



Texas Department of
Family and Protective Services

House Human Services Interim Committee Hearing

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Trauma Assessment of Kids in Care

The Texas DFPS Child and Adolescent Needs and Strengths (CANS) assessment 2.0 is a comprehensive trauma-informed behavioral health assessment and screening tool intended to promote communication within a child’s care team, prevent duplicate assessments by multiple parties, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions.

- CANS helps us understand how trauma is affecting a child, and how the child is functioning.
- CANS identifies strengths to build upon, like positive relationships in a child’s life.
- CANS ratings prompt needs and strengths-based services recommendations. For example, any rating above “0” in an *Adjustment to Trauma* domain results in a service recommendation for *Targeted / Specific Trauma Therapy*, and provides guidance to the caseworker on seeking services.

Trauma Informed Care at DFPS

- 2009 – TIC Training for caseworkers and caregivers
- 2010 – TIC Training for Residential Providers
- 2012 – Annual training required for caregivers; DFPS Public two-hour training live on public site and CLOE Learning Station
- 2015 – RCC increase to 8 hours of TIC training prior to being the only caregiver responsible for a child in care
- 2016 – CANS Implementation
- 2017 – TIC Program Specialist Position
- 2017 – Building Resiliency in the Face of Trauma (BRIFT): TBRI-based Secondary Trauma training for CPS Staff
- 2017 - 2018 – Statewide Collaborative on Trauma-informed Care

Trauma Informed Care at DFPS

- DFPS provides no TIC training that costs the state additional funds, though DFPS does pay for course costs when staff seek additional training.
- Current staff training is provided by STAR Health and in-house by our Center for Learning and Organizational Excellence (CLOE), whose annual budget is \$9.6M annual budget, employ 159 full time employees and host 7 Regional Training Academies, training 12,000 learners per year.
- The staff TIC training is based on the National Childhood Traumatic Stress Network (NCTSN) curriculum.
- The NCTSN is evidence-based and administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS).
- Our annual refresher on TIC was developed with STAR Health and is also provided at no cost.

Required Trauma-Informed Care Training for CPS Staff

- Initial training for new hires is based on National Childhood Traumatic Stress Network curriculum
 - Provided by STAR Health and CLOE during Child Protective Services Professional Development (CPD)
 - Required, **4 hours, classroom**
- Trauma-Informed Care Refresher training (Same curriculum as DFPS Trauma-informed Care external training for stakeholders, see Training for Providers)
 - The DFPS Learning Management System
 - Required, **2 hours, online**
- Secondary Trauma Training: Building Resiliency in the Face of Trauma (BRIFT). A TBRI-based secondary trauma and resiliency training developed in coordination with the Karyn Purvis Institute of Child Development at TCU.
- Cross program options available on the DFPS internal learning management system (LMS) include trainings on:
 - Brain Development and the Effects of Trauma and Neglect (*Curriculum updated by TIC Specialist in October 2018, pending release by CLOE*)
 - Disproportionality and Trauma, and
 - Secondary Trauma

*****Staff are encouraged to attend and frequently take advantage of available TIC continuing education from stakeholders.**

Trauma Informed Care Training for Caregivers

- As of 2014, a **minimum of 8 hours of Trauma-informed Care training is required prior to being the only Caregiver responsible for a child in care.**
- Trauma-informed Care Training for residential providers should offer practical information.
- Training should include:
 - at least one DFPS approved Trauma-informed Care training,
 - a component on Adverse Child Experiences (ACEs)
 - and resources related to prevention and management of Secondary Traumatic Stress (Compassion Fatigue).

*****Providers have choice in choosing a curriculum or creating their own training to meet the requirement.**

Many use: *Trust Based Relational Intervention (TBRI) - The Sanctuary Model - NCTSN Curriculums - STAR Health trainings*

Updating DFPS Trauma Informed Care

DFPS Trauma-Informed Care Public Training and Website – *Update In Process*

- The current training 2 hour training content includes:
 - What is Trauma-Informed Care? - Types of Trauma - Universal Precautions Approach - Other Sources of Stress
 - How a Child Responds to Stress and Trauma - What Does This Mean for Child Welfare Workers? - Short and Long Term Effects of Trauma on Children
 - Trauma and the Brain - Behavioral and Developmental Effects of Trauma - Adults and Trauma
 - Culture and Trauma - Historical Trauma - Disproportionality
 - What You Can Do? - Compassion Fatigue

DFPS is currently in the process of updating the Trauma-informed Care training available on our website as a resource for caregivers, providers, and the public.

- DFPS provides this training opportunity to assist families, caregivers and service providers in their understanding of childhood traumatic stress and trauma-informed care. This training also serves as the annual refresher course for DFPS staff.
 - The goals of this training are to present a foundational overview of key concepts, and to provide trainees with available resources that offer more detailed information, practical strategies, and opportunities for additional learning.
 - The updated training will draw from nationally recognized resources and research, with an objective of providing the most current and useful information within a 2-hour timeframe.
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Ongoing Trauma Informed Care Expansion

DFPS regularly reviews policies, practices and available trainings from a trauma-informed perspective.

Current agency priorities:

- Review and update CPS trauma-related staff trainings;
 - Translate the online TIC training into Spanish;
 - Review required trainings to include trauma information or supplement to promote trauma informed care principles;
 - Develop trauma-informed care intranet page for employees to increase knowledge and access to resources; and
 - Review policy and practices to update and/or incorporate TIC perspective as needed.
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Becoming a Trauma Informed System

Judicial Commission on Mental Health

- On January 11, 2018, the Texas Supreme Court and the Court of Criminal Appeals held a joint hearing on the need for a statewide judicial commission on mental health. State and tribal judges, law enforcement, veterans, juvenile services experts, psychologists, psychiatrists, and persons with lived experience with these systems voiced unqualified support for a statewide judicial commission. **DFPS serves as a collaborative member agency, represented by the CPS Trauma-informed Care Specialist and the CPS Mental Health Program Specialist.**

The Commission will:

- develop a strategic plan for strengthening courts and the administration of justice in relation to Texas' mental health system;
 - identify and assess current and future needs for the courts to be more effective in achieving positive outcomes for Texans with mental illness;
 - promote best practices and programs that are data-driven, evidence-based, and outcome-focused;
 - improve collaboration and communication among courts and mental health system stakeholders;
 - increase resources and funding and maximize the effective and efficient use of judicial system resources;
 - promote appropriate judicial training regarding mental health needs, systems, and services;
 - establish a collaborative model that will continue systemic improvement within the judiciary beyond the tenure of individual Commission members;
 - oversee the administration of funds appropriated to the Commission; and
 - provide progress reports to the two Courts.
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Becoming a Trauma Informed System

DFPS participates in a number of stakeholder and community groups, whose goal is to create a more trauma-informed system.

Stakeholder Partnerships and Workgroups to Further Trauma-informed Care:

- Trauma-Informed Care Consortium of Central Texas (TICC);
- Travis County Collaborative for Children (TCCC);
- Quality Improvement Center Adoption Grant (QIC-AG);
- Region 3 Rees-Jones Center for Foster Care Excellence Healthcare Enhancement Workgroup; and
- Texas System of Care Initiative.

Mental Health Prevalence and Diagnosis

- Positive childhood experiences, such as responsive caregiving, nurturing early childhood environments, and the absence of stressors help build healthy brains. Conversely, adverse childhood experiences disrupt healthy brain architecture primarily through overstimulation of stress responses.
- Children in foster care have often endured multiple adverse childhood experiences, including maltreatment or neglect, violence, and family disruption. Properly treating these children requires an understanding of trauma and its negative impact on brain development.
- Children in foster care are considered children with special health care needs. They have a higher prevalence of chronic medical, developmental, and mental health problems, most of which predate their placement in foster care and are rooted in adverse childhood experiences.
- Behavioral health concerns can be exacerbated by stressors, such as changes in placement, court appearances, or reminders of previous trauma.

Mental Health Prevalence and Diagnosis

Behavioral Health symptoms vary by age and developmental level:

- Infants and young children may experience issues with sleep and feeding disorders, or increased irritability.
- Preschool and early school age children may have problems with aggression, hyperactivity, impulsivity, and destructive behaviors.
- Some children exhibit symptoms of Post-Traumatic Stress Disorder, which can lead to anxiety, truancy, delinquency, substance abuse, and self-destructive or violent activities.
- Children in foster care may also suffer from reactive attachment disorder, which hampers relationship building throughout their life.

Mental Health Prevalence and Diagnosis

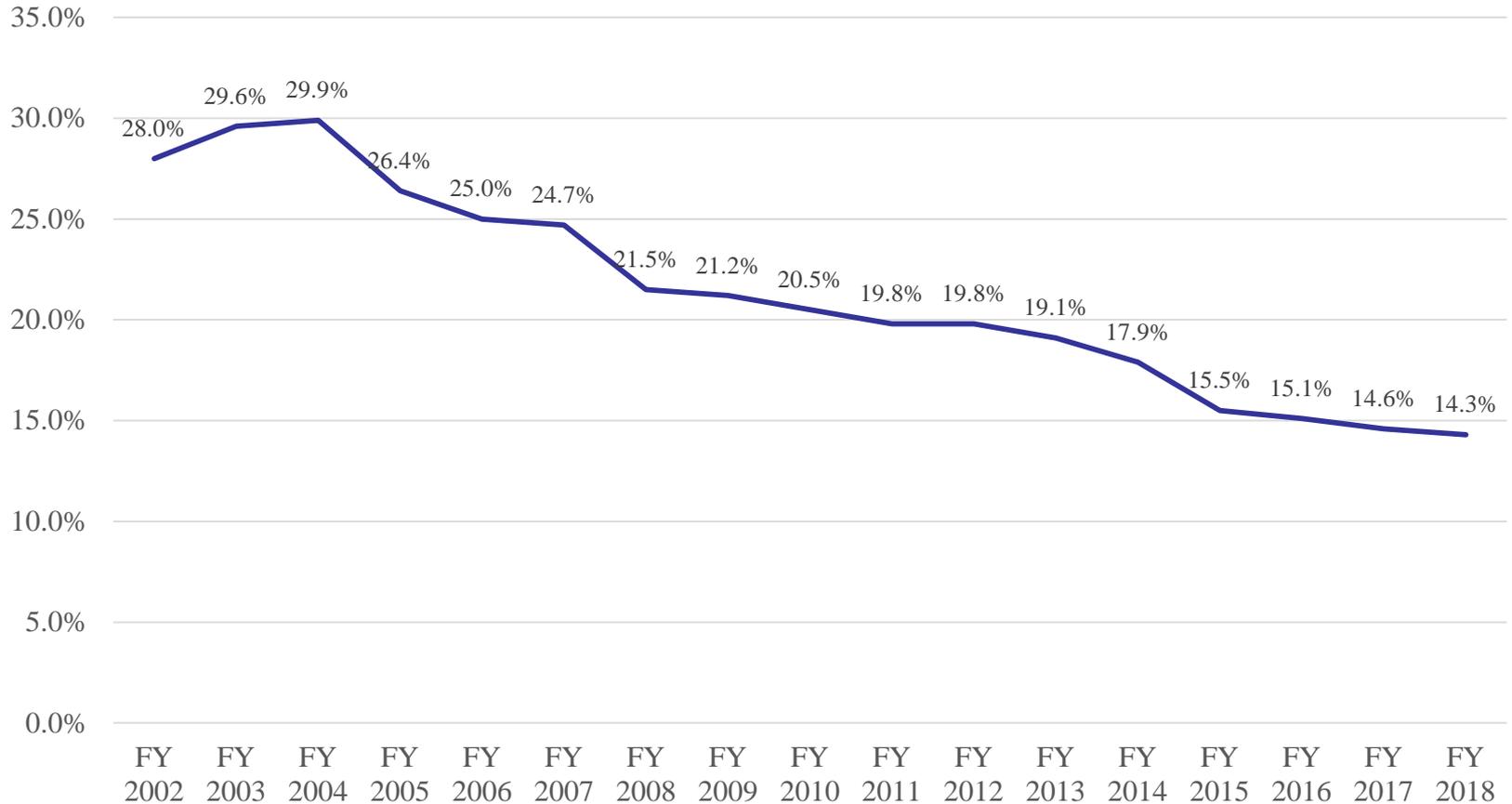
For children and youth enrolled in STAR Health during FY 2017, 53% had a diagnosed behavioral health issue.

- For all children and youth, the most common diagnoses were:
 - Adjustment Disorder;
 - Attention-Deficit Hyperactivity Disorder; and
 - Unspecified Mood Disorder.
- For children and youth who were diagnosed with a Serious Mental Health Diagnosis, the most common diagnoses were:
 - Major Depressive Disorders; and
 - Bipolar Disorders.



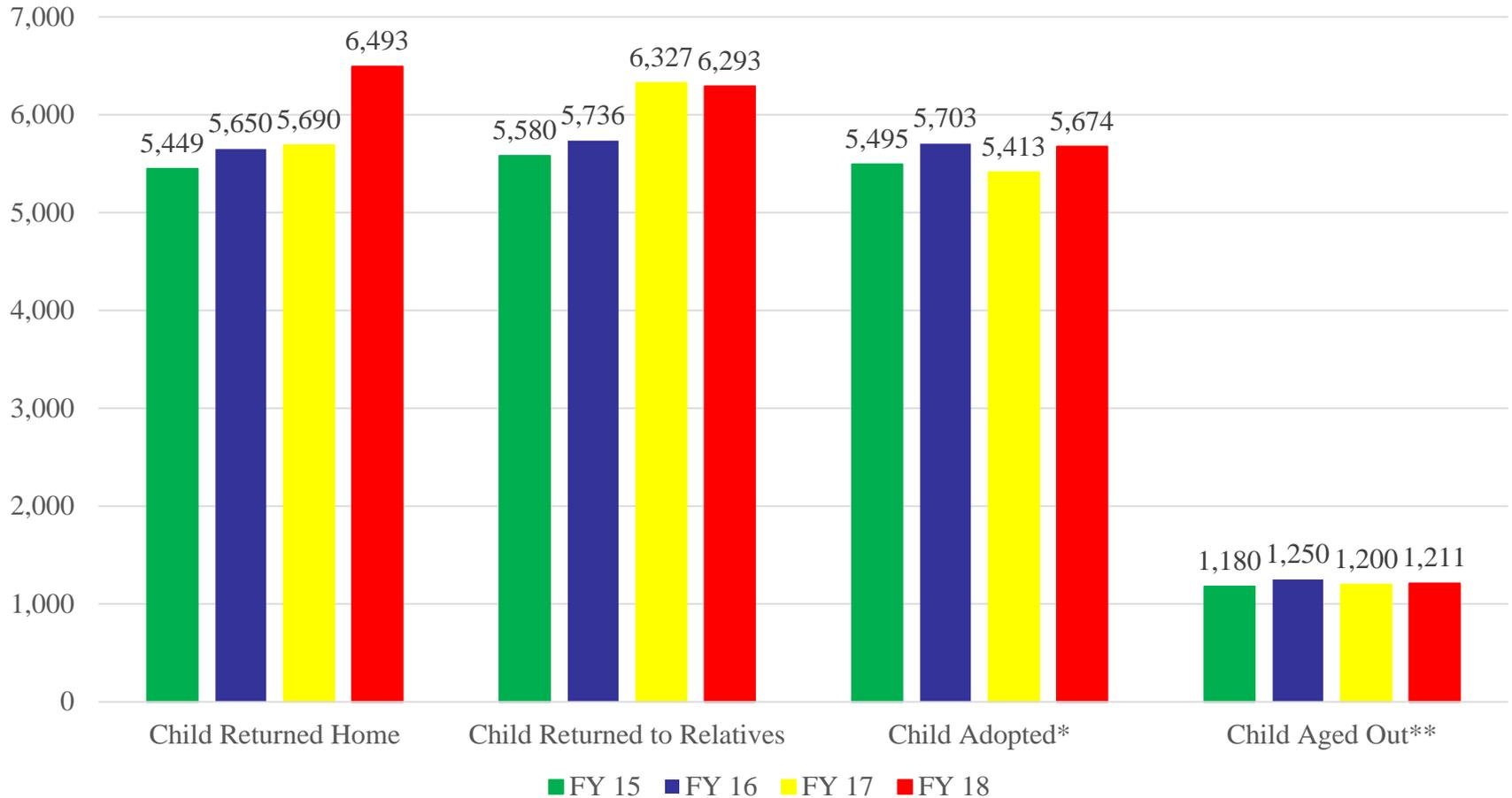
Psychotropic Medications

Percentage of Children in Texas Foster Care Receiving Psychotropic Medications by Category





Children Exiting Care



*Adoptions by relatives and non-relatives

**includes children who emancipated

By the numbers...

32.7% children reunify with their biological family

67.9% children who do not reunify, exit care to live with relatives

93% exit to permanency

Transitional Living Services

DFPS provides Transitional Living Services for youth currently and formerly in foster care. These services include:

- Experiential Life Skills Training
- Preparation for Adult Living (PAL) Life Skills Training
- PAL Transitional Living Allowance
- PAL After Care Room and Board Assistance
- PAL Case Management
- Circle of Support (youth-driven transition planning)
- Personal Documents and Credit Reports
- Medicaid for Transitioning Foster Care Youth
- Extended Foster Care Program
- Supervised-Independent Living Program
- Return to Care
- Education and Training Voucher Program
- State College Tuition and Fee Waiver
- Texas Youth Hotline
- Transition Centers
- Youth Leadership Councils



Adoptions & Return to Care

Fiscal Year	Children Adopted	Children Adopted: Returned to Care
2011	4,635	165
2012	5,040	173
2013	5,364	237
2014	5,175	193
2015	5,495	202
2016	5,703	242
2017	5,413	309
2018	5,674	266

*Children who returned to CPS care represents children returned to care during corresponding fiscal year, regardless of the year of adoption.

Supporting Adoptive Families

- Tuition and Fee Waiver - The Texas state tuition and fee waiver provides exemptions at state-supported institutions of higher education to youth who were adopted through DFPS.
- Post-Adoption Services - After consummation, services are provided through contracts to help the child and family adjust to the adoption, cope with any history of abuse of the child and avoid permanent or long-term removal of children from the adoptive family setting.
- Permanency Care Assistance – This is a subsidized kinship guardianship assistance program eligible for children for whom family reunification and adoption have been ruled out.
 - First implemented in September 2009, sunsetted in 2015, but reestablished by SB 203 (85R).

Efforts to Strengthen Adoptions

- **Training for Adoptive Parents and Adoption Workers** - The current pre-service training for parents is in review to ensure the most updated, evidenced-based training is used.
 - We also developed a **Best Practice Guide** to help caseworkers achieve positive, timely permanency for children.
 - **Pre- Adoption Services** – This includes in-home screenings, pre-placement visits, training for adoptive families, preparation of the child, and supervision.
 - **Revision to Adoptive Placement Agreement** - A consent statement was added to the Adoptive Placement Agreement to share families' information to post-adoption contractors to better support permanency.
 - **Participation in the National Quality Improvement Center for Adoption/ Guardianship Support and Preservation Project** – This is a five-year research project that aims to promote permanency.
 - **Texas Faith Based Model** – We are collaborating with congregations and communities to provide services ranging from prevention to permanency.
 - **Extended Adoption Assistance** - The Legislature extended adoption assistance for older youth that allowed adoption assistance payments and Medicaid benefits to extend until the adopted child turns 21.
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- DFPS purchases post-adoption and post-permanency services for families who adopted children in the care of the department and kinship and fictive caregivers who have permanent managing conservatorship (PMC) of children in the care of the department.
- Services available include case management, support groups, parent training, therapeutic counseling services, respite care and residential therapeutic care.
- The purpose of these programs are to help the child and family adjust to the newly created family, to provide services that will assist the child and family in coping with the effects of past abuse and neglect, and to prevent future abuse and neglect.
- Children who have been severely abused have to cope with their abuse throughout their lifetime and as such need services throughout childhood.

DFPS requested funding through two Exceptional items in the FY 2020-21 LAR:

1B Maintain Purchase Client Services Funding: \$3.3 M GR/AF for the biennium

5d. Post-Adoption/Post-Permanency Services Funding: \$2.5M GR/AF for the biennium

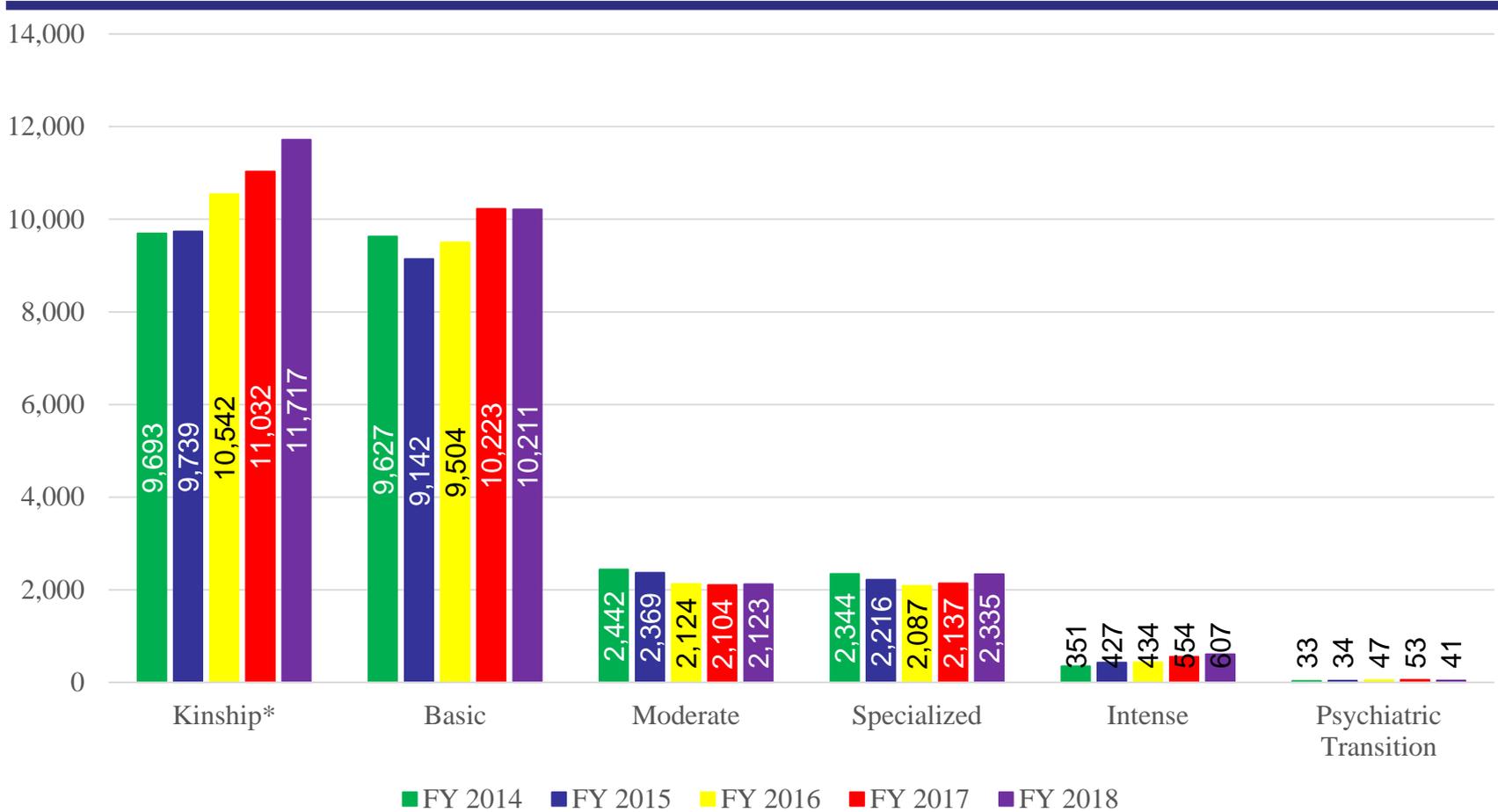
- CPS is seeing more children and youth who are at risk of re-entering conservatorship after an adoption or exit to permanency with a relative.
- Maintaining funding for the current service array is critical to keeping children and families together.
- New funding for short-term residential behavioral health services would provide families with needed supports to reduce re-entry into foster care.

Rate Reimbursement Process

- DFPS works closely with HHSC Rate Setting to inform the rates process.
 - In the legacy Foster Care System, a foster family or provider is reimbursed a daily rate based on the service level of a child.
 - Child's service level is set by an independent, third-party contractor, Youth For Tomorrow (YFT).
 - YFT also conducts on-site, quality reviews at placements to ensure that a child is receiving service-level appropriate services.
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Child Levels of Care





Child Levels of Care

24-Hour Residential Child Care Rates

Service Level	Type of Care	FY 2018-19
Basic	Child Placing Agency	\$48.47
	Foster Family	\$27.07
	Residential Treatment Facility	\$45.19
Moderate	Child Placing Agency	\$85.46
	Foster Family	\$47.37
	Residential Treatment Facility	\$103.03
Specialized	Child Placing Agency	\$109.08
	Foster Family	\$57.86
	Residential Treatment Facility	\$197.69
Intense	Child Placing Agency	\$186.42
	Intense Foster Family	\$92.43
	Intense Residential Treatment Facility	\$277.37
	Emergency Shelter	\$129.53
	Intensive Psychiatric Transition Program	\$374.33
	Intense Plus General Residential Operations / Residential Treatment Center (GRO/RTC)	\$400.72
New Service	Treatment Foster Family Care	\$277.37

Ongoing Rate Methodology Studies

- In Community Based Care, the state pays a daily blended rate (along with an exceptional care rate for children with complex needs) for every child in a catchment area, regardless of the services they require.
 - With five catchment areas operating under the CBC model in the next two year, the current rate methodology that relies on service level information for children remaining in the legacy system to reach a blended rate, will no longer be viable.
 - DFPS has contracted with Chapin Hall to conduct a rate study to determine a methodology to calculate the blended rate. The results of this study are expected in January 2019, to be discussed during session.
 - DFPS is also aware that the Meadows Foundation is conducting a study into the legacy rate-setting process and the components of residential child care rates.
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Prevention and Early Intervention (PEI) is highlighting four of its' programs:

- Services to At-Risk Youth (STAR)
- Community Youth Development (CYD)
- Healthy Outcomes through Prevention and Early Supports (HOPES)
- Texas Nurse Family Partnership (TNFP)

Services to At-Risk Youth (STAR) program provides individual and family crisis counseling, youth and parenting skills classes, and short-term emergency respite care.

- Serves families in all 254 Texas counties with youth through 18 dealing with conflict at home or school, behavior issues, delinquency or runaway history.
 - Families are commonly referred to STAR by school staff, friends and other family, including those who have used STAR.
 - Families generally participate in STAR for 3-6 months.
 - FY 2020-21 Exceptional Item Request would expand STAR (PEI's only statewide program) capacity from 19,086 families expected to be served in FY 19 to 25,086 families in FY 2020. This expansion would serve 6,000 or 31% more families.
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Prevention & Early Intervention - STAR

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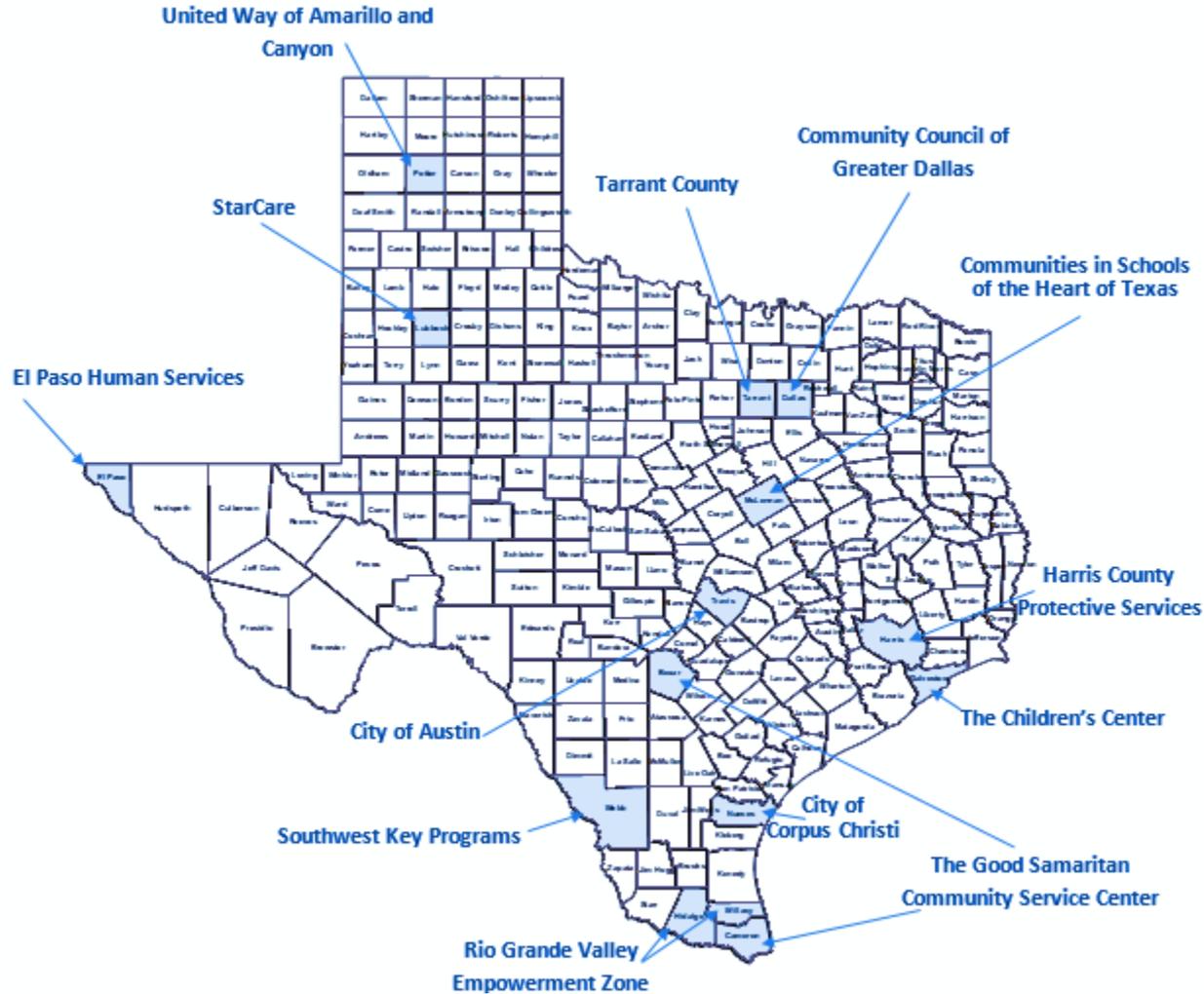
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Community Youth Development (CYD) provides services in targeted ZIP codes to promote protective factors and prevent negative outcomes, such as juvenile delinquency, by funding local programs.

- Serves youth ages 6-17 in 15 Texas counties.
 - Youth most commonly referred by parents, school staff and word-of-mouth in the community.
 - Youth generally participate for 3-12 months, may participate in the program year after year, as programs are encouraged to foster long-term participation.
 - FY 2020-21 Exceptional Item request would expand CYD program capacity into additional zip codes, expanding youth served from 17,040 youth in FY 2019 to 21,040 youth, a 24% expansion.
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Prevention & Early Intervention – CYD

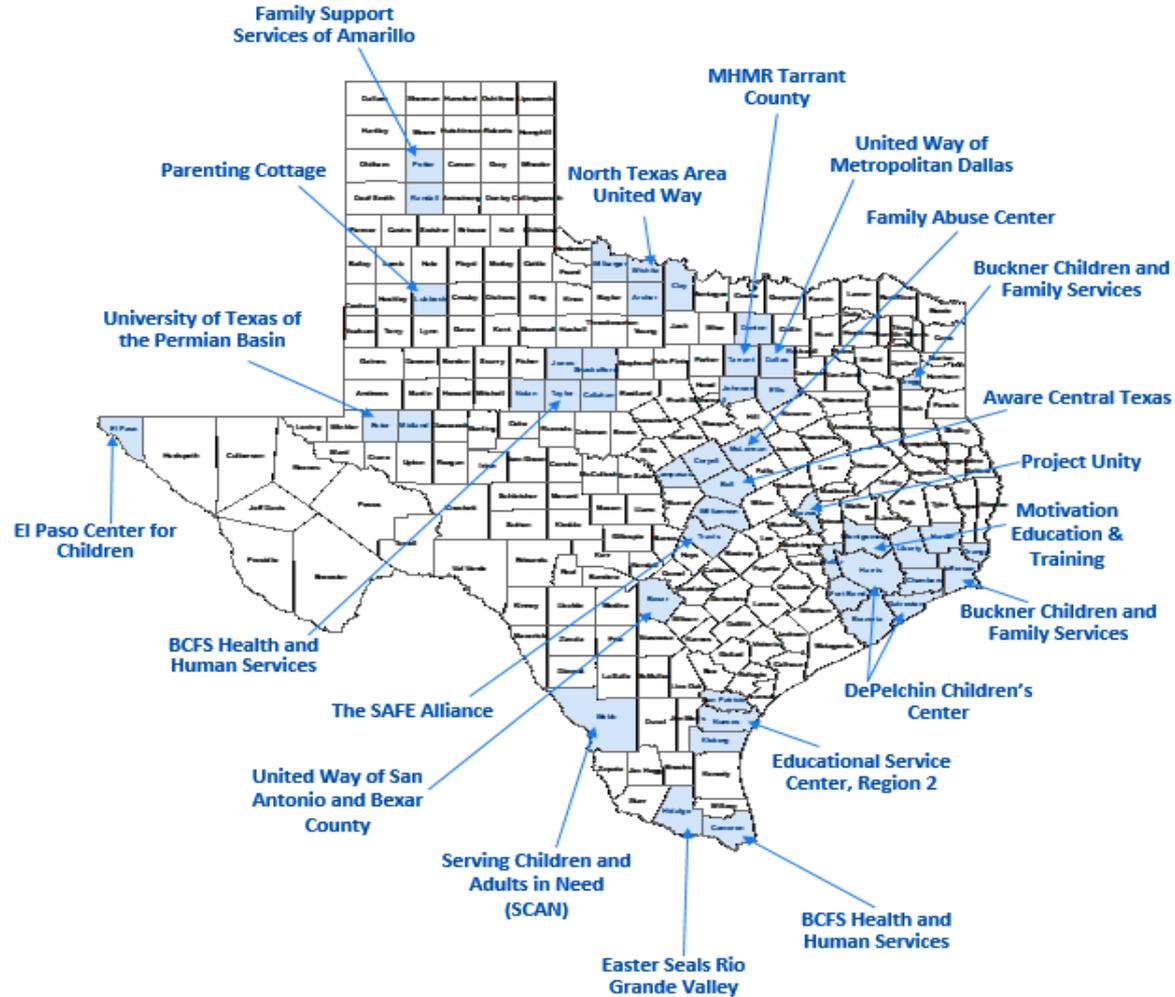


Healthy Outcomes through Prevention and Early Support (HOPES) is a flexible, community-based approach to child abuse and neglect prevention in high-risk counties by increasing protective factors of families served.

- Serves families in 55 Texas counties with children ages 0-5 at risk for abuse and neglect.
 - Families are commonly referred to HOPES by community organizations, clinics, school districts, or self-referral.
 - Families generally participate in HOPES services for 3-12 months.
 - FY 2020-21 Exceptional Item Request would expand HOPES program into additional counties and increase families served from 4,660 families expected to be served in FY 2019 to 5,860 families served, an expansion of 26%.
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Prevention & Early Intervention – HOPES



Texas Nurse Family Partnership (TNFP) is a voluntary program in which registered nurses regularly visit the homes of low-income women pregnant with their first child. Families must start services with TNFP by their 28th week of pregnancy and can receive services until the child reaches two years of age.

- Serves expecting parents, new parents, and caregivers of children under the age of 2.
- Families are commonly referred by WIC, community clinics, school districts, and health plans.
- Families generally participate in TNFP services for 2 years.
- FY 2020-21 Exceptional Item Request would provide a targeted expansion to increase the number of families served from 2,725 families in FY 2019 to 3,275 families, a 20% increase.



Prevention & Early Intervention – TNFP

