

# PRESERVING AND BUILDING STRONG FAMILIES: IMPROVEMENTS TO FAMILY BASED SAFETY SERVICES

## Introduction

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Children need a protective and stable family in order to thrive. Separating them from their biological family can be traumatic, often leaving lasting negative impacts. When a child welfare case is opened with the state, the health and safety of the child remains the paramount concern. However, Texas Family Code requires reasonable efforts to be made with respect to preventing or eliminating the need to remove a child from their biological home or to make it possible for the child to return.<sup>1</sup> Family preservation services are short-term, family-centered services designed to provide needed support to families in crisis by strengthening caregiver and family functioning while safeguarding children. Such services build upon the knowledge that many children can be safely protected and treated within their own homes when parents are provided with effective support and tools that empower them to change their lives. Family preservation programs strengthen the adaptive, nurturing, and protective capacities of parents and caregivers to better ensure the overall well-being and long-term success of the child.<sup>2</sup>

Through the federal Family First Prevention Services Act (Family First), Texas has significant opportunity to strengthen the effectiveness and utilization of its existing family preservation services. Through the implementation of evidence-based services, the state will be able to reduce reliance on the foster care system and the negative human and societal consequences and financial costs that result. It is well established that foster care can be profoundly injurious to a child's mental and physical health, and that "children in foster care have more compromised developmental outcomes than children who do not experience placement in foster care."<sup>3</sup> Family First implements a key strategy in safely reducing the number of children in the costly foster care system by preventing children's entry into care whenever possible.

## Background

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Family Based Safety Services (FBSS) is a Family Preservation stage of service in the Texas Child Protective Services (CPS) system after an investigation of alleged child abuse. FBSS provides preservation services that focus on keeping children with their families in instances of less serious child maltreatment cases, rather than removing them from the home, by increasing safety and reducing risk factors for child maltreatment. After the conclusion of a CPS investigation, if safety and risk factors are identified, a family can be

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<sup>1</sup> Texas Family Code § 262.001

<sup>2</sup> Children's Bureau. Child welfare information gateway. Available from <https://www.childwelfare.gov/topics/supporting/preservation/>

<sup>3</sup> Wulcyn, F., Kogan, J., & Jones Harden, B. (2003). Placement stability and movement trajectories. *Social Service Review*, 77, 212-36.

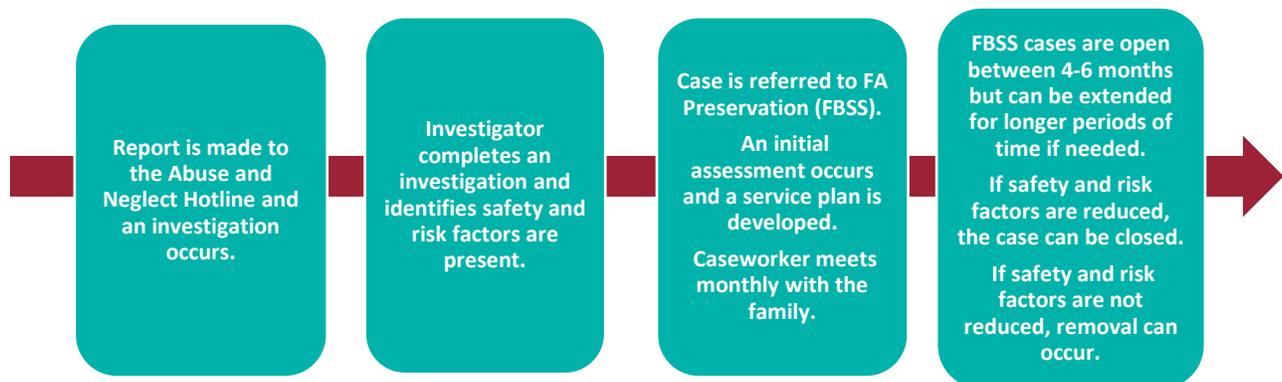
referred to FBSS with the goal of preventing children from entering the foster care system. Risk is mitigated by connecting parents to community services, incorporating strengths of families, and building resources.

### How it Works

A potential child abuse and/or neglect case comes to the attention of DFPS through allegations filed with Statewide Intake (SWI) through phone, email, fax, walk-in, or other means. An intake specialist will then conduct an interview and initial assessment about the caregiver, alleged perpetrator, victim, the alleged abuse and/or neglect, current resources available to the family, and the general dynamics of the family. If the allegation meets the Texas Family Code definition of child abuse and/or neglect, the case is assigned a priority (P1, P2, or none).<sup>4</sup>

The case is sent to an investigation supervisor or screener, depending on the priority level. The case is assigned a caseworker, “administratively” closed without a full investigation, or referred to alternative response. If an investigative caseworker is assigned to a case, they will do a safety assessment and determine whether a) the child needs to be removed from the home, b) the child can stay in the home providing the perpetrator is removed, or c) the child can remain safely in the home. For the last two options, a transitional child safety plan is created to ensure the safety of the child until the approval of the 21-day FBSS Plan of Service.<sup>5</sup> Figure 1 provides a brief overview of this process.

Figure 1 Flowchart of an FBSS Case



Most children live in their home while the state is providing FBSS. In some cases, they may temporarily live elsewhere while parents are receiving services. In such instances, the children will usually live with relatives or close family friends in a Parental Child Safety Placement (PCSP) until it is safe for them to return home.<sup>6</sup>

<sup>4</sup> TexProtects (2014). *Understanding Texas' child protection services system*. Austin, TX: Wilson, A.C., Flannigan, A. E., Phillips, S., & Patel, D.

<sup>5</sup> Ibid.

<sup>6</sup> Department of Family and Protective Services. Supporting your family through family-based safety services. Retrieved from [https://www.dfps.state.tx.us/child\\_protection/Family\\_Support/fbss.asp](https://www.dfps.state.tx.us/child_protection/Family_Support/fbss.asp)

An investigator assesses the family to determine which level of FBSS is appropriate. Families can be offered 1) Regular FBSS, 2) Moderate FBSS, or 3) Intensive FBSS. All FBSS programs are designed to help caregivers build on family strengths and provide resources to reduce future child abuse and/or neglect. All three also provide ongoing case review. Regular FBSS seeks to reduce risk within 180 to 270 days. Moderate FBSS seeks to reduce immediate risk within 90 to 180 days. Intensive FBSS seeks to protect the child from immediate risk within 60 to 120 days. Optional meetings, such as Family Group Conferences (FGC) and Family Team Meetings (FTM), can occur throughout all three program options. FGCs and FTMs allow for participation and coordination among family members and other individuals involved in the life of the child to develop a plan to address specific concerns and ensure that the child is cared for and protected from future harm.

Once the plan of service is met, the case will be closed. If the plan of service is not met and the family fails to cooperate with CPS and/or fails to protect their child, the case can be referred for court-ordered services or the removal process will begin to ensure safety of the child.<sup>7</sup>

#### Growing Needs in Texas

As noted in Figure 2, the number of families referred to FBSS for services has grown by five percent each year over the last decade, with a sharp 12 percent increase in referrals over the past two years.<sup>8</sup> Both at the national and state level, the number of children entering into foster care is increasing annually as well,<sup>9,10</sup> which highlights a growing need for quality services for families involved in the CPS system.

Substance use, inadequate housing, mental and physical healthcare needs, and parental incarceration are some of the issues that challenge the capacity of the child welfare system to provide adequate services to families and children. Within the past five years, the additional 9,400 Texas children and families receiving essential services to successfully strengthen, preserve, and reunify places immense pressure on systems and communities.

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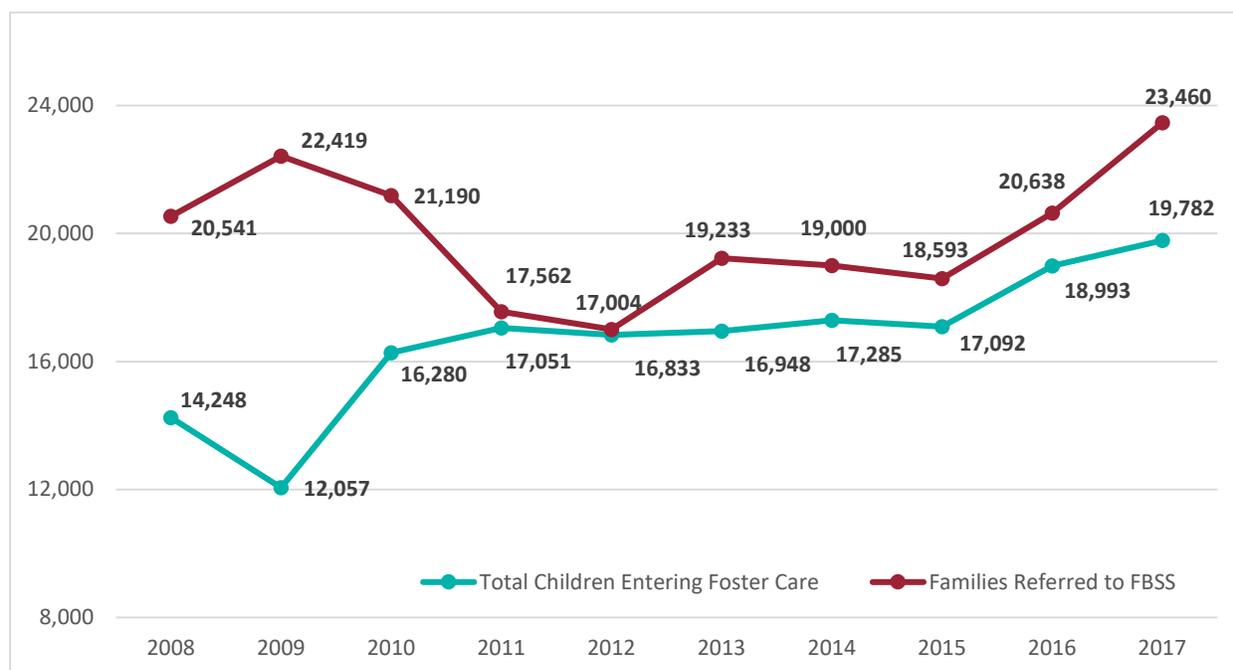
<sup>7</sup> TexProtects (2014). *Understanding Texas' child protection services system*. Austin, TX: Wilson, A.C., Flannigan, A. E., Phillips, S., & Patel, D.

<sup>8</sup> Department of Family and Protective Services (2018). Data book. Available from [https://www.dfps.state.tx.us/about\\_dfps/data\\_book/default.asp](https://www.dfps.state.tx.us/about_dfps/data_book/default.asp)

<sup>9</sup> Ibid.

<sup>10</sup> AFCARS (2017). National foster care entries. Available from <https://www.acf.hhs.gov/cb/resource/trends-in-foster-care-and-adoption>

Figure 2 FBSS Referrals and Removals in Texas 2008-2017<sup>11</sup>



## Progress and Limitations

### Limitations and Challenges

Many factors could impede providing quality services to families, such as high caseloads, reduced periods of service for cases that need a longer timeframe, and insufficient caseworker training practices. High caseloads and lack of effective services can result in tragic circumstances like recidivism and child fatalities. In 2017, approximately 22 percent of all child abuse fatalities involved a family that had previously worked with FBSS or was actively working with FBSS at the time of the fatality.<sup>12</sup>

### Length of Services

Both federal and state guidance recommends FBSS cases be open from 30 to 180 days, but allows flexibility if cases need to be open for longer. Often, cases involving substance use or mental health require longer time frames to adequately address risk factors and promote protective factors. The recommended treatment time can vary between six to 12 months on cases involving substance use.<sup>13</sup> If a case is closed before risk factors are adequately addressed, it can increase the likelihood of children being re-abused and removed from the home. Reducing length of service, without improving the

<sup>11</sup> Department of Family and Protective Services. Child protective services conservatorship: Removals. *Data Book*. Retrieved from

[https://www.dfps.state.tx.us/About\\_DFPS/Data\\_Book/Child\\_Protective\\_Services/Conservatorship/Removals.asp](https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Removals.asp)

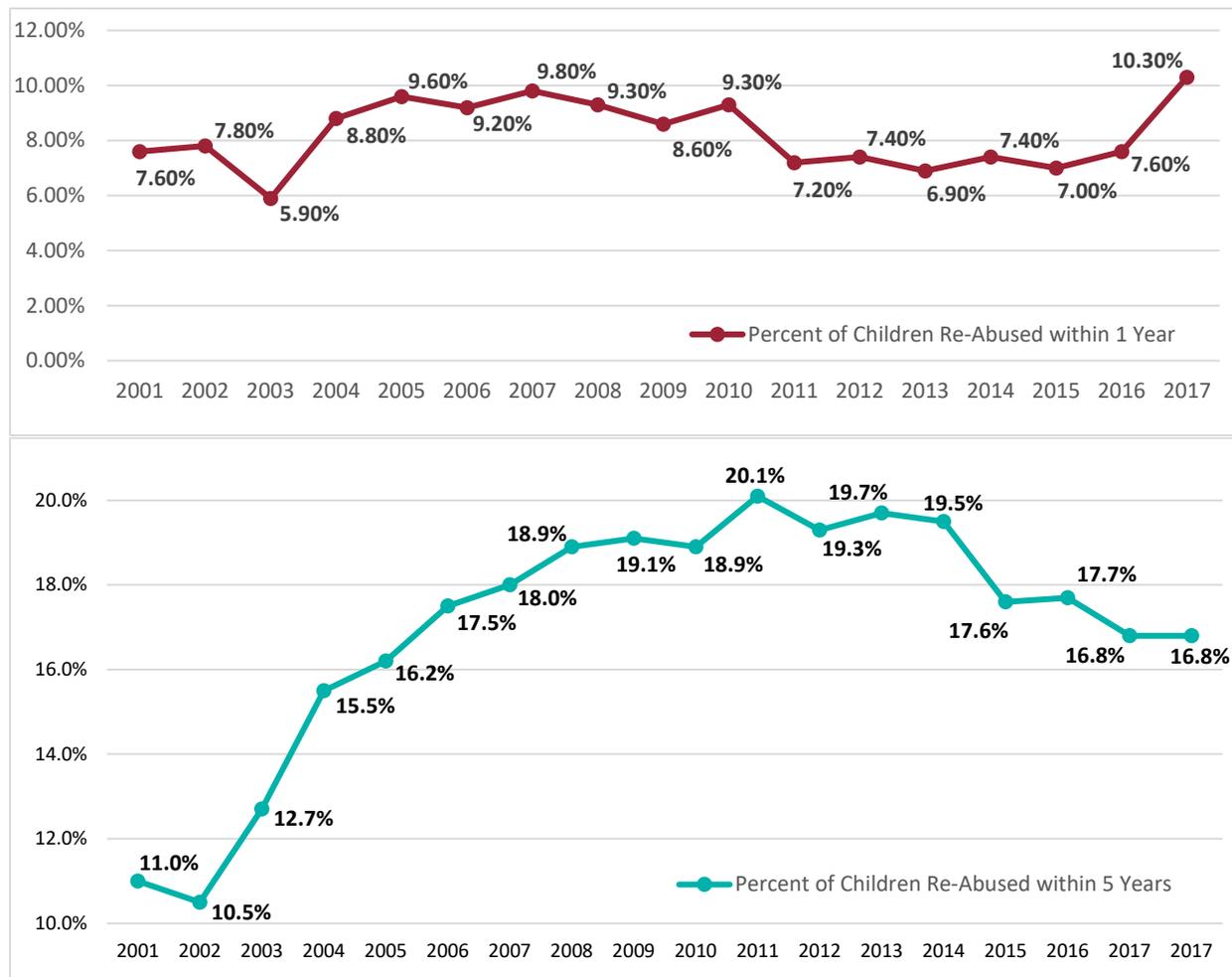
<sup>12</sup> Department of Family and Protective Services (2018). Fiscal year 2017 child maltreatment fatalities and near fatalities annual report. Retrieved from

[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/documents/2018/2018-03-01-Child\\_Fatality\\_Annual\\_Report-FY2017.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2018/2018-03-01-Child_Fatality_Annual_Report-FY2017.pdf)

<sup>13</sup> Choi, S. & Ryan, J. P. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and Youth Services Review* 29, 11, 1395-1410. doi: 10.1016/j.childyouth.2007.05.013

quality and intensity of services, can result in increased recidivism.<sup>14</sup> The recurrence rate five years after an FBSS intervention was 17 percent in 2015<sup>15</sup> and the one-year recurrence rate has been increasing somewhat over the past four years from 7 percent in 2013 to 10 percent in 2017<sup>16</sup> as noted in Figure 3.

Figure 3 Percent of Children Re-abused within One Year After FBSS and within Five Years After FBSS<sup>17,18</sup>



### Caseworker Turnover

Although FBSS caseworker turnover has dropped an average of 14 percent between October 2016 and December 2017 (see Figure 4), turnover rates have been rising since July 2017.<sup>19</sup> At the same time, Investigative and Conservatorship caseworkers have experienced a decline in caseworker turnover. High turnover rates for all caseworkers has been a pervasive

<sup>14</sup>National Family Preservation Network (2009). IFPS toolkit: *A comprehensive guides for establishing and strengthening intensive family preservation services*. Buhl, ID: Martens, P.

<sup>15</sup> Department of Family Protective Services (2015). Five Year Recidivism. Data request intake and tracking request.

<sup>16</sup> Department of Family and Protective Services (2008-2015). Data book.

<sup>17</sup> Blackstone, K. (2018). *Senate health and human services: Charge 2A: Family based safety services (FBSS)* [PowerPoint]. Texas Department of Family and Protective Services: Child Protective Services.

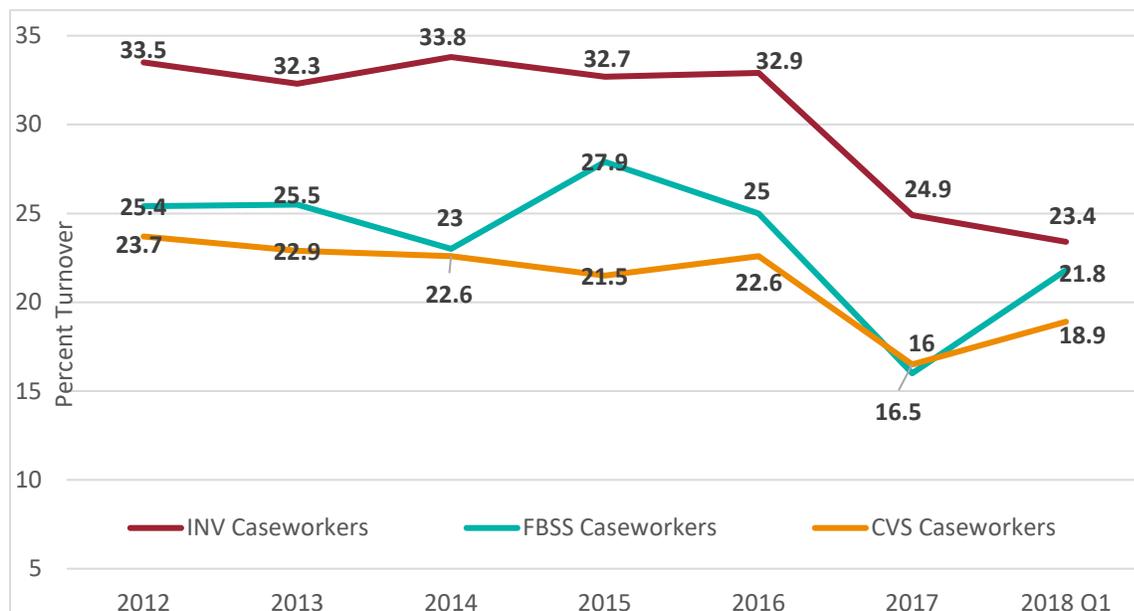
<sup>18</sup> Department of Family and Protective Services (2008-2015). Data book.

<sup>19</sup> Blackstone, K. (2018). *Senate health and human services: Charge 2A: Family based safety services (FBSS)* [PowerPoint]. Texas Department of Family and Protective Services: Child Protective Services.

challenge in Texas. A 2017 TexProtects analysis of the CPS workforce found that caseworker turnover rates were higher than any other state agency of the same size.<sup>20</sup> Caseworker turnover is linked to poorer outcomes for children. When caseworkers leave the department, their cases are passed on to other workers, until alternate staff can be hired. This increases the caseloads of a workforce that has struggled in the past with meeting the national standards (12 to 15 cases per caseworker).<sup>21</sup>

Caseworkers should have assurance that their workload is reasonable and allows them to adequately perform their required duties. A Milwaukee study showed that children with one consistent caseworker had a 75 percent chance of achieving permanency within one year. As the number of caseworkers increased, the percentage of children achieving permanency substantially dropped, ranging from 17.5%, having two caseworkers to a low of 0.1% having six and seven caseworkers<sup>22</sup> (see Figure 5). Contributing factors to caseworker turnover include insufficient pay, high caseloads, poor working environments, insufficient levels of education, secondary traumatic stress, burnout, and lack of supportive supervision.<sup>23</sup> In 2017, the Texas legislature took steps that have increased salary for caseworkers (Tex. 85<sup>th</sup> Legis., S.B. 1) and encouraged CPS to begin addressing turnover through retention and staffing strategies (Tex. 85<sup>th</sup> Legis., H.B. 1549).

Figure 4 Caseworker Turnover Between 2012 and December 2017<sup>24</sup>



<sup>20</sup> TexProtects (2017). *Child protective services workforce analysis and recommendations*. Austin, TX: Patel, D., McClure, M., Phillips, S., & Booker, D. D.

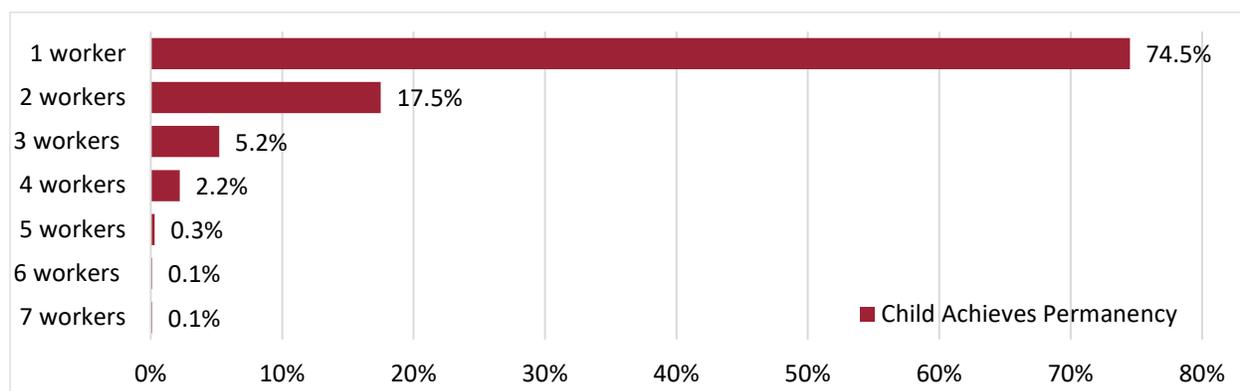
<sup>21</sup> Child Welfare League of America (2013). *National Blueprint for Excellence in Child Welfare*.

<sup>22</sup> Flower, C., Sumski, M., & McDonald, J. (2005). Review of turnover in Milwaukee County private agency child welfare ongoing case management staff. Retrieved from: [http://www.uh.edu/socialwork/\\_docs/cwep/national-iv-e/turnoverstudy.pdf](http://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf)

<sup>23</sup> TexProtects (2017). *Child protective services workforce analysis and recommendations*. Austin, TX: Patel, D., McClure, M., Phillips, S., & Booker, D. D.

<sup>24</sup> Blackstone, K. (2018). *Senate health and human services: Charge 2A: Family based safety services (FBSS)* [PowerPoint]. Texas Department of Family and Protective Services: Child Protective Services.

Figure 5 Caseworker Turnover Impact on Permanency<sup>25</sup>



### Training

FBSS caseworkers currently receive six to eight weeks of classroom and field-based training after being hired at DFPS. This training includes understanding what constitutes abuse and neglect, assessing safety and risk, trauma-informed care, basic skills for interviewing children and adults, developing family service plans, and learning FBSS policies. The current training curriculum does not include any evidence-based modalities that would support a caseworker when working with families. As a result, caseworkers are often designated as case managers who manage a service plan, rather than acting as service delivery agents.

*Motivational Interviewing (MI)* and *Seeking Safety* are curriculums that can help caseworkers in learning skills that will facilitate long-term positive change with every home visit they make. Seeking Safety is a supported evidence-based intervention for adults who have a history of trauma and/or substance use.<sup>26</sup> MI is a well-supported intervention that targets caregivers of children referred to the child welfare system and seeks to motivate them to change their behavior<sup>27</sup> (both are further detailed in the Effective Family-Based Prevention Services Programs section).

### Face-To-Face Meetings

FBSS caseworkers are required to meet with children and families a minimum of once per month, however, they can meet with families more frequently if needed. Unfortunately, DFPS does not track how frequently FBSS caseworkers meet with families beyond their monthly required visits. This data would be useful in not only tracking the frequency of home visits, but the information would also address the level of need within families. The state could then also identify what “dosage,” or frequency of visits, contributes to better outcomes. Prior to 2016, DFPS policy included guidelines on frequency of contact based on risk levels present in a case. For cases that were the

<sup>25</sup> Flower, C., Sumski, M., & McDonald, J. (2005). Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff. Retrieved from: [http://www.uh.edu/socialwork/\\_docs/cwep/national-iv-e/turnoverstudy.pdf](http://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf)

<sup>26</sup> California Evidence-Based Clearinghouse for Child Welfare. *Seeking safety (adult version)*. Retrieved from <http://www.cebc4cw.org/program/seeking-safety-for-adults/>

<sup>27</sup> California Evidence-Based Clearinghouse for Child Welfare. *Motivational interviewing (MI)*. Retrieved from <http://www.cebc4cw.org/program/motivational-interviewing/>

highest risk, policy required two to three visits a week. Research supports that more intensive, home-based contacts and services result in more positive outcomes and family changes.<sup>28</sup>

## Progress

### *Decline in Number of Caseloads*

DFPS has seen a 31 percent decline in FBSS average daily caseloads from 16 per caseworker in October 2016 to 11 per caseworker in December 2017.<sup>29</sup> Research shows that manageable caseloads are instrumental to the ability of caseworkers to engage families, deliver quality services, stay with their agency, and achieve positive outcomes for children and families. Casework is time intensive, and quality casework requires frequent contact between the caseworker and the families they serve. Manageable caseloads permit caseworkers the time they need to invest in the well-being of each family and child. Frequent and quality visits made possible by lower caseloads per worker have been linked to higher positive case outcomes, such as safety, permanency, and child well-being on Federal Child and Family Services Reviews (CFSRs).<sup>30,31</sup> CSFR measures are a baseline for how effective a child welfare agency serves children and families.

CFSR looks for areas of strength and areas that need improvement within the child welfare system of a state. The CSFR 2016 Texas final report showed progress in caseworker visits with children and caregivers when compared with the 2009 Texas CSFR final report. Quality caseworker visits with a child are vital to the system, although in 2009 only 74 percent of visits that were surveyed were rated as strong. In 2016, 88 percent of child visits were rated an agency strength. At the same time, in 2009 the number of surveyed caseworker visits with a caregiver were rated at only 21 percent of DFPS's strength in that area, as compared to 47 percent of all cases surveyed in 2016. Although the strength of visits has increased, both areas do not meet the national standards of caseworker visits and were marked as "in need of improvement" in 2009 and in 2016.<sup>32,33</sup>

### *Rise in Number of Families in Need of Effective Services*

Between fiscal years 2013 and 2017, the number of referrals of cases to FBSS has risen an average of five percent. In addition, during the same period the number of children removed during an investigation and placed in foster care has risen an average of five percent.<sup>34</sup> In both situations, children and families receive services to either strengthen and preserve or reunify them. Although DFPS is opening more cases requiring services than in recent history, DFPS

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<sup>28</sup> Department of Family and Protective Services. *Supporting your family through family-based safety services*. Retrieved from [https://www.dfps.state.tx.us/child\\_protection/Family\\_Support/fbss.asp](https://www.dfps.state.tx.us/child_protection/Family_Support/fbss.asp)

<sup>29</sup> TexProtects (2017). *Child protective services workforce analysis and recommendations*. Austin, TX: Patel, D., McClure, M., Phillips, S., & Booker, D. D.

<sup>30</sup> Children's Bureau (2016). *Child and family services reviews: Round 3 findings 2015-2016*. Retrieved from [https://www.acf.hhs.gov/sites/default/files/cb/cfsr\\_round3\\_findings\\_2015\\_2016.pdf](https://www.acf.hhs.gov/sites/default/files/cb/cfsr_round3_findings_2015_2016.pdf)

<sup>31</sup> Children's Bureau (2016). *Caseload and workload management*.

<sup>32</sup> Children's Bureau (2016). *Child and family services reviews: Texas final report*. Retrieved from <https://bit.ly/2K3hOjQ>

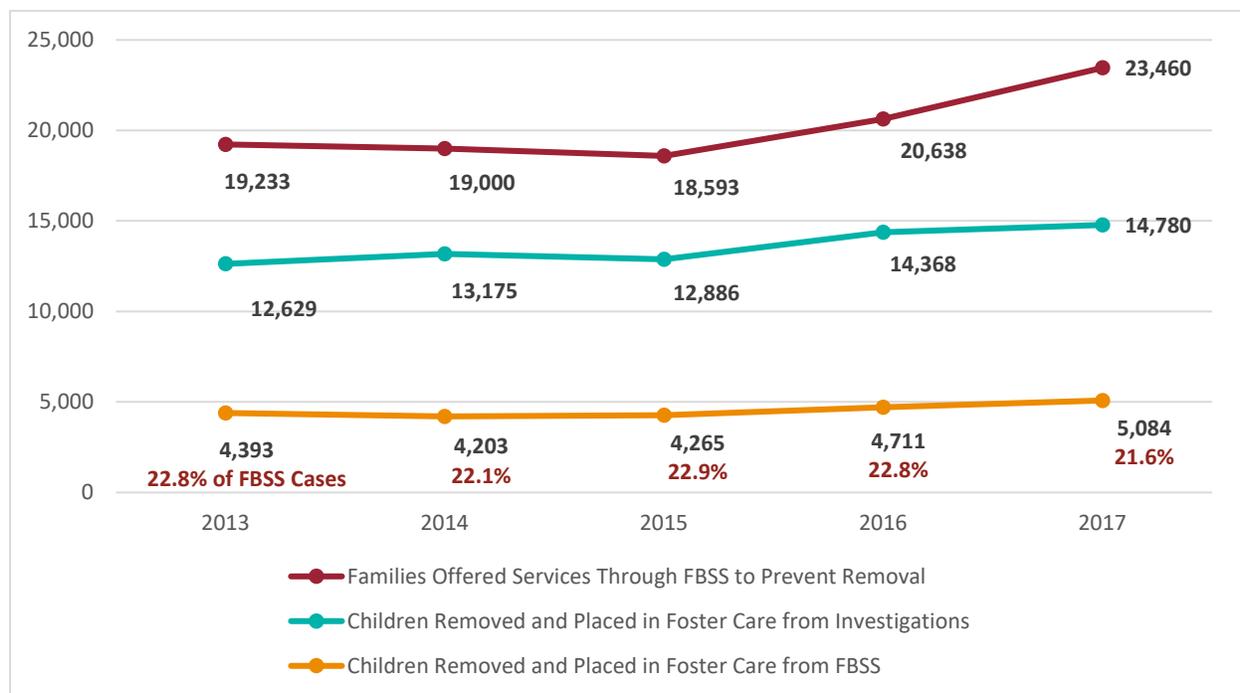
<sup>33</sup> Children's Bureau (2009). *Executive summary: Final report: Texas child and family services reviews*. Retrieved from <https://bit.ly/2LHQTDY>

<sup>34</sup> Department of Family and Protective Services. Data book: Child protective services: CPS completed abuse/neglect investigations: case action for families.

has not increased the funds needed for purchased client services. As a result, the current quality and array are inadequate.

After a family is referred to FBSS, either the family follows the strategic plan of training and prevention services and is able to meet the needs of the child, or the family fails to cooperate with their service plan and/or fails to protect their child. In case of the latter outcome, the family can either be court-ordered to follow their service plan or CPS may begin the removal process with the family. As Figure 6 shows, 22 percent of children in 2017 were removed from the home after their family was referred to FBSS (statistically flat from 23 percent in 2013).<sup>35</sup> This high ratio suggests that the services these families have received are not effective in preventing further abuse and/or neglect of already at-risk children.

Figure 6 Number of Cases Assigned to FBSS or Removal within a 5-year Period<sup>36,37</sup>



### Pilot Program

Through the passage of legislation in 2017 (Tex. 85<sup>th</sup> Legis., S.B. 11, 2017), DFPS began implementing a performance-based FBSS pilot program. Through a contract with the state, Pathways Youth and Family Services will develop and purchase a full array of services to meet the needs of families. The program will serve Region 10, which includes the Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio counties. All families referred for FBSS in Region 10 qualify for services under the pilot program, which began March 1, 2018. The program will reduce the number of CPS staff in the region

<sup>35</sup> Department of Family and Protective Services. Data Book: Child protective services (CPS): Removals.

<sup>36</sup> Department of Family and Protective Services. Data book: Child protective services: CPS completed abuse/neglect investigations: Case action for families

<sup>37</sup> Department of Family and Protective Services. Data book: Child protective services (CPS): Removals.

and the contractor will provide case managers.<sup>38</sup>

The pilot program seeks to increase the quality, availability, and effectiveness of services provided to at-risk families. The goals of the pilot include increasing the availability of evidence-based or evidence-informed services in areas that historically lack resources in order to create practices that can be replicated throughout the state with a diverse array of populations.<sup>39</sup> DFPS plans to measure outcomes throughout the program by assessing the length of time it takes to successfully close a case, the rate of recidivism, and whether clients enhanced protective factors during their participation in the program, families viewed the services provided positively, and caregivers achieved all or most of their goals prior to case closure.<sup>40</sup>

### *DFPS Improvements in the Works*

DFPS created a 2019 to 2023 agency strategic plan with goals to improve services to vulnerable children and their families. Some of these goals include promoting the use of evidence-informed practices in service delivery, building placement capacity in local communities, developing and implementing Prevention and Early Intervention (PEI) contracts, continuously examining the drivers of caseworker turnover, identifying and evaluate the potential for innovative service delivery options, actively promoting more collaboration between agency divisions, and expanding support to communities in order to help them better serve families.<sup>41</sup>

## Family First Prevention Services Act

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### Background

The 2018 Family First Prevention Services Act (Family First) provides states flexibility for federal matching funds for the first time in its history. Federal Title IV-E funding, historically used for post-removal expenses, will provide Texas with a framework and roadmap for building an evidence-based FBSS model towards preventing children from entering foster care.

Currently under Title IV-E of the Social Security Act, federal funding provides states with support in a) foster care, b) adoption assistance, c) guardianship assistance, and d) the Chafee Foster Care Independence Program. These funds are made available for a variety of child welfare expenses in Texas. In foster care, federal funding currently goes toward food, clothing, shelter, placement, administrative costs, and caseworker and foster care provider trainings. In adoption assistance, funding covers subsidies, administrative costs, and adoptive parent trainings. Guardianship assistance receives funding for kinship assistance payments, administrative costs, and training costs.<sup>42</sup> Through the Chafee Foster Care Independence Program, Texas receives \$140

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<sup>38</sup> Department of Family Protective Services. Family based safety services (FBSS) pilot program. Retrieved from [https://www.dfps.state.tx.us/Child\\_Protection/Family\\_Support/fbss\\_pilot.asp](https://www.dfps.state.tx.us/Child_Protection/Family_Support/fbss_pilot.asp)

<sup>39</sup> Ibid.

<sup>40</sup> Blackstone, K. (2018). *Senate health and human services: Charge 2A: Family based safety services (FBSS)* [PowerPoint]. Texas Department of Family and Protective Services: Child Protective Services.

<sup>41</sup> Texas Department of Family and Protective Services. Fiscal years 2019-2023 strategic plan. Retrieved from [https://www.dfps.state.tx.us/About\\_DFPS/Strategic\\_Plans/documents/2019-2023-DFPS\\_Strategic\\_Plan\\_V1.pdf](https://www.dfps.state.tx.us/About_DFPS/Strategic_Plans/documents/2019-2023-DFPS_Strategic_Plan_V1.pdf)

<sup>42</sup> Texans Care for Children (2018). *The family first act and Texas: An introduction to opportunities, challenges, and upcoming decisions*. Austin, TX: Murphy, K.

million each year to spend on youth transitional services for those aging out of the foster care system.<sup>43</sup>

Beginning October 1, 2019, DFPS will be eligible for a match up to 50 percent of their expenditures to further support FBSS. Programs, such as those detailed in the Effective Family-Based Prevention Services Programs section, could qualify to receive these funds under Family First.<sup>44</sup>

### Qualifications

To receive federal funding through Family First, FBSS programs must be trauma-informed and evidence based. They must fall under one of three scientific rating categories: 1) well-supported, 2) supported, or 3) promising. The rating categories are still in development by the federal government, but what guidance has been released thus far shows similarities to the rating system utilized by the California Evidence-Based Clearinghouse for Child Welfare (CEBC). The federal government will establish its own evidence-based clearinghouse to facilitate their rating system.<sup>45</sup>

For matching funds, programs should be provided in the home and address substance use, mental health, and/or parent education. Some substance use prevention and treatment services provided in the community also qualify. Title IV-E funds can only be used to provide services for a maximum of 12 months per child and family from the date the child is identified in a prevention plan as at-risk for entering foster care. If a child is subsequently identified as at-risk after this 12-month period, the child and family may receive these services more than once and further federal funding may be available. Children, youth, and families eligible under Family First may receive prevention services regardless of whether they meet Aid to Families with Dependent Children (AFDC) income-eligibility requirements for Title IV-E reimbursement.<sup>46</sup>

To be eligible for federal funds, DFPS would need to provide a prevention services and programs plan component in their overall child welfare plan. This component must detail how Texas will monitor and oversee the safety of the children who are receiving Title IV-E programs, including periodic risk assessments. It must also describe the services and programs the state will provide and their evidence-based status, the intended outcomes of the programs, how caseworkers will be trained and supported to effectively provide these services, and how the state will evaluate and closely monitor each prevention service or program offered.<sup>47</sup>

On an individual level, prevention programs must also provide a written

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<sup>43</sup> Texas Department of Family and Protective Services (2016). *Agency plan for Title IV-E of the Social Security Act foster care and adoption assistance state/tribe of Texas*. Retrieved from [https://www.dfps.state.tx.us/About\\_DFPS/Title\\_IV-E\\_State\\_Plan/documents/2015\\_Title\\_IV-E\\_State\\_Plan\\_Amendment\\_\(PI-15-07\).pdf](https://www.dfps.state.tx.us/About_DFPS/Title_IV-E_State_Plan/documents/2015_Title_IV-E_State_Plan_Amendment_(PI-15-07).pdf)

<sup>44</sup> Children's Defense Fund (February 2018). *The family first prevention services act: Historic reforms to the child welfare system will improve outcomes for vulnerable children*.

<sup>45</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

<sup>46</sup> Ibid.

<sup>47</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

service plan that specifies the needed services for or on behalf of the at-risk child. These plans must identify the strategy for keeping the child out of foster care, including a list of the services and programs needed. A child or family receiving these prevention services will not be affected regarding their eligibility for other federal programs.<sup>48</sup>

These funds are not meant to replace state funding for prevention services and programs, but instead are meant to be used as supplements to the state prevention services budget. To receive reimbursement, the state is required to keep a maintenance of effort and would not be able to spend less on prevention expenditures than it did in Fiscal Year 2014. States will also need to report these expenditures to the U.S. Health and Human Services Department (HHS), along with any funding received under Temporary Assistance for Needy Families (TANF), Title IV-E, Social Services Block Grant Program (SSBG), and other programs.<sup>49</sup>

## Effective Family-Based Prevention Services Programs

Many of the recommendations for support contained within a family's service plan refer them to contracted or community-funded assistance. Family preservation success is inherently dependent upon the caregivers accessing effective, evidence-based services to address specific risk factors. FBSS caseworkers often lack knowledge of quality programs to offer families. Available services across the state varies, and are especially lacking in rural areas, resulting in disparities in support for parents.

Purchased client services within DFPS's budget often include funding for drug testing and assessments, but insufficient funding for actual in-home treatment services. Additionally, purchased client services contracts have historically been compliance based, not performance based, resulting in little information about the efficacy of specific contracts. The contractor pilot program in Region 10 will be responsible for providing evidence-based services to families, while also ensuring positive performance outcomes related to the children and families served. Many effective, evidence-based programs have already been developed and are implemented around the nation. Casey Family Programs has identified 144 programs that qualify under Family First guidelines as they currently exist, and may still qualify after federal guidelines have been clarified. The number of programs by areas of intervention and level of evidence are shown in Table 1.<sup>50</sup>

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<sup>48</sup> Ibid.

<sup>49</sup> Children's Defense Fund (February 2018). *The family first prevention services act: Historic reforms to the child welfare system will improve outcomes for vulnerable children.*

<sup>50</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA).*

Table 1 Evidence-Based Programs That May Qualify Under Family First

<b>Mental Health Services for Children and Parents (Total: 82)</b>		
<i>Well-supported (sub-total: 28)</i>	<i>Supported (sub-total: 23)</i>	<i>Promising (sub-total: 31)</i>
<b>Substance Abuse Prevention and Treatment for Children and Parents (Total: 25)</b>		
<i>Well-supported (sub-total: 4)</i>	<i>Supported (sub-total: 14)</i>	<i>Promising (sub-total: 7)</i>
<b>In-Home Parent Skill-Based Programs: Parenting Skills Training and Parent Education (Total: 14)</b>		
<i>Well-supported (sub-total: 4)</i>	<i>Supported (sub-total: 5)</i>	<i>Promising (sub-total: 5)</i>
<b>In-Home Parent Skill-Based Programs: Individual and Family Counseling (Total: 23)</b>		
<i>Well-supported (sub-total: 3)</i>	<i>Supported (sub-total: 6)</i>	<i>Promising (sub-total: 14)</i>

Below is a sampling of some of these programs.

### In-Home Caregiver Skills Training and Education Programs

#### *Nurse-Family Partnership*

Nurse-Family Partnership (NFP) is a selective prevention program targeting first-time mothers of low socioeconomic status. Specially trained nurses provide regular home-visiting services to mothers, beginning prenatally (must enroll before 28<sup>th</sup> week of pregnancy) and through the second birthday of the child. Nurses help promote positive health behaviors and competent caregiving. The program aims to improve pregnancy outcomes and child health, development and safety. In addition, NFP has a goal to enhance life-course development through pregnancy planning, educational achievement, and employment.<sup>51</sup>

With over 10 published, peer-reviewed randomized control trials, the NFP program has significant evidence showing consistent and long-term results up to 18 years post-intervention. Some positive outcomes include an 89 percent increase in maternal employment, a 68 percent increase in father’s presence in household, and a 48 percent decrease in child maltreatment for families who participated in the program. NFP is currently being implemented in 42 states and large-scale evaluations have concluded a return of \$5.70 for every \$1 spent.<sup>52</sup> Casey Family Programs rated NFP as well-supported with an estimated cost of \$5,944 per child or family served.<sup>53</sup>

#### *SafeCare*

SafeCare is a research-based, in-home program for caregivers of children from birth to age 5 who are at-risk or have a history of child maltreatment. The program can take place in the adoptive home of a child, biological home, foster home, or kinship home. It targets three main risk factors for child abuse

<sup>51</sup> California Evidence-Based Clearinghouse for Child Welfare. (2018). *Nurse-family partnership (NFP)*. Retrieved from <http://www.cebc4cw.org/program/nurse-family-partnership/>

<sup>52</sup> Nurse-Family Partnership (2018). *About NFP*. Retrieved from <https://www.nursefamilypartnership.org/about/>

<sup>53</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

and/or neglect in its training modules: 1) the caregiver-child relationship, 2) home safety, and 3) child health. The modules focus on reducing future incidents for child abuse and/or neglect, increasing positive caregiver-child interaction, improving how caregivers invest in the health of their children, and enhancing home safety and caregiver supervision. The program is recommended to include weekly training sessions lasting one to one-and-a-half hours each for the duration of 18 to 20 weeks. Caregivers are encouraged to practice skills between sessions.<sup>54</sup>

Four main randomized controlled trials support the efficacy of the goals of the program to reduce recidivism and maintain low-hazard homes, as well as invest in the health of children, maximize caregiver health, and foster caregiver-child positive interaction. At least two of the studies showed research on long-term outcomes six years post-intervention.<sup>55</sup>

SafeCare is rated by CEBC as supported in five categories: 1) home visiting programs for prevention of child abuse and neglect, 2) interventions for abusive behavior, 3) interventions for neglect, 4) parent training programs that address child abuse and neglect, and 5) prevention of child abuse and neglect (secondary) programs. It is rated by CEBC as promising for home visiting programs for child well-being.<sup>56</sup> Casey Family Programs rates SafeCare as supported with an estimated cost of \$1,950 per child or family served and an estimated savings of \$3,563.<sup>57</sup>

### Caregiver Skill-based Individual and Family Counseling Programs *Families First*

Families First serves children (birth to age 17) and families who are at risk for child abuse and/or neglect, lack of parenting skills, family conflict, and child behavioral issues. The program uses the Risk, Need, and Responsivity six-phase model within the framework of the Teaching-Family Model (TFM). TFM utilizes married or partnered couples, or other “teaching parents” to train caregivers, teachers, and other support networks of children. Families First seeks to empower caregivers in their parenting and teach skills to children, caregivers, and families that promote sustainable change and transform risk factors into protective factors. Trained professionals provide in-home visits three or more times a week for a total of eight to 10 hours per week, for 10 to 12 weeks. Professionals carry small caseloads of two to four families.<sup>58</sup>

The program is rated by CEBC as promising in two areas: 1) disruptive behavior treatment (child and adolescent), and 2) home visiting programs for child well-being.<sup>59</sup> One randomized controlled trial supports the efficacy of Families First as an intensive, family-based intervention that helps families

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<sup>54</sup> National SafeCare Training and Research Center. About Safecare. Retrieved from <https://safecare.publichealth.gsu.edu/about-safecare/>

<sup>55</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

<sup>56</sup> National SafeCare Training and Research Center. About safecare. Retrieved from <https://safecare.publichealth.gsu.edu/about-safecare/>

<sup>57</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

<sup>58</sup> California Evidence-Based Clearinghouse for Child Welfare. Families first. Retrieved from <http://www.cebc4cw.org/program/families-first/detailed>

<sup>59</sup> Ibid.

maintain positive change long-term.<sup>60</sup> Casey Family Programs rated Families First as promising.<sup>61</sup>

### *Homebuilders*

Homebuilders is a selective prevention program targeting families with children (birth to 18) who are at imminent risk of entering foster care, residential treatment, psychiatric hospitals, or juvenile justice facilities. In addition, the program is also available for children who are returning from one of these systems and in need of intensive reunification/reentry services. The goals of the program are to reduce child abuse and/or neglect, reduce family conflict, and teach family skills to prevent placement or reunify successfully.<sup>62</sup> It aims to avoid the unnecessary placement of children and youth outside the family, and research has shown that 86 percent of program participants have succeeded in this goal.<sup>63</sup> Homebuilders is based on the Intensive Family Preservation Services (IFPS) Toolkit funded by the Annie E. Casey Foundation.<sup>64</sup>

The program is supported by two randomized control trials with research on long-term outcomes up to five years post-intervention.<sup>65</sup> It is rated by CEBC as supported in four categories: 1) family stabilization programs, 2) interventions for neglect, 3) post-permanency services, and 4) reunification programs.<sup>66</sup> Casey Family Programs rated Homebuilders as supported. It has an estimated cost of \$3,547 per child or family served and an estimated \$13,005 in savings.<sup>67</sup>

### Caregiver and Children Substance Use Prevention and Treatment Programs

#### *C.A.R.E.S.*

C.A.R.E.S. (Coordination, Advocacy, Resources, Education, and Support) is a community-based prevention program that provides families at risk for child maltreatment with Wraparound Family Team Conferencing. It serves caregivers who have at least one child under the age of 18. C.A.R.E.S. seeks to build upon existing strengths of families using specific Wraparound Principles such as fidelity monitoring, consumer satisfaction surveys, and data outcome and measurement.<sup>67</sup>

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<sup>60</sup> Lewis, R. E. (2005). The effectiveness of families first services: An experimental study. *Children and Youth Services Review, 27*, 499-509.

<sup>61</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

<sup>62</sup> California Evidence-Based Clearinghouse for Child Welfare. Homebuilders. Retrieved from <http://www.cebc4cw.org/program/homebuilders/detailed>

<sup>63</sup> Fraser, M. W., Walton, E., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review, 18*, 4, 335-361.

<sup>64</sup> California Evidence-Based Clearinghouse for Child Welfare. Homebuilders. Retrieved from <http://www.cebc4cw.org/program/homebuilders/detailed>

<sup>65</sup> Fraser, M. W., Walton, E., Lewis, R. E., Pecora, P. J., & Walton, W. K. (1996). An experiment in family reunification: Correlates of outcomes at one-year follow-up. *Children and Youth Services Review, 18*, 4, 335-361.

<sup>66</sup> Institute for Family Development (2018). Homebuilders - IFPS. Retrieved from [http://www.institutefamily.org/programs\\_IFPS.asp](http://www.institutefamily.org/programs_IFPS.asp)

<sup>67</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

<sup>67</sup> California Evidence-Based Clearinghouse for Child Welfare. *C.A.R.E.S. (coordination, advocacy, resources, education, and support)*. Retrieved from <http://www.cebc4cw.org/program/c-a-r-e-s-coordination-advocacy-resources-education-and-support/detailed>

The program focuses on intensive care coordination, instead of dependency case management, and provides families with weekly contact and monthly face-to-face meetings and home visits (although more contact is possible depending on family needs). Each caseworker has an average caseload of one to 15 families. Services are provided directly to both caregivers and children. Emphasis is placed on the Family Team, which includes the immediate biological family and other support systems.<sup>68</sup>

C.A.R.E.S. is rated by CEBC as promising in the area of prevention of child abuse and neglect (secondary) programs,<sup>69</sup> based on a study looking at wraparound intervention six months post-completion of services.<sup>70</sup> Casey Family Programs rated C.A.R.E.S. as promising.<sup>71</sup>

### *Motivational Interviewing*

Motivational Interviewing (MI) seeks to motivate and empower people wishing to recover from substance use to change their behaviors. It is a client-centered, directive approach which focuses on exploring and then resolving ambivalence to the idea of change. The program recommends one to three individual sessions lasting 30 to 50 minutes each. MI is typically provided in community agencies, hospitals, outpatient clinics, or residential care facilities.

MI was found well-supported by CEBC.<sup>72</sup> The Campbell Systematic Review determined the program had a significant short-term effect for reducing substance use for one to six months and for the seven- to 12-month follow-up period.<sup>73</sup> Casey Family Programs rated MI as well-supported. It has an estimated cost of \$263 per person and an estimated \$5,572 in cost savings.<sup>74</sup>

### *Seeking Safety (for adults)*

Seeking Safety (for adults) is targeted to individuals with substance use and who experienced previous trauma. This treatment is based on coping skills therapy and can be conducted in either group (two to 50 participants) or individual sessions. The program consists of 25 topics, which include safety, setting boundaries in relationships, creating meaning, recovery thinking, coping with triggers, self-nurturing, and others.

The overall goals of the program are to reduce trauma and/or substance use symptoms and increase safe coping in relationships, thinking, behavior, and emotions. Seeking Safety is available as a book, complete with clinician guidelines and handouts for participants. Between each session, participants are asked to make a commitment of doing one thing for their recovery.

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<sup>68</sup> Ibid.

<sup>69</sup> Ibid.

<sup>70</sup> Munoz, A. S., Renteria, R. M., Gelwicks, J., & Fasano, M., (2015). Reducing risk: Families in wraparound intervention. *Families in Society, The Journal of Contemporary Social Services*, 96, 2, 91-98.

<sup>71</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

<sup>72</sup> California Evidence-Based Clearinghouse for Child Welfare. *Motivational interviewing (MI)*. Retrieved from <http://www.cebc4cw.org/program/motivational-interviewing/>

<sup>73</sup> Smedslund, G., Rigmor, C. B., Hammerstrøm, K. T., Steiro, A., Dahl, H. M., & Karlsen, K. (2011). Motivational interviewing for substance abuse. *Campbell Systematic Reviews*, 6.

<sup>74</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

CEBC and Casey Family Programs rated Safety Seeking as promising.<sup>75,76</sup> The Casey Family Programs report estimated a cost of \$526 per person.<sup>77</sup>

## Mental Health Services for Children and Caregivers

### *Family Connections*

Family Connections (FC) serves at-risk families with children age 17 and younger to prevent child maltreatment and help families meet their basic needs. FC is guided by nine practice principles, including community outreach, tailored assessment and interventions, empowerment principles, cultural competence, and others. The program seeks to increase family protective factors and decrease risk factors and improve child safety, well-being, and permanency outcomes.<sup>78</sup>

FC addresses poor household conditions of families, financial stress, inadequate social support, unsafe caregiver-child interactions, poor adult functioning, and poor family resources. The program also advocates on behalf of at-risk families in the community to facilitate service delivery by other organizations. FC requires at least one hour per week of in-home, face-to-face prevention services for a recommended time frame of three to four months, with an optional 90-day extension if needed. FC is rated by CEBC as promising in three areas: 1) casework practice, 2) interventions for neglect, and 3) prevention of child abuse and neglect (secondary) programs.<sup>79</sup> Casey Family Programs rated FC as promising with an estimated cost of \$1,612 per child or family served and an estimated \$857 in savings.<sup>80</sup>

### *Trauma-Focused Cognitive-Behavioral Therapy*

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) includes both the child or adolescent and their caregivers in counseling sessions. It is a therapeutic approach designed to help children and adolescents (age 3 to 18) who are experiencing significant emotional and behavioral difficulties as a result of traumatic life events, especially those who have been sexually abused or exposed to domestic violence. It also has been shown to benefit children/adolescents with anxiety, depression, shame, and/or grief related to their trauma.<sup>81</sup>

The overall goal of TF-CBT is to address the maladaptive behaviors resulting from traumatic experiences, including symptoms such as Post-Traumatic Stress Disorder (PTSD), sexual behavior problems, depression, anxiety, shame, and embarrassment. The therapy seeks to not only improve child/adolescent adaptive functioning, but also to improve caregiver skills, caregivers' support of the child, and caregiver-child communication, attachment, and ability to

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<sup>75</sup> California Evidence-Based Clearinghouse for Child Welfare. *Seeking safety (adult version)*. Retrieved from <http://www.cebc4cw.org/program/seeking-safety-for-adults/detailed>

<sup>76</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

<sup>77</sup> Ibid.

<sup>78</sup> California Evidence-Based Clearinghouse for Child Welfare. *Family connections (FC)*. Retrieved from <http://www.cebc4cw.org/program/family-connections/detailed>

<sup>79</sup> Ibid.

<sup>80</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

<sup>81</sup> California Evidence-Based Clearinghouse. *Trauma-focused cognitive-behavioral therapy (TF-CBT)*. Retrieved from <http://www.cebc4cw.org/program/trauma-focused-cognitive-behavioral-therapy/detailed>

maintain safety.<sup>82</sup>

TF-CBT utilizes relaxation techniques, cognitive coping, trauma narrative and processing, and in vivo exposure to reduce maladaptive behaviors in the child/adolescent and reduce caregiver distress. On average, treatment lasts for 12 to 18, 30- to 45-minute sessions for the individual child/adolescent, for the caregiver(s), and conjoint child-caregiver sessions toward the end of treatment. The program can be held in the home of the child/adolescent, in a community agency, in an outpatient clinic, and in residential treatment centers. TF-CBT is rated well supported for children and adolescents in two areas by CEBC: 1) anxiety treatment and 2) trauma treatment–client-level interventions.<sup>83</sup> Casey Family Programs rated TF-CBT as well-supported with an estimated cost of \$1,037 per child or family served.<sup>84</sup>

## Recommendations

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The number of families in Texas with children at risk for entering the foster care system is growing, as are the needs of these families for programs and services. Although the state has made some progress in providing FBSS, limitations and challenges still exist, such as insufficient length of services, high caseworker turnover, insufficient caseworker training, and a lack of data on face-to-face meetings between caseworkers and at-risk families. However, newly available Title IV-E funding through Family First provides an opportunity for DFPS to expand its in-home prevention services. TexProtects recommends the state take the following actions to ensure more children are safe and protected and to preserve biological families:

- Include in policy guidelines the frequency of face-to-face contact between caseworkers and at-risk families required for each level of risk. This will ensure best practices across the state.
- Provide FBSS caseworkers with family engagement and strengths-based interviewing training, such as Seeking Safety and Motivational Interviewing, to improve service delivery to families.
- Implement performance-based contracting for purchased client services, including family outcomes as a measurement.
- Fund evidence-based, in-home services for parents referred to FBSS, such as those detailed by Casey Family Programs as evidence-based and well-supported, supported, or promising.
- Plan and implement a phased-in approach of evidence-based in-home and community programs and services tailored to individual needs of at-risk families. Improve coordination of funding opportunities across agencies and systems to avoid duplication, including maximizing funds through the Family First Title IV-E matching program.

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<sup>82</sup> Ibid.

<sup>83</sup> Ibid.

<sup>84</sup> Casey Family Programs (2018). *Interventions with special relevance for the family first prevention and services act (FFPSA)*.

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