



TEXAS
**Department of Family
and Protective Services**

DFPS Committee Follow Up:

Requested at House Human Services Hearing (3/21/2022)

Chair Frank and Members of the Committee:

Please find the follow up information that was captured during the hearing on Monday, March 21, 2022. If you need additional information on a particular subject, please contact me at (512) 552-1398 or jason.steele2@dfps.texas.gov.

Respectfully Submitted,

Jason Steele
DFPS Director of Government Relations

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DFPS Foster Care Litigation

DFPS expenses from FY 20-22*

Expense Category	FY 2019	FY 2020	FY 2021	FY 2022	FY 2019-2022
Monitor Fees (<i>Full amount including HHSC portion</i>)	\$157,703	\$9,238,881	\$13,307,943	\$6,785,127*	\$29,489,654
24 Hour Awake Supervision Supplemental Provider Payment		\$12,990,996	\$15,023,007	Expense will appear in future report	\$28,014,003
BCFS Temporary Contract for 24 Hour Awake Supervision		\$2,083,208	No Expense in FY 21	No Expense in FY 22	\$2,083,208
Other Items		\$150,000	No Expense in FY 21	No Expense in FY 22	\$150,000
FCL IT Projects		\$1,123,750	\$2,549,331	\$1,092,121	\$4,765,202
FCL FTEs		\$4,535,862	\$14,113,064	\$6,245,818	\$24,894,744
TOTAL AS OF 2/28/22	\$157,703	\$30,122,697	\$44,993,345	\$14,123,066	\$89,396,811

Expense as of 2/28/22.

* Monitor Fees include invoiced totals for February

Court Monitors Appointment Orders - Task and Authorities

Monitors' Role: The Court's Order directs that the Monitors are "responsible to assess and report on Defendants' compliance with the terms of this Order" and to work with the parties "to ensure the effective and prompt implementation of this Order." The Order further directs that the Monitors must submit semi-annual reports to the Court setting forth (1) whether Defendants have met the requirements of this Order; (2) steps taken by Defendants pursuant to this Order; (3) Defendants' compliance in implementing the terms of this Order; and (4) the extent to which that work is producing the intended effects and/or the likelihood that the work will produce the intended effects. The Order contemplates the Monitors conducting independent compliance validation activities, including data analysis and case record and qualitative reviews (e.g., staff and contractor interviews), and plan and document reviews.

Monitor Fees: The Order directs that: "The Defendants shall pay the Monitors' compensation, the compensation of the Monitors' staff and consultants and reasonable expenses. Reasonable expenses include, but are not limited to, transcriptions, photocopy fees, electronic document storage fees, teleconference services, travel and attendant expenses, and mail and delivery costs. Reasonable expenses are not included in the Monitors' hourly compensation. The Monitors may submit an application to the Court to increase the compensation, should circumstances so require. All parties shall have the right to file with the Court a written objection to the Monitors' compensation schedule within 5 days from submission."

Monitors' Rate Schedule:

The Monitors' rate schedule, which has been approved by the Court, was filed on July 31, 2019 (ECF No. 628). It sets rates ranging from **\$120/hour for Junior Analysts and Junior Associates**, up to **\$425/hour**

for each of the Monitors. There are rates in between those amounts for other staff members, depending on their respective levels of education and experience.

The state submitted an objection to Monitors' rate schedules (ECF No. 629), based in part on the fact that the Monitors did not inform us of the number of staff members that the Monitors would have working on this matter, such that the state would have no way to budget for the Monitors' work.

The Court then held a hearing on the Monitors' rate schedule on August 8, 2019. During that hearing, the Court:

- Approved of the Monitors' rate schedule as "fair and reasonable"
- Said that the "monitors will hire whatever staff is required for as long as required"; and
- Ruled that the Monitors need not disclose, in advance, how many staff members they will hire, but only that the Monitors are to inform Defendants as they hire staff members, at which point Defendants may object, "but they [the Monitors] will hire as much staff . . . and take as long as they need to make sure you're in compliance."

On August 21, 2019, about a month after rate scheduled was approved by the court, the Monitors filed a supplement to this rate schedule (ECF No. 644) in which they added another category of staff member, "**Associate,**" whose rate is **\$85/hour.**

About a year later, the State made another objection to the Monitors' rates. There's no written filing that memorializes this objection, although the Court mentioned it at a hearing held on August 11, 2020. The Court overruled the State's objections and again approved the Monitors' existing rate schedule. It was during this hearing that the Court ruled the Monitors' invoices should no longer be filed under seal.

Based on the Monitors' most recent invoices (issued March of 2022), the rates set out in the July 31, 2019 rate schedule remain in force today.

Number of Monitoring Staff:

The second page of the Monitors' Third Report to the Court, filed January 10, 2022 (ECF No. 1165), the Monitors provide a listing of their staffing levels which includes:

- **Texas Appleseed:** 15 Staff Members + Deborah Fowler
- **Public Catalyst:** 23 Staff Members + Kevin Ryan
- **Total: 40** (including Kevin Ryan and Deborah Fowler)

Statewide Children's Mental Health Plan Update

The Health and Human Services Commission (HHSC) and Department of Family and Protective Services (DFPS) received and reviewed the "Recommendations for Improving Texas' Safe Placement and Services for Children, Youth, and Families: A Report of the Expert Panel Appointed under the Collaboration Agreement of the Texas Department of Family and Protective Services, Texas Health and Human Services Commission and the M.D. v. Abbott Plaintiffs", dated January 10, 2022.

One of those recommendations included the development of a statewide children's mental health system of care. HHSC and DFPS have been working collaboratively on the plan and is scheduled to be completed by April 11, 2022.

Foster Care Daily Rate

The Texas Health and Human Services Commission (HHSC) developed the following payment rates for the 24-Hour Residential Child Care (Foster Care) program operated by the Department of Family and Protective Services (DFPS). HHSC authorized DFPS to implement these recommended payment rates effective **September 1, 2019**.

During the 87th Second Special Session, the Texas Legislature through House Bill 5, provided \$72.1 million to be used for temporary supplemental payments to support residential child-care providers serving children with higher acuity needs. For more information please visit: [Temporary Supplemental Payments to Providers](#).

24-Hour Residential Child Care Rates

Service Level	Type of Care	Rate
Basic	Child Placing Agency	\$49.54
	Foster Family	\$27.07
	General Residential Operation (excluding Emergency Shelters)	\$45.19
Moderate	Child Placing Agency	\$87.36
	Foster Family	\$47.37
	General Residential Operation (excluding Emergency Shelters)	\$108.18
Specialized	Child Placing Agency	\$110.10
	Foster Family	\$57.86
	General Residential Operation (excluding Emergency Shelters)	\$197.69
Intense	Child Placing Agency	\$186.42
	Foster Family	\$92.43
	General Residential Operation (excluding Emergency Shelters)	\$277.37
Intense Plus	General Residential Operation/Residential Treatment Center (GRO/RTC)	\$400.72
Other	General Residential Operation/Emergency Care Services (GRO/ECS)	\$137.30
	Intensive Psychiatric Transition Program (IPTP)	\$374.33
	Treatment Foster Family Care - Agency	\$277.37

Minimum Daily Amount to be Reimbursed to a Foster Family *

Service Level	Payment Rate
Basic	\$27.07
Moderate	\$47.37
Specialized	\$57.86
Intense	\$92.43
Treatment Foster Family Care	\$137.52

* Effective September 1, 2017, the amounts above are the minimum amounts that a child-placing agency must reimburse its foster families for clients receiving services under a contract with the Texas Department of Family and Protective Services.

Supervised Independent Living (SIL)

Service Level	Type of Care	Payment Rate
Host Home Setting	Young Adult Only	\$35.21
	Young Adult plus one (1) Child	\$47.29
	Enhanced Case Management*	\$47.54
Non-College Dorm Setting	Young Adult Only	\$45.17
	Young Adult plus one (1) Child	\$57.25
	Enhanced Case Management*	\$47.54
College Dorm Setting	Young Adult Only	\$43.56
	Young Adult plus one (1) Child	\$51.82
Apartment or Shared Housing Setting	Young Adult Only	\$45.17
	Young Adult plus one (1) Child	\$57.25
	Enhanced Case Management*	\$47.54

* New services effective June 1, 2020. Enhanced Case Management (ECM) services are not provided to college dorm settings.

Child Specific Contracts (CSC)

DFPS enters into a child specific contract primarily for one of two reasons:

1. A court orders DFPS to enter into a contract with a specific provider; or
2. DFPS has been unable to locate an appropriate placement within its contracted resources to meet the child's individual needs.

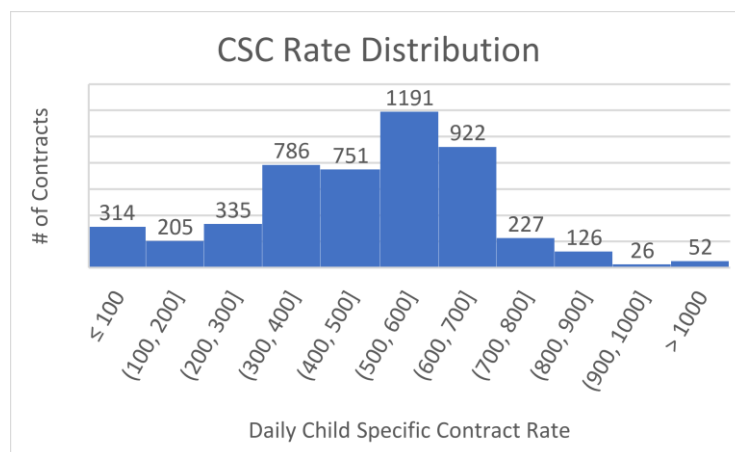
The primary driver in use of child specific contracts is related to the lack of available appropriate placement and services to meet children's individual needs. Some reasons for the lack of services include:

- No one provider within the available residential contract continuum that can meet the individual needs of the child or youth; or
- Existing providers within the residential contract continuum believe they need additional funding (beyond the established foster care rates) to offset the cost of additional services and/or risk assumed in caring for a particular child.

Average Daily Rate by Fiscal Year

Fiscal Year	Avg Daily CSC Rate
2008	\$ 336.93
2009	\$ 416.72
2010	\$ 443.33
2011	\$ 395.21
2012	\$ 351.53
2013	\$ 391.47
2014	\$ 392.12
2015	\$ 434.50
2016	\$ 452.92
2017	\$ 434.03
2018	\$ 448.60
2019	\$ 422.37
2020	\$ 413.81
2021	\$ 456.95

As of March 18, 2022 – DFPS Office of Finance



*Distribution included FY21 - YTD

Children in Conservatorship by Legal Status

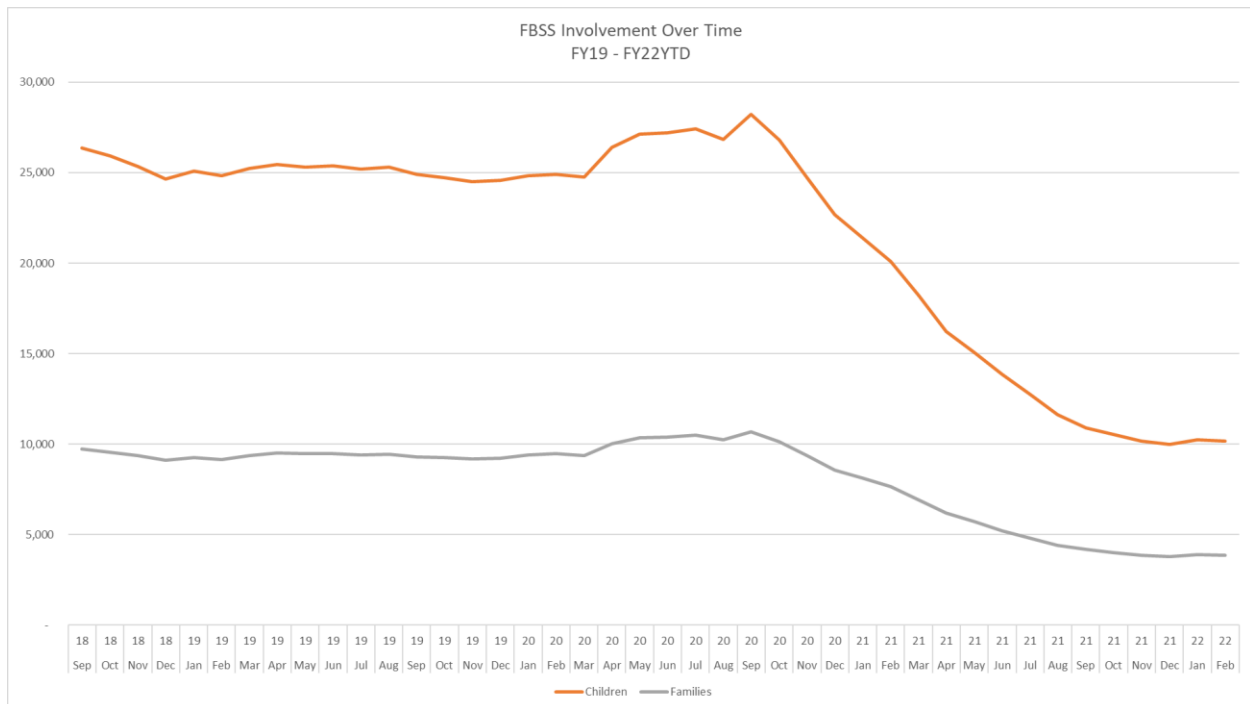
Children in Conservatorship by Legal Status Snapshot	
Legal Status	Count
Temporary Managing Conservatorship (TMC)	14318
Permanent Managing Conservatorship (PMC)	9655
Total	24161

*Snapshot data as of 3/22/2022

Family-Based Safety Services

Family-Based Safety Services (FBSS) is a program within CPS which uses in-home services to help families maintain a stable and safe home and reduce the risk of future abuse or neglect. FBSS services are voluntary and include family counseling, crisis intervention, parenting classes, substance abuse treatment, domestic violence intervention, and day care.

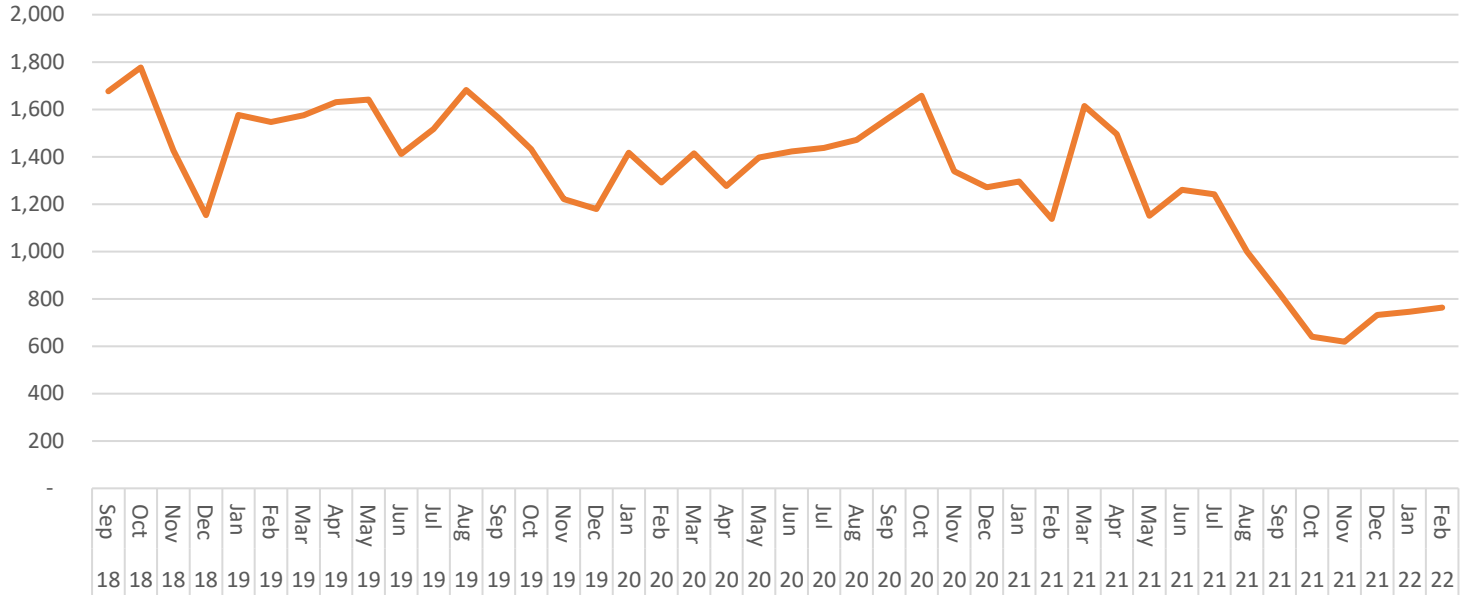
Family-Based Safety Services (FBSS) Census



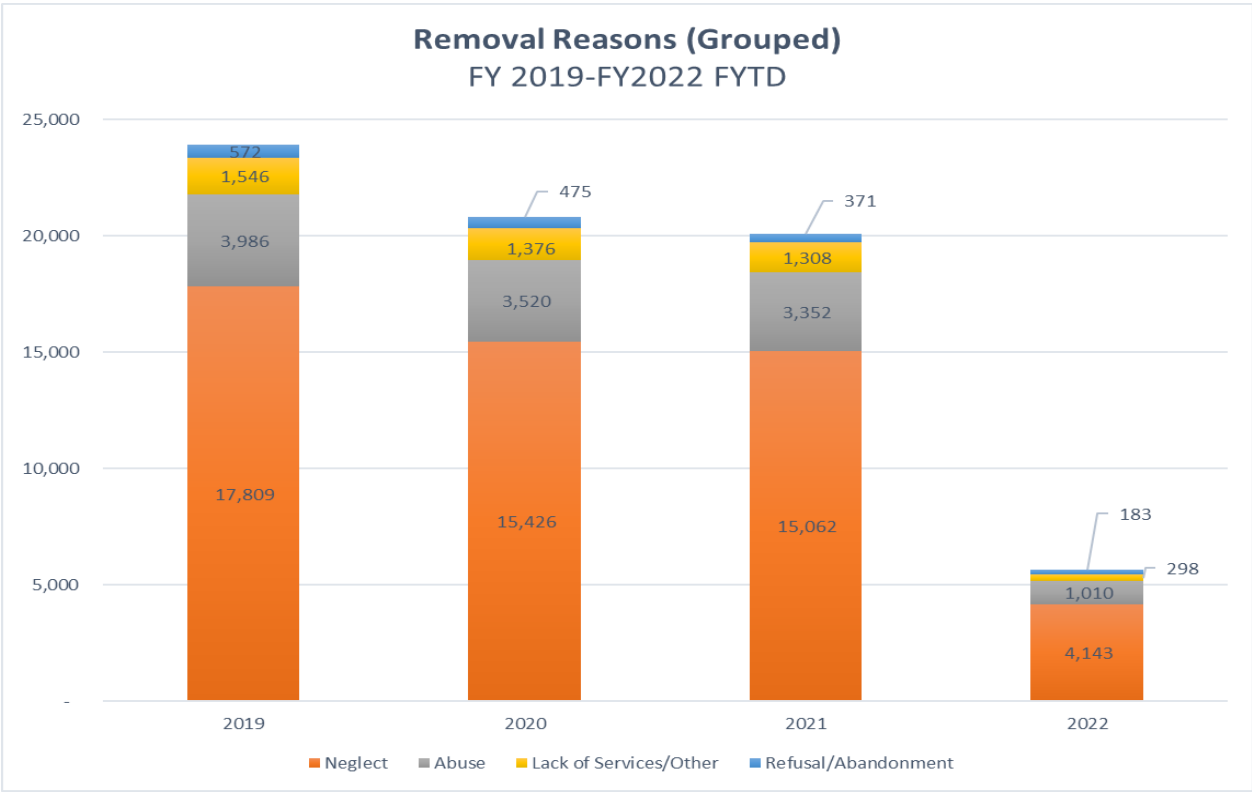
FBSS Involvement Over Time			
Fiscal Year 2019 - Fiscal Year 2022 YTD			
Month	Year	Children	Families
Sep	18	26,379	9,718
Oct	18	25,936	9,545
Nov	18	25,355	9,352
Dec	18	24,641	9,125
Jan	19	25,073	9,244
Feb	19	24,829	9,145
Mar	19	25,217	9,375
Apr	19	25,456	9,499
May	19	25,291	9,485
Jun	19	25,390	9,482
Jul	19	25,209	9,420
Aug	19	25,295	9,443
Sep	19	24,920	9,309
Oct	19	24,718	9,267
Nov	19	24,489	9,190
Dec	19	24,578	9,221
Jan	20	24,843	9,399
Feb	20	24,917	9,477
Mar	20	24,751	9,381
Apr	20	26,387	10,017
May	20	27,145	10,339
Jun	20	27,203	10,394
Jul	20	27,404	10,483
Aug	20	26,825	10,251
Sep	20	28,207	10,674
Oct	20	26,791	10,120
Nov	20	24,706	9,360
Dec	20	22,683	8,581
Jan	21	21,402	8,121
Feb	21	20,084	7,662
Mar	21	18,216	6,939
Apr	21	16,239	6,205
May	21	15,041	5,715
Jun	21	13,868	5,223
Jul	21	12,763	4,813
Aug	21	11,619	4,418
Sep	21	10,916	4,182
Oct	21	10,532	4,008
Nov	21	10,161	3,877
Dec	21	10,007	3,805
Jan	22	10,247	3,905
Feb	22	10,158	3,857

Removal Trends

Removals Over Time Trend
FY19-FY22YTD



Removals Over Time		
Fiscal Year 2019 - Fiscal Year 2022 YTD		
Month	Year	Number Removals
Sep	18	1,676
Oct	18	1,777
Nov	18	1,427
Dec	18	1,153
Jan	19	1,577
Feb	19	1,547
Mar	19	1,575
Apr	19	1,630
May	19	1,642
Jun	19	1,412
Jul	19	1,517
Aug	19	1,682
Sep	19	1,563
Oct	19	1,432
Nov	19	1,221
Dec	19	1,179
Jan	20	1,417
Feb	20	1,291
Mar	20	1,414
Apr	20	1,277
May	20	1,397
Jun	20	1,422
Jul	20	1,438
Aug	20	1,471
Sep	20	1,566
Oct	20	1,657
Nov	20	1,339
Dec	20	1,271
Jan	21	1,295
Feb	21	1,138
Mar	21	1,615
Apr	21	1,495
May	21	1,151
Jun	21	1,261
Jul	21	1,241
Aug	21	999
Sep	21	822
Oct	21	640
Nov	21	619
Dec	21	732
Jan	22	745
Feb	22	763



Removal Reasons by FY

FY 2019 to FY 2022 FYTD

Removal Reasons	'19	'20	'21	'22
Neglectful Supervision	15257	13564	13172	3433
Medical Neglect	724	527	514	195
Physical Neglect	1828	1335	1376	515
Physical Abuse	2811	2527	2324	749
Sexual Abuse	852	743	750	203
Emotional Abuse	248	187	206	43
Labor and Sex Trafficking	75	63	72	15
Other	267	227	209	49
Lack of MH/IDD Services	161	120	146	36
Lack of Medical Services	71	50	33	15
Solely to Obtain MH Services	65	60	54	4
Lack of Juvenile Justice Services	11	7	9	0
Refusal to Accept Parental Resp	971	912	857	194
Baby Moses	21	25	8	6
Abandonment	551	450	363	177

Removal Reasons (Grouped)	2019	2020	2021	2022
Neglect	17,809	15,426	15,062	4,143
Abuse	3,986	3,520	3,352	1,010
Lack of Services/Other	1,546	1,376	1,308	298
Refusal/Abandonment	572	475	371	183

For visualization purposes removal reasons are grouped into the following four buckets:

- Neglect – Neglectful Supervision, Medical Neglect, Physical Neglect
- Abuse – Physical Abuse, Sexual Abuse, Emotional Abuse, Labor and Sex Trafficking
- Lack of Services/Other – Lack of MH/IDD Services, Lack of Medical Services, Solely to Obtain MH Services, Lack of Juvenile Justice Services, Refusal to Accept Parental Responsibility
- Baby Moses/Abandonment – Baby Moses, Abandonment

Note: A child may be removed for more than 1 reason, therefore the total of all removal reasons will be higher than the total count of children removed.

Refuge Child Info

Youth	New Placement	Services
Child 1	GRO	<ul style="list-style-type: none"> • Referred to Care Coordination Team • Medical exam is scheduled for March 16, 2022 • Dental Exam: 03/17/2022 • Eye Exam: 03/23/3033 • Psychiatric Appointment: 03/30/2022
Child 2	Returned home 2/11	Youth turned 18 years old - DFPS custody dismissed
Child 3	TJJD Youth	Not CPS Youth
Child 4	ICPC	Returned to their state
Child 5	Kinship Placement	<ul style="list-style-type: none"> • Physician Visit was 1/25/22 she had labs conducted • Next medical appointment: 09/15/2022 • Last psychological evaluation: 09/13/2021 • Last dental exam: 10/26/2021 • Next dental exam scheduled: 04 / 2022
Child 6	GRO	<ul style="list-style-type: none"> • Therapy on 3/15/22 • Group Therapy 3/10/22 • Annual Medical 4/13/22 • Child and Adolescent Needs and Strengths Assessment (CANS) 3/15/22 • Psychological evaluation on 4/6/22 • Dental exam 3/24/2022
Child 7	ICPC	Returned to their state
Child 8	RTC	<ul style="list-style-type: none"> • Therapy Appointment 3/25/22 – on site therapy twice a week • Telehealth appointment 12/17/21 • Health Steps 3/16/22 • Eye Exam 3/23/22
Child 9	Return Home 3/9/22	<ul style="list-style-type: none"> • Individual Therapy on 3/14/22 • Psychiatric Evaluation on 3/15/22 • Medical appointment 3/17/22 • Denham 3/15/22
Child 10	Foster Home	<ul style="list-style-type: none"> • Medical Appointment 5/16/22 • Psychiatrist Appointment 3/3/22 • Therapy Appointment 3/21/2

Child 11	Supervised Independent Living	<ul style="list-style-type: none"> • Individual Therapy Appointment 3/16/22
Child 12	RTC	<ul style="list-style-type: none"> • Therapy Appointment on 3/23/22 • Medical Appointment 3/11/22 • Dental Exam 3/17/22
Child 13	RTC	<ul style="list-style-type: none"> • Family Therapy 3/21/22 • Will receive Anger Management and Cognitive Behavioral Therapy, Trauma Therapy • Medical Appointment 3/11/22 • Psychological Appointment 3/17/22 • Dental Appointment 3/17/22
Child 14	RTC	<ul style="list-style-type: none"> • Therapy Appointment 3/23/22 • Medical Appointment 3/4/22 • Dental Appointment 3/17/22

Notes:

- Children 1 through 6 are the same children included on the timelines presented to the committee.
- The 14 children referenced in the above chart were at The Refuge at some point in time from when the initial intake was received in January to when DFPS moved children from The Refuge in March. Some of the above children left The Refuge prior to DFPS moving children in March.

Refuge Reporter Info

Date	Reporter Type
1/24/22	Refuge Employee #1
1/25/22	Refuge Employee #2
2/8/22	HHSC Employee
2/9/22	Probation Officer #1
2/9/22	Probation Officer #2
2/22/22	Refuge Employee #1
2/25/22	DFPS Employee #1
2/26/22	Human Trafficking Hotline employee
3/2/22	Local Mental Health Authority employee/ Refuge employee #3
3/4/22	Employee for an anti-trafficking organization who heard about the alleged abuse from a colleague
3/8/22	DFPS Employee #2
3/11/22	Refuge Employee #4
3/11/22	CASA Advocate for a child who was once, but is no longer, at The Refuge

Notes:

- These intakes are comprehensive and include multiple children and types of allegations (i.e. nude photos, staff sleeping, etc.).
- In order to protect the confidentiality of the reporter, “employee” could be a current or former employee.
- There are two intakes in the list below that are not on the timeline outlined in the presentation.
 - The timeline for Investigation #2 does not explicitly indicate that there were two separate intakes on 2/9 from two separate probation officers. One intake alleged the bruises from restraint and the other intake alleged the nude pictures and drugs.
 - An intake was received on 3/8 involving an allegation of staff sleeping. The outcry was made by child #7. A timeline was not done for child #7 as there was no outcry directly related to investigations 1, 2, or 3.

Community-Based Care (CBC) Contract Language for Employee Termination

As part of the CBC contracts' Uniform Terms & Conditions,

Section 8.2.2 provides:

Abeyance of Staff. DFPS reserves the right to require Contractor to remove any employee, volunteer, or agent of the Contractor or any subcontractor from the provision of services under this contract or to prohibit any employee, volunteer, or agent of the Contractor or any subcontractor from having direct contact with DFPS referred clients or client records.

Child Fatality Information

In FY2020, there were 44 fatalities in DFPS conservatorship. Of the 44 fatalities:

- 5 involved a child that succumbed to injuries as a result of fatal physical abuse that occurred prior to entering DFPS conservatorship;
- 1 child died due to complications from COVID-19 and had pre-existing medical conditions;
- 18 children died as a result of pre-existing complex medical conditions;
- 1 youth died from physical violence that occurred after she had run away from CPS care;
- 1 child died in a vehicle accident;
- 7 children died and the medical examiner ruled the deaths as undetermined but noted physical abuse. In 1 of the 7 fatalities, the disposition was found reason to believe for physical abuse in a kinship setting as the caregiver was allowing the parent access to the child;
- 2 youth died by suicide (1 youth in an emergency shelter, 1 youth in a kinship placement);
- 1 youth died from medical neglect (pulmonary thromboembolism) while in a residential treatment center;
- 3 children died after drowning (2 children in foster homes, 1 youth in an unauthorized kinship placement);
- 1 youth died from an accidental overdose of medication that contained serotonin; and
- 4 children died due to physical abuse that occurred in their placements (2 in foster care and 2 in kinship care).

In FY2021, there were there were 38 fatalities in DFPS conservatorship. Of the 38 fatalities:

- 8 involved a child that succumbed to injuries as a result of fatal physical abuse that occurred prior to entering DFPS conservatorship;
- 17 children died as a result of pre-existing complex medical conditions;
- 1 youth died from physical violence that occurred after he had run away from CPS care;
- 1 child died in a vehicle accident;
- 3 children died and the medical examiner ruled the deaths as undetermined. In 1 of the 3 deaths, the autopsy noted physical abuse. In 1 of the 3 fatalities, the disposition was found reason to believe for physical abuse in a kinship setting;
- 4 youth died by suicide (1 youth in a residential treatment center, 2 youth in a kinship placement, 1 youth was on runaway status);
- 2 children died after drowning (1 child in a foster home, 1 youth in a kinship placement); and
- 2 children died due to physical abuse that occurred in their kinship placements.

In FY2022, as of March 21, there have been 22 fatalities in DFPS conservatorship. Of the 22 fatalities:

- 3 involved the child succumbing to injuries as a result of fatal physical abuse that occurred prior to entering DFPS conservatorship;
- 1 child died due to complications from COVID-19 and had pre-existing medical conditions;
- 10 children died as a result of pre-existing complex medical conditions;
- 4 fatalities remain under investigation but appears that those deaths are related to pre-existing medical conditions;
- 1 youth died from a gunshot wound during a pursuit with law enforcement;
- 1 youth died from physical violence that occurred after he had run away from CPS care;
- 1 child died in a vehicle accident; and
- 1 child died after drowning.

Nationwide Comparison of Child Fatalities in the Foster Care System

Comparing child fatalities between the states can be very difficult as some states do not investigate and report on all child fatalities, such as those where there was a terminal medical condition or if it was unsafe sleep related. When looking at Texas' overall size of population plus the level of needs for children in DFPS conservatorship, it can be hard to compare child fatalities since over 40 percent of fatalities in DFPS conservatorship are due to complex medical conditions that lead to the child's death.

Research conducted by The Children's Hospital of Philadelphia and University of Pennsylvania looked at the mortality rate for children in the foster care system across the US. (Article: All-Cause Mortality Among Children in the US Foster Care System, 2003-2016) In that study, they found that children in foster care are 42% more likely to die than children in the general population, largely irrespective of race or age. Comparing mortality data of children in foster care with that of the general child population between 2003-2016, the researchers also found that deaths of youth in foster care remained steady during this time period while deaths among children overall in the U.S. decreased 2.5% each year.

Child Fatalities in DFPS Conservatorship Compared to Number of Children in DFPS Conservatorship

Fiscal Year	FY2017	FY2018	FY2019	FY2020	FY2021
Number of Child Fatalities in DFPS Conservatorship (regardless of cause/manner)	37	37	43	44	38
Number of Children in DFPS Conservatorship*	50,293	52,397	51,417	47,913	45,870
Percentage	0.07%	0.07%	0.08%	0.09%	0.08%

*from DFPS Data Book [CPS Conservatorship: Children in DFPS Legal Responsibility](#)

Federal Data: Number of Child Fatalities Compared to Number Served by the Foster Care System During the Federal Fiscal Year*

Fiscal Year	FY2017	FY2018	FY2019	FY2020	FY2021
Number of Child Fatalities Reported through AFCARS	386	323	385	360	Pending
Number served by the foster care system during the Federal Fiscal Year	685,399	686,508	676,168	631,832	
Percentage	0.06%	0.05%	0.06%	0.06%	

*Data from U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, <https://www.acf.hhs.gov/cb>

Note: As states define conservatorship differently, this may not include the total number of kinship care related fatalities

Implementation Updates

SB 1896 Implementation Overview

SECTION 1 – Court must verify Department offered but relative declined Permanency Care Assistance.

- Policy edits complete; sitting in queue with Policy Division.

SECTION 2 – Allows SSCCs to provide oversight for children without placement.

- OCBC is working with DFPS to update policy regarding Child Watch.

SECTION 3 – Prohibits children/youth staying in offices AND expands Treatment Foster care

- Policy revisions regarding no youth in offices completed. TFFC expansion is in process via contract updates.

SECTION 4 – Requires a study on feasibility of creating a volunteer mentor program for youth in care.

- Faith Based and Community Engagement (FBCE) in collaboration with the broader Prevention and Community Well-Being division has identified internal and external stakeholders to participate in implementation, held planning meeting, drafted mentor initiative report, delegated assignments for both study and report.

SECTION 5 – Requires HHSC in collaboration with DFPS and CBCs to plan to increase placement capacity

- OCBC Lead Section. The first quarterly reports will be submitted by SSCCs due March 31, 2022.

SECTION 6 – Defines Community Based Care

- Implementation complete

SECTION 7 – Requires SSCC have board composed of majority members from Texas; requires DFPS to include local community partners in SSCC selection process.

- OCBC Lead Section - Several community outreach efforts were completed in the last quarter, including meeting with CASA staff, continual engagement with all SSCCs, and collaboration with The Alliance for Children and Family Services. OCBC also onboarded a new Director of Outreach and Legislative relations, so this Director will further enhance the engagement between OCBC and external stakeholders.

SECTION 8 – Allows SSCCs to apply for waiver to some regulatory requirements

- OCBC Lead Section – Met with HHSC 8/19/21; proposal developed; Implementation complete.

SECTION 9 – Requires DFPS identify expansion of catchment areas

- OCBC Lead Section - The RFAs for regions 3, 4, 5, and 9 will be released in early spring.

SECTION 10 – Allows SSCC to implement own procedures; not required to follow Department policy.

- OCBC Lead Section - continues work with DFPS and the SSCCs to identify policies that are different based on their specific practice models, as well as those that are agreed upon to remain consistent across the regions / catchments for the continuity of care.

SECTION 11- DFPS must develop protocols to allow unrestricted access to a third party who will establish interoperability of DFPS systems with SSCCs

- On November 16, 2021 the Data Access and Governance Council quarterly meeting occurred. The OCBCT leads, a sub-committee of IT and Program SMEs from the SSCCs began meeting monthly in October to identify and prioritize the next stage of interoperability projects. From this sub-committee came two major interoperability projects: the completion of the placements and contacts. These two projects and 11 others are in the review and approval process with DFPS executive leadership.

SECTION 12 – Creates Joint Legislative Committee for CBC

- Waiting on creation of the Joint Legislative Committee currently

SECTION 13 – Creates two Medicaid managed care programs; one is Health Care for Foster Children and another is Mental Health.

- HHSC Lead/CPS collaborating - DFPS provided suggestions on service utilization to HHSC. HHSC is pulling the service utilization data to develop a survey for residential providers. HHSC will run the survey by DFPS to get feedback. HHSC does not yet have a date on when the survey will be ready for review.

SECTION 14 – Deletes requirements for Child Specific Contracts to be reported through the Vendor reporting system.

- Implementation Complete: Policy 6.4 Vendor Performance Reporting was updated to exclude child specific contracts from being reported in the Comptrollers Vendor Performance Tracking System. Policy 3.2.4 Vendor Performance Tracking Search was updated to exclude searching the Vendor Performance Tracking System prior to entering child specific contracts. Form 2044ACSC updated to remove VPS search documentation for child specific contracts.

SECTION 15 - Clarifies DFPS is a HHSC agency for purposes of procurement authority

- HHSC Lead; no DFPS action required

SECTION 16 – Requires Department eliminate paper files and transition to fully electronic records management by 9/2023

- DFPS Records Management Group - Data is currently being analyzed, but preliminary results suggest a majority of staff are interested in shifting to digital externals. In addition to the survey, a list of all externals is being updated and each area's current policies around externals are being reviewed. These items will help formulate the Current State Description.

SECTION 17 - Requires State Auditor Office annually review DFPS performance-based contracts.

- No action was required from DFPS to implement the State Auditor's Office (SAO) for the auditing of performance-based contracts. Enhancement requested of the System of Contract Operation and Reporting (SCOR) to better identify Community Based Care (CBC) documents.

SECTION 18 – Requires Implementation of FFPSA Placements of Intense Plus, Congregate Care and QRTP; also requires DFPS develop capacity for pregnant/parenting use; human trafficking; supervised independent living; and placing children with parent in substance abuse treatment.

Intense Plus Pilot

- One provider choice to participate in the Intense Plus Pilot. DFPS State Office Intense Plus Assessment Team received the requested documents from the provider. On-site tour of the facility was completed on 10/15/21 and met with the providers clinical and leadership team to discuss goals and needs for the provider to become contracted for intense plus. Checklist for next steps were outlined and sent to the provider. At this time provider has not completed next steps to add intense plus to their contract.

Title IV-E funding for Congregate Care

- FFPSA IT project requirements have been completed and development is underway.

QRTP Pilot

- The implementation of the QRTP pilot is on target with first child to be served in June 2022.

Placement of Child with Parent in Substance Abuse Treatment

- Workgroup established CPS program procedures for an MOU to pilot working with Nexus Substance Abuse Placement facility in DFW. Finance to work on the payment methods with HHSC.

SECTION 19 – Requires interoperability between CLASS and IMPACT

- ITS and CPS have discussed that currently HHSC regulatory staff can request access to IMPACT and that this mechanism to request access allows compliance with the bill language. There are currently over 800 active HHSC accounts with access to IMPACT as of October 20, 2021. In addition, DFPS staff have access to the CLASS system as of October 2020.

SECTION 20 – Requires HHSC to adopt a model for suicide intervention/prevention for residential care facilities.

- HHSC Lead

SECTION 21 – Develop Provisional License for Relative Caregivers and Requires Use of data to identify at-risk providers.

- HHSC is Lead on Provisional License for KIN/Relative Caregivers
- Identifying At-Risk Providers: The DFPS Data and Analytics team created a Residential Foster Care Risk Tool with the objective of generating a risk score for residential foster care operations based on multiple domains, but primarily related to child safety. Operations with a higher score are deemed to have “higher levels of risk”, while operations with a lower score are deemed to have “lower levels of risk.” The model is run monthly and most of the included variables look at information for the past year. This section is complete.

SECTION 22 Prohibits issuing citation to a GRO is agency has been without an administrator for 60 days or has made efforts to hire an administrator

- HHSC Lead – no update

SECTION 23 – Requires GRO’s develop plan to meet the requirements of Section 20

- HHSC Lead – no update

SECTION 24 – Adds six sections to the Human Resources Code on Regulation of GRO’s; DFPS tasked with improving education outcomes; limiting placements in new facilities and a telehealth pilot.

- IMPROVING EDUCATION OUTCOMES FOR CHILDREN: One on One meetings with GROs in individual regions were scheduled and held to discuss education issues and education plans, these meetings will continue throughout the next several months (averaging 10 per month).
- LIMIT ON PLACEMENTS FOR NEW FACILITY: DFPS Data and Analytics is lead on implementation but meets weekly with CPS and Residential Contracts to obtain feedback and direction on program specific decisions. They are in the process of finalizing the model with no anticipated barriers. **This section is complete**
- TELEHEALTH PILOT PROGRAM: HHSC is pulling together STAR Health telehealth services data and is requesting DFPS to identify Regions they should focus on.

SECTION 25 – Changes Human Resource Code to allow HHSC to issue a provisional to an applicant licensed in another state

- HHSC Lead

SECTION 26 – Repeals Family Code Relating to Readiness Review Process for CBCs; HHSC and DFPS no longer required to develop readiness review process.

- Complete

SECTION 27 – Requires HHSC/DFPS review Medicaid Integrated Care for Kids Model and determine if can do this in TX.

- DFPS has been involved in joint meetings with HHSC. HHSC is concentrating on researching what the InCK model offers to see if any of the services are currently offered through STAR Health, since no funding was awarded. DFPS has requested HHSC to further research what other states are doing for InCK to better understand how it can benefit CPS children. Meeting held 1/20/22.

SECTION 28 – Requires Suicide Prevention Policy due 7/1/2022

- HHSC lead

SECTION 29 – Requires DFPS provide options for conducting independent review of childcare facilities.

- CPI Lead - Child Care Investigations is in the process of moving their Internal Review team over to Internal Affairs. The anticipated move date is April 1, 2022.

SECTION 30 – DFPS required to study extending Permanency Care Assistance benefits

- CPS Conservatorship Director working with analytics and project management to determine questions for field staff and population that this expansion would affect. There are ongoing, regular meetings to discuss the completion of this study.

SECTION 31 – Requires transition FBSS to Evidence Based Services by 2029

- PEI Lead - Continue to in a holding pattern for Section 31. We believe the pilots in HB 3041 and 910 are going to feed into the rest of our implementation plan. At this point our focus is to get 3041 implemented as this pilot is driving our candidacy definition for FFPSA. The valuable insight we gather through implementing the HB 3041 pilots will help inform our available options for transitioning FBSS services to evidence-based programs in order to better support families and keep them safely together.

SECTION 32 – Adoption of Minimum Standards related to continuum of care operations, cottage homes operations and specialized childcare operations

- HHSC Lead

SECTION 33 – Maximize Federal Chaffee Funds

- We contracted with Texas Alliance of Child & Family Services and Monarch Family Services in a \$11.25 million procurement to roll out funding for current and former foster youth aged 18-27. We are utilizing our Preparation for Adult Living (PAL) Aftercare Case Management contractors to also roll out funding to out-of-care young adults aged 18-21. This program area will be rolling out \$3.5 million of funding over the course of FY21 – FY22. We are currently working on rolling out a job training and internship program funded with these dollars utilizing a partnership with transition centers in Regions 7 and 10, which may include MOUs with Texas Workforce Commission as well. We are also working with Texas State University in establishing a paid internship and leadership development program for former foster youth.

SECTION 34 – Establishes Office of Community Based Care

- A total of three new director positions have been added to the organizational structure of OCBCT. Currently filled is the Director of Outreach and Legislative Relations, and the two positions, Director of Implementation and Director of Operations are awaiting offers.

HB 3041 Implementation Overview

The 87th Legislative Session enacted HB 3041 that requires the Department of Family and Protective Services (DFPS or the Department) to establish a court-ordered, time-limited, evidence-based service pilot project in a rural and urban area for families receiving family preservation services.

SSCCs must propose at least one evidence-based program approved by Title IV-E Prevention Services Clearinghouse that has been evaluated and rated Well-Supported in the areas of mental health and/or substance abuse. Special consideration will be given to Functional Family Therapy (FFT) and Multisystemic Therapy (MST) as models proposed to serve youth and their families. SSCC must propose evidence-based models designed to serve families with children ages (0-17) engaged in family preservation services.

The Evidence-Based Family Preservation Services Pilot Project funding opportunity was distributed by DFPS to current SSCCs on Friday, March 18th.

DFPS anticipates making one to four grant awards.

Timeline

- A. Funding Opportunity Release Date: March 18, 2022
- B. Webinar Date: March 24, 2022
- C. Questions Due: March 31, 2022
- D. Post Answers to Questions Due: April 7, 2022
- E. Funding Opportunity Applications Due: April 28, 2022
- F. Tentative Awards Announced: May 12, 2022
- G. Negotiation Period: May 12, 2022 – May 26, 2022
- H. Contract Amendments Executed: June 6, 2022
- I. Estimated Start Date: June 6, 2022

HB 567 Implementation Overview

House Bill 567, 87th Legislative Session (2021), is a large bill that makes changes to numerous sections in the Family Code. The changes that directly impact DFPS have been implemented as outlined below:

- 1) **Definition of Neglect** was updated in policy and in Center for Learning and Organizational Excellence (CLOE) curriculum. Texas statute now defines neglect as an act or failure to act by a person responsible for the child's care, custody, or welfare evidencing the person's blatant disregard for the consequences of the act or failure to act that results in harm to the child or that creates an immediate danger to the child's physical health or safety.
- 2) **Locating Parents.** DFPS policy was updated to require staff to do its due diligence in locating missing or absent parents or any person who has legal authority of the child before the adversary hearing.
- 3) **Process for Removals.** DFPS policy for non-emergency removal was deleted. DFPS policy was updated to include DFPS must consider the "parent who is not part of the home or allegations" as a possible placement of a child prior to the adversary hearing unless DFPS can show it is not in the child's best interest. DFPS does not remove a child based solely on independent activities, physical condition, and developmental abilities of a child nor for a parent's marijuana use.
- 4) **Court ordered Services/Motion to Participate (COS/MTP).** DFPS Policy was updated to reflect the requirements needed to request a COS/MTP as the petition must show a child has been a victim of abuse or neglect **or** is at substantial risk of abuse or neglect; **and** there is a continuing danger to the physical health or safety of the child. Policy was also updated to reflect a "parent who is not part of the home or allegations" may not be ordered to work services if they did not cause the continuing danger to the health or safety of the child or the substantial risk of abuse or neglect or was not the perpetrator of the abuse or neglect alleged.