

**Strengthening Texas Families and Connecting Them to Resources**

From time to time, any family can need help at different stages of their child's lives, whether it's assistance with daily caregiving like childcare or transportation, occasional support like help understanding a child's needs through a developmental screening, or one-time assistance with food or rent during a crisis caused by a job loss or illness. In those moments when families are in need – whether it's a crisis or not – it is important that they are able to connect with the needed supports in a timely and easy manner.

As a state, Texas has valued the importance of communities having multiple ways in which families can connect to resources, as opposed to prioritizing a single source of connection. Connection points can be a physical place within a neighborhood, virtual platforms or phone lines. In Texas, these pathways include 2-1-1 Texas, Family Resource Centers, Help Me Grow, Kinship Navigators, the Department of Family and Protective Services (DFPS) Parent and Youth Helpline, and findhelp.org.

Each of these connection/access points are managed and funded differently depending on their respective community – some are funded and managed by the state including HHSC, DFPS and DSHS; others are managed and funded privately; some are both privately and publicly funded and managed. There are also communities in which none of these centralized access points or connection points exist.

A benefit of multiple connection points is that individuals and families in need can connect to services and resources within their communities in the way that suits them best – whether that connection point is a technology platform, a phone hotline or a physical space in their neighborhood. While the strategy of having a range of ways to connect families with resources can be helpful, it can also be confusing to navigate the various points of connection. In addition, the infrastructure to help connect families to services exists in silos, based on how it is funded and structured. Even when connection points exist within the same state agency – such as 2-1-1 and Family Resource Centers - they exist alongside programs and are treated as programs, instead of as connection points between families and programs. As a result, families and professionals often do not know about these “connectors”, let alone the services and programs available to help them thrive.

Because of the current structure, none of the connection points are as comprehensive as they could be. None are connected with each other, and each contains limited, often duplicative information. This causes more confusion, making it difficult for families to know where to turn when they need help, and for professionals, like pediatricians, teachers, childcare providers and home visitors, to effectively connect families in their care to community supports.

A more coordinated, less siloed system could connect more families to the resources they need in a timelier way, ultimately leading to less families in crisis. We respectfully submit the recommendations below to bring efficiencies to the structure and governance of state agency programming and to ensure families are connected to the resources they need.

**Improved alignment, interconnectivity, and efficiency of operations of state and local level infrastructures that connect families to the resources they need.** The most urgent need is to eliminate the current fragmentation across and within family-serving systems and agencies. Investment is required to ensure that all existing resource connectors and warmlines (such as 2-1-1Texas and community-based family resource centers) are interconnected. This system-wide coordination must be supported by cross-systems training for staff to better understand what services are available for their clients and offered by other agencies. Housing all of the connectors and warmlines under one state agency will help ensure their respective databases of resources are aligned and inclusive of accurate, up-to-date information. Housing these connectors and warmlines within HHSC, will ensure that they are aligned with and supportive of the array of strong programming and family supports to which families need to be connected. Collaboration within agency between the connectors must be met with the authority to take actionable steps, shared outcomes and increased capacity to ultimately foster a single, unified approach to family well-being. The proposed connectors to be housed at HHSC and aligned with each other include:

- **2-1-1Texas:** Direct HHSC and the Texas Information and Referral Network (TIRN) to develop and implement a statewide interoperability strategy that enables agencies and publicly funded service platforms to access, contribute to and integrate with the 2-1-1 database. Key sunset-related structural recommendations include:
  - **Shared API or data-sharing standards** so agencies and systems can use validated 2-1-1 resource information rather than maintaining separate directories.
  - **Governance and accountability structures** ensuring maintenance, accuracy, regional representation and quality standards for community resource data.
  - **Requirements for publicly funded programs to leverage 2-1-1** when building referral or case management tools.
  - **Incentives for collaborative technology and contracting models** that reduce duplication and strengthen statewide information infrastructure.
- **Family Resource Centers (FRCs):** While warmlines and websites may be helpful to many families, others prefer in-person assistance at a physical location. FRCs are community-based spaces, located within high-need neighborhoods and created with the needs of the families within that community in mind. Additionally, mobile Family Resource Centers can be a proven model of reaching families in rural areas while tackling issues of transportation and basic services.
  - While FRCs are successful in meeting family needs, there are currently only approximately 20 publicly funded FRCs across the state (there are additional FRCs that are not publicly funded, often within schools). According to the National Family Support Network, FRCs have demonstrated a range of positive impacts including school success, family economic self-sufficiency, decreased child abuse investigations and a 50% reduction in the need for out-of-home placements. Considering their success, Texas families would benefit by having access to FRCs in additional areas of the state, and the FRCs that are not HHSC-funded would benefit from access to statewide FRC community and standards.
  - Texas is currently undergoing a process to set standards for FRCs. It is essential that there is adequate staffing in the Family Support Services division of HHSC to manage and support the work of these FRCs, as well as ensuring these community-led centers meet consistent and transparent state standards.
- **Kinship Navigators:** The four pilot kinship navigators created by the legislature in 2021 are an effective connection strategy targeted at meeting the needs of formal and informal kinship caregivers and showing positive outcomes related to child safety, child/adult wellbeing and referrals/access to services. It is essential that there is adequate staffing in the Family Support

Services division of HHSC to manage and support the continued work of these navigators. In addition, since many informal kinship caregivers are grandparents, it would be helpful if there could be more formal connections within HHSC for aging.

- **Help Me Grow:** Help Me Grow (HMG) is a framework to help communities structure and amplify services to families with young children ages 0-8. Help Me Grow exists in communities to promote healthy child development, early identification, referral and linkage to community resources, including basic needs and family support. These exist in some areas of the state, but not all.
  - **Oversight and coordination of Texas' Help Me Grow sites should be moved from the Department of State Health Services to HHSC, more specifically the Family Health Services division at HHSC.** The majority of the sites that run Help Me Grow are already grantees of Family Support Services, and the work is aligned with what these providers are already doing in communities. Benefits of this move would include stronger coordination of state supports for a networked approach to connecting families to services.
- **DFPS Parent and Youth Help Line:** In 2024 there were over 293,000 calls to the state's child abuse and neglect hotline, with over 40% of these not meeting the definition of abuse or neglect. Many of these calls represent families in search of support for services, and instead of being connected to community-based supports, they are being connected to DFPS, a state agency whose primary focus is on determining if abuse or neglect has occurred and removing children from homes when they are not safe. The state agency that is charged with investigating abuse and neglect should not be the agency charged with supporting families to avoid a crisis. **If calls to the hotline do not meet the threshold of abuse and neglect, they currently are routed to the DFPS Parent and Youth Help Line.** DFPS created this separate warmline in response to the growing number of calls of families calling in search of services. Ensuring interconnectedness with different community connectors and warm lines when someone calls the Texas Abuse Hotline without concerns of abuse or neglect would allow for families to be connected to the right resources more timely and could help with wait times for the Texas Abuse Hotline so that intake workers are only focusing on matters of abuse and neglect. **Recommend moving the Parent and Youth Help Line from DFPS to HHSC and providing additional staffing capacity** to live alongside where other connectors and warmlines such as 2-1-1Texas, Family Resource Centers, and Kinship Navigators are already located.

### Cross-Agency Coordination

Over the last few years, some efforts have been made to improve services to families with young children. Several state agencies have each contributed a small amount of funding to support the Early Childhood Interagency Workgroup and a shared full-time position that coordinates work between the Texas Health and Human Services Commission, the Texas Education Agency, the State Department of Health Services, and the Texas Workforce Commission. A few achievements of the Early Childhood Interagency Workgroup include successfully applying for the federal Preschool Development Grant (PDG), coordinating work funded by PDG and initiating efforts to create an integrated early childhood data system to coordinate data between these state agencies. While these are significant steps, the work of the group is limited due to capacity and authority. The following recommendations will allow for expanded work to further support efforts by existing agencies to better coordinate and serve families with young children.

**Expand the Early Childhood Interagency Workgroup by providing adequate staffing, over and above the existing one fulltime staff person funded through pooled state agency dollars.** This will ensure the work aligns with other efforts within the various individual state agencies that support two-generational approaches to streamline and strengthen services to families with young children.

**Increase investment in the workforce across state agencies by providing adequate cross-systems training to ensure they know what resources exist in their communities to meet families' needs.** There is an urgent need for consistent training across all communities to ensure that families know how to access services, when families should be connected or referred to help and/or when a report of abuse or neglect needs to be made. It will be important to designate a state agency to lead and manage cross-agency training, likely HHSC Family Support Services or the Texas Early Childhood Office, if created.

**Create a coordinated intake and referral system across TWC, HHSC, and other relevant agencies so that families can access multiple programs—workforce, human services, and education—through a single-entry point, reducing duplication and ensuring that families are connected to all services for which they are eligible.** Families often interact with multiple state agencies (HHSC, TWC, DFPS, TEA, etc.) for workforce, human services, and education programs. Coordinated intake reduces repeated paperwork, lowers administrative workload for state staff, and frees limited state resources for direct service delivery.

**Create a universal intake form and shared application process for families to access the programs they are eligible for and need. Ensure that client's confidentiality is protected.** The application process to receive benefits is burdensome to families. There is excessive paperwork and various eligibility requirements across programs, with a lack of a universal application. Developing and implementing a single application process reduces repetitive paperwork, lowers administrative workload for state employees, and frees limited state resources for direct service delivery.

## Children's Mental Health

**Elevate children's mental health by establishing an executive position within HHSC to oversee and coordinate all children's mental health services and supports including assessing funding streams and outcomes and promoting initiatives that support families 1) early on to prevent subsequent behavioral issues in the future and 2) navigate services and supports for children with significant behavioral health needs.**

- Mental health diagnoses and behavioral issues have steadily been on the rise in several aspects of child welfare and child protection. In particular, much attention was given this past Legislative Session to reactive solutions addressing student behaviors in the classroom that prohibit them from learning, when a conversation about how to be proactive in supporting the child prior to this point would have been more beneficial. A child being removed from school or childcare can result in economic crisis for a family, as a parent may need to leave their place of employment due to not having somewhere their child can be cared for. Being able to bolster support with families with young children to give them the tools they need to help when their infants and toddlers start to exhibit mental health issues can help these complex needs from turning into crises, as well as helping families on their journey to self-sufficiency and sustainability.
- **Several state agencies focus on helping families related to their mental health, leading to inefficiencies and gaps in services.** For instance, HHSC leads the charge on providing mental health services and supports for adults and school-age children, Early Childhood Intervention (ECI) for children 0-3 with disabilities or developmental delays, and other services to support families with children under 5. TWC's efforts are focused on quality childcare, and TEA focused on pre-K for children 3-4 years old. For children ages 0-3, it can be difficult to know where to seek help. This work is largely under the purview of ECI, however, the child must meet the strict eligibility criteria regarding specific diagnoses and/or delays to qualify for services. This causes a

gap in services to support our youngest children with mental and behavioral health. **Clarity on management of mental health needs of infants and toddlers is needed.**

- The Children’s Mental Health Division sits within the HHSC CPSO, along with numerous other programs. Although it supports some critical children’s mental health programs, such as the Residential Treatment Center Project, there are other supports and services that are overseen by other divisions within CPSO and HHSC, including the contracting component. There is no identified single executive dedicated to or accountable for coordinating all components of children’s mental health supports and services within the agency.
- In its self-evaluation report, DFPS raises the issue that children and youth with significant behavioral health needs who are involved with DFPS are negatively impacted by complex systems and limited availability of supports and services. This leads to families coming into contact with DFPS to seek help for their children with significant behavioral health needs as a “last resort” and may result in an increase in length of time in care due to lack of statewide services, which may delay reunification.
- The state sees increased costs when DFPS becomes the “last resort” for families with children who have significant behavioral health care needs, including: 1) increased staff time devoted to seeking placements and services for these youth in comparison to other children and youth in care; 2) a higher daily rate for placement; 3) longer stays in care; and 4) potentially, a reentry into care.