



FAMILY PRESERVATION IN TEXAS

AN UMBRELLA OF FAMILY SUPPORT

For Life's Rainy Days

*Texas Center for Child and Family Studies
Casey Family Programs*

AGENDA

11:00 am

Welcome

11:10 am

Diving Into Target Populations and Services Landscape Analysis

Katy Bourgeois, TACFS

Rachel Walters, TACFS

12:00 pm

Lunch

12:30 pm

Policy Barriers and Opportunities

1:30 pm

Learning from the National Landscape

Susanne Cole, Pressley Ridge

Nicole McCauley, St. Francis Ministries

Anne Heiligenstein, Casey Family Programs

2:00 pm

Why does it matter? Reflective Learning

WHY ARE WE HERE?

AN INVESTIGATIVE APPROACH TO FAMILY PRESERVATION

- *Who* could or should be served?
- *What* types of services should be offered?
- *Where* do we need to develop services?
- *When* should families be engaged?
- *How* do we monitor safety and success?
- *Why?*





DIVING INTO POTENTIAL TARGET POPULATIONS

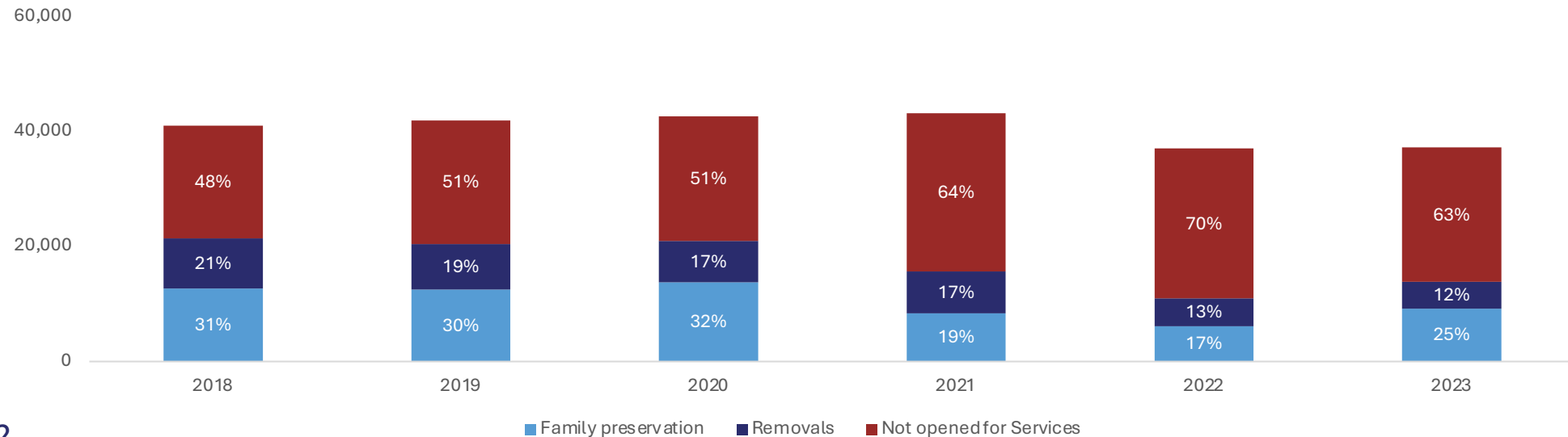
FFPSA COMMON POPULATION CRITERIA

- New investigation, sibling in foster care (AR, CT, DC)
- Reunification has occurred (GA, IL)
- Confirmed A/N finding without a removal (GA, IN)
- Mental health of the parent putting child at-risk (CT, FL)
- Substance use of parent, infant born positive with illegal substance (CO, FL)
- High or very high-risk assessment (AR)
- Youth at risk of relinquishment, mental health of youth (CO, FL)
- *Guardianship or adoption at risk of failing*
- *Pregnant or parenting foster youth*

FFPSA Target Population

- Children 0-17 at imminent risk of entering foster care
- Pregnant or parenting foster youth
- Parents who need parenting support, compounded by domestic violence, mental health and/or substance use, placing their children at imminent risk of entering foster care.

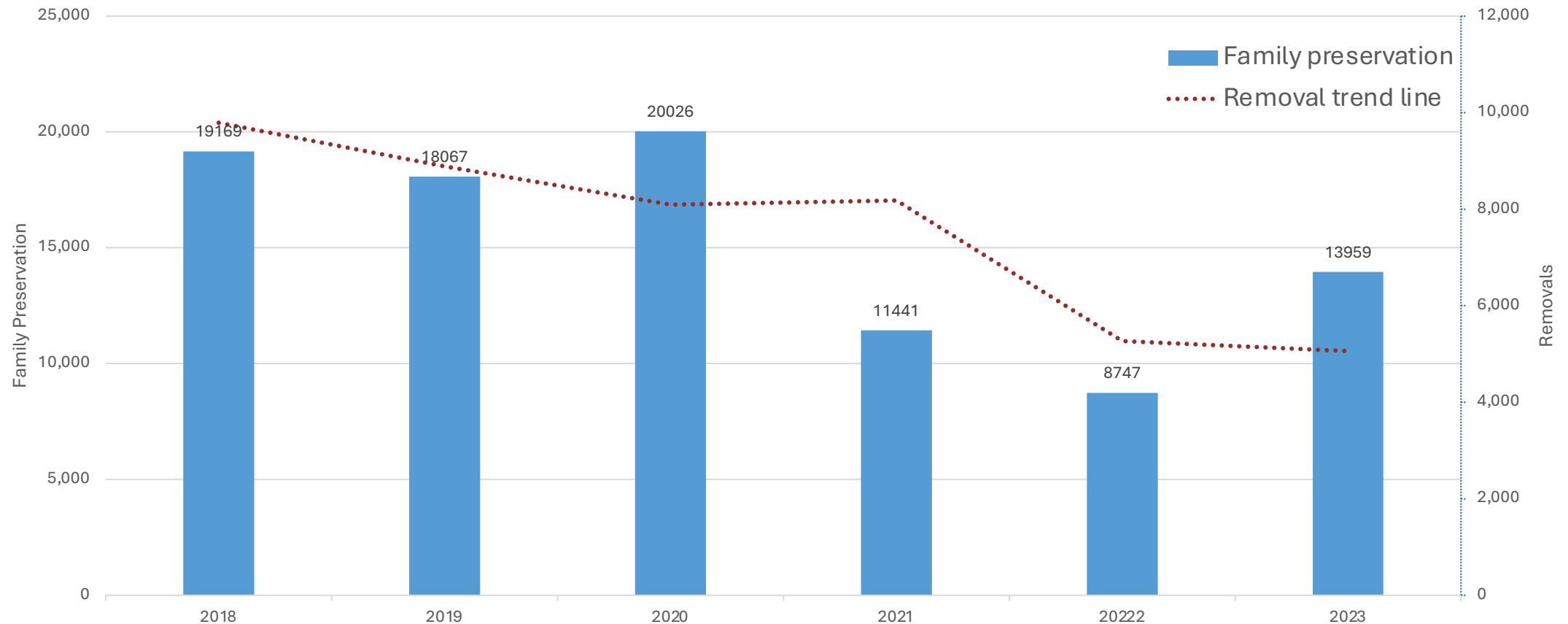
THE MAJORITY OF INVESTIGATIONS WITH CONFIRMED RTBS ARE CLOSED WITHOUT FURTHER STATE INTERVENTION.



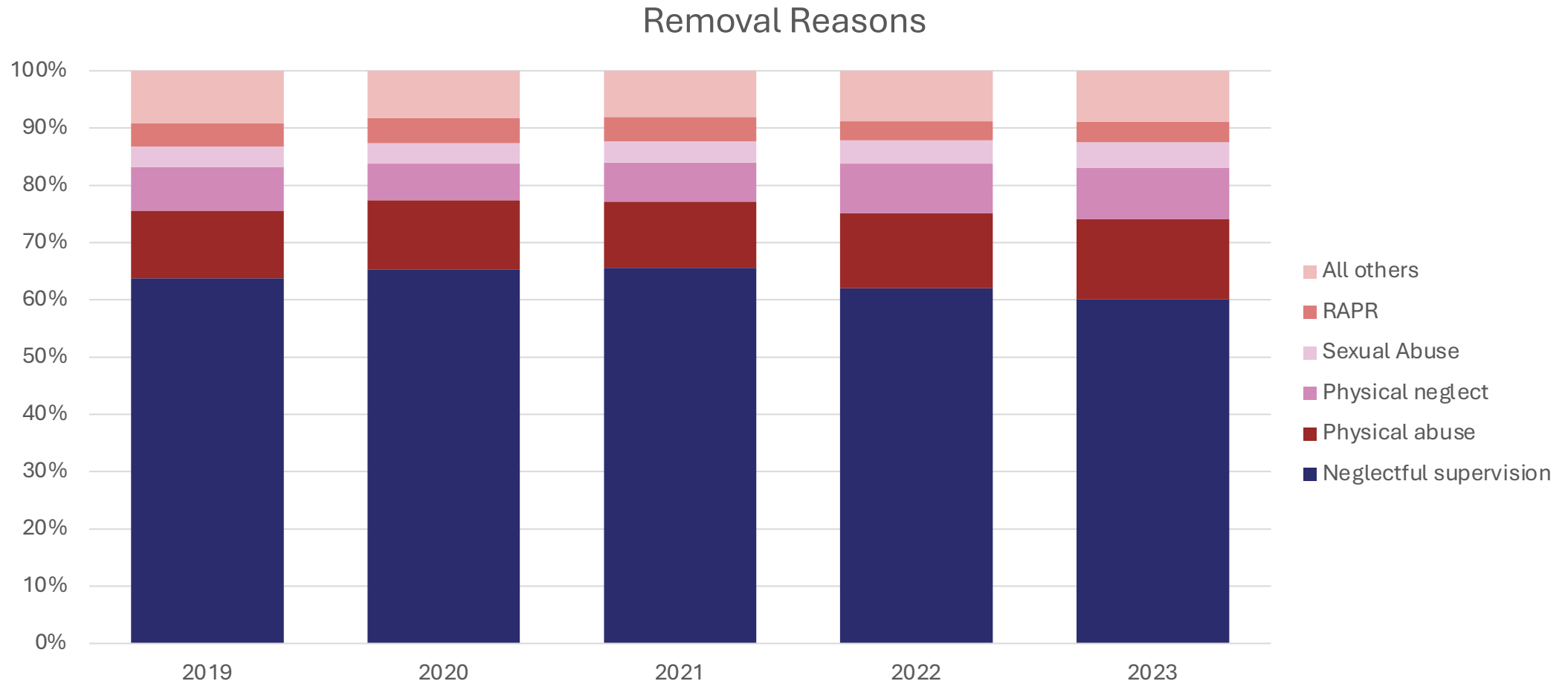
Why?

- Risk to the child(ren) may be low.
- A protection plan may be in place to keep child(ren) safe.
- Family may be engaging in community services that are not tracked on a statewide level
- Family may not be engaging in services because: no transportation, services not available or waitlisted, family refused

FBSS REFERRALS DROPPED SUBSTANTIALLY IN 2021 AND 2022, BUT THE TREND STARTED TO REVERSE IN 2023



SINCE 2019, NEGLECTFUL SUPERVISION HAS DECLINED SLIGHTLY AS A PERCENTAGE OF ALL REMOVAL REASONS.



*The total number of removal reasons in each year exceeds the total number of removals because children can have more than one removal reason.

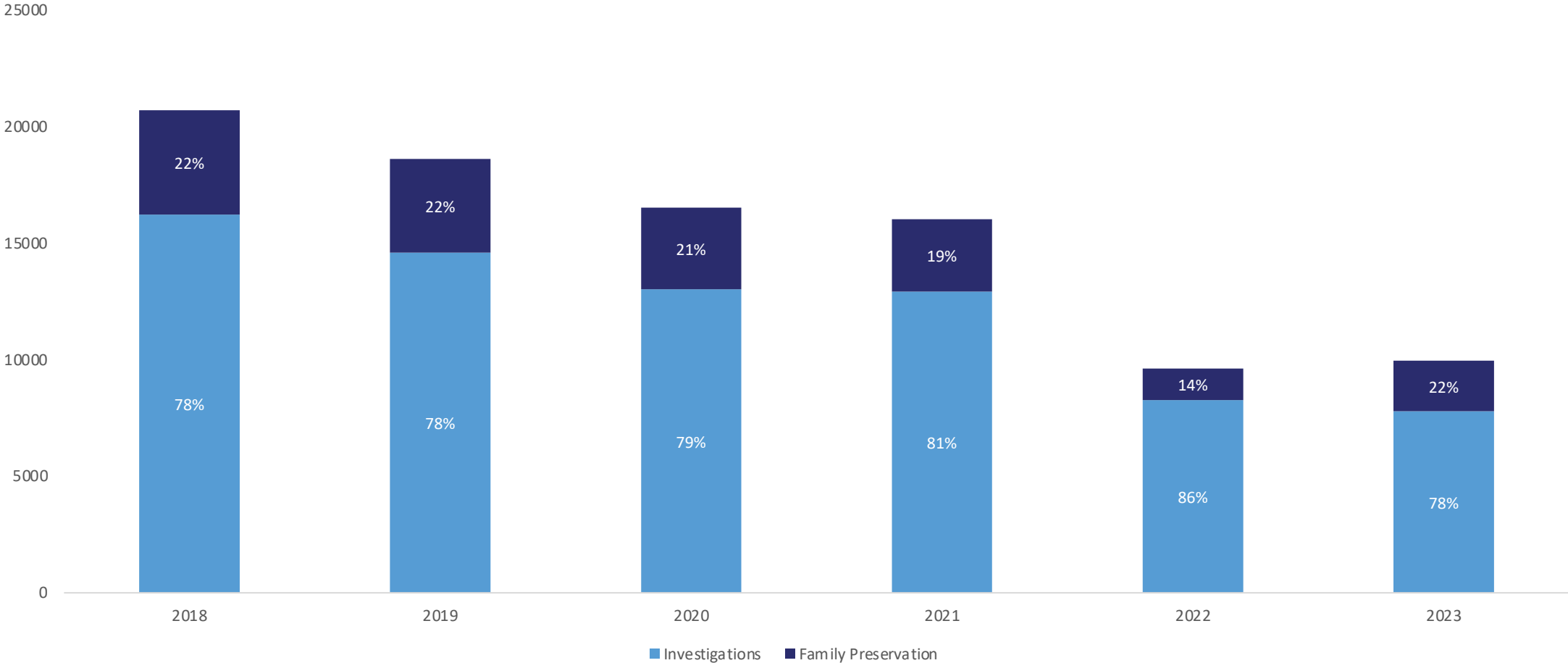
FAMILIES AT RISK IN TEXAS

- Texas ranks *7th* lowest for foster care entries
 - 2 out of 1000: foster care entries
 - Last year was 1.3/1000
- But, while removals from investigations continues to decline (1/1000 – 7789), family preservation removals are *going up to 2716 in 2023 compared to 1355 in 2022*.
 - This could indicate that the services are not meeting the needs of the families
 - It could also indicate that the populations are experiencing higher levels of risk or need

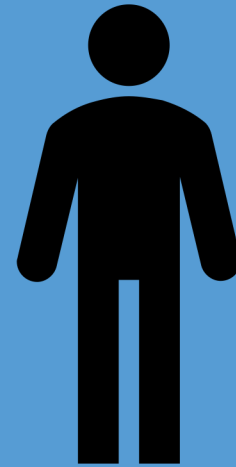
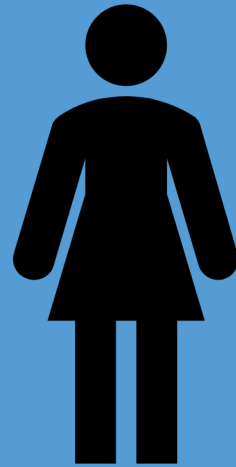
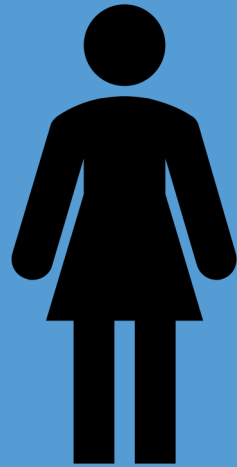
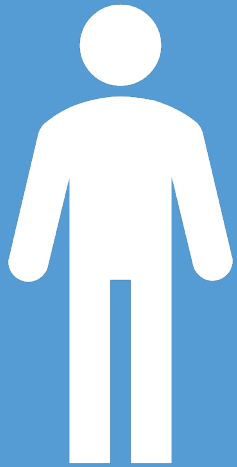


22% OF REMOVALS IN 2023 WERE FROM FAMILY PRESERVATION

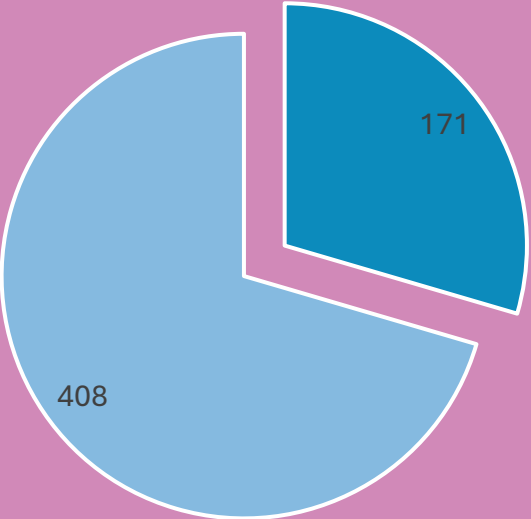
Removals by stage of Service



**1 IN 5 KIDS COME BACK TO THE ATTENTION OF CPS
WITHIN 12 MONTHS OF FAMILY PRESERVATION SERVICES.**



THERE WERE 600 PREGNANT AND PARENTING YOUTH IN DFPS CARE IN FY 2023



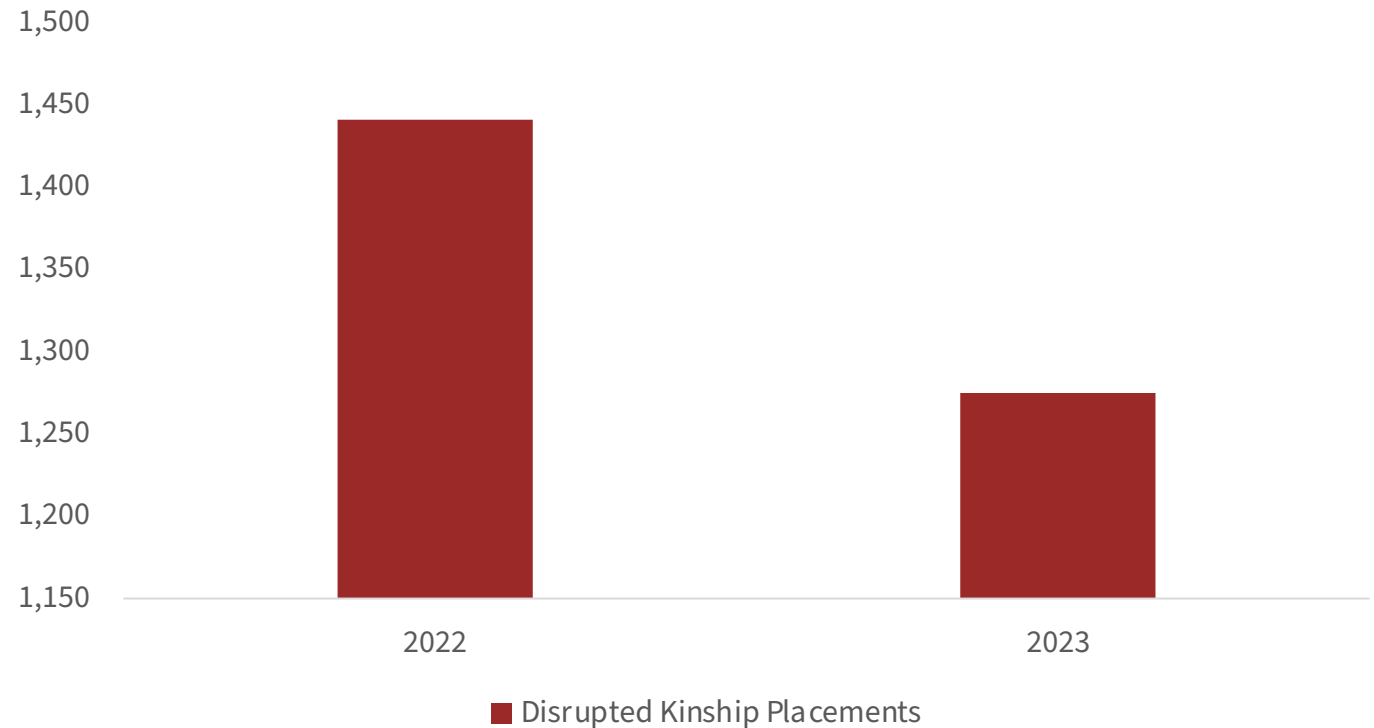
- Parenting Youth in DFPS Care
- Pregnant Youth in DFPS Care

Of adolescent and young women (ages 16-24) who have lived in foster care:
62% report intimate partner violence
30% report experience reproductive coercion
30% report unintended pregnancies

Data Texas Foster Youth Health Initiative



IN 2023, 1,275 KINSHIP PLACEMENTS DISRUPTED – A DECREASE FROM 2022.



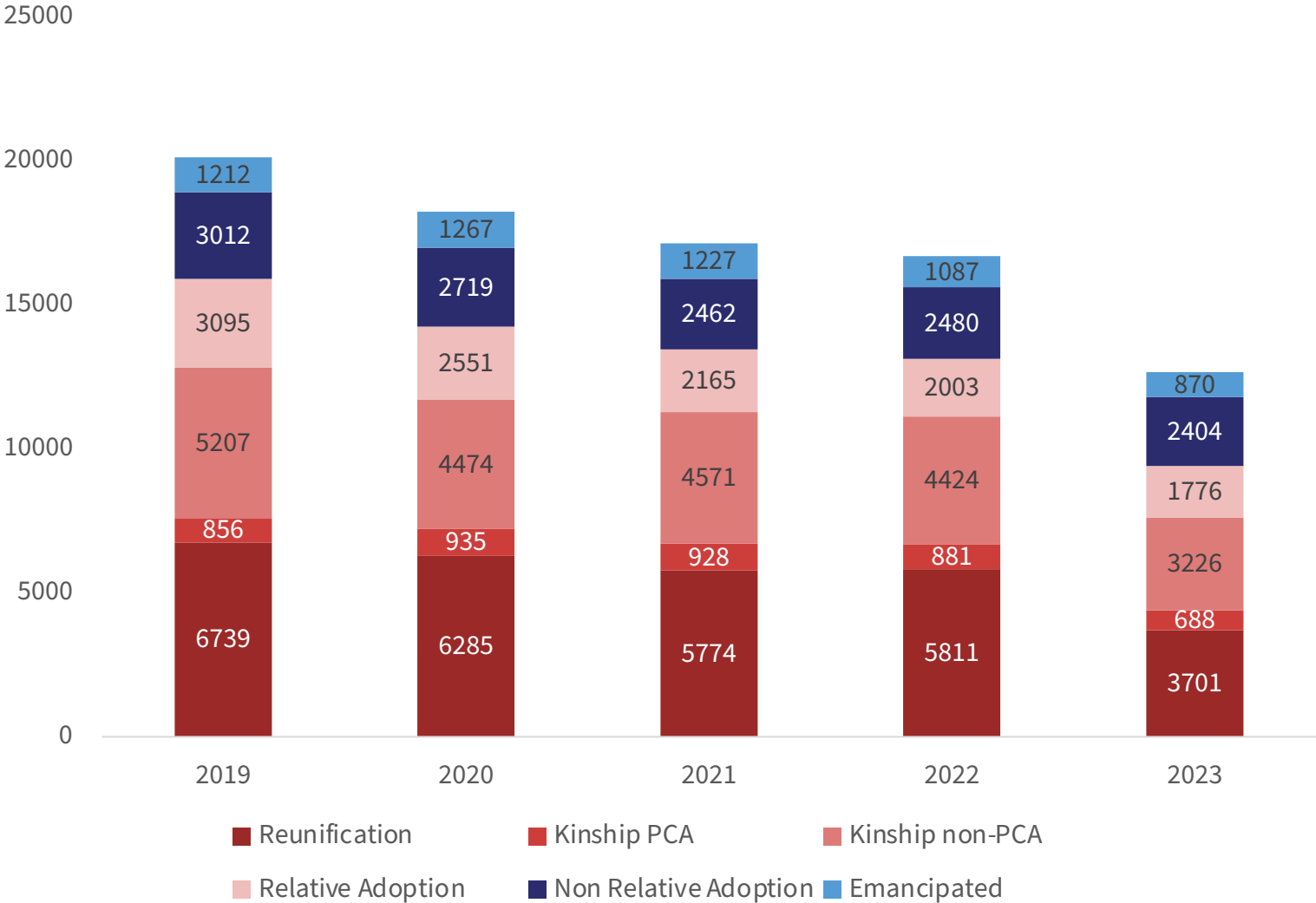
Primary Disruption Reasons

- Unable to meet the child’s needs 16%
- Child’s behavior – 26%
- Risk of A/N – 12%

Source: [Relative and Other Designated Caregiver Placement Program Report, Fiscal Year 2023](#)

EXITS FROM DFPS RESPONSIBILITY

- In 2023, over 3,700 children were reunified with their families when they left care. Another 5,690 exited to the care of relatives/kin.
- Of the children returning home almost 23% had been subsequently alleged as a victim within a year.



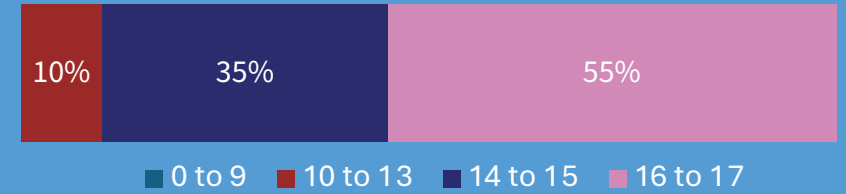
AT RISK OF DISSOLUTION – ADOPTION/GUARDIANSHIP

- \$6.4m spent each fiscal year on post-adopt/post-permanency services.
 - Funding is limited and typically runs out before the end of the fiscal year
 - On average 168 children are served monthly
- A survey completed through the Heart Galleries of Texas to post-adoption caregivers and providers found:
 - The top two needs of families were mental health services and respite care
 - Access and availability remain the top barriers to care, but financial limitations and navigating services remain barriers
 - Providers also cited a need for increased covered mental health services, and an array of services that could help families prior to a crisis
 - Both providers and caregivers would like to see additional training and educational materials to support families navigating life post-permanency

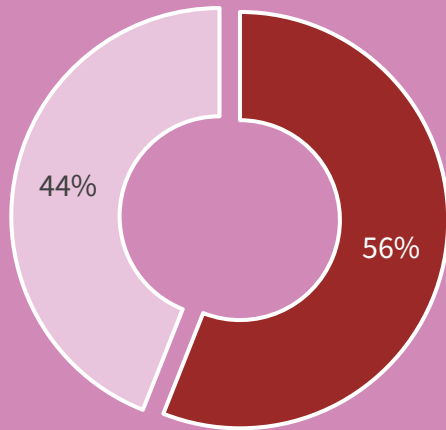


FEWER CHILDREN ARE WITHOUT PLACEMENT, BUT THOSE WHO ARE HAVE COMPLEX NEEDS

AGES



GENDERS



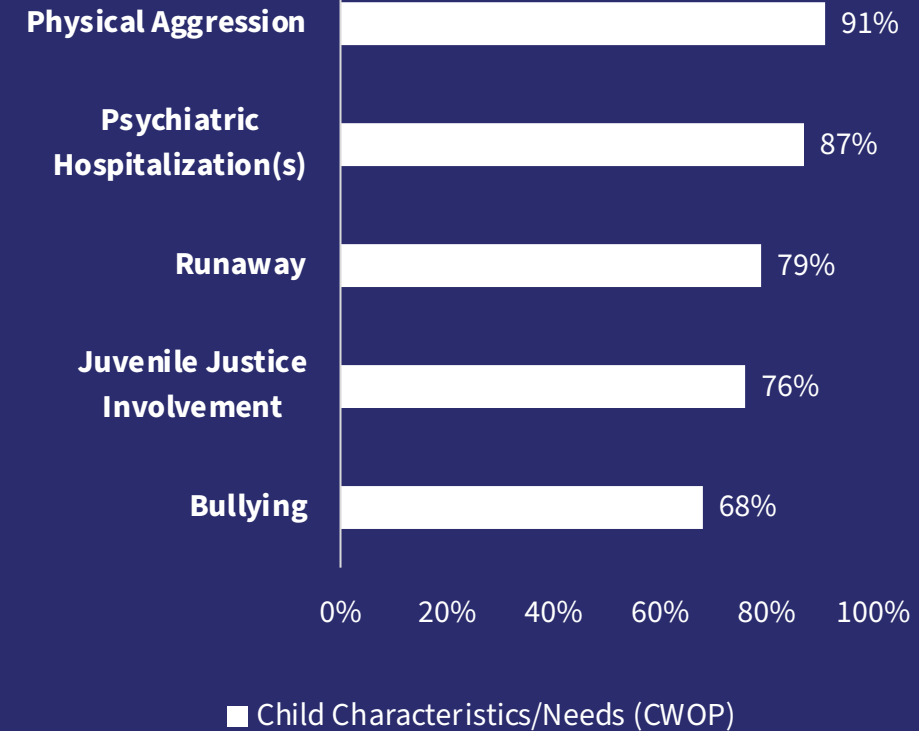
■ Male □ Female

31%

Of all children who had a CWOP event in March (71 children) had been in conservatorship for less than one year

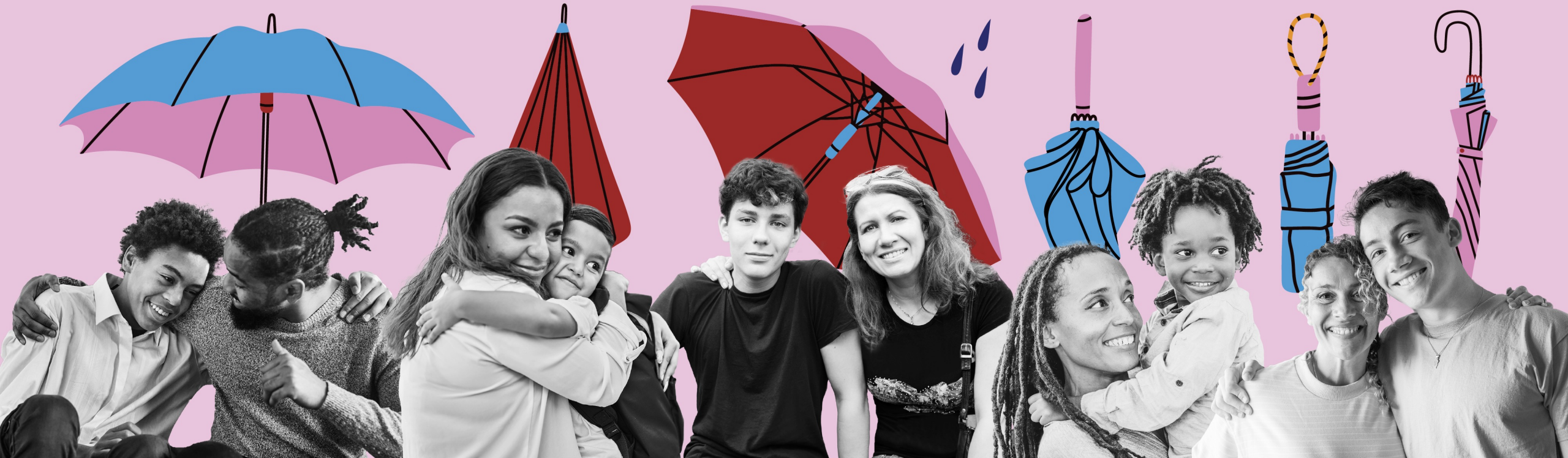
48%

Of all children who had a CWOP event in March (71 children) were removed due to Refusal to Accept Parental Responsibility (RAPR)





- Are these the right populations or are there others that have significant needs?
- Are these the populations you're seeing or are you serving others?
- Do you feel like you have the right service array to meet the needs of your populations or do you need additional tools/services?
- Are you supplementing service array with other things, like concrete needs?



WHEN DO WE ENGAGE FAMILIES? AND WHAT DOES THAT LOOK LIKE?

NATIONAL ISSUES AND BARRIERS

- “Imminent risk” definition
- Funding drawdown
- Growing, but still limited number of evidence-based services on clearinghouse
- Cost to developing and implementing evidence-based services
- And, sometimes families need more (or less)
- Infrastructure and technology needs

COMMUNITY PATHWAYS/COMMUNITY PREVENTION

- CA, NY (*Wave 2*)
- Family Resource Centers, Community Based Organizations, Partner Prevention Providers
- Intake may be from the family or a community referral, but does not come through the state's protective system
- CBO case manager determines eligibility based on criteria defined by state, works with state to verify
- Case manager through community organization rather than the state
- *Strengths: Family not in CPS system, voluntarily engaging, good pathway for families not in the traditional CPS system: youth at risk of relinquishment, pregnant and parenting*
- *Potential challenges: Sharing data, technology, and education on determining eligibility*

INTAKE REFERRALS

- (KS)
- Robust process through intake system, may utilize Structured Decision Making or another model to better understand risk and eligibility
- Call may from a parent or youth seeking support on their own
- Rather than open an investigation or refer to community services, a FFPSA case is engaged

Strengths: Clear way to engage and get support from a family perspective, additional opportunities outside of a traditional investigation

Challenges: Could cause confusion with 211 or multiple hotlines, would need to ensure a model could identify risk and course correct as needed

SYSTEM INVOLVEMENT

- (CA, FL, MI, NY)
- Most common point of engagement is for families already involved in the system to be referred to services once a decision against removal is made
- Family team meetings are a common way to support family voice in creating a plan for safety and services

Strengths: Population and opportunity to engage is clear; family risk and protective factors are clear

Challenges: Families may be hesitant to engage with system or state involvement for a number of reasons; may limit population that could be served

COURT-ORDERED SERVICES

- (AR, CA, GA, *TX)
- As part of an open case, a judge orders a family to participate in services
- The family may qualify because
 1. They are part of a CPS court case
 2. Or, the judge may order specific services

Strengths: Systems approach, could serve as an additional referral point, continued culture change to working with families

Challenges: Services may be limited in different jurisdictions, judicial opinions or approaches may vary

CONSIDERATIONS FOR ENGAGING DEFINED POPULATIONS

Pregnant and Parenting Youth

- Don't necessarily want a case opened to engage youth
- DFPS using Home Visiting to serve this population currently
- Population could be served outside of the system if no longer in care

At-risk of Adoption or Guardianship Dissolution

- Many families engage local network or CPA
- Services may need to be focused more on serving high acuity youth, complex trauma, mental health, case management

HOW DO WE MONITOR AND SAFETY AND SUCCESS?



HOW DO WE MONITOR SAFETY?

- Safety and/or Risk Assessments (IN, MD, MA, NE) – what protective factors are in place to support the family and mitigate safety threats, changes in family circumstances, changes to the case, child’s vulnerability
- Monthly monitoring visits
- Risk Reassessment – 90 days upon case closure (MA)
- Case manager monitors and makes a report in cases of A/N

ASSESSMENT EXAMPLE: KANSAS

The PPS practitioner completes an assessment with the family, using the Family-Based Assessment tool, to determine if they meet criteria for services. If answers to questions 1-3 below are “yes”; and questions 4-7 are either “yes” or “NA”, they are deemed eligible for services.

1. The family is at risk of having a child(ren) removed; and
2. A parent/caregiver is available to protect the child; and
3. A parent/caregiver is willing and able to participate in services.
4. A family with chronic problems has experienced a significant change which makes them able to progress.
5. A parent/caregiver with mental/emotional health issues has been stabilized.
6. A parent/caregiver with limitations demonstrates an ability to care for self and children.
7. A parent/caregiver with substance abuse issues functions adequately to care for children.

HOW DO WE KNOW FAMILIES ARE SUCCESSFUL?

Group Discussion



HOW DO WE MONITOR SYSTEM PROGRESS & OUTCOMES?

- Third party assessor (IA)
- Advisory Committees (IA) – System partners meet periodically to identify what’s working, issues to be addressed, or opportunities for growth
- Performance-based contracts or contract monitoring (KS, KY) – Creating a contract monitoring system
- Learning collaboratives (KY) peer to peer learning
- Gap analyses ongoing for services
- Continuous Quality Improvement (MA), – random sampling of cases by state or contracted evaluator, reviewing performance data and addressing performance issues



FAMILY PRESERVATION PRESENTATION

PRESSLEY RIDGE OVERVIEW

Pressley Ridge provides an array of services including:

- Foster Care/Treatment Foster Care
- Adoption
- Community-Based Services
- Residential Services
- Specialized Education
- Autism and Deaf Education
- Supportive Services for Transition-Age Youth

FAMILIES FIRST STATE IMPLEMENTATION

- Pressley Ridge operates in 7 States
- 5 of the 7 have approved Family's First plans
- Implementation slow



PRESSLEY RIDGE

FAMILY PRESERVATION SERVICES

TYPES OF SERVICES

Pressley Ridge operates 20 programs that fall under the umbrella term of family preservation. These services generally fall into four categories: Family Based, Wraparound, Homebuilders, and Crisis/Family Preservation.

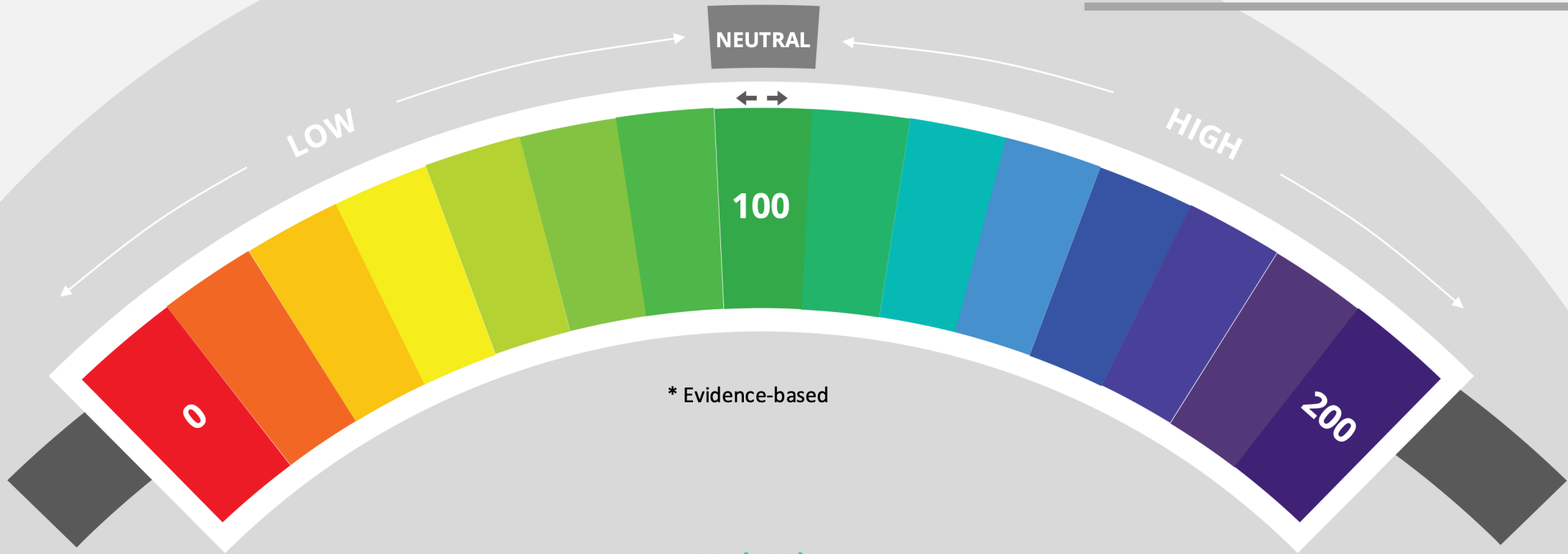
REGIONAL FOOTPRINT

Our staff do “whatever it takes” to keep families together across several eastern U.S. states. We operate family preservation programs in Pennsylvania, Ohio, West Virginia, and Maryland.

Evidence Based Program	#
TF-CBT	21
Seeking Safety	12
Motivational Interviewing	12
TIP	5
SITCAP	5
LSCI	4
Family Group Decision Making	3
Homebuilders	2
Aggression Replacement Training	2
CBITS	2
Incredible Years	2
Collaborative Problem Solving	2
Nurturing Parenting	2
Triple P	1
1-2-3 Magic	1
TBRI	1
YV LifeSet	1
PATHS	1
Total	79

Sustainability Scores

Evidence-Based Models



- SITCAP (80)*
- TF-CBT (75)*
- Seeking Safety(70) *
- SBIRT (70)*
- Incredible Years (52)*
- Nurturing Parenting (50)*

- TCI (115)
- MI (115)*
- ABLE (95)
- UKERU (95)
- CPS (95)*
- TIP (95)*

- Not a Number (165)*
- PR-TFC Preservice (160)*
- LSCI (140)*
- NMT(120)

EVIDENCED BASED PRACTICES PR - MOST USED

- Motivational Interviewing (MI) Addresses ambivalence to change. A collaborative conversation style for strengthening a person's own motivation and commitment to change.
- High Fidelity Wraparound uses an individualized, team-based, collaborative process to provide a coordinated set of services and supports. It is typically targeted toward children and youth with complex emotional, behavioral, or mental health needs, and their families.
- HomeBuilders provides intensive, in-home counseling, skill building and support services for families who have children (0-18 years old) at imminent risk of out-of-home placement or who are in placement and cannot be reunified without intensive in-home services.
- TF-CBT is an evidence-based treatment that has been evaluated and refined during the past 30 years to help children and adolescents recover after trauma. TF-CBT is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and caregiver
- (*NMT Integration)



Overview

Therapeutic program that relies on Motivational Interviewing (MI) to engage families as partners to create paths for treatment

Developed and monitored by the Institute for Family Development

Benefits

Evidence-based interventions with extensive research support for outcomes

Prepackaged training, program manuals, and fidelity standards

Consultant support

Challenges

Programs can be difficult to staff appropriately

Homebuilders is considered to be a relatively expensive service in the Family Pres spectrum

Significant data entry and reporting in external systems

IC C – HF WRAPAROUND



Overview

High fidelity services that engage the whole family, but focus on youth complex mental health or behavioral needs

Creates a “wraparound” team” that includes holistic supports across the community

Benefits

Includes transition services and planning to ensure the family has community connections at discharge

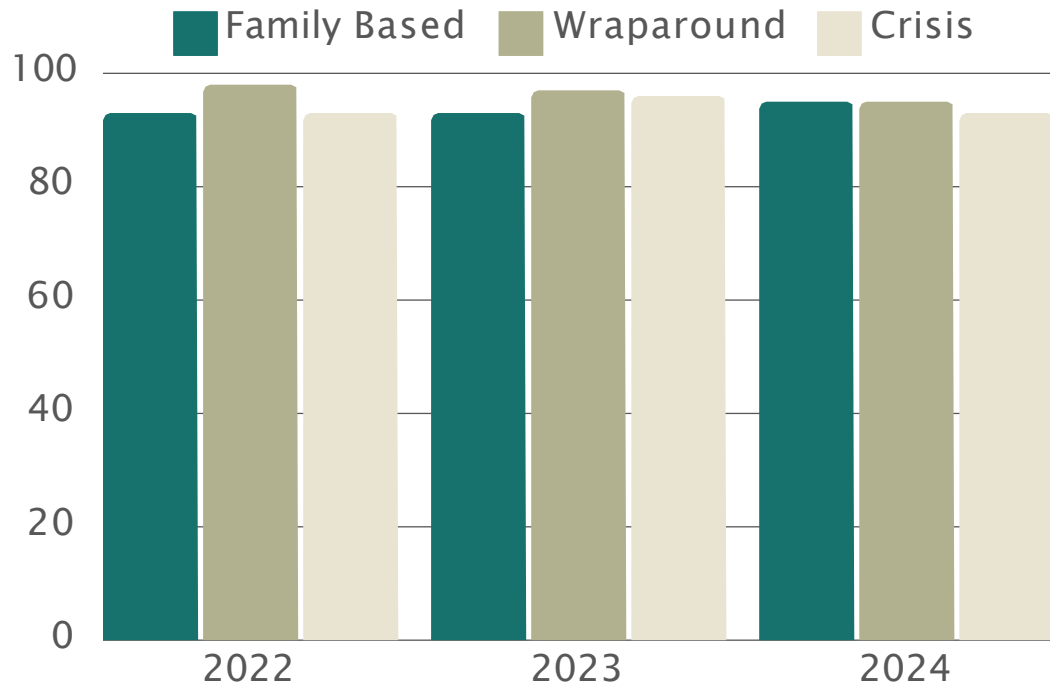
Significantly reduces out of home placements if implemented to fidelity

Challenges

Potential funding gap when service ends, leaving families without support to utilize community resources

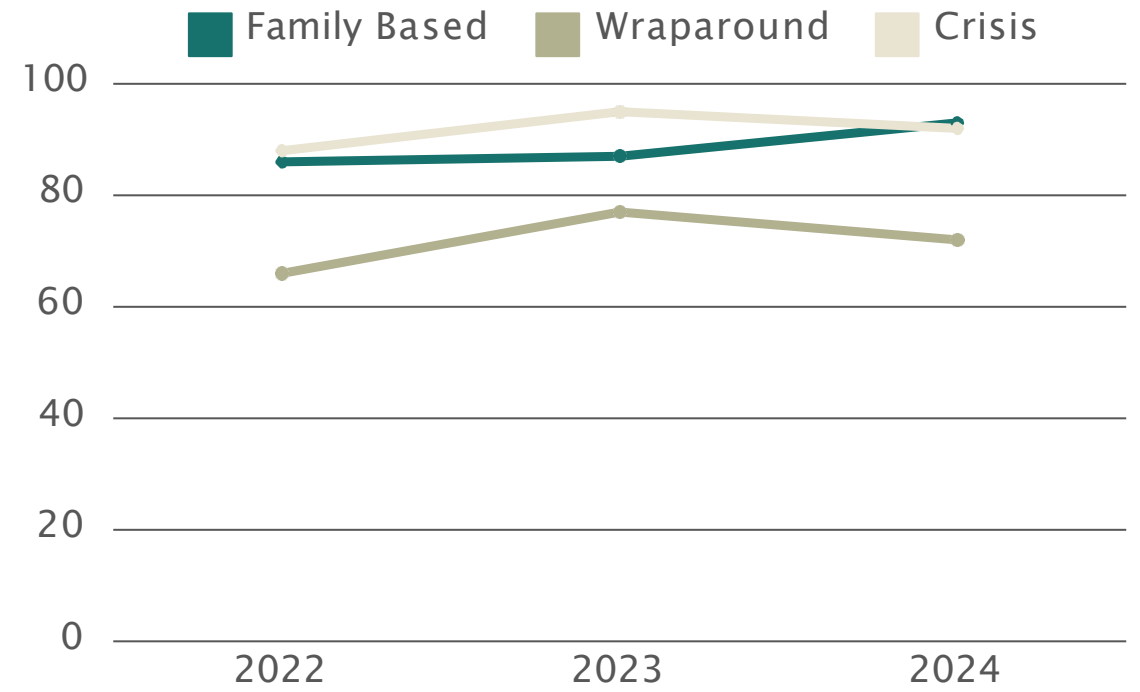
Highly reliant on local resources; if these are unavailable in a community it can create barriers to success for families

BRIEF OUTCOMES SUMMARY



Support System

Percent of families that indicated that they possessed a functional community support system at discharge.



Living with Family

Percent of youth who were living with their family members at the time of discharge with the program.

OPPORTUNITIES

- More prevention services to stop children from entering foster care-adds to the array
- Success in keeping kids and families together
- Balance the system entry/discharge - works best when States have a comprehensive plan based on a needs assessment, real data, trends and there is a continuum of care that meets the needs of kids/families
- EBP implemented to fidelity produce positive outcomes, cost savings versus entry to higher levels of care

CHALLENGES

- Funding – additional expenses related to Evidence Based Practices – supporting staff to certification, cost of monitoring to fidelity, staff turnover – expensive to implement
- Scalability -Capacity - model creator’s capacity and timing to train/support
- Sustainability requires a commitment to model fidelity – additional staff resources, integration into existing practice
- Workforce - Restrictive staff requirements (degrees, training, hiring process)
- Implementation of State Approved FFPSA Plans slow – some unrealized
- Outcomes based programs that achieve similar or better results than EBP/s
- Changes to the system – basic level youth remain home, system stress on foster parents with high needs youth, less group residential care etc., more short term high needs residential providers, model shifts - training etc.



**FAMILY FIRST ACT:
SIX YEARS OUT
NATIONAL VIEW**

*Changing the Child
Protection Paradigm*

Casey Family Programs

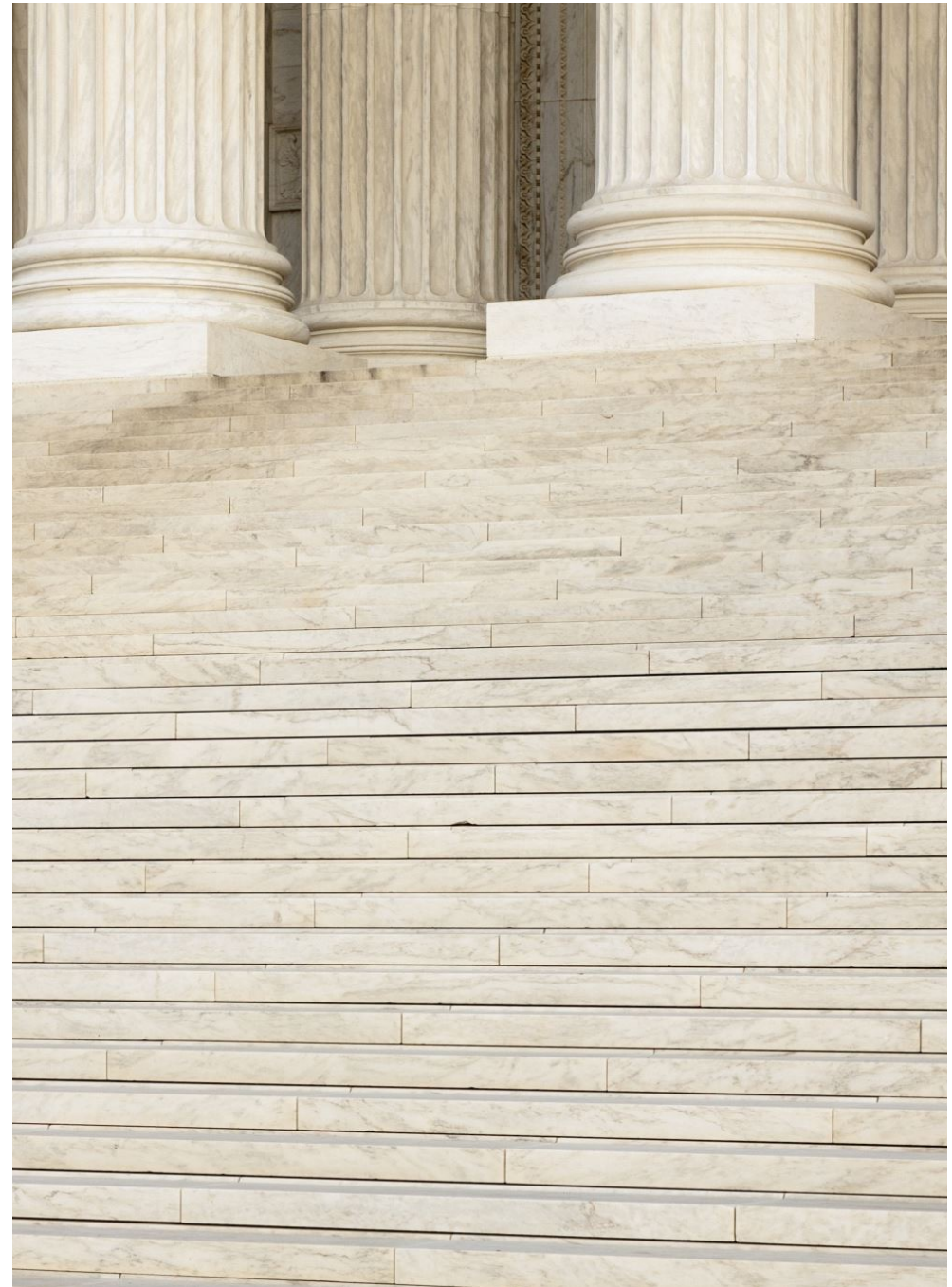
FAMILY FIRST ACT

The Family First Prevention Services Act (FFPSA) was passed and signed by President Trump in 2018, but issuance of federal regulations and approval of evidence-based programs delayed states' implementation.

\$172 million has been claimed by states for FFPSA services.

Compared to \$6 billion in foster care this is a small amount, but a more direct comparison might be Title IV-B prevention funding of \$710 million or nearly 24% increase.

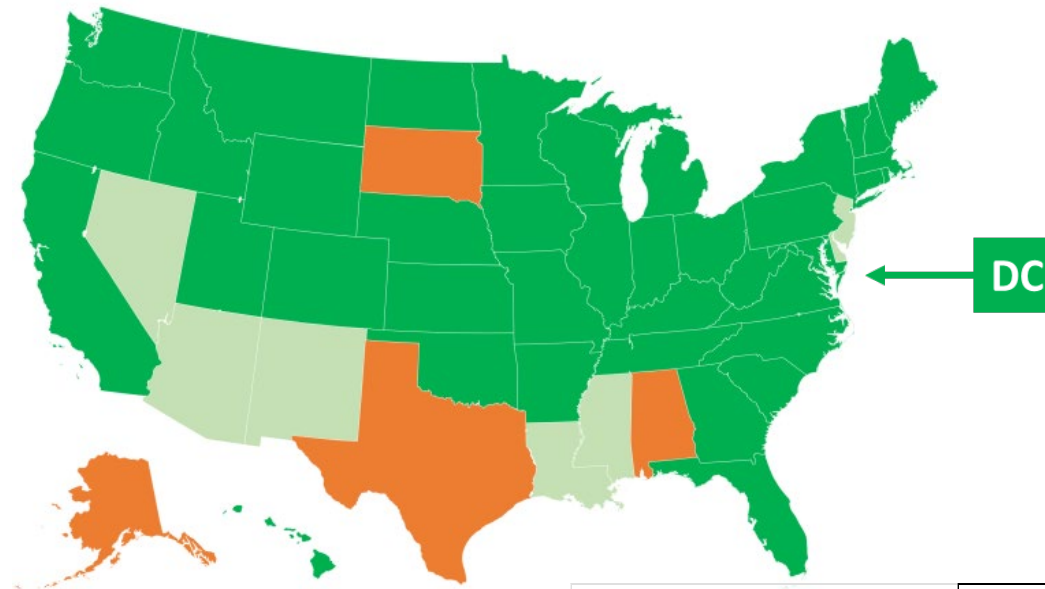
This is with less than half the states thus far claiming prevention dollars.



WHAT'S HAPPENED NATIONALLY: STATUS OF STATE PLANS

Status of Family First Prevention Plans

From Listing on Children's Bureau Site



Tribes and Territories Submitted or Approved	
EASTERN BAND OF CHEROKEE INDIANS CHEROKEE, NORTH CAROLINA	Approved
CHEROKEE NATION, TALHLEQUAH, OK	Submitted - Not Approved
SALT RIVER PIMA MARICOPA INDIAN COMMUNITY	Not Yet Submitted
PORT GAMBLE S'KLALLAM TRIBE	Not Yet Submitted
PUERTO RICO	Not Yet Submitted

	States & DC	Tribes & Territories	Total
Approved	40	4	44
Submitted - Not Approved	7	1	8
Not Yet Submitted	4	8	12
Total	51	13	64

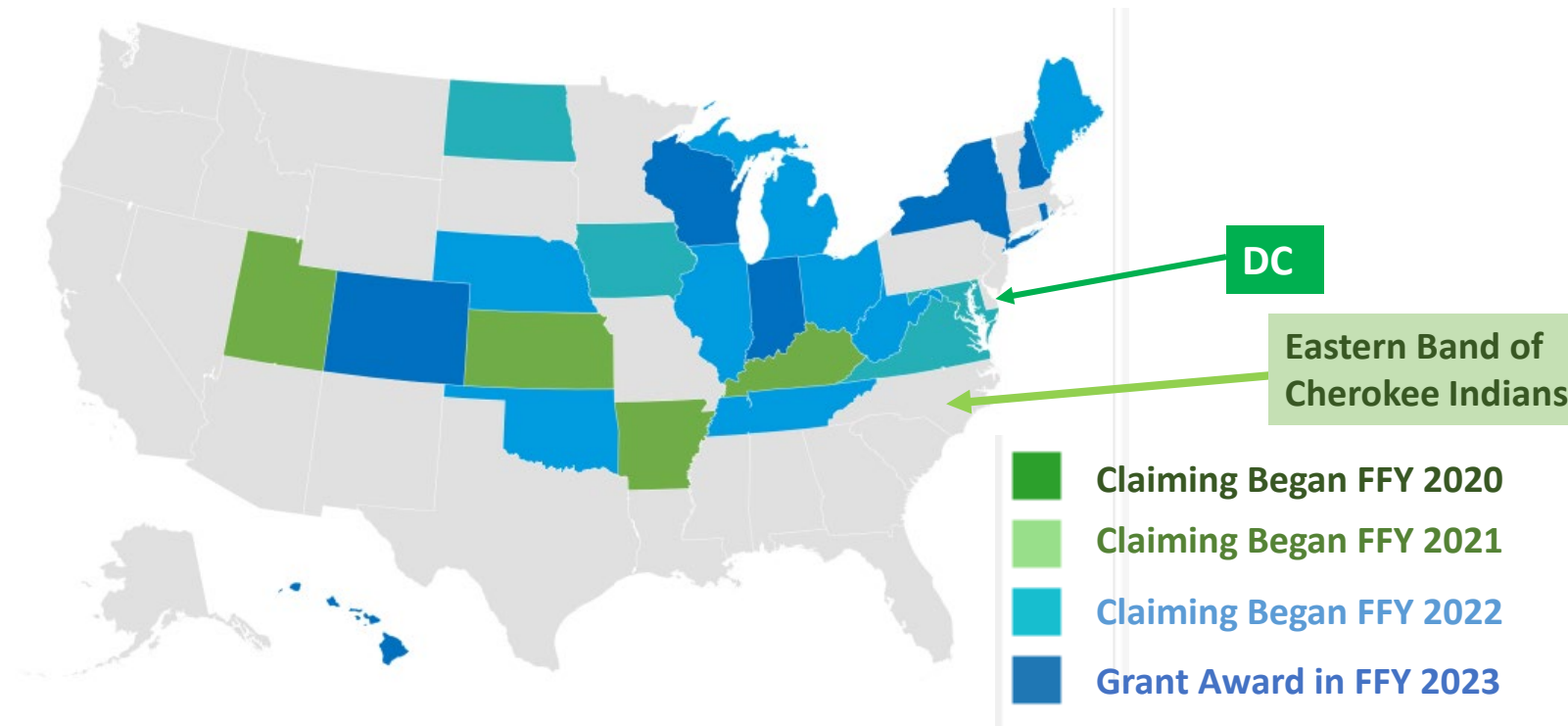
Compiled by Don Winstead Consulting from ACF/CB web site
August 21, 2023

IMPLEMENTERS: STATUS OF IV-E PREVENTION CLAIMING

Status of Family First IV-E Prevention Claiming

Claims Data from Children's Bureau Web Site

Grant Awards from HHS Tracking Accountability in Government Grants System



Compiled by Don Winstead Consulting
July 6, 2023



IS FAMILY FIRST HAVING AN IMPACT?

In 2020, jurisdictions claimed \$10.03 in in-placement related foster care for each dollar claimed on prevention services and administration. By FY 2022, this had declined to \$7.18.

For jurisdictions that began early prevention claiming (FY 2020), the decline was even greater, going from \$8.02 to \$3.93

Source: Don Winstead Consulting

THREE APPROACHES TO FFPSA IMPLEMENTATION

Traditional child
protection

Community
pathways

Economic and
concrete support
strategies

A protection plan is put in place

Risk of adoption or guardianship disruption

A “less than custody” petition has been filed

Reunification has occurred, and the case remains open

A Social Services case is opened to prevent removal

A sibling is in foster care

A child is Failure to Thrive

A Crimes Against Children investigation makes a true finding of an in-home or out-of-home offender

The Parent or caregiver was in foster care as a child



COMMUNITY PATHWAYS

Community pathways represent an opportunity to craft a fundamentally different experience for families, especially those who may distrust public entities or consider child protection punitive and threatening.

It is an opportunity to work in new ways with trusted partners to empower and strengthen communities to help keep children safe, and to reduce the need for family involvement with child protection agencies.

To date, at least 14 states, including DC, Indiana and Connecticut, have articulated a community pathways approach in their Family First Prevention Plans.



COMMUNITY PATHWAYS IN WASHINGTON, DC

D.C. is building out a prevention strategy where families that come to the attention of child welfare are referred to one of five community collaboratives.

These trusted organizations located throughout the city provide case management using motivational interviewing to connect families to specific services based on their needs.

COMMUNITY PATHWAYS: WASHINGTON, DC'S FRONT YARD, FRONT PORCH, FRONT DOOR APPROACH

1

“Front Door”: Families are engaged at DC’s Child and Family Services Agency (CFSA) with an open case. The goal is to narrow the Front Door. When we must remove a child for safety, CFSA seeks to place with relatives first.

2

“Front Porch” families may have engaged with CFSA, but have been able to safely remain, or reunify with their families, and receive community-based prevention services offered by our partnership with DC’s Healthy Families/Thriving Communities Collaborative Centers

3

“Front Yard” families are not involved with CFSA but may demonstrate potential risk factors for involvement. Primary prevention efforts are designed to ensure children and families are supported in their communities.



ECONOMIC AND CONCRETE SUPPORT STRATEGIES

Child protection agencies are increasingly using economic and concrete support strategies to address families' basic needs and keep children safe with their families.

A growing body of research shows that economic and concrete supports can prevent family separation, decrease time to permanency for children who have been removed from their parents, decrease the risk of subsequent abuse or neglect, and enhance child and family well-being.

ECONOMIC AND CONCRETE SUPPORT: INDIANA

- Indiana Family Preservation Services (FPS) launched in 2020 and is implemented through a network of 95 providers across the state.
- Once a family is referred, a caseworker, therapist, or other trained professional from the designated provider agency follows up and serves as the primary point of contact, working directly with the family to develop and monitor a comprehensive plan of tailored support, focused on enhancing protective factors that are known to strengthen families and keep children safe.
- Indiana FPS services are required to include concrete assistance that address basic needs (rent, food, utilities, childcare or transportation) that if unaddressed, could result in child removal and the trauma of family separation.



TEXAS FAMILY FIRST PROGRAM

HB 3041 (2021) directs DFPS to establish a pilot program that allows DFPS to dispose of an investigation by referring the family of a child who is a candidate for foster care to family preservation services and allowing the child to remain home instead of entering foster care; or by providing services to a pregnant or parenting foster youth.

DFPS must obtain a court order to compel the family of a child who is a candidate for foster care to obtain family preservation services.

Texas' program is funded by FFPSA Technical Assistance Funds, which expire at the end of FFY 2025.

HOW ARE FFPSA PREVENTION ACTIVITIES FUNDED?

Federal reimbursement rates for prevention activities are:

- Beginning October 1, 2019 through September 30, 2026, federal financial participation (**FFP**) is **50%**
- Beginning October 1, 2026, FFP is the state's Medicaid match rate. Texas' **FMAP rate for FFY 2025 is 60%**

States that opt to administer a prevention program also may claim reimbursement for administrative costs and training costs at 50%.



FFPSA IS NOT AN ENTITLEMENT PROGRAM

FFPSA adult treatment services are especially beneficial to states, like Texas. Unlike Expanded Medicaid, **FFPSA provides a very limited benefit option for certain adults without creating an open-ended entitlement.**

Expanded Medicaid creates a statewide entitlement for non-SSI eligible adults between the ages of 18 and 65 and is income based. The required **health benefit package under this option is fairly comprehensive.**

States that have not expanded Medicaid are challenged in providing the necessary funding for adult substance abuse and mental health treatment within limited state resources.

Family First creates a treatment benefit only for adults whose children are determined to be at imminent risk of entering foster care. **Texas can define and limit the eligible population. The health-related benefit package is restricted to only 2 services: substance abuse and mental health treatment.**

LOOKING AHEAD

