

THE LANDSCAPE OF TEXAS CHILD WELFARE



INTRODUCTION

The Texas Alliance of Child and Family Services and its research and training arm, the Texas Center for Child and Family Studies, exists to support community organizations. These organizations provide direct care services to children, youth, and families in the child welfare system. In addition, community organizations serve people with a diverse array of needs ranging from crisis intervention, mental health, foster care, adoption, parenting supports, residential treatment, juvenile and youth services, and so much more.

Children and families do not fit into a box and neither do community organizations. Texas is blessed to have service providers that vary in size and scope, that provide a variety of services, and that reside in the most rural and urban areas of the state. Community organizations are mission based, employ thousands of professionals dedicated to service, and we are honored to be their “go to” resource.

Our priorities derive from our network’s experience, data and research, and our understanding of the future needs of this dynamic system. We work in partnership with the Texas Department of Family and Protective Services and Texas Health and Human Services Commission to further the advancement of innovation, effective services, and funding/policies that will help ensure early and effective interventions for families across this State who are in need of help and support.

This report is prepared for the Meadows Foundation with two purposes:

1. To provide background on the child welfare system in Texas. This detailed background will support an understanding of effective strategies for systemic improvement.
2. To combine the aforementioned background information with insights from our network, our experience, and data/research into findings and recommendations that the Meadows Foundation may use to inform philanthropic priorities.

We are very grateful for the opportunity to prepare this report and appreciate the Meadows Foundation’s generosity toward child welfare in Texas.

TABLE OF CONTENTS

Executive Summary

Section 1: Texas Child Welfare Structure: Fording the River

1.1	Children and Families Experience Child Welfare at the Headwaters: Prevention and Early Intervention (PEI)
1.2	Reports of Abuse and Neglect to Statewide Intake (SWI)
1.3	Investigations of Abuse and Neglect
1.4 ..	The Mouth of the River: Ongoing Services for Abused and Neglected Children and their Families
1.5	Demographics of System Involved Families
1.6	Partner Providers
1.7	Key Findings and Recommendations

Section 2: System Funding

2.1	Major Child Welfare Funding Sources
2.2	Gaps and the Role of Private Funding
2.3	Current Public Funding Trends
2.4	Key Findings and Recommendations

Section 3: A Shifting System: Drivers of Change

3.1	The Texas Legislature as Policymaker
3.2	System Oversight
3.3	Industry Partners
3.4	Current Issues Driving Texas Child Welfare
3.5	Key Findings and Recommendations

Section 4: Innovations: The Future of Texas Child Welfare

4.1	Emerging Trends
4.2	National and International Perspectives on Child Welfare
4.3.....	Cross-system Collaboration: The Texas Alliance of Child and Family Services and the Meadows Mental Health Policy Institute as a Case Study
4.4	Key Findings and Recommendations

Section 5: Concluding Thoughts

Appendices and Endnotes

Appendix 1 – Federal Policy Context

Appendix 2 – Department of Family and Protective Services Program Specialists

Appendix 3 – Contributors

Appendix 4 – Child Welfare Acronym Guide

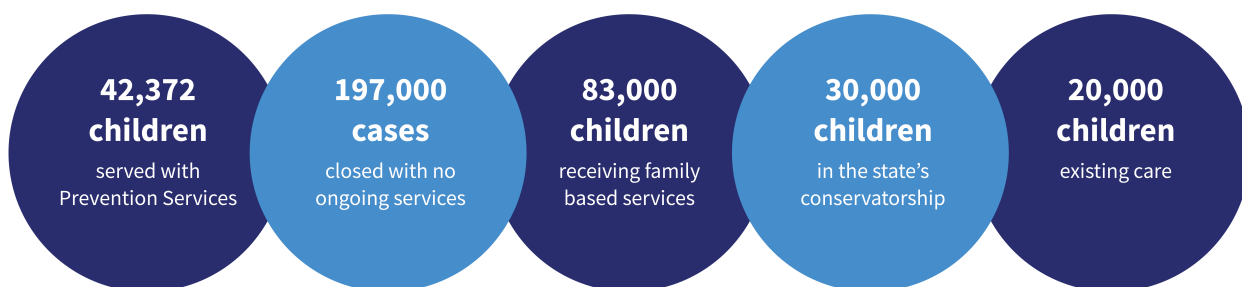
Endnotes

EXECUTIVE SUMMARY

Child welfare is a complex, multifaceted, and high-stakes system that services families before, during, and after child protection agency involvement. It is unique to other systems as child welfare intersects the government, non-profit, medical, faith, legal, advocacy, and philanthropic communities to improve the lives of children, youth, and families at risk of child neglect, abuse, and child protection involvement. While working as efficiently as possible toward safety, permanency, and well-being of children, the system must simultaneously tackle some of our most entrenched societal issues such as poverty, substance abuse, mental health, and domestic violence. A well-functioning child welfare system is critical in serving one of our most vulnerable populations. Creating systemic change in this complex space can be challenging and requires a holistic view of the entire industry. This is especially true in Texas, one of the largest, centralized child welfare systems in the world.

When children and families enter the child welfare system, they step into a river of services and support, that as it continues becomes deeper and increasingly difficult to navigate. At various points in this river, children and families encounter the three networks that work together to support children and families: the Texas Department of Family and Protective Services and other human services/public agencies, community organizations responsible for direct care and services, and the judicial/legal community. Always present in this river are the outside drivers that may impact the “flow” of the system, like availability of funding, policy decisions, emerging trends, public opinion, and more. These drivers may cause services to subside, or increase pressure on a specific area of the system. The image below represents data from the spectrum of children at-risk of entering, and those who have involvement in, the child welfare system.

Figure 1: Number of Children in Stages of Services



Child welfare interventions are determined by risk and need and delivered through “stages of service” based on the assessed need, including presence of risk factors, the severity of abuse and neglect the family experienced, and the family’s history of child protection involvement. The longer children and families stay in the system, the more the depth and breadth of services to the child and family increase.

At its most foundational level, Texas child welfare supports vulnerable children and families utilizing three networks that work together to form the entire child welfare system. At various points during their time in the overall child welfare system, children and families may encounter these different support networks:

Human service public agencies, most predominantly the Department of Family and Protective Services (DFPS), the state agency charged with protecting children from abuse and neglectⁱ, and the Health and Human Services Commission, which provides Medicaid services, sets rates for service providers, and provides regulatory standards and oversight. DFPS is an arm of the state’s executive branch under the governor but is held accountable by the state legislature. DFPS is responsible for implementing funding and policy priorities of state and federal lawmakers.

Service and care providers (consisting of non-profit and other community organizations), support families and communities through direct care and services intended to keep children safe, protected, and connected. In all stages of child welfare, community organizations provide the bulk of direct services (i.e. parenting programs, foster care, case management, mental health services, substance abuse, domestic violence etc.).

The judicial and legal communities (which make up the diverse network of courts) are critical in decisions related to a child’s placement, services, permanency goal, and time in care, among other things. Courts are independent and often have a significant impact on a family at the most intense levels of system involvement, namely once a child has come into foster care. When abuse or neglect is serious enough to lead to a removal from the home, courts become the ultimate decision makers, albeit very dependent on the CPS caseworker for information to guide the legal decisions. While judicial and legal communities can be involved at other points along the riverbank – such as court-ordered services while the children remain in the home - they have the largest role once the family is deeply involved in the system through conservatorship.

What are the Current Measures of Success of the Child Welfare System?

These networks work together toward successful outcomes for children and families in the child welfare system. The federal governmentⁱⁱ provides the operational definitions of success using three primary outcomes for all child welfare systems: safety, permanency, and well-being.

Safety: Preventing and responding to maltreatment of children

Permanency: Stabilizing children’s living situations and preserving family relationships and connections

Well-being: Enhancing families’ capacity to meet their children’s physical, behavioral and mental health, and educational needs

While all the outcomes are important, ultimately the child welfare system is built around the goal of keeping children safe. This historic and embedded focus on safety often creates tension between the permanency, and especially well-being, outcomes. When safety is prioritized there is minimal tolerance for risk. When actors in the system make decisions with minimal tolerance for risk, permanency and well-being may be sacrificed. Even decisions about potential placements with family members or the pursuit of normalcy occur within this safety vs. well-being tension.

The networks that support children and families all play a unique role in achieving outcomes for children and families. Individually, they bring their own perspectives for how best to ensure safety, permanency, and well-being. These outcomes, and their often-contentious interplay, are critical to understanding the perspectives and focus for each part of the overall system.

This report details the intricacies of the entire Texas child welfare system including its public, private, and judicial components as well as the other entities acting upon those three-central networks. Key findings and recommendations are synthesized and highlighted with an eye toward systemic funding strategies designed to achieve maximum positive impact statewide.

This report outlines

- How child welfare in Texas is structured and includes information on the children and families who encounter the system.
- How the system is funded and challenges associated with the current funding structures.
- The driving forces behind the system, and how those forces interact for better and worse.
- An examination of innovative child welfare practices in Texas, nationally and internationally, including a discussion of the ongoing work between the Meadows Mental Health Policy Institute and the Texas Alliance of Child and Family Services.

FINDINGS AND RECOMMENDATIONS

The following is a list of findings and recommendations reinforced throughout this report.

Overreliance of the public sector may stifle systems change. Two common misconceptions embedded within this overreliance are:

- 1. The Department of Family and Protective Services is not the only government agency that provides services to child and families.*** Public perceptions of statewide child and family services rely heavily on the notion that DFPS is fully responsible and credited with providing direct services to children and families, when in reality families are served by a plethora of other public sector services from juvenile justice systems, the Health and Human Services Commission, workforce, housing and Texas courts to name a few.

2. Public sector agencies are not the only agencies providing services for children and families. For many years the public sector has relied on and contracted with non-profits and community organizations to provide most of the services to families and children in the child welfare system. Issues families face are individualized and vary greatly; hence the need for local community support and services to provide stability and sustainability by walking alongside families. Both government and community organizations' services are intertwined, dependent on each other for success and important to the healthy futures of children and families in Texas.

Varying health and human services agencies in both the public and private sectors work separately and in-tandem to address entrenched issues like poverty, mental health, substance abuse, and domestic violence. Many of these issues are in fact the primary causes for the vast majority of abuse and neglect in the child welfare system. As evidenced by the multitude of pages this report spends discussing the public child welfare agencies, the system currently relies on entities like the Department of Family and Protective Services and the Health and Human Services Commission to drive change and address these issues. Given the current outcomes the system generates, this is not sustainable. When overreliance on the system occurs, families that are at-risk of maltreatment and abuse are not on child protective services' radar until after abuse or neglect may have occurred. These are reactive, not proactive approaches to child protection. Further, because the overwhelming majority of families are served not by the public agencies, but by private community organizations – who are often the “front door”, those agencies are in the best position to prevent abuse or neglect from occurring, address the underlying causes of abuse/neglect, and act as the primary change agents within the system.

Recommendation 1, Support Community-Based Care with a specific focus on community readiness, capacity building, and collaboration, continued support of CBC would enhance communities' ability to take ownership of their local child welfare systems, work to identify and address the unique service needs and challenges of communities across the state, and work to build on their community strengths.

Recommendation 2, Enhance cross-system collaboration because siloes are a debilitating presence within the child welfare industry. Success for child welfare requires partnerships in no small part because the industry crosscuts so many sectors. Continued support of cross-system work can improve service delivery, provide for more effective leveraging of resources, and help change perception of how communities work together to address child abuse and neglect in their areas.

Ensuring efficacy and quality in children and families support systems is paramount; yet efficacy and quality are elusive to define and difficult to achieve. Services and interventions in the child welfare system are not medicinal, whereby the treatment is administered, and healing begins. Working with families is complex, the system where this work occurs is complicated, and measuring success depends upon a host of variables even the most advanced researchers do not completely understand. Execution and evaluation of programs and initiatives matters and is often undervalued, underfunded, and put on the backburner while seemingly more pressing issues are addressed.

Recommendation 3, Encourage the development of the right service capacity within the continuum of care that reflects community need. In a state with as much diversity as Texas, we are susceptible to “one size fits all” policies and programs. The right intervention should be delivered to the right family at the right time. Every individual in every family must be appropriately assessed for strengths, risks. Furthermore, the system has an obligation to ensure that if a family is assessed to need help, the obligation by us all is to ensure appropriate services are available and that the intervention is as minimally disruptive to the child and family as possible. In the current system, services are rarely sufficient to meet to the existing, and future, needs of a community.

Focusing on one narrow issue is unlikely to yield systemic change and may create or worsen other issues. In child welfare single issue priorities emerge and fade continuously. It is rare (though not unheard of) that work done on single issues can impact the functioning of the entire system. Instead this approach can lead to tunnel vision, an unnecessary diversion of resources, unintended consequences and industry whiplash. This report highlights the importance of a focus on the key drivers that create ripples throughout the system and have a broader, foundational impact.

Recommendation 4, Establish a set of aligned systemic priorities. Developing, and then working within, a set of priorities aligned through the system’s structure, funding, drivers, and innovations, creates a strategy that is pendulum proof and no longer driven by the issue of the day. In the midst of a variety of hot topic issues, consider overall system impact of niche programs in funding decisions. Examples of systemic priorities include: the utilization of the public health approach to maltreatment reduction, resilience as the natural successor to current focus on trauma, quality of service delivery, adaptability in capacity development, and reduced reliance on more restrictive foster care placement settings.

The culture of accountability in the child welfare system can set a high bar but lacks a strategic purpose and consistent vision contributing to an unstable industry environment. Regulation and oversight in child welfare exist to ensure a baseline level safety within the system while also raising the bar for quality. However, the continued increase of regulations and oversight can have unintended consequences such as reductions in capacity, increase in cost, and exacerbating tensions between wanting to keep children safe and striving to enhance their well-being.

Recommendation 5, Be thoughtful about the unintended consequences of introducing new drivers into the system. Because the system is so complex, ongoing and concerted thought should be given to the introduction of any new system drivers. When unaligned programming accountability and oversight suppress innovation, agencies are forced into a heightened risk aversion approach to practice due to fear instead of offering agencies the flexibility to provide children and families the services they need. One current example is the focus on performance-based contracting and the introduction of incentives and fines. While in theory, rewarding successful outcomes monetarily makes sense, there is both research and anecdotal evidence to indicate that the introduction of certain types of financial incentives can decrease the intrinsic motivation inherent into mission focused systems, such as child welfare, and that the fines assessed will have a negative impact on direct programs and services in organizations where funding is limited.

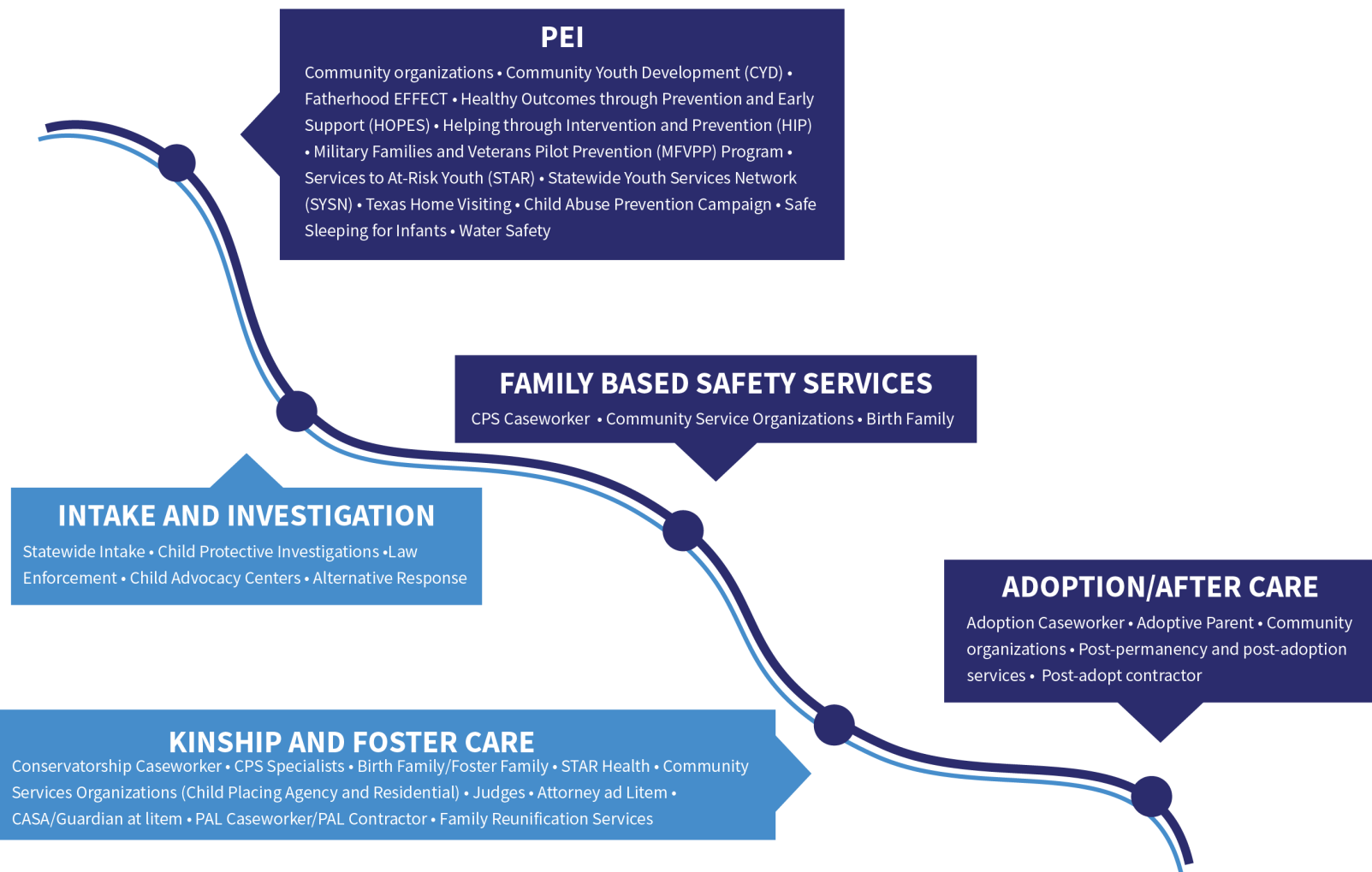
System change happens when state leaders can forecast emerging trends and subtle shifts in the system.

This allows for a more proactive approach to child welfare policy, research, practice, and funding. It is critical that those seeking to impact the system have their fingers on the pulse of the sometimes-subtle shifts that occur long before an issue or change makes its way into the zeitgeist. For those outside of the child welfare system, it often appears as if previously unknown issues arise suddenly catching the professionals off-guard. For those working inside the system, on the ground, and without a more systemic view, it can often appear as if broad, sweeping changes arise suddenly and without notice. Rarely are either of these reactions reflective of reality. Far more often than not, both issues and changes are the result of long simmering difficulties (turnover, lack of funding, class/racial biases, etc.), or incremental knowledge gathered over time (neurobiological impact of trauma, importance of working with biological families even after children enter foster care, utilizing evidence informed practices, etc.).

Recommendation 6, Focus efforts on the overall health of community organizations. Community organizations are the best barometer of change in the system. Ongoing, and in-depth efforts to support their work is a critical strategy to ensuring a strong understanding of emerging trends and subtle shifts in the system. This work should include support for organizational best practices (strategic planning, effective change management, workforce development etc.), clinical best practices, and strengthened connections with the larger community of human service providers. These types of individualized and tailored supports for organizations providing services in the child welfare industry are difficult to find and usually cost prohibitive to pursue.

Recommendation 7, Strengthen the child welfare industry's utilization of advanced data practices, technology, and research. The best way to stay ensure an effective reading of subtle shifts and emerging trends is to infuse proper utilization of information (i.e. data) into all levels of the child welfare system. This requires a focus on research, program evaluations, data driven decision making (i.e. continuous quality improvement), and leveraging advancements in computing power (i.e. machine learning) to augment decision makers. Philanthropic organizations impact the ways in which data are utilized for change. Establishing system wide baselines measures, utilizing data as tool for being more proactive vs. reactive, creating an evidence base for effective clinical practice, and leveraging advanced technologies would substantially improve child welfare across the state.

Section 1 - Texas Child Welfare Structure: Fording the River



1.1 Children and Families Experience Child Welfare at the Headwaters: Prevention and Early Intervention (PEI)

When some children and families step into the stream of services and care, they start before an allegation is filed or investigation is opened and hopefully, before maltreatment occurs. The Prevention and Early Intervention (PEI) division of the Department of Family and Protective Services (DFPS) administers contracted programs to prevent abuse and neglect from occurring.

A pioneer in the Texas community-based approach, PEI works with communities to develop primary prevention programs to keep families from CPS involvement, to build protective factors at home, to ensure their kids stay in school and avoid risky behavior, and to safeguard children and families from law enforcement involvement.

PEI uses public outreach and contracts with local service provider organizations to provide services to children, youth, and families in their communities. This is a critical point. PEI does not provide any direct services itself. It relies solely on service and care providers. Programs such as the Healthy Outcomes for Prevention and Early Support (HOPES) are targeted to specific at-risk populations and regions based on population risk data. PEI contracts with local community organizations working to meet the unique needs of that population, rather than employing a single statewide strategy. The goals of PEI programming are to support better outcomes for children and families by addressing challenges related to poverty, family instability, poor health, drug and alcohol abuse, mental illness, and more. PEI has long employed a community-based approach to services.

PEI programs are voluntary and free to families around the state (although not all services are available in all Texas communities). With limits to available resources for prevention services, PEI can only reach a small portion of families that need services.^{iv} All PEI programs are administered by local community organizations, which served over 42,000 children in fiscal year 2018. PEI has completed a growth strategy and estimates the possible universe of families that could be served is well into the hundreds of thousands.

1.2 Reports of Abuse and Neglect to Statewide Intake (SWI)

Abuse and neglect are defined in state-specific statutes under a broad federal minimum definition established by the Child Abuse Prevention and Treatment Act of 1974:

Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, or exploitation; or an act or failure to act which presents an imminent risk of serious harm

Types of maltreatment defined in Texas statute include physical abuse, emotional abuse, and sexual abuse, as well as abandonment neglectful supervision, medical neglect, physical neglect, refusal to accept parental responsibility, and human trafficking.

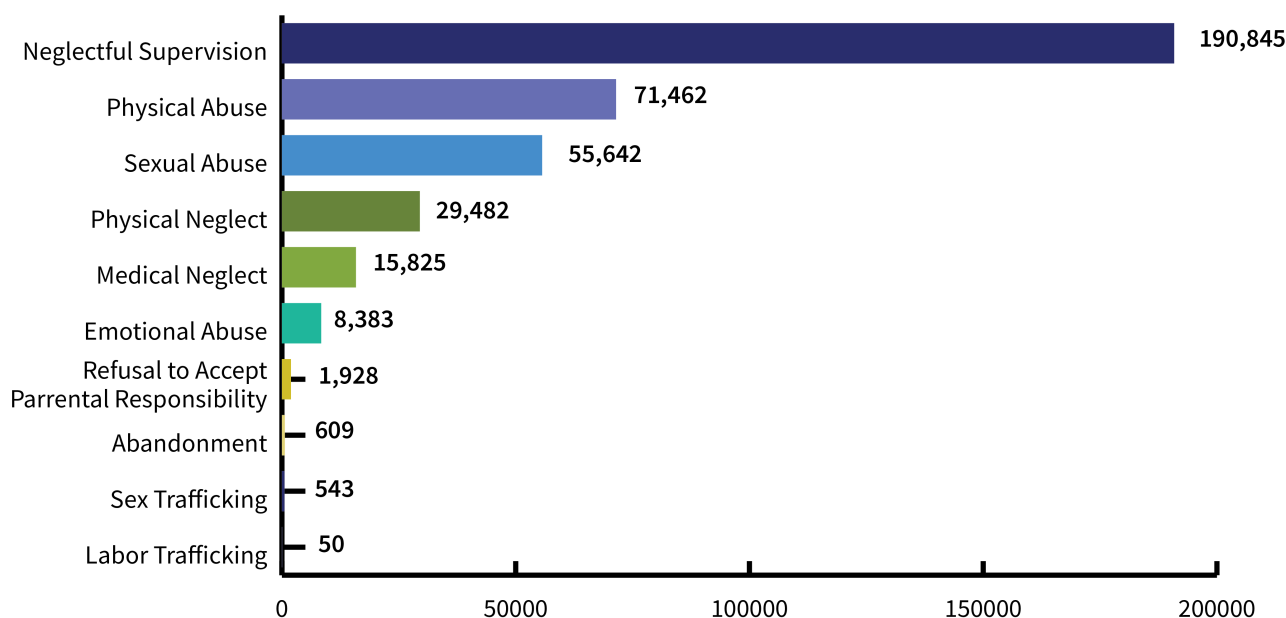
When a professional, family member, or community member has a reasonable suspicion of abuse or neglect of a child they can make a report to Statewide Intake (SWI) via the Texas Abuse Hotline. SWI takes reports of allegations that include:

- Child abuse and neglect at home
- Abuse and neglect of children in childcare
- Abuse, neglect, and financial exploitation of people who are elderly or have disabilities and are living at home
- Abuse of adults and children in state facilities and programs for people with mental illness or intellectual disabilities

After a report is received by SWI the report is routed to the right program and geographical location based on the information in the report. Each report that meets the legal definitions (as defined in The Texas Family Code) of abuse, neglect, or exploitation is assigned a priority level at the time of the call. The priority of the case is based on the safety of the alleged victim. Law enforcement is also notified in cases involving children. The Texas Abuse Hotline is operated 24 hours per day, 7 days per week, all year long. In 2018, there were

more than 300,000 intakes routed to CPI from Statewide Intake. Figure 2 breaks down the types of maltreatment reported in 2018. Neglectful supervision, which includes most parental drug use, mental health, and domestic violence is by far the most reported and prevalent form of maltreatment in Texas.^v It is a common public misconception that children are in the child protection system due to physical or sexual abuse while in reality, a large majority are as a result of neglect.

Figure 2: Maltreatment Types Reported in 2018



1.3 Investigations of Abuse and Neglect

Once SWI determines a report meets criteria for ongoing intervention, the case is routed to Child Protection Investigations (CPI) a recently established stand-alone division of DPFS^{vi} (formerly housed inside CPS) charged with conducting investigations. An abuse/neglect investigation represents a family wading deeper into the child welfare system.

CPI caseworkers gather information through interviews with children, parents, and others who know the family to determine if abuse or neglect occurred, to assess for child safety, and to calculate the risk of future abuse or neglect. The CPI caseworker must make a determination of whether there is evidence that the alleged maltreatment occurred. This determination, called the case disposition, is based on investigative actions including interviewing and observing the children in the household, interviewing the parents and other household members, obtaining relevant evidence (such as medical records or drug test results), and speaking with any professionals or others who may have information about the alleged abuse.

Available case dispositions are: ruled out (there is not a preponderance of evidence that maltreatment occurred), reason to believe (there is a preponderance of evidence that maltreatment occurred, unable to determine (the evidence is not sufficient to state that the maltreatment did or did not occur), and unable to complete (the family could not be located). Case dispositions for 2018 investigations are presented in Figure 3.^{vii,viii}

Figure 3: Findings of 2018 Completed Investigations

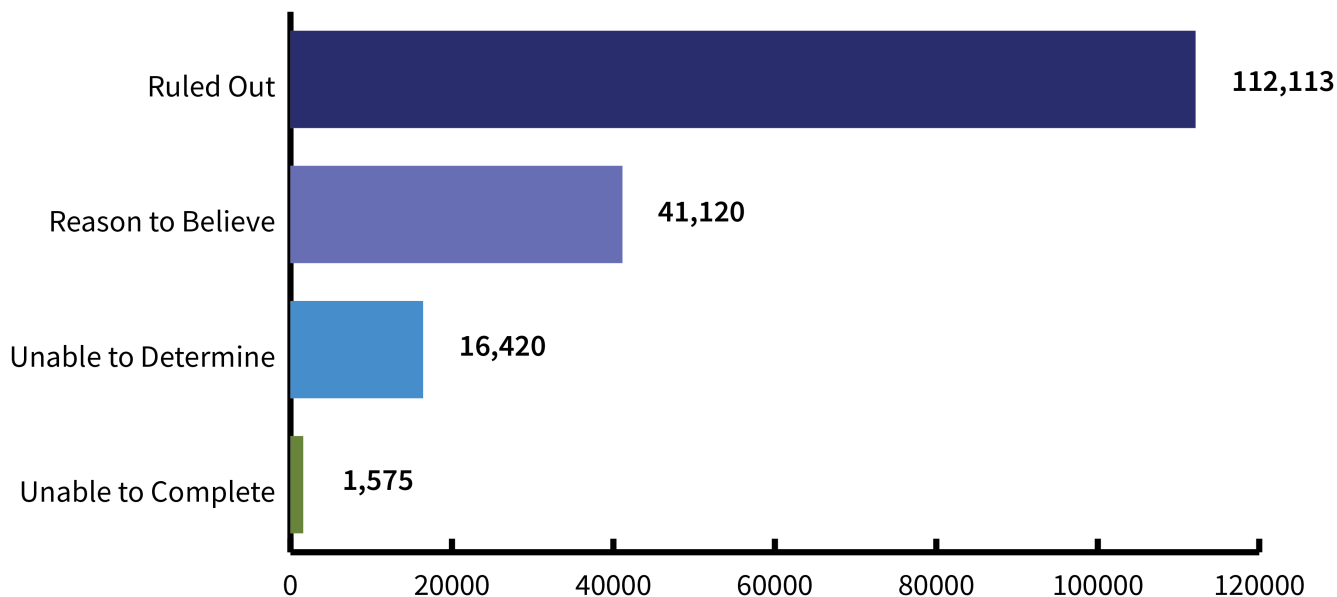
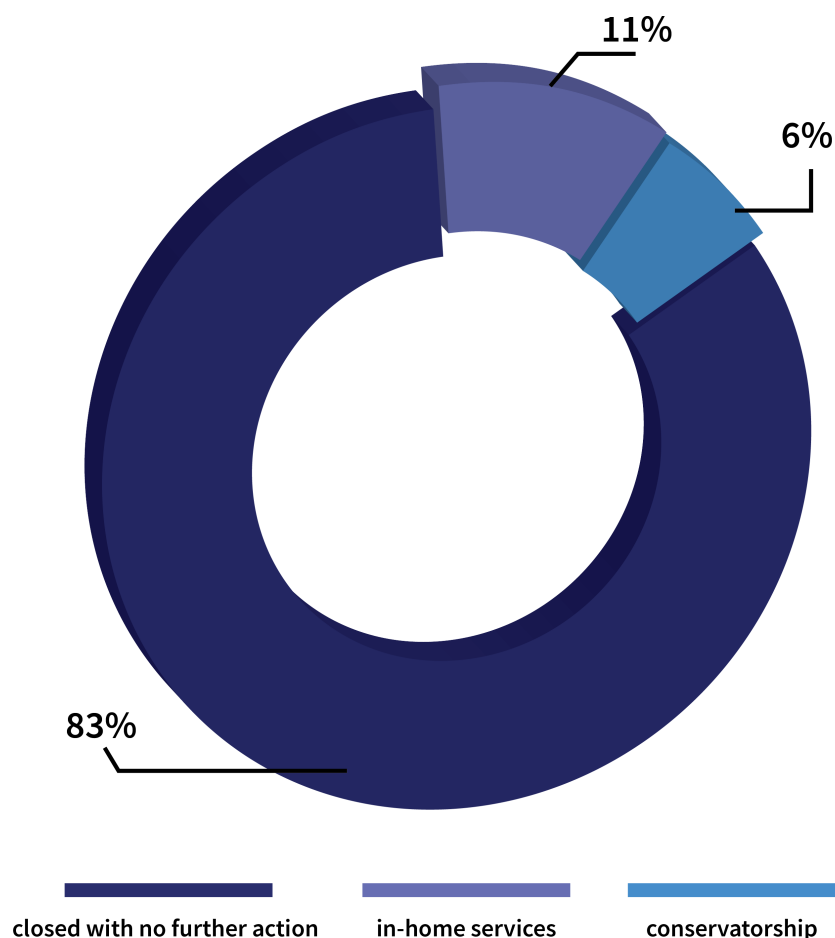


Figure 4: Case Actions for Completed Investigations

There are several paths that a child welfare case can take once an investigation has been completed and a disposition has been assigned. For cases in which an assessment of risk factors by a child welfare professional indicates that there is low risk of future maltreatment, the worker may close the case without further action or refer the family to voluntary community-based services. For cases with higher levels of risk that indicate ongoing concerns, there are two case pathways representing deeper CPS involvement: in-home services and conservatorship. As shown in Figure 4, the vast majority of cases are closed with no further action after an investigation, 11 percent are opened for in-home services, and 6 percent result in child removal from the home.



Alternative Response

Not all reports that are made to Statewide Intake alleging child maltreatment result in a formal investigation. Some reports do not meet the definition of maltreatment in Texas statutes and are “screened out” at the hotline without being referred to CPI. In addition, some reports involving lower-risk circumstances result in a referral to the alternative response track, where a family is offered voluntary community services to assist with needs without opening an investigation for maltreatment. CPI also oversees the Alternative Response program, though this is yet another point along the river where service and care providers play a crucial role.

Alternative Response, or differential response, is required by the Federal government and implemented in Texas as a new stage of service upon the passage of Senate Bill 423 in 2013. Lower-risk families may receive flexible services that prevent youth entry into the foster care system and potentially decrease the need for further child welfare investigation into the family.^{ix} Child Protective Investigations conducts AR cases with families who meet the criteria set forth by DFPS and who are screened into this stage of service. A major difference from traditional investigations is that an AR case does not designate a parent or caregiver as an alleged perpetrator; there is not a determination of abuse or neglect assigned at the end of the case. Alternative Response cases are allowed, by CPS internal policy, to be open longer than traditional investigations to assist families with engaging in community services and supports that help families resolve safety issues and decrease the likelihood of future involvement with the system.

DFPS regions in Texas implemented Alternative Response over the last five years with full implementation in fiscal year 2019. Service and care provider are necessary in the AR stage of service as CPI staff and families involved in these cases are dependent on community referrals and resources.

1.4 The Mouth of the River: Ongoing Services for Abused and Neglected Children and their Families

Child Protective services (CPS) is the division which provides ongoing services to families who need support to stabilize and reduce the risk of future abuse or neglect. CPS is responsible for the administration of Family Based Safety Services (FBSS) and Conservatorship (CVS). However, in these networks service and care providers are critical in ensuring families receive the help they need. Service and care providers that contract with the state have had the primary responsibility for serving children and families for many years and currently more than 90 percent of placements in foster care are supported by service and care providers. While CPI and CPS caseworkers identify services for families to participate in, contracted community organizations provide the services directly.

Family Based Safety Services (FBSS)

Family Based Safety Services, sometimes called in-home or family preservation services, provide an alternative to removal or give DFPS more time to monitor a family. Cases are generally referred to FBSS once there is a determination that abuse, or neglect has occurred, or the risk of future abuse and neglect is high enough to warrant further agency involvement, but a determination is made that the child does not need to be removed from his or her home. Case managers develop family plans of service and refer families to services designed to address safety concerns or other needs of the family. Services are procured through contracts with community organizations or are available in local communities, and include family counseling, crisis intervention, parenting classes, substance abuse treatment, domestic violence intervention, and protective daycare.

In most cases, families who move from investigations to the FBSS stage of service have their children living at home, although there may be some out of home measures in place to ensure child safety. In some cases, children are voluntarily placed outside of the home, usually with family or friends of the family, until the child(ren) can safely return home. A typical FBSS case lasts 6 months, but cases can (and do) go for longer. In some cases, a court order is obtained to compel families to participate in FBSS and to bring judicial oversight to the case, while in other cases families voluntarily agree to participate without court involvement.

FBSS services (which may include substance abuse treatment, mental health treatment, individual or family counseling, and/or domestic violence intervention) are meant to utilize inherent protective factors to strengthen family functioning and reduce risks to child safety while the child remains in the custody of his or her caregivers. As previously mentioned, most FBSS services are not directly provided by child welfare agencies, but by service and care providers. While a family is receiving services, CPS FBSS workers continue to monitor the family's progress toward goals, link the family to resources, and provide ongoing risk and safety assessments.

In 2018, over 30,000 families received FBSS services at some point during the year. Unfortunately, due to the vulnerable circumstances of families who receive in-home services, about 20 percent of children involved with an FBSS case will be reported to CPS again within a year of case closure, and 43 percent will be reported within five years of case closure. The re-report rates vary from year to year, but the current one-year and five-year recidivism rates are on a general upswing, perhaps due to increasing prevalence of drug use over the past several years.

Senate Bill 11, passed by the Texas Legislature in 2017, directed the implementation of an FBSS pilot that is modeled after CBC in foster care. This pilot is underway and in its second year of implementation in El Paso, TX. While data is limited, preliminary information from the community organization running the pilot is that families are more engaged, services are evidence-based and delivered in the home, and they are experiencing some operational struggles with IT, etc. We expect the results of this pilot to inform the direction of incorporating FBSS into CBC down the road.

There is significant opportunity and current political will to keep families intact and to reduce removals through a stronger, more effective FBSS program.

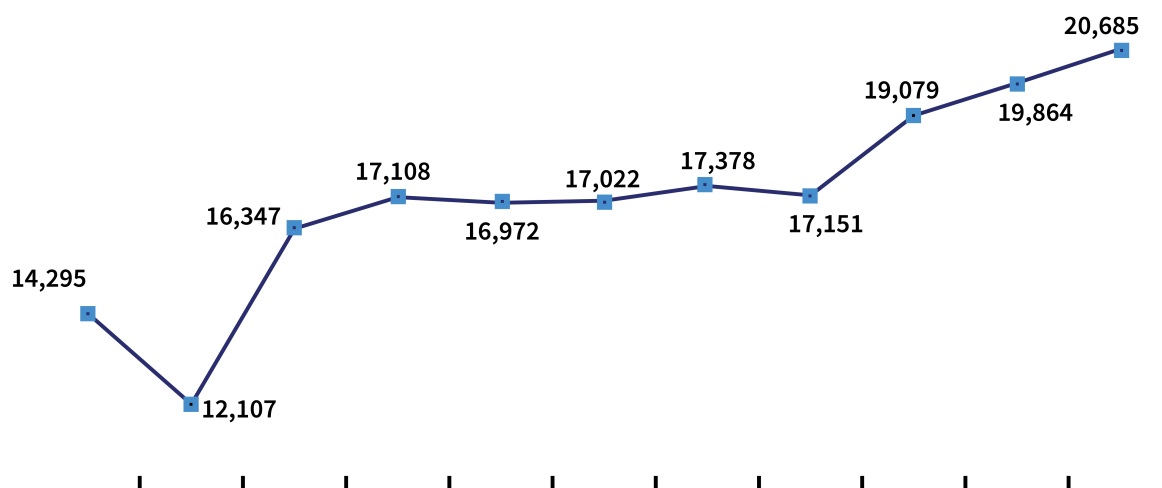
Conservatorship (CVS)

When CPI or CPS caseworkers determine that children cannot be kept safe from abuse or neglect at home and a court order is obtained, children and families are served in the conservatorship stage of service. Children are placed in state custody in temporary out of home care in either kinship placements or paid foster care. In accordance with federal law, parents have up to twelve months (with a possible extension of up to six additional months) to utilize services, which are arranged by CPS, to reduce future risk and have their children returned to their care. The services provided to families while children are in care are similar to those provided during an FBSS case, but while the children reside outside the home.

A CPS caseworker works with the family, referring them to contracted services or local community organizations for services to mitigate risk and stabilize the family. The CPS caseworker also monitors the child's placement and works with the child's temporary caregiver to ensure all the child's needs are met and they are safe in the placement. The court maintains oversight of the case and hearings are held throughout the life of the case.

As Figure 5 shows, 20,685 children entered care in Texas in 2018. This represents the highest number of entries of any year in the past decade^x Since a low of 12,107 entries to care in 2009, the number of annual entries has steadily risen (outpacing overall child population growth), with steeper increases seen annually starting in 2015. Though hard data is scarce, the large recent increases are likely related to the opiate epidemic, a resurgence of methamphetamine use in the state^{xi} as well as high profile child fatalities and internal policy changes within DFPS. It is also important to note that the rate of increase of children entering care has far outpaced the overall growth in child population.

Figure 5: Number of Removals 2008-2018



The Department of Family Protective Services purchases foster care services from licensed service and care providers who provide a continuum of care to meet the needs of children and youth. Paid foster care can include a variety of settings which include:^{xii}

1. Child Placing Agency: An organization who licenses foster homes, provides case management, and offers other services to support children and foster caregivers in their licensed homes. Individual foster homes are licensed at different capacities based on space available and caregiver abilities. Most CPA's are non-profit organizations.

2. General Residential Operation (GRO): A residential child care facility that provides 24-hour care, supervision and treatment services for seven or more children or youth. Examples include, but are not limited to:

- **Emergency Shelters:** A type of GRO that is a temporary placement where a child stays until a more permanent placement is found.
- **Residential Treatment Centers (RTCs):** A type of GRO that exclusively provides 24-hour care, supervision, and treatment services for seven or more children or youth with emotional disorders.

3. *Supervised Independent Living (SIL)*: is a foster care placement for youth aged 18 or older where they can live independently while still receiving case management and support services. These placements include mostly apartment, dorm, and shared housing settings.

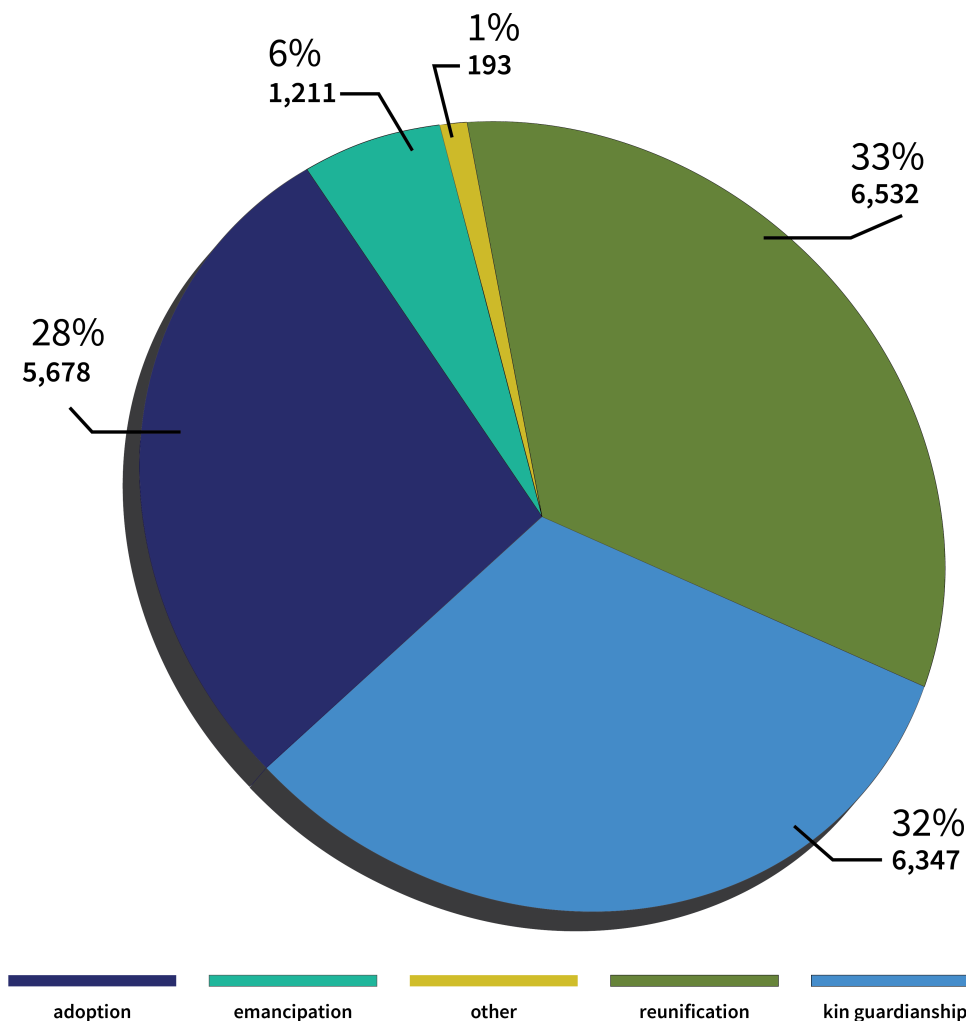
The preferred placement option for children who are unable to live at home is with relatives. When children in care live with relatives, it is referred to as kinship care; federal law requires kinship care to be prioritized as a placement type whenever possible. When children live in paid arrangements with non-relatives because there are no family members available or able to care for them, it is referred to as foster care. Federal law requires that children in foster care live in the least restrictive settings that can meet their needs. When possible, this means that children live in a family setting in a paid foster home. When children have higher levels of need than can be managed in a family setting, they may be placed in more restrictive settings where they can receive more intensive therapeutic services, such as group homes or residential treatment centers. The vast majority (over 90 percent) of paid foster care is provided by contracted community agencies that recruit and manage foster homes and coordinate children's treatment while they are under the agency's care.

Of the 30,610 children who were in care on August 31, 2018, some 12,000 (39 percent) were in kinship care, over 13,000 (42 percent) were in foster family settings, and about 2,500 (8 percent) were in a group residential setting, with a small remainder (11 percent) in adoptive homes or other uncommon miscellaneous types of out-of-home care. The most notable trend in placements over the past decade is the substantial increase in the use of kinship care, which represents the culmination of state efforts to prioritize placement of children with family members when removals cannot be avoided.

The primary goal of a conservatorship case is to reunite children with their parents when possible. When a child can return home, CPS continues to work with the family through reunification after a child returns home, until the case can be safely closed. When a child cannot return safely home, alternate permanency options are pursued such as, permanent custody to a relative or adoption. Nationally, about half of children exiting substitute care are reunified with their parents. In Texas, about one third of children exit substitute care to reunification (data book).

Despite efforts to attain permanency for all children in care, some youth do not reach a permanent exit prior to becoming an adult. For these youth, exiting care occurs when they reach adulthood and "emancipate" or "age out" of care. This is a relatively rare outcome; in 2018 there were 1,211 youth in Texas who aged out of the system, representing only 6 percent of all exits from care during the year. Youth who are in school or employed may voluntarily elect to remain in care until age 22, though few youth qualify for, or choose, this option. Of the 30,160 children and youth in foster care on August 31, 2018, only 277 (less than 1 percent) were between the ages of 18 and 22. While not represented in Figure 6, the average time for a child to exit care through all exit types is approximately 19 months. That number varies from 13 months for reunification to approximately 48 months for youth aging out care.

Figure 6: Exits from Substitute Care in 2018



The length of time that children spend in substitute care is highly variable depending on the unique circumstances of each case. Among all children who exited care in 2018, the average length of time spent in substitute care was 19.1 months. The duration of substitute care is closely related to the type of exit, as shown in Figure 6. Youth who emancipated care in 2018 spent an average of nearly four years (47 months) in substitute care before aging out. By contrast, children who reunified with their parents spent an average of 13 months in care, children who exited to kin guardianship averaged 13 to 24 months in care (depending on the presence of a Permanency Care

Assistance (PCA) agreement)^{xviii}, and children who were adopted averaged 25 to 28 months in care.^{xix}

Although one third of children in substitute care in Texas reunify with their parents, some children will be reported again for alleged maltreatment, and some will later return to foster care. The percentage of children who are re-reported for maltreatment and who re-enter substitute care is variable based on the age of the child, the length of time originally in care, and the specific dynamics of the maltreatment and the family. Of children who exited substitute care in Texas in 2017, 20 percent were the subject of new reports alleging maltreatment within one year. Nationally, around 20 percent of children who have reunified with their family will later re-enter substitute care.^{xx} In Texas specifically, the re-entry rate is not made public, so the exact proportion of reunified children who later return to care is not known outside of DFPS.

Courts play a crucial role in determining the future of children and families who wade this deep into the child welfare system as no child enters or leaves foster care without a court order.^{xxi} Judges have oversight of a family's case once a lawsuit is filed and can decide where the child will live, with whom, and for how long.^{xxii}

Attorneys are involved in the legal process as well. CPS is represented by a prosecuting attorney; who this attorney is varies by county. CPS is also sometimes represented by a CPS regional attorney. Additionally there are court appointed attorneys that represent the child's interest at the onset of the lawsuit.^{xxiii} Sometimes one attorney has a dual role on a case and represents the child as both the attorney ad litem and the GAL.^{xxiv} Judges can also appoint a Court Appointed Special Advocate (CASA) volunteer to act as a GAL. When an attorney takes on both roles, CASA can still be appointed as a volunteer to help gather information about the child and family and make recommendations to the court. Many local communities have CASA programs that train volunteers about the CPS process and how to advocate for the child's best interest.^{xxv} When CPS seeks to terminate parental rights and the parent is indigent, an attorney is appointed to parents involved in the case as well.^{xxvi} Attorneys for children and parents are funded by counties not the state. This creates inconsistencies across jurisdictions and there is discrepancy across the state in how attorneys' practice, are appointed, and paid.

Adoption, Post-Adoption, and Post-Permanency Services

CPS also oversees the work done in Adoption and Post-Adoption. When a child is legally free for adoption, the CPS caseworkers' role is to shepherd children and families through recruitment of adoptive families, adoption readiness, placement, and the legal adoption consummation. Much of the adoption process is carried out through contracted licensed, private child-placing agencies (CPAs). DFPS also approves a small number of adoptive homes through the foster/adopt program (FAD) and maintains children's profiles on the Texas Adoption Resource Exchange. Home studies of interested families are received through the website and read by caseworkers to search for a good match. When children are placed in relative homes who plan to adopt, the DFPS Kinship program, FAD, or private CPA's work together to ready the home for adoption, including completing updated home studies.

Post-adoption post-permanency services are provided to families who adopt children who have experienced foster care. DFPS contracts with community organizations who provide these services to families. TACFS is embarking on a comprehensive assessment of post-adoption services and anticipates recommendations for state agency and legislative consideration in early 2020.

Program Specialists

We conclude the high-level overview of DFPS with a brief discussion on the various program specialists that the state employs. These staff are subject matter experts and usually represent crossover into the tangential industries that child welfare depends on. Program specialists also have specific knowledge of programs to assist youth in care. These positions have been added over time in response to the dynamic nature of issues that emerge, the regular turnover of CPS workers and supervisors resulting in fleeing institutional knowledge, and to meet growing complexity of needs of children being served by the agency. Please see Appendix 2 for examples of these specialists.

Section 1.5 Demographics of System Involved Families

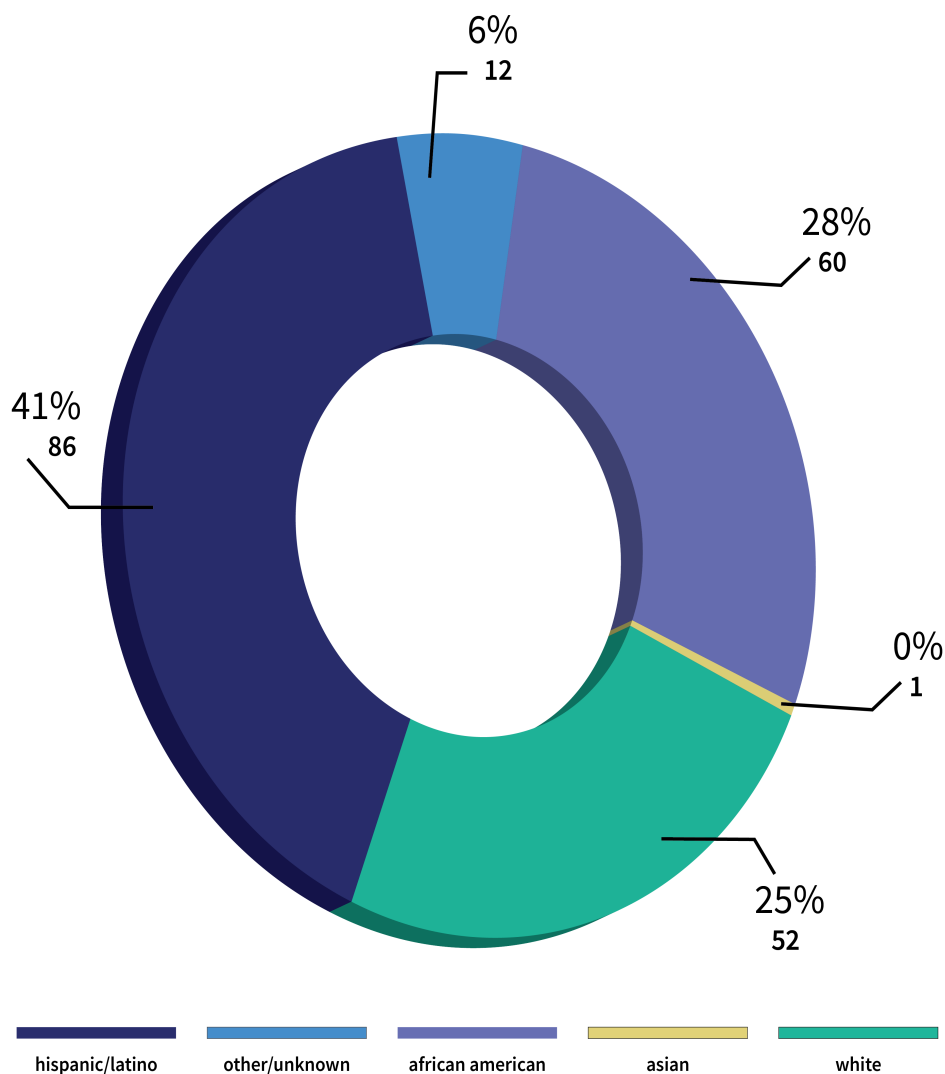
Though child maltreatment occurs in every segment of society, families who become formally involved with CPS due to maltreatment have unique characteristics compared with the general population of the state. One of the most significant differences is family income. Poverty associated with the likelihood that children

will be maltreated and become involved with CPS. The National Incidence Study found that children living in poverty are five times more likely to be maltreated than children not living in poverty.^{xxvii}

CPS involvement is not distributed evenly across racial and ethnic groups. Following a pattern seen nationally, children from certain racial minority groups are overrepresented among CPS clients. Compared to White children, African American children in Texas are 1.7 times more likely to be reported to CPS, 1.9 times more likely to be investigated by CPS, and 1.6 times more likely to be removed from their families. There is also substantial disparity in child maltreatment fatalities by race as shown in Figure 7. African American children represent only 11 percent of the child population in Texas, yet make up 28 percent of the 211 child maltreatment deaths in 2018.

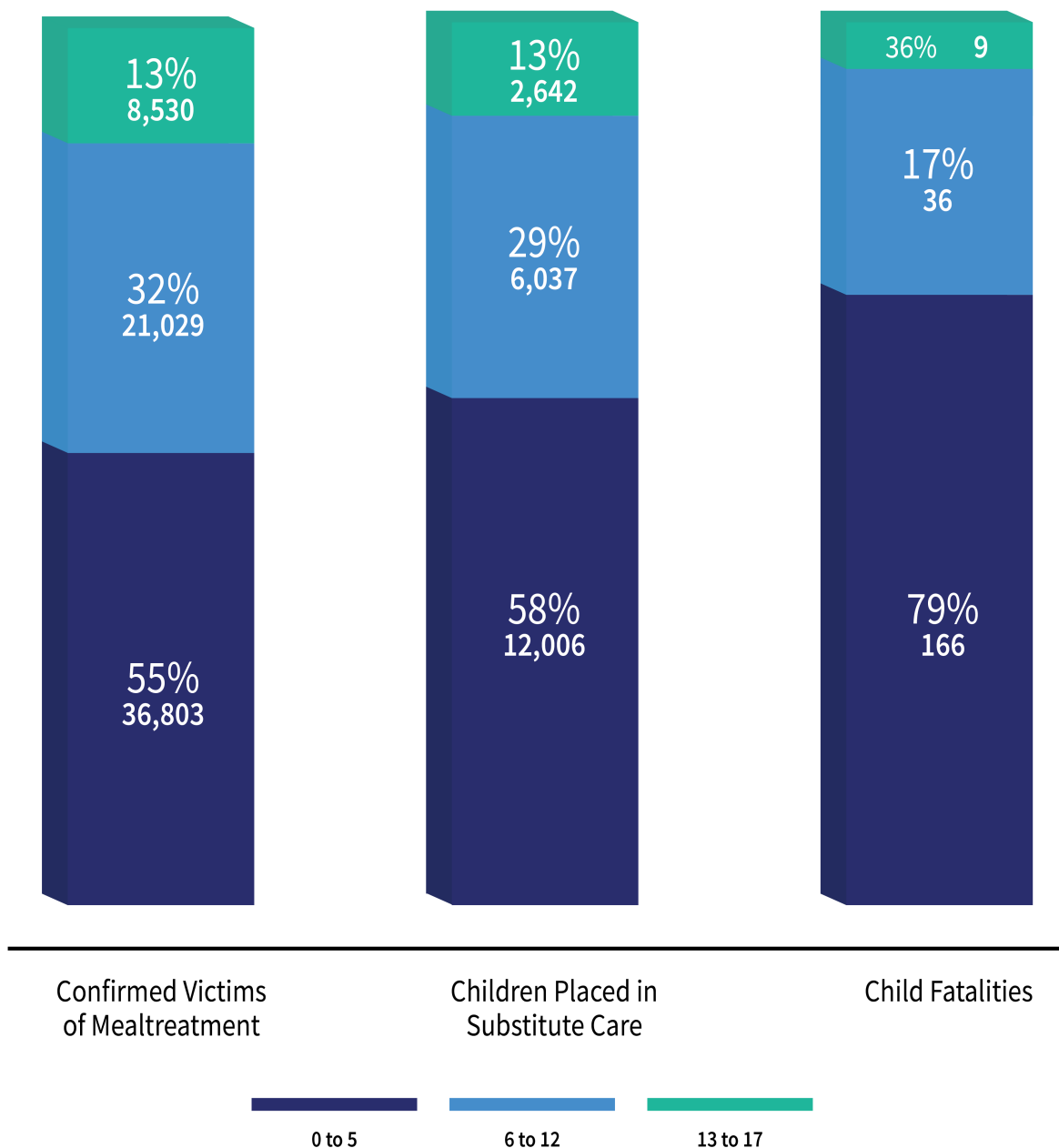
The disproportionate representation of African American children on child welfare caseloads has been the subject of considerable research and debate among child welfare stakeholders in recent decades. While many factors may contribute to this phenomenon, including individual and systemic racial bias,^{xxviii} the strongest and most recent research finds that when poverty is controlled for, racial and ethnic disparities diminish or disappear. This suggests that macro-level socioeconomic conditions concentrate risk factors in some communities of color and are the primary drivers of disproportionality in the child welfare system.^{xxix}

Figure 7: Number of Child Maltreatment Fatalities by Race



Age is also a relevant category in examining the characteristics of CPS clients, as shown in Figure 8. Younger children are much more likely than older children to be the victims of maltreatment. Of the 66,638 children in Texas who were designated as victims of abuse or neglect following a maltreatment investigation in 2018, about half were under age 5. Similarly, just over half of the 20,685 children who were removed from their homes into state custody the same year were 5 or younger. Younger children are also far more likely to experience fatal maltreatment than older children and youth.

Figure 8: Age Distributions for Key Measures



Many key outcomes in the child welfare system also vary considerably from region to region of the state. Each state region has unique population demographics, cultural norms, socioeconomic conditions, workforce dynamics, judicial practices, and community resources such as foster homes and social service programs. These factors and others produce regional differences in both the prevalence of and types of maltreatment children experience, as well as the dynamics of the child welfare system. As a result, statewide statistics do not always paint an accurate picture of what outcomes look like at the regional level. Some key measures of system functioning are broken out by region in Figure 9, with the most (green) and least (red) desirable figures highlighted in each category.

Figure 9: Regional Differences in Key Outcomes

	CHILDREN CONFIRMED AS VICTIMS PER 1000 IN REGION POPULATION	CHILDREN REMOVED PER 1000 IN REGION POPULATION	PERCENT OF CHILDREN PLACED WITHIN REGION	AVERAGE MONTHS IN SUBSTITUTE CARE	PERCENT OF CHILDREN REUNIFIED
REGION 1 - LUBBOCK	45.3	4.9	68%	19.7	32%
REGION 2 - ABILENE	75.1	7.6	65%	17.2	35%
REGION 3 - ARLINGTON	34.5	2.2	82%	20	31%
REGION 4 - TYLER	45.5	5.4	60%	16.6	40%
REGION 5 - BEAUMONT	43.5	4.6	59%	18.1	32%
REGION 6 - HOUSTON	31.2	1.4	88%	23.9	26%
REGION 7 - AUSTIN	37.1	4.1	77%	16.1	36%
REGION 8 - SAN ANTONIO	47	3.5	81%	20.4	30%
REGION 9 - MIDLAND	42.4	4.1	40%	17.3	30%
REGION 10 - EL PASO	28.4	1	81%	20.1	40%
REGION 11 - EDINBURG	35.7	2.4	83%	16.8	40%
STATE TOTAL	37	2.73	77%	19.1	32.7

Finally, recent empirical research has identified multiple factors that increase the risk of maltreatment at the community level. Communities with high rates of poverty, health and disability factors (e.g., maternal smoking, low rates of breastfeeding), threats to child safety and health (e.g., emergency department use among infants), low educational attainment, and high infant mortality are some of the factors associated with the risk of maltreatment in a community. The underlying factors producing the risk levels of different communities can vary even when the assessed level of risk is the same.^{xxx xxxi} The differences in underlying community conditions driving risk levels reflects the dynamic and multifaceted nature of how risk factors manifest in individual communities, and highlights the inherent challenges of applying generic maltreatment prevention strategies around the state.

Section 1.6 Partner Providers

Partner providers are organizations that support the Texas child welfare's three critical networks (human service public agencies, service and care providers, and the judicial and legal community). These entities play a vital role in providing immediate support for children either in care or at risk of entering care along the shallowest waters to its deepest point. However, their primary focus is not generally child welfare.

Health and Wellness Agencies

Health Care Staff

Health care staff, whether practicing at a clinic or at a hospital, work directly with children who have reported cases of abuse and neglect. Staff can include doctors, nurses, and hospital caseworkers. The Department of Family Protective Services launched a 3 in 30^{xxxii} program that requires children entering DFPS legal custody to receive a medical exam within 3 days of removal and a Child and Adolescent Needs and Strengths (CANS) assessment within 30 days of removal. A STAR Health credentialed clinician or a CANS-certified provider affiliated with a child placing agency must complete a CANS assessment of children (ages 3-17) within 30 days of a child entering DFPS legal custody.

According to the DFPS website:^{xxxiii}

The Child and Adolescent Needs and Strengths (CANS) assessment is a comprehensive trauma-informed behavioral health evaluation and communication tool. It is intended to prevent duplicate assessments by multiple parties, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions. CANS assessments help decision-making, drive service planning, facilitate quality improvement, and allow for outcomes monitoring.

There are only few hospitals and clinics, such as Dallas Children's Health, that exclusively specialize in serving children in DFPS care. As a result, hospitals and clinics are imbedded within the continuum of care for children in state legal custody. Educating health care professionals on the need to tailor services to meet children in legal custody's needs is an ongoing challenge across the state.

STAR Health

STAR Health is the Medicaid program for children in state conservatorship. They play a crucial role in providing comprehensive mental and physical health care and care coordination to children in Texas foster care. Superior HealthPlan currently administers the STAR Health plan for children that covers basic mental and physical health needs. STAR Health also offers educational outreach in communities across Texas on many health topics; provides in-person and online resources to children and families to live healthier; and offers incentive programs to jump start healthy living for children in DFPS care. While STAR Health works to make its services known and available, providers often report challenges in accessing benefits or even in knowing which benefits are available.

Educational Institutions*Special Education*

Many children in foster care experience educational delays due to the number of placements they have in care. As a result, foster youth can sometimes be placed in special education due to stalled academic advancement and because of behavioral issues potentially caused by trauma and separation. Organizations such as the Texas Children's Commission and the Texas Education Agency^{xxxiv} (TEA) do focused work and, at times, advocate for special policy to protect foster youth from inadvertently experiencing special education

Early Childhood Intervention Programs

Early Childhood Intervention (ECI) is a statewide program within the Texas Health and Human Services Commission for families with children aged 0 to age 3, with developmental delays, disabilities or medical diagnosis that may impact development. ECI services support families as they learn how to help their children grow and learn. Early prevention is key to foster youth's future educational success.

Pre-K/Early Childhood Development Efforts

Early childhood prevention, or what some call zero to three (0-3 years) programming and research, highlight the importance of early detection of mental and physical effects of abuse and trauma. Many organizations like TEA, First3Years,^{xxxv} and the UT Prenatal to Three Policy Impact Center^{xxxvi} are working with the legislature and the community to share research and information that highlight early intervention strategies for children and families in Texas.

Liaisons

Any 2-year or 4-year public institution in higher education that accepts the foster care tuition^{xxxvii} waiver and all K-12 schools in Texas have a foster care liaison. A liaison is the first point of contact for many youth and students who age out of care. Their role is to inform students of special programs and benefits and to support the students throughout their academic journeys as they navigate educational institutions. Liaisons are non-funded, state mandated points of contact.

K-12 Schools

The Texas Children's Commission, the Texas Education Agency (TEA), and an abundance of child placement agencies have focused programming to support foster youth in K-12 education. However, school districts,

besides liaisons mentioned above, very rarely have staff dedicated to support the immediate and often extensive needs of foster youth. Even if they do have programming, sometimes foster youth are so transient that they never get to see the full benefit of the programming offered. Foster care agencies may opt for charter schools or home schooling some of the kids they serve to either catch them up to grade level or to allow them access to tailor the content and delivery to the specific needs of the child. TEA is currently updating a guide they created for K-12 educators^{xxxviii} to help them understand the complex situations that often come with foster care.

Higher Education

Depending on which research you cite, foster youth have between a two and eleven percent graduation rate from college.^{xxxix} With graduation rates so low, state organizations like Education Reach for Texans^{xl} formed to bridge the gap between K-12 education and higher education and champion post-secondary education success for students formerly in foster care. DFPS and HHSC disseminate state funds like the Educational Training Voucher (ETV),^{xli} Extended Foster Care, and Supervised Independent Living (SIL)^{xlii} to financially support foster youth as they age out of care and begin their professional careers and education.

Law Enforcement

Law enforcement officers are often the first to receive reports of child abuse and neglect. The law requires DFPS to contact law enforcement agencies about all alleged child abuse or neglect reports. Then, law enforcement can decide if they want to do a separate criminal investigation on the child's family. Officers are also trained to recognize the signs of abuse and neglect so that if they are called for reasons unrelated to abuse, they can still spot signs of abuse and intervene appropriately. They may be called to investigate potential criminal charges; identify and apprehend the alleged offender; file criminal charges; support CPI investigators in removing children from their homes; and provide information, guidance and support to children and families involved in the system. Law enforcement also plays a critical role in supporting DFPS' work around preventing sex trafficking and bringing traffickers to justice.

Public Housing

Organizations like DFPS work closely with state and national agencies that provide housing services for families involved with Texas child welfare. For example, the Department of Housing and Urban Development^{xliii} provides funds for youth at-risk of homelessness and families experiencing financial challenges to help keep families in safe housing. Families that struggle to pay rent are often at-risk of having financial hardships affecting other basic needs like access to healthy foods, water, and cool air and heat, to name a few. Many organizations work in partnership with DFPS to offer families the housing support they need to keep their family together and safe.

Homeless Shelters

Homeless shelters play a necessary role in the continuum of care. The National Youth in Transition Database^{xliv} reports anywhere from 28 to 40 percent of youth experience homelessness before age 21. To address this issue, agencies offer specialized services for homeless youth, especially as they age out of the foster care. Many other homeless shelters do not provide specialized services, yet they serve many people formerly in foster care.

Workforce/Employment Agencies

The Texas Workforce Commission works closely with DFPS and the Texas Children's Commission to increase access to good, long-term employment for former foster youth. Their programs ensure that youth aging out of care and young adults formerly from care have the education and resources needed to be successful post-foster care.

Section 1.7 Key Findings and Recommendations

Given the disproportionate focus on the human service public sector agencies in Section 1, it should come as no surprise that many systemic change efforts have historically focused on this network within the child welfare sector. Unfortunately, this reflects a critical challenge to systemic child welfare improvement. Solving entrenched societal issues such as poverty, mental health, substance abuse, and domestic violence is not done by large statewide agencies alone. Instead, it is local service and care providers that are best positioned to create change throughout the industry.

We recommend a strategic focus on supporting the effective rollout of Community-Based Care (CBC) across the state. There is already ample evidence to suggest that the existing CBC agencies have the knowledge, skills, information, and community connections needed to drive child welfare forward. Related to the focus on supporting CBC, is continuing to support efforts that reflect impactful cross-systems collaboration. While certainly a necessary component of successful CBC, breaking down siloes through cross-sector partnerships can impact child welfare across the state by improving service delivery, providing for more effective leveraging of resources, and helping to change perception of how communities work together to address child abuse and neglect.

Finally, every child and family that wades into the child welfare river must be appropriately assessed for strengths and risks. The three critical networks in the industry (human service public agencies, service and care providers, and the judicial/legal community) further have an obligation to ensure that appropriate services are available and that the intervention is as minimally disruptive to the child and family as possible. In the current system, services are rarely sufficient to meet to the existing, and future, needs of a community. We recommend the development of the right service capacity reflective of community need and believe that community service and care providers are in the best positions to develop this capacity.

Section Takeaways:

Overreliance of the public sector may stifle systems change. Two common misconceptions embedded within this overreliance are:

- 1. The Department of Family and Protective Services is not the only government agency that provides services to child and families.*** Public perceptions of statewide child and family services rely heavily on the notion that DFPS is fully responsible and credited with providing direct services to children and families, when in reality families are served by a plethora of other public sector services from juvenile justice systems, the Health and Human Services Commission, workforce, housing and Texas courts to name a few.
- 2. Public sector agencies are not the only agencies providing services for children and families.*** For many years the public sector has relied on and contracted with non-profits and community

organizations to provide most of the services to families and children in the child welfare system. Issues families face are individualized and vary greatly; hence the need for local community support and services to provide stability and sustainability by walking alongside families. Both government and community organizations' services are intertwined, dependent on each other for success and important to the healthy futures of children and families in Texas.

Varying health and human services agencies in both the public and private sectors work separately and in-tandem to address entrenched issues like poverty, mental health, substance abuse, and domestic violence. Many of these issues are in fact the primary causes for the vast majority of abuse and neglect in the child welfare system. As evidenced by the multitude of pages this report spends discussing the public child welfare agencies, the system currently relies on entities like the Department of Family and Protective Services and the Health and Human Services Commission to drive change and address these issues. Given the current outcomes the system generates, this is not sustainable. When overreliance on the system occurs, families that are at-risk of maltreatment and abuse are not on child protective services' radar until after abuse or neglect occurs. These are reactive, not proactive approaches to child protection. Further, because the overwhelming majority of families are served not by the public agencies, but by private community organizations who are often the "front door", those agencies are in the best position to prevent abuse or neglect from occurring, address the underlying causes of abuse/neglect and act as the primary change agents within the system.

Recommendation: Support Community-Based Care with a specific focus on community readiness, capacity building, and collaboration, continued support of CBC would enhance communities' ability to take ownership of their local child welfare systems, work to identify and address the unique service needs and challenges of communities across the state, and work to build on their community strengths.

Recommendation: Enhance cross-system collaboration because siloes are a debilitating presence within the child welfare industry. Success for child welfare requires partnerships in no small part because the industry crosscuts so many sectors. Continued support of cross-system work can improve service delivery, provide for more effective leveraging of resources, and help change perception of how communities work together to address child abuse and neglect in their areas.

Ensuring efficacy and quality in children and families support systems is paramount; yet efficacy and quality are elusive to define and difficult to achieve. Services and interventions in the child welfare system are not medicinal, whereby the treatment is administered, and healing begins. Working with families is complex, the system where this work occurs is complicated, and measuring success depends upon a host of variables even the most advanced researchers do not completely understand. Execution and evaluation of programs and initiatives matters and is often undervalued, underfunded and put on the backburner while seemingly more pressing issues are addressed.

Recommendation: Encourage the development of the right service capacity within the continuum of care that reflects community need. In a state with as much diversity as Texas, we are susceptible to "one size fits all" policies and programs. The right intervention should be delivered to the right family at the right time. Every individual in every family must be appropriately assessed for strengths, risks. Furthermore, the system has an obligation to ensure that if a family is assessed to need help, the obligation by us all is to ensure appropriate services are available and that the intervention is as minimally disruptive to the child and family as possible. In the current system, services are rarely sufficient to meet to the existing, and future, needs of a community.

Section 2 - Texas Child Welfare Funding

Section 2.1 Major Child Welfare Funding Sources in Texas

Texas child welfare funding is guided by the Texas General Appropriation Act, the state budget set by the Texas Legislature each biennium. In Texas, the health and human services budget which includes the child welfare system in addition to Medicaid funding and other programs is \$84 billion or 33 percent of the overall budget. While this seems large, Texas' constitution requires a balanced budget and there is political will to contain costs in human services funding. Funding is competitive among programs, agencies, and sectors, and demonstrating outcomes is becoming an integral part of contracting with the state.

In the 85th Legislative Session in 2017, the Governor declared child welfare an emergency item for the Legislative Session, and the Texas Legislature made a substantial investment in the child welfare system. This investment yielded a clear return including reduced CPS caseworker turnover, a decrease in CPS caseloads, and contracts in place for three Single Source Continuum Contractors (SSCCs), which adopted a community-based continuum of care emphasizing the local community to support and provide services to the children and youth. In addition, the Legislature funded foster care at an additional \$95 million, which contributed to the increased capacity in foster homes by nearly nine percent and saw an increasing number of children are being diverted from residential care and instead placed in therapeutic foster homes.

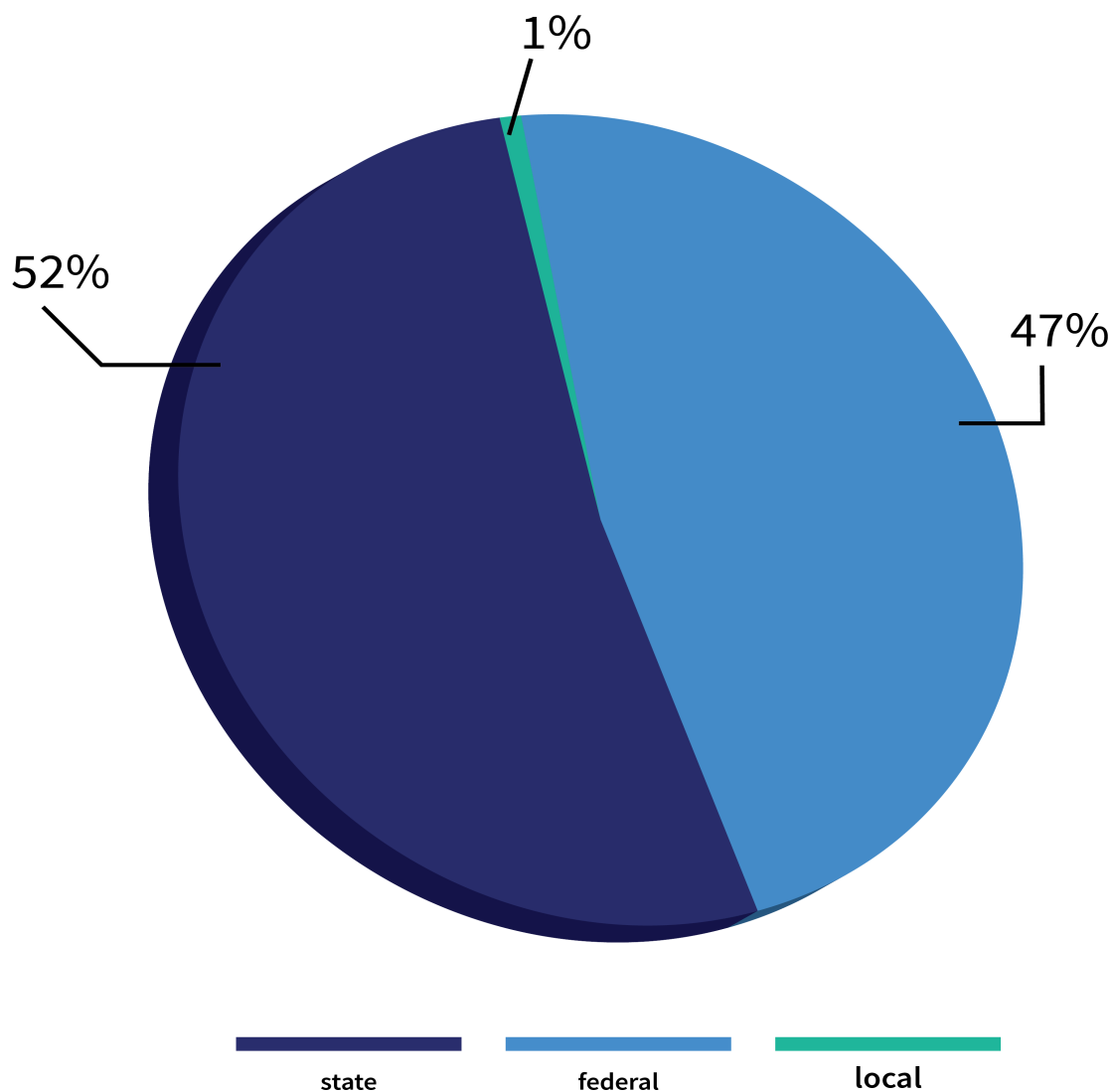
These improvements are noteworthy, but the legislative process lacks an ongoing investment strategy necessary to make continued, systemic gains. For instance, Prevention and Early Intervention (PEI) programming, considered by many to be the one of the most important ways to reduce the number of children and families that become more involved in the system is often the first child welfare program to receive a cut. When these funding cuts occur, it is feared that the State can expect increased CPS interventions, additional trauma to the child and family, and certainly more state-funded resources for the number of families that need additional support. Although, this it is difficult to prove the cost avoidance from investing in primary prevention because it is nearly impossible to identify families that would have otherwise come into the child protection system without prevention services. And while PEI funding is nowhere near the need to cover the entire universe of families who might benefit from primary prevention programs, Texas is often praised nationally for its significant investment of state funds into primary prevention. As the rate methodology assessment commissioned by the Texas Center and conducted by MMHPI and Deloitte points out, because the current methodology does not set rates based on actual costs, there is always a gap between the actual cost and the rate provided to deliver the services. Therefore, community organizations that directly serve children, youth, and families have focused their fundraising efforts on the supports needed to operationalize programs that provide safety and heal trauma while also meeting regulatory standards.

Organizations responsible for care and services are responsible to their communities, their boards, their staff, and most importantly, their children and families that they support. Their budgets must withstand volatile funding streams and major cuts to the state budget. To bridge the financial gap, organizations continue to raise private funds to fill in the gap not funded by the Legislature. This funding is often critical to their daily success but cannot always be relied upon year after year, and can therefore stifle innovation, best practices, and quality of care. Texas needs a long-term strategic funding strategy which can effectively absorb increased demand, external pressures, and allow room for innovation in practice.

Funding strategies should utilize methodologies that gather the best information, capture more meaningful data and monitoring, pay for quality, and bring more precision and accuracy to the way levels of care are determined by aligning service levels more with children's actual needs.

State and local child welfare agencies rely on multiple funding streams to administer programs and services. At least seven funding sources are available to child welfare agencies, each with its own unique purposes, eligibility parameters, and limitations. This creates a complex financing structure that can be challenging to understand. In this section, we outline the main sources of funding, existing gaps, and trends that constitute the bulk of child welfare funding in Texas.

Figure 10 provides a high-level look at the how the public leg of the Texas child welfare table (DFPS) is funded. This provides the foundation on which the rest of Section 2 is built.^{xlv}



Federal Funding

Titles IV-E and IV-B of the Social Security Act set the federal funding strategies for child welfare in the United States. The Children's Bureau administers fund disbursement allowable under both provisions and describes them as follows:

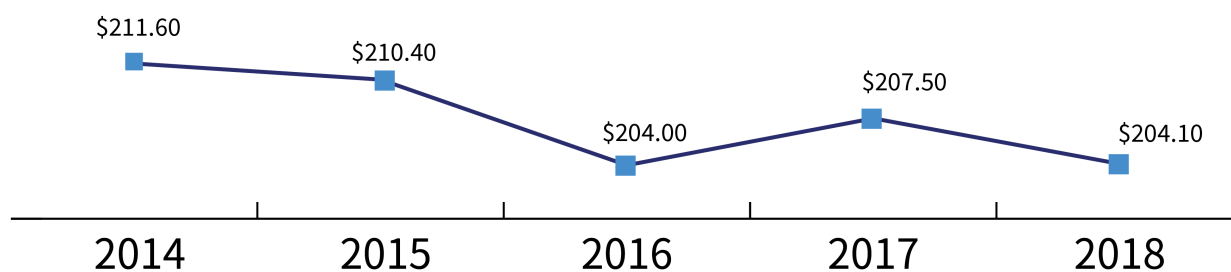
Title IV-E Foster Care

The Title IV-E Foster Care program provides annual funds for a state's foster care program but has specific eligibility requirements and fixed uses of its funds. The formula for funding is contingent upon a state's IV-E plan and requires a state to submit yearly estimates of expenditures as well quarterly reports of actual and anticipated expenses. Funds are available for:

- monthly maintenance payments for the daily care and supervision of eligible children;
- administrative costs to manage the program; and
- training of staff and foster care providers; recruitment of foster parents and costs related to the design, implementation and operation of a state-wide data collection system.

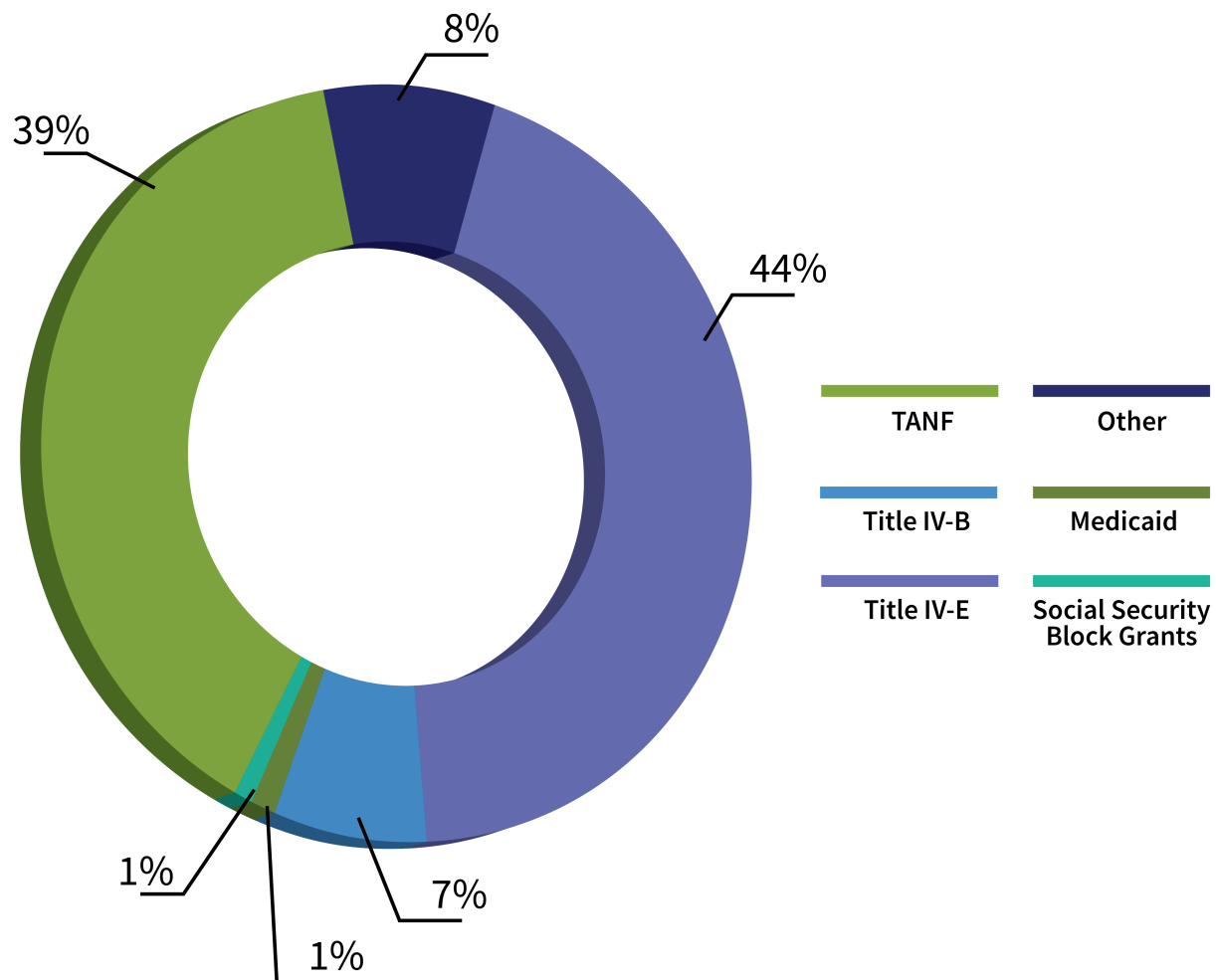
Only DFPS or a Tribe designated to provide a program of foster care is eligible to apply for and receive direct title IV-E funding.^{xlvii} Title IV-E funds are continuously declining year after year, and Texas' reliance on these funds, coupled with the new way these funds will be utilized when the Family First Prevention Services Act (FFPSA) is implemented may further decrease Texas' reliance on these funds.

Figure 11: Title IV-E Awards to Texas: Fiscal Years 2014-2018 (in millions)



The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1 of the Social Security Act) Title IV-B provides funds to State and Tribes with the goal of family preservation and reunification and preventive intervention so children will not be removed from their homes, regardless of income.

Figure 12: Federal Expenditures for Texas Child Welfare \$730,329,297 (2016)

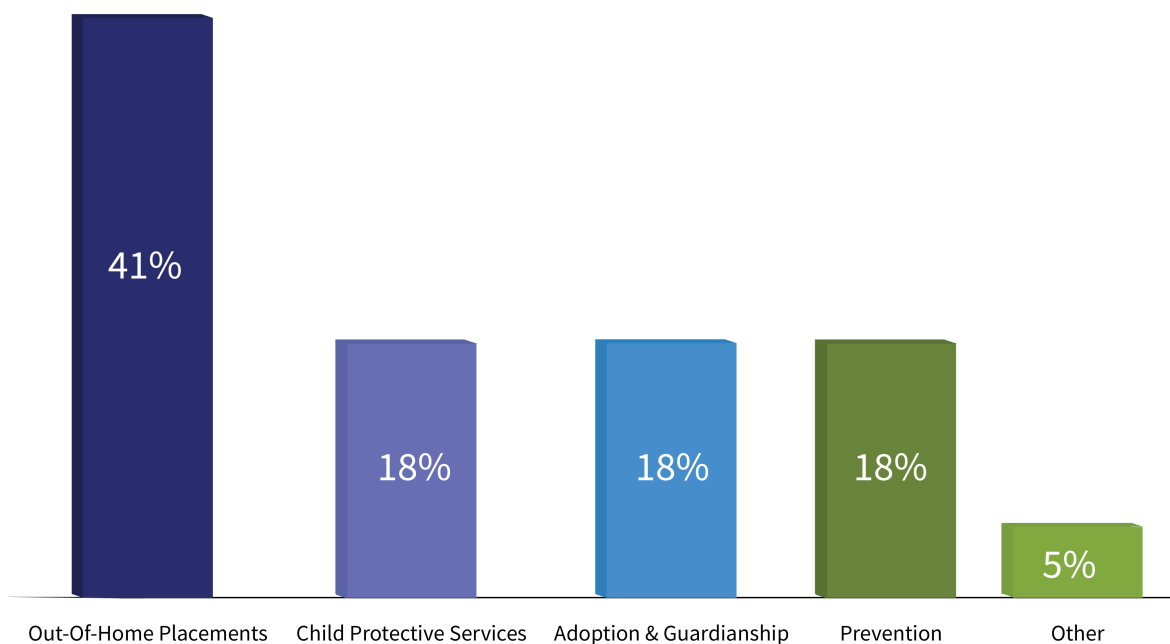


State Funding

State and local funds are typically used to match federal funds or to draw down federal dollars, although for many prevention and family preservation programs, only State dollars are used to fund these programs. Texas provides federal to state match on the Title IV-E funding with the Federal Medical Assistance Percentage (FMAP) or 57 percent being used for maintenance of effort payments, 25 percent state match for staff/provider training, and 50 percent state match for administrative costs.

Most of the state/local funds are disbursed to support placements that occur when the child is removed from their biological families and placed in foster care.^{xlvii}

Figure 13: State and Local Fund Disbursement



Section 2.2 Gaps and the Role of Private Funding

Prevention Services

While the state invests significant funds into prevention services (over \$107 million in state funds this biennium), these programs do not receive enough state and federal funding to be implemented statewide, and there is a growing need to provide services to keep children out of foster care and in their communities. DFPS relies on community organizations to not only contract for prevention services but also to provide free community, prevention services and classes to at-risk children, youth, and families. These classes and services are provided through local and philanthropic funds.

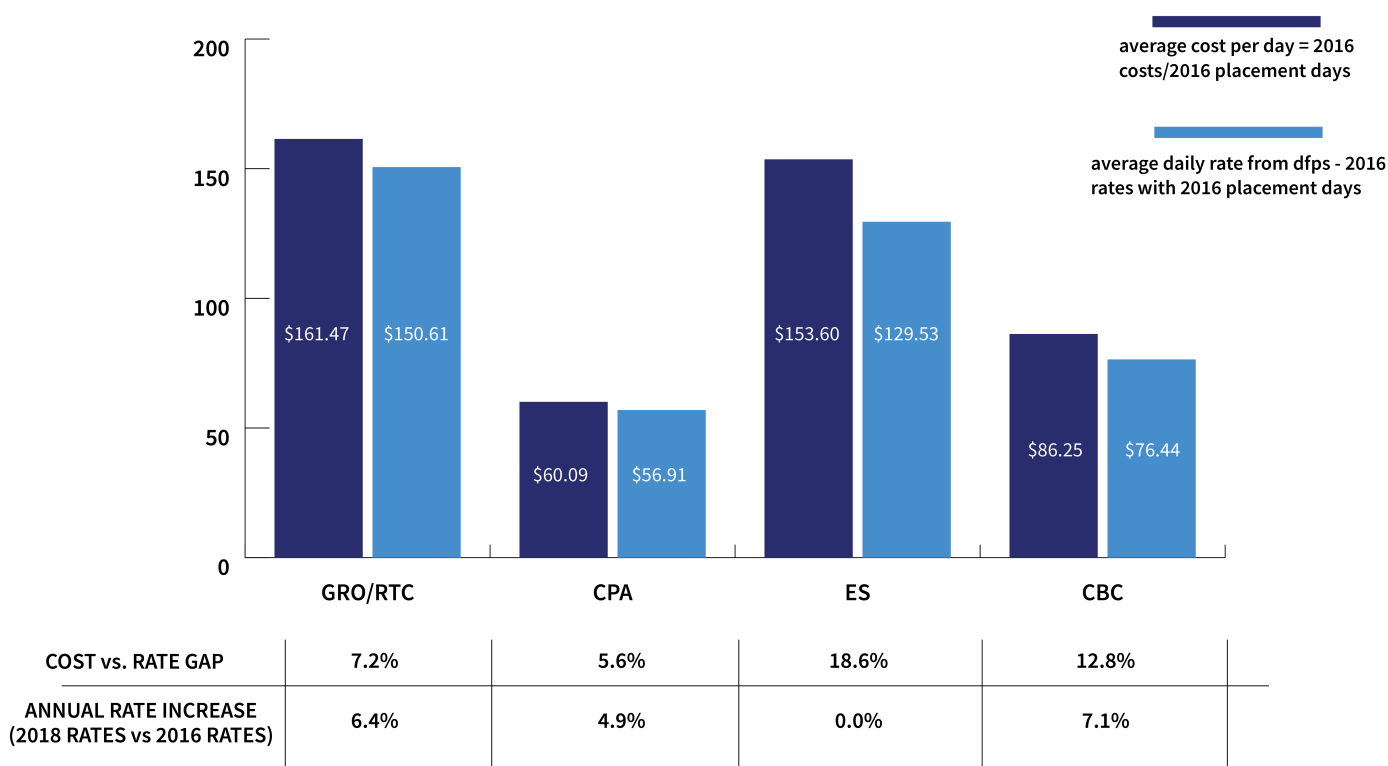
Family Preservation Services

Currently, services to keep children who are at “imminent risk” of entering foster care with their families are only paid through state funds. CPS relies on contracts with state funding to provide preservation services to families as well as no cost services provided through local communities and philanthropic funding. With the forthcoming implementation of the federal Family First Prevention Service Act (FFPSA), State’s will have the option to utilize federal funds with a state match to provide some of these services. Services under this umbrella are lacking across Texas and are a critical part of the child welfare system for families to receive support in order for their children to not enter the foster care system. There is currently no federal or state funding dedicated to building family preservation capacity.

Foster Care

The cost of care is determined by the state which uses the residential child-care cost report as the method to aggregate allowable costs for the various private providers. The current methodology utilized in the cost report does not set rates based on actual costs and there is always a gap between the actual cost and the rate provided to deliver the services. The following chart compares the average of the reported allowable costs per placement day by the placement setting compared to the average rate received per placement.^{xlviii}

Figure 14: 2016 Daily Cost vs 2016 Daily Rates



Additionally, DFPS recognizes that the 24-hour residential childcare programs are significantly underfunded from two to thirty-three percent depending on placement type. Biannually, DFPS prepares a report that shows the incremental cost to fully fund the rate, which details years after year that the child welfare system is significantly underfunded. While additional funding has been given to the system over the years, it has not caught up, not even closely caught up with the actual costs of care.

	GR	All Funds	Total
FY 2020	\$53,409,638	\$74,652,417	\$128,062,055
FY 2021	\$54,176,586	\$75,068,505	\$129,245,091
	\$107,586,224	\$149,720,922	\$257,307,146

Figure 15: Incremental Cost to Fully Fund the Rate Based on December 2018 Projection

There are several key points of note from the above data. First, based on DFPS's own projections, the residential foster care system is underfunded by nearly \$108 million. Second, this gap is likely larger as the validity of the numbers assumes that the cost reports are an accurate reflection of the actual cost of care. This assumption is not widely shared by child welfare stakeholders. Finally, the state relies heavily on the philanthropic community to close the gap, which has a direct impact on how organizations can expand the quantity and quality of the services they provide. We find the following example of differences within one group of community organizations to illustrate the above data:

Child Placing Agencies have disparate levels of allowable costs above the statewide average. These costs include more hours and wages for case managers, foster family recruiting/retention staff, program directors, Registered Nurses, and many other job categories. Additionally, based on interviews with the private providers, most with above statewide cost averages report that additional resources were required to provide:

- Competitive compensation package for licensed staff and case managers.^{xlix}
- Additional trainings for staff and foster care,
- Accreditation,
- Technology to increase efficiency and improve operations and
- Extras for the children to have normalcy (extracurricular activities, clothing allowance, car insurance for foster child to drive, etc.)

The current rate setting methodology that determines the rate for services has not been reviewed or updated in several years. The Texas Center for Child and Family Studies (The Center) and Meadows Mental Health Policy Institute (MMHPI) undertook an initiative to better understand the current rate setting methodology, make recommendations on how to improve such methodology, and to better understand how additional federal dollars can be accessed to fund the child welfare programs. The Center and MMHPI engaged Deloitte Consulting to conduct an actuarially based analysis of Texas's current rate-setting methodology for 24-hour residential childcare services including the Community Based Care model. The intent of this work was not to determine the foster care rate but to provide actionable recommendations related to the rate setting methodologies for the foster care programs.

During the most recent legislative session, the Health and Human Service Commission (HHSC) adopted a Special Provisions Article II Rider, that authorized HHSC to partner with the Department of Family Protective Services (DFPS) and a third-party contractor to review and evaluate the foster care rate methodology. Not later than September 1, 2020, HHSC and DFPS shall report on the evaluation of the methodology and cost-reporting requirements to various governing legislative bodies.

Post-adopt services

There is a growing need for adoptive families to receive support and services post-adoption from the foster care system. While this continues to be a growing need statewide, a lack of funding can and has led to broken-down adoptions, resulting in children re-entering the foster care system in order to receive behavioral health and medical services. State money always runs out for this population and group of services.

Section 2.3 Current Public Funding Trends

Several recent shifts in funding at the federal and state levels will impact child welfare agency expenditures.

Funding Decreases due to Sequestration¹

Of the primary federal child welfare funding sources, three (Title IV-E, Medicaid, and TANF) were protected from sequestration and two (Title IV-B and the Social Services Block Grant or SSBG) were impacted. Title IV-B spending by child welfare agencies decreased 29 percent over the past decade, partly due to sequestration, but also because of changes in appropriations for various IV-B programs. SSBG spending increased 8 percent during the past decade. While the overall SSBG allocation to states has decreased due to sequestration, it appears child welfare agencies are accessing a larger percentage of that allocation than in the past.

Funding increases due to implementation of Fostering Connections to Success and Increasing Adoptions Act of 2008

As the adoption assistance eligibility requirements broadened, the number of children receiving subsidies and the overall funding level increased. The law also gave states the option to use Title IV-E for guardianship assistance payments. There was a 6 percent increase in adoption assistance payments in 2016 over 2014, and a 45 percent increase in Guardianship Assistance Program for the same time period. The Fostering for Connection Act also allowed for Title IV-E to be used for the costs for youth ages 18-21 who remain in foster care.

Funding decreases due to changes to Title IV-B

Title IV-B funding is available to other programs beyond child welfare agencies without an increase to the total Title IV-B funding. This change in Title IV-B structure resulted in an increase in funding for the set-aside programs and decrease available funding for child welfare agencies.

The Family First Prevention Services Act (FFPSA)

FFPSA made significant, changes to Title IV-E funding which has the following key components:

Supports prevention of foster care services

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.

Provides support for kinship (relative) caregivers

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.

Establishes requirements for placement in group residential treatment programs

Allows federal reimbursement for care in certain residential treatment programs for children with emotional and behavioral disturbance requiring special treatment. This will have a significant impact on Texas.

Improves services to older youth.

Allows states to offer services to youth who have aged out of foster care up to age 23, along with adding flexibility to the Education & Training Voucher (ETV) program.

The State has a big lift to determine how it will implement FFPSA. There is significant federal match and cost to compliance, which may be offset by some savings from reducing removals and less time but more effective stays in RTCs. Senate Bill 355 passed by the Texas Legislature directs implementation planning. Currently, Texas has declared it will implement by October 2021, giving the Texas Legislature time to determine the State's policy and funding decisions.

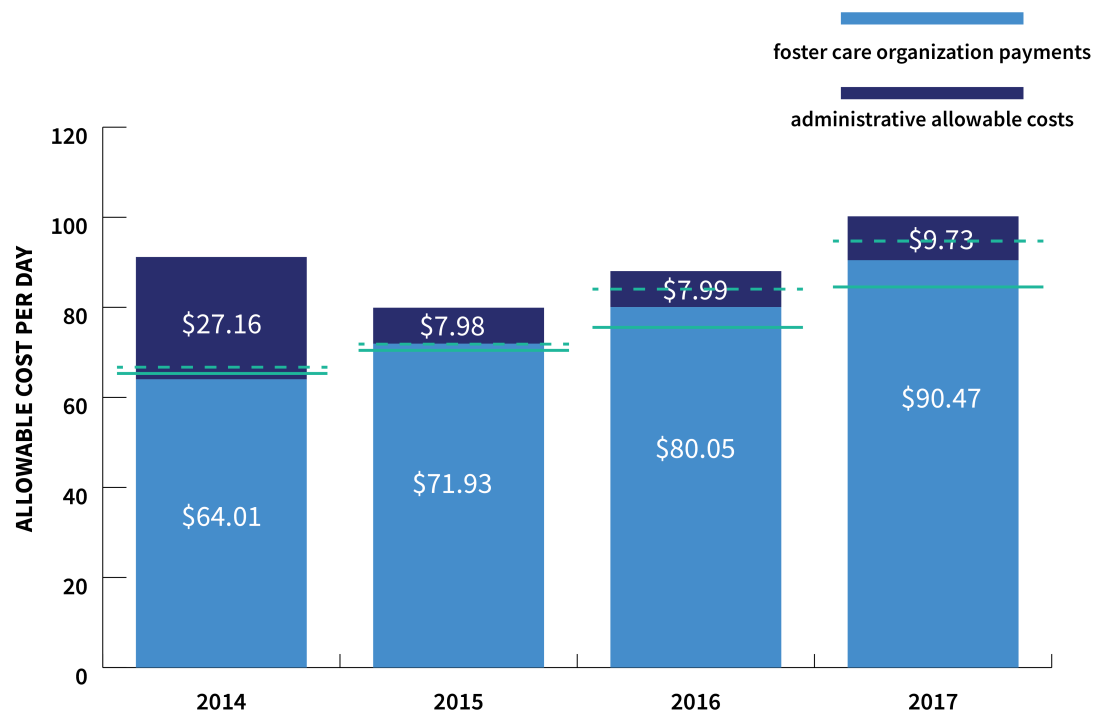
Community-Based Care (CBC) Stage 1:

Texas continues with the transitions to Community Based Care (CBC) model to provide child welfare services. The pace of roll-out has quickened in recent years and while there is excitement surrounding the promise for improved outcomes in the CBC model, the costs to implement and operate this new model are significant. There have been four SSCCs since the CBC began. Only three are currently operating.

1. Providence is the first entity to be awarded a SSCC contract in 2013 under Foster Care Redesign. Providence voluntarily terminated its contract with DFPS in 2014 due to unanticipated costs to care for children.

2. ACH formed OCOK and became the first SSCC in Texas to begin work under the Community Based Care model in 2014. The total cumulative deficit for 2014-2017 is over nine million dollars. Despite the deficit, it is important to note that the total revenue amounts increased each year. Likewise, the total allowable costs also increased, driven mainly by foster care organization payments. The following chart shows the average allowable cost per placement day and the average revenue per placement day.

Figure 16: OCOK Allowable Cost and Revenue by Year



BLENDDED RATE (INCLUDING EXCEPTIONAL CARE)	\$64.85	\$67.37	\$73.42	\$80.37
TOTAL DAILY REVENUE	\$66.36	\$70.57	\$80.33	\$90.63
TOTAL DAILY REVENUE MINUS TOTAL DAILY ALLOWABLE COST	\$(24.81)	\$(9.34)	\$(7.72)	\$(9.57)
TOTAL REVENUE MINUS TOTAL ALLOWABLE COST	\$(1,997,094)	\$(4,390,600)	\$(3,584,132)	\$(2,997,170)
NUMBER OF CHILDREN SERVED	2,631	15,340	16,386	16,474

3. Family Tapestry, formed by The Children's Shelter, became an SSCC for Catchment area 8a (Bexar County). Family Tapestry began operations in May of 2019. They incurred an estimated \$8 million in start-up costs.

4. 2INgage, formed by Texas Family Initiative and New Horizons, became an SSCC for Catchment area 2 (a 30-county area encompassing Wichita Falls and Abilene). 2INgage began accepting placements in 2018. They incurred an estimated \$6 million in startup costs.

Community Based Care – Stage Two

The costs described above, only encompass the activities necessary to begin work in Stage One. Beginning in 2020 and moving forward, all SSCCs will transition to Stage Two and will have the following additional responsibilities and duties:

- Provide case management
- Provide kinship services
- Provide reunification services
- Expand the continuum of services to include services for families
- Increase permanency outcomes for children

The estimated cost to implement Stage Two is significant and was a weighty discussion by the Texas Legislature in 2019 which resulted in additional funding for the currently operating SSCCs to implement this next stage within the current biennium. We anticipate much more discussion by the Texas Legislature, SSCCs, DFPS and TACFS related to the methodology for funding CBC Stage Two once OCOK stands up this stage and there is real experience and data to inform the funding model.

2.4 Key Findings and Recommendations

The current funding arrangement is fragmented, insufficient, and encourages community organizations to deliver basic services. A quality organization who is accredited with lower caseloads, hires licensed, experienced staff, and provides high quality care and services are paid the same as the organization who only provide the basics. As previously stated, community organizations look to the philanthropic community to help with this gap in funding. It is the difference between providing basic needs as defined by the federal and state governments and the quality care that the children need for wellbeing. Additionally, funding is needed across the system and the ad hoc approach of issue funding often pursued by both public and private funders creates an environment where Texas child welfare experiences tunnel vision, an unnecessary diversion of resources, and industry whiplash. It is important community organizations demonstrate to their benefactors' positive outcomes and improved performance, which in many cases requires technical data-keeping and quality performance measures. However, tracking these metrics and outcomes is something not all organizations currently have the capability to do.

While no single funder can solve the deep-rooted funding challenges in Texas child welfare, a more strategic focus can help offset the more insidious effects of current funding. We recommend the establishment of systemic priorities that include: the utilization of the public health approach to maltreatment reduction, resilience as the natural successor to current focus on trauma, quality of service delivery, adaptability in capacity development, and reduced reliance on more restrictive foster care placement settings. In addition to aligned systemic priorities, we recommend funding that does not fall prey to the “one size fits all” approach of many existing “evidence based services,” but instead supports the development of evidence informed services that are tailored to meet the needs of the individual community.

Section Takeaways:

Ensuring efficacy and quality in children and families support systems is paramount; yet efficacy and quality are elusive to define and difficult to achieve. Services and interventions in the child welfare system are not medicinal, whereby the treatment is administered, and healing begins. Working with families is complex, the system where this work occurs is complicated, and measuring success depends upon a host of variables even the most advanced researchers do not completely understand. Execution and evaluation of programs and initiatives matters and is often undervalued, underfunded and put on the backburner while seemingly more pressing issues are addressed.

Recommendation: Encourage the development of the right service capacity within the continuum of care that reflects community need. In a state with as much diversity as Texas, we are susceptible to “one size fits all” policies and programs. The right intervention should be delivered to the right family at the right time. Every individual in every family must be appropriately assessed for strengths, risks. Furthermore, the system has an obligation to ensure that if a family is assessed to need help, the obligation by us all is to ensure appropriate services are available and that the intervention is as minimally disruptive to the child and family as possible. In the current system, services are rarely sufficient to meet to the existing, and future, needs of a community.

Focusing on one narrow issue is unlikely to yield systemic change and may create or worsen other issues. In child welfare single issue priorities emerge and fade continuously. It is rare (though not unheard of) that work done on single issues can impact the functioning of the entire system. Instead this approach can lead to tunnel vision, an unnecessary diversion of resources, unintended consequences and industry whiplash. This report highlights the importance of a focus on the key drivers that create ripples throughout the system and have a broader, foundational impact.

Recommendation: Establish a set of aligned systemic priorities. Developing, and then working within, a set of priorities aligned through the system’s structure, funding, drivers, and innovations, creates a strategy that is pendulum proof and no longer driven by the issue of the day. In the midst of a variety of hot topic issues, consider overall system impact of niche programs in funding decisions. Examples of systemic priorities include: the utilization of the public health approach to maltreatment reduction, resilience as the natural successor to current focus on trauma, quality of service delivery, adaptability in capacity development, and reduced reliance on more restrictive foster care placement settings.

Section 3 – A Shifting System: Drivers of Change

Section 3.1 The Texas Legislature as Policymaker

The Texas Legislature is the most influential external driver in Texas' child welfare system for issues narrow and wide. Through the passage of the state budget and other the legislation, the Legislature directs policy and funding priorities. The Texas Legislature meets for only 140 days every odd-numbered year, unless called into a special session by the Governor. The only item the Legislature is constitutionally mandated to pass during a regular session is a state budget, but thousands of bills also pass every session.

This limited timeline makes it imperative that those directly involved in the child welfare system communicate early and often with this body on systemic occurrences in the child welfare system and advocate for sustainability of funding and continued support to help set and advance the direction for the system that will best meet the needs of the children, youth, and families served.

The Legislature relies on the resources and information provided by the public agencies, community provider organizations, the judiciary and court system, and other key stakeholders. The Legislature and other policymakers at the local, state, and federal levels at times set policy and funding priorities in a manner that is reactive to system failures or media coverage. While those issues may be legitimate, if not understood in the context of the entire system, policy and funding changes may cause ripple effects throughout care and services. It is critical therefore for entities that have stake in managing the system which includes community organizations, state agencies, and the judiciary to impart knowledge from the system to this body.

In addition to the work done during regular session, the Legislature elicits feedback from external groups and conducts research on how to improve systems across Texas during the interim. Interim hearings and meetings allow important discussions, without the pressure of a legislative calendar, to better the child welfare system through both funding and policy changes as well as education by external groups on how external entities such as philanthropic organizations, the federal government, and local entities all provide support and funding to the system.

Interim charges will be released by the Speaker of the House and the Lt. Governor in the Fall/Winter after a legislative session concludes. Members of the Legislature may make recommendations and often solicit input from stakeholders and constituents. It is expected that the Legislature will focus some of their interim work on pressing child welfare matters such as: CBC implementation, family preservation/reduction in removals, FFPSA, and appropriate use of Medicaid services.

In recent years, the Texas Legislature has directed a series of significant reforms which have had wide-sweeping effects on the system. These reforms are consolidated in the chart below.

Major Texas Legislative Child Welfare Reforms

2005	A reduction in funds from the previous session leads a loss of staff and a child welfare crisis Increased funding focused on prevention and investigations SB 6 directs other stages of service to be phased out to community organizations by 2011
2007	SB 758 focuses on increasing funding for case management after investigations, and increases funding for FBSS and CVS Requires DFPS to pilot outsourcing services with only 5 percent of cases
2010-11	State forms the Public Private Partnership (PPP) State kicks off Foster Care Redesign, the beginnings of what would eventually become Community Based Care
2015	Through SB 206, the DFPS Sunset bill, the Legislature passes legislation implementing elements of DFPS Transformation, an agency-wide review, including allowing caseworkers more time with children and families, a focus on retention efforts, and a number of other operational changes Child Care Licensing is moved to HHSC as part of SB 200, the HHSC Sunset Bill
2017	Child welfare is one of the Governor's emergency items HB 5 makes DFPS a stand alone agency SB 11 directs DFPS to expand Community Base Care, which includes placement services and eventual case management services

Section 3.2 System Oversight

In Texas child welfare there is a complex system of oversight in place. These various oversight mechanisms, outlined below, work diligently to ensure that the child welfare system meets the stated goals of safety, permanency, and well-being. However, the various networks do not always coordinate oversight functions, can work at cross-purposes, and can exacerbate the tensions between safety, permanency, and well-being.

In addition, an unbalanced regulatory system can heighten risk aversion and stifle innovation for the very organizations and agencies best equipped to serve children and families. The consequence of this is that valuable resources may be used on compliance rather than direct care, or that a culture of fear and over-accountability may cause organizations to remain stagnant, or worse shut their doors. Systemically, we see these issues create barriers to capacity and quality of care. The list below, while not exhaustive, offers a picture of the most prominent entities providing oversight into Texas's child welfare system.

Federal Government Oversight

Administration for Child, and Families (ACF)

The Administration for Child and Families (ACF) is a division within the Health and Human Services (HHS) branch of the federal government. HHS is the primary federal agency responsible for child welfare programs. The agency administers more than 60 programs with a budget of more than \$51 billion, making it the second largest agency in HHS. It is comprised of 19 offices. Although there are many programs that address child and family needs under this agency, like Head Start, the two offices under ACF that solely address child welfare in the U.S. are the Administration for Child, Youth, and Families (ACYF) and Children's Bureau.

Administration for Child, Youth, and Families (ACYF)

Within ACF, ACYF administers the major federal programs that support the following: social services that promote the positive growth and development of children and youth and their families, protective services and shelter for children and youth in at-risk situations, and adoption for children with special needs. These programs provide financial assistance to states, community-based organizations, and academic institutions to provide services, carry out research and demonstration activities, and undertake training, technical assistance, and information dissemination. It is worth noting that Texas' own Elizabeth Darling was appointed and just sworn in as the new Commissioner of the Federal Administration on Children, Youth and Families.

Children's Bureau

Within ACYF, the Children's Bureau provides support and guidance to programs that focus on strengthening families and preventing child abuse and neglect, protecting children when abuse or neglect has occurred, and ensuring that every child and youth has a permanent family or family connection. They recommend legislative and budgetary proposals, operational planning system objectives and initiatives, and projects and issue areas for evaluation, research, and demonstration activities. The Children's Bureau issues a wide range of material available to the general public and also conducts the Child and Family Services Reviews (CFSRs), which are periodic reviews of state child welfare systems, to achieve three goals: (1) ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they are engaged in child welfare services, and (3) assist states in helping children and families achieve positive outcomes. After a CFSR is completed, states develop a Program Improvement Plan (PIP) to address areas in their child welfare services that need improvement.

Texas Child Welfare Oversight and Accountability

Because much of the direct work with children and families in the child welfare system is done by contracted providers, it is understandable that there is a focus on strong oversight and accountability of contractors. Multiple divisions within multiple agencies have a role in oversight and accountability.

Figure 17: Visual of Oversight of Community Organizations in Texas



DFPS Performance Based Contracts and Monitoring^{li}

In fiscal year 2019, DFPS moved to a performance based contracting model as directed by the legislature during the 85th session. Performance based contracting is a different approach to contracting that “focuses on specified results and outcomes while giving considerable latitude in determining the manner or means of achieving those outcomes and the resources required in the process.”^{lii}

Performance based contracts attach regular payments, financial incentives, and financial remedies to a contractor’s ability to meet the outcomes defined in the contract. DFPS may use the performance results to make decisions about the present contract status, future contracts, intensity of monitoring, and needed quality assurance supports. The elements of performance-based contracts include:^{liiii}

- Well defined, clearly written, measurable, and achievable performance measures in the Statement of Work (SOW)
- Systemic efforts to track and collect data on the progress of performance measures
- Direct correlation between contract payment and performance through use of:
 - Incentives for meeting targeted performance measures; and
 - Consequences or remedies for not meeting targeted performance measures.

DFPS monitors performance-based contracts ongoing and through the life of the contract. Monitoring is done through ongoing and continual oversight of the contractor’s performance using targeted measures defined in the contract. Performance is measured by DFPS contract staff through the continuous review of data that identifies the recent status of performance and by identifying trends in the data. The contract manager responsible for monitoring performance, continually reviews a contractor’s performance through

data provided in:^{liv}

- Required reports submitted by the contractor.
- Ad hoc reports requested by DFPS.
- Third party review and analysis of data and trends, if applicable.

DFPS and HHSC data systems

The intent of ongoing monitoring of performance data is to assist with continuous quality improvement efforts and ensure:^{lv}

- Early identification of problems and trends.
- Identification of areas where technical assistance may be beneficial.
- Evaluation of service implementation in accordance with the contract.
- Fiscal, programmatic, and administrative compliance of the contractor's processes and procedures with the contract terms and conditions.

DFPS Office of Consumer Relations

The Office of Consumer Relations (OCR) is housed within DFPS and handles complaints about specific cases relating to DFPS program policy including Child Protective Investigations and Child Protective Services. The OCR takes complaints from the public including foster youth ages 18 years old and older, and former foster youth and is the entity for external individuals to address general, non-specific inquiries and questions about a DFPS case as well as the case process. Finally, the OCR conducts formal reviews of a CPI cases when the investigation concludes a person abused or neglected a child.

Youth for Tomorrow (YFT)

Youth for Tomorrow (YFT) is a nonprofit behavioral health care company in Texas that serves public agency children in need of residential services in private contract care. Most importantly, they offer third-party review services on behalf of children in private residential care who are also in the conservatorship of various public agencies (i.e. Texas Department of Family and Protective Services) and they authorize initial treatment services and thereafter re-authorize services for children. In addition, YFT monitors providers contracting with public agencies for compliance with a set of standards referred to as the Texas DFPS Service System. When a child comes into care through CPS, YFT conducts a case review or "initial service authorization" of each child to determine their level of care and therefore the rate at which the placement organization will be paid in order to care and provide services for that child.

HHSC Residential Child Care Licensing

The Texas Health and Human Services Commission (HHSC) oversees the Residential Child Care Licensing (RCCL) division within its organization. RCCL oversees state regulations, or Minimum Standards, for both General Residential Operations (GROs) and Child Placement Agencies (CPAs). These Minimum Standards encompass all policies and regulations that residential childcare agencies need to follow to comply with state standards. The Minimum Standards are periodically up for review during which RCCL solicits external comments and information from child welfare organizations and stakeholders. Standards ensure the health and safety of children, yet in some cases can inhibit agencies' ability to build capacity and provide normalcy in foster care youth's lives. It is a difficult to ensure normalcy of every child in State conservatorship while

also ensuring safety. The review of minimum standards allows for external entities including advocates, child welfare organizations, and foster families to provide input to review and modify this lengthy list of regulations.

HHSC Foster Care Ombudsman

The Texas Child Welfare System has a Foster Care Youth Ombudsman (FCO) which is a division within HHSC designed to address complaints from youth in foster care about the Texas child welfare system. The FCO's role is to have a positive impact on foster youth; make sure youth are cared for and getting the services they need; work proactively with partners to fix individual and system problems; and advocate for youth and teach youth to advocate for themselves. The FCO is situated in HHSC to obtain objectivity in DFPS program oversight. Youth advocacy and voice are imperative in Texas' child welfare system, and discussion continues with state policymakers and leaders on how to ensure this office and the RCCL division work together in their oversight of the child welfare system and community organizations. The OCR and Foster Care Ombudsman office handle different complaints and work with different populations, but both oversee and conduct reviews of the foster care system and are important external entities to ensure not only compliance, but most importantly, safety, quality of care, and support and belonging for a child in State conservatorship.

HHSC Office of Inspector General

The Office of Inspector General (OIG) is a division house within HHSC, that is responsible for investigating waste, abuse and fraud in all health and human services programs that are provided in Texas, including services provided by DFPS. The OIG provides oversight of activities, providers, and recipients of HHSC and DFPS services through compliance and enforcement activities.

State Auditor's Office

The State Auditor's Office (SAO) is the independent auditor for Texas state government which operates with oversight from the Texas Legislature. The SAO performs audits, reviews, and investigations of any entity receiving state funds, including state agencies and higher education institutions. Types of audits the SAO performs include financial statement opinion audits, financial audits, compliance audits, economy and efficiency audits, effectiveness audits, and other special audits. The SAO may also issue other types of informational reports not subjected to the same tests and conditions that would be performed in an audit. Investigations are performed whenever there is evidence of fraud or abuse of state resources.

Accreditation Authority

Community organizations are not required to become accredited in Texas, but some organizations choose to do so. National accrediting bodies have additional standards and oversight processes in addition to what is described above that vary from some of the standards required from the other oversight bodies but also have standards that align.

There is also federal oversight/involvement through the Government Accountability Office (GAO), Department of Justice (DOJ), Federal administration and more.

Section 3.3 Industry Partners

Industry partners are organizations that may have a special interest in supporting or improving the child welfare system as part of their overall mission. Often these organizations are free from contract requirements or advocacy limitations and may develop a public policy agenda and advocate on behalf of that agenda. Public and private agencies depend on advocacy organizations to carry messages and to support priorities.

In addition, faith communities, local foundations, and local media, often have the trust of their community and are able to offer additional support or influence through their involvement. Recently, Texas media coverage played an important role in helping the public understand the importance the availability and utilization Medicaid services has on positive outcomes for foster children. Industry partners can exert tremendous influence to enact change through funding, outreach, resource development, and public awareness.

Philanthropic Organizations and Foundations

Philanthropic support is imperative to the success of serving foster youth and young adults aging out of care in Texas. As you will see in Section 2 of this report, state and federal funding are not sufficient for creating a truly innovative and impactful child welfare system. The system relies upon the generosity of the philanthropic community to advance operations, drive innovation, and expand needed capacity. Due to their status within the community, philanthropic groups also act vital and trusted partners in educating communities about the needs of children and families in the area. The system's reliance on philanthropic dollars has propped up the child welfare system for years and has largely gone underrecognized by policymakers. And, when philanthropic funding priorities shift – this can have huge benefits for receiving organizations but can create funding deficiencies for others who have relied on funding for years.

A good example of this support is the recent partnership between DFPS, Casey Family Programs, and TACFS to support regional community meetings. These meetings bring together state leadership and local and stakeholders and leaders to look through regional data and compare that data with their own experiences and qualitative information. Ultimately, these regional stakeholder meetings serve to understand strengths, weaknesses, and gaps and services and ultimately facilitate collaboration to better meet the needs of children and families in their communities.

Faith Communities

Faith Communities bring rich partnerships to child welfare. Many families use faith-based organizations as an option for hope and positive healing from trauma and abuse. Often, faith communities financially support struggling parents with childcare, basic needs, and education when they need it most. Churches have food banks, baby pantries, grief counseling and much more. They may also adopt a full ministry around foster care and adoption. Faith-based institutions help with recruiting foster parents, volunteers, and concerned citizens who are willing to serve their communities in addition to providing many financial welfare programs for struggling families. Our States highest elected officials have also supported the integration of faith-based work into child welfare. As a result, DFPS has employed faith-based specialists to help improve the engagement of the faith community and improve and strengthen the partnership between DFPS and faith communities.

Media

The child welfare system in Texas and across the country is susceptible to being reactive to media stories and reports, whether it be regarding how an individual in a system failed a child or a family, while sometimes failing to report on the work happening in the system. Policymakers, external stakeholders, and state agencies have succumbed and reacted to these sensationalized stories which can result in wide-sweeping change in both policy, practice, and funding for an incident that occurred in one instance or in one area of the state. The media also uncovers issues within the system and impacts change through frequency and tone of reporting. Challenges emerge when system leaders must respond to stories that are not reflective of systemic issues, but instead reflective of tragic outcomes resulting from difficult work.

The stakeholders described above shine light on opportunities and exert pressure in various ways and occasionally in different directions on the child welfare system, but system drivers, which we will discuss below, also have a profound impact on the direction on Texas' child welfare system.

Section 3.4 Current Issues Driving Texas Child Welfare

There are a host of drivers and trends, present and projected, that are moving the child welfare system in Texas, at times in multiple directions. In some instances, these drivers are well underway (i.e. Community Based Care), others are at the beginning stages of their impact on the system (Evidenced-Based Practices), and some are still on the horizon (i.e. resilience) where they may have penetrated the consciousness of system leaders but have yet to really impact the entire system.

In many of the issues discussed below, with vision and thoughtful leadership, there is great opportunity to continue to develop an innovative and supportive Texas child welfare model. However, no matter the stage of implementation or even emergence, these drivers, if not understood in the overall direction of the state, run the risk of further complicating and exacerbating many underlying issues previously discussed, such as capacity and quality outcomes.

Trends or Issues Currently Driving the Industry

Community Based Care

Foster Care Redesign in 2017 reframed Community Based Care (CBC) as a model the Legislature has determined is the future of the Texas foster care system. As CBC expands across the state, CBC will shift the provision of foster care services from the state to private providers further by transitioning responsibility for case management and substitute care services (including foster care, kinship care, reunification services, and adoption services) to SSCCs. Currently, CBC is being implemented, or set to soon be implemented, in five catchment areas: Lubbock/Amarillo,

Abilene/Wichita Falls, Fort Worth, San Antonio/Bexar County, and the counties surrounding Bexar County. CBC is considered by many in Texas leadership to be the “Texas Way” and our state’s response to many of the additional external drivers below.

Foster Care Class Lawsuit

In 2011, a legal advocacy group called Children’s Rights brought a class action suit against the state of Texas on behalf of children in the Permanent Managing Conservatorship (PMC) of the state. The suit alleged that children in PMC had been subjected to conditions while in care (such as unsafe foster placements and lack of regular caseworker contact) that represented a violation of their constitutional rights. Federal Judge Janis Jack ruled against the state in 2015, and following several years of legal appeals, an appeals court upheld the ruling in 2018. The state has been mandated to comply with orders to reduce caseloads and improve monitoring of foster placements, among other reforms. Two monitors appointed by the court will be making recommendations for additional mandates until the court determines that sufficient reforms have been made. It is widely anticipated that the State will be grappling with this federal court ruling for many years to come.

Trauma-Informed Care

Recent years have seen an increasing emphasis on trauma as a critically important consideration in caring for child-welfare involved children and families. Although some children show remarkable resilience in the face of abuse or neglect, many children will have acute or complex trauma as a result. Because trauma can manifest negative consequences both short and long term, there is increasing recognition that networks that care for children must provide services in a manner that will help mitigate the impact of trauma on their functioning. Actions or responses of foster parents and other service providers can inadvertently trigger traumatic reactions in children, which can subsequently worsen their trauma. Trauma-informed care uses awareness of trauma reactions to support recovery. There are, however, difficulties associated with the implementation of trauma-informed care. It is not always clear exactly what steps or practices are needed to be considered “trauma-informed,” making it difficult to implement. In addition, selecting empirically supported trauma modalities can be complicated and expensive, and training staff to deliver interventions can be time-consuming.

Service Capacity

Contracted providers currently develop and manage 90 percent of all foster homes across the state, all foster homes for higher needs children, all group residential care, and all services under FBSS. With CBC continuing to rollout, as well as a growing discussion around shifting FBSS to control of local non-profits, the need to develop high quality and effectively delivered capacity will continue to increase. FBSS cases are high risk, require intensive case management as well as services designed to address challenging issues like domestic violence and substance abuse. Lack of capacity for these services increases the likelihood that high risk families experience more intense systemic involvement or become involved with the system again. In 2018, 43 percent of families that had completed FBSS cases in the previous five years were involved in another allegations of abuse or neglect.^{lvi}

Additionally, according to the most recent DFPS report on foster care capacity, there are many communities and regions in the state that do not have enough supply to meet the forecasted demand for foster care placements, at both basic and more intensive levels of care. There are also not enough supervised independent living placements for youth transitioning out of care in the majority of the state.

Workforce Development

One of the most persistent challenges in child welfare is recruiting and retaining a professional workforce. Child welfare work is demanding and characterized by high caseloads, life and death decisions, working with involuntary clients, secondary trauma, emotionally difficult experiences, low pay relative to comparable fields, and constant internal and external scrutiny. Perhaps unsurprisingly, DFPS and community organizations have extremely high annual caseworker turnover, with substantial costs associated with each worker who leaves. Turnover also has potential costs to children and families. In 2016, to address workforce turnover, Texas became one of only a handful of states to reduce the minimum education requirement for DFPS to an associate's degree, rather than a bachelor's degree, raising critical questions about the appropriate balance between workforce stability and quality of performance in this crucial role. Additionally, in 2017 DFPS workers were given annual raises of \$12,000. While the pay raises in particular provided some stability to the DFPS workforce, community organizations were not able to take advantage of this additional financing which many reported negatively impacted their own ability to hire and retain excellent staff.

Kinship Care

Texas leaders have seen the benefit of growing the number of children and youth placed with kinship (relative) caregivers for years and have made policy and statute changes to reflect and grow this need. Across Texas over 40 percent of children are placed with kinship caregivers, but in some regions of the state this number is over 60 percent. Most kinship caregivers are caring for children and youth at lower levels of care which has shifted the case mix of children in traditional foster care to a larger percentage of children with higher needs. What this has led to is that foster care organizations are serving more children with higher levels of care than in previous years and are providing more services and supports to the children and youth in their care they serve than ever before.

Trends or Issues Beginning to Drive the Industry*Family First Prevention Services Act*

The Family First Prevention Services Act (FFPSA) represents the most significant federal child welfare reform in over two decades. The provisions of FFPSA are intended to prevent entries to foster care, reduce the use of group care placements in favor of family-like settings, and promote kinship care. FFPSA establishes a strong federal emphasis on funding services (for substance abuse treatment, mental health treatment, and in-home parent training) to divert children who are at imminent risk of removal from entering foster care. The federal funding available for prevention services under the Family First Act is restricted to services designated by the federal government as evidence-based according a rigorous systematic review process for assessing research and assigning evidence ratings. The law also establishes new requirements for which foster care placement types are eligible for federal funding. To encourage more placements in family concerns about over-reliance on group residential care, the law requires that residential treatment centers and shelters be designated as "qualified residential treatment programs" (QRTPs) to receive funding. QRTPs must become accredited by one of three designated accrediting bodies, use a trauma-informed model, have licensed or registered nursing staff, be inclusive of the child's family in planning and programming, and have a plan for after-care for at least 6 months upon a child's discharge from the placement. The law is scheduled for implementation in Texas in October 2021.

Evidence-Based Practice

Evidence-based practice (EBP) emerged as a concept applied to social services in the 1990s. Adapted from the medical field, evidence-based practice was originally intended as an approach to social work practice that involved combining the best available research evidence, practitioner expertise, and client preferences in order to make decisions about how to select practice interventions. The meaning of EBP has shifted somewhat over the past two decades. EBP is now viewed as a designation applied to the interventions themselves rather than describing the process for selection interventions. In modern parlance, EBP refers to an intervention that is supported by empirical research evidence. Because there are different standards that can be applied to determine what is a sufficient amount of empirical support, there is often confusion over which interventions are considered EBPs. Despite the uncertainties over what level of evidence warrants the EBP designation, the concept has become entrenched in the world of social services as funders require programs to demonstrate that the interventions they use with clients are effective. While the intentions behind the EBP movement are strong, one of the main challenges in implementation is that there are few social service interventions, including those used in child welfare, that have strong evidence of effectiveness.

Predictive Risk Modeling, Data Analytics, and Continuous Quality Improvement (CQI)

Advancements in the utilization of data continue, as data becomes more ubiquitous throughout the system. Predictive Risk Modeling (sometimes referred to as PRM or predictive analytics) is the statistical analysis of large quantities of data and then using that analysis to assign a probability to a predefined outcome. The most basic difference between PRM and other forms of data analysis is in how you use the final product. The more traditional forms of data analysis are integral in creating a data informed operation. They are, however, inherently reactive. PRM allows decision makers to strengthen prognostications around what a system is likely to look like in the future. CQI refers to the established approach organizational leaders use to synthesis all of this information, share with staff, and drive changes in the process by which they provide services.

Section 3.5 Key Findings and Recommendations

Child welfare has been historically characterized as crisis-oriented and highly reactive to high-profile tragedies, frequently a child's death from abuse or neglect, incompetence in the public agency or a wrongful removal of a child from a loving parent. Public opinion, driven by media coverage, has often displaced the role of evidence in shaping child welfare policies and priorities). In addition, child protection agencies operate in an environment of resource scarcity, high caseloads, complex bureaucratic processes, emotionally taxing work, leadership changes, competing mandates, and high rates of workforce turnover. Given all of these factors, it is not surprising that the child welfare system often operates as a pendulum swinging between “too far” and “not enough”, rather than a steady progression toward shared goals. This section outlined some of the major drivers of child welfare system functioning, focusing specifically on oversight and regulation and the key issues currently shaping the industry.

Based on our research, we recommend a strategic focus on research, data, and technology to further advance trends like Predictive Risk Modeling, Data Analytics, Continuous Quality Improvement (CQI), and Evidence-Informed Practice. Additionally, given the over-abundance of issues currently impacting the entire industry we discourage a hyper-focus on one or two single issues that are unlikely to achieve systemic effect. Instead, we recommend establishing a set of aligned systemic priorities focused on the utilization of the public health approach to maltreatment reduction, resilience as the natural successor to current focus on trauma, quality of service delivery, adaptability in capacity development, and reduced reliance on more restrictive foster care placement settings.

Finally, we encourage a thoughtful and engaged approach to the introduction of any new system drivers, or the support for any existing drivers. Well-intentioned efforts can often yield negative unintended consequences.

Section Takeaways:

Focusing on one narrow issue is unlikely to yield systemic change and may create or worsen other issues. In child welfare single issue priorities emerge and fade continuously. It is rare (though not unheard of) that work done on single issues can impact the functioning of the entire system. Instead this approach can lead to tunnel vision, an unnecessary diversion of resources, unintended consequences and industry whiplash. This report highlights the importance of a focus on the key drivers that create ripples throughout the system and have a broader, foundational impact.

Recommendation: Establish a set of aligned systemic priorities. Developing, and then working within, a set of priorities aligned through the system's structure, funding, drivers, and innovations, creates a strategy that is pendulum proof and no longer driven by the issue of the day. In the midst of a variety of hot topic issues, consider overall system impact of niche programs in funding decisions. Examples of systemic priorities include: the utilization of the public health approach to maltreatment reduction, resilience as the natural successor to current focus on trauma, quality of service delivery, adaptability in capacity development, and reduced reliance on more restrictive foster care placement settings.

The culture of accountability in the child welfare system can set a high bar but lacks a strategic purpose and consistent vision contributing to an unstable industry environment. Regulation and oversight in child welfare exist to ensure a baseline level safety within the system while also raising the bar for quality. However, the continued increase of regulations and oversight can have unintended consequences such as reductions in capacity, increase in cost, and exacerbating tensions between wanting to keep children safe and striving to enhance their wellbeing.

Recommendation: Be thoughtful about the unintended consequences of introducing new drivers into the system. Because the system is so complex, ongoing and concerted thought should be given to the introduction of any new system drivers. When unaligned programming accountability and oversight suppress innovation, agencies are forced into a heightened risk aversion approach to practice due to fear instead of offering agencies the flexibility to provide children and families the services they need. One current example is the focus on performance-based contracting and the introduction of incentives and fines. While in theory, rewarding successful outcomes monetarily makes sense, there is both research and anecdotal evidence to indicate that the introduction of certain types of financial incentives can decrease the intrinsic motivation inherent into mission focused systems, such as child welfare and that the fines assessed will have a negative impact on direct programs and services in organizations where funding is limited.

Section 4 - Innovations: The Future of Texas Child Welfare

Section 4.1 Emerging Trends

As discussed in Section 3.3, there are a host of trends, present and projected, that are driving the child welfare system in Texas. In this section we look at a few trends that have begun to emerge in Texas child welfare but have yet to have a systemic impact.

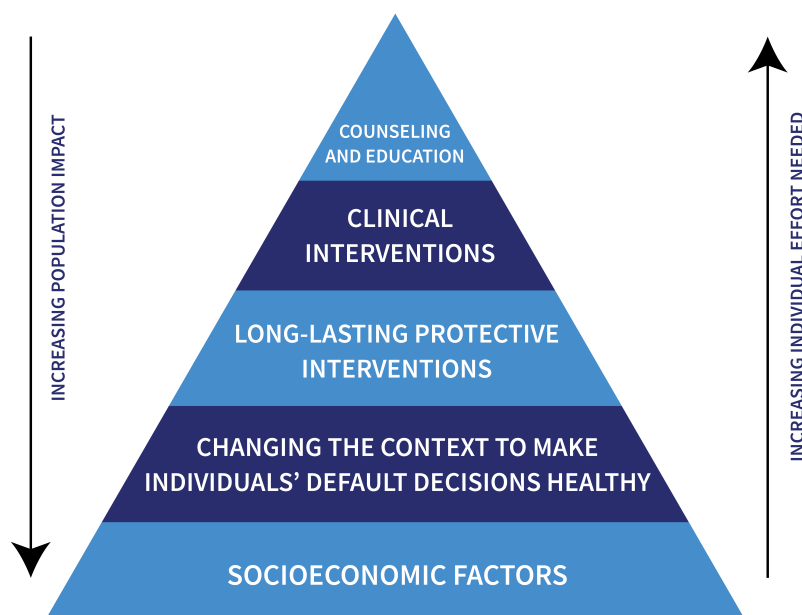
Resilience

It is impossible to overstate the importance of infusing trauma informed practice into the work we do with children and families who encounter the child welfare system. Child welfare staff in all domains (child protection, foster care, education, juvenile justice, etc.) should understand the impact of trauma, recognize its manifestations, create environments that avoid re-traumatization, and support children and families in their efforts to recover. However, if we stop here then we're likely to miss a critical element that helps traumatized populations thrive: resilience. Resilience is a keystone characteristic in a trauma survivor's ability to not only recover but thrive. It is not a static quality, but dynamic, and consists of internal characteristics, relationships, and environmental variables. By pairing resilience developmental with the knowledge of trauma manifestations, we give the child serving community information needed to avoid re-traumatization and the methods needed for building mechanisms to achieve positive outcomes.

Public Health Perspectives in Child Welfare

A shift is underway in how child welfare leaders seek to improve the child welfare system. This shift is from one of interventions to root causes. It is best exemplified by the following graphic:

Figure 18: The Frieden Framework



In a public health framework, the bulk of resources shift to the bottom of the pyramid where they are most likely to have the greatest impact for the highest number of people. Under the current child welfare model, the bulk of the resources are concentrated in interventions, counseling, and education. While these services are necessary for children and families that are involved in the system, they do little to address the underlying causes that bring families in contact with the system.

Healthier outcomes come when we shift the industry to the bottom of the pyramid. If we are going to address the drivers that put children in the system, we have to focus on issues directly connected to poverty and health, such as food insecurity, housing insecurity, homelessness, employment/training, substance abuse, diet and exercise, etc.

Foster and Adoptive Family Engagement with Birth Families

For about the last 15 years, DFPS has and continues to utilize kinship families for permanency. Over 40 percent of placements in Texas are kinship, making it one of the most highly used exits from child welfare. Foster and adoptive family engagement is a natural evolution from the state's focus on kinship. Regardless of legal permanency status, a child's connections to his or her birth family and foster family have the potential to promote healing from maltreatment, bolster resilience, and protect against lifelong adverse outcomes. Birth families and foster families who work in tandem with one another can offer a child the powerful experience of belonging to a community of people who care about him or her. Oftentimes, though, the system keeps birth families and foster families separate from one another to prevent conflict, or because the system operates under the auspices of the myth that the safety of both the children and foster families is dependent upon keeping the birth family at bay. While relationships between the two groups have always formed organically at the micro level, more systemic examples have begun emerging over the last twelve months coinciding Children's Bureau Commission Jerry Milner's call for foster care to be a service to, not a substitute for, families.

Section 4.2 National and International Perspectives on Child Welfare

There are three categories of programs of focus in this section. The first, are the innovative programs and approaches in place both in Texas and across the country. While these programs are operational in Texas, other systems either utilize these practices in a more robust way, or a slightly different way to achieve better outcomes. Some of these programs include differential response, family team meetings and advances in kinship care. The second type of programs are those that might be in existence in Texas, but not in wide use. The final category are a few best practices in place globally.

Programs Used in Texas and Beyond

Differential (Alternative) Response

All states are federally required to utilize some type of differential response or alternative response. As mentioned in Section 1, alternative response is utilized in Texas and allows for more than one method of initial response to reports of child abuse and neglect depending on the nature of the report. Most states using differential response to determine if the family is low or high risk and then respond to high risk referrals through an investigative lens and respond to low risk referrals through a prevention lens. There is eviden

to indicate that this practice can be effective in reducing re-reports and substantiation of abuse or neglect. Currently Colorado, Illinois and Ohio are involved in a five-year, federally funded project studying their use of differential response. Minnesota has a successful, fully implemented differential response system.

Family Team Meetings (FTMs)

FTMs are also known as family team conferencing, family group decision making, and team decision making. The exact approach varies from state to state, but the practice usually involves attempts to bring family members and their support network together with professional agencies involved with the family. The team works to develop a plan for the family and address barriers through a team, family-centered approach. Many states have built in unique components to their Family Team Meeting. Pennsylvania built in sharing of a meal to occur after the initial meeting to encourage an atmosphere of alliance and teamwork. Pennsylvania has been using Family Team Meeting's for over ten years and report experiencing reduced time in out of home placements and kinship resources identified earlier.

Some states, including Nevada, use Girl Family Team Meetings which are a form of Family Team Meetings. These meetings were created to take the time to listen to female youth, address high risk behaviors such as running away and emphasize girls taking charge of their lives and making positive change.

Kinship Care

In 2015 the RAND Corporation released a study emphasizing the importance of kinship care for the health and well-being of the child. Nationwide child welfare programs are attempting to identify and locate relatives when an out of home placement is needed. Examples include:

- Idaho Child Welfare created a program called Family LOCATE. Family LOCATE is a stand-alone unit whose primary function is to find unidentified extended family and invite them to re-establish connections with their relative children in foster care.
- New York Kinship Navigator program. It is a statewide program run by Catholic Charities to provide an information and referral network to kinship caregivers across the state. Kinship Navigator programs were recently highlighted for funding under the Family First Prevention Services act.
- Arizona's Child Welfare Program offers relatives who accept kinship placement not only financial support but also case management services, daycare, housing search and relocation, parent training, family counseling, transportation and respite services.
- Minnesota's Child Welfare Program continues to financially reimburse extended families with kinship placement after the adoption is final.
- California's Residentially-Based Services (RBS) improvement and evaluation efforts includes kinship placements serving as a therapeutic placement instead of congregate care setting. The family cares for their child who needs 24-hour monitoring and works directly with agencies to receive training and high needs services. Outcomes of these programs are incredibly promising, including:
 - The majority of sites indicated that more than half of all client exits resulted in permanency.

- No clients experienced a substantiated re-occurrence of abuse.
- The rate of positive placements out of all placements experienced by RBS youth during their course of care was very high in all programs.
- Preliminary outcome measures derived from instruments like the Child and Adolescent Needs and Strengths, Child Welfare (CANS-CWW) show initial positive changes for the target RBS population, including functional status, risk behaviors, child safety, educational progress, and mental health.^{lvii}

Prevention and Collaboration

Many states, including Texas, have been focusing effort on prevention and collaboration. Some interesting examples of work outside Texas, include:

- The state of Michigan has been working with The University of Michigan to create programs aimed at more frequent and better-quality involvement from fathers. They developed a smartphone app called DadTime which informs and encourages dads to participate proactively in parenting related activities like parenting classes and support groups.
- Connecticut's child welfare system has partnered with their State's Head Start Program to create a joint project called Strengthening Families. This program is aimed at identifying and enhancing families' natural protective factors. The model also focuses on applying the neuroscience of early childhood and adolescent development and addressing racial inequities in all areas of practice.
- New York Child and Family Services partnered with the New York Health Department to create a comprehensive prevention program called Health Families New York (HFNY). This program offers in-home services to expectant families and new parents until their child enters Head Start. In-home workers can provide a variety of services and education based on the family's needs and interests including connection to services in their community, child development training and parenting skills.
- Ohio has been attempting to expand their trauma informed training and resources for their child welfare caseworkers. Ohio collaborated with the Center for Innovative Practices at Case Western Reserve University to provide their workers regionally based secondary trauma sessions. They have also been utilizing the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Training Toolkit and encouraging their workers to participate in the various trainings. These trainings include over 50 separate, trauma-focused and innovative topics including The Power of Healing: Using Trust-Based Relational Intervention (TBRI), Girls, Trauma and Delinquency, Dealing with the Effects of Complex Trauma and Bedtime Behaviors for Traumatized Children.

Programs – Not Yet Widely Used in Texas

Solution Based Casework

Solution Based Casework (SBC) is a strengths-based, evidence-based practice model that provides a conceptual map for family-centered practice from assessment to case closure. The investigative process of child welfare can tend to focus on problems. This model provides framework for focusing on solutions from the very beginning of the case. This model says that case planning should not be focused on service completion, but instead on skill development. Kentucky, Washington, New Hampshire and some areas of

North Carolina, California and Florida are all using SBC. At least 5 large studies and a dozen or more studies overall have been completed on SBC. Studies completed in Washington showed more biological families had positive views of their social workers and up to 3 times more frequent contacts between workers and the biological families. Studies completed in Kentucky also showed stronger relationships between children, foster families and birth families and significantly better outcomes for families with safety, permanency and well-being.

Foster Family/Birth Family Collaboration

Another strengths-based and collaborative approach most states are exploring or expanding efforts to encourage foster families and birth families to collaborate. Oregon Department of Children Services emphasizes the importance of keeping birth families connected to their children and encourages contact and connection between birth families and foster families from the very beginning of a case. They have what they call an Icebreaker Meeting which is arranged by the caseworker between the children's birth family and foster family as soon as possible after the children enter foster care. Both parties are given a pamphlet that explains that children benefit when there is contact between birth and foster parents and that children have more stable placements, experience better emotional development, are more successful in school and return home sooner if birth and foster families have good working relationships with one another. They are all encouraged to focus on the child's needs, respect each other's feelings, opinions, ideas and cultural differences and recognize the importance each party has in the life of the child. Foster and birth families then decide what level of contact they want to continue to have with one another. Often, they exchange phone numbers, arrange and carry out child visits and stay in frequent contact.

Judicial/Legal innovations

There are innovative judicial practices achieving promising outcomes that are not yet in wide use in Texas, such as child protection courts and infant and drug courts. However, there are other innovations that other states are using that already present in Texas.

- Judges and courts in Nevada have been working to improve dependency court cases by forming Community Improvement Councils (CIC). CICs create a structure of accountability among all the judges and courts. CICs were first created in 2010 to improve time to permanency. CICs now involves local workgroups, examining court data and judicial group decision making. CICs have been successful, including a more than doubling of the number of adoptions happening in less than 24 months, and a nearly 19 percent increase in permanency hearings held within 12 months of removal increased.
- New York created the Parent Defender Model where some parents involved with the child welfare courts are represented by interdisciplinary law offices (ILO) which include lawyers, social workers and parent advocates. A study on this model shows that youth whose parents had ILO representation spent approximately four fewer months in foster care compared to parents represented by traditional attorneys. The ILO offices provide basic legal counsel to parents who are assigned to them as well as access to social workers, parent advocates, criminal justice specialists, housing experts, immigration experts and education experts.

International Child Welfare

For many years, Germany has had a private child welfare system where nonprofit organizations provide the majority of services within their child welfare system. If there are not adequate nonprofit organizations to provide a specific service, the government provides recruiting, training and guidance in those areas of services. Case conferencing is also a country wide practice in Germany. German case conferences include the child welfare agency, the private community organization, the parent and the child to discuss and agree upon a service plan that guides the family. Germany also highly emphasizes prevention. Most states in Germany have laws mandating well-baby examinations (regular pediatric examinations) including a notification to the local child and youth welfare authority if - despite reminders - parents do not bring their child to the well-baby visit.

In Sweden family support is highly emphasized and the social services provided stress maintaining parental contact and reunion with birth parents. If reunification with birth parents is not possible, a detailed plan outlining how birth families will remain connected to the children must be part of the plan.

Ireland places heavy emphasis on family networks with Ireland's child welfare system having one of the highest rates of kinship care placements at over 90 percent. Ireland made a specific effort to create policy in favor of placing children with extended family. Ireland also created a system where family placements receive at least equal pay and entitlements as non-relative foster homes. The Irish system also emphasizes family preference in case planning and decision making.

Cash Transfer Programs are used in many countries including Brazil, Mexico, Jamaica and many African countries. This is a dual program that targets increased engagement in positive health behaviors and poverty. Cash Transfer Programs target low-income families by providing money in exchange for participation in prevention services and displaying consistent positive parental behaviors. These prevention services can range based on the country and the region but often include regular prenatal care for expected mothers, enrollment in preschool, good school attendance and child well visits to medical clinics.

Section 4.3 Cross-system Collaboration: The Texas Alliance of Child and Family Services and the Meadows Mental Health Policy Institute as a Case Study

Cross-system collaborations not only bring value through cross-pollination of expertise and ideas, but also because they are representative of the environment in which families operate. It is very common for a family to touch the mental health system and the child protection system. When collaboration between partners in these systems occurs – barriers to access can be broken down and navigation for the client can be streamlined. An example of one such collaboration is MMHPI and TACFS.

The Meadows Mental Health Policy Institute (MMHPI) is the state's leading authority working to change the condition of mental health in Texas. The Texas Alliance of Child and Family Services (TACFS) is the state's largest network of child welfare direct service organizations. TACFS and its sister organization, the Texas Center for Child and Family Studies are the state's leading child welfare authority. TACFS works directly with community organizations across the state in providing collaboration, education and training, and advocacy. TACFS acts as the primary entity supporting community organizations. And, MMHPI works with many mental health providers and stakeholders around the State.

TACFS' partnership with MMHPI includes multiple efforts to improve coordination and connectivity between two inter-related networks: mental health and child welfare. This partnership has resulted in new local collaborative efforts to help focus the use of available resources, strengthen local coordination, and has led to policy improvements at the state-level.

According to MMHPI, more than 550,000 Texas children experience severe mental health needs. TACFS estimates that approximately 80 percent of families involved in the child protection system due to behavioral health circumstances such as mental illness, substance use, etc. The interconnectedness of these two networks is undeniable, yet often siloed. This stretches community and state resources. Below are examples of current MMHPI and TACFS efforts to improve child welfare outcomes through improving mental health care.

Community Needs Assessments

Given the size and diversity of Texas, and a national and state focus on building locally driven service systems, it is imperative that communities come together to assess their strengths, challenges, and overall ability to meet the needs of children, youth, and families in the child welfare system. Service delivery methods and services provided should be tailored to meet the unique needs and goals of individual communities. To help communities make informed decisions relating to their local child welfare systems, MMHPI and TACFS have partnered to conduct community needs assessments and environmental scans. These projects involve the collection and review of quantitative and qualitative data, the ongoing involvement of community leaders and child welfare stakeholders, and creation of project summary reports that describe anticipated child welfare need, available resources, fiscal considerations, and best practice information. Harris County recently completed this effort and is being considered for implementation in other parts of the state, including in the greater Dallas area.

The community needs assessments also inform broader, state and national policy and advocacy efforts by TACFS. The implementation of Community Based Care is relatively new in Texas, and our state policy makers and funders have much to learn from the experience of those organizations leading the charge. State leaders are beginning to recognize the value of this work and how impactful it is to the legacy system in addition to preparing communities for CBC.

Foster Care Funding Methodology

With support from multiple philanthropic partners, TACFS and MMHPI conducted the first-of-its-kind comprehensive assessment of the formula used to fund foster care in Texas. With the technical support of one of the nation's leading experts in rate-setting, Deloitte Consulting, MMHPI and TACFS produced a comprehensive report with findings and recommendations for HHSC and DFPS for allocating state and federal funds effectively, both to support the legacy/traditional foster care system and Community Based Care.

This work was highly regarded by the Texas Legislature. In this most recent session, the Legislature directed implementation of key recommendations in the report. Additionally, our teams worked together with key legislative leaders on a budget rider, House Bill 1 (Article II, Special Provisions, Rider 32) 86(R) legislative session, which directs HHSC to evaluate the methodology for establishing foster care rates to determine whether there is an alternative methodology that would increase provider capacity to deliver appropriate and evidence-based services, incentivize quality improvements, and maximize the use of

federal funds. MMHPI and TACFS are staying very involved in implementation efforts during the interim.

Improving Services for High Needs Children in the Foster Care System

TACFS and MMHPI have been working together to promote the use of intensive Medicaid mental health services available to children and youth in foster care, including mental health rehabilitative services and targeted case management. Additionally, our teams have supported capacity building efforts by working with foster care providers seeking to deliver intensive Medicaid mental health services. For example, we have provided information and technical assistance to assist them with enrolling in Medicaid and in becoming credentialed Medicaid managed care providers so they can bill for the services.

Expanding Capacity and Improving Children’s Mental Health Services

Identifying and providing effective behavioral health services before conditions worsen and crisis scenarios develop is key to keeping families together and reducing the need for expensive and more restrictive institutional type settings such as Residential Treatment Centers or in-patient psychiatric care. In Texas a shortage of available and effective community-based intensive therapeutic services too often results in the use of unnecessarily restrictive care. For example, the inability to obtain comprehensive community-based services can lead to children entering foster care system through “Refusal to Accept Parental Responsibility” (RAPR) and overuse of institutional care. In cases when residential care is necessary and appropriate, TACFS and MMHPI are also collaborating to promote the use of best practices.

This is not a problem unique to Texas, but through partnership, MMHPI and TACFS are on the forefront of working directly with community organizations best positioned to develop in-home, evidence-based interventions. Opportunities arising from this work will be amplified through implementation of the Federal Family First Preventative Services Act (FFPSA). Please see section 1.4 for more information on FFPSA. Without focused capacity building implementation efforts at the community organization level, Texas will not be positioned to take advantage of the opportunities resulting from FFPSA and may be at risk for the loss of federal funding.

STAR Health Improvements

MMHPI and TACFS are continuously communicating and coordinating to raise awareness of the need for targeted behavioral health interventions that are accessible and least restrictive for children in the foster care systems. Through regular meetings with HHSC, DFPS, as well as joint conversations with the Medicaid managed care organization that provides services to children and youth in foster care (Superior/Centene), and ongoing outreach with foster care providers – we continue to gather information, synthesize issues, and work with STAR Health toward improving access and quality of much needed health care services for children and youth in the foster care system.

Human Trafficking – Community Toolkit and Organizational Readiness

Through funding from the Office of the Governor, MMHPI developed a Roadmap for Texas Communities to Address Child Sex Trafficking (Roadmap), using a framework that offers strategies to prevent future trafficking, identify and support victims, and reduce demand by prosecuting buyers and traffickers. The Roadmap provides communities with information, research, emerging practices, models, lessons learned, and resources to end child sex trafficking.

Through an ongoing relationship between the TACFS and MMHPI, we are furthering the work of the Roadmap by providing local support to implement strategies with a strong emphasis on the child welfare system. Building off of the roadmap, TACFS is utilizing relationships with subject matter experts from various disciplines (trauma informed care, residential childcare, human trafficking, health care, prevention and early intervention, etc.) to ensure comprehensive and holistic availability of resources to help communities effectively advance child welfare practices.

Section 4.4 Key Findings and Recommendations

Innovation is the result of engagement with research and data, orienting one's focus toward the future, and constantly practicing inclusion and collaboration. Progress requires that we look forward to emerging trends and be on-guard for the subtle shifts that occur in the system. In Texas, we know that the laboratory for innovation in child welfare often resides outside of the human service public agencies and instead comes from the work generated by service and care providers. Therefore, we recommend a focus on the overall organizational health of service and care providers to include support for organizational best practices (strategic planning, effective change management, workforce development etc.), clinical best practices, and strengthened connections with the larger community of human service providers. Finally, Texas child welfare's ability to innovate is directly dependent upon the industry's utilization of advanced data practices, technology, and research. We recommend a focus on research, program evaluations, data driven decision making (i.e. continuous quality improvement) and leveraging advancements in computing power (i.e. machine learning) to augment decision makers.

System change happens when state leaders can forecast emerging trends and subtle shifts in the system. This allows for a more proactive approach to child welfare policy, research, practice, and funding. It is critical that those seeking to impact the system have their fingers on the pulse of the sometimes-subtle shifts that occur long before an issue or change makes its way into the zeitgeist. For those outside of the child welfare system, it often appears as if previously unknown issues arise suddenly catching the professionals off-guard. For those working inside the system, on the ground, and without a more systemic view, it can often appear as if broad, sweeping changes arise suddenly and without notice. Rarely are either of these reactions reflective of reality. Far more often than not, both issues and changes are the result of long simmering difficulties (turnover, lack of funding, class/racial biases, etc.), or incremental knowledge gathered over time (neurobiological impact of trauma, importance of working with biological families even after children enter foster care, utilizing evidence informed practices, etc.).

Recommendation: Focus efforts on the overall health of community organizations. Community organizations are the best barometer of change in the system. Ongoing, and in-depth efforts to support their work is a critical strategy to ensuring a strong understanding of emerging trends and subtle shifts in the system. This work should include support for organizational best practices (strategic planning, effective change management, workforce development etc.), clinical best practices, and strengthened connections with the larger community of human service providers. These types of individualized and tailored supports for organizations providing services in the child welfare industry are difficult to find and usually cost prohibitive to pursue.

Recommendation: Strengthen the child welfare industry's utilization of advanced data practices,

technology, and research. The best way to stay ensure an effective reading of subtle shifts and emerging trends is to infuse proper utilization of information (i.e. data) into all levels of the child welfare system. This requires a focus on research, program evaluations, data driven decision making (i.e. continuous quality improvement) and leveraging advancements in computing power (i.e. machine learning) to augment decision makers. Philanthropic organizations impact the ways in which data are utilized for change. Establishing system wide baselines measures, utilizing data as tool for being more proactive vs. reactive, creating an evidence base for effective clinical practice, and leveraging advanced technologies would substantially improve child welfare across the state.

Section Takeaways:

Overreliance of the public sector may stifle systems change. Two common misconceptions embedded within this overreliance are:

1. The Department of Family and Protective Services is not the only government agency that provides services to child and families. Public perceptions of statewide child and family services rely heavily on the notion that DFPS is fully responsible and credited with providing direct services to children and families, when in reality families are served by a plethora of other public sector services from juvenile justice systems, the Health and Human Services Commission, workforce, housing and Texas courts to name a few.

2. Public sector agencies are not the only agencies providing services for children and families. For many years the public sector has relied on and contracted with non-profits and community organizations to provide most of the services to families and children in the child welfare system. Issues families face are individualized and vary greatly; hence the need for local community support and services to provide stability and sustainability by walking alongside families. Both government and community organizations' services are intertwined, dependent on each other for success and important to the healthy futures of children and families in Texas.

Varying health and human services agencies in both the public and private sectors work separately and in-tandem to address entrenched issues like poverty, mental health, substance abuse, and domestic violence. Many of these issues are in fact the primary causes for the vast majority of abuse and neglect in the child welfare system. As evidenced by the multitude of pages this report spends discussing the public child welfare agencies, the system currently relies on entities like the Department of Family and Protective Services and the Health and Human Services Commission to drive change and address these issues. Given the current outcomes the system generates, this is not sustainable. When overreliance on the system occurs, families that are at-risk of maltreatment and abuse are not on child protective services' radar until after abuse or neglect occurs. These are reactive, not proactive approaches to child protection. Further, because the overwhelming majority of families are served not by the public agencies, but by private community organizations – who are often the “front door”, those agencies are in the best position to prevent abuse or neglect from occurring, address the underlying causes of abuse/neglect and act as the primary change agents within the system.

Recommendation: Support Community-Based Care with a specific focus on community readiness, capacity building, and collaboration, continued support of CBC would enhance communities' ability to take ownership of their local child welfare systems, work to identify and address the unique service needs and challenges of communities across the state, and work to build on their community strengths.

Recommendation: **Enhance cross-system collaboration** because siloes are a debilitating presence within the child welfare industry. Success for child welfare requires partnerships in no small part because the industry crosscuts so many sectors. Continued support of cross-system work can improve service delivery, provide for more effective leveraging of resources, and help change perception of how communities work together to address child abuse and neglect in their areas.

Section 5 - Concluding Thoughts

While this report represents the tip of the iceberg for information, data, research, and ideas related to improving the child welfare system in Texas – we hope that it provides useful background, data, and concrete ideas to help guide the Meadows Foundation in their support of child welfare initiatives. In this report we provide detailed information on how child welfare in Texas is structured, including data on the children and families who encounter the system. We then discuss how the system is funded and the challenges associated with the current funding structure. The report explains driving forces behind current trends in issues in the industry as well as a brief look into innovative practices across the world.

This context sets the stage for the magnitude of the task ahead; creating the best child welfare system in the world, one where all children and families who need support have the quality services necessary to ensure that their first encounter with the child welfare system is their last. We believe that the following seven recommendations offer a path for any change agent seeking to achieve that lofty goal.

Support Community Based Care with a specific focus on community readiness and capacity building, continued support of CBC would enhance communities' ability to take ownership of their local child welfare systems and work to identify and address the unique service needs and challenges of communities across the state, as well as working to build on their strengths.

Enhance cross-system collaboration because siloes are a debilitating presence within the child welfare industry. Success for child welfare requires partnerships in no small part because the industry crosscuts so many sectors. Continued support of cross-system work can improve service delivery, provide for more effective leveraging of resources, and help change perception of how communities work together to address child abuse and neglect in their areas.

Encourage the development of the right service capacity within the continuum of care that reflects community need. In a state with as much diversity as Texas, we are susceptible to “one size fits all” policies and programs. The right intervention should be delivered to the right family at the right time. Every individual in every family must be appropriately assessed for strengths, risks. Furthermore, the system has an obligation to ensure that if a family is assessed to need help, the obligation by us all is to ensure appropriate services are available and that the intervention is as minimally disruptive to the child and family as possible. In the current system, services are rarely sufficient to meet to the existing, and future, needs of a community.

Establish a set of aligned systemic priorities. Developing, and then working within, a set of priorities aligned through the system's structure, funding, drivers, and innovations, creates a strategy that is pendulum proof and no longer driven by the issue of the day. In the midst of a variety of hot topic issues, consider overall system impact of niche programs in funding decisions. Examples of systemic priorities include: the utilization of the public health approach to maltreatment reduction, resilience as the natural successor to current focus on trauma, quality of service delivery, adaptability in capacity development, and reduced reliance on more restrictive foster care placement settings.

Be thoughtful about the unintended consequences of introducing new drivers into the system. Because the system is so complex, ongoing and concerted thought should be given to the introduction of any new system drivers. When unaligned programming accountability and oversight suppress innovation, agencies are forced into a heightened risk aversion approach to practice due to fear instead of offering agencies the flexibility to provide children and families the services they need. One current example is the focus on

performance-based contracting and the introduction of incentives and fines. While in theory, rewarding successful outcomes monetarily makes sense, there is both research and anecdotal evidence to indicate that the introduction of certain types of financial incentives can decrease the intrinsic motivation inherent into mission focused systems, such as child welfare and that the fines assessed will have a negative impact on direct programs and services in organizations where funding is limited.

Focus efforts on the overall health of community organizations. Community organizations are the best barometer of change in the system. Ongoing, and in-depth efforts to support their work is a critical strategy to ensuring a strong understanding of emerging trends and subtle shifts in the system. This work should include support for organizational best practices (strategic planning, effective change management, workforce development etc.), clinical best practices, and strengthened connections with the larger community of human service providers. These types of individualized and tailored supports for organizations providing services in the child welfare industry are difficult to find and usually cost prohibitive to pursue.

Strengthen the child welfare industry’s utilization of advanced data practices, technology, and research.

The best way to stay ensure an effective reading of subtle shifts and emerging trends is to infuse proper utilization of information (i.e. data) into all levels of the child welfare system. This requires a focus on research, program evaluations, data driven decision making (i.e. continuous quality improvement) and leveraging advancements in computing power (i.e. machine learning) to augment decision makers. Philanthropic organizations impact the ways in which data are utilized for change. Establishing system wide baselines measures, utilizing data as tool for being more proactive vs. reactive, creating an evidence base for effective clinical practice, and leveraging advanced technologies would substantially improve child welfare across the state.

When taken together, these strategies can form the foundation a long term, strategic approach that specifically addresses the unique structure and needs inherent to the Texas child welfare system. And on behalf of TACFS, we believe there is no more important priority for all of us than to help lift up children and families so that they may be safe and stable today, tomorrow, and every day after.

Striving to improve an industry as large, intricate, and complicated as Texas child welfare can feel as daunting as trying to tame a raging river. The challenges we face, however, pale in comparison to those faced by the children and families who find themselves trying to navigate Texas child welfare. We firmly believe that those of us fortunate enough to be in a position to improve the networks that comprise Texas child welfare are obligated to do so.

APPENDIX 1 - FEDERAL POLICY CONTEXT

A history of federal legislation over the past 40 years has determined many aspects of system functioning, including permanency priorities and timelines, the focus on in-home services versus out-of-home placement, and financing.

Figure 19- Federal Legislation

1974

The Child Abuse Prevention and Treatment Act of 1974 (CAPTA) - CAPTA was the first major federal child welfare legislation, establishing broad national guidelines for states implementing child protection systems. CAPTA mandated reporting and investigation mechanism in all states established federal funding for maltreatment prevention and welfare services

1980

The Adoption Assistance and Child Welfare Act of 1980 (AACWA) - AACWA established permanency as a core concept for children placed in care. Because the number of children in foster care increased, child welfare stakeholders advocated for federal policies to limit stays in foster care, create more placement stability for children in foster care, and prior to kinship placements. The law also required child welfare agencies make “reasonable efforts” to prevent placement of children in foster care, to return children to their caregiver as quickly as possible when removal was necessary, and to locate adoptive families when children could not be returned to their parents.

1997

The Adoption and Safe Families Act of 1997 (ASFA) - ASFA prioritized adoptions for children when reunification was not possible. The law shortened the time frame for welfare agencies to work toward reunification before adoption or legal guardianship were pursued.

1999

The John H. Chafee Foster Care Independence Program of 1999 (CFCIP) - CFCIP “offers assistance to help current and former foster care youths achieve self-sufficiency. Grants offered to States and Tribes who submit a plan to assist youth in a wide variety of areas designed to support a successful transition to adulthood. Activities and programs include but are not limited to, help with education, employment, financial management, housing, emotional support and assured connections to caring adults for older youth in foster care program is intended to serve youth who are likely to remain in foster care until age 18, youth who, after attaining 16 years of age, have left foster care for kinship guardianship, adoption, and young adults ages 18-21 who have “aged out” of the foster care system.”
<https://www.acf.hhs.gov/cb/resource/chafee-foster-care-program>

2008

Fostering Connections to Success and Increasing Adoptions Act - In 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act, allowing states extended foster care beyond age 18 if they are pursuing higher education, working at least part time, or in job training. In Texas, youth can voluntarily remain in foster care until 22 if they meet these requirements

APPENDIX 2 – DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES PROGRAM SPECIALISTS

- **Educational specialists** work to ensure children have their educational needs met, ensure children with special education needs are receiving the necessary services, tracks down educational records as needed and acts as a liaison with the Texas Education Agency and local school districts among other duties.
- **Disability Specialists** focus on children in care with intellectual disabilities who may require guardianship or specialized placements to meet their needs. They are experts in state supported living, and act as liaisons to these services in the Health and Human Services Commission divisions.
- **Well-being specialists** help caseworkers to navigate the Medicaid and STARHealth, the managed healthcare plan all children in substitute care utilize.
- **Preparation for Adult living (PAL) caseworkers** help to ensure children over the age of 14 attend training classes and have transitional planning meetings and circles of support to prepare them to age out of care if a permanent placement cannot be found. PAL staff are also experts in benefits and options for youth who age out of care or choose to stay in extended foster care until the age of 21.
- **Faith-based specialists** work with the faith community to engage churches and more in foster care and adoption.
- **Family Group Decision Making staff** facilitate family meetings in a variety of models to increase family engagement and help families to be involved with decision making and developing solutions for their children and families.
- **Kinship specialists** work with kinship families who serve as placements for children and youth while in DFPS custody. They offer support and referrals to community services to help keep placements stable and successful.
- **Child Placement Unit (CPU)** staff secure placements for children who are in paid foster care. They find placements for children who are newly removed, who require a subsequent placement, and send out broadcasts for children who need adoptive homes.
- **Youth specialists** are foster care alumni who work for DFPS to help promote the voice of foster youth in policy and operational decisions. They also support youth engagement activities around the State.

APPENDIX 3: CONTRIBUTORS

The Texas Center for Child and Family Studies and the Texas Alliance for Child and Family Service Staff who prepared this report include:

Katie Olse | *Chief Executive Officer*

Katie Olse is the executive director and CEO of the Alliance. She formerly served as the Deputy Commissioner for the Texas Department of Family and Protective Services (DFPS). Katie has a bachelor's degree from Indiana University and has completed graduate studies at the Indiana University School of Public and Environmental Affairs.

Jesse Booher | *Vice President for Policy and Innovation*

Jesse comes to TACFS from The Texas Department of Family and Protective Services (DFPS) where he served as the Division Administrator of the DFPS Regional Systems Improvement team. He has a BA in Sociology and Political Science from Austin College in Sherman Texas, two masters' degrees in Sociology and Urban Affairs from the University of Texas-Arlington and is a certified Six Sigma Black Belt.

Alyssa Jones | *Vice President of Outreach*

Alyssa comes to TACFS from the Texas Senate Committee on Health and Human Services where she served as the Deputy Committee Director. Alyssa has a BA in Psychology from Texas A&M University and completed her graduate studies at The Bush School of Government and Public Service, focusing on health policy and nonprofit management.

Sarah Combs Boruff | *Director of Operations*

Sarah Combs Boruff joined the Alliance as policy analyst and program coordinator in 2007, and became the Association's manager 2014, and Director of Operations in December 2018. She holds a bachelor's degree in journalism from Indiana University in Bloomington, Indiana, and Certificate in Nonprofit Management from Austin Community College.

Sheila Bustillos | *Director of Strategic Initiatives*

Sheila is Director for Strategic Initiatives for the Texas Center for Child and Family Studies. She earned her doctoral degree in Multicultural Women's and Gender Studies at Texas Woman's University. She also has an M.A. in Sociology from Texas Woman's University, an M.Ed. in Counseling and Guidance with an Emphasis in Higher Education Administration from Texas State University-San Marcos, and a BESS in Pre-Physical Therapy with a minor in Health and Wellness from Texas State University. Sheila has taught in higher education for seven years and is the Past-President for the 501c3 Education Reach for Texans that champions post-secondary education success for foster care alumni.

Jennifer Lawson | *Director of Research and Evaluation*

Jennifer joined TACFS as the Director of Research and Evaluation in May of 2019. Prior to her current position, she held academic positions at Texas State University, University of Texas at Austin, and University of California, Berkeley, where she also earned her PhD in Social Welfare. Jennifer has an MSSW in community and administrative practice, and a professional background as a former Child Protective Services caseworker and supervisor in Texas.

Brenda Keller | *Director of Clinical Practice Initiatives*

Brenda has been working in the field of social work for over 18 years. She earned her bachelors degree in social work from the University of North Texas and her master's degrees in social work from Eastern Washington University. She worked as an Active Duty Clinical Social Worker in the U. S. Air Force with Active Duty service members from all military branches and their families specializing in PTSD, trauma and crisis intervention. She currently serves in the U. S. Air Force Reserves and has her advanced clinical license.

Tara Y. Reed | *Community Services Manager*

Tara has over 15 years of combined work experience encompassing the administration and delivery of clinical social work programs and services, social work case management, development and implementation of learning community approaches to organizational change and practice improvement and project management. Tara received her master's degree in Social Work from the University of Houston Graduate College of Social Work and holds state licensure in both Texas and Louisiana. In addition to being an LMSW, Tara holds a Master of Business Administration degree with a focus on Project Management from Texas Woman's University.

Katie Elseth | *Continuous Quality Improvement Analyst*

Katie comes to TACFS from The Texas Department of Family and Protective Services (DFPS) where she served in the Division of Systems Improvement on the DFPS Regional Systems Improvement team. She has a BS in Family and Consumer Science from the University of Georgia at Athens, GA and a Master of Social Work with a major in Social Work Administrative Leadership from Texas State University- San Marcos.

Jenn Vigh | *Member Services and Communications Specialist*

Jenn is a 2017 graduate from the University of Georgia, where she obtained a Bachelor of Arts in Communication Studies and two minor degrees in Dancing and Public Health. At UGA, she served as the Social Media Expert for the student-run, public relations firm, Creative Consultants during her senior year. Immediately following graduation, Jenn moved to Austin to intern with Blue Lapis Light, Austin's site-specific aerial dance company, for the 2017 Summer Season. She joined the TACFS family in May 2018 and has enjoyed working on multiple communications projects ever since.

Jamie McCormick | *Legislative Consultant*

Jamie McCormick began working with TACFS in 2017 on legislative and communications strategy. Prior to this work, Jamie managed the External Relations and Community Engagement teams at the Department of Family and Protective Services. Jamie formerly served in the Texas Senate as a Communications Director and Policy Analyst, where her policy areas included health and human services, budget, and education. She began her work at the Texas Capitol with a campaign and legislative consultant. Jamie is a graduate of Oklahoma State University, where she studied Political Science and Studio Art.

Peggy Pugh | *Chief Financial Officer*

Peggy Pugh is responsible for all accounting, financial and tax matters for TACFS and The Center since 2014. She has been involved with TACFS and The Center since 2003 serving on the board of directors and elected as the treasurer. Peggy was previously the Chief Financial Officer with DePelchin Children's Center from 2001 to 2014. Peggy graduated from the University of Houston with a BBA and is a certified public accountant.

APPENDIX 4 - CHILD WELFARE ACRONYM GUIDE

Acronym	Term	Definition
AAL	Attorney ad litem	An attorney who provides services for the purposes of the legal action only, including representation of a child, and who owes to the person the duties of undivided loyalty, confidentiality, and competent representation ⁿ
ADR	Alternative Dispute Resolution	Settling conflict outside of litigation, (e.g., mediation)
AFCARS	Adoption and Foster Care Analysis and Reporting System	An application that collects case level information on all children in foster care for whom State child welfare agencies have responsibility for placement, care or supervision, and on children who are adopted under the auspices of the State's public child welfare agency.
AJR	Administrative Judicial Region	The state of Texas is divided into nine administrative judicial regions. Each region has a presiding judge that is appointed by the Governor to serve a four-year term.
APPLA	Another Planned Permanent Living Arrangement	A permanent legal arrangement for a child designed to promote stability and permanency in a child's life; refers to permanent placements other than a reunification with a parent, adoption or permanent managing conservatorship to a relative.
ASFA	Adoption and Safe Families Act	The Adoption and Safe Families Act of 1997 (Public Law 105-89) was enacted by the United States Congress in an attempt to correct problems that were inherent in the foster care system that deterred the adoption of children with special needs. Many of these problems had stemmed from an earlier bill, the Adoption Assistance and Child Welfare Act of 1980, although they had not been anticipated when the law was passed. The biggest change to the law was how ASFA Amended Title IV-E of the Social Security Act regarding funding.
ARD	Admission, Review, and Dismissal	Process by which a student's parents and school staff meet at least annually to: 1) decide whether a student has an eligible disability; 2) determine what special education and related services will be provided; and 3) develop an individual education program.
BIA	Bureau of Indian Affairs	Bureau of the U.S. Department of the Interior, which currently provides services (directly or through contracts, grants or compacts) to approximately 1.9 million Native Americans and Alaska Natives.
CANS	Child and Adolescent Needs and Strengths	A tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes.
CAPTA	Child Abuse Prevention and Treatment Act	Federal legislation addressing child abuse and neglect.
Texas CASA	Court Appointed Special Advocate	A specially screened and trained volunteer, appointed by the court, which conducts an independent investigation of child abuse, neglect, or other dependency matters, and submits a formal report proffering advisory recommendations as to the best interests of a child. In some jurisdictions, volunteers without formal legal training, such as CASAs, are appointed to represent abused and neglected children, serving in the capacity of a Guardian ad litem.
CCEJ	Court of Exclusive, Continuing Jurisdiction	Upon rendition of a final order in a SAPCR, a court acquires continuing, exclusive jurisdiction over all subsequent matters regarding the child, unless otherwise provided by Tex. Fam. Code Chapter 155.

CEDD	Center for the Elimination of Disproportionality and Disparities	In 2010, the Texas Health and Human Services created the Center for Elimination of Disproportionality and Disparities (CEDD) to partner with health and human services agencies, external stakeholders, other systems, and communities to identify and eliminate disproportionality and disparities affecting children, families, and disparately impacted individuals. The CEDD works to identify the systemic factors and practice improvements that address the disproportionate representation and disparate outcomes for children, families, and disparately impacted individuals in the state's health and human services programs.
CFRT	Texas Child Fatality Review Team	A multidisciplinary, multi-agency group, mandated by state law that oversees and assists the work of local review teams in Texas, and works to develop a statewide understanding of the scope and magnitude of childhood mortality. http://www.dshs.state.tx.us/mch/Child_Fatality_Review.shtm
CFSR	Child and Family Services Review	A Federal-State collaborative effort designed to help ensure that quality services are provided to children and families through State child welfare systems.
CIP	Court Improvement Program	Strengthening Texas courts to achieve safety, permanency, and well-being for abused and neglected children is the work of the Court Improvement Program. http://www.texaschildrenscommission.gov
COS	Circle of Support	Held soon after a youth who has been removed from the home reaches age 16. Primary purpose is to develop a transition plan for the youth and to connect youth to supportive and caring adults who can help the youth when the youth leaves foster care.
COS	Court Ordered Services	Type of CPS case during which services are ordered by the court for the family, but DFPS does not have temporary managing conservatorship of the child.
CPA	Child Placing Agency	Licensed by DFPS and required to conform to minimum standards, verify and oversee non-agency foster placements.
CPC	Child Protection Court	Courts that specialize in child protection cases.
Texas CPS	Child Protective Services	A division of Texas DFPS that investigates reports of abuse and neglect of children. It also: provides services to children and families in their own homes; places children in foster care; provides services to help youth in foster care make the transition to adulthood; and places children in adoptive homes. http://www.dfps.state.tx.us/child_protection/about_child_protective_services
CPU	Centralized Placement Unit	Reviews child's information, tracks placement vacancies, and determines least restrictive placement option that best meets needs of child.
CRCG	Community Resource Coordination Group	Collaboration of local public and private agencies, organizations, and families to work together to meet the needs of individuals which no one agency can meet.
CSCAL	Child Safety Check Alert List	Automated program operated by the Texas Department of Public Safety as part of the Texas Crime Information Center to assist DFPS in locating families that move before CPS begins or finishes an investigation or that move during the provision of services by CPS.
CVS	Conservatorship	Legal care, custody and control of a child given by court order.
CWB	Child Welfare Board	Board developed and funded in some Texas counties to help meet needs of children and youth in foster care.

DFPS/ TDFPS	Texas Department of Family and Protective Services	A state agency that is charged with protecting children, adults who are elderly or have disabilities living at home or in state facilities, and licensing group day-care homes, day-care centers, and registered family homes. http://www.dfps.state.tx.us
DSHS	Texas Department of State Health Services	The Texas Department of State Health Services promotes optimal health for individuals and communities while providing effective health, mental health and substance abuse services to Texans. http://www.dshs.state.tx.us
ESSA	Every Child Succeeds Act	Federal education law passed in December 2015 replacing No Child Left Behind. ESSA contains several educational stability provisions related to the education of children and youth in foster care that mirror the Fostering Connections to Success and Increasing Adoptions Act of 2008. ESSA also requires designated points of contact in education and child welfare systems, assurances that schools will coordinate with child welfare to develop transportation plans, and in the 2017-2018 school year, disaggregated data on children and youth in foster care will be included in the reporting requirements.
FBSS	Family Based Safety Services	A type of service provided to some families who were the subject of an investigation of child abuse and neglect allegations. Also known as Family Preservation. Includes services to families to prevent removal of the child from the home.
FCRB	Foster Care Review Board	A panel of screened and trained volunteers preferably appointed by juvenile or family courts to: regularly review cases of children in substitute placement such as foster care; examine efforts to identify a permanent placement for each child; and proffer advisory recommendations to the court.
FGC	Family Group Conference	A type of Family Group Decision Making. During a family group conference, the child's family joins with relatives, friends, and community members to develop a plan for the child and family. Generally held after a child is removed but may also be used before removal when the family receives FBSS.
FGDM	Family Group Decision Making	A collaborative approach to service planning and decision making, which involves the child or youth and his or her family to join CPS staff in developing a service plan.
FTM	Family Team Meeting	A type of Family Group Decision Making that is generally held before a child is removed from the home, but also may be held during other states of services, such as when a family receives FBSS or when a child is in DFPS conservatorship.
GAL	Guardian ad litem	A person appointed by a judge to represent the best interests of an allegedly abused or neglected child; in many counties the GAL is the CASA
GRO	General Residential Operation	A residential child-care operation that provides childcare for 13 or more children or young adults.
HHSC	Health and Human Services Commission	State agency which oversees operations of the health and human services system, including DFPS.
HSEGH	Health, Social, Educational and Genetic History	Child's information provided in report to prospective adoptive families.

ICPC	Interstate Compact on the Placement of Children	Provides a solid legal framework for ensuring the timely placement of children across state lines, the suitability of prospective families, and the provision of needed support services. The proposed compact: (1) narrows the applicability of the compact to the interstate placement of children in the foster care system and children placed across state lines for adoption; (2) requires the development of time frames for completion of the approval process; (3) establishes clear rulemaking authority, (4) provides enforcement mechanisms; (5) clarifies state responsibility; and (6) ensures states' ability to purchase home studies from licensed agencies to expedite the process.
ICWA	Indian Child Welfare Act	The Indian Child Welfare Act (ICWA), which was adopted by Congress in 1978, applies to child custody proceedings in state courts involving "Indian" children--children of Native American ancestry. The provisions of ICWA represent a dramatic departure from the procedural and substantive laws that most states have enacted to govern child custody proceedings.
IEP	Individualized Education Program	A plan for each child with a disability that is developed, reviewed and revised by a committee, of which parents are active members. Includes the student's present levels of academic achievement and functional performance, participation in State and district-wide assessments, transition services, annual goals, special factors, special education, related services, supplementary aids and services, extended school year services, and least restrictive environment.
IMPACT	Information Management Protecting Adults & Children in Texas	A statewide automated child welfare information system (SACWIS) system used by the Texas DFPS to aid in the investigation and assessment of alleged child and adult abuse or neglect cases.
IV-E Title	IV-E Title	IV-E of the Social Security Act which provides federal funding stream to states for costs related to the provision of foster care.
JMC	Joint Managing Conservatorship	The sharing of the rights and duties of a parent by two parties, ordinarily the parents, even if the exclusive right to make certain decisions may be awarded to one party. Tex. Fam. Code § 101.016.
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Questioning Youth	Many child welfare agencies offer community tools, resources, and support for improving outcomes for LGBTQ young people in foster care.
OAG	Office of the Attorney General	A Texas state agency that serves as legal counsel to all boards and agencies of state government, issues legal opinions when requested by the Texas Governor, heads of state agencies and other officials and agencies as provided by Texas statutes, sits as an ex-officio member of state committees and commissions, and defends challenges to state laws and suits against both state agencies and individual employees of the State. http://www.oag.state.tx.us
PAL	Preparation for Adult Living	A program within CPS to provide support and services to help youth prepare for independent adult living upon departure from DFPS care and support.
PC	Permanency Conference	Held when it is not possible or appropriate to hold a Family Group Conference. Used to develop a youth's permanency plan and the family's service plan.
PJMC	Permanent Joint Managing Conservatorship	The long-term sharing of the rights and duties of a parent by two parties, ordinarily the parents, even if the exclusive right to make certain decisions may be awarded to one party; granted by final decree. Tex. Fam. Code § 101.016.
PMC	Permanent Managing Conservatorship	Placement of a child in the permanent conservatorship of an entity or person, by court order, (e.g. Texas DFPS, relative) with no intention of returning the child to the parent's custody.

RO	Ruled Out	One of the possible dispositions given in a DFPS investigation of child abuse and neglect. The information gathered during the investigation supports a reasonable conclusion that: 1) the alleged abuse did not occur; 2) the alleged perpetrator is 9 years old or younger; 3) the alleged abuse or neglect did occur but there is sufficient evidence to reasonably conclude that the named alleged perpetrator is not responsible.
RTB	Reason to Believe	One of the possible dispositions given in a DFPS investigation of child abuse and neglect. Based on the preponderance of information gathered during the investigation, the caseworker concludes that the alleged abuse or neglect did occur, and the alleged perpetrator is responsible for it.
RTC	Residential Treatment Center	Placement of a child in treatment where the child lives at the facility providing the treatment services.
SACWIS	Statewide Automated Child Welfare Information System	A comprehensive automated case management tool that meets the needs of all staff (including social workers and their supervisors, whether employed by the State, county, or contracted private providers) involved in foster care and adoptions assistance case management.
TBRI®	Trust-Based Relational Intervention	Developed by Texas Christian University's Institute of Child Development, evidence-based principles and practices to accelerate healing and speed to permanency for children in foster care.
TCIC	Texas Crime Identification Center	TCIC provides immediate access 24/7 to law enforcement agencies throughout Texas to data regarding the stolen status of property and the wanted, missing, sex offender, or protective order status of persons.
TFC	Texas Family Code	The laws and statutes that govern Texas family law including child protection
THECB	Texas Higher Education Coordinating Board	The Texas Higher Education Coordinating Board's mission is to promote access, affordability, quality, success, and cost efficiency in the state's institutions of higher education, through Closing the Gaps and its successor plan, resulting in a globally competent workforce that positions Texas as an international leader in an increasingly complex world economy.
TJMC	Temporary Joint Managing Conservatorship	When temporary managing conservatorship is granted to DFPS and the parent(s) or other person.
TMC	Temporary Managing Conservatorship	The awarding of conservatorship of a child to Texas DFPS. This may include children remaining in their home with orders from the court for particular requirements to ensure the safety of the child or the removal of a child from the family for safety and well-being purposes.
TPM	Transition Plan Meeting	Held soon after a youth who has been removed from the home reaches age 16.

ENDNOTES

ⁱTexas Human Resources Code 42.002

ⁱⁱChildren’s Bureau, “CB Fact Sheet”, <https://www.acf.hhs.gov/cb/fact-sheet-cb>, (September 3, 2019)

ⁱⁱⁱThis section does not include a discussion of the Tribal child welfare systems. Under the Indian Child Welfare Act (ICWA), most Native American tribes administer their own child welfare system to keep Native American children who enter the system connected to their communities and to protect the transition of culture and knowledge. Texas has several Federally recognized Native American Tribes, including the Alabama-Coushatta Tribe of Texas, the Kickapoo Traditional Tribe of Texas, and Ysleta Del Sur Pueblo. Children who reside on one of these reservations have specific legal protections under CWA and, in some cases, DFPS and the Tribe have agreed to a written protocol for handling these cases.

^{iv}Burstain, Jane, The Guide to Texas Child Protective Services, The Center for Public Policy Priorities, (2010).

^vTexas Department of Family and Protective Services, Statewide Intake: Sources of Abuse/Neglect Reports: DFPS Data Book, (2018).

^{vi}Due to passage of House Bill 5 in 2017, investigations were removed from CPS oversight and made as a stand-alone service and division.

^{vii}Texas Department of Family and Protective Services, CPI Completed Abuse/Neglect Investigations: Findings: DFPS Data Book, (2018).

^{viii}The number of completed investigations does not match the number of investigations assigned as investigations by the hotline because CPI supervisors at the county or region level can make the determination to close a case without investigation in certain circumstances where there are no immediate child safety threats.

^{ix}Casey Family Programs, Comparison of Experiences in Differential Response (DR) Implementation: 10 Child Welfare Jurisdictions Implementing DR, (2012).

^xTexas Department of Family and Protective Services, Child Protective Services removals: DFPS Data Book, (2018).

^{xi}Maxwell, J. C., National Drug Early Warning System (NDEWS) State of Texas Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2018, The University of Texas at Austin Steve Hicks School of Social Work, (2018).

^{xii}Texas Department of Family and Protective Services, Foster Care Needs Assessment, (July 2019).

^{xiii}Texas Department of Family and Protective Services, CPS placements: Children in substitute care on August 3: DFPS Data Book, (2018).

^{xiv}U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, AFCARS report no. 25: Children’s Bureau, (2017).

^{xv}Texas Department of Family and Protective Service, Child Protective Services: Children exiting DFPS legal custody: DFPS Data Book, (2018).

^{xvi}Texas Department of Family and Protective Services, CPS placements: Children in substitute care on August 31: DFPS Data Book, (2018).

^{xvii}Texas Department of Family and Protective Services, Child Protective Services: Children exiting DFPS legal custody: DFPS Data Book, (2018).

^{xviii}The Permanency Care Assistance program provides relative caregivers with monthly financial assistance for each child in their care, consistent with what would be paid to a foster family. PCA agreements take longer to put into place than custody transfers to relatives without a PCA because the relative caregiver must go through the process of getting licensed as a foster home to receive PCA support.

^{xix}Texas Department of Family and Protective Services, Child Protective Services: Children exiting DFPS legal custody: DFPS Data Book, (2018).

^{xx}Lee, S., Jonson-Reid, M., & Drake, B., “Foster Care Re-Entry: Exploring the Role of Foster Care Characteristics, In-Home Child Welfare Services, and Cross-Sector Services. *Children and Youth Services Review*, 34(9) (2012): 1825-1833.

^{xxi}Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families, “About Us,” <http://texaschildrenscommission.gov/about-us/>, (September 4, 2019).

^{xxii}Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families, “About Us,” <http://texaschildrenscommission.gov/about-us/>, (September 4, 2019).

^{xxiii}The Abuse and Neglect Case: A Practitioner’s Guide, The Texas Supreme Court Permanent Judicial Commission for Children, Youth, and Families, (2009).

^{xxiv}Texas Family Code 107.0125

^{xxv}Burstain, Jane, *The Guide to Texas Child Protective Services*, The Center for Public Policy Priorities, (2010).

^{xxvi}The Abuse and Neglect Case: A Practitioner’s Guide, The Texas Supreme Court Permanent Judicial Commission for Children, Youth, and Families, (2009)

^{xxvii}Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S., *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress*, U.S. Department of Health and Human Services, Administration for Children and Families, (Washington, DC, 2010).

^{xxviii}Boyd, R. K., “African American Disproportionality and Disparity in Child Welfare: Toward a Comprehensive Conceptual Framework,” *Children and Youth Services Review*, 37 (2014): 15-27.

^{xxix}Putnam-Hornstein, E., Needell, B., King, B. & Johnson-Motoyama, M., *Racial and Ethnic Disparities: A Population-Based Examination of Risk Factors for Involvement with Child Protective Services*. *Child Abuse & Neglect*, 37 (2013): 33-46.

^{xxx}For example, the 75216 area of Dallas and the 76119 area of Fort Worth have similarly high predicted levels of community maltreatment risk, but the factors underlying their profiles look very different. For example, the 76119 area has low emergency room usage for infants, among the highest rates of infant mortality, and high rates of disability; in contrast, the 75216 area has high rates of emergency room usage for infants, average infant mortality, and above average rates of disability.

^{xxxi}Mandell, D., Public Health Approach to Maltreatment Prevention, The University of Texas Health Science Center at Tyler, (2019).

^{xxxii}Texas Department of Family and Protective Services, 3 in 30: A Complete Approach to Better Care for Children, https://www.dfps.state.tx.us/Child_Protection/Medical_Services/3-in-30.asp, (August 2019).

^{xxxiii}Texas Department of Family and Protective Services, “Child Adolescent Needs and Strengths (CANS) Assessment,” https://www.dfps.state.tx.us/Child_Protection/Medical_Services/CANS_Assessment.asp (August 2019).

^{xxxiv}Texas Education Agency, “Foster Care Success: Education Laws and Guidance,” https://tea.texas.gov/Academics/Special_Student_Populations/Foster_Care_and_Student_Success/Foster_Care___Student_Success_-_Education_Laws_and_Guidance (August 2019).

^{xxxv}First3Years, <https://first3yearstx.org/>, (August 2019).

^{xxxvi}Prenatal-Three Policy Impact Center, <https://childandfamilyresearch.utexas.edu/pn3-prenatal-three-policy-impact-center>, (August 2019).

^{xxxvii}Texas Department of Family and Protective Services, “State College Tuition Waiver,” https://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Education/state_college_tuition_waiver.asp (August 2019).

^{xxxviii}Texas Education Agency, Texas Foster Care and Student Success Guide, <https://tea.texas.gov/sites/default/files/resource-guide.pdf> (August 2019).

^{xxxix}Watt, T., Faulkner, M., Bustillos, S., & Madden, E., Foster Care Alumni and Higher Education: A Descriptive Study of Post-secondary Achievements of Foster Youth in Texas. *Child & Adolescent Social Work Journal*, 36(4) (2019) 399-408.

^{xl}Education Reach for Texans, <http://www.educationreachfortexans.org/>, (August 2019).

^{xli}BCFS, Texas Education Training Voucher (ETV) Program, <https://discoverbcfs.net/texasetv/>

^{xlii}Texas Department of Family and Protective Services, Supervised Independent Living, https://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transitional_Living/Extended_Foster_Care/supervised_independent_living.asp, (August 2019).

^{xliii}Housing and Urban Development, “HUD Awards \$30 Million to Help Children in Foster Care, https://www.hud.gov/press/press_releases_media_advisories/HUD_No_18_139, (November 21, 2018).

^{xliv}The National Youth in Transition Database, <https://youth.gov/feature-article/national-youth-transition-database>, (August 2019).

^{xliv}Kristina Rosinsky and Sarah Catherine Williams, Child Welfare Financing SFY 2016: A Survey of Federal, State and Local Expenditures, (December 2018).

^{xlvi}Children’s Bureau, “Title IV-E Foster Care,” <https://www.acf.hhs.gov/cb/resource/title-ive-foster-care>, (August 2019).

^{xlvi}Kristina Rosinsky and Sarah Catherine Williams, Child Welfare Financing SFY 2016: A Survey of Federal, State and Local Expenditures, (December 2018).

^{xlvi}Meadows Mental Health Policy Institute and Texas Center for Child and Family Studies, Foster Care Rate Analysis and Rate Setting Leading Practices, (April 2019).

^{xlix}DFPS increased case workers salary by \$12,000 annually in 2017 forcing the service provider to increase salaries to “keep-up” with the DFPS.

ⁱBudget sequestration is a provision of United States law that causes an across-the-board reduction in certain kinds of spending included in the federal budget.

^{li}Texas Department of Family and Protective Services, “Performance Based Monitoring,” https://www.dfps.state.tx.us/Doing_Business/Contract_Handbook/Chapter_5/5-02-Performance_Based_Monitoring.asp, (August 2019).

^{lii}DFPS policy 4.1.2 Performance Based Contracts

^{liii}Texas Human Resources Code §40.0563 and §40.058

^{liv}Texas Department of Family and Protective Services, “Performance Based Monitoring,” https://www.dfps.state.tx.us/Doing_Business/Contract_Handbook/Chapter_5/5-02-Performance_Based_Monitoring.asp, (August 2019).

^{lv}Texas Department of Family and Protective Services, “Performance Based Monitoring,” https://www.dfps.state.tx.us/Doing_Business/Contract_Handbook/Chapter_5/5-02-Performance_Based_Monitoring.asp, (August 2019).

^{lvi}Texas Department of Family and Protective Services, DFPS Data Book

^{lvii}Casey Family Programs, “Permanency, Partnership and Perseverance: Lessons from the California Residentially-Based Services Reform Project,” (June 2013).