

Interim Charge 3: Recommendations for Improving Texas' Child Welfare System

Testimony to the House Human Services Committee

The Department of Family and Protective Services' (DFPS) most important job is keeping children in Texas safe. We appreciate the work that the Legislature and DFPS have done in recent years to improve child welfare in Texas. However, recent news clearly shows that Texas has more work to do to protect children from harm. Several studies and the findings in the recent court case show that one of the key steps the Legislature must take is reducing CPS staff caseloads so that dedicated, hard-working employees can effectively keep children safe.

But keeping children safe is just step one. Texas must also ensure children in foster care have the support they need to overcome past trauma, grow up healthy, succeed in the classroom, and develop into self-sufficient adults. Texas should provide comprehensive services to children in foster care, so they can reach their potential.

Children who have experienced trauma are at much higher risk of poor health and social outcomes. Research shows that acute or prolonged exposure to abuse, neglect, or other adverse experiences during childhood affects brain development. In response to these experiences, the brain produces stress hormones that ultimately alter the way the brain processes fear, anxiety, memory, and mood. This "toxic stress" has both short and long term consequences related to health and behavior. For examples, toxic stress has been linked to school failure, incarceration, unemployment, poverty, homelessness, single parenthood, and even early death.ⁱ Further, parents who experienced toxic stress during their own childhood are less likely to provide the kind of stable and supportive relationships needed to protect their children from the damage of toxic stress.ⁱⁱ Clinical treatment, mental health interventions, and trauma-informed services improve outcomes for children in foster care.ⁱⁱⁱ Our state should incorporate these practices, so Texas children are both safe and thriving.

Texans Care for Children is a statewide, non-profit, non-partisan, multi-issue children's policy organization. We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow. We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

Caseload and Safety Key Facts:

- The DFPS Annual Report shows that in 2015 each foster care caseworker was responsible for 28 children each day, on average.
- The average daily caseload, above, likely underestimates the actual size of caseloads because DFPS counts caseworkers that only keep track of one child, part-time caseworkers, and fictive workers who are created on paper out of all the staff overtime.
- National best practices published by the Child Welfare League of America recommend a maximum caseload of 17 children each month, which is significantly less than Texas caseworkers' average daily caseload.
- In December, a federal district court noted that caseworkers are overburdened to the point where they cannot protect foster children from an unreasonable risk of harm.
- According to DFPS, caseworkers in the Midland region juggle an average of 34 children per day. In the Tyler area, the average exceeds 32. The Abilene and Austin regions are close to 31. The El Paso and Houston areas, on the other hand, are doing the best with averages of 20 and 25, respectively. Even our best regions far exceed national best practice standards.
- DFPS also reports unsafe caseloads for CPS staffers who conduct investigations into allegations of abuse and neglect. In 2015, these caseworkers were tasked with an average of 16.5 investigations per day. While the state made modest progress, reducing the average from 19.5 in 2014, caseloads still far exceed the CWLA national recommendation of 12 active cases per month. Houston has the highest average, with approximately 18, while the El Paso region is doing the best, coming in just under 12.
- The Dallas Morning News recently reported that the caseworker tasked with investigating risks to Leiliana Wright, who was tragically killed in Grand Prairie, had 70 cases on his desk.

Caseload and Safety Recommendations:

- Provide funding to reduce caseloads in foster care.
- Provide funding to reduce caseloads in investigations.

Health and Wellness Key Facts:

- Most kids in the child welfare system have experienced significant trauma, stress, or adversity.^{iv}
- Children in DFPS conservatorship and young adults who were previously in foster care (ages 18 through 20) access medical and behavioral health services through Texas STAR Health, which is a Medicaid managed care program. The Health plan is Superior HealthPlan. Superior serves 32,305 children and young adults in Texas

- Half of STAR Health members (51 percent) have a special health care need for a medical, behavioral or other health condition that is expected to last for at least 12 months. The most common special needs are counseling (36 percent) and prescription medication dependence (35 percent).
- 24 percent of foster youth needed or used more medical care, mental health services, or education services than a “typical” child of the same age.
- The Child and Adolescent Strengths and Needs Assessment (CANS) is required for children entering foster care.
- The systems surrounding children in foster care have inadequate data sharing, communication, and coordination.^v
- Finding health histories, immunization records, treatment plans, and lab results is difficult and time consuming for providers.
- Adequate in-home supports can help improve health and mental health outcomes for children, and avoid disrupted placements, hospitalizations, non-medical hospital stays.

Health and Wellness Recommendations:

- Increase access to trauma-informed services trainings for all people involved in the child welfare system including caseworkers, judges, foster caregivers, and administrators.
- Ensure the CANS assessment informs and drives service planning, including services that are trauma-informed. Implement pre-placement assessment standards to determine caregiver capacity and support to meet a child’s health and mental health treatment needs with consideration of caregiver experience, number of children and level of complexity of other children residing in the potential home.
- Coordinate and enhance trauma-informed services across systems. Direct the Health and Human Services Commission (through the State Coordinating Council for Behavioral Health, the Texas System of Care Initiative, and the Texas Children Recovering from Trauma Initiative within DSHS) to coordinate efforts across agencies to expand the use of trauma-informed care and trauma-focused treatment.
- Ensure the Health Passport and IMPACT are user-friendly, updated, and accurate.
- Ensure caregivers are part of the discharge planning process with CPS and hospitals. Reconfigure hospital discharge planning to ensure new caregivers are formally assessed for reasonable knowledge, skills and parenting behaviors needed to safely care for a child with special health care needs, including those with complex medical and mental needs.

- Provide foster families with full, necessary in-home assistance to support children with developmental disabilities, complex medical conditions, and mental health conditions to help ensure permanency and child well-being.

Thank you for your time and commitment. If you have any questions, please feel free to contact me at 512.473.2274.

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ⁱ J. Shonkoff et al. (2012) "The Lifelong Effects of Early Childhood Adversity and Toxic Stress." *American Academy of Pediatrics*.
<http://pediatrics.aappublications.org/content/129/1/e232>

ⁱⁱ Ibid.

ⁱⁱⁱ Agosti, J., Conradi, L., Halladay Goldman, J., and Langan, H. (2013). *Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative: Promising Practices and Lessons Learned*. National Center for Child Traumatic Stress.
http://www.nctsn.org/sites/default/files/assets/pdfs/using_ticw_bsc_final.pdf

^{iv} Annie E. Casey Foundation. (2012). "Trauma Informed Practice With Young People in Foster Care." <http://www.aecf.org/m/resourcedoc/jcyoi-IssueBrief5TraumaInformedPractice-2012.pdf>

^v The Stephen Group. (2015). "Meeting the Needs of High Needs Children in the Texas Child Welfare System."
https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-12-03_Stephen_Group_High_Needs_Assessment.pdf