TEXANS CARE
for CHILDREN

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Recommendations to Maximize Opportunities Under the Family First Prevention Services Act

Testimony to the Department of Family and Protective Services

The Family First Prevention Services Act (FFPSA) presents an opportunity for Texas to address two important goals for the child welfare system:

1. To safely keep more children connected to their biological families and out of foster care by expanding access to behavioral health services and better supporting caregivers, especially teen parents in foster care, and
2. To ensure children in foster care have high-quality homes and services that will help them heal from the trauma they have experienced and thrive as they grow up.

For Texas to best meet these goals, we encourage DFPS to 1) engage all cross-system stakeholders in the planning process, 2) develop a broad definition for eligibility for prevention services, and 3) build out foster care capacity that will best serve children and minimize the potential federal funding loss for our current foster care providers.

DFPS should engage cross-system stakeholders in the FFPSA planning and implementation process.

The agency's Family First implementation plan should improve state efforts to preserve families and provide the right care for children in state conservatorship. In crafting that plan, it is important to recognize that implementation of Family First could affect many state systems beyond child welfare, from health care to criminal or juvenile justice and beyond. DFPS must ensure it is engaging all relevant stakeholders in both the planning and implementation process if Texas is going to make the most of this opportunity. We encourage DFPS to have an open feedback loop for continuous input from external stakeholders that can inform strategies to improve the plan and ensure successful implementation.

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.

To keep more families safely together and maximize the use of Family First funding, Texas should set a broad definition of who is eligible for prevention services.

Texas has a narrow definition for "foster care candidacy," which limits the population that is eligible for evidence-based services funded through the Family First Act and offered through the state's Family Based Safety Services (FBSS). One of the populations that would miss out under the state's current definition are soon-to-be first-time mothers with substance use disorders because they cannot be referred to Child Protective Services (CPS) under state policy and, therefore, cannot be referred to FBSS.

Texas should craft a definition of foster care candidacy that allows the state to draw down funding for services for high-risk families likely to come into contact with CPS due to multiple risk factors. The federal government has emphasized that it will give states maximum flexibility in determining eligibility criteria. If Texas begins implementation of Family First with a narrow definition, it will likely be harder to later go back and broaden the definition to serve more at-risk families.

To better serve children in foster care with high needs and avoid losing federal funds, Texas should recruit or develop specialized foster homes and services.

Family First places new restrictions on federal reimbursement for foster homes and facilities. All family-based foster **homes** will continue to be reimbursable, but only some specialized or high-quality group or **"congregate" care facilities** will be eligible to receive federal funding.

Texas should take steps to minimize the loss of federal funding that will occur if foster care facilities are not up to the Family First Act's new standards for specialization or quality — steps that would also have the benefit of developing better placement options for children in Texas foster care. To reach those goals, Texas should make targeted efforts to recruit or develop family-based foster homes for harder-to-place children who are disproportionately placed in congregate care, such as children with behavioral health challenges, LGBTQ+ youth, large sibling groups, children with serious but manageable medical needs like diabetes, and more.

In addition to expanding family-based placement options, Texas should develop a better understanding of the number and location of the specialized congregate care placements that will continue to be eligible for federal reimbursement under Family First. The congregate care placements that will still be able to receive funding include facilities serving pregnant and parenting youth, survivors or potential victims of human trafficking,

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supervised indepent living for young adults in extended foster care, and family-based residential substance use treatment, which are not currently disaggregated in the state's current foster care needs assessment. To better determine where Texas needs more specialized placements, the state should specifically track these placements in the assessment. All other congregate care placements (e.g., cottage homes, residential treatment centers, and other general residential operations) must meet a heightened set of standards and become "Qualified Residential Treatment Programs" or "QRTPs" to continue to receive federal reimbursement.

One of the reasons Texas cited for delaying implementation of Family First is that Texas does not have QRTPs. Elevating Texas providers to meet the QRTP standards would ensure that all children with high needs — including those who are outside of foster care and therefore not technically subject to the Family First standards — receive the same high-quality residential treatment care when needed to stabilize a child with a serious emotional disturbance. To reach that goal, Texas should require all Residential Treatment Centers (RTCs) to become QRTPs over time. The heightened standards required for QRTPs are consistent with what is best for children. If RTCs have the option to not become QRTPs, then we risk creating a two-tiered system where some children will receive a lower standard of care. We are hopeful that Texas can draw down federal funds under the Family First Transition Act to support providers and offset costs associated with making that change.