



TEXAS
Department of Family
and Protective Services

DRAFT

Presentation to the House Human Services Committee

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DFPS Commissioner

March 4, 2025

DFPS Agency Overview

Core Functions

Statewide Intake (SWI)

Operates 24 hours a day, seven days a week, as the centralized point of intake for reporting suspected incidents of abuse, neglect, and exploitation and childcare licensing standards violations.

Adult Protective Services (APS)

Protects adults living in their own homes who have disabilities or who are 65 years old or older by investigating reports of abuse, neglect, and exploitation and providing short-term services.

Child Protective Investigations (CPI)

Investigates reports of abuse, neglect, and exploitation, including those within certain residential facilities.

Child Protective Services (CPS)

Assesses and places children in foster care when they are not safe in their own homes, and for ensuring the best permanency outcomes for children in care.



DFPS By The Numbers

	FY 2022	FY 2024	FY 2025 (YTD)
Statewide Intake			
Turnover	15.2%	12.4%	7.5%
Call Abandonment	27.5%	22.8%	22.6%
Hold Times	7.3 minutes	6.2 minutes	6.2 minutes
Adult Protective Services			
Turnover	33.9%	29.1%	22.3%
Average Daily Caseload	26.3 cases	24.5 cases	23.4 cases
Case Initiation Timeliness	98.2%	98.4%	98.4%
Child Protective Investigations			
Turnover	45.5%	32.6%	31.3%
Average Daily Caseload	17.1 cases	9.6 cases	9.1 cases
P1 Face-to-Face Contacts Actual/Attempted	90.1%	90.0%	90.5%
P2 Face-to-Face Contacts Actual/Attempted	89.2%	91.2%	91.8%
Average Time to Case Closure	45.5 days	32.9 days	28.8 days



DFPS By The Numbers

	FY 2022	FY 2024	FY 2025 (YTD)
Child Protective Services			
Children in Substitute Care	19,049 children	15,297 children	15,666 children
CVS Caseworker Turnover (Excluding CBC)	29.3%	34.8%	22.5%
CVS Average Daily Caseload	19.5 cases	15.2 cases	14.0 cases
FBSS Average Daily Caseload	4.8 cases	9.8 cases	9.4 cases
Children with Permanency in 12 months	27.1%	30.2%	27.8%
Children Without Placement (CWOP)	61 children	16 children	20 children
Kinship Initiatives			
Children in Kinship Settings	44.2%	40.5%	41.8%
Children with Kinship as First Placement	37.2%	37.1%	37.0%
Community Based Care			
Children in CBC Responsibility (Aug. 31)	25.1% kids in care	49.4% kids in care	49.0% kids in care
Stage I Implementation	4 regions	0 regions	0 regions
Stage II Implementation	3 regions	4 regions	4 regions
Stage III Implementation	0 regions	4 regions	4 regions



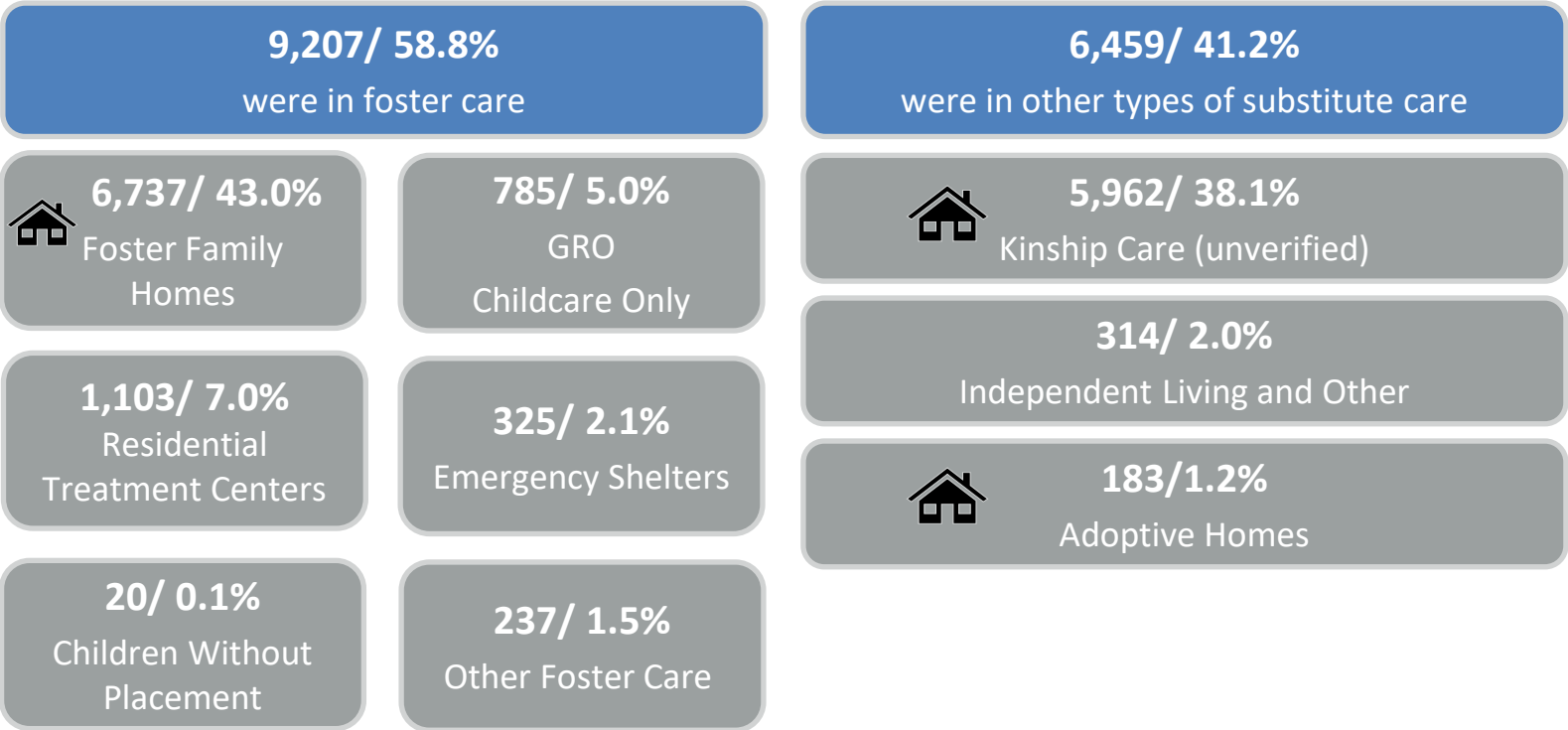


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High Acuity Youth and Behavioral Health Access

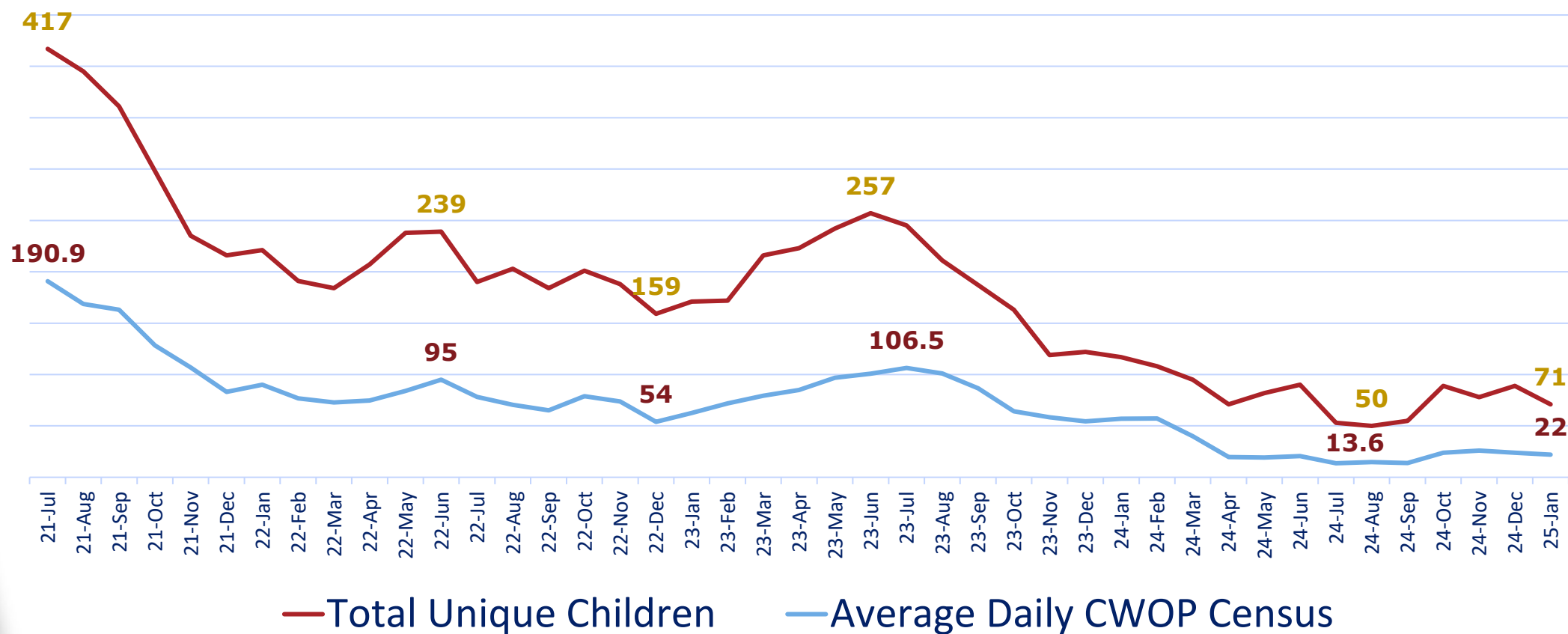
Placement Data

Most children in DFPS care reside in family-like home settings. Of the 15,666 children in care (ages 0-17) at the end of December 2024, 12,882 (82.2%) resided in a family-like home setting:



 =
Family-Like
Setting

Children Without Placement (CWOP)



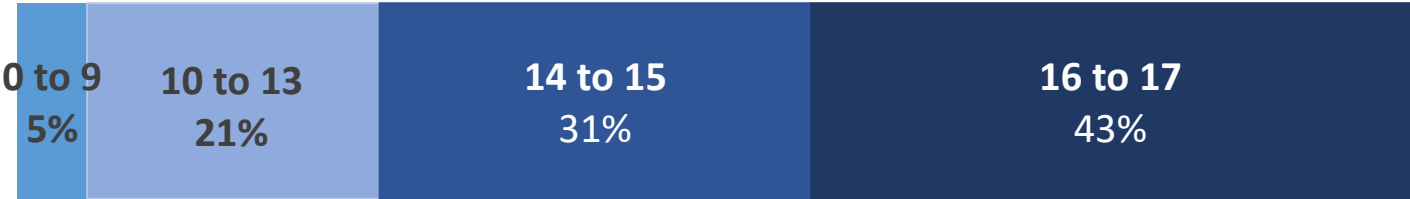
Children Without Placement

Children Without Placement

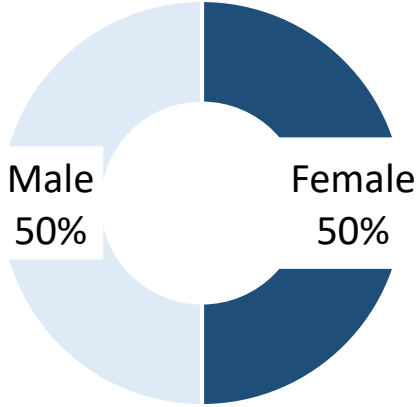
FY 2024

N=561 Children

Age



Gender



39%

of all children who had a CWOP event in the timeframe had been in conservatorship for less than one year

42%

of all children who had a CWOP event in the timeframe were removed due to Refusal to Accept Parental Responsibility



Children Without Placement

Top 5 Child Characteristics/Needs
FY 2024
N=1,119 Events

Children without
placement have
complex needs



Children Without Placement Interventions

System Efforts

Strategic System Wide Efforts

DFPS centralized functions essential to finding placement solutions, surveyed providers to understand limits to capacity expansion, developed a community resource guide to help families in need of behavioral health support, and received funding to expand monitoring to more youth in Texas.

Individual Child Intensive Focus

- Conducts an intensive daily meeting that fosters accountability and commitment among all participants to ensure the safety and well-being of youth.
- Utilizes child specific programs to identify and address mental and behavioral health.
 - Intensive Psychiatric Stabilization Programs
 - Partnering youth with mentors
 - Individualized Therapies

Interagency Collaboration

- Convenes representatives from relevant state agencies and partners to use collective resources, knowledge, and expertise to address gaps in services.
- Resulting in a reduced number of youth in unlicensed placements; enhanced safety, stability, and well-being of affected children; and improved collaboration and communication among state and partnering agencies.

Dedicated Staffing and Facility

- In April 2024, DFPS began using Ferne, an unused RTC, as a CWOP location for boys ages 13-17.
- The dedicated staff develop trust with the youth and help to prepare them to successfully move to placement by:
 - establishing a pattern of positive behavior and
 - encouraging youth who previously rejected placement be active in identifying and expressing their placement priorities.



Children Without Placement

Youth Who Experienced CWOP Between
March 9 – August 31, 2024

The child protection system alone cannot meet the complex needs of a small subset of youth

284 youth experienced 2+ consecutive nights of child watch

We identify placements for most youth with complex needs

43% experienced a subsequent child watch episode after that initial episode

Placements are difficult to maintain due to behavioral health needs

On average, youth experienced 3.2 subsequent child watch episodes



Refusal to Assume Parental Responsibility

When the person responsible for a child's care, custody, or welfare fails to permit the child to return home without arranging for the necessary care after the child has been absent for any reason.

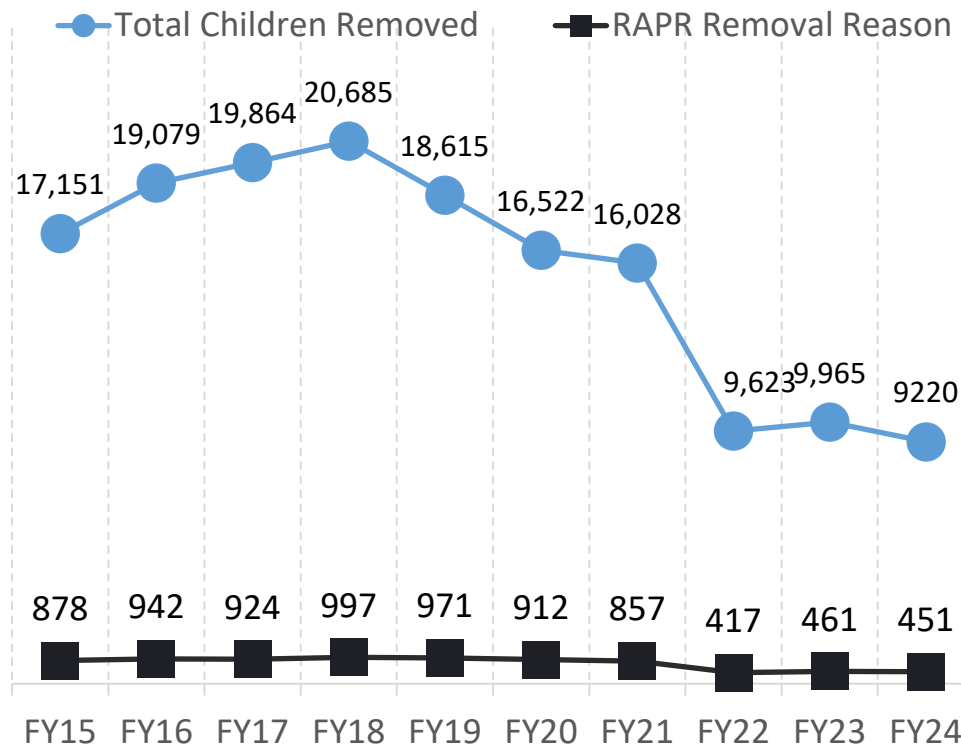
Reasons can include:

- Lack of Mental Health/IDD Services
- Lack of Medical Services
- Solely to Obtain Mental Health Services



Refusal to Assume Parental Responsibility

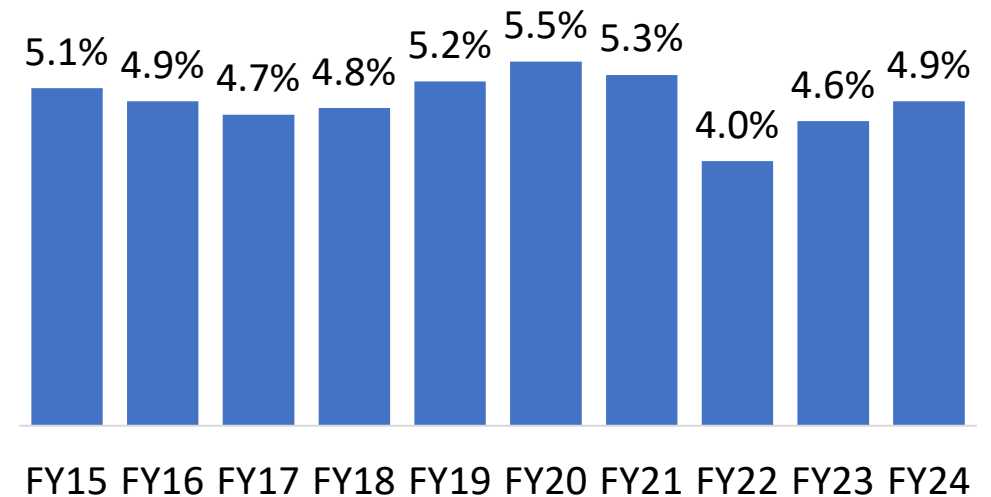
Total Children Removed & Total Children Removed due to RAPR



The percentage of RAPR removals has remained relatively stable over the past ten fiscal years, while the number has decreased.

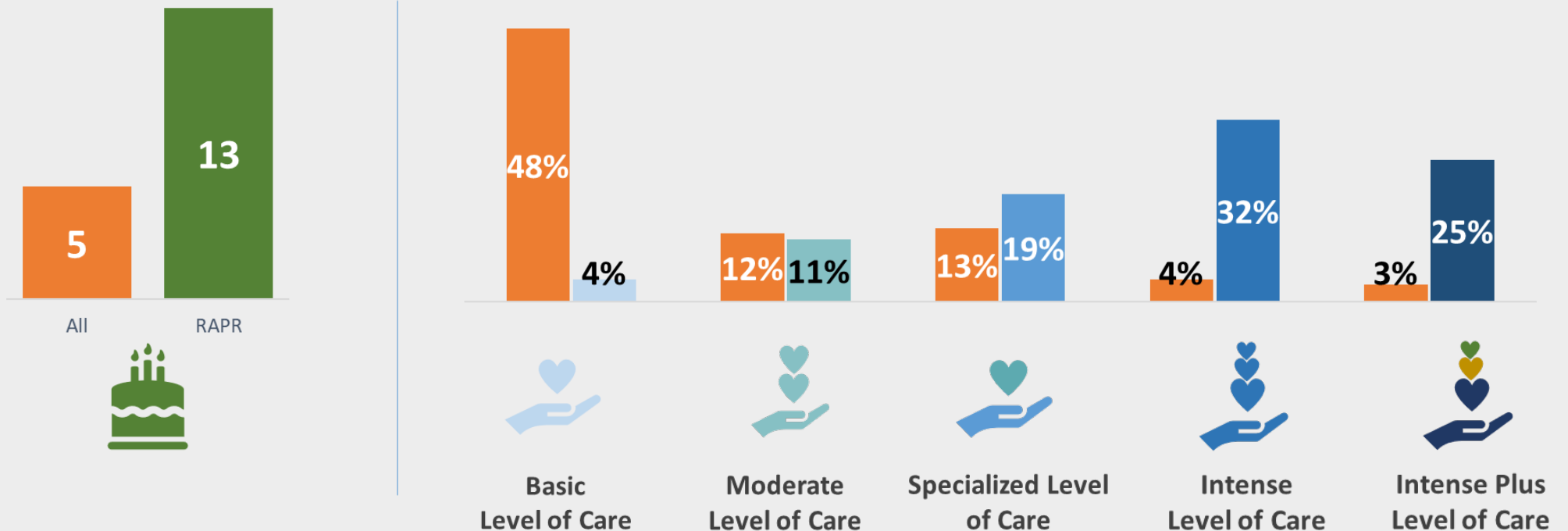
As of January 31, 2025, 8% of children in substitute care had a RAPR removal reason.

Percent of Children Removed Due to RAPR



Children with RAPR Removal Reasons have a *higher average age* and higher percentages of *higher, specialized levels of care*

Children in Care on December 31, 2023



RAPR Key Takeaways

RAPR Allegations make up a **small** percentage of all allegations

Confirmed RAPR Allegations have **high** rates of removals

Children with RAPR Removal Reasons have higher, more **specific** needs

Children with RAPR Removal Reasons make up a high percentage of children in **CWOP**



STAR Health

STAR Health is the statewide Medicaid managed care program that provides comprehensive healthcare services for children and youth in DFPS conservatorship.

As the contracting agent, HHSC has oversight of the STAR Health contract, including contract oversight and performance monitoring.

Behavioral health programs and services within STAR Health address the needs of:

- high acuity youth in DFPS conservatorship,
- families at risk of parental relinquishment, and
- those at risk of becoming involved in the juvenile justice system.



Behavioral Health Services

Services available that are accessed through HHSC and the Local Mental Health Authorities (LMHA) that DFPS utilizes to serve high acuity youth.

Youth Empowerment Services (YES) Waiver

- Relinquishment Prevention and wraparound community support services.

Multisystemic Therapy (MST)

- Short-term, evidence-based treatment model to treat children with serious behavioral issues and juvenile justice-involvement.

Youth Crisis Outreach Teams (YCOT)

- Use trauma informed interventions and strategies to de-escalate a child in crisis, aid in relapse prevention and safety planning, and are available to the child's family for up to 90 days (or no less than 4-6 weeks) after the crisis to provide ongoing stabilization support and ensure connection to LMHA/LBHA or community behavioral health resources.

Mobile Crisis Outreach Teams (MCOTs)

- Qualified professionals deployed into the community to provide a combination of crisis services including the facilitation of emergency care services and provision of urgent care services, crisis follow-up, and relapse prevention to children or adults 24 hours a day, every day of the year.



Behavioral Health Services

Services available that are accessed through HHSC and the Local Mental Health Authorities (LMHA) that DFPS utilizes to serve high acuity youth (con't).

Children's Crisis Respite and Peer-Run Youth Crisis Respite

- Provides access to short-term, safe, and clinically appropriate services for children in crisis that do not require inpatient services.

Coordinated Specialty Care (CSC) for First Episode Psychosis

- Outpatient behavioral health services for persons experiencing early onset psychosis.
- CSC is a time-limited program with a maximum length of stay in the program of three years.

Residential Treatment Center (RTC) Project

- Provides intensive services for families who are at risk of relinquishment to DFPS due to their child's behavioral health needs.

Children's System Navigator Program

- Help children and families access behavioral health services and educate community partners on behavioral health resources.



Behavioral Health Services

Services offered by DFPS

Intensive Psychiatric Stabilization Program (IPSP)

- Step down option offering services aimed at addressing placement readiness for youth transitioning from an acute inpatient psychiatric stay.

Treatment Foster Family Care (TFFC)

- Provide multi-disciplinary treatment services to a child in a highly structured family home environment as an alternative to residential treatment.



Post Adoption Services Provided by DFPS

Assists with coping, adjusting and preventing adoption break down.

Case Management and Service Planning

Providers meet with families, assess their needs and develop an individualized services plan; case managers maintain regular contact with the family, assess progress and assist in accessing services.

Parent Training and Support Groups

Providers offer a variety of on-line and in person meetings with other adoptive parents as well as experts specializing in trauma, parenting teens and addressing specific behavioral and mental health issues.

Respite Care and Crisis Intervention

Providers can use up to 10% of their budget for respite services so families can select a friend, family member or another adoptive parent to provide respite, and are available around the clock to assist in locating and accessing emergency services.

Residential Placement Services

Assist adoptive parents in completing searching for placement, completed the application for placement, and providing financial support.



DFPS Data Overview

For more information regarding DFPS program areas and performance metrics please use the DFPS Quarterly Performance Report for reference.

[FY24 Q4 Report Card.pdf](#)





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Thank you!

Contact DFPS Government Relations at govrel@dfps.texas.gov.