



Comments on the Sunset Advisory Commission Staff Report:

Department of Family and Protective Services

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Texans Care for Children is a statewide nonpartisan, nonprofit advocacy organization dedicated exclusively to improving the wellbeing of Texas children. We look to our broad base of community-based experts—our partners and members throughout the state who together represent thousands of Texas children—to inform our work and help us in developing our legislative agenda. We also co-convene various stakeholder groups which bring together a wide range of organizations, families, and advocates around our areas of focus: early opportunity; infant, child, and maternal health; children’s mental well-being; child welfare; and juvenile justice.

The Sunset Advisory Commission Staff Report on DFPS provided a thorough analysis of continued areas of challenge at the agency. We agree with many of the staff conclusions and recommendations and also greatly appreciate the level to which stakeholder input was solicited by Commission staff. Of particular note, we support the report’s call for DFPS to provide a thorough evaluation of current Redesign efforts before pursuing broader implementation. We also support the call for continued improvements to the legacy system. Additionally, we fully support recommendations aimed at reducing caseworker turnover and improving caseworker retention. However, while we understand the Commission typically doesn't make budget recommendations, we know that CPS needs more funding from the legislature to bring staff caseloads down to safe levels.

However, with my limited time today, I would like to focus my comments on **Recommendations 6.4: Direct HHSC to work with DFPS and DSHS to transfer the Pregnant Post-Partum Intervention program and the Parenting Awareness and Drug Risk Education program to DFPS.**

Texans Care for Children does not support the transfer of the Pregnant Post-Partum Intervention (PPI) program and Parenting Awareness and Drug Risk Education (PADRE) program to DFPS, due in part to concerns that were included in the report and in part due to feedback we have received as facilitator of Partner in Child Protection Reform and facilitator of a stakeholder group working on the intersection of substance use and child welfare involvement.

Listed below are concerns regarding this transfer:

- **In light of the substantial challenges DFPS must overcome to strengthen its current prevention and early intervention programs, the Department is not positioned to lead PPI and PADRE prevention and treatment programs.** The Sunset report highlights weaknesses in DFPS’s current prevention efforts, including its lack of a unified, consistent strategy for prevention services, its inadequate use of data to inform its decisions and demonstrate outcomes to the Legislature and the public, and its historic emphasis on prevention as a contracting function rather than as a true program within DFPS. These challenges will be further exacerbated by additional programming not previously managed by the DFPS and disrupt the long-standing treatment provider network and service delivery to families impacted by substance use.
- **DFPS’s de-prioritization of prevention efforts in the face of other budget demands may leave substance abuse prevention and intervention programs vulnerable under the agency’s administration.** As the Sunset staff report observes of DFPS, “Prevention has long suffered from a lack of prioritization within the agency, relegated to a purely contracting function within the Purchased Client Services division of CPS,” and “The program has suffered from significant funding reductions in times of budget austerity, particularly in 2003 and 2011.” Ideally, DFPS will continue improving its current prevention efforts, as the Sunset report recommends, but uncertainty remains regarding how DFPS will react to future budgetary pressures on its prevention programs.
- **Other substance abuse prevention and intervention services provided by DFPS have not been priority for the Department.** The DFPS budget strategy, “Other CPS purchased services” provides additional therapeutic support for families involved with CPS at all stages of services, including treatment and supports for individuals who don’t qualify for DSHS substance abuse services. Funding for these types of services has not been a priority for DFPS—leaving PPI and PADRE at further risk for cuts if moved under DFPS. Any additional cuts will leave families struggling with substance use disorders without appropriate services, dramatically decreasing the likelihood that these families will be preserved and children will be able to be kept safely at home.
- **DFPS has limited expertise in addressing needs of individuals with substance use disorders (SUDs) and other related behavioral health concerns.** As the agency responsible for addressing public health issues, including physical and mental health, DSHS has the expertise and content knowledge to lead effective prevention strategies related to drug dependency and develop programming based on the latest scientific research and best practices that lead to recovery and healing for families impacted by substance abuse. DFPS agency staff note their limited expertise in treatment, recovery, and effective programming for individuals with substance use disorders (SUDs) and do not feel they are positioned to appropriately lead statewide efforts to support families struggling with substance abuse, including individuals with co-occurring psychiatric and substance use disorders.
- **DFPS’ regulatory function of ensuring child safety may impede on the non-punitive, healthcare delivery model valued by DSHS and their contracted treatment providers.** As the agency responsible for protecting children from abuse and neglect, pregnant and parenting individuals receiving PPI and PADRE services under DFPS could be vulnerable to punitive measures during their treatment and path to recovery. Currently, treatment providers feel pressure from CPS to provide information on their clients that can be used in court and are afraid the pressure would be even greater if PPI was under DFPS administration.

- **PPI and PADRE programs complement other DSHS services and supports, including Maternal and Child Health (MCH) and WIC programs. Any change in lead agency for these programs would disrupt the continuum of care for various services and collaboration among different provider types.**
Given the numerous health services managed by DSHS, many clients engaged in PPI and PADRE programs are connected to other services which allows for referrals for various needed services to happen easily. The PPI programs are required to maintain MOUs with perinatal sites, WIC Program, MCH Programs, Child Protective Services, and other agency sites where pregnant and postpartum women receive social or medical services. Treatment providers are concerned that a transfer of PPI and PADRE will further disrupt collaboration among various DSHS provider-types and ultimately, delay service delivery for families in need of other DSHS services that support healing, recovery, and long-term success for the whole family.
- **The effectiveness of PPI and PADRE programs under the direction of DSHS is strong evidence for why it should remain within the agency.** Under DSHS, substance abuse prevention in Texas has witnessed expansion and increased funding at the state level. With its more extensive experience handling state and federal funding contracts, DSHS remains better suited to maximize funding opportunities to ensure the stability of the state's efforts to support the prevention of substance use among pregnant and parenting individuals. Additionally, providers report satisfaction with and support for DSHS' handling and emphasis on collaboration and integrating consumer voice and trauma informed care.
- **DSHS recently implemented a standardized web-based clinical record keeping system for state-contracted community mental health and substance abuse service providers.** For many years, DSHS has worked hard to improve overall record keeping, data-collection, and sharing of information among various mental health and behavioral health providers. As of September 2013, all DSHS contracted providers use a standardized case management system. Given these recent improvements and benefits, there should be no shift in the lead agency for PPI and PADRE programs. Any disruption could further impact service delivery and roll-back progress made aimed at improving standardization, quality, and efficiency.

Respectfully,

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