



**TEXAS**  
Department of Family  
and Protective Services

# **TEXAS CHILD WELFARE CHANGING LANDSCAPE ACTION PLAN (SB 355, SB 781 and FFPSA)**

Major legislation at both the state and federal level requires DFPS to take a comprehensive approach to activities designed to deliver strategic plans associated with significant policy implementation. SB 355, 86R, relates to developing a strategic plan regarding implementation of foster care prevention services and community-based care, and coordinating a study related to resources provided to foster parents. SB 781, 86R, relates to the regulation of child care facilities and directs the department to develop a strategic plan to implement federal law regarding specified settings for placement of foster children.

Both bills reference the federal legislation known as the Family First Prevention Services Act (FFPSA). Thus the action plan for developing the strategic plans required by both bills are being combined to acknowledge their intersection with the federal law. Numerous divisions at the department including CPS Program, Finance, Legal, Contracts, Operations and Data & Decision Support all will be engaged in activities to support the development of these strategic plans. It is the goal of the Department, based on the language of the FFPSA, that this plan and its associated strategies have, as the ultimate goal, a reduction in the number of children in foster care through effective prevention.

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*Of note: this action plan does not include activities associated with the SB 355 required study related to resources for foster parents nor the SB 781 rules associated with runaway prevention. Those two projects are stand-alone projects that will move forward independently. Also note that DFPS released a Community-Based Care Implementation Plan in August 2019.*

# Mental Health, Substance Use, and In-Home Parenting Support Services

- 1 In coordination with Casey Family Programs, the Texas Center for Child and Family Studies and the Health and Human Services Commission (HHSC), distributed a survey regarding service provision to all currently contracted (HHSC/DFPS) mental health and substance use providers, Texas Children Advocacy Centers and approximately 400 community resources providing parenting support programs to determine modality and approach of services currently being offered across the state and the ability to leverage or build on programs that could be funded through FFPSA.
- 2 Assess current service array and services approved by the federal clearinghouse and determine best service fit options for the Texas child welfare system.
- 3 Use existing workgroups in partnership with HHSC to identify any overlap of service provision and ways to reduce any duplication if found.
- 4 Finalize and seek federal approval of definition of foster care candidate that will determine eligibility for services. (DFPS has a current working definition in policy.)
- 5 Review current practices and develop model guidelines associated with the referral to services, duration of services and length of time to closure.
- 6 Coordinate with the Texas Center for Child and Family Studies to:
  - Facilitate a symposium in FY 20 that brings together providers, researchers and other organizations to discuss, among other things, evaluating and developing FFPSA eligible services; and
  - Facilitate a roundtable discussion with child welfare researchers in FY 20 to familiarize them with the evaluation and development needs organizations will have in implementing FFPSA services and provisions.
- 7 Post a list on the DFPS external website of Texas state universities that have research departments that organizations can contact and coordinate with in evaluating and developing FFPSA eligible services.
- 8 Post a list on the DFPS external website of upcoming child welfare conferences where organizations will have opportunities to meet with independent researchers who can help in evaluating and developing FFPSA eligible services.
- 9 Determine any opportunities to work with other states to leverage program evaluation efforts.
- 10 Determine all reporting requirements associated with FFPSA prevention services and match to ability to currently report on these items. Identify any needed IMPACT changes along with needed data warehouse table and reporting development and changes. Develop estimate of time and resources needed to make changes as required.

# Coordination of Implementation of Community Based Care(CBC) with FFPSA Services

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- 1** Establish a workgroup with CBC Single Source Continuum Contractors (SSCC) and Family Services Contractors to:
  - Review data including services array survey results, cost/benefit analysis, and all other relevant information state collects in anticipation of FFPSA implementation;
  - Develop recommendations for modifications to the existing CBC model based on changes associated with implementation of FFPSA to take to the Public Private Partnership(PPP) for review and comment; and
  - Solicit public feedback on potential changes to CBC model based on recommendations of Workgroup and PPP.

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- 2** Perform a cost/benefit analysis on potential changes to the CBC model resulting from modifications related to FFPSA implementation. Areas of focus may include, but not limited to:
  - Incorporation of family based safety and like services;
  - Infrastructure/indirect costs of the SSCCs/providers;
  - State infrastructure;
  - Impact associated with SSCC/provider risk;
  - Impact associated with state risk/contingency planning; and
  - Impact on community resources.

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- 3** Identify changes needed to procurements and/or contracts in order to expand scope of work in Community Based Care or like contracts to include Family Based Safety Services prevention work. Work with HHSC procurement to ensure proper approach in consideration of procurement laws.

# Qualified Residential Treatment Providers (QRTPs)

- 1 Continue meeting with current accrediting bodies (COA, CARF, JCAHO) to gather information and assess accreditation programs; costs; time to accreditation; benefits.
- 2 Research any evidence/studies related to quality outcomes and accreditation, service model of QRTPs.
- 3 Conduct a survey of present providers to:
  - Identify providers who are currently accredited, in the process of being accredited, and the applicable accreditation entities;
  - Solicit from non-accredited providers how incentives might influence the provider's decision to become accredited; and
  - Identify the types of incentives that would be most desirable.
- 4 Conduct focus groups with accredited service providers that addresses impact to:
  - Fiscal - costs associated with staffing, environment, education, etc.;
  - Performance or outcomes;
  - Community engagement or stakeholder relationships; and
  - Impact to the program and treatment model.
- 5 Identify potential models for incentivizing accreditation and their associated funding requirements.
- 6 Develop an analysis of the impact to workload and costs, if any, for evaluations and court hearings associated with QRTP placement.
- 7 Determine all reporting requirements associated with QRTPs in FFPSA and match to ability to currently report on these items. Identify any needed IMPACT changes along with needed data warehouse table and reporting development and changes. Develop estimate of time and resources needed to make changes as required.

# Kin Navigator

- **1** In coordination with HHSC 2-1-1, utilize existing federal grant dollars in development of one time expenditures associated with support to kin caregivers.
- **2** Strengthen the 2-1-1 infrastructure (*equipment and security*) that allows for continued service to kinship related calls.
- **3** Provide training to 2-1-1 centers to enhance their ability to handle kinship related calls efficiently and utilize appropriate cultural competency levels.
- **4** Develop a targeted marketing campaign for kinship caregivers that will increase their knowledge of resources.
- **5** Research and identify kinship navigator programs that will be supported through FFPSA and develop recommendations for leadership consideration.

# Financial Models and Resources

- 1 Utilize work of independent process and outcome evaluators for CBC to inform resource need and financial model.
- 2 Improve financing approach to CBC through:
  - New Random Moment Time Studies to allocate administrative costs;
  - Pursuant to HB 1, Article II, Special Provisions, Section 32, consult with HHSC and SSCC leadership in the development of a report that evaluates a new rate methodology, including specific consideration of CBC; and
  - Develop a method to equitably allocate purchased client services dollars.
- 3 Identify DFPS resource and infrastructure needs and fiscal impact to implement coordinated effort of prevention services into CBC model and provide fiscal impact.
- 4 Evaluate opportunities for, and associated methodologies needed to claim, IV-E prevention funds.
- 5 Develop recommendations for applying for private funds.
- 6 Further analyze potential IV-E loss for QRTP (population specific analysis of IV-E eligibility for this placement type).
- 7 Analyze funding opportunities and costs under Title IV-E for after care provided by the QRTP.
- 8 Analyze potential costs associated with evaluations and hearings required for QRTP placements.
- 9 Identify potential models for incentivizing accreditation and their associated funding requirements.

# Enhanced Training Associated with Procurement, Contract Monitoring, and Enforcement Services

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- 1** Identify the appropriate individuals to participate in an overview of the existing capabilities, different training options, cost formulas for training development and provision of training options offered internally.

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- 2** Purchased Client Services contracting division will compile and share an average cost for contracted training and the process and timelines for securing contracted training.

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- 3** Schedule an encounter (face to face meeting, survey, focus group...) with key stakeholders from HHSC, Contract Oversight and Support, Purchased Client Services contract staff, and, IT, finance, and legal to complete a training needs analysis and to identify the training delivery models desired.

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- 4** Engage necessary parties to identify the cost structure for each of the phases of design, development, delivery, and maintenance associated with the identified training delivery models for each area, including but not limited to:
  - Staff resources – both existing and new;
  - Outside trainers;
  - Direct and indirect costs associated with courses, materials, and delivery;
  - Costs associated with travel required to participate as applicable;
  - Re-training and addressing skill deficits;
  - Considering ways to maximize cost efficiencies (group training, train the trainer, cross-training, choosing re-usable materials, electronic options, etc.); and
  - Incorporating an evaluation phase to determine the impact training has had on the overall skills and performance of staff.

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- 5** Develop and deliver recommendations for consideration consisting of topics, models, and cost analysis.

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- 6** Align the training resources structure with the strategic plan for the implementation of CBC and foster care prevention services relative to the delivery of enhanced training, making any adjustments to the recommendations as needed.

# Community and Stakeholder Engagement

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- 1** DFPS recognizes the importance of engaging stakeholders and the broader child welfare community as we move forward in developing strategies associated with FFPSA. This engagement and the input that stakeholders provide is critical to developing and implementing a successful plan. The DFPS engagement strategy is designed to help us understand the desires and needs of stakeholders, the resources needed by the broader community to successfully implement FFPSA, identify risks & concerns and strategies to mitigate those, and to find opportunities to leverage work already underway in Texas.

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- 2** Because FFPSA is transformative to the system as a whole, DFPS will adopt a holistic approach to utilize already existing & naturally occurring groups of stakeholders from which to initiate engagement. DFPS intends to engage with those who are involved in the work and those who will be affected by the changes to our system. (Including engaging with staff throughout DFPS.) The below list of identified stakeholders is not meant to be all-inclusive but meant to be demonstrative of the broad scope of engagement we will undertake. CASEY Family Programs has committed to providing technical support to DFPS in these efforts.

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- 3** DFPS kicked off our stakeholder engagement with an informational webinar on September 19, 2019. The webinar was recorded and posted to our agency website. DFPS will also hold a Public Hearing in early 2020 to elicit feedback.

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- 4** DFPS will engage with four different types of stakeholder groups:
  - Formal existing groups of external stakeholders: including the DFPS Youth Leadership Council; DFPS Parent Collaboration Group; DFPS State Kinship Care Collaborative; DFPS Council; Child Protection Round Table; Texas Behavioral Health Advisory Committee; Texas Council on Community Centers; Association for Substance Abuse Providers; and Advisory Committee on Promoting Adoption of Minority Children.
  - Working committees/ workgroups or entities of which DFPS is a member along with other external stakeholders: including the Public Private Partnership; Committee for Advancing Residential Practices; the Texas Prevention Framework Workgroup; and the Substance Use Disorder Workgroup.
  - Existing stakeholders: including the Judiciary, residential providers; service providers; foster parents, CASA Executive Directors; Community Based Care Single Source Continuum Contractors (SSCC); and Family Services Contractor executive leadership.
  - Informal ad hoc groups: for example, convening meetings between DFPS Program and Finance staff with HHSC Programs and Finance staff; and discussions with Universities with whom the Department has Interagency Agreements.