

Input on Texas Department of Family and Protective Services Legislative Appropriations Request for FY 2022-2023

Thank you for the opportunity to provide input into the development of the Fiscal Year 2022-2023 Legislative Appropriations Request (LAR) for the Texas Department of Family and Protective Services (DFPS). As DFPS prepares its FY 2022-2023 LAR and considers how to protect children amid the pressures created by the coronavirus pandemic, we respectfully offer the following recommendations related to Prevention and Early Intervention and the Family First Prevention Services Act.

Investing in Prevention and Early Intervention (PEI) Must Be Part of the Texas Pandemic Recovery Strategy.

DFPS should request increased investment in PEI, which will not only help families get through these difficult times and reduce child abuse and neglect, but also save state money down the road in the budgets for CPS and other state services. The current PEI strategic plan indicates that to adequately protect families, a 20 percent increase in prevention funds is needed every biennium. Currently, DFPS allocates 5 percent of their budget to the PEI division.

DFPS PEI programs are effective in building strong, healthy families. PEI programs are designed to reduce risk factors for child abuse and neglect, truancy, and delinquency and have a demonstrated track record in improving child and maternal health, increasing positive parenting, increasing child safety (e.g. reducing emergency room visits for accidents and poisonings), and improving school outcomes and achievement. For example, a recent study by the Texas Institute for Child and Family Wellbeing demonstrated the effectiveness of Project HOPES, one of the DFPS PEI programs. The study found that a year after participating in the program, 98 percent of families did not have a CPS case.

Given the depth and breadth of the economic recession underway, the increased stress on families, and increased social isolation, we know from history that child abuse is likely occurring at higher rates even though reports may

temporarily be down. Economic instability, domestic violence, substance use, and mental health challenges increase the risk of child abuse and neglect. Any reduction in the prevention budget could exacerbate the risk of child maltreatment; when the FY 2004-05 prevention budget was cut in 2003 by 35 percent, Texas reported a 20 percent increase in confirmed child abuse victims, and after the Great Recession in FY 2008-09, we saw a 44 percent increase..

Even before the pandemic, PEI programs only reached a portion of the families in highest need who could benefit from the resources.¹ Recognizing this untapped potential, in 2017, the Legislature required PEI to develop a growth strategy to increase the number of families PEI serves.² At a minimum, maintaining our investment in PEI is our best hope for avoiding yet another spike in child abuse and neglect, associated costs, and strain on the CPS system.

Although the legislature has supported the expansion of PEI programs, the critical services they offer are still not available for families statewide. For example, last session the Legislature expanded program eligibility for Helping through Intervention and Prevention (HIP) to parents that otherwise qualify³ and have a child up to age five, rather than age two. Although this increased the number of children and families served through the program, it did not expand services to new geographic regions of the state. Unfortunately, last year, due to contract changes, HIP is no longer available in Lubbock, Angelina, Comal, Fort Bend, and certain other counties served last year. Although HIP has expanded to McLennan, Hidalgo, Cameron, and other counties that were not served last year, Texas lost important prevention resources in several areas across the state.

Prevention can save lives and money with an average return of investment between \$1.26-\$5.70. As noted by the DFPS 2018 Prevention Task Force Report, “Diverting 5% of families from Family Based Safety Services (1,786) would save the state more than \$9.4 million. Preventing 3% of removals (593) would save upwards of \$20.3 million.”

¹ In fact, DFPS PEI programs are only serving 3.5 percent of Texas families in highest need. In 2018, 15,068 families were served by THV, NFP, HOPES, and HIP. Research shows that over 423,000 families in Texas have children under age 6 with three or more risk factors that would make the family eligible for Texas Home Visiting. Risk factors are factors that make a child more likely to encounter adverse experiences leading to negative consequences, including preterm birth, poverty, low parental education, having a teenage mother or father, poor maternal health, and parental underemployment or unemployment. See TexProtects. Home Visiting in Texas: Current and Future Directions. Available at https://www.texprotects.org/media/uploads/home_visiting_in_texas_combined_reports.pdf.

² See DFPS PEI 2020 Business Plan (Sept 2019). https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2019/2019-08-28_PEI_Business_Plan.pdf

³ HIP serves caregivers who are pregnant or parenting who have previously been involved with CPS including current and former foster youth, parents who have previously had their rights terminated, and parents who have had a child die as a result of maltreatment. More information available at: https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2019/2019-12-27-PEI_Provider_Directory_FY2020.pdf

This is the Last Chance to Prepare for Leveraging the Family First Prevention Services Act (FFPSA) When it Takes Effect in Texas.

Texans Care for Children recommends that DFPS include sufficient funding for successful implementation of the FFPSA in its LAR Request. Funding to implement FFPSA should maximize opportunities to keep more children safely with their parents, prioritize placing more children in family-based foster care settings, and improve the quality of congregate care, especially in Residential Treatment Centers. In particular, by leveraging the FFPSA, Texas can increase investments in the Prevention and Early Intervention programs described above.

The DFPS LAR should include a placeholder for state funds needed to pull down a federal match to cover services that will prevent children from entering the Texas foster care system. DFPS should ask for state funds needed for more evidence-based services for substance use disorders, mental health, and in-home parenting skill building. About 1.6 million Texans have lost health insurance during COVID-19 so far,⁴ meaning they might have lost access to mental health medications or other critical services that support children and their caregivers. We encourage DFPS to maximize FFPSA federal dollars to help families at risk of having their child removed and placed in foster care. Similar to investing in PEI, maximizing the use of FFPSA funding for prevention services will help families and result in long-term costs savings in CPS and other state services.

While crafting its LAR, DFPS should protect existing federal reimbursement for foster care placements by prioritizing strategies that would move children out of congregate care into family-based settings. When the FFPSA takes effect in Texas on October 1, 2021, Texas is at risk of losing federal reimbursement for its congregate care providers. The Child Protection Roundtable especially encourages three strategies:

- Establish a kinship navigator program using FFPSA dollars to enhance support for kinship caregivers, who accounted for more than half of Texas' placements during FY19;⁵
- Request funding to recruit more foster homes and anticipate increases in licensed foster homes that may occur as a result of FFPSA. Specifically, FFPSA requires Texas to align state minimum standards with the new model licensing standards, which may remove or reduce some barriers to licensure, thereby facilitating a potential increase in licensed foster homes in the future; and

⁴ Rachel Garfield, Gary Claxton, Anthony Damico, and Larry Levitt. Eligibility for ACA Health Coverage Following Job Loss. Kaiser Family Foundation (May 13, 2020). Available at https://www.kff.org/coronavirus-covid-19/issue-brief/eligibility-for-aca-health-coverage-following-job-loss/?utm_campaign=KFF-2020-Health-Reform&utm_source=hs_email&utm_medium=email&utm_content=2&hsenc=p2ANqtz-9tOXMMbsyXN8XAnoxfSqHNAKSU9xNdXDuAx4HQzNcqcAqWGOsslrkkw5WK6pI2Ct3pF3bl76RVrXWeRockDAF7m0N0DQ&hsmi=2

⁵ Tex. Dep't of Family & Protective Servs., Data Book, CPS Substitute Care: Placements during Fiscal Year (FY 2019), available at: https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Placements/Substitute_Care_During_Fiscal_Year.asp.

- Shift funding to Treatment Foster Family Care to serve more children with high needs in family-based settings. The Roundtable also encourages DFPS to ask the Legislature to expand eligibility for Treatment Family Foster Care to older youth. Treatment Family Foster Care is only available to children under 10, and about 90 percent of children and youth in Residential Treatment Centers were age 10 and older in FY19.⁶

DFPS should also protect existing federal funding by elevating the quality of Residential Treatment Centers. To achieve this goal, DFPS should request funds for enhanced provider rates and start-up grants to incentivize providers to meet the FFPSA's Qualified Residential Treatment Program standards.

⁶ Tex. Dep't of Family & Protective Servs., Data Book, CPS Placements: Children in Substitute Care on Aug. 31 (FY 2019), available at: https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Placements/Substitute_Care_on_Aug_31.asp.