

Understanding Texas' Capacity Crisis

Casey Family Programs
Department of Family and Protective Services
Texas Alliance of Child and Family Services



Welcome!

- Anne Heiligenstein, Casey Family Programs
- Katie Olse, Texas Alliance of Child and Family Services
- Commissioner Jaime Masters, DFPS



What 2-3 words would you use to describe how you think or feel about Texas' capacity crisis?



Data Q&A

We can't see the data here at home! Would it be possible to share?

CANT SEE THE GRAPHS AND DO I HAVE THE RIGHT LINK?

What does time to permanency look like by race and ethnicity?

Can you move the camera to the presentation?

Can you please email me powerpoint presentations? I can't see them. Nancy Preyor-Johnson Associate Editor, San Antonio Express-News Editorial Board
Nancy.Preyor-Johnson@Express-News.net

Why in cwop? Ran from last placement? Placement released them?

Is there a way that those of us online can see the power point slides?

Where was each youth before each cwop event?

How does CWOP race data compares to in care race data

Data Q&A

If so many.(15% - second highest) are coming from home, how are they already leveled?

Are their links to these graphs?

Is there a sense of why SSCC regions need more homes comparatively?

Since the 2nd largest percentage of previous placement is home (tied with runaway), what are the reasons for removal for that 15% from previous home placement?

Do we know TMC vs. PMC for kids in CWOP?

How many children have been or are currently placed out of state? What rates is Texas paying?

Any ideas why the eastern and southern counties are experiencing growing numbers of CWOPs?

Do we know how many placements kids in CWOP had before they entered CWOP?

Slides are now online at <https://tacfs.org/policy/key-issues/#capacity>

Data Q&A

Can we identify trends for children without placement?
(Areas of state, etc)

How much recidivism is the system seeing with CWOP
children who are placed and the experience CWOP again?

Fewer beds because of staffing shortages.

How many children coming from home are repeaters?

How did CWOP get to this level? How much of the loss of
beds statewide is related to the court monitors? COVID?

How many placements have the CWOP had prior to
psychiatric placements?

What is the difference between the three slides showing
catchment and placement regions?

When you share the slide deck, could you please label the
"ribbon" (catchment/placement) slides? Hard to see which is
which.

Is there data on if these youth have been reviewed by local
CRCGs?

Data Q&A

Do you have data on successful CWOP placements and what worked? More involvement with workers, CASA, family involvement, shorter stay in shelters, less hospitalizations?

Can you show distribution of length of stay in CWOP?

It felt like a lot of diversity of where kids were located before CWOP.

Have many placements been closed down due to stricter mandates?

Is there any relationship between Heighten Monitoring and CWOP growth

No

I have been told by judges that teenagers often want to go back to their parents and that is why they don't take placement. Would placing them back with parents be possible?

The three "ribbon" (catchment/placement) slides aren't labeled as to which is which. Could you please label them?

What stood out to you from the data?

The regions and the need

Relationship of cwop spiking with HM

The areas where there were the most CWAPs.

the need and how many kids aren't placed

Regions with the greatest need were not as expected

Possible correlation between HM and increase in CWOP

the second highest reason for CWOP is running away from placements.

Not just any bed, the right bed

Children denying placement to stay in CWOP

What stood out to you from the data?

The increase of youth without placement after heightened monitoring came on board

Correlation of need in geographic areas and the lost beds in those areas particularly related to regulatory pressure.

Not addressing why there was a lose of 1300 beds.

This problem is "completely manageable and solvable."

Issues with social safety net driving RAPR and increasing CWOP

The lack of information presented related to race and ethnicity.

Urgency for the system to solve this and our capacity crisis

impact of juvenile system changes on foster care as system of last resort. Please explain the term "rapper" being used to categorize a new category of released juvenile finding them selves CWOP.

The amount of children denying placement

What stood out to you from the data?

The graph that shows children removed are going EVERYWHERE when they should be within their home county or close by

1-2% of the entire population

There is a lot of talk about the behavioral issues of children which leads to lack of appropriate care. But is this because caregivers are not adequately trained? 35% come into substitute care due to the caregivers inability to meet behavioral needs

The need for assessment facilities where youth can be placed until they can be fit with an appropriate placement

How important it is for the system to take ownership

Why aren't we talking about all of the placements that were shut down due to stricter mandates? This would explain the spike in CWOP.

Children in CWOP are older

The racial disparities in Dallas

That the majority of children in psychiatric facilities are NOT coming from foster care. Chart showed 7%

What stood out to you from the data?

Kids placed out of region

No clear link between increased funding and solving this CWOP crisis

Somewhat drastic seasonal fluctuations of CWOP

The overlap with YES Waiver -- that was designed for the exact population that seems to be of focus. How do we use that to build capacity

The CHAOS slide which demonstrated how children are continuing to be placed all over the state despite efforts to try to keep children within their home regions

What is a rapper/wrapper?

there is a high need for trauma-informed treatment providers who specialize in abuse/neglect/reunification/adoption issues

At every moment in time, looking at the quarterly data, the situation is getting worse and worse.

The unstructured environment of being placed in the office.

What stood out to you from the data?

Increase in foster care June to October

How would accreditation impact capacity?

Not enough General Residential Operation (GRO) treatment facilities

The high percentage of RAPR cases

There might be less in CWOP if agencies were not so restricted because of Heightened Monitoring.

The geographic dispersal of children from their home region to placement is total chaos.

I can't imagine how exhausted the workers are trying to supervise the CWOP and do their own work.

RAPR is when a parent refuses to accept parental responsibility of a child

We are sending kids to regions from which we are receiving kids and visa versa. Not only is this bad for kids but it seems inefficient.

What stood out to you from the data?

How the problem seems solvable

Disproportionately

the lack of FC exit in 2021

After years of not shutting down placements when needed, they are closing now all at once. Years of negligence = crisis

Clustering of new CWOP cases in south and east Texas.

What about developing mentor families as a step before removal into foster care?

No need for treatment beds in 6A and 6B???

needs of children in CWOP

The data is consistent with what we've experienced for years. Repairing this will require resources to cover the gap for kids.

What stood out to you from the data?

The age of the CWOP population

Diversion Bed uses same facilities as CPS - there are just not enough beds

Nearly 3/4 of children are CWOP because of neglect or refusal of responsibilities.

Connection between heightened monitoring and CWOP.

That 20% of CWOP kids' previous placements were from a psych hospital

Impact of heightened monitoring on the increase in CWOP

The need for services and supports for children and families in their homes.

This is great information, but is this information made available to providers or the public to be able to act on it?

Denial of parental responsibility was the 2nd highest reason why these children go into DWOP

What stood out to you from the data?

The youth are in complete control

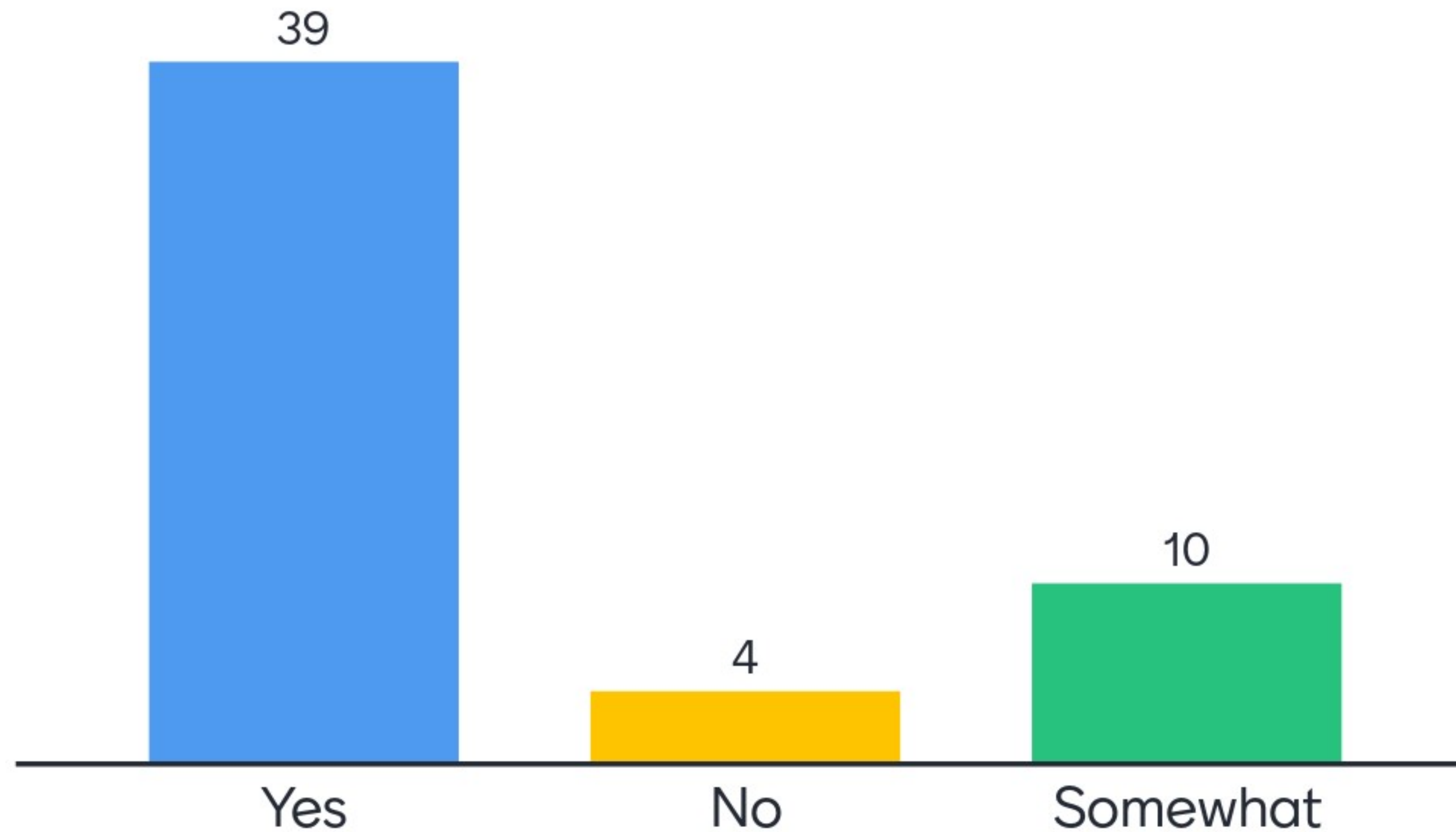
The need to help develop new organizations who understand how to run a GROs.

When someone calls out from the audience, please repeat their question/comment; virtual listeners can't hear them

there is no category in CPS computer system to identify children in need of MH treatment; therefore they are labeled under RAPR or NSUP

yes

Is the data reflective of your organizational or community experience? *Discussion: In what ways is it similar or different?*



What does what we are learning about children without placement tell us about our broader capacity crisis?

Not targeting capacity well.

parents need capacity to help their children with high psychiatric needs

We have a family engagement crisis.

targeted recruitment is needed

That some of it is self-inflicted

Not enough wraparound services to support children and families

Is it possible to make residential treatment more effective/appealing for the youth themselves? What is really missing/needed?

The youth are telling us we need to reimagine foster care at the teenage level

While it's very concerning that the CWOP numbers are increasing, it is interesting to remember that CWOP is a small percentage of the larger foster care population.

What does what we are learning about children without placement tell us about our broader capacity crisis?

We need to improve mental health services and prevention early intervention services

Need to focus more on better matching child's needs to placement

We lack therapeutic services as well as resources for kinship and too much time regulating instead of focusing on the kids

We need a more targeted approach.

Sounds like CWOP needs to be more structured if kids are exiting other venues to "be free."

We definitely need more treatment foster care & GRO capacity in areas other than Houston. But we also need to plan ahead with stronger homes for younger kids so we can try to avoid compounded systemic trauma for future kids like CWOP kids now.

lack of trauma-informed providers that will work to address issues instead of discharging child

That the children are running the system.

Adds sense of urgency to address the problem, find sustainable solutions

What does what we are learning about children without placement tell us about our broader capacity crisis?

Texas desperately needs to address accessible mental health care across all ages and demographics.

It is not a localized issue

We spend too much time in regulation. We need better prevention. We need better therapeutic services.

Ongoing, accountable oversight of placements is critical to ensure safety

we need psychiatric hospitals for children and a more robust treatment network.

Treatment! Treatment! Treatment! Is a must need for kids, families, and potential placement personnel.

Lack of appropriate staff being on boarded to fill positions.
Lack of staff in general

Totally echo the comment about reimagining care (in a youth focused way)!

We need to work with family engagement and wrap around and mental health services to help those families

What does what we are learning about children without placement tell us about our broader capacity crisis?

Also a communications plan for the media and community to explain who is on CWOP.

We need to help parents help their kids.

Children have rights but they don't know what's good for them. Why are they being given a choice to go back to CWAP? Give them an either/or of choices of placements instead.

Lack of a trauma informed, connection informed approach

Providers aren't meeting the basic needs of youth and making them feel safe enough to want to stay their care and not run/refuse placement

We need a structure that requires providers with placement contracts with the state to accept high need placements on some equitable basis, a guaranteed provider of last resort.

Need to explore community-level solutions outside CPS. Greater advocacy for accessible family and children's mental health services.

the need to better prepare adoptive families for working with traumatized children; signing the paper doesn't make the trauma go away!

It's both a capacity issue AND also an issue of inadequate community supports for these families that would keep these youth at home. Let's have a forum about that

What does what we are learning about children without placement tell us about our broader capacity crisis?

There needs to be a robust solution to placements. It is not about beds its about the right beds that can meet the acute needs of the children.

CWOP is largely a consequence of: Heightened Monitoring, Staff hiring/retention problems, childcare rate considerations

Youth don't want to be institutionalized.

What does blaming the child say about US???

we need trauma informed care and systems to reframe behavioral issues and get kids proper treatment before it becomes a child welfare of juvenile justice issue

we have a lot of work to do

There is a need to review possibility of return to family for older children who may not pose the same level of parental supervision compared to removal. I know some are being able to return to family but are there institutional roadblocks?

Youth are individuals who want and deserve respect and normalcy.

Children do not want rules Over regulation by monitoring

What does what we are learning about children without placement tell us about our broader capacity crisis?

We need more resources and initiatives to invest in parents and families to keep kids either in home when possible or with family.

What is available - anywhere - for children with severe mental health and intellectual challenges? It looks like they are just cycling through various systems until they do something that will get them incarcerated as adults.

We also need to take a look at the older kids and how long they've been in care. The average time in permanency doesn't reflect what we're seeing with them. That is affecting our capacity crisis and isn't mentioned.

Lack of trauma informed supports for bio and kinship families. We've asked CPS to expand beyond abuse and neglect and take on complex responses.

It's ALL of these things -- there is not ONE Answer. We will continue to have this issue until there is real investment in quality trauma informed programs, especially residential treatment facilities.

Do the monitors need more training to be more sophisticated about the dynamics of youth with severe BH treatment needs so a facility is not censured just because a child does not want to come out of their room, attend therapy and take their meds?

Higher LOC children can be viewed as a liability with HM at play. It's not fair or pretty, but it's the perception/belief.

Intervention services are lacking, sporadic and thus kids don't have the support or resources to improve their own outcomes.

kids with behavioral problems that are unmet psychiatric needs should not be sent to juvenile justice or child welfare- we should have a diversion program for these youth.

What does what we are learning about children without placement tell us about our broader capacity crisis?

Reduce the regional swapping of beds to serve children out of region -- prioritize keeping youth in their own region and wrap services around the family

we need a more robust behavioral healthcare network to keep kids out of foster care, homelessness, JJ, CWOP....

most areas have LONG wait lists for YES Waiver services

Psych hospitals need to do better discharge planning with help from BH and DFPS to help make the youth transition better.

Significant Events in Child Welfare

SB 6/CPS Reform 1 (2005)

CPS Reform 2 (2007)

CPS Transformation (2014-15)

HHS Transformation (2016)

SB 218 (2011)

Foster Care Redesign established (2010)

MD v Abbott!

Foster Care Lawsuit filed (2011)

Performance- based care incentives/remedies demonstration project (2016)

Significant Events in Child Welfare

Federal lawsuit

FFPSA

HM

HM implementation began (2020)

Fostering Connections to Success Act (2008)

STAR Health launched (2008)

Relative & other designated Caregiver program
(kinship care) created (2005)

CCL moved to HHSC (2017)

Foster care lawsuit filed (2011)

Significant Events in Child Welfare

Temporary Emergency Placement (TEP) program established (2017)

"3 in 30" launched (2018)

DFPS and HHSC split

Covid

HM

QIC-AG "Pathways to Permanency" (2019)

SB 11/CBC (2018)

Leadership changes at DFPS and CPS

HHS Consolidation and the undoing of consolidation.

Significant Events in Child Welfare

COVID-19 (2020)

Education & Training Voucher program (2009)

Families First Prevention Services Act (2018)

Agencies suddenly closing down 2021

Supreme Court of Texas created the Permanent Judicial Commission for Children, Youth and Families (2007)

winter storm Uri; hurricanes; covid

Supervised Independent Living (SIL) program established (2012)

FBSS Pilot (2018)

DFPS as a stand alone agency (2017)

Significant Events in Child Welfare

Changes within licensing...after the court got involved, they began looking at everything with a magnifying glass. Almost as if to say it's not us, it's them!

FLDS Investigation (2008)

Disproportionality work launches (2004)

CBC Division reporting directly to Gov. Abbott

SB 781/RTC Reform(2019)

National Youth in Transition Database(2010)

Hurricane Harvey (2017)

Medicaid outside of STAR Health for foster children RARELY pays for residential treatment

Office of consumer affairs created (1993)

Significant Events in Child Welfare

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Texas Foster Care Capacity Crisis...The Impact
CHRISTIAN D. MENEFFEE



Watch laterShare



Watch on  YouTube



What it takes to serve children with complex needs... and serve them well

- Katie Olse, TACFS, Moderator
- Megan Zellner, Settlement Home for Children
- Jimmy Moore, Children's Home of Lubbock
- Brenda Keller, TACFS
- Angela Humphrey, Adiee Emergency Shelter



How are the challenges faced by the panel similar to or different from your own experience?

They are mostly the same; fear, discouragement.

It's very similar we have been fined multiple times by our state rep and we don't even have any kids placed with the state yet.

Same- fear, frustration about HM and administrative side vs taking care of kids.

They are very similar. HM and RCCR visits truly takes away from us caring for our kids as well as connecting well with our staff.

I am still crying too much to see the screen! What an incredible panel. Just thank you!

Very similar, placements wanting to serve kids but knowing it might place them in jeopardy of losing their license. Hard to convince foster parents to take on high needs kids due to heightened monitoring.

It takes time to establish the connection needed for healing, totally agree.

Very similar and hard not to be discouraged about the work we do

The challenges are similar in that as we are trying to provide normalcy and good service, we are held back by the monitoring, whether we are on heightened monitoring or not.

How are the challenges faced by the panel similar to or different from your own experience?

Difficult to hear that our children aren't being accepted into placements for fear of being put on probation or HM.

Somewhat similar. Need to look at some culture change with staff in regard to current environment

Caring for the children and compliance should run alongside each other, but they seem to detract from each other.

I was in the system as a child. I come to this work as a survivor. I agree that we need to strip away our titles & formalities and focus more on the human, parenting, normalcy approach.

Many of their experiences really resonated.

We've moved from being proactive to reactive due to unhealthy oversight of licensing and contracting. Everyone says verbally this is a partnership but on the ground it feels anything but that.

Very representative of how providers across the State are currently feeling - overwhelmed, scrutinized and fearful

Need to stop blaming kids, so appreciated that many of their behaviors are normal and expected under these circumstances.

Since CBC's are licensed, we share similar issues regarding licensing, investigations

How are the challenges faced by the panel similar to or different from your own experience?

Our particular state rep has been more concerned with being combative then helping us help the kids

Same- fear, balancing normalcy and the risk of investigation if kids make a poor choice....

Inconsistent policy and practices

The bureaucracy makes progress and success so difficult.

Being told by licensing they "have" to give a citation or TA is so discouraging

They are very similar. I want to emphasize that the key answer to helping our children is to have loving adults build strong, healthy relationships. That also means having the mental health resources they need to heal from their trauma.

I felt like the panelists were speaking about the youth and agency I serve. It is so hard to want to do your best and get hit with administrative burdens that take us away from serving youth from hard places.

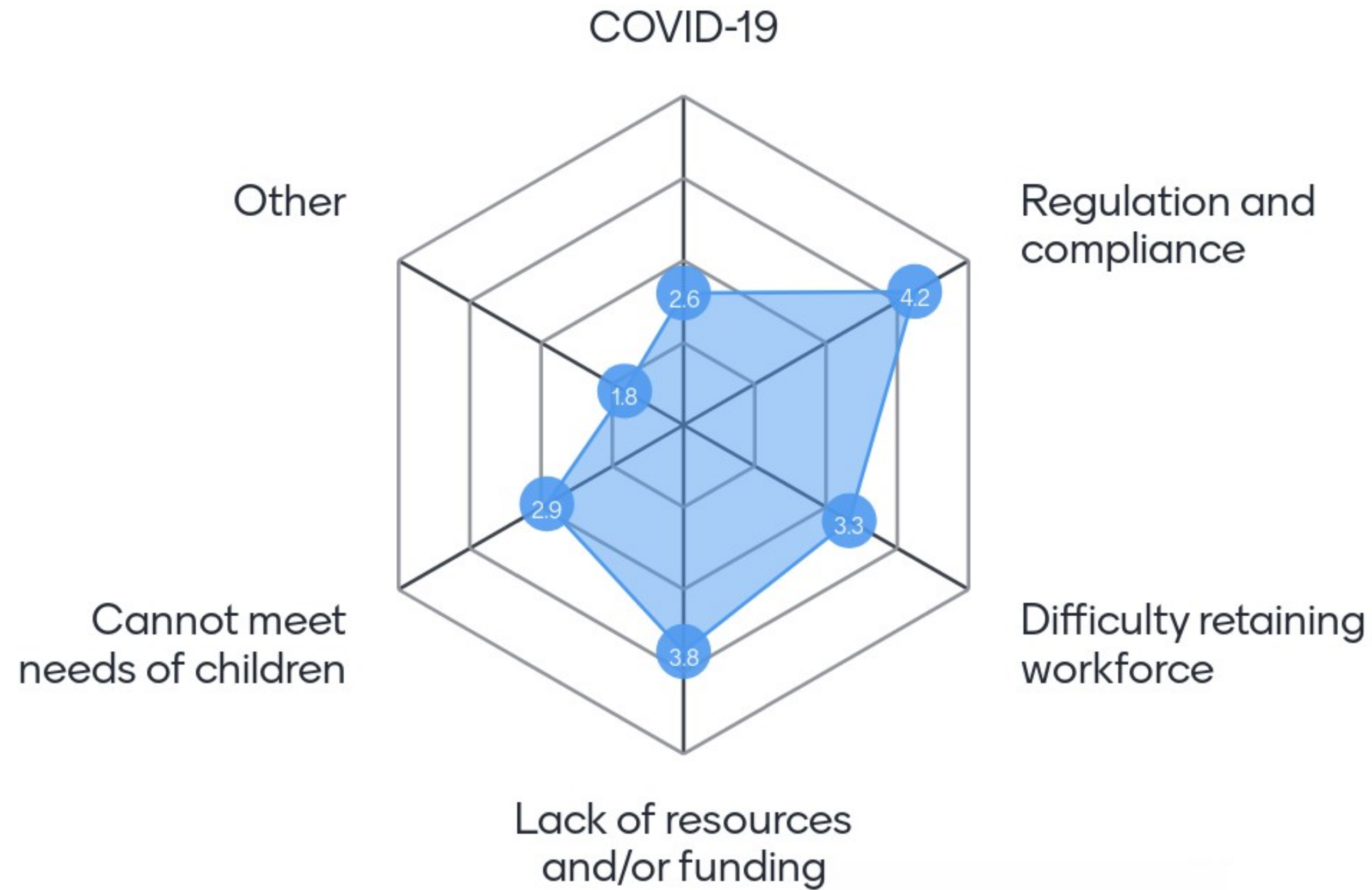
Anger about society not paying more attention to this issue

It is very challenging, especially with a new start-up, to get everyone trained and encouraged while sharing with them the citations on what's not being done correctly.

How are the challenges faced by the panel similar to or different from your own experience?

Negotiate with monitors/court around HM. It's too broad and we're all feeling it.

In your experience, what are the most significant capacity stressors?



What could your organization or your community do to address these challenges?

Limit HHSC to 5% on heightened monitoring

Provide more support to foster parents, particularly affordable mental health support.

Provide input when requested on proposed rule changes!

Get more support from law enforcement

Less siloed in communication

Collaborate to train a solid workforce

Collaborative Family Engagement to locate family members for placement

Hired another home developer to increase number of foster families.

More family finding and building networks of support for kids in CWOP

What could your organization or your community do to address these challenges?

Family finding and engagement

Get to know kids. Don't rely solely on documentation

More training for staff on how to handle challenging kids behaviors

Get off HM! Over regulation is wearing our staff and Foster families down.

Cross-sector collaboration More opportunities like this symposium to collect feedback from the field.

Regulations need to do a better job of compromising and thinking out of the box for placements for CWOP children

Increase support - both through higher salaries and through excellent training and supervisory advocacy - for staff.

Ask the children what they need, listen to the child's voice on the problem

Come together to actually develop a plan to divert children from entering/re-entering care. There is not an unlimited supply of foster homes.

What could your organization or your community do to address these challenges?

Share the supervision needs of CWOP kids with both DFPS and CBC staff.

Provide better programs to biological parents since reunification is the goal

Collaborate with HHSC, Superior to increase access to wraparounds

State can improve funding for GROs

Support those providing care to our children and helping them to strengthen their orgs

Kidsave serves all levels of children. We have successfully been building capacity for older kids (ages 9 to 17) for more than 20 years. The panel said It's about trust, relationships, consistency... this is why Kidsave works. This is what we do.

Have a good partnership with the local MHMR.

Provide more comprehensive training and support services for children, families, and agency staff

Support biological families

What could your organization or your community do to address these challenges?

CPS and agencies need to be better partners. Listen to and be sensitive to Foster families and staff.

partnerships with families and youth

I don't feel that we will see improvement until Heightened Monitoring is monitored at a higher level. We also need more funding!

Not call on law enforcement. This is not police responsibility

Collaborate with HM and licensing before actually closing placements

Parent/child visitation outside business hours.

Recruit more single people as foster parents

Congregate providers work with CPA's on foster placements

wraparound approach

What could your organization or your community do to address these challenges?

Heavy recruitment of foster homes and therapeutic foster homes

Bring in the community and lived experience as true partners

Keep regulatory requirements on safety and well-being, not expired water bottles.

Providing Foster parents awareness of resources

Improving mental health services

Increased feedback from the field.

Focusing on mental health care for families who are not yet involved with DFPS

Co-create the solution with persons with lived expertise

legislative support and funding

What could your organization or your community do to address these challenges?

Better working conditions for front line staff

Collaborations with community organizations that address these challenges

Mentor families for families at risk

Better support for bridging organizations

Build capacity!!

Make the MOU process for proven organizations more streamlined and faster.

We need to resource caseworkers better so that they have more bandwidth period, but more specifically more bandwidth for supporting foster parents.

Providing foster parents and kinship caregivers appropriate trauma informed training and support. Not just lecture, practical application to help build connection and healing.

Find providers willing and able to open now closed facilities. The centers are there!

What could your organization or your community do to address these challenges?

Offer support and resources.



Innovations Across the Country

- Peter J. Pecora, Moderator
- Lindsey Jones, Oklahoma Department of Human Services
- Melissa Lloyd, Sacramento County, CA
- Mollie Greene, New Jersey Department of Children and Families
- Michele Boguslofski, Teaching Family Model

Youth and Mentor Perspective

- Erin Argue, Partnerships for Children (PFC)
- Clare Ivey, PFC Mentor
- Alexandria Woods, PFC Young Adult with Lived Experience

What is a key takeaway for you today?

Thank you!

Questions, comments, feedback?

Email us at info@tacfs.org.

