would be involved with DFPS longer than necessary just to draw down the federal dollars.

Furthermore, the clearinghouse approved EBPs are perceived to be prohibitively expensive. Some suggestions from our stakeholders on how to balance the costs of services would be to balance cheaper EBPs with more expensive ones, offer both clearinghouse-approved EBPs in conjunction with current state services, or phase-in the number of EBPs used.

Takeaway

Open communication with stakeholders about the implications of federal funding to support family preservation services will be helpful. DFPS should convey to all invested parties how it hopes to use the funding as it relates to its mission in family preservation. States like California have been clear in their messaging that they intend to use FFPSA dollars merely as supplement to their already existing programs and supports.

Funding More than the Program

As described above, there are often times when a program alone is not sufficient to address the needs of the family; additional foundational supports are needed. Programmatic costs are also incurred by the state and providers to cover contracting, compliance, data tracking, and so on. For example, one stakeholder informed us that the Texas legislature includes additional funding for case management to overcome the federal funding gap in a specific program.

Takeaway
Funding support will need to go beyond just the costs of programming and take into account both additional costs for a family in need, the state's additional programmatic costs and the provider's additional costs. Some costs can be seen as variable (change with the number of services provided) while others are fixed.

Data Tracking / Continuous Quality Improvement

For FFPSA related family preservation services to attain its desired goals, Texas must maintain strategic continuous quality improvement (CQI) system that clearly defines quality success measures, tracks progress on goals achievement, identify challenges so barriers are timely handled with course corrections and invest in a data tracking system that is transparent and easily accessible for all stakeholders not only for monitoring purposes but also for larger implementation dissemination. Stakeholders confirmed that a well-functioning and integrated quality assurance system that uses data and information to inform practice changes or monitor performance is not yet in place.

There have been several quality improvement initiatives commissioned by DFPS in Texas so far. For example, the CBC Quality Indicators (or guiding principles) developed by the DFPS Public-Private Partnership that acts as the CBC Governing Body provide a shared vision for CBC outcomes. Texas Tech University has been contracted to conduct a process evaluation of each stage of CBC in the established communities as well as new areas as they move into CBC Stages I and II. DFPS also continues to work with Center for Child Welfare Data, affiliated with University of Chicago's Chapin Hall, to support outcome evaluation of the limited pilot implementation context so far. Chapin Hall evaluates each SSCC's placement performance, advises DFPS on continuous quality improvement processes for oversight of CBC in Stage II and is scheduled to evaluate child outcomes in some regions starting in 2022. A CQI process exists in PEI for Texas Home Visiting. Additionally, there is a plan for the existing Data Warehouse to address data progress tracking across myriad community capacity building efforts. The Rider 15 Report talks about CBC navigator to be able to combine data from multiple systems centrally and provide comparative performance reports to support SSCC operations.

Although PPRI either read or heard about the several components of Texas's quality improvement efforts, no stakeholders were able to address the topic of integration of these components. Most of the state's CQI systems sounded ad hoc in nature and unable to provide required information about the quality of a centralized evaluation or CQI system. The efforts in Texas need some serious centralization where contractors, researchers, vendors, data systems and governing bodies talk to each other. DFPS stakeholders discussed how current disconnected data management systems do not talk to each other. A centralized CQI system will serve as a systemic approach to advancing the agency's mission and achieving its goals through continuous and integrated efforts to improve overall family preservation service delivery.

Takeaway

DFPS needs to critically invest in centralizing all disconnected quality improvement efforts. To inform the development of a robust CQI system, Texas could learn from Kansas's FFPSA Logic Model that serves as the fulcrum of a data collection plan integrating benchmarks for outputs and success measures. Florida's use of CQI teams has established collaborative CQI processes that engages program staff, implementation support staff, and evaluators in sharing lessons learned from the field, ensuring fidelity to contracts, and generating fruitful ideas about how to handle implementation challenges. California has established a centralized CARES (California Response and Engagement System) system for collection and reporting of data required by FFPSA. Utilizing the lessons from the ad-hoc efforts so far and learning from these states, Texas could develop a robust centralized CQI system that better equips DFPS to measure the quality of services by determining the impact those services have on child and family level outcomes and functioning, and the effectiveness of processes and systems in operation statewide.

PPRI Recommendations on Operations

Texas providers are concerned about their ability to hire and train staff to match FFPSA's EBP requirements and about retention. Following Minnesota and Arkansas' practices, Texas might consider investing in centralized training and/or continuing education for the child welfare workforce in partnership with universities to address part of these concerns. Besides, the overall Texas PEI lessons in integrating EBPs in service delivery, quality improvement parameters for providers and well-recognized success in shifting the thinking about child welfare could serve as a valuable model for family preservation services planning and implementation to meet the FFPSA workforce requirements. As planning and implementation partners, this valuable model and critical child welfare gatekeepers such as judges, school systems and health systems need to be key parts in crafting any strategic guidance parameters for FFPSA operations planning. DFPS need to create a mechanism to regularly educate providers, SSCCs, implementation partners and seek crucial input and involvement from them. Regular cycles of feedback from youth and families they hope to impact are also critical as a key operational element.

Open communication with stakeholders about the implications of federal funding to support family preservation services will be helpful. DFPS should convey to all invested parties how it hopes to use the funding as it relates to its mission in family preservation. California, for example, has been clear in messaging the state's intent to use FFPSA dollars merely as supplement to already existing programs. Federal mechanisms could cover some of the transition and administrative costs with FFPSA-supported programming. Anything not covered could be handled through state funding. Blending attempts with other funding sources will require additional efforts by DFPS manage the variety of pertinent funding restrictions. However, other states have been able to navigate this area successfully and Texas can look towards those models if willing to commit.

For any effective operations, the quality improvement efforts in Texas need some serious reorganization where contractors, researchers, vendors, data systems and governing bodies talk to each other. DFPS stakeholders discussed with PPRI how current disconnected data management systems do not talk to each other. Other states are investing in centralized CQIs for FFPSA implementation planning. Florida has established collaborative CQI processes that engage program staff, implementation support staff, and evaluators in sharing lessons learned from the field on fidelity to proven models and generating fruitful ideas on tackling implementation challenges. California's CARES (California Response and Engagement System) is a CQI system for collection and reporting of data required by FFPSA. Utilizing the lessons from Texas's ad-hoc efforts so far, the quality improvement model followed by PEI and learning from other states, Texas could invest in developing a robust centralized CQI system that better equips DFPS to measure service operations and quality. Any such CQI system will need to leverage, as stated earlier, a statewide asset mapping process not only to identify existing local resources and solutions to inform the CQI system but also to establish appropriate linkages with effective systems already operating in various Texas communities.

Service Provisions

One of the key tenets of FFPSA is that the state implements evidence-based programming (EBPs) selected from a list of approved programs in the Title IV-E Prevention Services Clearinghouse established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The Prevention Services Clearinghouse rates programs and services as well-supported, supported, promising, or does not currently meet criteria. The clearinghouse continually grows as new programs are evaluated and assessed but programs that fail to meet criteria do not receive a federal match. Any other family preservation services will have to be supported by other funding sources.

Reviewed reports and stakeholder discussions on service provision typically focused on what services are currently available in Texas, the challenges of implementing clearinghouse approved EBPs, and the potential solutions to address these challenges.

> "You really try to accommodate the services to the client. It is really based on where you are. I worked both in large cities and small cities and there is a huge, huge difference in that in the rural areas you kind of just have to make it work."

Substance Abuse and Mental Health Services

By authorizing new optional Title IV-E funding for time-limited prevention services for mental health/substance abuse and in-home parent skill-based programs, FFPSA presents an opportunity to support children and families experiencing substance use and mental health disorders. The creation of the Title IV-E prevention program recognizes the importance of working with children and families to prevent the need for foster care placement. In March 2020, the US Department of HHS published a toolkit to help states develop a plan for Title IV-E prevention services and implement an array of services by combining Title IV-E prevention services reimbursement with Medicaid and other funding mechanisms. With the introduction of this reimbursement, states are considering the best ways to combine multiple funding mechanisms to pay for services and related supports for parents and children. There is scope for DFPS to look at how some other states are using blended funding to specifically support substance abuse and mental health needs for children and families under FFPSA.

Stakeholders PPRI interviewed talked about serious dearth and service gaps in mental health and substance abuse treatment providers and pointed out that the long wait times, often 3 to 4 months, render any services useless for families in crisis. Although health systems and community-based providers are increasingly making trainings, mental health programs and prevention resources available to schools and communities, overall system capacity constraints and lack of coordination across fragmented efforts make it difficult for families to obtain timely care when mental health needs are identified. That crisis response capacity is "inadequate and fragmented across systems" is also pointed out by the Meadows 2021 Report. Stakeholders indicated their willingness to augment service arrays to include more FFPSA-qualifying mental health EBPs but would need the state to pay for most of their upfront expansion costs, new program purchases, any staff hiring and training and other associated costs.

Based on their efforts to inventory and analyze Dallas County's mental health systems, key recommendation of the Meadows 2021 Report has been "to develop capacity for intensive, community based EBPs that go beyond the basic level of services funded by the Health and Human Services Commission (HHSC) and provided by the North Texas Behavioral Health Authority (NTBHA) and Medicaid managed care organizations." The report suggested North Texas providers to seek private and federal grant funding that can be braided with HHSC funds to support staff training and create the infrastructure needed to implement more intensive and effective EBPs. Stakeholders also talked about guidance not only to understand how to navigate these types of funds and supports for implementing any EBPs for mental health and substance abuse disorders but also stressed adequate staff training in this area and emphasized that systems navigation in this realm is a universal challenge for families seeking these services across Texas communities. Locally, it would also be critical for DFPS to follow the work done and be guided by the Texas Child Mental health Care consortium (TCMHCC) and other related initiatives funded by the 86th Texas Legislature to leverage the expertise and capacity of the health-related institutions of higher education to improve the mental health care system in this state.

Takeaway

Overall capacity constraints and fragmented efforts in Texas make it difficult for children and families to obtain timely care for mental health and substance use disorders. FFPSA allows for combining Title IV-E prevention services reimbursement with Medicaid and other funding mechanisms and explore appropriate ways to combine multiple funding mechanisms to pay for services and related supports for parents and children. There is scope for DFPS to closely review how some other states are using blended funding models to specifically support substance abuse and mental health needs for children and families under FFPSA. Locally, it would also be critical to leverage the expertise of recent legislature funded initiatives by health-related institutions of higher education (including TCMHCC) in Texas to improve the mental health care system in this state. There is also the need to systematically chalk out the mental health and substance abuse services currently available for child welfare-involved families in the state.

Disconnect with Clearinghouse-Approved EBPs

DFPS's PEI programs provide a large component of Texas's use of existing EBP cited in FFPSA. According to DFPS, there are currently five PEI programs that utilize one or more FFPSA-approved evidence-based practices in their curriculum: Helping through Intervention and Prevention (HIP), Healthy Outcomes through Prevention and Early Support (HOPES), Texas Nurse-Family Partnership (TNFP), Texas Home Visiting (THV), and Family Youth and Success Program (FAYS) (Changing Landscape 2020). These programs use some or all of the following clearinghouse-approved EBPs: Safe Care (Supported), Healthy Families America (Well-Supported), Parents as Teachers (Well-Supported), Nurse Family Partnership (Well-Supported), Trauma-Focused Cognitive Behavioral Therapy (Promising), and Motivational Interviewing (Well-Supported). However, PEI funds more EBPs that are ranked on other nationally recognized Clearinghouses and used by other federally funded programs.

The consensus from stakeholders, reports, and any asset mapping conducted on their own by stakeholders is that there exists a gap between what services are available in Texas and what the Title IV-E Prevention Services Clearinghouse has approved. A survey on Texas EBP use led by the Texas Alliance of Children and Family Services (TACFS) in 2020 found a drastic disconnect. In mental health, only one EBP is in use in Texas, and it is at the lowest level of evidentiary support which hinders federal funding. In substance abuse, only one EBP (motivational interviewing) was identified, although it is not *specifically* a substance abuse treatment. As for parent training EBPs, Parents as Teachers is at the highest evidentiary support level, but only used by 18% of the providers.

While the gap is drastic, there is some optimism. From the same survey, over 80% of providers were interested in expanding to serve more clients and modifying what services they offer to include clearinghouse - approved EBPs. Provider stakeholders also talked about working towards getting their programs included in the Clearinghouse approval list, with adequate training and documentation. There are concerns, however, on the rigor such a process may urge.

Takeaway

To increase FFPSA-approved EBPs available, the state will need to make a significant financial investment into relevant infrastructure. According to the TACFS 2020 report, while organizations are willing to expand and offer EBPs, most will need the state to cover the costs for staff retraining, hiring additional staff, additional space, and so on. To minimize the initial investment, the report also suggests starting with fewer EBPs and scaling up over a few years or to select EBPs with affordable start-up costs to counterbalance the more expensive ones. Costs should be considered in relation to need and associated outcomes. More discussion on the cost considerations is presented in other sections of this report.

EBP Model Fidelity Concerns

Stakeholders had additional concerns about model fidelity. Many of the clearinghouse approved EBPs have structured evaluation protocols that providers are required to follow. Some even require approval from the original creators. The perception from stakeholders that the requirements can be difficult to implement, specifically for smaller organizations who may not have the capacity to collect and interpret data to the standards required by the evaluation. Stakeholders also had concerns about the costs of maintaining model standards including data collection and validation costs, staff retraining, and model fees and recertification.

Takeaway

Given that the EBPs have varying structures, one stakeholder suggested that the first EBPs selected should actually have a more stringent structure. The idea being that the costs and needs are more known and certain with a stringent structure than the EBPs with more ambiguity. Additionally, to address the evaluation needs, some states have utilized special service technical vendors, university, or agency groups to lead the EBP evaluation statewide, including offering assistance for data collection and analysis for smaller organizations to ensure and maintain fidelity.

Repeated Use of Same Providers

One concern noted by a few stakeholders is that in the current system, case managers are often the decision-makers and gatekeepers to which providers are used (when there are multiple provider options). Case managers will often refer providers they are most comfortable with or like the most. Stakeholders describe this as both good and bad. On the one hand, the providers utilized again and again are often trusted and quality providers. On the other hand, this can lead to some providers never being utilized.

Takeaway

DFPS should develop a mechanism for continual communication on who are the approved providers and when they have capacity to take on more families. One internal stakeholder mentioned how they regularly share lists with their communities on who the new service providers are and repeatedly remind case managers to consider other providers in their community. A similar strategy could be incorporated into the family preservation services area but will require regular updates and committed personnel to execute. Courts and other human service agencies and school systems need to be aware of these lists.

FFPSA Limits Other Proven Preventive Services

As one external stakeholder opined, "FFPSA has put some limitations on wonderful evidence-based practices by everything having to be well-supported by the Title IV-E clearinghouse." Another stakeholder stated, "[FFPSA is] so prescriptive and it ties the state's hands in how it can create a family preservation array of services in communities by requiring it to be only clearinghouse approved programs when we know there are great homegrown programs that will never make it to the clearinghouse or won't anytime soon. So those programs are either going to be excluded or not funded." By focusing on the Title IV E Clearinghouse-approved programs, Texas might lose sight of some of the programs (including PEI's other nationally recognized Clearinghouses) that have historically worked well in Texas in the past with proven effectiveness. In the scope of this study, we did not verify this assertion, but it is worth noting as one of the key concerns.

Takeaway 1

This assertion that there may be "homegrown" services and supports that work well but are not clearinghouse-approved reiterates that a decision will need to be made on what level of commitment DFPS has towards family preservation services – is the goal merely to draw whatever federal dollars are available (the compliance view) or is the goal to create a system that puts family preservation first (the transformative view)?

Takeaway 2

Kansas is using a model that allows for a mix of clearinghouse-approved and other family preservation services. Families are assessed by a practitioner and then with input from the family, they choose a path that best reflects needs. The decision is made based on urgency, what support is needed, and if the service is available in the area or not. A model like this can utilize FFPSA services when available but still allow for other programs and supports.

Selection of EBPs

Selection of EBPs is closely tied to what population is served and availability of the service providers. Stakeholder concerns were that the EBPs focused on too narrow of a population or did not work well for the families in Texas, given the diversity of Texas. California had a similar concern when trying to ensure their EBPs were culturally appropriate for their geography and population. To address this, they have made intentional plans to modify the EBPs and are increasing the relevant resources to do so.

Two of the states we reviewed – Illinois and Kansas – created working groups and committees to help choose which EBPs will be a part of their implementation plan. The Illinois committee considered a variety of factors including population need, evidence rating, existing capacity to deliver EBPs, cost and feasibility relative to benefits, and experience of agency to implement and evaluate any intervention. Kansas considered underserved populations, strategic priorities, geographic balance, available funding, and evidence of foster care prevention.

Takeaway 1

Finding EBPs that work across all of Texas will be especially difficult given its diversity in population and urban/rural status. One suggestion from a stakeholder, is for each region (or other geographical area) to select EBPs and services that are most fitting for their population.

Takeaway 2

Texas has a wide variety of stakeholders who can participate in discussions over which EBPs are appropriate and best fit. Utilizing a committee of these stakeholders can help ensure the entire landscape of Texas is considered. As mentioned above, the costs of start-up, the rigidness of EBPs and the requirements of maintaining and evaluating the EBPs are points to be considered when selecting EBPs for Texas. Learning from Kansas and Illinois, Texas should also consider need, evidence rating, experience with EBPs, and any priority needs or populations they would like to serve.

"Cast a wide net. Texas is a very large state that has very big, different demographic needs... What works in the panhandle may not work in South Texas, right?"

Asset Mapping

Asset mapping involves a systematic identification and assessment of what programs and services are available. Some states have considered this a critical first step in working out what EBPs they will select for FFPSA funding. Overall, efforts in Texas to map potential services have been somewhat piecemeal or informal. One agency stakeholder mentioned that they use the length of a waitlist as an informal way to understand what services/programs are lacking. In some cases, judges are fully responsible for identifying what services are available. A survey of organizations was conducted by TACFS in 2020 (the results are discussed in greater detail in the next section) but it is unclear how the pandemic may have impacted findings given that many non-profit organizations shut their doors during the pandemic. SSCCs are required to conduct asset mapping as they move from phase 1 and 2 but the scenario is very limited because the SSCCs are currently only in a few CBC areas and the asset mapping can vary by SSCC. A systematic assessment of the whole state is lacking.

Even with the current strategies, one stakeholder pointed out that these assessments may not paint the full picture: "there is a difference between whether the resource exists and whether the resource is accessible…in some of, for some of our more rural areas, especially in our less populated areas, that becomes a question of whether it exists, and then in our more populated areas that may exist, but whether it's actually accessible, either because of funding, transportation, all kinds of things for the family, I think, is part of the challenge we find when we do the community asset mapping."

Takeaway

A statewide asset mapping of available programs can help fully paint the picture of what services are available and where the gaps are. Many of the resources described above can be utilized as the foundation for such an activity but additional pieces that realistically impact services can also be included. For example, is the resource still available? Does the resource have capacity? Is it accessible? California utilized a statewide asset map to highlight gaps in their programs and use targeted service procurement to close those gaps. They specifically looked at whether a service was based on trauma-response care or culturally appropriate as priority issues for their state. Texas could try something similar to ensure the services are aligned with their overall mission and the population wanting to serve.

PPRI Recommendations on Service Provisions

There is very limited use of any Title IV-E Clearinghouse approved EBPs in Texas not only in the mental health and substance abuse realm but also in other service areas. The consensus from stakeholders, reports, and any asset mapping findings conducted by the stakeholders on their own is that there exists a serious gap between what services are available in Texas and what the Title IV-E Prevention Services Clearinghouse has approved. Moreover, identifying EBPs that work across all of Texas will be a challenge given Texas's diversity in population and rural/urban divide. Each geographical region in Texas might have to select EBPs and services that are most fitting for their target population and history of effectiveness. The service providers and SSCCs PPRI talked to are willing to explore the best fit EBP repertoires only if they are able to participate in discussions over which EBPs are appropriate and best fit. Utilizing a committee of appropriate stakeholders can help ensure that the entire landscape of EBPs as they stand today is thoughtfully considered by DFPS in any FFPSA planning and implementation process. DFPS could follow the practices implemented by Illinois and Kansas in creating working groups and committees to help choose which EBPs will be a part of their implementation plan.

PPRI found that stakeholders are willing to work towards getting their programs and interventions included in the IV-E Prevention Services Clearinghouse approval list with adequate training, guidance and documentation provided by the state that is invested in the EBPs long-term. Stakeholders are aware that the FFPSA EBP requirements can be difficult to implement, specifically for smaller organizations who may not have the capacity to collect and interpret data to the standards required by the evaluation. However, DFPS needs to address stakeholder concerns about the costs of maintaining model standards including staff training, data collection and validation. Besides, there is also a general perception that by focusing on the clearinghouse-approved programs, Texas might lose sight of some programs that have historically worked well in some Texas communities in the past. To avoid this, Texas can pay attention to Kansas's model that allows for a mix of clearinghouse-approved and other family preservation services. This model helps utilize FFPSA approved EBPs when/if available but still allows for other proven programs to be included in the available list of repertoire.

Overall, the costs of start-up and training, the rigor of the EBPs, the requirements of getting accepted into the IV-E Prevention Services Clearinghouse approved EBPs, maintaining fidelity and evaluating the EBPs are key elements to be considered when selecting the EBPs for Texas. To systematically address these elements, the critical first step in working out what EBPs can be identified and selected for FFPSA funding, could be a systematic asset mapping. California, for example, utilized a statewide asset mapping to highlight gaps in their programs and use strategic service procurement process to close those gaps. They specifically looked at whether a service was based on trauma-response care or culturally appropriate as priority issues for their state. Texas DFPS could try something similar to ensure that services align with their overall mission and population wanting to serve. A statewide asset mapping of available programs and effectiveness can help understand what services are available, what has worked so far and where the gaps exist.

Concluding Insights

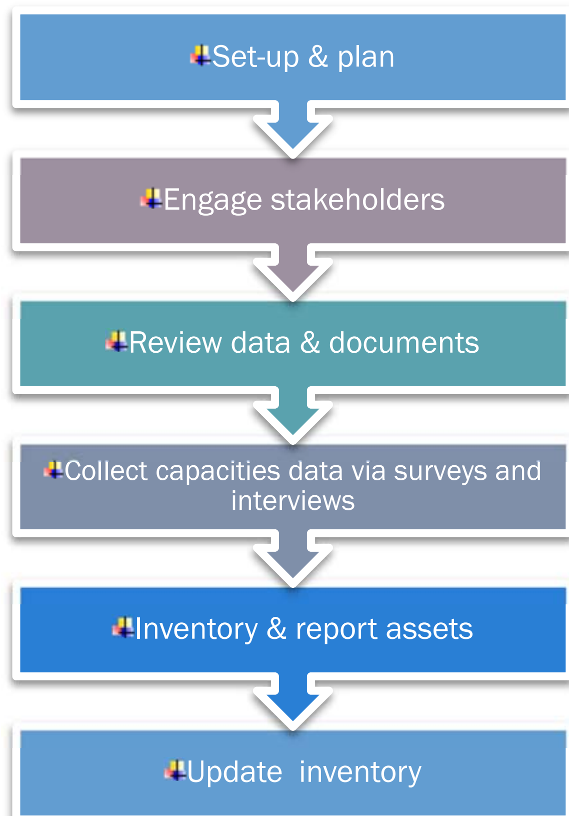
FFPSA is designed to align federal funding and policy with current research centering on EBPs and what works best for children and their families in specific contexts. It requires a fundamental shift in critically rethinking the organization of the child welfare system in a state and how existing services and operations in a state are able to expand and adapt to meet the needs of eligible populations. In this process of rethinking, FFPSA creates a new opportunity for child welfare agency, service or provider agencies, as well as other partnering agencies to align their values about what is best for child welfare by placing children, youth and families at the center of any planning and implementation. In this context, what emerged from PPRI's study and the methods employed is a complex discussion of how family preservation fits into Texas's current landscape of child welfare services. In the previous pages, the report outlines the opportunities, potential challenges and the associated takeaways that might help inform any change considerations to the current DFPS system for FFPSA planning and implementation in Texas. In exploring opportunities that emerged from the study, conducting a systematic asset mapping stands out to be a key first step that Texas needs to consider for successful FFPSA planning and implementation. The benefits of adopting the approach, possible methodologies, similar practices adopted by other states and key considerations are outlined here for reflection by DFPS.

Asset Mapping Benefits. The limited implementation of the CBC model in Texas already involves a collaboration among local stakeholders, caregivers, and communities to engage with one another in meeting the unique needs of targeted communities. Building on CBC model's basic premise of engaging and empowering local communities, a systematic asset mapping exercise by DFPS will be able to provide a strengths-based critical method for building an inventory on existing and untapped capacities and resources for the FFPSA planning and implementation scenario. Originally developed as part of asset-based community development (ABCD) strategy for community capacity building (Kretzmann and McKnight, 1993), asset mapping is primarily a process of learning what assets are available in a community. The process helps inventory resources and strengths in a community centered on specific issues; develop appropriate solutions by involving community participants and organizations; and also implement such solutions in a culturally appropriate and context specific way (Ayre et al, 2002). Documenting the existing and underutilized community strengths and resources, the process will be able to pinpoint what is lacking and develop solutions to community capacity building by incorporating community strengths and resources (Green and Haines, 2002).

By helping to understand local capacities and strengths in family preservation, a strong and sustainable asset mapping will serve as the foundation to growing a community-based preventive model of caring for youth and families in Texas.

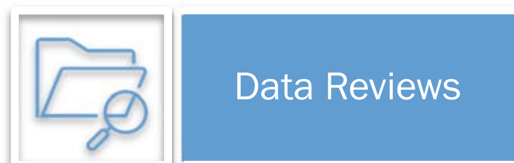
The key is that community resource strengths are recognized and inventoried while capacities in family preservation are mapped and synergized dynamically so they multiply their impact. This is what the current FFPSA context in Texas calls for; a statewide asset mapping of available programs and their effectiveness can help inform all stakeholders about the services available, what has worked so far and where the gaps exist. Although many service stakeholders, especially the Texas SSCCs, have been conducting their own needs assessments and resource inventorying work for targeted regions in an ad-hoc manner, stakeholders do not have a clear idea about service providers, their current and potential capacity for EBPs and other proven services in the different regions of Texas. A strong and sustainable asset mapping approach will be foundational to growing a community-based and preventative model of caring for youth and families. Asset mapping that focuses on understanding community capacity can promote public engagement and support while being inclusive of various stakeholders, policy makers, practitioners, researchers and families served.

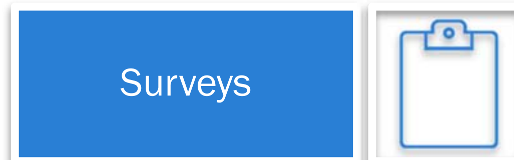
Suggested Methods. Chronological steps in an asset mapping process utilize mixed methodologies: overall planning and set-up, engage local stakeholders (providers, organizations, individuals, advocates, service populations existing within communities that serve as positive resources), review administrative data and documents, collect resources and capacities data through surveys and interviews, inventory the assets, map and report, and regular updates. In the FFPSA context, the overarching goal of going through these steps will be to understand the effective resources, capacities and structures within the targeted regions as a means for bringing about transformative change in family preservation. Community residents and local family preservation stakeholders will help identify locations of local assets, untapped resources that can be improved or developed to become assets, and resources that might be lacking. For accurate mapping end products, best practices in asset mapping (Alexiou et al., 2016) highlight the comparative efficacy of detailed work utilizing a region based approach rather than a statewide approach in identifying community boundaries and visualizing the existing strengths in a region. Online mapping tools act as mechanisms for engaged stakeholders to plot, map, and view their assets easily. The mapping methodology act as a medium of empowerment, promoting avenues to leverage local stakeholders and community knowledge directly into the mapping process. For sustainability and continued efficacy, however, regular update mechanisms for the strengths inventory centered on a CQI process need to be an integral part of the overall methodology.

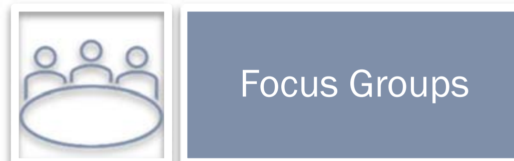


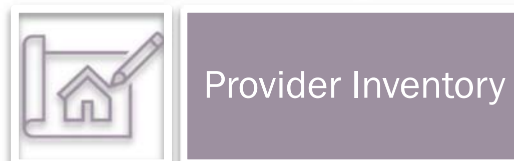
Other State Practices. On August 15, 2022, PPRI conducted a 2-question survey with the state leads in the Family First Learning Collaborative run by the Casey Family Programs. The survey is attached in the Appendix. The first question in the survey asked if any needs assessment and/or asset mapping has been conducted by the states to understand their capacities for FFPSA planning and implementation. The second open-ended question in the survey wanted to know about the methodologies employed for such asset mapping work. Six states (Nebraska, New York, Ohio, Oklahoma, Virginia, Utah) responded to the survey and all but Oklahoma reported conducting asset mapping for FFPSA planning and implementation. These states utilized a combination of data informed processes (administrative or performance data assessment from previous efforts), surveys, focus groups, geospatial analysis and stakeholder engagement as their asset mapping methods. While some states prioritized mapping for substance use and mental health disorder services, others cross-walked service capacities with local funding streams. Nebraska partnered with Chapin Hall to conduct their asset mapping. Oklahoma utilized previous assessments and administrative data to form a stakeholder group that guided their FFPSA planning process.

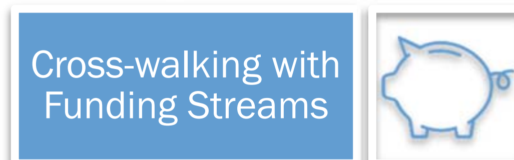
From PPRI's previous review of the 7 states, California, Maine and Kentucky were identified as states that mapped their resources and capacities for FFPSA implementation by using some or all of the methods discussed in this section. Maine worked with Chapin Hall and utilized a geospatial analysis. Kentucky conducted a survey not only with service providers that had contracts with the agency but also with organizations that could potentially implement the FFPSA services. To identify this latter group, Kentucky relied on other governmental agencies. California's mapping includes community resources, contracted services, non-contracted services, as well as grassroots organizations.







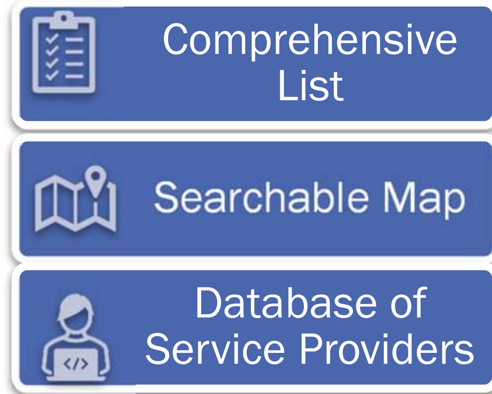




Actionable Steps. Creating a system for up-to-date and evolving asset mapping of the Texas child welfare system providers and networks calls for reflecting on a set of key considerations. Asset mapping can take on many forms and have varying levels of comprehensiveness. Because of this, DFPS will need to decide the ultimate goal of the asset mapping and how it will be integrated into the current system. DFPS needs to work with a research outfit to assist in these decisions and in turn to select proven methodologies to plan and implement asset mapping through an overarching region-based approach. Whatever combination of methods is chosen, Texas could benefit from a close cross-walking with the parameters provided in the Title IV-E Prevention Toolkit from HHS that offers considerations for FFPSA planning and provides links to various resources. From the onset, the processes need to be participatory; integrating regular cycles of reconfirmation and validation through stakeholder forums and any advisory bodies to establish the necessary buy-in and trust of the community stakeholders in the various Texas regions. This is a critical step because services,

providers and recipient populations are constantly changing. To address resource gaps, regular brainstorming for solutions by involving key stakeholders is another important component of any asset mapping process. Similar to any well implemented strategic plan, asset mapping is a 'living document' that should evolve with some stated frequency (e.g., bi-annually, as is done by several other Texas agencies) to reflect changes in service provider capacities, budgets, priorities, models and resources. Responsibility for updating contractor or provider status could be left to DFPS or SSCCs through a standardized avenue or through a simplified reporting portal.

To plan for continuous quality assurance, DFPS can invest in developing and evaluating frameworks that foster EBP data gathering and utilization for real-time decision-making regarding supports and resources needed to deliver necessary services across the continuum of need for children and families. The end product in asset mapping can take various forms: a comprehensive list of resources, a searchable map of resources and assets, or a database containing service providers, resources and family preservation contacts. Latest Geographical Information System (GIS) spatial techniques, customizable software, database building technologies and effective visual design considerations can assure and inform an organized collection of records that can be queried or retrieved by stakeholders based on a specific field. From the onset, a participatory process could integrate regular cycles of reconfirmation and validation through stakeholder forums and any advisory bodies to establish the necessary buy-in and trust of the community stakeholders. To address resources that are found lacking, regular brainstorming for solutions is another valuable consideration for any asset mapping process. When implemented systematically through a partnership with the local providers, stakeholders and their communities, asset mapping will be able to set the stage for a more integrated and healthy functioning child welfare ecosystem where continuous improvement is the goal.



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Appendix A | Data Collection Schedule

Internal Agency Stakeholders		
#	Name	Date
1	DFPS – Office of Finance	1/21/2022
2	DFPS – Legal	1/28/2022
3	DFPS – PEI	1/26/2022
4	DFPS – Data and Systems Improvement	1/26/2022
5	DFPS – Purchased Client Services	1/21/2022
6	FBSS / CPS	1/28/2022
7	CBC Transition	1/28/2022

External Stakeholders			
#	Category		Date
1	Academics & Researchers		4/8/2022
2	Advocacy	Texas Alliance of Children and Family Services	4/13/2022
3		TexasCASA	4/19/2022
4		Texas Child Mental Health Consortium	5/4/2022
5		Big Brothers Big Sisters	4/11/2022
6		Children's Commission	4/20/2022
7		Children's Welfare Board	4/12/2022
9	HHSC		5/18/2022
10	Judges		4/20/2022
11			4/26/2022
12			4/27/2022
13	Former Foster Youth		4/22/2022
14	Providers	Prevention Providers from TACFS	4/27/2022
15		Voices for Children	4/29/2022
16		Nurse Family Partnership	5/3/2022
17	SSCC	Belong	4/18/2022
18		Our Community Our Kids (OCOK)	4/22/2022
19		St. Francis	4/13/2022

Appendix B | State Profile Development Form

[STATE NAME]: ________________________

1. How many children in welfare system?

2. Describe their implementation of FPS to date.
    a. When did they start implementation?
    b. Did they roll out FPS by region/county/all at once, etc.
    c. Did they use a pilot project?
        i. If yes, what were the outcomes?
    d. How did state select and maximize evidence-base services?
    e. Has the state selected evidence-based services and if so, what services?
        i. If yes, what services?
        ii. How/why did the state choose those services?
    f. What challenges did the state overcome to include evidence-based services?
    g. What challenges remain for the state in terms of evidence-based services?

3. How has state implemented the contracting process?
    a. Describe the state's contracting process.
    b. Can you find evidence that alternative processes considered? And if so, what were the conclusions about those alternatives?
    c. What challenges did the state overcome in contracting?
    d. What challenges remain for the state's contracting process?
    e. Have you been able to find handbook or contracts for the state?

4. What key measures does the state use to guide and learn from implementation?
    a. What process measures does state use to monitor contracting or service provision?
    b. Who monitors the contracts and provisions?

5. What outcome measures does state track? Measures and where they come from.
    a. Transitions
    b. Connections to services

6. What financial measures does state monitor?
    a. What specific fiscal data does the state use to reflect on FPS costs?
    b. Describe the fiscal data and processes the state uses.

7. What successes has the state had in terms of FPS implementation?
    a. Other than successes described above, what else has state done well (or what challenges did they overcome) to implement FPS?

8. What challenges has the state had in terms of FPS implementation?
    a. Other than challenges described above, what other challenges is the state facing?

9. What can be learned from recommendations?
    a. What recommendations are made regarding FPS implementation in the reviewed reports?

Appendix C | SB-910 Acronym List

Acronym	Description
ACF	Administration for Children and Families
CARES	California Response and Engagement System
CBC	Community-Based Care
CDSS	California Department of Social Services
CPA	Child Placement Agency
CPS	Child Protection Specialist
CQI	Continuous Quality Improvement
DCF	Department of Children and Families
DFPS	Department of Family and Protective Services
EBP	Evidence based programs
FACTS	Family and Child Tracking System
FAYS	Family Youth and Success Program
FBSS	Family Based Safety Services
FFPSA	Family First Preservation Services Act
FFTA	Family First Transition Act
FPS	Family Preservation Services
FTE	Full Time Employee
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIP	Helping through Intervention and Prevention
HOPES	Healthy Outcomes through Prevention and Early Support
IMPACT	Information Management Protecting Adults and Children in Texas
MOU	Memorandum of Understanding
PEI	Prevention and Early Intervention
PEIRS	Prevention and Early Intervention Reporting System
PPRI	Public Policy Research Institute
ROA	Results Oriented Accountability
RTA	Regional Training Academies
SAMHSA	Substance Abuse Mental Health Services Administration
SSCC	Single Source Continuum Contractor
TACFS	Texas Alliance of Children and Family Services
TANF	Temporary Assistance to Needy Families
TEA	Texas Education Agency
THV	Texas Home Visiting
TNFP	Texas Nurse-Family Partnership
UALR	University of Arkansas at Little Rock
Meadows Report	Meadows Mental Health Policy Institute. (March 2021). North Texas Community-Based Care Environmental Assessment: DFPS region 3W (Non-CBC) and 3E.
Rider 15 Report	Texas Department of Family and Protective Services - Office of Community-Based Care Transition. (March 2022). *DFPS Rider 15 Report for Community-Based Care.*
Hackett Report	The Hackett Center for Mental Health. (2019). Region 6A Community-Based Care: Comprehensive Assessment and Environmental Scan

Appendix D | State Asset Mapping Survey

STATE. Please select the state where your organization is located.

____

Q1. Have you conducted any needs assessment and/or asset mapping to understand your state's capacities for FFPSA implementation? (If you are currently conducting or plan to conduct a needs assessment in the near future, please select "Yes").

- Yes
- No
- I don't know

Q2. Please tell us about the methodologies you adopted to map your state's resources, providers, and capacities for FFPSA implementation. (How? What?)

____

____

____

____

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Appendix B: FBSS Case Management Start-up Estimates

Chapin Hall, University of Chicago

Center for State Child Welfare Data

FBSS Case Management Start-up Cost Estimates

Fred Wulczyn and Mike Hatfield

September 2022

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

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1 Introduction

Policymakers in Texas are considering a transfer of Family-Based Safety Services (FBSS) case management to social sector agencies. Briefly, Family-Based Safety Services are offered to families who have been the subject of a substantiated allegation of child maltreatment but for whom foster care placement was deemed unnecessary. Family-Based Safety Services are offered to families in an effort to manage risk and safety concerns within the family. The types of services included under FBSS include counseling, evaluation/assessment, and parenting classes among others. These services are generally provided by community-based social sector agencies.

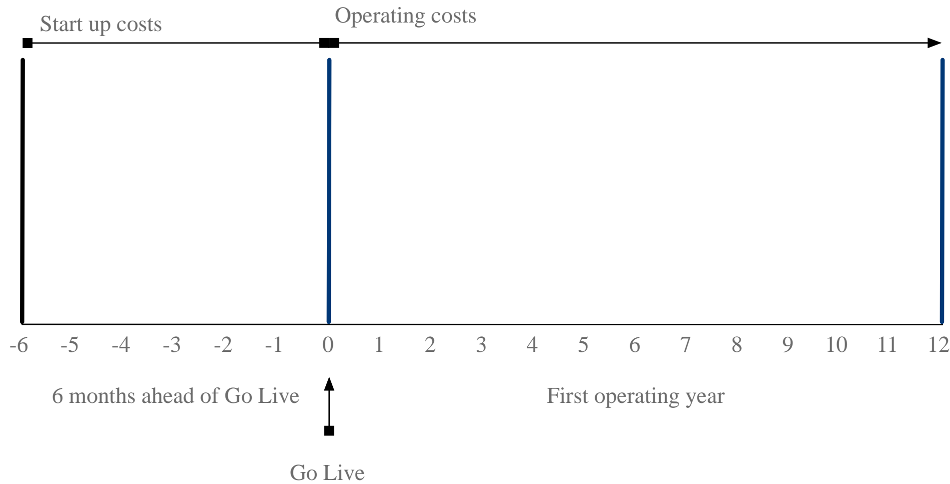
FBSS case management functions are currently carried out by DFPS employees. Case management functions include ongoing assessment of risk and safety concerns, taking action to ensure immediate child safety, and coordination of community or paid services for the family and child(ren). If pursued, the transfer of FBSS case management functions would unfold within a larger reform plan already underway in Texas. Historically, the private sector provided both in-home services and out-of-home care, including foster family care, group care, and residential care, but did not *manage* the care children and families receive. Starting with Foster Care Redesign, the Department of Family and Protective Services (DFPS) has been working to shift administrative responsibility for the out-of-home care program to social sector agencies. The Single Source Community Contractor (SSCC), when operational, would administer the out-of-home care services for a local catchment area. Subsequently, DFPS began to transfer out-of-home care case management responsibilities to the SSCCs as part of the second wave of reform known widely as Community Based Care (CBC).

At the direction of the state Legislature, DFPS is now considering the FBSS case management transfer. Although early in its deliberations, DFPS has been asked to prepare a start-up cost estimate. To fulfill this request, DFPS turned to the Center for State Child Welfare Data at Chapin Hall with a request to construct a methodology for estimating the cost of start-up. That method and related considerations follow.

2 Start-up Costs

To estimate start-up costs, we first distinguish between two types of costs. Start-up costs are unique to the period that precedes the operational phase. For discussion purposes, we rely on a go-live date to mark the boundary between the start-up and operational phases (see Figure 1). Although there are one-time start-up costs that are unique to this phase of the transfer, the main costs are tied up in the capacity needed to have a competent operation in place on the go-live date. Inevitably, this means that staff must be on board and ready to go before there are cases to carry. The operational costs are the costs associated with maintaining a case management function aligned with Texas' regulatory framework and best practices. The start-up costs are the cost of putting this capability in place.

Figure 1: Start-Up and Operating Cost Timeline



3 Approach

Our approach is relatively straightforward. We start with budget categories. We are interested in two broad categories of budget items: those that pertain to the capacity to provide case management measured as the number of people needed to do the job and those that pertain to the capacity needed to support case managers. We start with how we developed the budget categories. We follow that with a discussion of budget multipliers. Most of the budget items are tied somehow to the number of workers which is linked to the expected number of cases needing management. We build those linkages, produce a unit cost estimate for the various budget categories, and then project those costs across the catchment areas in Texas.

Budget categories A reasonable estimate of start-up costs depends on a list of budget categories attached to how an organization might approach the scale-up of case management functions. To get that information, we interviewed a number of organizations and received a comprehensive list of budget categories from two organizations: Pathways and St. Francis Ministries (St. Francis). Pathways and St. Francis were ready with important budget detail so we used their framework which was built up from a template we provided (see Appendix A). The group agreed to go forward with those budget templates. St. Francis and Pathways represent two different budget perspectives so the alignment of their categories is important. Two types of entities might apply if case management for FBSS services is transferred to the

social sector. St. Francis, the current SSCC in the Texas Panhandle (Lubbock/Amarillo area), is a stand-in for SSCC applicants. Pathways is not an SSCC, so Pathways is a stand-in for any other organization with an interest in building a case-management organization. The side-by-side crosswalk of those budget categories is found in Appendix B. Although there was some discussion of how a Pathways-type organization might approach start-up, there were few if any differences when viewed through the categorical lens of a budget.

Number of Children At the time the case management transfer takes place, the social sector agency will have to assume responsibility for a group of children whose cases are being managed by DFPS. The case managers who take over that responsibility will have to learn who the children and families are so that they are able to make sound decisions on their behalf. Having a workforce large enough to meet those challenges on day one is understandably important. This has two implications. First, a workforce large enough to do the work on the go-live day requires bringing staff onboard prior to the go-live date. Under normal operating conditions, the cost of staff is supported by operational funding. During the start-up phase, these staffing costs have to be supported with start-up funds.

Second, once the size of the workforce is known, the parameters in the model that are sensitive to the number of served children stabilize and the start-up costs come into sharper focus. Our approach starts with an estimate of active FBSS cases on the go-live date. We received active caseload estimates from DFPS. From that starting point, we build a simulation that tracks the FBSS caseload from the go-live date forward for 12 months. At the beginning of each month, we calculate the number of active FBSS cases receiving FBSS case management by taking the number of cases transferred from DFPS to the FBSS case management agency, the number of new FBSS cases referred for case management, and the number of cases whose case management ends in the month. New case and departing case estimates were generated from estimates provided by DFPS. In each case, it is possible to adjust the case flow to understand how the start-up cost estimate is affected by the number served.

Assumptions and other details Given the labor market and real estate/office space uncertainties, we did not make location-based cost-of-doing-business adjustments to the fiscal model. That said, the model

does allow for adjustments based on the cost of doing business should those adjustments be deemed necessary. Our aim here is to provide a rationale for initial cost estimates that might be used to guide any future discussions.

In Table 1, below, we outline the core assumptions built into the model. We also identify the other assumptions used to build the start-up cost projection. In all cases, the assumptions may be altered to test the cost estimate sensitivity to the model assumptions.

Table 1: Start-up Fiscal Model Assumption

Assumption	Value	Meaning
Transfer Rate	70%	The number of active cases transferred each month until all cases have been transferred. Assumes that cases active for more than 6 months will remain with DFPS.
Cases Per Worker	11	Set by regulation
Worker To Supervisor Ratio	6	Set by regulation
Supervisor to Director Ratio	6	Set by regulation
% Workers Transferred	0.5	This is the fraction of DFPS employees who transfer to the new organization.
Months of Cost Coverage	6	This is the length of the start-up phase. Some costs accrue each month. Others – e.g., the number of employees – are staggered over the 6-month start-up phase.
Administrative costs		We assume 6- full months of administrative costs without a ramp-up.
Caseload increase		Per DFPS guidance, we assume that an increase in the case census over the course of the first year of 20 percent over the go-live active caseload. This raises the number of employees needed.

4 The Fiscal Model

Our cost estimates are based on a core model of the number of cases each catchment area will be expected to manage over the first year of its responsibility. On the go-live date, DFPS will transfer 70% of active cases to the new organization, while the new organization will take responsibility for any new cases on or after that date.[1] The combination of the cases transferred and the new cases in month 1 give the number of cases the new organization will manage during month 1. On the first day of the next month, DFPS will transfer 70% of the remaining cases it manages (some of which will have been closed during month 1), or all its remaining cases if the remaining cases number less than 100.[2] The organization will take in these transferred cases and will also take in any new cases during the month. Having said that, for the purposes of our model and simplicity, we assume that the active caseload will grow by twenty percent

[1] The case transfer rate is one of the parameters in the model that can be adjusted. Adjustments alter the number of cases served which affects the number of workers and the other multipliers in the model. The start-up cost projections change as a consequence.

[2] When we interviewed the social sector agencies as part of the fact-finding, agencies were generally interested in having the all active cases transferred rather than in a staggered fashion as part of a ramp-up. Though the stakeholders generally agreed with this in principle, we reduce the number of go-live case transfers to those cases who were active for 6 months or less to acknowledge the fact beyond six months, active cases are more likely to close. By transferring a fraction of cases to the new organization, we acknowledge that retention by DFPS means service continuity for families.

over the course of the first year. The increase in the active caseload built into the model is based on DFPS guidance.

Once we know how many cases each catchment area is expected to manage during the first year, we use a case manager-to-case ratio of 11:1 to give us the number of case managers each organization will need during the first year of operation. We use a hiring and staffing model provided by St. Francis Ministries to estimate the number of employees of different categories an organization will have to hire in the 6 months prior to the go-live date based on the number of cases they'll have to manage. In the model, staff are brought on board in a staggered fashion that ends with the number of staff needed to manage the active caseload on the go-live date. The total start-up costs the organization will incur over the 6 months prior to day 1. Because the budget categories provided by Pathways and St. Francis Ministries we nearly identical, we do not add budget categories to the projections. Instead, to cover unique costs, we assume the costs for a completely new organization to take on these responsibilities will be approximately 10% higher than those for an existing SSCC.

5 Start-up Cost Estimates

The catchment area start-up cost estimates are presented in Table 2. Two estimates are provided: one for SSCC-type agencies and a separate estimate for non-SSCC agencies. The figures in Table 2 serve as baseline estimates. Changes to model assumptions based on policies that have not yet been decided would change these estimates.

Table 2: Start-up Cost Estimates by Catchment Area: Summary

Catchment Area	Estimated Start-up Costs (SSCC)	Estimated Start-up Costs (non-SSCC)
Area 1	$1,673,643	$1,841,007
Area 2	$1,366,735	$1,503,409
Area 3W	$2,689,435	$2,958,378
Area 3E	$2,043,333	$2,247,667
Area 4	$1,311,759	$1,442,934
Area 5	$1,128,914	$1,241,805
Area 6A	$1,801,126	$1,981,239
Area 6B	$1,606,278	$1,766,906
Area 7A	$1,284,906	$1,413,396
Area 7B	$1,284,906	$1,413,396
Area 8A	$2,532,768	$2,786,045
Area 8B	$1,429,794	$1,572,773

Catchment Area	Estimated Start-up Costs (SSCC)	Estimated Start-up Costs (non-SSCC)
Area 9	$1,241,047	$1,365,152
Area 10	$1,606,278	$1,766,906
Area 11A	$1,487,161	$1,635,878
Area 11B	$1,163,146	$1,279,461
Total	$25,651,229	$28,216,352

Table 3: Start-up Cost Estimates by Catchment Area and Budget Category: Detail

	A	B	C	D	E	F	G	Start-up Costs		
Catchment Area	Wages	Overtime	Total Staff Salaries & Benefits	Consultant and other fees	Total Occupancy and IT	Total Travel & Transportation	Total Administrative & General	Sum of Categories (C D E F G)	Service Fees @ 10%	Total
Area 1	$940,551	$27,464	$968,015	$103,250	$672,522	$123,953	$25,500	$1,673,643	$167,364	$1,841,007
Area 2	$731,912	$21,372	$753,284	$103,250	$624,663	$77,470	$25,500	$1,366,735	$136,674	$1,503,409
Area 3W	$1,660,680	$48,492	$1,709,172	$103,250	$829,703	$247,905	$25,500	$2,689,435	$268,943	$2,958,378
Area 3E	$1,204,906	$35,183	$1,240,089	$103,250	$725,823	$170,435	$25,500	$2,043,333	$204,333	$2,247,667
Area 4	$686,425	$20,044	$706,469	$103,250	$616,501	$77,470	$25,500	$1,311,759	$131,176	$1,442,934
Area 5	$567,414	$16,568	$583,983	$103,250	$584,965	$46,482	$25,500	$1,128,914	$112,891	$1,241,805
Area 6A	$1,031,400	$30,117	$1,061,516	$103,250	$693,177	$139,447	$25,500	$1,801,126	$180,113	$1,981,239
Area 6B	$900,726	$26,301	$927,027	$103,250	$661,640	$108,459	$25,500	$1,606,278	$160,628	$1,766,906
Area 7A	$665,621	$19,436	$685,057	$103,250	$611,060	$77,470	$25,500	$1,284,906	$128,491	$1,413,396
Area 7B	$665,621	$19,436	$685,057	$103,250	$611,060	$77,470	$25,500	$1,284,906	$128,491	$1,413,396
Area 8A	$1,547,302	$45,181	$1,592,484	$103,250	$805,219	$232,411	$25,500	$2,532,768	$253,277	$2,786,045
Area 8B	$767,554	$22,413	$789,966	$103,250	$635,545	$92,965	$25,500	$1,429,794	$142,979	$1,572,773
Area 9	$643,347	$18,786	$662,133	$103,250	$605,619	$61,976	$25,500	$1,241,047	$124,105	$1,365,152
Area 10	$900,726	$26,301	$927,027	$103,250	$661,640	$108,459	$25,500	$1,606,278	$160,628	$1,766,906
Area 11A	$815,903	$23,824	$839,727	$103,250	$645,318	$92,965	$25,500	$1,487,161	$148,716	$1,635,878
Area 11B	$580,334	$16,946	$597,280	$103,250	$590,406	$61,976	$25,500	$1,163,146	$116,315	$1,279,461

Table 3 shows the start-up cost detail. Total staff salaries and benefits refer to the costs tied to the employees of the case management agency. Included are salary, benefits, and a paid time off (PTO) allocation. Total occupancy includes the physical plant (i.e., building and grounds) plus IT. IT includes communications. Data entry is included in the staffing complement. Travel and transportation include vehicle leasing and associated costs. Total administrative and general includes miscellaneous fixed costs: dues, subscriptions, etc. All of the costs listed separately are a function of cases served and the number of employees needed to service those cases except for the consultant fees (Col. D) and administration and general categories. Consultants are treated as a fixed cost because in the case of training, for example, helping to construct a training manual is fundamentally the same regardless of workforce size. Consultants also provide additional capacity during start-up that need not be carried over into the operational phase. The variable costs tied to occupancy and IT are related to the office space and technology needed to support large versus small, relatively speaking, case management agencies. Travel is adjusted accordingly.

Appendix A

The budget categories used in prior start-up cost calculations were used to start the discussion with stakeholders.[3]

- IT/Operations
  a) Software Development
  b) Share of an organization's IT and office software
- IT Infrastructure
  a) Retain telecommunication service providers for new offices
- Office
  a) Office supplies
  b) Office equipment leases
  c) Occupancy and maintenance (rent, utilities, etc.)
  d) Workstations, computers, phones
- New Staff
  a) Compensation/benefits/taxes new hires/satellite staff
- Network Service Providers
  a) Outreach & community engagement, website dev., communications
- Insurance
  a) Retain and expand new insurance contract

[3] Wulczyn, F., Schlecht, C., & Bekele, A. (2019). Texas DFPS Community-Based Care: Stage II Start- up Costs. Chicago, IL: Center for State Child Welfare Data, Chapin Hall at the University of Chicago.

Appendix B

The side-by-side Pathways and St. Francis budget categories are found below. These are the budget categories used to generate the cost estimates. The final budget categories are found in the last column. This shows where the budget line item appears in the cost estimates found in Tables 2 and 3.

Appendix Table 1

Budget categories	St. Francis Ministries	Pathways	Final Budget Category
Personnel	VP	FBSS Director	Total Staff Salaries and Benefits
	Director of Prevention	FBSS Program Manager	Total Staff Salaries and Benefits
	Supervisor	FBSS Case Manager (12:1 Ratio)	Total Staff Salaries and Benefits
	Case manager (prevention sp.)	FBS S Unit Supervisor (7:1 Ratio)	Total Staff Salaries and Benefits
	Customer Care	FBSS Intake Specialist	Total Staff Salaries and Benefits
Administration	Administrative Support	FBSS Administrative Staff	Total Staff Salaries and Benefits
	PI/QA Coordinator	FBSS Quality Improvement Specialist	Total Staff Salaries and Benefits
	Compliance Technician		Total Staff Salaries and Benefits
	Accountants	FBSS Contract Specialist	Total Staff Salaries and Benefits
	Provider Relations	FBSS Business Manager	Total Staff Salaries and Benefits
	Trainers	FBSS Trainer	Total Staff Salaries and Benefits
		Outside Services - Training	Consultants & Other Fees
		Training Supplies	
	IT Field Tech	FBSS IT/Systems Specialist	Total Staff Salaries and Benefits
	Data Supervisor		Total Staff Salaries and Benefits
	Data Entry Clerk		Total Staff Salaries and Benefits
	HR Specialist	Employee Recruiting	Total Staff Salaries and Benefits
		Employee Drug Testing	
	Transportation Coordinator	Program Expense - Client-Related	Total Staff Salaries and Benefits
	Drivers		Total Staff Salaries and Benefits
Occupancy	Maintenance - Furnishings	Furniture	Total Occupancy
	Maintenance - Grounds		Total Occupancy
	Housekeeping / Janitorial		Total Occupancy
	Utilities	Utilities	Total Occupancy
	Property Taxes		Total Occupancy
	Other Maintenance/Contracts	Rent - Leased Space	Total Occupancy
	Rent/Lease		Total Occupancy

Budget categories	St. Francis Ministries	Pathways	Final Budget Category
	Equipment Expenses	Leased Office Equipment	Total Occupancy
		Computer/Office Equipment	
		Outside Services - IT/Network/Cable	
		Repairs & Maintenance	
	Communication	Telecom/Internet	Total Occupancy
	Depreciation		Total Occupancy
Transportation	Leased Vehicles	Travel - Mileage	Total Travel & Transportation
	Fuel	Travel	Total Travel & Transportation
	Insurance - Vehicle		Total Travel & Transportation
	Vehicle Maintenance		Total Travel & Transportation
	Travel (All expenses)		Total Travel & Transportation
	Travel - Mileage		Total Travel & Transportation
Computing and equip.	Computer Software	Web-based Software Fees	Total Administrative & General
	Leased Equipment	Outside Services - Web-based Software Development	Total Administrative & General
		Outside Services - Web Design	
		Outside Services - IT	Total Occupancy
		Outside Services - Other	Total Occupancy
		Leased Office Equipment	Total Occupancy
Other	Insurance	Advertising/Promotional/Public Relations	Total Occupancy
	Public Relations	Professional Fees - Audit/Tax/Legal/Consulting	Consultant & Other Fees
	Advertising - Promotion	Dues, Fees and Subscriptions	Total Administrative & General
	Dues - Facility or Gro.		Total Occupancy
	Dues, Subscriptions, Memberships	Office Supplies	Total Occupancy
	Office Supplies & Expenses	Office Expenses	Total Occupancy

Appendix C: Staffing model

The start-up costs are based on a staffing model that staggers the personnel costs to reflect the fact that recruiting staff takes time. The stagger incorporated in the model is a function of the staff role. Senior program leaders start from the beginning. Other roles are filled as the go-live date approaches. These parameters are adjustable.

Appendix Table 2: Staffing Model

Role	Month -6	Month -5	Month -4	Month -3	Month -2	Month -1	Go Live
VP	100%	100%	100%	100%	100%	100%	100%
HR	100%	100%	100%	100%	100%	100%	100%
IT	0%	0%	50%	50%	50%	100%	100%
Accountants	0%	0%	0%	0%	50%	50%	100%
Administrative Support	0%	0%	0%	25%	50%	75%	100%
Trainers	0%	0%	0%	50%	50%	100%	100%
Drivers	0%	0%	0%	25%	50%	75%	100%
Directors	50%	50%	50%	50%	50%	50%	100%
Supervisors	17%	17%	17%	25%	50%	75%	100%
Case Workers	0%	0%	0%	25%	50%	75%	100%