North Texas Community-Based Care Environmental Assessment

DFPS REGIONS 3W (NON-CBC) AND 3E

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MEADOWS
MENTAL HEALTH
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Executive Summary

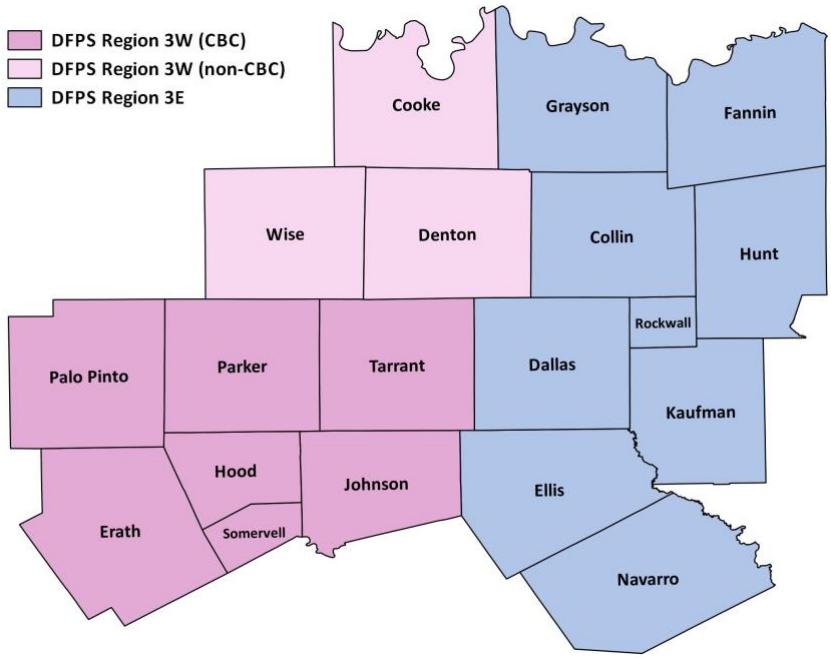
Project Purpose and Context

The implementation of Community-Based Care (CBC) represents a critical opportunity for communities in Texas to find innovative and locally tailored solutions to improve outcomes for children and youth who spend time in foster care. However, the shift to CBC from the state-run legacy foster care system entails significant changes requiring careful and deliberate planning efforts. The purpose of this environmental assessment is to provide region-specific information and insights to support the communities in Texas Department of Family and Protective Services (DFPS) Regions 3W (non-CBC) and 3E in preparing and making programmatic decisions for CBC implementation. As depicted in Figure A, the two catchment areas and 12 counties included in the environmental assessment are:

- DFPS Region 3W (non-CBC) – Cooke, Denton, and Wise counties
- DFPS Region 3E – Collin, Dallas, Ellis, Fannin, Grayson, Hunt, Kaufman, Navarro, and Rockwall counties

The remaining seven counties in DFPS Region 3W are already operating under CBC and are not the focus of this assessment. However, we reference data from the entire DFPS Region 3 at times to provide a macro-level view of the region and offer a point of comparison.

Figure A. DFPS Region 3 Counties by Catchment Area



In order to offer informed and strategic guidance to DFPS Regions 3W (non-CBC) and 3E, we (the Meadows Mental Health Policy Institute or the Meadows Institute) leveraged our past work and our team's expertise as well as collected, analyzed, and synthesized information and input from: key stakeholders and agencies working within and adjacent to the child welfare system in Region 3; discussions with youth, foster parents, and relative caregivers with lived experience in the local child welfare system; datasets from DFPS and other state and federal

agencies; and complementary best practice research and resources. We worked in close partnership with the CBC Readiness Steering Committee for DFPS Regions 3W (non-CBC) and 3E (Steering Committee) and Texas Alliance of Child and Family Services in this effort.

Assessment Overview and Focus Areas

This Executive Summary is designed to provide a focused and consolidated look at the key findings and recommendations that are of pressing importance as the communities in DFPS Regions 3W (non-CBC) and 3E prepare for and succeed in their CBC implementation and child welfare system change efforts. Here, we offer a snapshot of each of the six major chapters of the North Texas CBC Environmental Assessment and a preview of the detailed analysis, discussion, and direction found in the full report. The six chapters of the report—with their corresponding findings and recommendations—are presented in the following order:

1. Data Trends and Characteristics of Children and Youth
2. Substitute Care Capacity
3. Youth and Caregiver Lived Experiences
4. Mental Health
5. Courts and the Judiciary
6. Education

Key Findings and Recommendations Summary

Chapter 1: Data Trends and Characteristics of Children and Youth

In this chapter, we use quantitative data from DFPS to describe: the number of children and youth in substitute care in DFPS Regions 3W (non-CBC) and 3E; key characteristics of these children and youth; where they are placed within the foster care system; and post-placement outcomes. In the subsequent chapter on *Substitute Care Capacity*, we integrate this information with qualitative data collected from interviews and a survey of local CPAs to identify areas of alignment and service gaps in the foster care system across DFPS Regions 3W (non-CBC) and 3E.

The 12 counties in DFPS Regions 3W (non-CBC) and 3E range considerably in population size and child welfare trends may vary between counties as well. The region includes Dallas County, which has the second highest population in Texas as well as small counties, such as Fannin, with under 26,000 residents. The portion of children and youth in substitute care who are placed with relatives is consistent across the region, but the number of children and youth placed within their home county varies greatly depending on the county's population size. For example, in Fannin and Kaufman counties, less than 30% of children and youth remained in their home county while 59% of those from Dallas were placed in county.

All 19 counties that, together, comprise the entire DFPS Region 3 serve more children and youth in substitute care than any other DFPS region in the state. The 12 counties in DFPS

Regions 3W (non-CBC) and 3E account for 73% of all children and youth in substitute care from DFPS Region 3. In fiscal year (FY) 2019, Dallas County had the third highest number of children and youth in substitute care in the state, and Denton County was 10th on the list.

The discussion below highlights some of the most significant findings identified within the *Data Trends and Characteristics* chapter of the full report.

Numbers in Substitute Care

On August 31, 2019 there were 29,242 children and youth in substitute care statewide and 21% of those children and youth were from DFPS Region 3 (Table A). Despite minor fluctuations, these totals have remained fairly steady in recent years. FY 2020 data that was released just prior to the publication of this assessment shows a slight decrease in the total number of children and youth in substitute care, both statewide and in DFPS Region 3. However, more striking is a substantial decline in the number of children and youth removed statewide and in DFPS Region 3. **For example, removals declined more than 20% in FY 2020 in DFPS Region 3 compared to FY 2019 and by 32% compared to FY 2018 regional removals.**

Table A. Children and Youth in Substitute Care in DFPS Region 3 (August 31, 2019)[1]

Subregion	In Substitute Care			% of Region 3 Total
	Total	Foster Care	Other Sub. Care	
3E	**3,520**	2,203	1,317	58%
3W (CBC)	1,741	1,311	430	29%
3W (non-CBC)	**799**	475	324	13%
Region 3 Total	**6,060**	**3,989**	**2,071**	**100%**

Who Is in Substitute Care?

DFPS point-in-time data from May 31, 2020 provides a snapshot of children and youth in substitute care across DFPS Regions 3W (non-CBC) and 3E. As shown in Table B, 4,474 out of 6,386 total children and youth in substitute care in DFPS Region 3 are from non-CBC counties (or counties that have yet to implement CBC). Across DFPS Region 3, the number of males is slightly higher than females, particularly in DFPS Region 3W (CBC and non-CBC).[2] **In all three catchment areas of DFPS Region 3, Black children and youth are significantly overrepresented in substitute care.** For example, in DFPS Region 3E, Black children and youth comprised 41% of those in substitute care; yet, according the 2019 U.S. Census Bureau annual population

[1] Texas Department of Family and Protective Services (2020, June 28). Children in substitute care by placement type on August 31 FY2010–2019. Retrieved December 2020, from https://data.texas.gov/Social-Services/CPS-3-2-Children-in-Substitute-Care-by-Placement-T/kgpb-mxxd

[2] DFPS does not include non-binary gender identities in its data.

estimates, only 17% of the general population in those counties combined is Black. Likewise, only 15% of the general population in DFPS Region 3W (non-CBC) is Black, yet 29% of children and youth in substitute care from the area are Black. In contrast, in DFPS Regions 3W (non-CBC) and 3E, the proportion of White and Hispanic children and youth in substitute care was lower than their representation in the general population.

Table B. Basic Information on Children and Youth in Substitute Care in DFPS Region 3[3]

	Region 3E	Region 3W		Region 3
	(n=3,633)	Non-CBC (n=841)	CBC (n=1,912)	Total (n=6,386)
Age				
Current age, average	7.4	6.7	7.8	7.4
Age at removal, average	5.8	5.4	6.2	5.9
Sex				
Male (%)	1,839 (51%)	467 (55%)	1,046 (55%)	3,352 (52%)
Female (%)	1,794 (49%)	374 (45%)	866 (45%)	3,034 (48%)
Race/Ethnicity				
Black (%)	1,479 (41%)	219 (26%)	550 (29%)	2,248 (35%)
White (%)	881 (24%)	359 (43%)	735 (38%)	1,975 (31%)
Hispanic (%)	1,014 (28%)	172 (21%)	446 (23%)	1,632 (26%)
All Other (%)	259 (7%)	91 (11%)	181 (10%)	531 (8%)

Key Themes From the Data

Below are the key themes that emerged during our analysis of the quantitative data on substitute care that are highly relevant to and important for CBC planning. Each theme is anchored to the goals of CBC, as defined in the DFPS Implementation Plan.[4]

Data Key Theme 1: Location of Placement

CBC Goal: Increase the number of children and youth placed in their home communities.

A key guiding principle of CBC is that children and youth in substitute care are placed within their home communities. On May 31, 2020, just over one-third (36%) of children and youth from DFPS Region 3W (non-CBC) were placed within their home county and just over half (52%)

[3] Data were obtained from the Texas Department of Family and Protective Services and reflect a point-in-time count of all children in foster care from Region 3 on May 31, 2020.

[4] Texas Department of Family and Protective Services. (2019). *Implementation plan for the Texas Community-Based Care system*. http://www.dfps.state.tx.us/Child_Protection/Foster_Care/Community-Based_Care/documents/2019-08-26_Community-Based_Care_Implementation_Plan.pdf

of children and youth from DFPS Region 3E were placed within their county. Whereas in DFPS Region 3W (CBC), 54% of children and youth were placed within their home county. The factors most consistently associated with being placed out of county among children in DFPS Region 3 substitute care include being older at time of removal, having a service level beyond "basic," and having more than two total placements.

Data Key Theme 2: Number of Placements

CBC Goal: Decrease the number of moves children and youth experience while in foster care.

Older children and youth and those with more complex needs experience more placements while in substitute care. For example, in DFPS Regions 3W (non-CBC) and 3E, 70% of children at an "intense" level of service had four or more placements, compared to 14% of children at a "basic" level of service. On May 31, 2020, over 60% of all children and youth across all of DFPS Region 3 experienced at least two placements (Table C).

Table C. Number of Placements by DFPS Catchment Area (May 2020)[5]

	Region 3E	Region 3W		Region 3
	Non-CBC (n=3,633)	Non-CBC (n=841)	CBC (n=1,912)	Total (n=6,386)
Number of Placements (current removals)				
1 placement (%)	1,367 (38%)	307 (37%)	691 (36%)	2,365 (37%)
2 placements (%)	1,041 (29%)	281 (33%)	545 (29%)	1,867 (29%)
3 placements (%)	495 (14%)	111 (13%)	254 (13%)	860 (14%)
4+ placements (%)	730 (20%)	142 (17%)	422 (22%)	1,294 (20%)

Data Key Theme 3: Length of Time in Substitute Care

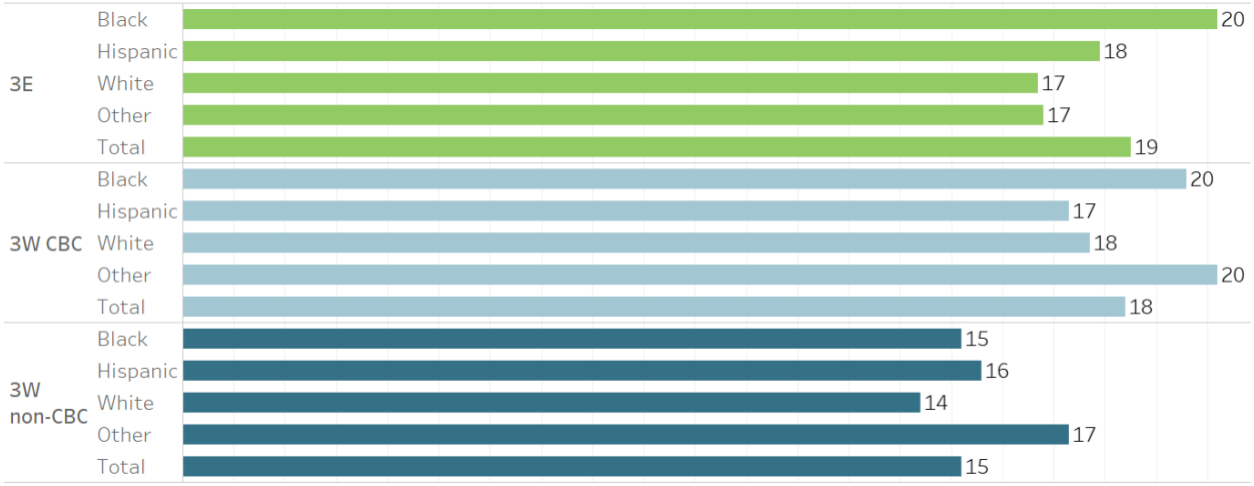
CBC Goal: Decrease the duration and intensity of services that children and youth need while in foster care due to improved well-being and behavioral functioning.

In FY 2019, children and youth in DFPS Region 3W (non-CBC) spent an average of 15.2 months in substitute care, those in DFPS Region 3W (CBC) spent an average of 18.4 months in substitute care, and those in DFPS Region 3E spent 18.5 months in substitute care. Across DFPS Region 3, the factors most consistently associated with longer substitute care stays include a child or youth being older at time of removal, having a service level beyond "basic," having two or more placements, being in a placement more than 100 miles from their home county, and having a "high need" characteristic as determined by their caseworker. Additionally, as shown

[5] Data were obtained from the Texas Department of Family and Protective Services and reflect a point-in-time count of all children in foster care from Region 3 on May 31, 2020.

in Figure B, Black and Hispanic children and youth in substitute care on May 31, 2020 spent longer in substitute care than did White children and youth.

Figure B. Average Months in Substitute Care by Race/Ethnicity (May 2020)[6,7]



Chapter 2: Substitute Care Capacity

The CBC model requires the Single Source Continuum Contractor (SSCC), the organization contracted to oversee foster care in a given region, to engage the community in building substitute care capacity and developing a strong network of service providers to support children and youth in care as well as their foster and biological parents. Building substitute care capacity requires a multi-pronged approach that increases the number of children and youth placed with a relative, decreases the number of placement disruptions, ensures children and youth are placed close to home, and recruits and retains high quality foster parents. Sustaining foster and relative caregiver capacity requires access to a strong continuum of community services and supports customized for children, youth, and foster and kinship caregivers. The recommendations below highlight opportunities for those involved in CBC planning to expand substitute care capacity in order to better meet child and youth placement needs.

Capacity Key Recommendation 1: Build and sustain kinship caregiver capacity to allow more children and youth to be safely placed with relatives in DFPS Regions 3W (non-CBC) and 3E.

A key goal for CBC is to place children and youth with relatives. DFPS data show that, across DFPS Region 3, children and youth placed with relatives spent about half as many days on average in substitute care as those in other placement types (356 days vs. 607 days). National data also shows that children and youth who are placed with relatives or kin are more likely to develop permanent relationships with a caring adult, less likely to age out of care, and more

[6] Statistical tests for differences in time spent in care by race were conducted using the Kruskal-Wallis H test.

[7] Data were obtained from the Texas Department of Family and Protective Services and reflect a point-in-time count of all children in foster care from Region 3 on May 31, 2020.

likely to obtain legal permanency compared to their peers who have not been placed with family.[8] However, the percentage of children and youth in DFPS Region 3 placed with relatives is lower than the statewide percentage (44% in Region 3 vs. 51% statewide in FY 2019). Additionally, **placements with relatives in DFPS Region 3 have fallen in the past two fiscal years (FY 2019 and FY 2020).**

Of children and youth in substitute care who are placed with relatives, very few are placed in a licensed kinship care placement despite the ability of most CPAs in the area to license relative caregivers as foster parents. Additionally, stakeholders representing CPAs in DFPS Regions 3W (non-CBC) and 3E indicated that they often rely on DFPS to link them to kinship caregivers, rather than actively locating kin and recruiting for such placements. **Actively recruiting kinship care families and supporting them in becoming licensed foster homes could increase those families' access to available training, resources, services, and supports.**

Those involved in CBC planning can build kinship care capacity by adopting and expanding upon related goals and objectives in the *DFPS Capacity Strategic Plan: Region 3 West and East (Catchment 3A and 3C)*.[9] These goals and objectives were locally developed and are relevant; they support capacity building as well as the successful transition of children and youth in non-relative placements to family settings by strengthening family supports. For example, the Plan speaks to supporting relative placements by ensuring access to wraparound services; quickly identifying relative providers and referring them to CPAs for licensing; and connecting relatives to a DFPS Kinship Development Worker. The Plan also stresses the need to place older youth in family settings close to home or with relatives.

CBC planners in DFPS Regions 3W (non-CBC) and 3E can help realize the core goals in the Capacity Strategic Plan by agreeing to the Plan's central areas of focus and adding additional detail as well as by **adopting specific and measurable goals, outcomes, and timelines for building kinship capacity locally**. As part of these efforts, CBC planners should identify organizations and entities responsible for implementing identified strategies and develop a plan to track progress toward each goal. To be most successful, those involved in planning should remain engaged during implementation as well, with the SSCC overseeing activities.

[8] Casey Family Programs. (2018, November). *The impact of placement with family on safety, permanency, and well-being*. Report Series, Volume 2. https://caseyfamilypro-wpengine.netdna-ssl.com/media/1896-CS-From-Data-to-Practice-2018.pdf

[9] See: https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2019/2019-11-15-Region3_Strategic_Plan.pdf

Capacity Key Recommendation 2: Build substitute care capacity to address the placement needs of children and youth who have experienced multiple placement breakdowns, those with complex behavioral health needs, and older youth.

Placement stability is impacted by a child's needs and the ability of the caregiver to effectively address those needs.[10] The more placements a child or youth experiences, the longer they remain in substitute care and the more likely they are to develop behavioral health challenges.[11] **Behavioral challenges are one of the main causes of placement breakdowns.**[12] More than 60% of the children and youth in care during May 2020 in DFPS Regions 3W (non-CBC) and 3E had experienced two or more placements, and approximately one-third experienced three or more placements (refer back to Table C). Prior to emancipating from care (aging out), older youth were in care longer and experienced more placement breakdowns: transition-age youth ages 18 to 20 from Region 3W (non-CBC) had been in care an average of 3.25 years and youth of the same age in Region 3E were in care an average of 4.4 years.

DFPS Regions 3W (non-CBC) and 3E do not have adequate foster home capacity to meet the complex behavioral health challenges and ensure placement stability for the majority of children and youth in care. There is also an insufficient number of placements for children and youth designated at higher levels of care ("specialized" or "intense"). This lack of capacity is reflected in the fact that more than two-thirds of the children and youth placed outside of DFPS Regions 3W (non-CBC) and 3E are placed in a residential treatment center (RTC). RTCs provides 24-hour supervision and intensive therapeutic interventions for children and youth with complex behavioral health needs that put them at imminent risk of harming themselves or others.

A core set of strategies have been proven to improve placement stability and meet the complex behavioral health needs of the children and youth in substitute care. [13] Those involved in CBC planning should attend to these strategies:

- Adopt assessment tools and decision-making processes that effectively match children and youth to optimal placements, such as: Every Child is a Priority, Treatment Outcomes

[10] Casey Family Programs. (2018, September). *How can we improve placement stability for children in foster care?* Strategy Brief: Strong Families. https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Strategies-to-improve-placement-stability.pdf

[11] Casey Family Programs. (2018, August). *What impacts placement stability?* Strategy Brief: Strong Families. https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Placement-stability-impacts.pdf

[12] Casey Family Programs. (2018, August). *What impacts placement stability?* Strategy Brief: Strong Families. https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Placement-stability-impacts.pdf

[13] Casey Family Programs. (2018, September). *How can we improve placement stability for children in foster care?* Strategy Brief: Strong Families. https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Strategies-to-improve-placement-stability.pdf

Package, and the Structured Decision-Making Model in Foster Care and Placement Support.[14]

- Increase access for children and youth with complex behavioral health needs and their birth and foster families to a full continuum of mental health and substance use services and supports that are integrated into the child welfare system and well-coordinated with the broader health, education, and juvenile justice systems. An **ideal continuum of mental health services for children and youth** includes integrated primary care; specialty outpatient mental health and substance use services; rehabilitative care such as community-based skill-building, therapeutic interventions, and intensive evidence-based practices (EBPs); and urgent assessment and crisis stabilization services and supports.
- Ensure a well-trained, stable child welfare workforce by providing pre-service and ongoing training, supervision, and coaching; ensuring reasonable caseloads; continuously improving organizational culture and climate at child and youth serving agencies; and promoting shared responsibility for supporting children in substitute care.

The aforementioned efforts and strategies to improve placement stability will be most successful if they incorporate state and local resources. Those involved in CBC planning and implementation should consider the following:

- Using the DFPS Child Placement Portal[15] to more effectively match children and youth to appropriate foster placements.
- Identify a CPA with experience developing specialized capacity to lead regional recruitment strategies.
- Engage community mental health providers and CPAs that offer a strong continuum of supports to develop strategies to increase regional capacity to support children and youth with higher needs, partnering to expand the region's capacity to deliver the full continuum of mental health services included in the Ideal Children's Mental Health System that is detailed in the Meadows Institute's *Dallas County Mental Health Service Delivery System for Children, Youth, and Families: 2019 System Assessment Report*.

Chapter 3: Youth and Family Lived Experiences

A critical part of our environmental assessment process was to hear from youth and caregivers (both foster and kinship) with lived experiences in the child welfare system in DFPS Regions 3W (non-CBC) and 3E to complement the feedback by other key stakeholders, such as service providers and program administrators. The stories, perspectives, insights, and priorities

[14] Casey Family Programs. (2018, September). *How can we improve placement stability for children in foster care?* Strategy Brief: Strong Families. https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Strategies-to-improve-placement-stability.pdf

[15] DFPS's Child Placement Portal has not yet been released.

highlighted by youth and caregivers are summarized here as well as integrated into the recommendations provided throughout the report.

Key Themes From Former Foster Youth

Youth who recently had aged out of the foster care system reflected on the critical importance of relationships, recovery, and ongoing support:

- Young people in foster care seek deep, authentic relationships with their foster families and **want to maintain a strong connection with their birth parents and siblings.**
- Their ability to thrive is grounded in a strong social support network comprised of foster parents, caseworkers, mental health professionals, Court Appointed Special Advocate (CASA) volunteers, and other mentor figures who must be willing to invest long term in their well-being and provide guidance and support throughout their lives.
- The perception of social stigma associated with being in foster care weighs on youth with lived experience and they seek a sense of normalcy and not being defined by their time spent within the child welfare system.
- Youth in foster care benefit when those providing care facilitate their recovery from trauma, value their voice, **actively engage them throughout case planning**, and provide more creative and effective mental health services to support their healing and growth.

Key Themes From Foster Parents

Foster parents discussed logistical, practical, and regulatory challenges as well as the need for supportive partnerships:

- Foster parents **need support identifying, vetting, and accessing behavioral health services** for the children and youth in their care.
- The logistical challenges of coordinating and transporting children in their care to all of their appointments, court appearances, and school and extracurricular activities can be a significant strain.
- Foster parents need more guidance on how to partner with birth parents.
- While they appreciate the training they have received, foster parents feel **training would be more impactful if bolstered by follow-up coaching and peer support** for them as well as complementary training for school professionals.
- Easier access to respite services, such as after-hours babysitting, and fewer restrictions on in-home visitors may prevent foster parent burnout.
- Better communication and coordination between Child Protective Services (CPS), CPAs, and foster parents would improve placement and child outcomes.

Key Themes From Kinship Caregivers

Kinship caregivers described a markedly different experience with the foster care system than the non-relative foster parents we interviewed as well as a need for targeted guidance and support:

- Kinship caregivers are less likely to be working with a CPA and some expressed **feeling lost without advocates, peers, or system navigators** they could identify early on to guide them through the foster care process.
- Because the sudden removal of a child from home often initiates their engagement with the foster care system, kinship caregivers lack time to train or prepare for fostering, are unfamiliar with administrative requirements for fostering, and feel ill-equipped to locate providers for the services mandated by the courts for the children or youth in their care.
- Kinship families may receive more support if they go through the foster parent licensing process. However, the process to become licensed is optional and can be challenging, so few kinship families go through this process; therefore, they don't have the benefit of monetary assistance or other supports.[16]
- Kinship caregivers identified accountability for birth parents and birth parent access to services as lacking.
- Both kinship caregivers and foster parents **praised their CASA workers as playing a crucial role** in supporting them and the child in their care, leading to placement stability and retention.

Chapter 4: Mental Health

Up to 80% of children and youth who enter foster care have a significant mental health need and at least 50% have more than one mental health diagnosis.[17,18] Children and youth in substitute care are more likely to experience anxiety, depression, and behavioral problems; in addition, **those in care use mental health services at a rate that is roughly 10 times higher than rates for children and youth in the general community.**[19,20] Children and youth in foster care often have uniquely complex needs and challenges that require dedicated resources and coordinated attention.

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[16] Texas Department of Family and Protective Services (n.d.). *CPS placements: Child's first placement type after removal. Fiscal Year 2019.* Data Book. Retrieved December 2020, from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Placements/First_Placement_after_Removal.asp

[17] Lehmann, S., Havik, O. E., Havik, T., & Heiervang, E. R. (2013). Mental disorders in foster children: A study of prevalence, comorbidity and risk factors. *Child Adolescent Psychiatry Mental Health, 7*(39), 1–12. http://www.capmh.com/content/7/1/39

[18] Council on Foster Care, Adoption, and Kinship Care; Committee on Adolescence; & Council on Early Childhood. (2015, October). Health care issues for children and adolescents in foster care and kinship care. *Pediatrics, 136*(4), e1142–e1140. https://pediatrics.aappublications.org/content/136/4/e1131

[19] Laurel, K. L., Landsverk, J., Ezzet-Lofstrom, R., Tschann, J. M., Slymen, D. J., & Garland, A. F. (2000). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse and Neglect, 24*, 465–476.

[20] Turney, K., & Wildeman, C. (2016, August). Mental and physical health of children in foster care. *Pediatrics, 138*(5), e20161118. https://doi.org/10.1542/peds.2016–1118

Understanding the important role that mental health and related services and supports play in the lives of children and youth in substitute care, the Steering Committee identified mental health as one of the three main areas to explore in depth as part of our environmental assessment. We identified key strengths and challenges for children, youth, and families involved in the child welfare system as well as strengths and challenges for the mental health providers working to meet the needs of this population. This report chapter highlights our findings and presents opportunities for building on local strengths in order to address the challenges as the community moves towards CBC implementation. For more background on the needs, resources, and developing opportunities to better serve children and youth with mental health conditions in North Texas, see the Meadows Institute's *Dallas County Mental Health Service Delivery System for Children, Youth, and Families: 2019 System Assessment Report*.

Mental Health Key Recommendation 1: Expand the availability of intensive home- and community-based behavioral health services by supporting expansion of providers credentialed to deliver Medicaid Targeted Case Management (TCM) and Mental Health Rehabilitation (MHR) services, pursuing alternative payment options with managed care organizations (MCOs), and taking advantage of recent state legislation expanding EBPs.

Those involved in CBC planning should focus on developing capacity for intensive home- and community-based services. The primary goal of these services is to prevent out-of-home placement or provide transition services as a child or youth returns home or to a foster home after a residential placement. Intensive home- and community-based services and supports can include crisis management, intensive case management, counseling, family therapy, and skills training; they also include EBPs, such as Multisystemic Therapy for Child Abuse and Neglect (MST-CAN), Treatment Foster Care, Keeping Foster and Kin Parents Supported and Trained (KEEP), and others. Unfortunately, children and youth with complex behavioral health needs, and their foster and kinship caregivers, currently have limited access to these types of services across Regions 3W (non-CBC) and 3E.

Medicaid-funded TCM and MHR services are the most common way intensive services are provided and funded. These services are unique, providing the flexibility and resources to support a range of individual needs, many of which cannot be addressed through traditionally reimbursable office-based clinical services. However, TCM and MHR services can only be delivered by providers credentialed through the Texas Health and Human Services Commission (HHSC). **Those involved in CBC planning should prioritize efforts to increase the number of CBC providers credentialed for TCM and MHR services to improve access.**

Those involved in CBC implementation should also consider ways to work with Superior HealthPlan (Superior) to negotiate value-based purchasing (VBP) contracts with alternative payment methodologies (APMs) for its foster care service providers enrolled and credentialed

in Medicaid managed care. Superior is the MCO overseeing STAR Health, which provides health care services to children and youth in substitute care. The APMs could cover intensive home- and community-based alternative health services for children and youth in foster care instead of more expensive and restrictive placements, such as inpatient care. Youth with complex needs remain in inpatient hospitals longer than is medically necessary because of a lack of alternative placements.[21] The current STAR Health Medicaid managed care program allows MCOs to contract with providers utilizing VBP contracts with APMs that **reward providers with incentive payments for the quality of care they provide, instead of a typical fee-for-service arrangement** that reimburses providers for services rendered regardless of outcome.

Another strategy to expand the availability of intensive EBPs is by taking advantage of Texas Senate Bill (SB) 1177 (86th Regular Session, 2019), which gives Medicaid MCOs the option to reimburse for delivery of intensive EBPs provided in lieu of other mental health services (e.g., hospitalization) for children and youth. SB 1177 directs HHSC to approve a list of EBPs that can be added as "in lieu of" services to managed care contracts. Implementation has been broken down into two phases: Phase One includes services in lieu of inpatient hospitalization; Phase Two includes services in lieu of outpatient services. Phase One is nearly complete, and the committee has approved the following EBPs to add to MCO contracts by September 2021:

- Coordinated Specialty Care;
- crisis outreach/outpatient team;
- crisis respite;
- crisis stabilization units/extended observation units;
- partial hospitalization; and
- intensive outpatient programs.

Outpatient services for Phase Two are being evaluated for cost effectiveness. HHSC plans to add these approved services to MCO contracts no later than September 2022. Providers already enrolled in the STAR Health network are best positioned to benefit from this initiative. Therefore, providers who are not yet enrolled in STAR Health and are able to deliver needed evidence-based intensive services should begin the process of enrolling in Medicaid and also in the Superior network.

Finally, a funding strategy to increase delivery of intensive services not currently reimbursed could be to **blend or braid funding from multiple systems or funding streams**. Braided funding pools funds from multiple, separate streams for one purpose, but tracks the use of each funding source separately; blended funding combines multiple funding streams for one purpose without differentiating or tracking how money from each individual stream is spent. Blending or

[21] Substance Abuse and Mental Health Services Administration. (2020, February 24). *National guidelines for behavioral health crisis care: Best practice toolkit*. https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

braiding funds would allow cross-system partnerships that could more efficiently target intensive services to children and youth who need them most, specifically, those with multi-system involvement. It would also allow one or more providers to specialize in delivering an intensive EBP and create a path to access intensive services for children and youth being served by other providers who are part of the funding agreement. This funding strategy could strengthen the array of mental health services available by offering providers a path to add other intensive home- and community-based services and supports that are needed across DFPS Regions 3W (non-CBC) and 3E, including KEEP, MST-CAN, FFT, and others.

Mental Health Key Recommendation 2: The CBC planning process for DFPS Regions 3W (non-CBC) and 3E must include specific strategies to improve mental health-related data collection and analysis.

As noted, the array of available mental health services does not address the full range of needs of children and youth in substitute care. CBC implementation presents an opportunity to use data to identify the broad range of mental health needs among children and youth in substitute care and their caregivers. Using needs data can help CBC planners ensure that appropriate and effective treatments, with a focus on trauma-informed care, are available and matched to the needs of each child or youth to achieve the best possible outcomes and connect children and youth with the providers best suited to deliver the services.

Superior is required to administer the Child and Adolescent Needs and Strengths (CANS) 2.0 to determine the needs of each child and youth in substitute care. In many regions, Superior designates a local service provider to administer the CANS 2.0 on its behalf. Additionally, Superior receives documentation of the services utilized by health plan members (i.e., children and youth in substitute care) when providers submit claims for reimbursement for services provided. Those involved in CBC planning can examine whether children and youth in substitute care are receiving the appropriate services by **matching and comparing the needs identified through the CANS 2.0 assessment with the services provided according to the utilization data**.

In addition, data from education and juvenile justice system partners can also provide insight into the treatment needs of children and youth in substitute care as well as the effectiveness of those treatments. Within the education system, CBC planners may wish to look at rates of disciplinary referrals among children and youth in substitute care across DFPS Regions 3W (non-CBC) and 3E, including suspensions, expulsions, and referrals to alternative education programs.[22] Rates of school absenteeism can also correlate with unmet mental health needs;[23]

[22] Courtney, M., Terao, S., Bost, N. (2004). *Midwest evaluation of the adult functioning of former substitute youth: Conditions of youth preparing to leave state care.* Chicago: Chapin Hall at the University of Chicago. https://www.chapinhall.org/research/conditions-of-youth-preparing-to-leave-state-care/

[23] Zetlin, A., Weinberg, L. & Kimm, C. (2004). Improving education outcomes for children in foster care: Intervention by an education liaison. *Journal of Education for Students Placed at Risk*, *9*(4), 421–429.

however, CBC planners should be aware and consider that absentee rates may also be due to placement changes.[24] Within the juvenile justice system, CBC planners could look at dually-involved children and youth whose juvenile justice intake screening or other assessments indicated a mental health need and data on the types of services the child or youth is (or is not) receiving. In addition, recidivism rates may also provide important information about the effectiveness of treatment.[25]

Mental Health Key Recommendation 3: Maximize use of the Child Psychiatry Access Network (CPAN) to address mental health needs across DFPS Regions 3W (non-CBC) and 3E.

In urban areas, there is often a six-week wait for an appointment with a psychiatrist. In addition to long waiting lists, children and youth residing in rural areas experience the added challenge of longer travel time and fewer transportation options for psychiatric evaluations. Delays in psychiatric care can exacerbate existing mental health conditions and result in challenging behaviors that contribute to placement breakdowns, the use of more restrictive placements, and overutilization of emergency room visits in times of crisis. SB 11 (86th Regular Session, 2019) established the Child Psychiatry Access Network (CPAN), which expands the use of integrated pediatric primary care, simplifies service navigation for families and caregivers, and improves access to mental health care.[26]

CPAN improves detection of and care for mental health needs in primary health care settings through a network of behavioral health consultation hubs located at Texas medical schools. The hubs serving DFPS Regions 3W (non-CBC) and 3E include the University of North Texas Health Science Center,[27] University of Texas Southwestern Medical Center,[28] and Texas A&M University Health Science Center.[29] Each hub supports pediatric and family medicine providers in meeting their patients' mental health needs through the provision of clinical consultation, care coordination, assistance with referrals to specialty outpatient providers, and continuing education. It is important that mental health providers who can address intensive needs be included in the database being developed for the CPAN referral network. Additionally, those involved in CBC planning should **work in partnership with Superior to ensure STAR Health providers are educated about CPAN.**

[24] Pecora, P.J., Kessler, R.C., Williams, J., O'Brien, K., Downs, A.C., English, D., White, J., Hiripi, E., White, C.R., Wiggins, T., & Holmes, K. (2005). *Improving family substitute care: Findings from the Northwest Substitute Care Study*. Casey Family Programs. https://caseyfamilypro-wpengine.netdna-ssl.com/media/AlumniStudies_NW_Report_FR.pdf

[25] White, L. M., Lau, K. S. L., & Aalsma, M. C. (2016, June). Detained adolescents: Mental health needs, treatment use, and recidivism. *Journal of the American Academy of Psychiatry and the Law Online, 44*(2), 200–212.

[26] Senator Jane Nelson filed Senate Bill (SB) 10, which ultimately passed as a component of Senator Larry Taylor's SB 11.

[27] The counties within Regions 3E and 3W (non-CBC) served by University of North Texas Health Science Center CPAN hub include Cooke, Erath, Palo Pinto, Parker, Tarrant, and Wise.

[28] The counties within DFPS Regions 3E and 3W (non-CBC) served by University of Texas Southwestern Medical Center CPAN hub include Collin, Dallas, Denton, Ellis, Fannin, Grayson, Hunt, Kaufman, and Rockwall.

[29] The counties within DFPS Regions 3E and 3W (non-CBC) served by Texas A&M University Health Science Center CPAN hub include Hood, Johnson, Navarro, and Somervell.

Chapter 5: Courts and the Judiciary

Given that the court is involved at almost every stage of a child's time in the child welfare system, from removal to case resolution, the Steering Committee and other key stakeholders identified the judiciary as one of the three main areas to explore in depth as part of our environmental assessment. Judges are not simply partners, but are the gatekeepers and ultimate decision-makers in the child welfare system. The courts have considerable influence on the direction of case progress, length of time to permanency, and other key outcomes. This chapter in the report recognizes the critical role of the courts in CBC readiness efforts and presents opportunities for involving judicial and legal stakeholders in DFPS Regions 3W (non-CBC) and 3E early in the planning process and at every step of the way to full CBC implementation.

Judiciary Key Recommendation 1: CBC preparation and transition planning should serve as a catalyst for the identification of systemic opportunities to expand child welfare expertise in the courts, including the creation of specialized dockets.

Child protection cases are highly complex and require significant resources (including time) and diverse types of expertise to best represent the children and youth involved. Many counties in DFPS Regions 3W (non-CBC) and 3E assign CPS cases to their district or county-level courts of general jurisdiction. These courts oversee CPS cases in addition to a wide variety of other case types, making it difficult for generalist judges to maintain the level of knowledge and specialization required for child welfare law.

Because the organization and structure of how CPS caseloads are divided varies widely across the counties in DFPS Regions 3W (non-CBC) and 3E, it is challenging for those involved in these cases to travel between courts and navigate different structures and courtrooms. CPS caseworkers, CASAs, and attorneys are regularly working with multiple judges who often have differing philosophies and expectations, or who request different types of information in court reports.

DFPS Regions 3W (non-CBC) and 3E may find benefit in **narrowing down the number of judges and courts overseeing CPS cases.** Consolidating these cases into a few specialized courts with a dedicated team of attorneys trained in child welfare law builds expertise and an ability to focus efforts and resources. This also reduces the burden on child welfare workers as well as on attorneys, children and youth, and caregivers by creating a more predictable court experience because the cases are dispersed among fewer judges, with less travel between multiple courtrooms, and a narrower range of judicial requirements with which to become familiar.

DFPS Regions 3W (non-CBC) and 3E are home to courts with child welfare specialization and examples of best practice. Those involved in CBC planning efforts should consider convening a roundtable with judges, attorneys, and other child welfare stakeholders in each county to evaluate the local court system's structure and identify opportunities for expanding child welfare expertise and specialization.

There are excellent and diverse examples of court structures and practices within DFPS Regions 3W (non-CBC) and 3E to learn from and build upon:

- Both Collin and Denton counties have taken steps to consolidate CPS cases into fewer courts, with judges who explicitly choose to preside over child welfare cases.
- Fannin County has only one judge who sees CPS cases, allowing that judge to have a deep level of specialization and devote time to further education in this area of the law.
- In some rural areas, such as Cooke, Grayson, Wise (and soon Kaufman) counties, **child protection cluster courts have been established to focus solely on CPS cases** with the specialized judge traveling to each jurisdiction on specified days. Child protection cluster courts employ a non-elected Associate Judge who is paid by the Office of Court Administration, which can result in cost savings to the participating counties.
- DFPS Regions 3W (non-CBC) and 3E's urban areas are home to trauma-informed specialty courts that serve as model courts in the state, including family substance use treatment courts in Denton, Collin, and Dallas counties.

Judiciary Key Recommendation 2: Build capacity for and enable access to effective programs and support services that demonstrate positive outcomes for birth parents, and involve judges in the process so that court-ordered service requirements are achievable.

Many birth parents face barriers to reunification with their children because of service plan requirements that are difficult achieve. We found that, in many communities within DFPS Regions 3W (non-CBC) and 3E, CPS requires treatments and services for birth parents that are either not locally available or ineffective, particularly for those in rural areas. **Uncoordinated or unattainable court-ordered services for birth parents can jeopardize reunification.** The courts typically order birth parents—at the request of CPS—to complete a psychological assessment, random drug testing, parenting classes, and individual or group counseling. CPS provides few services directly to parents, so families generally rely on community-based providers for their court-ordered services. The SSCC can use their extensive access to data on community needs and their inventory of local providers and services to partner with judges in crafting realistic service plans and develop local capacity with community providers to implement more evidence-based programs to meet identified needs.

Because the CBC model enables SSCCs to address the needs of children and youth in innovative ways, an SSCC that determines a need for particular services can work with their network of

local providers to design programs to meet those needs. They can also **educate judges about which programs are proven effective, so judges make informed selections**. Those involved in CBC planning in DFPS Regions 3W (non-CBC) and 3E should use available data sources to identify the gaps in services that most frequently jeopardize reunification and prioritize building up those services. Judges have a birds-eye view of their community and should be at the table to help verify community needs.

Judges can also use the power of the bench to negotiate with providers to ensure parents at risk of losing custody of their children have access to effective substance use treatment and mental health services. Judges can advocate with providers to help ensure a family is seen in a timely manner. For example, one judge in Dallas took the initiative to build a relationship with a mental health provider that families on her docket had trouble accessing for care. She was able to establish a structured referral pathway from the child protection court directly to the provider to ensure parents, youth, and children on her docket were able to obtain psychological assessments within 24 hours.

Finally, judges can engage with parents in a way that is grounded in collaboration and mutual partnership while scrutinizing the reunification requirements typically placed on parents. Research shows that parents are more likely to accept and abide by a court ruling when they believe they have been heard, particularly in decisions related to assessment and treatment plans.[30] Judges can provide space for parents to share their ideas openly in court, agree on what services are needed, and develop a customized and realistic plan for that family that aligns with the SSCC's inventory of available services. Additionally, when judges set conditions, they can ask parents to explain those back to them to show comprehension and address potential miscommunication or barriers to access then and there.[31]

Chapter 6: Education

Education is a critical issue for children and youth in substitute care, and the Steering Committee identified education as one of the three main areas to explore in depth as part of our environmental assessment. Positive school experiences can yield numerous positive outcomes for students in substitute care, but these students also face unique academic challenges in contrast to their peers. The implementation of CBC presents an excellent opportunity to bring together education and child welfare stakeholders to strategically address and improve educational outcomes for children and youth in substitute care. This report chapter highlights how community-level collaborative efforts can address some of the most persistent academic challenges for these students during CBC planning and implementation.

[30] Casey Family Programs. (2012). *Strategies to increase birth parent engagement, partnership, and leadership in the child welfare system: A review*. https://www.casey.org/media/BirthParentEngagement.pdf

[31] Casey Family Programs. (2019, September). *How can family-based residential treatment programs help reduce substance use and improve child welfare outcomes?* https://www.casey.org/family-based-residential-treatment/

For more information on how to address the mental health and emotional needs of students in substitute care, please see the Meadows Institute *Mental and Behavioral Health Roadmap and Toolkit for Schools*.

Education Key Recommendation 1: Child welfare and education-related agencies in DFPS Regions 3W (non-CBC) and 3E must collaborate to develop solutions for increasing school stability.

Numerous studies have found that children and youth in foster care experience excessive school changes and that school mobility has negative effects on school achievement and high school graduation rates.[32,33,34] On the other hand, remaining at the same school after a removal or placement change is shown to support positive relationships and prevent loss of academic achievements.[35,36]

By working across systems, stakeholders in DFPS Regions 3W (non-CBC) and 3E can ensure that even more students in substitute care can remain in their school of origin. **By emphasizing local placements, CBC naturally lends itself to increasing school stability** since it is easier for a child to attend their school of origin (home school) if they remain in their community. This dynamic is evidenced in DFPS data from February 2020, which shows that 31% of students in substitute care in the CBC counties in DFPS Region 3W remained in their school of origin vs. 14% in the non-CBC counties.[37]

During this assessment, we found that **lack of access to transportation was the most frequently cited educational challenge for students in substitute care**. While state law requires transportation services for students in substitute care, the responsibility is shared by CPS and school districts. Moreover, there is a lack of dedicated funding to reimburse either party for the costs. As a result, students in substitute care frequently cannot access the transportation they need, forcing additional school moves.

By coordinating across agencies and sharing resources, those involved in CBC planning and implementation in DFPS Regions 3W (non-CBC) and 3E can examine all of the factors that

[32] South, S., Haynie, D., Bose, S. (2007). Student mobility and school dropout. *Social Science Research, 36,* 68–94

[33] Clemens, E.V., Helm, H.M., Myers, K., Thomas, C., & Tis, M. (2017). The voices of youth formerly in foster care: Perspectives on educational attainment gaps. *Children and Youth Services Review, 79*, 65–77.

[34] Levy, M., Garstka, T. A., Lieberman, A., Thompson, B., Metzenthin, J., & Noble, J. (2014).The educational experience of youth in foster care. *Journal of At-Risk Issues, 18*(2).

[35] Pecora, P.J., Kessler, R.C., Williams, J., O'Brien, K., Downs, A.C., English, D., White, J., Hiripi, E., White, C.R., Wiggins, T., and Kate Holmes, K. (2005). *Improving family foster care: Findings from the Northwest Foster Care Study*. Casey Family Programs. https://caseyfamilypro-wpengine.netdna-ssl.com/media/AlumniStudies_NW_Report_FR.pdf

[36] Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni: Factors associated with success. *Children and Youth Services Review, 34*, 1121–1129.

[37] Data were obtained from the Texas Department of Family and Protective Services and reflect a point-in-time count of all children in foster care from Region 3 on February 1, 2020.

prevent school stability and identify creative and viable solutions to help more students remain in their schools of origin after removal or a placement change. In order to achieve this, **local entities, such as school districts, CPAs, and the SSCC, can develop formal local agreements** (e.g., a Memorandum of Understanding or MOU) with one another. These agreements can acknowledge the shared goal of maintaining school stability and include strategies to overcome barriers, such as how transportation should be provided and funded when it is needed. The more agencies and entities that serve and support children in the community that CBC planners engage in these collaborative efforts, the more likely communities will be to identify additional resources and innovative practices to support shared goals.

Education Key Recommendation 2: CPAs contracted by the SSCC must be trained and expected to work with the student, the student's caregivers, and the school and school district to identify, address, and continually support the student's academic goals and interests.

Communication and coordination between all key parties, personalized school connections, and educational advocacy is necessary to support students in overcoming academic difficulties and maximizing their success in school. Students in substitute care experience multiple challenges that can significantly impede their academic success, if unaddressed. Their education is best supported when key information on their behavioral needs, academic needs and strengths, and personal learning styles is recognized, verified, and shared among all key stakeholders—the student, their caregivers, caseworkers, judges and others involved with the court, and school staff.

In order to develop strong and effective educational plans for students recently removed, experiencing a change in placement, or being reunified with their families, there must be **solid communication between those with previous experience with the student's schooling and those who will be involved moving forward**. This type of communication is important regardless of if the student changes schools. Caseworkers should have open discussions with foster and kinship caregivers, as well as birth parents if applicable, about the level of caregiver involvement needed in a student's schooling, and work to find solutions if the caregiver needs support. To the extent possible, CPAs and schools should be prepared to provide extra support and guidance to caregivers, especially those new to fostering as well as families caring for students with significant learning challenges, performing below grade level, or in need of special education services and help navigating the special education system.

Students in substitute care need a caring and supportive adult in addition to their caregiver who is monitoring, advocating for, and supporting their school progress and is trained and willing to engage with the school if an academic, disciplinary, or emotional matter requires

attention.[38] If a foster or kinship caregiver is already actively engaged in a student's education, having an additional adult involved in this way can reinforce the caregiver's efforts. And if the caregiver cannot be involved consistently, another caring and supportive adult can help ensure the student stays on track and receives the academic attention needed to be successful. There are many people and organizations that can help connect a student to someone who can play this role. Those involved with CBC planning and implementation, as well as the SSCC, should work with school districts and campuses to raise awareness regarding the needs of students in foster care and to identify school or school-affiliated personnel to provide support.

To equip contracted CPAs in DFPS Region 3W (non-CBC) and 3E to support students and caregivers with educational advocacy and navigation, the SSCC should help ensure CPA staff are trained and prepared to help intervene when pivotal school challenges arise. For example, when a child or youth in substitute care experiences barriers to prompt enrollment in a new school, navigating the special education process, recovering past credits, or obtaining support for their emotional needs on campus, CPA staff can make connections to others in the community who can help. CPAs can draw upon several available resources for education-related challenges. Public school districts are required to have at least one designated foster care liaison to help with such matters. Additionally, the regional DFPS Education Specialists and staff focusing on highly mobile and at-risk student populations within the regional Education Service Centers (ECSs) can also help. (DFPS Regions 3W [non-CBC] and 3E are served by ESCs 10, 11, and 12.) Individuals involved in educational aspects of CBC planning in DFPS Regions 3W (non-CBC) and 3E should work with the SSCC to share information on these resources and collaborate to ensure that CPAs understand how to support positive educational outcomes.

Moving Forward

CBC has the potential to ignite a child welfare system transformation, and planning for system change requires collaboration and prioritization from local communities and stakeholders who will lead the effort. This Executive Summary provides a brief overview and shares select recommendations from the *North Texas CBC Environmental Assessment* that can further regional collaboration and provide actionable strategies to accelerate CBC planning efforts. The full report which follows offers more in-depth analysis, findings, recommendations, and resources for implementing CBC successfully. Stakeholders throughout DFPS Region 3 must come together with each other and with the larger community to determine how they wish to use and prioritize the information and data. We hope the community will begin implementing these recommendations immediately to both improve conditions for children and youth who have experienced abuse and neglect, and to proactively prepare for local rollout of CBC.

[38] Zetlin, A., Weinberg, L. & Kimm, C. (2004). Improving education outcomes for children in foster care: intervention by an education liaison. *Journal of Education for Students Placed At Risk, 9*(4), 421–429.