

Texas CASA Comments on the DFPS Sunset Commission Staff Report

Overview

Texas CASA is the state association that partners with 71 local Court Appointed Special Advocates (CASA) programs in Texas to be a voice for abused and neglected children. In FY 2013 CASA programs served 207 counties, utilizing 7611 CASA volunteers to advocate for 23,611 children and youth in the state's custody. CASA volunteers are well screened and receive at least 30 hours of training, plus court observation, before they are sworn in by a judge. CASA volunteers advocate for the best interests of the children and youth they are appointed to represent, often as guardians ad litem. CASA involvement is authorized in the Texas Family Code and elsewhere.

Texas CASA commends the Sunset Commission staff for their report and we support the report's recommendations subject to the additional comments, suggestions, and clarifications offered below.

Beyond the report's recommendations, Texas CASA believes the report fails in significant ways to recognize core problems within the state's child welfare system and to offer recommendations to address these problems. Texas CASA looks at the CPS system from a "child-centric" perspective and our analysis and policy recommendations are intended to reflect the best interests of the children and youth CASA programs serve.

In particular, Texas CASA believes the Sunset staff and the Commission members have the opportunity to markedly improve the report and its recommendations in three broad areas:

1. By recognizing the complex cluster of problems and issues surrounding child placement decision-making and promoting alternatives that improve permanency outcomes and, thus, the well-being of affected children.
2. By understanding how broadly mental health issues and trauma affect children and youth in state care and how child well-being could be significantly improved by investing in proven mental health interventions and supports and by shifting toward a trauma informed system of child welfare.
3. By acknowledging the extreme difficulties and adverse life outcomes that youth who age out of the foster care system face, and to better prepare them to succeed.

Texas CASA Comments and Suggestions on Recommendations in the Report

Issue 1: Recommendations 1.1, 1.2, 1.8

Texas CASA appreciates the consideration given to how management and the agency's internal system structure contribute to caseworker turnover and we agree with recommendations made, especially those regarding ensuring proper training of and mentoring by seasoned staff.

Issue 2: Recommendations 2.3, 2.5, 2.7

Texas CASA previously questioned whether the department has effectively implemented policy changes at the ground level across the state. We agree with the recommendations. In particular, we support recommendations to direct the department to establish a communication plan for policy changes, to incorporate a more transparent method of sharing that information and process with the public, and to follow up and evaluate the implementation of major changes to better ensure significant changes made at the state level actually serve to benefit children in state custody.

Texas CASA would also suggest that recommendations made under Issue 2 include not only CPS Regional Offices but also the CPS Centralized Placement Unit.

Issue 8: Recommendations 8.1 and 8.3

Texas CASA raised the issue of CPS' difficulty communicating and collaborating with stakeholders and partners in our original Sunset input. While we appreciate the Sunset staff acknowledging this as an important issue, their recommendations could be stronger. While strengthening the rules and policies governing the department's advisory committees and workgroups will undoubtedly be beneficial, Texas CASA believes consideration should specifically be made for those organizations that work collaboratively with local CPS offices and directly with children in their custody. CASA volunteers are appointed by a court to a child's case and provide a unique and invaluable perspective into the life and needs of that child or sibling group. However, our network reports that a CASA volunteer's input may not be valued nor their insight to the child utilized by CPS throughout the course of a child's case.

Therefore the issue is less about advisory committees and more about how well CPS utilizes invaluable assets when working a child's case. Texas CASA would support a requirement that CPS respond to major concerns raised by a CASA volunteer within an agreed upon time period.

Texas CASA Believes Other Issues Require Additional Consideration

Problems with Child Placement and Achieving Permanency

Problems with child placement plague Texas' child welfare system. Too many children are placed away from their home communities, their schools, their siblings and other personal attachments. Too many children are moved between placements too often. Too many children languish in Permanent Managing Conservatorship (PMC) rather than reaching adoption. Too

many children are placed in restrictive settings or with caregivers ill-equipped to adequately care for them. These problems are damaging children and youth in the child welfare system, adding to the trauma suffered from their experience of abuse or neglect and removal from their families.

Sunset staff acknowledged some of these problems on page 45 of the report in the box entitled “Shortcomings of the Texas Foster Care System”. The first three items listed all involve child placement problems. The staff report seems to suggest that these problems will be resolved by foster care redesign (FCR). Unfortunately, foster care redesign is itself a risky undertaking with uncertain outcomes. Moreover, it is unfair to consign the vast majority of children to the current “legacy system” allowing them to languish in problematic placements for years to come as DFPS attempts to roll out foster care redesign statewide.

Texas CASA has supported foster care redesign organizationally and through membership on the Public-Private Partnership. Our support was based on the explicit recognition of how pervasive placement problems are, and that included among the guiding principles of Foster Care Redesign are the goals that:

- Children and youth are placed in their home communities.
- Children and youth are appropriately served in the least restrictive environment that supports minimal moves.
- Connections to family and others important to the child are maintained.
- Children and youth are placed with their siblings.

One problem with placement decisions is that there is little easily available data that captures the extent to which children are placed away from their home communities and schools. There are no measurements of this problem in the DFPS Data Book, for example. But, based on anecdotes and reports from CASA programs statewide, we know that in many areas the problem is pervasive. Child Advocates of Fort Bend recently indicated 40 percent of children are placed out of county because of “spillover” effects from nearby Harris County. Recent testimony on foster care redesign showed that 30 percent of children in care in DFPS regions 2 and 9 are placed not just outside their local communities but outside the regions. DFPS data from 2011 indicate that 57 percent of foster children statewide were placed outside their home county. Policy makers need this information.

DFPS does capture data on the number of placements children are subject to prior to leaving state custody. What is not adequately captured are the negative impacts this has on numerous indicators of child wellbeing, particularly educational progress.

Similarly, DFPS and its contractors need better ways to assess provider quality and suitability for individual placements.

In response to these problems related to placement, Texas CASA recommends the Sunset Commission and staff consider the following:

- An “all of the above”, “more of what’s working” approach by DFPS. DFPS has been successful in expanding kinship placements, so that roughly 40 percent of children in state custody are placed with extended family or friends who have a relationship with the child or youth. Many CASA volunteers believe that with sufficient training and time significantly more kinship placements are possible. CASA volunteers can provide assistance in this process.
- Placements at high cost (and often distant) residential treatment facilities may be avoided by providing foster and kinship families with training and tools that explain how trauma affects behaviors and enables them to more effectively parent children and youth in their care.
- Use every resource and technique available to expedite appropriate, permanent placements for children and youth in PMC. Because they stay in the system longer and often have significant behavioral issues, children in PMC consume a disproportionate share of resources. Extended PMC stays also effectively block access to placements that may be most appropriate (and local) for other children needing care. DFPS claims that permanency roundtables improve and expedite permanency outcomes. Similarly, legislation from the 83rd session that did not pass (SB 1789 and HB 3399) would require a “placement stability conference” after the second placement disruption. Currently, permanency planning meetings are only held three months after PMC is established and annually thereafter. More frequent meetings or other changes should help achieve permanency more diligently. Casey Family Programs recently assessed problems with length of stay in PMC in Harris County and recommended essentially a “surge” type effort to move 600 children to permanency by the end of this year.
- When the foster care and substitute care systems are fully utilized or near capacity it is difficult to “reset” the system to reduce the number of placements outside home communities. Given that it is unlikely that available resources will enable a significant overall expansion of system capacity, concerted efforts to expand kinship placements and to decrease the length of stay in PMC will have similar effects to capacity expansion and should, theoretically, enable a decrease in placements outside children’s local communities.

Improve Mental Health Services, Transition to Trauma-informed System of Care

Texas CASA’s initial report to Sunset staff in January 2014 was based on input from our CASA network, and cited as a major issue that “mental health supports and services for children and youth in substitute care are woefully inadequate and ineffective.” Texas CASA convened a Mental Health Task Force funded through the Hogg Foundation for Mental Health and our initial findings support and add urgency to this position. Among the issues and recommendations we suggest:

- Caregivers must be better screened, trained, and supported. Currently there is no standardized screening provided to prospective caregivers and, while caregivers are required to receive trauma-informed training, training is not extensive and usually does not include skill integration and practical application exercises. Caregivers should be screened for their own psychosocial and/or attachment issues and provided proper supports to ensure they have all the tools they need to provide proper care for and build trust-based relationships with children.
- The child welfare system must include proper bio-psychosocial assessment, treatment and support services, and care giving that is trauma-informed. While attempts have been made to move in this direction, they are painfully slow and seem to no longer include public stakeholders. The Department established a Trauma Informed Care Committee to work on recommending tools and processes. However, this committee has been working for almost three years and no actual change has been agreed upon or instituted, at least not that stakeholders are aware of. The Department needs to make a commitment to expeditiously and effectively transitioning the current system of child welfare into one that is comprehensively trauma-informed. This effort should be infused throughout all CPS regions.
- Similar to the Sunset report's recommendation that DFPS develop and maintain a long-range foster care redesign implementation plan, they should also develop a plan to reconstitute the current system into one that is comprehensively trauma-informed.
- It is difficult to achieve permanency if mental health needs are not effectively and continuously cared for. The reverse is also true, if permanency cannot be achieved, it can interrupt mental health care and treatment, for example if a child is moving frequently and changing mental health providers then continuity of care and professional rapport is lost each time.

Recognize and Target Problems of Foster Youth Who Age Out of the System

- Despite efforts by DFPS, foster youth who age out of the system are generally unprepared for adult living, self-sufficiency, and lack solid supports to be successful. Consequently, these youth are disproportionately prone to homelessness and major health and mental health problems, are often victims of trafficking, and generally face severely diminished life prospects.
- Texas CASA recommends policies that ensure young people are allowed access to all normalcy activities as these enhance independence and self-worth and have been shown to improve mental health outcomes.

- The best solution for this cohort is prevention, this means working towards achieving permanency more diligently. Texas CASA believes that every child deserves and can have a family, but this requires diverse approaches including family engagement, case mining, family finding, and diligent recruitment for adoptive families.
- Local CASA programs and entities have begun developing preparation for adult living programs that help foster youth develop self-sufficiency skills, progress normally in high school, and enter the higher education system. DFPS should study such model programs and the legislature should fund pilot projects.
- As foster children mature they should be given a voice and allowed more participation in permanency planning, medication management and other life decisions.