TEXAS
Department of Family and Protective Services

Presentation to the House Select Committee on Youth Health & Safety

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DFPS Commissioner

July 31, 2024

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Department of Family and Protective Services

Presentation Overview

- National Data on Children's Behavioral Health
- Children in DFPS Care Demographics
- Refusal to Accept Parental Responsibility (RAPR) Data
- Current DFPS Actions to Address Children Without Placement

Children's Behavioral Health in the U.S.

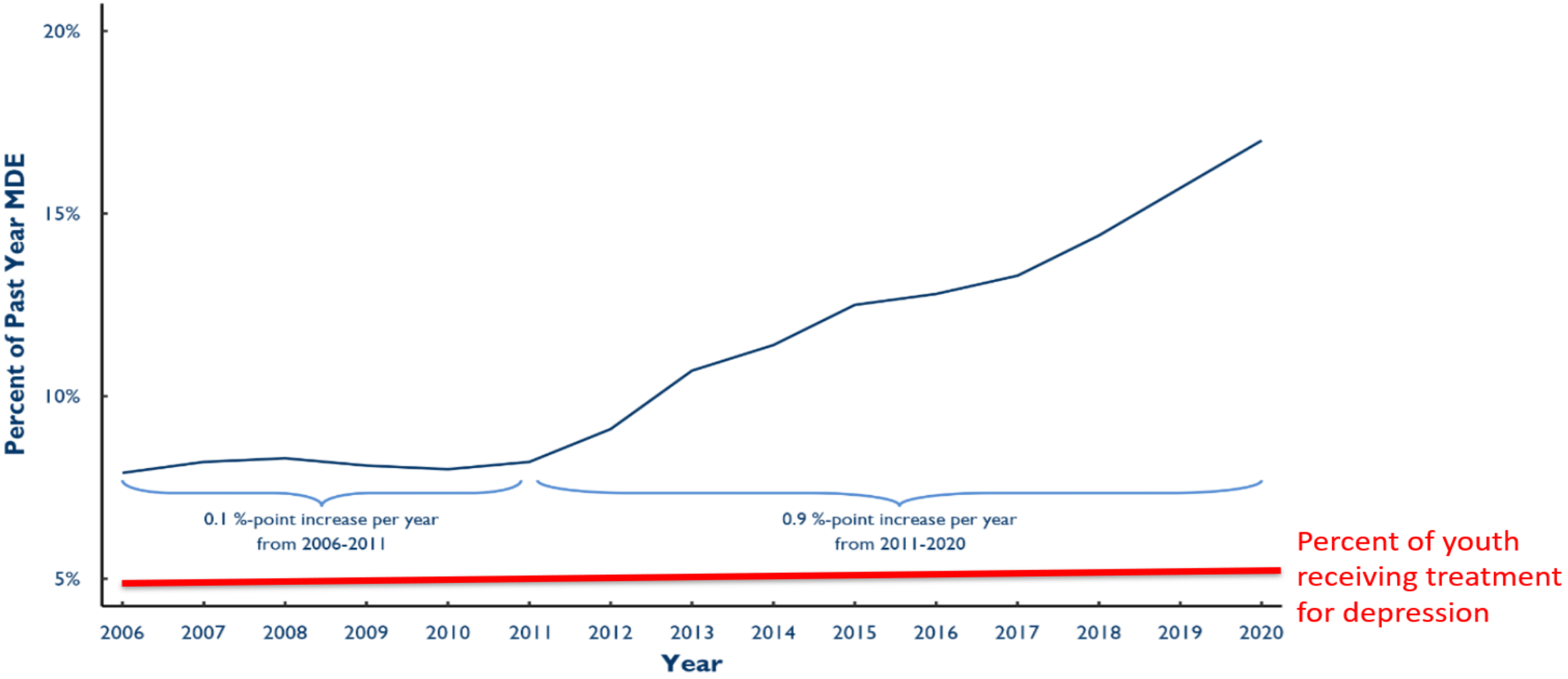
- **Nearly 20%** of children and young people ages 3-17 in the United States have a mental, emotional, developmental, or behavioral disorder.
- **Over 10%** have a Serious Emotional Disorder (SED).
- Suicidal behaviors among high school students **increased more than 40%** from 2010-2019.
- Rates of emergency department visits for MH **increased by 25%** for children between 2016 and 2018.
- Rates for older age groups showed no statistically significant change.
- In 2020, **only 44%** of adolescents ages 12-17 with a major depressive episode in the last 12 months reported receiving treatment.

2022 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; October 2022. AHRQ Pub. No. 22(23)-0030.

UCONN School of Social Work Innovations Institute

Adolescent Presentation

Figure 1. Adolescent Past Year Major Depressive Episode, 2006-2020



Based on data from the NSDUH Detailed Tables.
Percent of adolescents 12-17 who reported symptoms of a past-year major depressive episode (MDE).

- Source: UCONN School of Social Work Innovations Institute

Children and Youth with Serious Behavioral Health Conditions are a Distinct Population from Adults with Serious and Persistent Mental Illness

Do not have the same high rates of co-morbid physical health conditions.

Are multi-system involved – two-thirds typically are involved with CW and/or JJ systems and 60% may be in special education – systems governed by legal mandates.

To improve cost and quality of care, focus must be on whole family – takes time – implies lower staffing ratios and higher rates

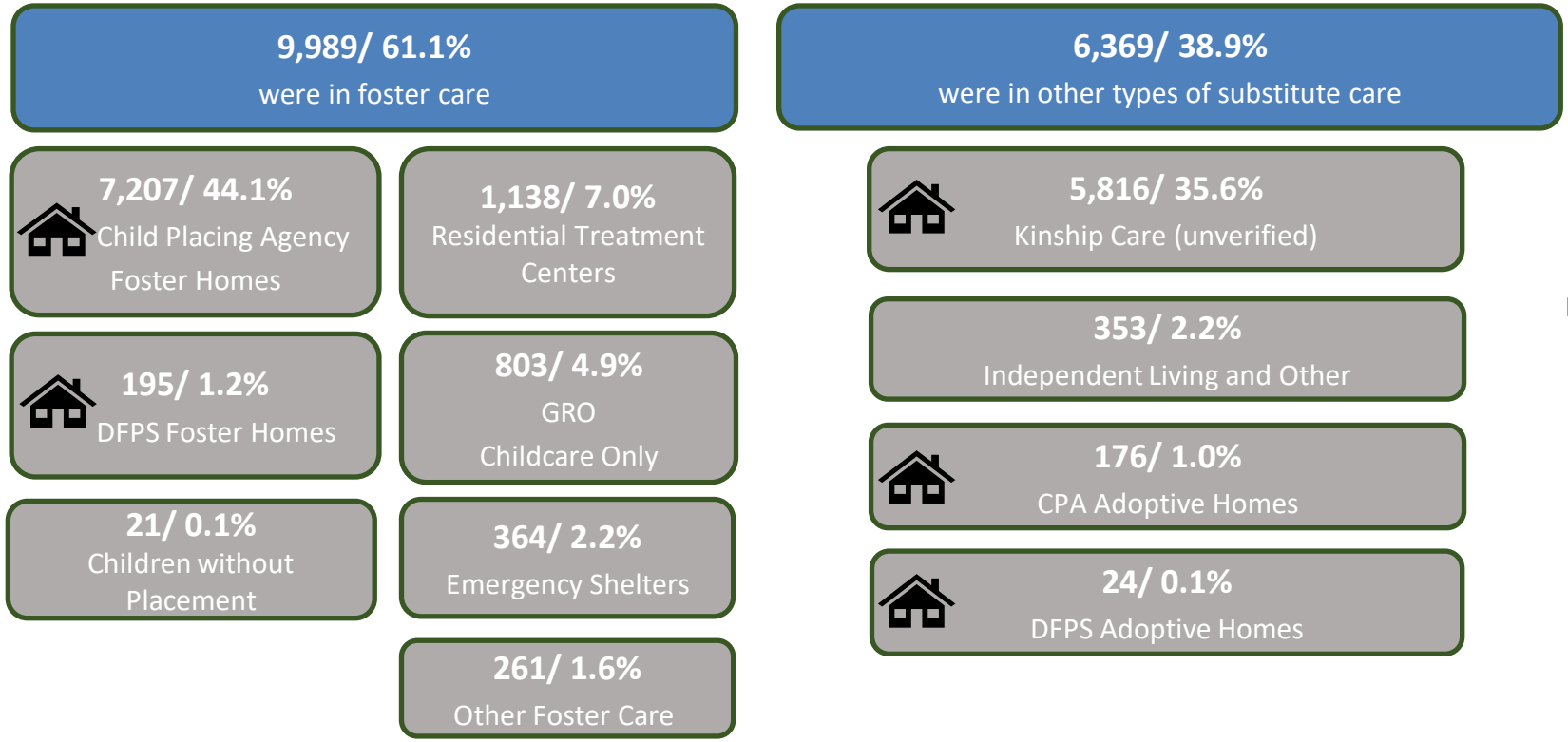
Have different mental health diagnoses (ADHD, Conduct Disorders, Anxiety; not as much Schizophrenia, Psychosis, Bipolar), and diagnoses change often

Coordination with other children's systems (CW, JJ, schools), between behavioral health providers, as well as family issues, consumes most of care coordination activities, not coordination with primary care.

Source: UCONN School of Social Work Innovations Institute

DFPS Census of Children in Care

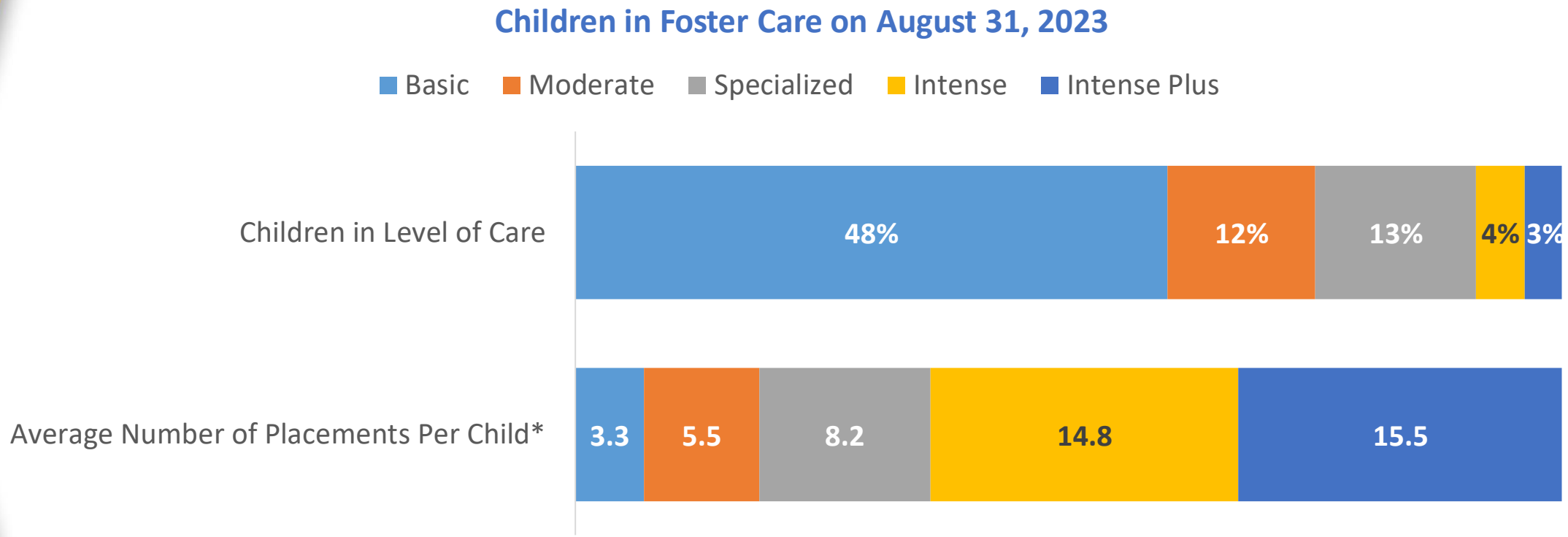
Of the 16,358 children in care (ages 0-17) at the end of May 2024 Statewide:



Data Source: CAPS Sub/Adopt Data Warehouse SA_05s,
Warehouse Data As of: 06/07/24
Report Run Date: 6/13/2024

Texas Department of Family and Protective Services

Level of Care by Average Number of Placements



*Average calculated only using placements counted as a placement move by DFPS. Examples of placements excluded from this count are those in Hospitals, Runaways, DFPS Supervision, Unauthorized, or Abducted. Consecutive placements for a child in the same home are also excluded.

Source: DRIT 113761. DFPS Legacy Only. Excludes children in SIL and SSCC placements and those with no ALOC. Intense Plus includes Intense Plus, Psychiatric Transition, IPTP, and Child Specific Contracts

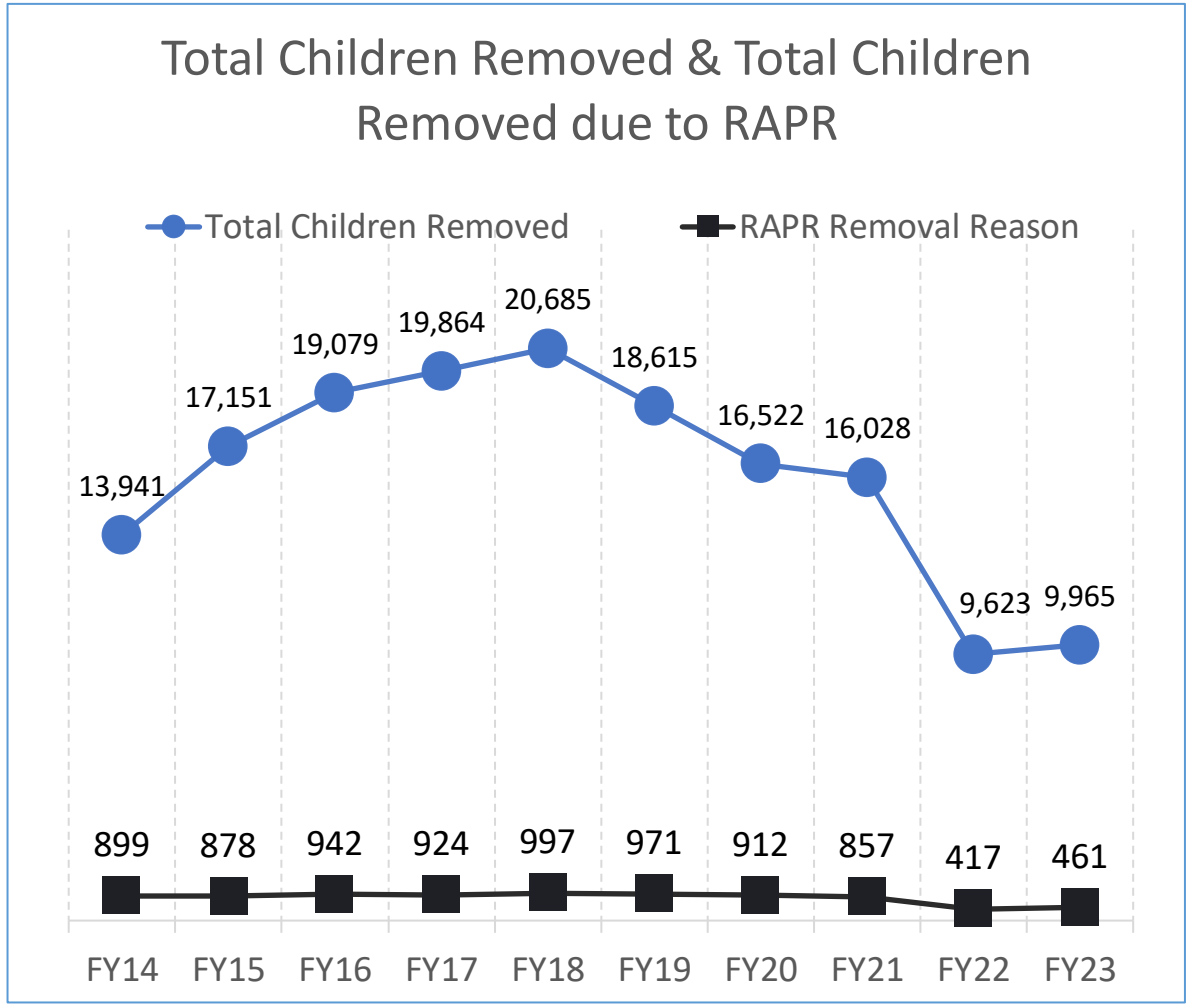
Refusal to Accept Parental Responsibility

Refusal to Accept 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:

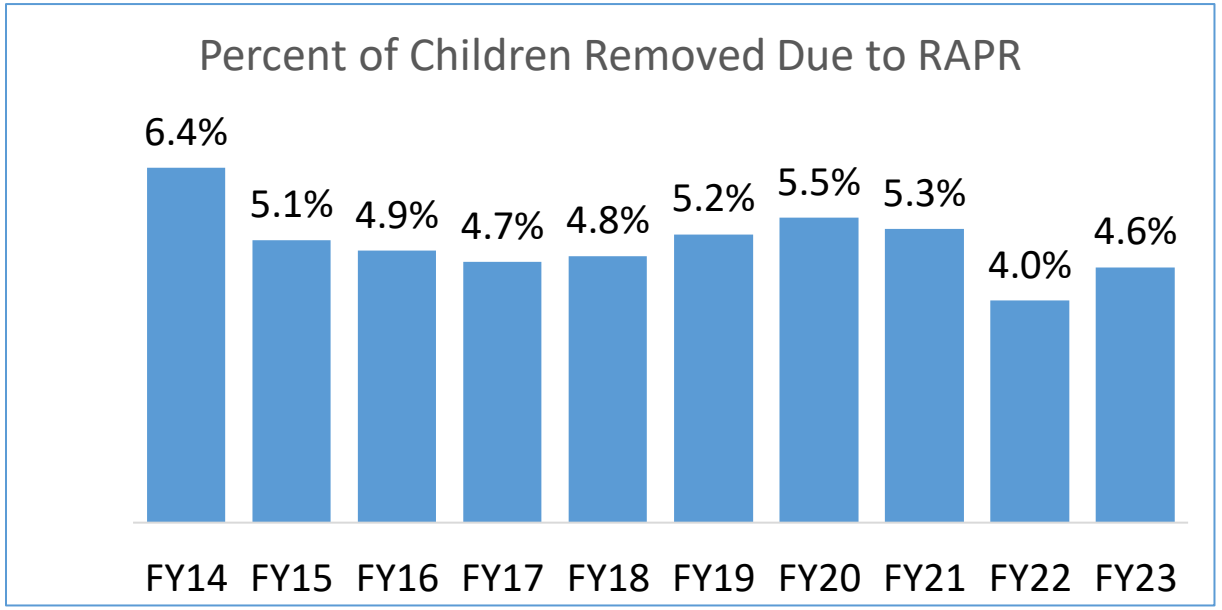
- Lack of Mental Health/IDD Services
- Lack of Medical Services
- Solely to Obtain Mental Health Services

Refusal to Accept Parental Responsibility (RAPR)



The percentage of RAPR removals has decreased since FY2014

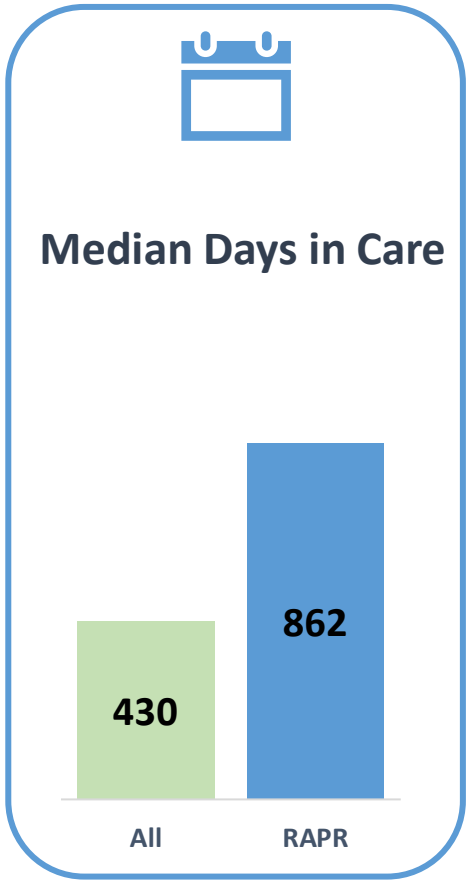
As of December 31, 2023, 8% of children in substitute care had a RAPR removal reason.

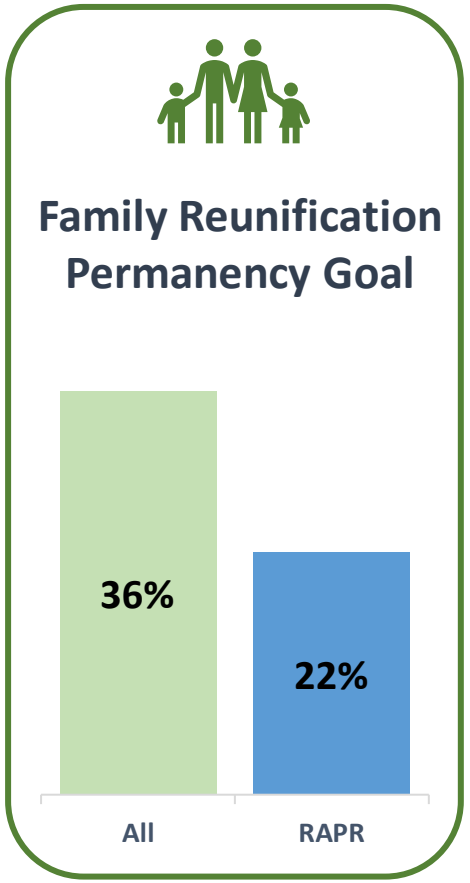


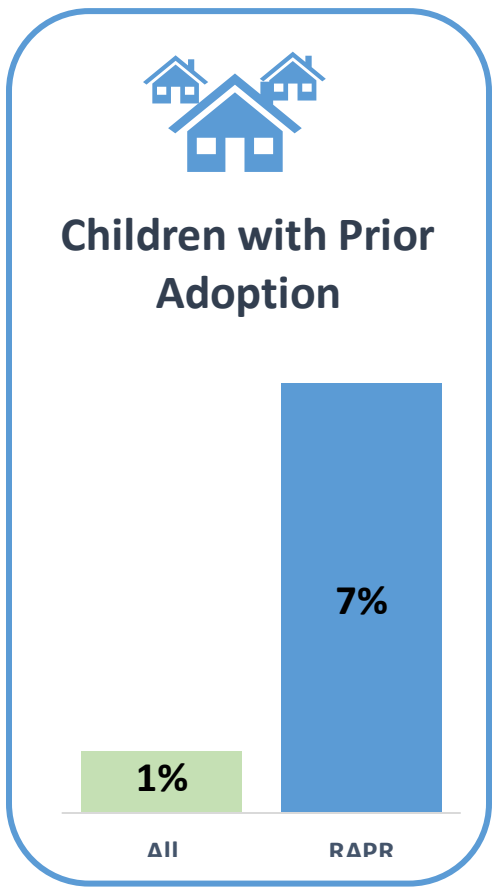
Data Source: CPS_SA_19, Report Run Date: 02/09/2024

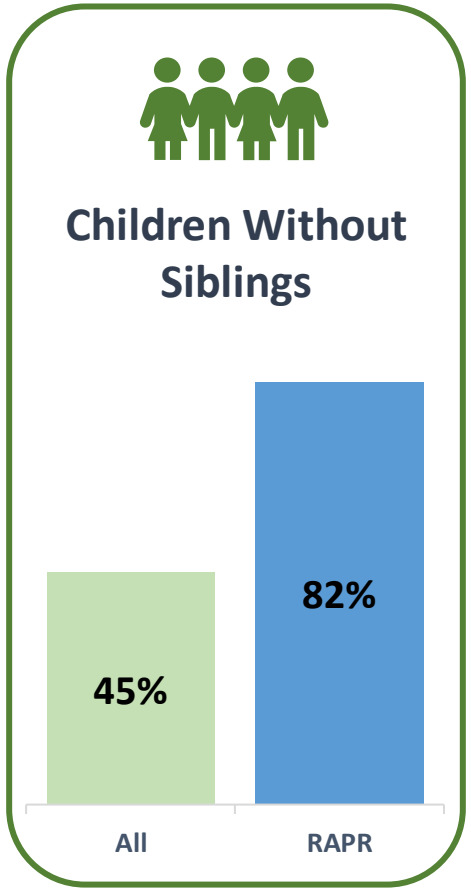
Children with RAPR Removal Reasons have ***unique, high needs and limited family support***

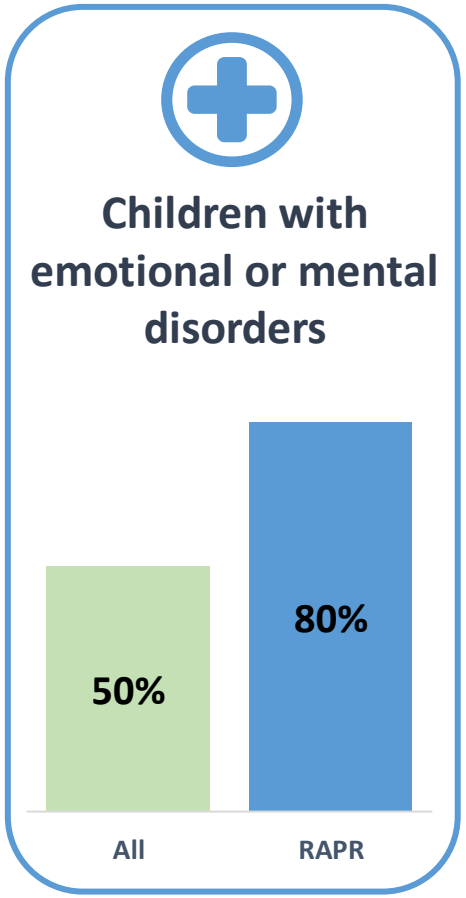
Children in Care on December 31, 2023







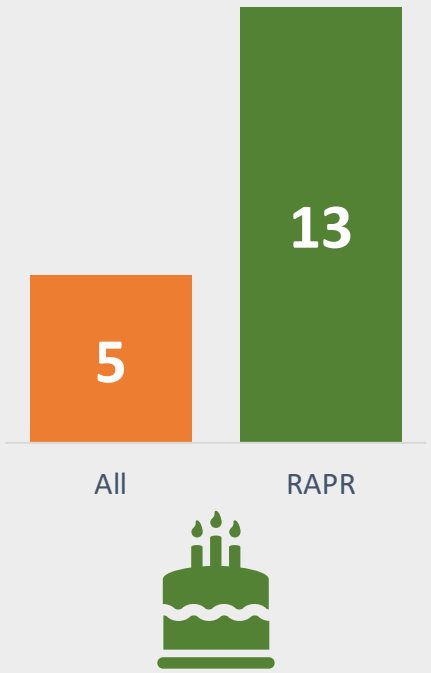




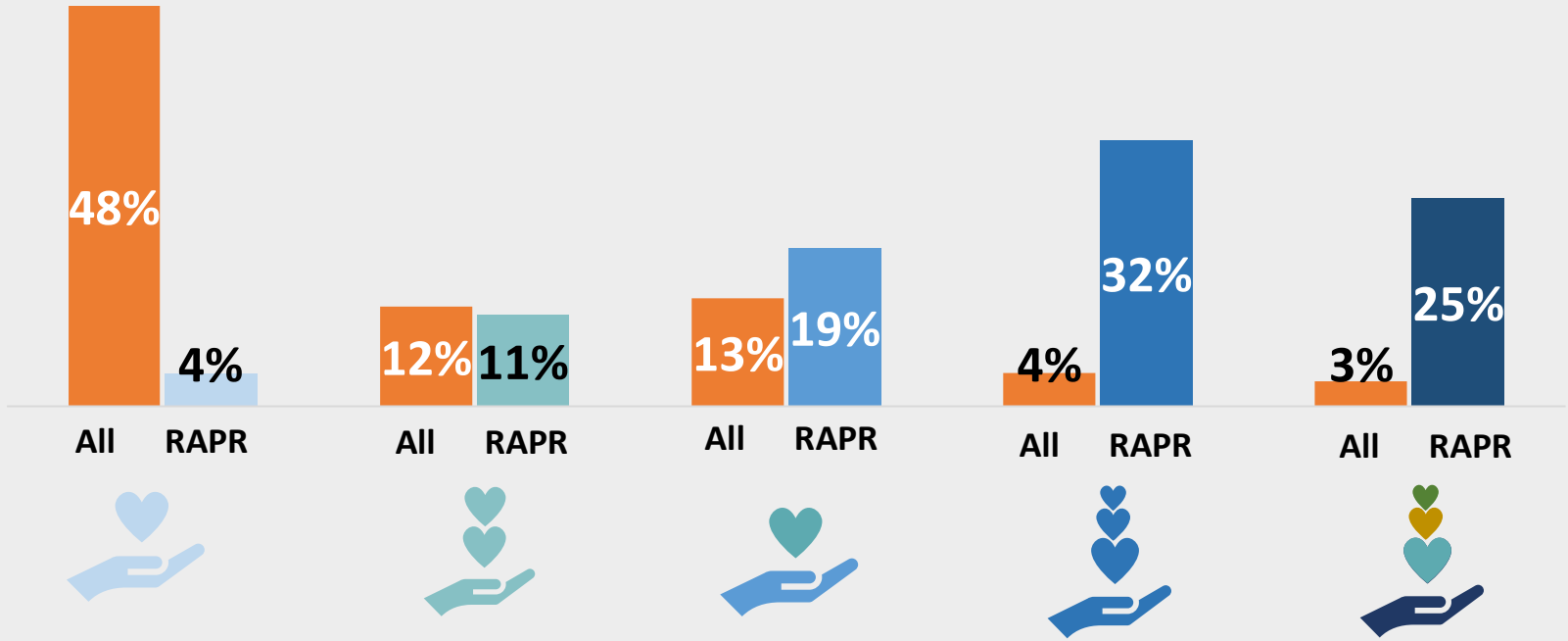
Source: DFPS December 2023 "CVS Big Data"

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



Median Age at Removal



Basic Level of Care

Moderate Level of Care

Specialized Level of Care

Intense Level of Care

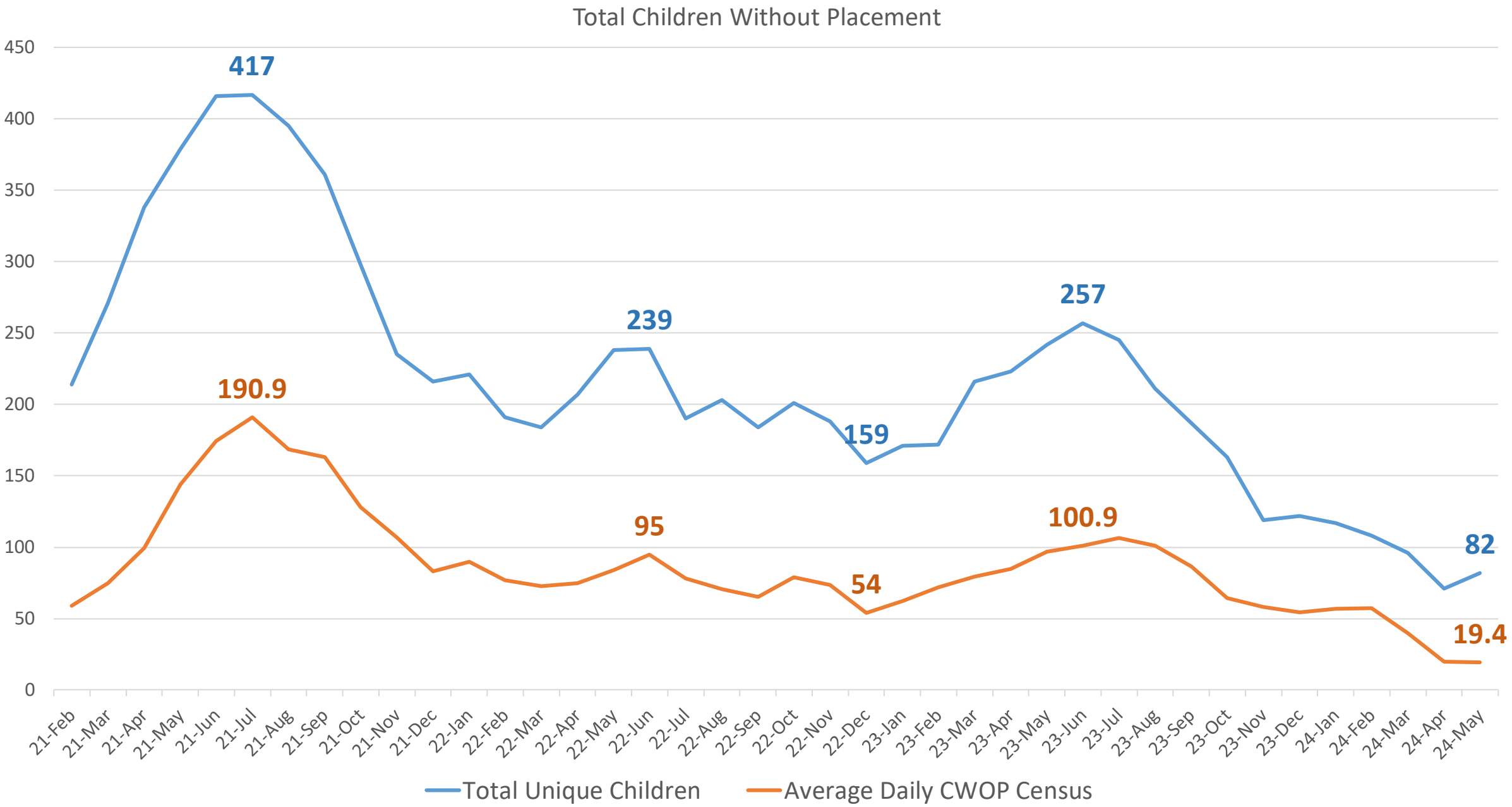
Intense Plus Level of Care

Source: DFPS "CVS Big Data" *Note: Child Specific Contracts are included in Intense Plus Level of Care. Authorized Service Level of Care excludes children in SSCC's.

RAPR: Key Takeaways

Children Without Placement

- Because of the complex needs of some youth involved with DFPS, including the impact of trauma on their mental health, it can be difficult to locate an appropriate placement.
- Youth that experience gaps in placement have complex behavioral health needs and tend to be involved with multiple systems.
- While DFPS has made significant progress in reducing the number of youth without placement, the underlying behavioral health needs remain.



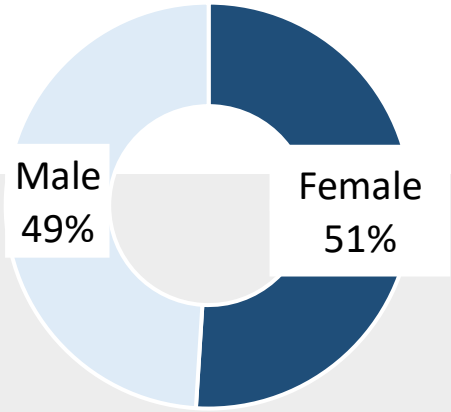
A child without placement event refers to when a child or youth was without placement for at least two consecutive, uninterrupted nights. If a youth goes missing during a child without placement event, the youth will be in a missing status rather than a child without placement event to ensure protocols are followed to ensure the safe return of a youth. If the youth returns from the missing event, a new event starts after at least two consecutive, uninterrupted nights.

data source: CWOP Placement Tracker as of 5/31/24

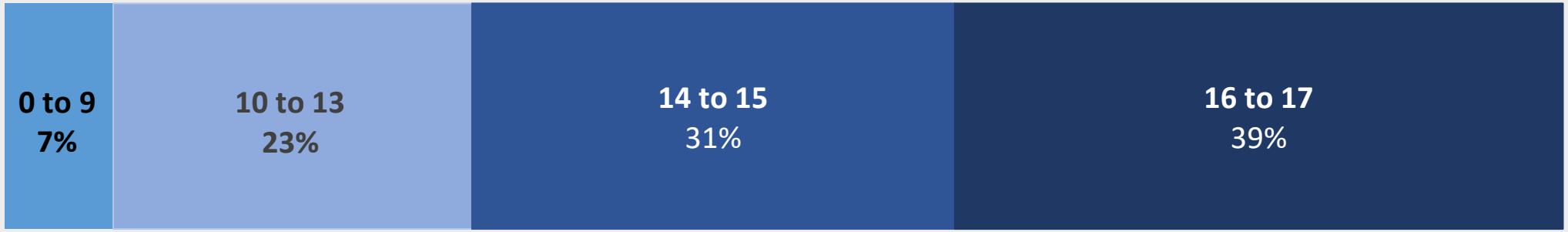
Children Without Placement
June 2023 to May 2024

N=766 Children

Gender



Age



42%

Of all children who had a CWOP event in June 2023 to May 2024 **(766 children)** had been in conservatorship for less than one year

39%

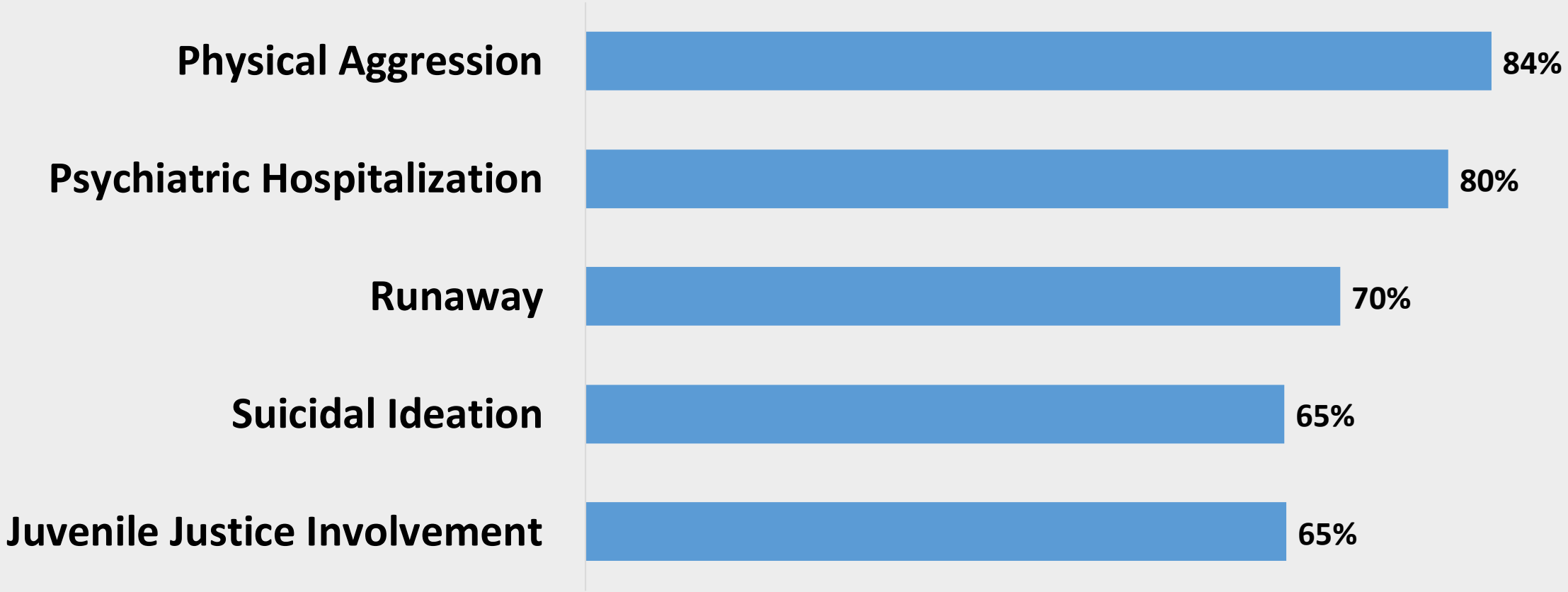
Of all children who had a CWOP event in June 2023 to May 2024 **(766 children)** were removed due to Refusal to Accept Parental Responsibility

For children with multiple events, earliest event in time period was used for analysis. data source: CWOP Placement Tracker as of 5/31/24

Top 5 Child Characteristics/Needs
June 2023 to May 2024

N=1503 Events

Children without placement have complex needs



data source: CWOP Placement Tracker as of 5/31/24

Gaps in Addressing High Acuity Youth Needs

Ensure youth and families have access to a full continuum of behavioral health services

- Post-psychiatric hospitalization step down services
  - Inpatient Services
  - Outpatient Services
- Access to intensive home-based care
- Provider availability
- Access to crisis and respite services
- Relinquishment prevention programs
- Behavioral health services for youth with dual diagnosis

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Thank You

Questions

Please contact

DFPS Government Relations

at govrel@dfps.Texas.gov