

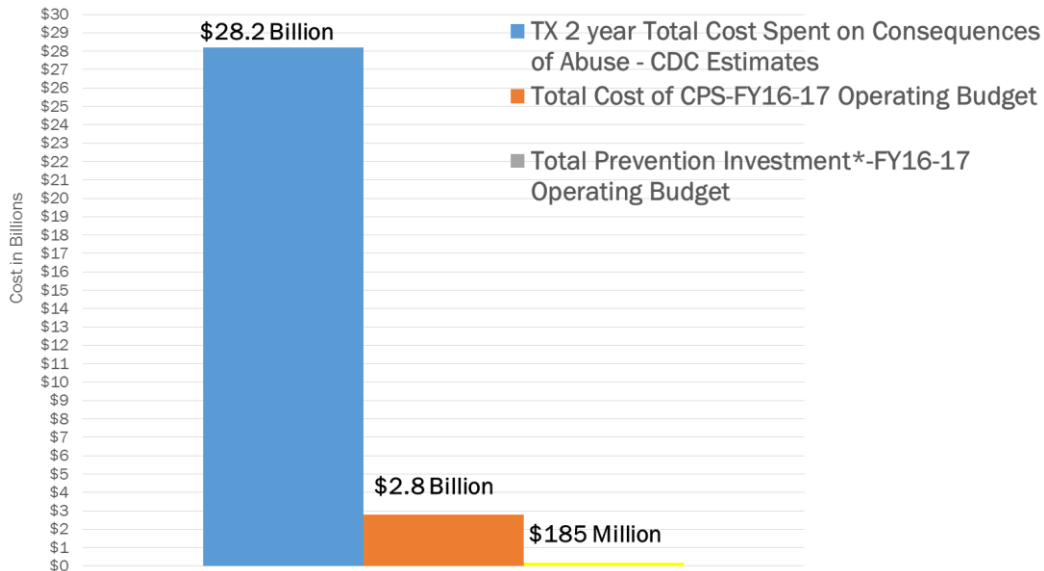


Child Protection Roundtable Preliminary Budget Priorities 85th Legislative Session

Child Abuse Prevention Priorities

Safeguard children and stop the intergenerational cycle of abuse

Figure 1 Texas Child Abuse Costs vs. Prevention Investment



1. Home Visiting Programs

- Expand cost-effective family support Home Visiting programs to targeted, high child abuse incident catchment areas across Texas, providing parenting education and support, to high risk families with young children during their most critical neurodevelopment years.
- \$35.46 million additional NFP and THVP to reach 7% of target population (currently reaching 3%) to serve approximately 4,430 additional families with home visiting

2. Project Hopes

- Expand Project HOPES (Healthy Outcomes through Prevention and Early Support) to additional counties by empowering local communities to build effective prevention services and coalitions with evidence-based programs that meet the needs of the local community.
- \$10 million to fund an additional 8 counties.
- \$28.7mil. to expand the reach of existing HOPES sites.

3. Abusive Head Trauma Prevention

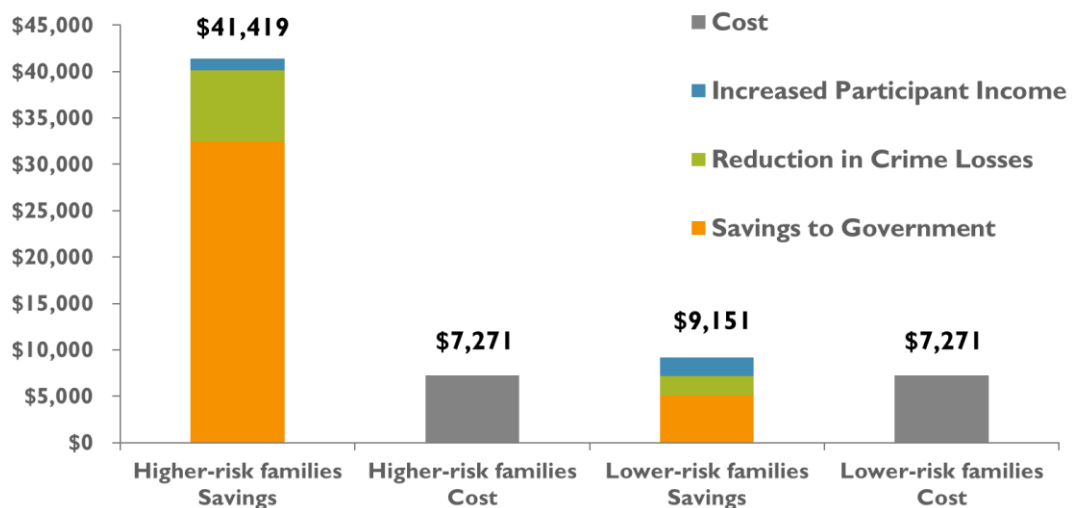
- Expand abusive head trauma and other child abuse and neglect related fatalities prevention efforts through hospital-based parent education and related supports, such as *Period of Purple Crying Plus* prevention programs.
- Evaluation of CA/N Prevention during infancy.
- Expand "Purple Plus" with additional \$3 million.

4. Prevention Program Evaluation

- Partner with universities to evaluate the effectiveness of prevention programs currently lacking evaluation of efficacy to include cost-benefit analysis of program.
- \$2 million cost estimate (20 evaluations at \$75,000 - \$100,000 each)

Priority	Description	Cost
Home Visiting	Scale up to serve an additional 4,430 highest-need families	\$35.46 million
Project HOPES	Expand to serve an additional 8 counties	\$10 million
Abusive Head Trauma Prevention and other Supports (Purple-Plus)	Expand services and supports at current sites	\$28.7 million
	Expand AHT prevention and other supports, such as respite care and mental health, substance abuse, domestic violence treatment and prevention services	\$3 million
University Evaluation of Prevention Programs	Evaluate effectiveness and cost-benefit of current prevention programs and services	\$2 million
	Biennium Total	\$79.16 million in General Revenue

Figure 2 RAND Corporation Cost-Benefit of Nurse-Family Partnership (2008)



Child Protection Services Improvements Priorities
Strengthening the Capacity of Child Protective Services

1. Recruitment and Retention, *Increasing time with children and families*

Reduce child fatalities and Improve timely response and care of abused Texas children by reducing costly turnover of CPS frontline caseworkers and supervisors through:

- Market-driven, cost-of-living adjusted differential compensation. (Compensation adjustment will increase supply of applicants from which to choose). State Auditor's Office (SAO) report in 2011 found that: *One factor impacting recruitment and retention are non-competitive salaries. CPS Workers earn an average annual salary of \$37,115. The SAO 2010 market index analysis found the average state salary for CPS Specialists to be 27 percent behind the market rate.*
- Creation of a true career ladder for CPS caseworkers similar to the automatic promotion structures that have been successfully used for TDCJ Correctional Staff and State Law Enforcement personnel. This defined career ladder would provide periodic, automatic movement up the Position Classification structure and increased pay, provided the employee is performing at a satisfactory level and is in good disciplinary standing. This structure promotes retention of employees and rewards employees progressively as their tenure and work experience increase. TDCJ system: <https://www.tdcj.state.tx.us/divisions/hr/hr-home/salaryratereference.pdf>
- Recruitment and retention of additional educated and qualified caseworkers to reduce caseloads and increase time with children and families in order to achieve better outcomes for children; including safety, permanency and well-being. *(currently caseworkers spend approximately 26% of their time with children/families)*
- Criteria for achieving a lower caseload include vacancy rate; overtime; turnover; training (fully case assignable); tasks to be completed, salary, availability of purchased services etc.
- Reduce Span of Control for supervisors to 5:1 and increase support staff within units.
- Fill caseworker vacancies within weeks vs. months by implementing the market-driven and successful caseload management "just in time replacement" program of recruitment based on current vacancies plus projected turnover to protect remaining caseworker caseloads from spiraling to unmanageable levels.
- Ensure DFPS caseload reports include reports of actual workers vs. FTE's created from overtime and exclude non-case-assignable workers.
- Institute geographic case-assignment distribution in urban areas with concentrations in currently in operation in Harris County.

Staff: Child Protective Services

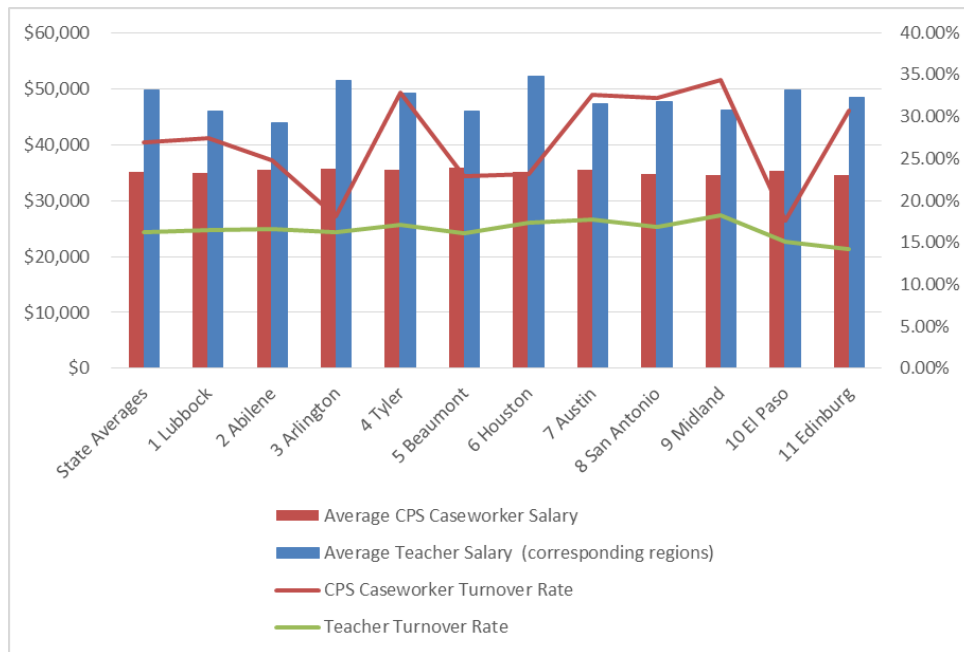
Priority	Average Caseload	Additional Staff	Cost
Investigators	12	750	\$108.6 million* \$68.4 m GR
Family-Based Safety Services	12	225	\$29.3 million \$18.5 m GR
Conservatorship	15	951	\$127.3 million* \$80.2 m GR
Supervisors	5:1 Ratio	122	\$54.1 million* \$34.1 m GR
Program Directors	N/A	64	\$10.0 million \$6.3 m GR
Preparation for Adult Living	20	46.2	\$5.2 million* \$3.3 m GR
Kinship	15	102.8	\$12 million* \$7.6 m GR
HST	N/A	201	\$16 million* \$10.1 m GR
Administrative	N/A	158.2	\$12 million* \$7.6 m GR
Total Additional Staff		2562.2	
Cost of Living Salary Adjustment for Frontline Caseworkers			\$205.3 million** \$129.3 m GR
			\$579.8 million in All Funds \$365.3 million in General Revenue+
			Biennium Total

*Includes cost of living adjustment for new staff as well as 33% for benefits, overhead and office space

**Salary increase adjustment for INV, FBSS, CVS caseworkers and Supervisors is based on county level cost of living adjustment; TEA teacher salary differentials per county and DFPS 5-year average turnover data over 20% per stage of service. An additional 28% is included for increase in fringe benefits associated with salary adjustment, keeping healthcare costs constant.

+General Revenue is calculated as 63% of the All Funds cost, the current ratio for CPS direct delivery staff

Figure 3 Avg. Salary and Turnover of Teachers vs. Caseworkers



Staff: Other Child Protective Services

- Establish system for Centralized Placing Unit staff to identify which characteristics of the child and placement best suit one another to improve placement decisions, similar to the ECAP system used by OCOK/ACH in foster care redesign. <http://fostercaretech.com/>

Priority	Average Caseload	Additional Staff	Cost
I See You	15.2	119	\$3.9 million \$2.457 m GR
Centralized Placing Unit (CPU)		122	\$7.2 million \$4.536 m GR
Foster and Adoptive Home Development (FAD)	15	48	\$1.7 million \$1.071 m GR
Total Additional Staff		289	
		Biennium Total	\$12.9 million in All Funds \$8.1 million in General Revenue+

+General Revenue is calculated as 63% of the All Funds cost, the current ratio for CPS direct delivery staff

Kinship and Foster Families

Kinship Support

- Kinship caregivers are a vital part of the system and studies show children have better outcomes in relative placements than in foster care. These placements are also much more cost effective than serving children in foster care.
- Many kinship parents are grandparents living on a fixed low income. In order to maximize kinship placements, additional financial benefits are needed for these families. Currently relatives only receive \$1,000 one time (\$495 per additional child) and \$500 per year per child reimbursement for expenses. The chart below illustrates the inflation adjusted increase for the one-time payment at \$2,877 and reimbursement expenses per child at \$1,438. It also institutes an annual clothing voucher.

Children in Kinship in FY '15 13,191 ^[1]	Yearly Clothing Voucher (based on quarterly payments)	One Time Payment	Reimbursement	Cost
13,191		\$1000 + \$1,877 \$2,877	\$500 +938 \$1,438	\$37,132,665m
Birth-2 3,099	\$240	=\$24,759,507	=\$12,373,158	\$743,760
3-5 2,084	\$292			\$608,528
6-9 2,466	\$452			\$1.1m
10-13 2,150	\$452			\$971,800
14-17 2,862	\$452			\$1.3m
			Biennium Total	\$41.8 million (Annual) \$83.7 million in GR

^[1]Percentage breakdown based on age group percentages of children in foster care as of August 2015

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Provider Rates

- Increase foster care rates to reflect cost of living differentials by catchment area to adequately recruit the continuum of foster homes needed to serve children in high demand regions.
- Recruitment efforts need to reflect critical areas of the state and needs of children (therapeutic foster homes with evidence based trauma informed treatment modality).
- The current level of care system in Texas pays providers higher rates for children who display challenging behaviors. Children who receive relationship-focused, trauma-informed services begin to heal, and as they heal, their behavior begin to improve. The challenge with this type of result in the current system is that as a child's behavior improves, the funding support that the provider caring for the child receives decreases. This not only creates a financial disincentive for providers who work toward healing children, but it also prevents providers from accessing the sometimes costly training and support they need to continue their trauma-informed work. The system must find a way to restructure its financial contracts with providers in a way that promotes healing and best practices that lead to better permanency outcomes and, ultimately, increased cost savings for the system overall. This recommendation is also highlighted in the Stephen's group report on high needs children:
https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-12-03_Stephen_Group_High_Needs_Assessment.pdf

Priority	Percent of Rate Change to Fully Fund		Cost
	2016	2017	
DFPS Foster Family	23.5%	22.8%	\$5.5 million
CPA Foster Care			
<i>Foster Family Pass Through</i>	20.5%	22.0%	\$37.6 million
<i>CPA Retainage</i>	9.3%	10.6%	\$14.3 million
Combined Total	15.2%	16.6%	\$51.9 million
Residential Treatment Facility			\$48.0 million
Emergency Shelter			\$15.6 million
All 24 Hour Care		Biennium Total	\$121.1 million in General Revenue

Purchased Services

Purchased client services to assist families with substance abuse, domestic violence, behavioral health and basic needs are critical for all stages of service to strengthen, reunify and keep families together.

Priority	Description	Cost
Substance Abuse Purchased Services	Services for FBSS and CVS families that include education, counseling and community-based activities, as well as, inpatient and outpatient treatment for children and parents.	\$5.7 million
Foster-Adopt/Child Welfare Services	Includes services to children in out-of-home care. Children may receive psychological testing and evaluations, special evaluations or assessments, counseling, special camps, and special services when needed. Services are needed to comply with the child's service plan and to provide for the child's well-being. Funds are also used to assist the families of these children in complying with the requirements of their family service plans to facilitate family reunification.	\$43.7 million
In-home Child Welfare Services	FBSS services are provided to families who are at risk of having their children removed from the home. Family reunification services are provided to families whose children have been removed. Examples of these purchased services are: parent/caregiver training, psychological assessments, and therapy. DFPS may contract for case management services of the purchased in-home services.	\$67 million
Intensive Family Based Services	FBSS services are provided to families who are at risk of having their children removed from the home. Family reunification services are provided to families whose children have been removed. Intensive services are provided to families who need the most assistance to protect a child from abuse or neglect.	\$12.4 million
Temporary Substitute Care Services	Intermittent alternate care is periodic planned child care services provided to DFPS verified foster homes on a short-term basis by an alternate caregiver. It provides foster parents with additional support, increases the retention of foster parents, decreases the number of moves children experience, and promotes the overall development and permanency needs for children in DFPS conservatorship.	\$254K
Relative Home Assess	Kinship care assessments that determine appropriate placement.	\$25K
	Biennium Total	\$129.1 million in General Revenue

2. Youth Transitioning Out of Care

- Youth transitioning out of care often times are not adequately prepared to successfully live independently. Youth ages 14 years old and older need additional supports to better ensure a positive transition into adulthood.

Priority PAL Needs	Amount per child	Cost	Total Cost
1,552 additional youth completing PAL classes and receiving stipend	527.5	\$820,000	\$1.2
Rapid re-housing		\$164,000	\$164,000
Shallow rent subsidy		\$480,000	\$480,000
1,740 * 14 & 15 year olds receiving transitional living services		\$3.6m**	\$ 3.6m
		Biennium Total	\$5.4 million (Annual) \$10.9 million in General Revenue

*This is the number of 14 and 15 year olds in care in FY 2015.

** Doubled GR budgeted for 2016 and increased by 50% given 14-15 year olds are approximately 50% of the 14-17 year old population

3. Representation: Courts, Lawyers and Court Appointed Special Advocates (CASAs)

- A strong client-attorney relationship is key to improving outcomes from youth in care. All children in care should meet with their attorney minimally once before each court hearing and have the opportunity to express their wishes and describe their well-being.
- Often a court will dismiss an attorney when a child enters Permanent Managing Conservatorship (PMC). Legal representation when a child is in PMC is critical to ensuring permanency outside of the Department, and attorney ad litem and CASAs should stay on until a child ages out or is adopted. This would require an increase in availability and an increase and change in what attorneys are paid for out of court versus in court time.

Priority	Expansion	Cost
CASA	Gradual expansion	\$4 million
Attorney Ad Litem	Reimbursement for Attorneys *	\$54 million
	Biennium Total	\$58 million in General Revenue

*Source: Children's Commission

Child Protection Roundtable Member Organizations

(not all member organizations vote)

Any Baby Can of Austin, Inc.	National Center for Missing and Exploited Children
Arrow Child and Family Ministries of Texas	Nurse-Family Partnership, Texas
CASA of Collin County	One Voice Texas
Child Care Group	Our Community Our Kids
Children At Risk	Parents as Teachers at Mental Health America
Children's Medical Center	Scott McCown
Children's Advocacy Centers of Texas, Inc	TCU Institute of Child Development
Children's Defense Fund	Texans Care for Children
City Square	Texas Academy of Family Physicians
Collin County Children's Advocacy Center	Texas Alliance of Child & Family Services
Council for a Strong America	Texas Appleseed
Cook Children's Hospital	Texas Association Against Sexual Assault
CPPP, The Center for Public Policy Priorities	Texas CASA
Denton County Friends of the Family	Texas Center for the Judiciary
DePelchin Children's Center	Texas Children's Commission
Embrace Texas	Texas Children's Health Plan
ESCAPE Family Resource Center	Texas Children's Hospital
Forensic Counseling Services	Texas Council of Child Welfare Boards
Frontera Strategy	Texas Council on Family Violence
Harris County Protective Services for Children and Adults	Texas Foster Family Association
Healthy Families San Angelo	Texas Loves Children
UT Austin, LBJ School of Public Affairs	Texas Pediatric Society
LifeWorks	TexProtects, The Texas Association for the Protection of Children
Upbring	The Children's Shelter
Meadows Foundation	The SAFE Alliance
Mental Health America of Texas	Trauma Services, Dell Children's Medical Center
Momentous Institute	United Ways of Texas
NAMI Texas	Voices for Children of San Antonio
National Association of Social Workers- Texas Chapter	YWCA Dallas-Nurse Family Partnership Program