



Testimony Before the Texas Senate Finance Committee on Community-Based Care

by Andrew C. Brown, J.D., Director

Chair Nelson and Members of the Committee:

Thank you for the opportunity to speak with you today about the early success of community-based care (CBC) and the need for its continued expansion throughout Texas.

My name is Andrew Brown, and I am the director of the Center for Families & Children at the Texas Public Policy Foundation, a non-profit, non-partisan think tank based here in Austin. As an attorney, I've spent my career focusing on child welfare in both the direct service and public policy arenas. I've represented both children and parents in court and walked alongside families as they worked to overcome life crises—mostly related to poverty—that placed them at risk of breakup through the child welfare system.

Last session, the 85th Legislature transformed the way Texas approaches child welfare by increasing the role of local communities and non-profit organizations in serving families and caring for children. The community-based care model created by Senate Bill 11 addressed deficiencies in the centralized, state-led foster care system that put children at risk by transferring primary responsibility for service delivery and case management to local service providers based in the communities where children live.

Since 2017, DFPS has been working to implement community-based care throughout the state. While this process is unfolding slowly, Single Source Continuum Contractors (SSCC) in three regions—Region 2, Region 3b, and Region 8a—have taken over providing foster care placement services and are making steady progress toward achieving the goals set by SB 11 for protecting the most vulnerable children in Texas.

The safety of children in foster care and the stability of placements were among the top priorities community-based care was created to address. I'm pleased to report that it's working.

The most recent data for Region 3b, the first region to implement CBC, shows that 100 percent of children served were safe in their foster care placements—a sustained, positive trend for this most critical outcome. In addition, there has been a significant decline in the number of children placed in emergency shelters and residential treatment centers. These two outcomes alone demonstrate the effectiveness of CBC at protecting children from suffering unnecessary additional trauma while in foster care and providing them with greater normalcy in their daily lives.

Normalcy for children in foster care is critical for their long-term success, and keeping children closer to their home communities is key to achieving this goal. Rider 21 measures this outcome by tracking the percentage of children placed within 50 miles of home. In CBC Region 3b, 90 percent of all foster home placements are within 50 miles of the home from which the child was removed. If we include high-needs children placed in residential or treatment settings, nearly 3 out of 4 are placed within 50 miles of home—outpacing the statewide legacy system by more than 10 percent.

These improvements under CBC are primarily driven by increases to foster home capacity, especially in traditionally underserved rural areas. Additionally, new residential treatment facilities serving regions that previously lacked these services, along with innovations made by community-based providers in how they serve high-needs children are allowing these children, whom the legacy system often transported hundreds of miles across the state, to remain closer to home.

The importance of innovation in driving better outcomes for children cannot be overstated. By decentralizing the state's massive child welfare bureaucracy and empowering local community organizations to take the lead in caring for our most vulnerable children, CBC created the flexibility to identify needs and respond quickly with new solutions to some of the toughest challenges faced by the legacy system. One example of the new solutions being pioneered by the SSCCs is the launch of Professional Home-Based Care by Our Community, Our Kids. The first program of its kind in Texas, Professional Home-Based Care allows children who previously would have been placed in a residential treatment facility to have their needs met in a family setting, thus minimizing the negative impacts associated with stays in foster care and providing greater normalcy.

The success of the community-based care model is being realized even before full control over case management decisions has been transferred from DFPS to the SSCCs. While the data presented in Rider 21 shows that CBC is already outperforming the statewide legacy system in a number of key performance areas, it is just a glimpse of the improvements in store as the model expands. As greater control over case management is transferred to the SSCCs and more regions come online, the positive outcomes we are already seeing in foster care placement services will expand throughout the entire continuum of services provided to families. As you consider the state budget for the upcoming biennium, the efficient implementation and expansion of community-based care—including the allocation of resources necessary to ensure its success—must be a top priority.

Recommendations

Texas must demonstrate its commitment to community-based care as the future of the state's child welfare system by:

(1) Allocating sufficient resources to support the full implementation of community-based care in every region of the state.

Community-based care is premised upon the decentralization of Texas' massive child welfare bureaucracy. This requires the reallocation of resources from DFPS to the community-based providers who will be taking over direct implementation of services. Without this demonstration of commitment from the Legislature, community providers poised to begin investing in increasing their capacity in advance of CBC coming to their region will hesitate to do so.

(2) Prioritizing the transfer of the full continuum of child welfare services to community-based providers and giving them case-management and decision-making authority over these services.

Responsibility without decision-making authority is a recipe for failure. Through Senate Bill 11, the Legislature entrusted community-based providers with the responsibility for improving the state's child welfare system. However, only foster care placement services have been transferred from DFPS to the SSCCs, and these providers still lack the full case management and decision-making authority necessary for meeting the needs of the children and families they serve. It is imperative that these providers are given the authority they need to make Texas the gold standard in caring for vulnerable children.

(3) Setting clear readiness review standards that provide a roadmap for prospective SSCCs as they work toward implementation.

The slow pace of statewide implementation of community-based care is due, in part, to the lack of clear readiness review standards for current and prospective SSCCs. Providing community providers with a formal, transparent set of criteria and expectations for becoming the SSCC for their region and progressing from Stage I to Stage II of implementation will allow providers to better develop the capacity necessary to take on full responsibility for providing services. ★

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The public is demanding a different direction for their government, and the Texas Public Policy Foundation is providing the ideas that enable policymakers to chart that new course.

