Understanding Texas' Capacity Crisis
Casey Family Programs
Department of Family and Protective Services
Texas Alliance of Child and Family Services
Welcome!

→ Anne Heiligenstein, Casey Family Programs
→ Katie Olse, Texas Alliance of Child and Family Services
→ Commissioner Jaime Masters, DFPS
What 2-3 words would you use to describe how you think or feel about Texas' capacity crisis?
Data Q&A

We can't see the data here at home! Would it be possible to share?

Can you move the camera to the presentation?

Is there a way that those of us online can see the power point slides?

Can you please email me powerpoint presentations? I can't see them. Nancy Preyor-Johnson Associate Editor, San Antonio Express-News Editorial Board
NancyPreyor-Johnson@Express-News.net

Where was each youth before each cwp event?

How does CWP race data compares to in care race data?

What does time to permanency look like by race and ethnicity?

Why in cwp? Ran from last placement? Placement released them?
**Data Q&A**

- If so many (15% - second highest) are coming from home, how are they already leveled?

- Since the 2nd largest percentage of previous placement is home (tied with runaway), what are the reasons for removal for that 15% from previous home placement?

- Any ideas why the eastern and southern counties are experiencing growing numbers of CWOPs?

- Are their links to these graphs?

- Do we know TMC vs. PMC for kids in CWOP?

- Do we know how many placements kids in CWOP had before they entered CWOP?

- Is there a sense of why SCC regions need more homes comparatively?

- How many children have been or are currently placed out of state? What rates is Texas paying?

- Slides are now online at https://tacfs.org/policy/key-issues/#capacity
Data Q&A

- Can we identify trends for children without placement? (Areas of state, etc)
- How many children coming from home are repeaters?
- What is the difference between the three slides showing catchment and placement regions?
- How much recidivism is the system seeing with CWOP children who are placed and the experience CWOP again?
- How did CWOP get to this level? How much of the loss of beds statewide is related to the court monitors? COVID?
- Fewer beds because of staffing shortages.
- How many placements have the CWOP had prior to psychiatric placements?
- When you share the slide deck, could you please label the “ribbon” (catchment/placement) slides? Hard to see which is which.
- Is there data on if these youth have been reviewed by local CRCGs?
Data Q&A

Do you have data on successful CWOP placements and what worked? More involvement with workers, CASA, family involvement, shorter stay in shelters, less hospitalizations?

Have many placements been closed down due to stricter mandates?

I have been told by judges that teenagers often want to go back to their parents and that is why they don’t take placement. Would placing them back with parents be possible?

Can you show distribution of length of stay in CWOP?

Is there any relationship between Heighten Monitoring and CWOP growth?

The three “ribbon” (catchment/placement) slides aren’t labeled as to which is which. Could you please label them?

It felt like a lot of diversity of where kids were located before CWOP.

No
What stood out to you from the data?

- The regions and the need
- The need and how many kids aren't placed
- The second highest reason for CWOP is running away from placements.
- Relationship of cwop spiking with HM
- Regions with the greatest need were not as expected
- Not just any bed, the right bed
- The areas where there were the most CWAPs.
- Possible correlation between HM and increase in CWOP
- Children denying placement to stay in CWOP
What stood out to you from the data?

- The increase of youth without placement after heightened monitoring came on board
- Correlation of need in geographic areas and the lost beds in those areas particularly related to regulatory pressure.
- Not addressing why there was a loss of 1300 beds.
- This problem is “completely manageable and solvable.”
- Issues with social safety net driving RAPR and increasing CWOP
- The lack of information presented related to race and ethnicity.
- Urgency for the system to solve this and our capacity crisis
- Impact of juvenile system changes on foster care as system of last resort. Please explain the term “rapper” being used to categorize a new category of released juvenile finding themselves CWOP.
- The amount of children denying placement
What stood out to you from the data?

- The graph that shows children removed are going EVERYWHERE when they should be within their home county or close by.
- The need for assessment facilities where youth can be placed until they can be fit with an appropriate placement.
- Children in CWOP are older.
- How important it is for the system to take ownership.
- The racial disparities in Dallas.
- Why aren't we talking about all of the placements that were shut down due to stricter mandates? This would explain the spike in CWOP.
- That the majority of children in psychiatric facilities are NOT coming from foster care. Chart showed 7%.
What stood out to you from the data?

- Kids placed out of region
- The overlap with YES Waiver -- that was designed for the exact population that seems to be of focus. How do we use that to build capacity
- There is a high need for trauma-informed treatment providers who specialize in abuse/neglect/reunification/adoption issues
- No clear link between increased funding and solving this CWOP crisis
- The CHAOS slide which demonstrated how children are continuing to be placed all over the state despite efforts to try to keep children within their home regions
- Somewhat drastic seasonal fluctuations of CWOP
- What is a rapper/wrapper?
- The unstructured environment of being placed in the office.
- At every moment in time, looking at the quarterly data, the situation is getting worse and worse.
What stood out to you from the data?

- Increase in foster care June to October
- How would accreditation impact capacity?
- Not enough General Residential Operation (GRO) treatment facilities
- The high percentage of RAPR cases
- There might be less in CWOP if agencies were not so restricted because of Heightened Monitoring.
- The geographic dispersal of children from their home region to placement is total chaos.
- I can't imagine how exhausted the workers are trying to supervise the CWOP and do their own work.
- RAPR is when a parent refuses to accept parental responsibility of a child
- We are sending kids to regions from which we are receiving kids and visa versa. Not only is this bad for kids but it seems inefficient.
What stood out to you from the data?

- How the problem seems solvable
- Disproportionately
- The lack of FC exit in 2021

- After years of not shutting down placements when needed, they are closing now all at once. Years of negligence = crisis
- Clustering of new CWOP cases in south and east Texas.
- What about developing mentor families as a step before removal into foster care?

- No need for treatment beds in 6A and 6B???
- Needs of children in CWOP
- The data is consistent with what we've experienced for years. Repairing this will require resources to cover the gap for kids.
What stood out to you from the data?

- The age of the CWOP population
- Connection between heightened monitoring and CWOP.
- The need for services and supports for children and families in their homes.
- Diversion Bed uses same facilities as CPS - there are just not enough beds.
- That 20% of CWOP kids' previous placements were from a psych hospital.
- Nearly 3/4 of children are CWOP because of neglect or refusal of responsibilities.
- Impact of heightened monitoring on the increase in CWOP.
- Denial of parental responsibility was the 2nd highest reason why these children go into DWOP.
- This is great information, but is this information made available to providers or the public to be able to act on it?
What stood out to you from the data?

- The youth are in complete control
- The need to help develop new organizations who understand how to run a GROs.
- When someone calls out from the audience, please repeat their question/comment; virtual listeners can't hear them.

there is no category in CPS computer system to identify children in need of MH treatment; therefore they are labeled under RAPR or NSUP
Is the data reflective of your organizational or community experience? Discussion: In what ways is it similar or different?
What does what we are learning about children without placement tell us about our broader capacity crisis?

- Not targeting capacity well.
- Parents need capacity to help their children with high psychiatric needs.
- We have a family engagement crisis.
- Targeted recruitment is needed.
- That some of it is self-inflicted.
- Not enough wraparound services to support children and families.
- Is it possible to make residential treatment more effective/appealing for the youth themselves? What is really missing/needed?
- The youth are telling us we need to reimagine foster care at the teenage level.
- While it's very concerning that the CWOP numbers are increasing, it is interesting to remember that CWOP is a small percentage of the larger foster care population.
What does what we are learning about children without placement tell us about our broader capacity crisis?

- We need to improve mental health services and prevention early intervention services
- Need to focus more on better matching child's needs to placement
- We lack therapeutic services as well as resources for kinship and too much time regulating instead of focusing on the kids
- We need a more targeted approach.
- Sounds like CWOP needs to be more structured if kids are exiting other venues to "be free."
- We definitely need more treatment foster care & GRO capacity in areas other than Houston. But we also need to plan ahead with stronger homes for younger kids so we can try to avoid compounded systemic trauma for future kids like CWOP kids now.
- lack of trauma-informed providers that will work to address issues instead of discharging child
- That the children are running the system.
- Adds sense of urgency to address the problem; find sustainable solutions
What does what we are learning about children without placement tell us about our broader capacity crisis?

- Texas desperately needs to address accessible mental health care across all ages and demographics.
- It is not a localized issue
- We spend too much time in regulation. We need better prevention. We need better therapeutic services.
- Ongoing, accountable oversight of placements is critical to ensure safety
- We need psychiatric hospitals for children and a more robust treatment network.
- Treatment! Treatment! Treatment! Is a must need for kids, families, and potential placement personnel.
- Lack of appropriate staff being on boarded to fill positions. Lack of staff in general
- Totally echo the comment about reimagining care (in a youth-focused way)!
- We need to work with family engagement and wrap around and mental health services to help those families.
What does what we are learning about children without placement tell us about our broader capacity crisis?

- Also a communications plan for the media and community to explain who is on CWOP.
- Lack of a trauma informed, connection informed approach.
- We need to help parents help their kids.
- Providers aren't meeting the basic needs of youth and making them feel safe enough to want to stay in their care and not run/refuse placement.
- Children have rights but they don't know what's good for them. Why are they being given a choice to go back to CWAP? Give them an either/or of choices of placements instead.
- We need a structure that requires providers with placement contracts with the state to accept high-need placements on some equitable basis, a guaranteed provider of last resort.
- Need to explore community-level solutions outside CPS. Greater advocacy for accessible family and children's mental health services.
- the need to better prepare adoptive families for working with traumatized children; signing the paper doesn't make the trauma go away!
- It's both a capacity issue AND also an issue of inadequate community supports for these families that would keep these youth at home. Let's have a forum about that.
What does what we are learning about children without placement tell us about our broader capacity crisis?

- There needs to be a robust solution to placements. It is not about beds it's about the right beds that can meet the acute needs of the children.
- CWOP is largely a consequence of: Heightened Monitoring, Staff hiring/retention problems, childcare rate considerations
- Youth don't want to be institutionalized.
- What does blaming the child say about us???
- We need trauma informed care and systems to reframe behavioral issues and get kids proper treatment before it becomes a child welfare of juvenile justice issue
- We have a lot of work to do.
- There is a need to review possibility of return to family for older children who may not pose the same level of parental supervision compared to removal. Some are being able to return to family but are there institutional roadblocks?
- Children do not want rules.
- Over regulation by monitoring.
- Youth are individuals who want and deserve respect and normalcy.
What does what we are learning about children without placement tell us about our broader capacity crisis?

We need more resources and initiatives to invest in parents and families to keep kids either in home when possible or with family.

Lack of trauma informed supports for bio and kinship families. We've asked CPS to expand beyond abuse and neglect and take on complex responses.

Higher LOC children can be viewed as a liability with HM at play. It's not fair or pretty, but it's the perception/belief.

What is available - anywhere - for children with severe mental health and intellectual challenges? It looks like they are just cycling through various systems until they do something that will get them incarcerated as adults.

It's ALL of these things -- there is not ONE Answer. We will continue to have this issue until there is real investment in quality trauma informed programs, especially residential treatment facilities.

Intervention services are lacking, sporadic and thus kids don't have the support or resources to improve their own outcomes.

We also need to take a look at the older kids and how long they've been in care. The average time in permanency doesn't reflect what we're seeing with them. That is affecting our capacity crisis and isn't mentioned.

Do the monitors need more training to be more sophisticated about the dynamics of youth with severe BH treatment needs so a facility is not censured just because a child does not want to come out of their room, attend therapy and take their meds?

Kids with behavioral problems that are unmet psychiatric needs should not be sent to juvenile justice or child welfare - we should have a diversion program for these youth.
What does what we are learning about children without placement tell us about our broader capacity crisis?

Reduce the regional swapping of beds to serve children out of region -- prioritize keeping youth in their own region and wrap services around the family.

We need a more robust behavioral healthcare network to keep kids out of foster care, homelessness, JJ, CWOP... 

Most areas have LONG wait lists for YES Waiver services.

Psych hospitals need to do better discharge planning with help from BH and DFPS to help make the youth transition better.
Significant Events in Child Welfare

- SB 6/CPS Reform 1 (2005)
- CPS Reform 2 (2007)
- CPS Transformation (2014-15)
- HHS Transformation (2016)
- SB 218 (2011)
- Foster Care Redesign established (2010)
- MD v Abbott!
- Foster Care Lawsuit filed (2011)
- Performance-based care incentives/remedies demonstration project (2016)
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<tr>
<th>Event</th>
<th>Year</th>
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<tr>
<td>Federal lawsuit</td>
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<td>HM implementation began (2020)</td>
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<td>Relative &amp; other designated Caregiver program (kinship care) created</td>
<td>2005</td>
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<tr>
<td>FFPSA</td>
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<td>Fostering Connections to Success Act (2008)</td>
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<td>CCL moved to HHSC (2017)</td>
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<td>HM</td>
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<td>STAR Health launched (2008)</td>
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<td>Foster care lawsuit filed (2011)</td>
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Significant Events in Child Welfare

Temporary Emergency Placement (TEP) program established (2017)

"3 in 30" launched (2018)

DFPS and HHSC split

Covid

HM

QIC-AG “Pathways to Permanency” (2019)

SB 11/CBC (2018)

Leadership changes at DFPS and CPS

HHS Consolidation and the undoing of consolidation.
<table>
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<tr>
<th>Event</th>
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<tr>
<td>COVID-19</td>
<td>2020</td>
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<td>Agencies suddenly closing down 2021</td>
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<tr>
<td>Supervised Independent Living (SIL) program established (2012)</td>
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<tr>
<td>Education &amp; Training Voucher program</td>
<td>2009</td>
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<td>Supreme Court of Texas created the Permanent Judicial Commission for Children, Youth and Families (2007)</td>
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<td>Families First Prevention Services Act</td>
<td>2018</td>
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<td>winter storm Uri; hurricanes; covid</td>
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<td>DFPS as a stand alone agency</td>
<td>2017</td>
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<td>FBSS Pilot</td>
<td>2018</td>
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Significant Events in Child Welfare

- Changes within licensing...after the court got involved, they began looking at everything with a magnifying glass. Almost as if to say it’s not us, it’s them!
- CBC Division reporting directly to Gov. Abbott
- Hurricane Harvey (2017)
- FLDS Investigation (2008)
- Medicaid outside of STAR Health for foster children RARELY pays for residential treatment
- Disproportionality work launches (2004)
- National Youth in Transition Database(2010)
- Office of consumer affairs created (1993)
Significant Events in Child Welfare

na
What it takes to serve children with complex needs... and serve them well

→ Katie Olse, TACFS, Moderator
→ Megan Zellner, Settlement Home for Children
→ Jimmy Moore, Children's Home of Lubbock
→ Brenda Keller, TACFS
→ Angela Humphrey, Adiee Emergency Shelter
<table>
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<tr>
<th>Comment</th>
<th>Source</th>
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<tr>
<td>They are mostly the same; fear, discouragement.</td>
<td>They are very similar. HM and RCCR visits truly takes away from us caring for our kids as well as connecting well with our staff.</td>
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<td>It takes time to establish the connection needed for healing, totally agree.</td>
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<td>It's very similar we have been fined multiple times by our state rep and we don't even have any kids placed with the state yet.</td>
<td>I am still crying too much to see the screen! What an incredible panel. Just thank you!</td>
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<td>Same- fear, frustration about HM and administrative side vs taking care of kids.</td>
<td>Very similar and hard not to be discouraged about the work we do</td>
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<td>The challenges are similar in that as we are trying to provide normalcy and good service, we are held back by the monitoring, whether we are on heightened monitoring or not.</td>
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How are the challenges faced by the panel similar to or different from your own experience?

- Difficult to hear that our children aren't being accepted into placements for fear of being put on probation or HM.

- I was in the system as a child. I come to this work as a survivor. I agree that we need to strip away our titles & formalities and focus more on the human, parenting, normalcy approach.

- Many of their experiences really resonated.

- Need to stop blaming kids, so appreciated that many of their behaviors are normal and expected under these circumstances.

- Somewhat similar. Need to look at some culture change with staff in regard to current environment.

- We've moved from being proactive to reactive due to unhealthy oversight of licensing and contracting. Everyone says verbally this is a partnership but on the ground it feels anything but that.

- Caring for the children and compliance should run alongside each other, but they seem to detract from each other.

- Since CBC's are licensed, we share similar issues regarding licensing, investigations.

Very representative of how providers across the State are currently feeling - overwhelmed, scrutinized and fearful.
How are the challenges faced by the panel similar to or different from your own experience?

Our particular state rep has been more concerned with being combative then helping us help the kids.

The bureaucracy makes progress and success so difficult.

I felt like the panelists were speaking about the youth and agency I serve. It is so hard to want to do your best and get hit with administrative burdens that take us away from serving youth from hard places.

Same- fear, balancing normalcy and the risk of investigation if kids make a poor choice...

Being told by licensing they “have” to give a citation or TA is so discouraging.

Anger about society not paying more attention to this issue.

Inconsistent policy and practices.

They are very similar. I want to emphasize that the key answer to helping our children is to have loving adults build strong, healthy relationships. That also means having the mental health resources they need to heal from their trauma.

It is very challenging, especially with a new start-up, to get everyone trained and encouraged while sharing with them the citations on what’s not being done correctly.
How are the challenges faced by the panel similar to or different from your own experience?

Negotiate with monitors/court around HM. It's too broad and we're all feeling it.
In your experience, what are the most significant capacity stressors?
What could your organization or your community do to address these challenges?

- Limit HHSC to 5% on heightened monitoring
- Get more support from law enforcement
- Collaborative Family Engagement to locate family members for placement
- Provide more support to foster parents, particularly affordable mental health support.
- Less siloed in communication
- Hired another home developer to increase number of foster families.
- Provide input when requested on proposed rule changes!
- Collaborate to train a solid workforce
- More family finding and building networks of support for kids in CWOP
What could your organization or your community do to address these challenges?

- Family finding and engagement
  - Get off HM! Over regulation is wearing our staff and Foster families down.
  - Increase support - both through higher salaries and through excellent training and supervisory advocacy - for staff.

- Get to know kids. Don’t rely solely on documentation
  - Cross-sector collaboration More opportunities like this symposium to collect feedback from the field.
  - Ask the children what they need, listen to the child’s voice on the problem

- More training for staff on how to handle challenging kids behaviors
  - Regulations need to do a better job of compromising and thinking out of the box for placements for CWOP children
  - Come together to actually develop a plan to divert children from entering/re-entering care. There is not an unlimited supply of foster homes.
What could your organization or your community do to address these challenges?

- Share the supervision needs of CWOP kids with both DFPS and CBC staff.
- State can improve funding for GROs.
- Have a good partnership with the local MHMR.
- Provide better programs to biological parents since reunification is the goal.
- Support those providing care to our children and helping them to strengthen their orgs.
- Provide more comprehensive training and support services for children, families, and agency staff.
- Collaborate with HHSC, Superior to increase access to wraparounds.
- Kidsave serves all levels of children. We have successfully been building capacity for older kids (ages 9 to 17) for more than 20 years. The panel said it’s about trust, relationships, consistency… this is why Kidsave works. This is what we do.
- Support biological families.
What could your organization or your community do to address these challenges?

- CPS and agencies need to be better partners. Listen to and be sensitive to Foster families and staff.
- Not call on law enforcement. This is not police responsibility.
- Recruit more single people as foster parents.
- Collaborate with HM and licensing before actually closing placements.
- Congregate providers work with CPA's on foster placements.
- Partnerships with families and youth.
- I don't feel that we will see improvement until Heightened Monitoring is monitored at a higher level. We also need more funding!
- Parent/child visitation outside business hours.
- Wraparound approach.
What could your organization or your community do to address these challenges?

- Heavy recruitment of foster homes and therapeutic foster homes
- Providing Foster parents awareness of resources
- Focusing on mental health care for families who are not yet involved with DFPS
- Bring in the community and lived experience as true partners
- Improving mental health services
- Co-create the solution with persons with lived expertise
- Keep regulatory requirements on safety and well-being, not expired water bottles
- Increased feedback from the field
- Legislative support and funding
What could your organization or your community do to address these challenges?

- Better working conditions for front line staff
- Collaborations with community organizations that address these challenges
- Mentor families for families at risk
- Better support for bridging organizations
- Build capacity!!
- Make the MOU process for proven organizations more streamlined and faster.
- We need to resource caseworkers better so that they have more bandwidth period, but more specifically more bandwidth for supporting foster parents.
- Providing foster parents and kinship caregivers appropriate trauma informed training and support. Not just lecture, practical application to help build connection and healing.
- Find providers willing and able to open now closed facilities. The centers are there!
What could your organization or your community do to address these challenges?

Offer support and resources.
Innovations Across the Country

- Peter J. Pecora, Moderator
- Lindsey Jones, Oklahoma Department of Human Services
- Melissa Lloyd, Sacramento County, CA
- Mollie Greene, New Jersey Department of Children and Families
- Michele Boguslofski, Teaching Family Model
Youth and Mentor Perspective

- Erin Argue, Partnerships for Children (PFC)
- Clare Ivey, PFC Mentor
- Alexandria Woods, PFC Young Adult with Lived Experience
What is a key takeaway for you today?
Thank you!

Questions, comments, feedback?
Email us at info@tacfs.org.