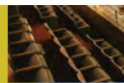




The 89th Texas Legislature



OUR PRIORITIES

The Texas Alliance of Child and Family Services (TACFS) members provide services to children and families across the continuum of needs, from primary prevention to post-adoption, family preservation, foster care services, Community-Based Care (CBC), mental and behavioral health services, adoption, and so much more. TACFS is committed to providing high-quality services across Texas, and we present the following priorities for consideration.



Establish a Full Continuum of Family Preservation Services

Keep kids and youth out of care and safely home with family, whether post-investigation or post-foster care placement through supports that meet the needs of kids and strengthen the whole family system.

Fund evidence-based services established through the Texas Family First Pilots. Establish target populations, which may include exposure to substances, domestic violence, youth at risk of relinquishment, or severe mental health needs.

Consider additional funding for in-home wraparound services and other programs that specifically support youth and their families on the verge of relinquishment and funding to expand the number of established Pilots. Use these established programs as a basis to submit a IV-E Prevention Plan to draw down federal funding to support.

Ensure additional services are voluntary and establish contract monitoring through performance measures, rather than maintaining open DFPS Child Protective Services cases for families voluntarily engaged in services, unless otherwise required by a court order. Invest post-adoption and post-permanency funding into services that prevent re-entry and keep families together.



Support Sustainability of Foster Homes and Community Organizations through Targeted Liability Support and Regulatory Streamlining

Foster families and community organizations continue to struggle to obtain and afford the statutorily required levels of liability insurance. Further, the regulatory and oversight structure for contracted providers is onerous and unnecessarily focused on “checking the box” rather than child safety.

Support reliable and stable insurance coverage for foster care providers. Foster families and providers are at risk of no longer being able to afford required liability insurance, putting at risk the entire network of foster care placements. Ensure that bad actors are appropriately punished for criminal acts by defining a provider in good standing.

Refocus on child safety by streamlining the regulation and oversight of contracted providers; implement recommendations made through the regulatory structure review required per Senate Bill 593 (88R). Direct DFPS to have a more efficient and appropriate investigations process in regulated settings, and make any necessary clarifications to reduce invalid dispositions, particularly for negligent supervision. Direct DFPS to publicly report on investigations outcomes, including the number of findings that proceed to arif, SOAH, and the outcomes of those appeals.”



Improve Mental Health Supports for Children and Families

Community organizations continue to struggle to access high-quality mental and behavioral health services and professionals to help meet the needs of families and children, both in and out of foster care. Children and families need access to additional mental health professionals that can bill Medicaid for their services.

Allow licensed marriage and family therapist associates, licensed master social workers, and licensed professional counselor associates to bill for Medicaid at no additional cost to the state while completing their required supervision hours. These individuals have completed all of their training and are currently serving kids and families but are unable to bill Medicaid.

Allow a Group Credentialing approach, where individual provider qualifications and training can be verified through audit rather than the current arduous individual credentialing process. This would significantly decrease the time required to allow mental/behavioral health service providers to begin serving children and families through Medicaid.



Strengthen the Statewide Rollout of CBC and T3C, Allowing for Greater Flexibility and Creativity to Serve High Acuity Kids

Texas is on track to implement CBC statewide in the next few years. The evolution of the child welfare system through CBC and Texas Child-Centered Care (T3C) will help community providers deliver high-quality services for kids and families.

Ensure CBC success by continuing the transfer of system functions and related funding to the Single Source Continuum Contractors (SSCCs) that are not currently being considered in the resource transfer such as shared positions, cost of insurance and liability coverage, and staff turnover.

Provide funds outside of the blended rate for SSCCs to use to meet the specific needs of high-acuity kids. This funding would allow an SSCC to pilot creative programming to better treat kids with high needs and help them achieve permanency.

Direct DFPS to update performance measures based on CBC implementation and regulatory environment. Remove requirement for SSCCs to be regulated as a child-placing agency. This licensure is not applicable to the functions of an SSCC and requires additional work and resources for both the state and the lead agency that could be better allocated elsewhere. Implement the Data Exchange Platform to allow for improved interoperability between DFPS and the SSCCs.

Continue strong initial transition to T3C for foster care providers and lead CBC agencies, including support for transition needs and ongoing training. Consider flexibility in budget rider to target community and statewide needs for successful transition.

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