



TEXAS
**Department of Family
and Protective Services**



Senate Bill 1575 (87th Regular Session)

Report to the Legislature

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I. Background

Family First Prevention Services Act

The Family First Prevention Services Act (FFPSA) was enacted as part of the federal Bipartisan Budget Act of 2018 (H.R. 1892). FFPSA seeks to reduce entry into foster care, limit the use of congregate care, as well as improve services and outcomes for children placed in care.¹ The law restructured federal child welfare funding and the use of Title IV-E of the Social Security Act.² FFPSA specifies that though the child welfare agency can continue to use contracted residential care providers for placements, Title IV-E maintenance payments are no longer allowed for any child in a General Residential Operation (GRO) after the first fourteen days, unless the placement meets the requirements of being a Qualified Residential Treatment Program (QRTP).³ This component of FFPSA went into effect in Texas in September 2021.⁴

Qualified Residential Treatment Programs

A QRTP is an operation that is accredited and licensed as a GRO and provides qualified treatment services to children and youth in Texas Department of Family & Protective Services (DFPS) conservatorship with the most complex emotional, mental, and behavioral health needs.⁵ To become a QRTP, a provider must have a trauma-informed treatment model and must have licensed nursing and clinical staff available 24/7 on-site according to the provider's treatment model.⁶ Additionally, a QRTP must facilitate family outreach, engagement, and inclusion in the child's treatment program and provide discharge and family-based aftercare support for at least six months post-discharge.⁷

DFPS QRTP Pilot

In September 2020, DFPS released their FFPSA Strategic Plan, which included a plan for a QRTP pilot.⁸ The pilot is designed to serve youth under the age of 18 who have complex emotional, behavioral, and mental health issues.⁹ The youth served may have experienced unsuccessful placements in less restrictive environments, experienced episodes of being a child without placement, be diagnosed with an emotional disorder, or have experienced being placed in psychiatric hospitals or the juvenile justice system. For a youth aged 13 and up, the length of treatment in a QRTP cannot exceed 12 consecutive months, or 18 non-consecutive months.¹⁰ For a youth under the age of 13, the length of treatment cannot exceed 6 consecutive or non-consecutive months.¹¹ In compliance with the national requirement, within 30 days of a child's placement in a QRTP, an assessment must be completed by a qualified individual.¹² The QRTP

assessment process during the pilot includes three steps. The first step consists of the Child and Adolescent Needs and Strengths (CANS) Assessment, which will be the responsibility of the youth's caseworkers.¹³ Then, DFPS will coordinate and facilitate a QRTP permanency team meeting.¹⁴ Finally, Youth for Tomorrow (YFT),¹⁵ a not-for-profit behavioral health care company in Texas, will conduct a third party clinical review which will result in recommendations by a qualified individual concerning placement.¹⁶ Should the assessment result in a recommendation for QRTP placement, the DFPS Director or Associate Director of Placement, or their designee, will need to approve the placement.¹⁷

Notably, to be part of the QRTP pilot, DFPS requires providers to offer a trauma-informed treatment model to be evidence based, promising practice, or research supported and approved by the agency.¹⁸ DFPS also specifies that the aftercare support provided must include crisis intervention and monthly contact with family or next caregiver of the youth.¹⁹ Finally, any provider in the pilot must provide a 1:4 ratio of supervision for youth during waking hours and 1:5 supervision during sleeping hours.²⁰ If there is capacity, providers will be required to accept any youth in DFPS conservatorship who meets the operation's QRTP admission criteria. If the operation does not believe it is in a youth's best interest to be admitted to their QRTP, before declining admission, the contractor must staff the case with the operations treatment team and submit a written statement to DFPS outlining specific reasons for declining admission of the youth. A QRTP will not conduct an unplanned discharge of a youth without conducting a multidisciplinary meeting which must include the youth's treatment and permanency teams; additionally the DFPS Director or Associate Director of Placement, or their designee, must be in agreement with the discharge.²¹

The QRTP pilot stipulates that discharge planning must begin at the time of placement and should include the QRTP provider, child's family or subsequent caregiver support, and members of the Permanency Team.²² The QRTP provider will also be responsible for providing post-discharge aftercare services and support for a minimum of 6 months.²³

Efforts to begin the QRTP pilot are ongoing. In April 2022, DFPS published an Open Enrollment opportunity for licensed GROs to become contracted QRTP providers.²⁴

Senate Bill 1575 (87th Legislative Session)

Pursuant to Senate Bill (SB) 1575, passed during the 87th Legislative Session, a court must review the placement within 60 days of a child's initial placement in a QRTP.²⁵ In this review, the court shall consider any assessment, determination, and documentation made by a qualified individual

regarding the child's placement and determine whether the child's needs can be met through placement in a foster home.²⁶ If not, the court must then determine whether placing the child in a QRTP provides the most effective and appropriate level of care for the child in the least restrictive environment as well as whether placing the child in a QRTP is consistent with the short-term and long-term goals for the child, as specified in the child's permanency plan. Based upon its determinations, the court must either approve or disapprove of the placement.²⁷ Following the initial determination, as long as a child remains in a QRTP, the court must review the placement using updated information provided by DFPS at each subsequent status and permanency hearing.²⁸

II. SB 1575 Workgroup

SB 1575 included a requirement for the Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families (Children's Commission), in collaboration with DFPS, to establish and oversee a work group to examine the oversight of and best practices related to Residential Treatment Center (RTC) placements, including placements in Qualified Residential Treatment Programs as that term is defined by FFPSA, codified as 42 U.S.C. Section 672(k)(4).

Workgroup Charge

The SB 1575 Workgroup was given the charge to consider topics and changes to current practices which the work group determines necessary to ensure the appropriate use of and to improve the transition into and out of residential treatment center placements, including:

1. Statutorily required judicial review of residential treatment center placements;
2. Fiscal implications of additional judicial review for residential treatment center placements;
3. Methods for improving the state's practices regarding the duration of residential treatment center placements, including best practices for transition planning and involving family and other relevant participants in preparing the child for a subsequent placement;
4. Proposed statutory changes regarding appropriate judicial findings, evidence required to be submitted by the department, and recommendations for information to be gathered from the child's attorney or guardian ad litem; and
5. Model court orders determined to be appropriate for the legal requirements for a particular placement.²⁹

Membership and Structure

Judge Rob Hofmann, Senior Jurist in Residence for the Children’s Commission and Judge of the 452nd Judicial District Court, served as Chair for the SB 1575 Workgroup. Workgroup members included participants representing the courts, attorneys, Court Appointed Special Advocates (CASA), Single Source Continuum Contractors (SSCCs) and providers, advocates, as well as DFPS, Texas Juvenile Justice Department (TJJD), and Texas Health and Human Services Commission (HHSC) representatives.

The SB 1575 Workgroup met on September 30 and December 10, 2021 and April 29 and July 12, 2022. At the first meeting on September 30, 2021, the workgroup created two subgroups to divide the topics laid out in the above charge: the Legal Subgroup and the RTC Best Practices Subgroup. The Legal Subgroup focused on topics 1, 2, 4, and 5 listed above. The RTC Best Practices Subgroup focused on topic 3 listed above. The SB 1575 Workgroup received updates about the progress of the subgroups and reviewed the recommendations included in this report.

Subgroups

The Legal Subgroup included judges, attorneys for parents, children, and DFPS, CASA and other advocates, providers, DFPS, and TJJD. This group met on a monthly basis from November 2021 to June 2022, with the exception of April 2022 which was canceled due to scheduling conflicts. The Legal Subgroup had a narrower charge than the RTC Best Practices Subgroup and focused primarily on what statutory changes may be needed to address court and legal duties when a child is placed in an RTC or QRTP.

The RTC Best Practices Subgroup included judges, attorneys, CASA and other advocates, multiple providers and provider organizations, mental health professionals, lived experience leaders, HHSC, DFPS, and TJJD. This group met on a monthly basis from November 2021 to June 2022. The subgroup decided to take at least one topic per meeting to focus in on the nuances of each issue including, but not limited to, assessment, transition planning, youth and family engagement, duration of placement, and treatment models.

The recommendations in this report were generated by the subgroups and reviewed by the SB 1575 Subgroup. Members lists for the workgroup and subgroups are included herein. DFPS and the Children’s Commission collaborated throughout this process, including providing context for the supported recommendations in this report.

III. Legal Recommendations

Pursuant to its charge, the Legal Workgroup developed recommendations related to judicial review of RTC and QRTP placements as well as Guardian ad Litem and Attorney ad Litem duties. Proposed statutory changes are included below. In addition, the Legal Workgroup identified two related recommendations about dispute resolution and data collection.

Alternative Strategies

- a. **Recommendation:** Placement decisions should be resolved without court intervention whenever possible, including by agreement of the parties, through family group decision-making or other mechanisms to resolve disputes.

Although the SB 1575 Workgroup and Legal Subgroup made multiple recommendations regarding court review of RTC and QRTP placements, there was also consensus that disputes over these placements should be resolved without court intervention whenever possible. While the court may ultimately need to determine whether the placement is appropriate, there are many non-adversarial mechanisms already in place to address disagreements in a collaborative and inclusive format before the matter is brought before the court.

Court Data

- b. **Recommendation:** Identify court data currently available in the Child Protection Case Management System (CPCMS) related to RTC and QRTP placement reviews and share the relevant fields with courts that do not utilize CPCMS. Update CPCMS or other tracking methods to incorporate data collection relevant to this report.

The Office of Court Administration (OCA) develops and maintains the Child Protection Case Management System for the Child Protection Courts in Texas. Fields in this case management system can be used to track RTC and QRTP placement reviews and over time these fields can be adapted as needed. For non-Child Protection Courts, the relevant fields in CPCMS can perhaps serve as a model for data collection. Regardless of the case management system used, courts should identify methods to track data on RTC and QRTP placement reviews and analyze the data for continuous quality improvement purposes.

Proposed Statutory Changes

The SB 1575 Legal Subgroup reviewed various statutes to determine what changes would be recommended for guardians ad litem, attorneys ad litem, and judges to define their roles in reviewing placements in either Residential Treatment Centers or Qualified Residential Treatment Programs. Each of the proposed statutory recommendations laid out below aims to identify common language and clarify responsibilities for the legal stakeholders. Notably, since these recommendations would be incorporated into existing court hearings, there were no significant fiscal implications identified for the courts to include additional findings.

Tex. Fam. Code § 263.001. DEFINITIONS.

Recommendation: ADD (a)(5) “Residential Treatment Center” means any General Residential Operation for seven or more children or young adults that provides treatment services and is licensed by the Texas Health and Human Services Commission.

To adequately and clearly address the types of placement that require court review, the terms used must be clear. Adding this definition to Texas Family Code § 263.001 will create a single reference in Chapter 263 for how the term Residential Treatment Center is used throughout the chapter. Inclusion of this term will ensure DFPS, HHSC, attorneys, guardians ad litem, judges, parents, children, and others are all using common terminology when referring to an RTC placement.

Tex. Fam. Code § 263.002. REVIEW OF PLACEMENTS BY COURT; FINDINGS

Recommendation: ADD (d) If the child is or may be placed in a residential treatment center, the court shall determine:

(1) whether the child's needs can be met through placement in a family-like setting;

(2) if placement in a residential treatment center is required, whether the recommended or existing program can provide the most effective and appropriate level of care for this child;

(3) whether the recommended or existing program is the least restrictive environment consistent with the child's best interest and individual needs; and

(4) whether the placement is consistent with the short-term and long-term goals for the child, as specified in the child's permanency plan.

(e) In making the determinations required by subsection (d), the court may consider the following:

(1) psychological or psychiatric assessments;

(2) the current treatment plan and progress being made;

(3) any significant medical, legal, or behavioral incidents;

(4) the reasons for discharge from prior or current placements;

(5) the programs available at the facility to address the child's needs;

(6) the program's plan to discharge the child after treatment;

(7) whether there are other programs that more effectively meet the child's needs;

or

(8) other information that would assist the court in making the determination.

The recommendation is to require the court to make certain findings when a child is or may be placed in an RTC. This language is similar to the required court findings for QRTP placements pursuant to Texas Family Code § 263.00201. Given the high level of care and the therapeutic need for RTC placements, it is critical for courts to review whether the placement meets the child's needs and goals and is appropriate for the child. Some courts already review placements in RTCs or require court approval before placing a child in an RTC and the "is or may" language allows for that flexibility.

In order to make these findings, the court will rely on information provided by the attorneys in the case and the enumerated list of the potential information sources is included to encourage the use of existing documents and assessments to help inform the court's decision. This recommendation does not place a duty on the court to seek out this information; rather, the court should make the required findings based on the information submitted by the attorneys in the case.

Tex. Fam. Code § 263.202. STATUS HEARING; FINDINGS

Recommendation: ADD (b)(5) if the child is placed in a residential treatment center, whether continued placement is appropriate pursuant to Tex. Fam. Code §263.002.

(6) if the child is placed in a qualified residential treatment program, whether continued placement is appropriate pursuant to Tex. Fam. Code §263.00201.

FFPSA and the Texas Family Code require continued review of QRTP placements at the status hearing, but this requirement is not specified in the statutory section that judges and attorneys reference for the status hearing. This recommendation suggests a technical change so that the required findings are incorporated in the Status Hearing section of the Family Code. The recommendation also mirrors this approach for ongoing review of RTC placements.

Tex. Fam. Code § 263.306. PERMANENCY HEARINGS BEFORE FINAL ORDER

Recommendation: ADD (a-1)(5)(I) if the child is placed in a residential treatment center, whether continued placement is appropriate pursuant to Tex. Fam. Code §263.002; and

(K) if the child is placed in a qualified residential treatment program, whether continued placement is appropriate pursuant to Tex. Fam. Code §263.00201.

Tex. Fam. Code § 263.5031. PERMANENCY HEARINGS FOLLOWING FINAL ORDER

Recommendation: ADD (a)(4)(M) if the child is placed in a residential treatment center, whether continued placement is appropriate pursuant to Tex. Fam. Code §263.002; and

(N) if the child is placed in a qualified residential treatment program, whether continued placement is appropriate pursuant to Tex. Fam. Code §263.00201.

FFPSA and the Texas Family Code also require continued review of QRTP placements at every permanency review hearing, but this requirement is not specified in the statutory sections that judges and attorneys reference for those hearings. This recommendation suggests a technical change so that the required findings are incorporated in the Permanency Hearing sections of the Texas Family Code. The recommendation also mirrors this approach for ongoing review of RTC placements.

Guardian ad Litem and Attorney ad Litem Duties

Guardians ad litem (GALs) and attorneys ad litem (AALs) have critical roles in assisting the court with a determination about whether an RTC or QRTP placement is appropriate. The SB 1575 Workgroup and Legal Subgroup identified additional duties and the need for increased access to information about the child's needs and the placement for both GALs and AALs. Notably, for attorney guardians ad litem and attorneys ad litem, these additional responsibilities could have a fiscal impact in attorney's fees.

Tex. Fam. Code § 107.002. POWERS AND DUTIES OF GUARDIAN AD LITEM FOR CHILD

ADD and AMEND (b) A guardian ad litem appointed for the child under this chapter shall:

(4) Seek to elicit in a developmentally appropriate manner, the opinion and concerns of the child regarding the current or proposed placements;

(c) If a child is, or will be, placed in a Residential Treatment Center as defined by Section 263.001, Qualified Residential Treatment Program as defined by 263.00201, or similar treatment setting, the guardian ad litem shall:

(1) Review any available information related to the child's needs, or supporting such placement, including, but not limited to the Child and Adolescent Needs and Strengths assessment, psychological evaluation, discharge notice from current or past placements, recent incident reports, and counseling notes;

(2) Review any available information regarding how the placement is appropriate to meet the child's specific needs;

(3) As appropriate, be permitted to request a placement conference and participate in any conferences conducted by the Department or the child's treatment team related to the initial and ongoing placement in a Residential Treatment Center, Qualified Residential Treatment Program, or similar treatment setting; and

(4) Provide to the court by report or testimony, a recommendation about placement based on the best interest of the child.

(ed) A guardian ad litem appointed for the child under this chapter is entitled to:

(12) receive the information described in section (c)(1) and (2).

GALs are charged with advocating for the best interests of a child and in order to inform that position, it is critical for GALs to consult the child in a developmentally appropriate manner to ascertain the child's opinion regarding the placement. Although this is especially critical for an RTC or QRTP placement, the recommendation was for this duty to apply to any proposed placement. There are more specific areas laid out for the GAL to explore when the proposed placement is a RTC or QRTP. In order to fulfill these duties, GALs will need to access relevant information.

Tex. Fam. Code § 107.004. ADDITIONAL DUTIES OF ATTORNEY AD LITEM FOR CHILD

Recommendation: ADD (f) If a child is, or will be, placed in a Residential Treatment Center, Qualified Residential Treatment Program, or similar treatment setting, the attorney ad litem shall:

(1) Review any available information related to the child's needs or supporting such placement, including, but not limited to the Child and Adolescent Needs and Strengths assessment, psychological evaluation, discharge notice from current or past placements, recent incident reports, and counseling notes;

(2) Review any available information regarding how the placement is appropriate to meet the child's specific needs;

(3) As appropriate, be permitted to request a placement conference and participate in any conferences, unless good cause is shown, conducted by the Department or the child's treatment team related to the initial and ongoing placement in Residential Treatment Center, Qualified Residential Treatment Program, or similar treatment setting;

(4) In a developmentally appropriate manner, elicit the opinion and concerns of the child regarding the current or proposed placement a sufficient amount of time

before any hearing to allow the attorney ad litem to prepare for the hearing in accordance with the child's expressed objectives of representation;

(5) In a developmentally appropriate manner, advise the child as required by subsection (a)(1) of the Department's request or recommendation for placement and the likelihood of the request being granted; and

(6) Advocate to the court for the child's specific desires regarding the requested placement as required by subsection (a)(2).

The recommended duties for the AAL are similar to those of the GAL with several important distinctions. First, the AAL's role is to advocate for the child's specific desires regarding the proposed or ongoing placement. Second, the AAL must also utilize their role as counselor to advise their client about the recommendation and what may happen in court. Third, the AAL must gather required information in a timely manner in order to zealously advocate for their child client.

Tex. Fam. Code § 107.0131. POWERS AND DUTIES OF ATTORNEY AD LITEM FOR PARENT

Recommendation: AMEND (a)(2) An attorney ad litem appointed under Section 107.013 to represent the interests of a parent is entitled to:

(F) participate in any case staffing conducted by the Department of Family and Protective Services in which the parent is invited to participate, including, as appropriate, a case staffing to develop a family plan of service, a family group conference, a permanency conference, a mediation, a case staffing to plan for the discharge and return of the child to the parent, a case staffing related to a placement in a residential treatment center or qualified residential treatment program, and any other case staffing that the department determines would be appropriate for the parent to attend, but excluding any internal department staffing or staffing between the department and the department's legal representative.

This recommendation explicitly states that the attorney ad litem for the parent would have the right to participate in case staffings related to the RTC or QRTP placement so that the attorney remains informed and has an opportunity to advocate on their client's behalf.

Tex. Fam. Code § 264.018. REQUIRED NOTIFICATIONS

Recommendation: AMEND (5) "Significant event" means:

(E) a placement in a qualified residential treatment program as that term is defined by 42 U.S.C. Section 672(k)(4) or placement in a residential treatment center, including meetings or conferences to determine the appropriateness of the placement.

Senate Bill 1575 added QRTP placements as a significant event which triggers notice to enumerated individuals within a 10-day timeframe. The recommendation is to require a similar notice of placement in an RTC as a significant event.

Model Court Order

One part of the charge for the workgroup was to formulate model order language. The language for the order was modeled after the proposed statutory changes to require court findings regarding RTC or QRTP placements. The language included for RTCs and QRTPs can be used as part of existing court order templates or could be used as a standalone order, depending on court practice and preference. Separate model order language for RTC and QRTP placement reviews are included below.

Model Court Order for Placement in a Residential Treatment Center

- 1.1. The Court finds that the child _____ is placed, or will be placed, in a Residential Treatment Center.
- 1.2. The Court finds that the child’s needs CAN / CANNOT be met through placement in a foster home or other family-like setting.
- 1.3. The Court finds placement in a residential treatment center PROVIDES / DOES NOT PROVIDE the most effective and appropriate level of care for the child.
- 1.4. The Court finds that placement in a residential treatment center IS / IS NOT the least restrictive environment consistent with the child’s best interest and individual needs;
- 1.5. The Court finds that placement in a residential treatment center IS / IS NOT consistent with the short-term and long-term goals for the child as specified in the child’s permanency plan.
- 1.6. The continued placement in the residential treatment center is APPROVED / DISAPPROVED.
- 1.7. The Department is ORDERED to:

SIGNED this _____ day of __, 20xx.

Model Court Order for Placement in a Qualified Residential Treatment Program

- 1.1. The Court finds that the child _____ is placed in a Qualified Residential Treatment Program.
- 1.2. The Court has considered any assessment, determination, and documentation made by a qualified individual pursuant to 42 U.S.C. Section 675a(c) regarding the child’s placement.
- 1.3. The Court finds that the child’s needs CAN / CANNOT be met through placement in a foster home or other family-like setting.
- 1.4. The Court finds continued placement in a qualified residential treatment program PROVIDES / DOES NOT PROVIDE the most effective and appropriate level of care for the child in the least restrictive environment.
- 1.5. The Court finds that continued placement in a qualified residential treatment program IS / IS NOT consistent with the short-term and long-term goals for the child as specified in the child’s permanency plan.
- 1.6. The Court finds the Department HAS / HAS NOT documented the specific treatment or services needs that will be met for the child in the qualified residential treatment program and the length of time the child is expected to need the treatment or services.
- 1.7. The Court finds that the Department HAS / HAS NOT documented the efforts by the Department to prepare the child to return home or to be placed in a foster home or with a fit and willing relative legal guardian, or adoptive parent.
- 1.8. The continued placement in the qualified residential treatment program is APPROVED / DISAPPROVED.
- 1.9. The Department is ORDERED to:

SIGNED this _____ day of __, 20xx.

IV. RTC Best Practices Recommendations

As mentioned above, the RTC Best Practices Subgroup was charged with considering topics and changes to current practices the workgroup determined necessary to ensure the appropriate use of and to improve the transition into and out of residential treatment center placements. This included methods for improving the state's practices regarding the duration of residential treatment center placements, including best practices for transition planning and involving family and other relevant participants in preparing the child for a subsequent placement.³⁰

In examining the scope of this charge, members of the SB 1575 Workgroup and RTC Best Practices Subgroup fully acknowledged that there are existing regulations and requirements in place to set the minimum standards for operation of a Residential Treatment Center. As noted in Rider 38 (87th Legislative Session), DFPS must work with HHSC and other foster care oversight entities to align functions and eliminate any unnecessary or duplicative oversight while still maintaining transparency and accountability. This includes the impact of increased oversight on foster family recruitment and retainment, elimination of duplicative functions, improved communications and documentation between agencies, fiscal impact on foster care providers, and improved alignment with Community-Based Care implementation. It is also important to acknowledge that to be fully realized, the best practices are contingent on a well-trained and adequately staffed workforce. Also, the recommendations made in this report are limited to Department of Family and Protective Services placements but may be relevant to children placed through Health and Human Services Commission Residential Treatment Center Project, the Juvenile Justice System, or other agency placements.

Accordingly, the subgroup focused on aspirational goals and best practice milestones. Throughout the RTC best practice recommendations, the legend below is used to indicate whether a recommendation may require legislative action or funding or is addressed in minimum standards or DFPS policy.

L = Legislative; **\$** = Financial Impact; **MS** = In Minimum Standards; **P** = DFPS Policy

Access to Information

- a. **Recommendation:** Upon intake and on a regular basis, DFPS, SSCCs, and RTC staff should review the familial information for the child¹ to determine who can maintain contact with the child and who should be informed about the child's treatment and progress. **P**³¹

While it may be best practice to review information regarding who a child can have contact with, this may not happen consistently and routinely for every RTC placement for every child. Sometimes the individuals who can maintain contact with a child can change so this information should be reviewed on a regular basis. Ensuring that the RTC has correct and up to date information regarding appropriate family contacts can facilitate positive permanency for children and provide support while they are in placements.

- b. **Recommendation:** Before, during, and after an RTC placement, all appropriate parties (including, but not limited to, family² members [unless prohibited from access by the court], legal parties, attorneys, child advocates, RTC providers, and juvenile justice personnel) need timely³ and readily available access to information about a child's treatment and progress in the placement. Guidance should be developed to address confidentiality concerns. **MS**³²

After all appropriate parties are identified, and when this information is well-maintained, two-way communication is critical to the success of a child's RTC placement and information about the child's progress should be promptly shared with these individuals. This communication ensures that everyone has access to the information needed to support the child, even after the child is no longer placed in the RTC.

- c. **Recommendation:** All RTC staff should be clear about who is on a "no contact" list and is prohibited against having contact with each child by court order in a civil or criminal case or bond conditions or on the RTC "no contact" list. Safety

¹ In this report, "Child" refers to child, youth, and young adult.

² In this report, "Family" refers to parents, relatives, and kin who are approved to maintain contact and receive information about the child.

³ In this report, "Timely" refers to as soon as practicable with a focus on urgency and accountability. This may vary depending on a case-by-case basis.

measures should put in place to ensure any prohibited contact, as determined on a case-by-case basis by a court order, does not occur. **MS**³³

As important as knowing who to contact about a child's treatment and progress is being clear on who cannot have contact with the child. There are serious safety and well-being concerns when information is shared with individuals who are prohibited by court order from having contact with the child. Depending on the court order, the contact could be in-person contact, or it could be another form of contact, such as telephone or video contact.

- d. **Recommendation:** To ensure all parties and advocates have access to information about which family members and fictive kin have been explored by DFPS or an SSCC as a supportive connection for the child or ruled out as inappropriate, this information should be included in the court report. **L**

The following areas are already covered in the court report:

Status Hearing: NOTIFICATION OF RELATIVES

- DFPS Efforts to Notify Relatives and Fictive Kin
- Individuals Identified, Located and/or Notified
- Individuals Not Identified, Located, or Notified

Permanency Plan and Progress Report (Temporary Managing Conservatorship):
NOTIFICATION OF RELATIVES

- Parental Cooperation
- DFPS Efforts to Locate Missing Parents
- Notification of Relatives and Efforts to Notify Fictive Kin

The Permanency Progress Report (Permanent Managing Conservatorship) does not appear to have a section for continuing the efforts regarding relatives or fictive kin. Training and information should be available for staff to ensure these fields are regularly and routinely updated so that all appropriate parties have access to up-to-date information about potential placement and supportive resources for the child.

- e. **Recommendation:** For children involved in multiple systems, coordination is critical to ensure there are no lapses in information or treatment.

Subgroup members discussed that children placed in RTCs often come into contact with multiple systems, including but not limited to, education, health care, and juvenile justice. With multiple systems involved in the child's treatment and placement, information can be lost or misunderstood so it is critical that the agencies serving the child communicate and collaborate. Current efforts to improve in this area are underway to address these concerns at DFPS, including Clinical Care Coordination and an Inter-Agency Team.

Youth Engagement

- a. **Recommendation:** As developmentally appropriate, children placed in RTCs should have regular, meaningful opportunities to be involved in decisions that impact their lives. In TMC and PMC cases, planning meetings should routinely and regularly occur for children placed in RTCs, including discharge planning meetings. Children should be informed about and included in Circles of Support/Transition Planning Meetings and these meetings should occur as needed for children age 14 and older placed in RTCs. **P**³⁴ **MS**³⁵

The phrase “Nothing About Us Without Us” captures the sentiment that children in care should be involved in the decisions that impact their lives. Decisions related to placement in an RTC are certainly no exception and perhaps the need for their engagement is enhanced in these circumstances. This includes Circles of Support and Transition Planning Meetings where important discussions occur about the child's future, including discharge from an RTC and transition to adulthood. Decisions about how and when to engage children placed in RTCs should be made on a case by cases basis, taking into account the child's developmental needs.

- b. **Recommendation:** As developmentally appropriate, children should be provided with access to normalcy activities during RTC placements in order to develop skills to prepare them for a more family-like setting as well as adulthood. Training should be provided for Residential Child Care Regulation, Residential Child Care Investigations, and Child Protective Investigations on translating minimum standards to balance risk with the importance of ongoing access to normalcy activities and normal behaviors. **P**³⁶ **MS**³⁷

While the need for normalcy is not limited to children placed in RTCs, there must be intentional planning to provide access to normalcy activities when the child is not placed in a home-like setting. The reasonable and prudent parent standard provides some guidance for caregivers about how to navigate what is and what is not age and developmentally appropriate. Again, every child's needs and development will be different, as well which activities are of interest to the child. As a

result, training should be provided to help balance the need for normalcy with the regulatory environment for RTC facilities.

- c. **Recommendation:** Prior to placement and at intake, the child should be counseled that their presence is due to treatment goals and the climate at every RTC should reflect an atmosphere where children are encouraged that they are not placed there as punishment but rather to address their needs.

To be successful in an RTC placement, a child must feel physically and emotionally safe. Young adults with lived experience reported a sense of stigma associated with an RTC placement and noted that they felt labeled as “bad kids.” Every aspect of the physical environment and interaction with staff should send signals to children placed in RTCs that the reason for the placement is to address a therapeutic need, not to punish the child for any challenging behaviors.

- d. **Recommendation:** RTC providers should adopt a youth engagement framework which may include components of positive youth development, trauma informed care, or restorative practices. Youth with lived experience should be consulted by RTCs at the organizational level (i.e., utilizing existing youth advisory councils or developing a council or Board of Directors position).

While case level engagement is important for each individual child placed at an RTC, there are broader decisions about how an RTC operates that could be informed by young adults with lived experience in both foster care and in an RTC placement. Learning from those with lived experience can strengthen an RTC at the organizational level. Adopting a youth engagement framework would institutionalize the organization’s commitment to youth engagement and clarify practices and procedures related to youth engagement.

- e. **Recommendation:** Youth with lived experience should be consulted to identify agency and statewide systems level improvements, including minimum standards and DFPS policy changes and protocols. **L**

There are several existing organizations that provide a statewide forum for youth engagement to advise on broader, systemic issues. DFPS supports the Youth Leadership Council which provides a forum for youth who are currently or were formerly in foster care to discuss their experiences with the Texas foster care system and make recommendations to the Department for improving the system.³⁸ The Texas Network of Youth Services supports the Young Adult Leadership Council as a leadership program to engage youth and young adult leaders from across Texas.³⁹ These councils should be utilized to inform improvements in the Texas child welfare system.

- f. **Recommendation:** As indicated, RTC providers should consider identifying youth-directed peer or near-peer support to help children navigate the placement and support successful transition planning. Reimbursable compensation should be provided for peer support. **§**

Engaging youth and young adults to serve as peer or near-peer support was cited as one strategy to provide additional help and encouragement for children placed in RTCs. It can be beneficial to have an individual who has been through similar circumstances to help children currently placed in an RTC to navigate the process. This type of support may not be appropriate for all youth and should be evaluated on a case-by-case basis.

Family Engagement

- a. **Recommendation:** Authentic family engagement must be a priority for DFPS, SSCCs, CASAs, attorneys, judges, and all RTC providers at every stage of treatment and placement, including formal steps in the process (i.e., court appearances, treatment team meetings) as well as informal opportunities for engagement (i.e., sharing schoolwork, inclusion in campus activities as appropriate)

Family engagement is a core RTC best practice and requires intentional planning and follow through from every stakeholder in the child welfare system. Formal, traditional opportunities for family engagement, such as designated court appearances, are already required but may lack meaningful opportunities for input and collaboration. Equally important, informal opportunities for engagement encourage not only a sense of normalcy but also serve to promote permanency and well-being for children placed in RTCs.

- b. **Recommendation:** Effective models to identify and engage a child's family should be supported by funding and utilized to the extent possible to identify supportive family connections for children placed in RTCs. **§**

While there are several models to operationalize family finding, CASA utilizes, and DFPS has a contract for staff to be trained to use, Collaborative Family Engagement (CFE). This is a contract requirement for QRTPs but not for RTCs. CFE may not be available in every region in Texas and each community should utilize a model that meets the needs of children and family and provides a thorough search of familial connections. Regardless of the model used, additional funding may be needed to ensure each community has access to the technology and staff support.

- c. **Recommendation:** If no family or fictive kin is identified for a child at intake, RTC staff should work with the child as well as DFPS, SSCC staff, CASAs, and ad

litems to identify familial contacts for the child regardless of whether the family member can provide a future placement for the child. **§**

Many providers want to help identify family connections for children placed in their RTCs by intentionally creating a culture where family is identified for every child. This recommendation encourages providers to collaborate with other system stakeholders to identify family connections, even if those connections cannot serve as potential placements. Since providers offer the daily care for the child, they may have access to information that others do not. There must be clear channels of communication for this critical information regarding potential family connections to be shared with all necessary stakeholders. There may be fiscal implications under the standard RTC contract if this is required by providers; this engagement is a requirement under the QRTP contract.

- d. **Recommendation:** Identifying familial connections will require regular or repeated assessment of identified family members to determine whether conditions have changed that could impact the role an individual can play in the child's life. **P**⁴⁰

Every family has unique and complex dynamics and families involved in the child welfare are no different. Life circumstances can change quickly and a family member or kin who was previously not in a position to provide support or placement may become able to do so at any point in time. As a result, it is a best practice for child welfare stakeholders to make ongoing efforts to review and locate supportive connections for children placed in RTCs.

- e. **Recommendation:** Although family engagement is important on a case-specific basis, it can also benefit RTCs to implement practices related to family engagement at the organizational level, such as including individuals with lived experience on Boards or in hiring decisions.

Similar to the recommendation about youth engagement above, family engagement is critical at both the case and system levels. RTCs should consider integrating individuals with lived experience in key decisions at the organizational level so that all aspects of the facilities functioning can benefit from the insights of those who have experienced something similar firsthand.

- f. **Recommendation:** DFPS, SSCCs, and RTC providers should consider identifying family partner support services to help families navigate the placement and support successful transition planning. **L §**

Peer support can be beneficial for children placed in RTCs; similarly, their family members may also benefit from help with navigating the placement and the child welfare system generally. Working with designated points of contact to ask questions about treatment and transition planning, family members may better understand the process and be better equipped to support children when they leave an RTC.

Treatment Model

- a. **Recommendation:** The treatment model, interventions, and services provided at each RTC should be easily accessible in a transparent, readily available manner so that all system stakeholders have access to information about which services are provided in each facility. Evidence-based practices should be indicated, prioritized, and encouraged. **L \$ MS**⁴¹

This was the only recommendation that was generated independently by both the SB 1575 Legal Subgroup and the RTC Best Practices Subgroup. The goal of the recommendation is for RTCs to provide transparent, public information about what treatment services are available to meet the needs of discrete populations of youth. Judges, attorneys, CASAs, and others indicated that unless they conduct independent research, it is not clear what services and supports are offered at each RTC. This it is very challenging to determine if the placement is in the best interests of the child. While the recommendation is aimed at transparency and clarity around which services are provided at each facility, there was also an acknowledgment that RTCs must maintain flexibility to tailor those services to meet each child's needs. If this information is made publicly available, there would likely be a fiscal implication for developing a central place to store and maintain the information.

Note: HHSC has not yet drafted a rule related to the treatment model required in Tex. Health & Res. Code 42.256.

- b. **Recommendation:** DFPS, HHSC, SSCCs, RTCs should offer culturally responsive and supportive services to meet children's needs and identities. **MS**⁴²

Each child placed in an RTC is unique and brings their own culture and identity to the environment. There should be enough flexibility to provide a consistent treatment model but make any modifications necessary to be responsive to each child's individual needs.

- c. **Recommendation:** Since the Qualified Residential Treatment Program (QRTP) is a new treatment intervention in Texas, additional study and evaluation is needed

to determine which elements, if any, of the QRTP model should apply to the RTC model.

SB 1575 workgroup and subgroup members agreed that more time is needed to better understand and evaluate the QRTP model before it is applied to RTC models in Texas. As QRTPs roll out in Texas and nationwide, there are many lessons to learn from how to best implement the model and which children are the best match for placement. When more information about the QRTP model is available, DFPS and other system stakeholders can consider which aspects of the model can or should apply to RTC placements.

Trauma-Informed & Trauma-Responsive

- a. **Recommendation:** Every RTC should implement trauma-informed & trauma-responsive policies and practices to address the trauma, grief, and loss experienced by children and families in the child welfare system. This includes reviewing the use of restraints and seclusions and actions that may retraumatize children. **MS**⁴³

It is difficult for a child placed in an RTC to make progress in their treatment unless the trauma, grief, and loss they experienced can be addressed in a safe environment. The RTC environment, services, and procedures should be viewed through a trauma lens. Handling challenging behaviors without the use of restraint or seclusion is a concrete example of how to provide a trauma-responsive environment.

- b. **Recommendation:** The child's family members should be engaged in the child's therapeutic interventions aimed at addressing intergenerational trauma. **\$**

While the primary focus during an RTC placement may be on the child's treatment, often their family members have also experienced trauma and could benefit from inclusion in therapeutic interventions that address intergenerational trauma. This is not a current offering at RTCs in Texas because there is no mechanism in place to pay for those services. If additional funding were available, this type of therapeutic intervention could promote healing for both the child and the family.

RTC Best Practice Framework

- a. **Recommendation:** RTC providers should identify and become familiar with the standards set out in a research-supported, evidence-based, or promising practice

framework which support positive outcomes for children who are involved in placements in an RTC. The framework should include child, family, and community collaboration, clinical care and excellence as well as transition planning and services for youth 15 years or older. **§**

Due to a variety of factors, the operation of RTCs require compliance with various rules and regulations. As a consequence, the focus can be on compliance and minimum standards rather than promoting best practices. While RTCs must certainly maintain their commitment to compliance, examining or adopting a best practice framework can help keep the focus on the innovation and engagement RTCs provide. While this report does not suggest one particular framework, the primary framework discussed by the workgroup and subgroups was the Building Bridges Initiative (BBI).⁴⁴ BBI was cited a comprehensive example of a framework that can be adopted in whole or in part by an RTC provider to elevate practices.

Additional funding may be needed to support the selected framework implementation, including funding for training, technical assistance, data collection and analysis, and additional staff. Existing expertise and funding should be leveraged to the extent possible.

- b. **Recommendation:** RTC providers should prioritize the selected framework best practice components and work to elevate those priorities in an accessible and transparent manner.

Every RTC has strengths and opportunities for improvement. As a result, there cannot be a “one size fits all” approach to the adoption of a best practice framework. Each RTC should identify priority areas to implement best practices. This process can be iterative and different priorities may surface over time.

- c. **Recommendation:** When implementing the selected framework practices, RTCs should integrate a community based-approach and coordinate with Local Mental Health Authorities.

Having a robust partnership with members of the community should be identified as a key component of any best practice framework. Local Mental Health Authorities (LMHAs), Local Intellectual and Developmental Disability Authorities (LIDDAs), as well as other community partners have access to resources and support during and after RTC placements. Strong communication and collaboration with community partners will strengthen both the support for individual children and the RTC at an organizational level.

Capacity

- a. **Recommendation:** Efforts to develop capacity both regionally and statewide should address the needs of all children, including but not limited to young children as well as children with Intellectual or Developmental Disabilities, Autism, sensory issues, a history of juvenile justice involvement, a history of violence, medical issues, complex mental health diagnoses, and learning disabilities, etc. **§**

Discussions related to best practices naturally coincided with concerns about developing capacity in Texas. Developing capacity is an ongoing effort throughout Texas; some examples are capacity building specialists/teams at DFPS, House Bill 5 (87th Legislative Session) capacity grants, Treatment Foster Family Care, and QRTPs. Rate modernization also is intended to assist in capacity-building efforts. This recommendation highlights the specific need to develop capacity for sub-populations of children with special needs.

- b. **Recommendation:** DFPS and SSCC staff should prioritize a localized approach to placement in RTCs to allow children to remain in Texas and close to home and to maintain connections to the community in the least restrictive placement so long as therapeutically indicated. **P**⁴⁵

In shifting to Community-Based Care, Texas is investing in keeping children closer to home and closer to family connections. Many children benefit from remaining close to home because they can maintain connections to supportive peers and adults as well as remain in a familiar environment. For some children, a new environment may be therapeutically indicated (e.g., for a trafficking survivor) and this should be taken into account. One significant benefit of these capacity-building efforts is keeping children in DFPS conservatorship placed within Texas in lieu of sending children to an out of state facility.

Duration of Placement

- a. **Recommendation:** In an ongoing manner, RTC providers should communicate to the attorneys, advocates, and child as developmentally appropriate, the anticipated treatment duration, benchmarks, and progress towards discharge rather than leave the duration of placement open-ended. **MS**⁴⁶

When the duration of placement is open-ended, it is challenging for a child to set expectations and goals for treatment and discharge. Similarly, attorneys and advocates may not have a clear sense of how long the child will be placed at the RTC and this makes it difficult to plan for

discharge and encourage a realistic permanency plan. This recommendation suggests that clearer communication about the expected duration of treatment and the milestones the child needs to meet will create more transparency in the process and ensure everyone is on the same page about expectations for the child during the RTC placement.

- b. **Recommendation:** DFPS policy and practice should be clear that formal discharge notice is not required to start looking for a subsequent placement. **P**⁴⁷

Several providers emphasized the need to start looking for the subsequent placement early in the RTC placement so that thoughtful and thorough discharge planning could occur. Rather than wait until the end of the placement, providers suggested that a subsequent placement resource should be identified and included in not only discharge planning but also in treatment while the child is placed at the facility. DFPS should allow for informal communication with providers instead of requiring a provider to file notice of discharge to trigger the process to identify another placement.

- c. **Recommendation:** Treatment staffings should occur at least every 30 days, with notice provided in advance to families and all legal attorneys and advocates. **MS**⁴⁸

Holding staffings every 30 days was identified as a best practice for all RTCs to ensure each child's progress is reviewed on a regular basis. To ensure everyone has access to critical information about each child's treatment and progress, families, attorneys, and advocates should be notified about the staffings.

Transition Planning

- c. **Recommendation:** Pre-placement interviews or visits should occur on a routine basis before children are placed in an RTC. This could include identifying which school the child would attend while placed at the RTC. **P**⁴⁹

Pre-placement interviews or visits are already allowed but workgroup and subgroup members noted that this approach is not regularly used throughout the state. Allowing the child to see where they will be placed can help set expectations and address any concerns the child may have about the placement. Since school is a critical aspect of any child's life, ideally any pre-placement interview or visit would address where the child will attend school (i.e., on campus charter, local school district campus).

- d. **Recommendation:** Upon entry into an RTC placement, children (and families as appropriate) should have an introduction to the facility and what it offers,

information on their rights and the rights of the child, and what the child and family can expect for the duration of the placement. **MS**⁵⁰

Every child should have an orientation to an RTC facility when they are placed, including what services and activities are offered and what to expect from daily life. In addition, information should be provided about the child's rights while in care including how to access their attorney, advocate, and Foster Care Ombudsman. As appropriate depending on the status of the child's ability to be in contact with the family, family involvement, and legal status, family members should receive similar information about the RTC.

- e. **Recommendation:** All stakeholders must set the expectation that transition planning will begin on Day One of the placement to encourage healing and permanency for the child.

It takes intentional planning and practice to start transition planning early instead of addressing this key area when the child is almost ready to be discharged from an RTC. The culture at an RTC should set the expectation that the child will have a smooth transition from the RTC to the next placement or return to family. If transition planning begins early, the child has a better understanding of what will happen after the placement and this gives the child something to work towards.

- f. **Recommendation:** In non-emergencies, DFPS and SSCCs must communicate a change in placement to the RTC placement and the child with adequate time (no later than 48 hours) to prepare for the transition. **P**⁵¹

Absent an emergency, RTC staff should receive notice as early as possible that a child will change placements. This will give the RTC staff time to prepare the child for the transition and document any information that needs to be provided to the subsequent placement in a timely manner.

- g. **Recommendation:** Administrative and financial barriers should be addressed to allow subsequent placements to reserve a bed (ideally up to 14 days) for the child if the subsequent placement is a good match to meet the child's needs. **\$**

One significant barrier for transition planning is the limitation on holding a subsequent placement for a child. This is challenging when an appropriate placement is identified but the child is not yet ready for discharge. There are administrative challenges as well as financial barriers that would need to be addressed to provide this additional flexibility. However, the result could promote permanency and more supportive transitions for children placed in RTCs.

- h. **Recommendation:** DFPS, SSCC, and RTC staff must utilize opportunities to provide input into a subsequent placement for the child. **P**⁵²

DFPS, SSCCs, and RTC staff have access to a plethora of information about a child's treatment, progress, and daily functioning. Establishing clear channels of communication will ensure this information is not lost and that each entity has opportunities to provide input on the subsequent placement. With a more complete picture of the child's needs, it will be easier to match the subsequent placement to the child's needs and equip the subsequent placement to meet those needs.

- i. **Recommendation:** To the extent practicable, children should have the opportunity to maintain positive connections developed in an RTC after leaving the placement. This includes ensuring RTC staff and peer support contacts remain on the child's call list after the child leaves the RTC as appropriate. **P**⁵³

Every time a child changes placements, there is a potential loss of supportive peer and adult connections. Although determinations must be made on a case-by-case basis, children should have an opportunity to maintain contact with these supportive individuals after they leave the RTC placement.

- j. **Recommendation:** Members of the community where the child will reside after the RTC placement should be given the opportunity to be involved in the transition planning process; this includes but is not limited to schools and the Local Mental Health Authorities.

As mentioned above, community partnerships support RTC best practices and for this recommendation, those relationships in the community should be utilized to support transition planning. The result of these partnerships will be greater continuity in mental health and educational support so that children can maintain the progress they achieve while placed at an RTC.

- k. **Recommendation:** Aftercare of up to six months should be utilized if available to support a successful transition after a child exits an RTC placement and the legal parties should be aware of the plan and duration of aftercare services. **\$**

The RTC model is designed to provide an intensive therapeutic environment. If children respond to those interventions while placed at an RTC, it can be beneficial to continue to follow up with aftercare after the child leaves the placement. Aftercare can also address any challenges during

the transition after the placement and support the subsequent placement. To be realized with regularity and uniformity, there may be a cost associated with this recommendation.

Data

- a. **Recommendation:** DFPS, SSCCs, and RTC staff should collect and analyze data on measures related to RTC placements including, but not limited to, length of RTC placements, subsequent placement type, number of RTC placements per child, use of restraints and seclusion, reason for discharge, and FFPSA post-discharge metrics. **L \$**

Data collection and analysis were identified as a central component of RTC best practices. To strengthen practices and support continuous quality improvement, DFPS, SSCCs and RTCs should identify priority data points and a mechanism to track shared metrics. This would likely have a fiscal implication for fields that are not already collected and/or shared.

- b. **Recommendation:** Identify a publicly available landing page to allow for access to shared data measures. **L \$**

Similar to the recommendation above regarding consolidating information about RTC treatment models, a publicly available landing page would allow for increased access to shared data measures. Transparent access to this information will assist system stakeholders in determining whether proposed placements are a good fit to meet the needs of each child.

- c. **Recommendation:** HHSC, in collaboration with DFPS and TJJD, should track and identify gaps in short-term and long-term treatment service array for children who may be placed in an RTC, including step down facilities and treatment foster care, regardless of whether the placement is connected to the public mental health, juvenile justice, or child welfare system or other child-serving system. **L \$**

While HHSC, DFPS, and TJJD all track capacity needs and service gaps, an interagency data analysis would support a more robust understanding of the needs of children in Texas and encourage the more efficient use of limited resources.

Rate Modernization

- a. **Recommendation:** This report contains no recommendations regarding rates that are independent of the foster care rate modernization proposal underway by

DFPS, including support for elimination of Levels of Care. Standards of care should be developed once the rate methodology is finalized and put into practice.

There is significant overlap with encouraging RTC best practices and efforts underway to evaluate rate modernization. Multiple presentations were provided to the SB 1575 RTC Best Practices Subgroup in order to align the priorities of both efforts.

V. Conclusion

The SB 1575 Workgroup, Legal Subgroup, and RTC Best Practices Subgroup took a multidisciplinary approach to assessing the legal landscape and best practices for RTCs in Texas. The recommendations included in this report will need to be prioritized at the state, regional, and local areas. Many recommendations are aimed at ensuring the existing law, policy, and standards are implemented with fidelity for every child placed in an RTC. To transform these recommendations into practice, continued oversight will be needed. If an existing body can oversee implementation, prioritizing these recommendations should be added to the charge. One potential existing oversight body is the Committee on Advancing Residential Practices (CARP). CARP membership is primarily comprised of DFPS, SSCCs, and provider representatives so if CARP is selected as the appropriate oversight body, there should be some consideration given to creating a working group that includes other stakeholders such as judges, attorneys, advocates, and individuals with lived experience.

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VII. Endnotes

- ¹ Tex. Dep't of Family and Protective Servs., Family First Prevention Services Act, https://www.dfps.state.tx.us/Child_Protection/Family_First/default.asp (last visited September 1, 2022).
- ² *Id.*
- ³ Tex. Dep't of Family and Protective Services, Qualified Residential Treatment Program, https://www.dfps.state.tx.us/Child_Protection/Foster_Care/QRTP.asp (last visited September 1, 2022).
- ⁴ *Id.*
- ⁵ *Id.*
- ⁶ See 42 U.S.C. § 672.
- ⁷ *Id.*
- ⁸ Tex. Dep't of Family and Protective Services, Family First Prevention Services Act Strategic Plan (September 2020). Available at https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2020/2020-09-01-Family_First_Prevention_Services_Act_Strategic_Plan.pdf. (last visited September 1, 2022).
- ⁹ *Id.*
- ¹⁰ *Id.*
- ¹¹ *Id.*
- ¹² See 42 U.S.C. § 672.
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- ¹⁴ *Id.*
- ¹⁵ Youth For Tomorrow, <https://www.yft.org/> (last visited September 1, 2022).
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- ¹⁸ *Id.*
- ¹⁹ *Id.*
- ²⁰ *Id.*
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- ²² *Id.*
- ²³ *Id.*
- ²⁴ Tex. Dep't of Family and Protective Services QRTP Open Enrollment. Available at <https://www.txsmartbuy.com/esbdetails/view/HHS0011971> (last visited September 1, 2022).
- ²⁵ Tex. Fam. Code § 263.00201; See also 42 U.S.C. § 672.
- ²⁶ Tex. Dep't of Family and Protective Servs., Court Process for Texas QRTP Pilot Program, https://www.dfps.state.tx.us/Child_Protection/Foster_Care/documents/Court_Process_for_Texas_QRTP_Pilot.pdf (last visited September 1, 2022).
- ²⁷ Tex. Fam. Code § 263.00201.
- ²⁸ *Id.*

²⁹ Tex. Fam. Code § 264.1077.

³⁰ *Id.*

³¹ See CPS Policy Handbook: Communication with the Child, Parents, Attorneys, Courts, Relatives and Caregivers (6143); Right To Regular Contact (6415); The Child's Plan of Service (CPOS) (6241); Permanency Planning Meetings (PPM) (6250). See also Tex. Dep't of Family and Protective Servs., Rights of Children and Youth in Foster Care, https://www.dfps.state.tx.us/Child_Protection/Foster_Care/Childrens_Rights.asp (last visited September 1, 2022).

³² See 40 Tex. Admin. Code §§ 748.1339, 748.1341, 748.1349, 748.1387.

³³ See 40 Tex. Admin. Code §§ 748.1107, 748.1109, 748.1111, 748.1349.

³⁴ See CPS Policy Handbook: The Child's Plan of Service (CPOS) (6241); Permanency Planning Meetings (PPM) (6250). See also Tex. Dep't of Family and Protective Servs., Rights of Children and Youth in Foster Care 28-34, https://www.dfps.state.tx.us/Child_Protection/Foster_Care/Childrens_Rights.asp (last visited September 1, 2022).

³⁵ See 40 Tex. Admin. Code §§ 748.1339, 748.1387.

³⁶ See CPS Policy Handbook: The Child's Plan of Service (CPOS) (6241). See also Rights of Children and Youth in Foster Care, https://www.dfps.state.tx.us/Child_Protection/Foster_Care/Childrens_Rights.asp (last visited September 1, 2022).

³⁷ See 40 Tex. Admin. Code § 748.703.

³⁸ See 40 Tex. Admin. Code § 702.515.

³⁹ Texas Network of Youth Services, Young Adult leadership Council, <https://tnoys.org/young-adult-leadership-council/> (last visited September 1, 2022).

⁴⁰ See CPS Policy Handbook: Ongoing Duty to Provide Notice of DFPS Conservatorship (6123).

⁴¹ See 40 Tex. Admin. Code § 748.109.

⁴² See 40 Tex. Admin. Code § 748.1337.

⁴³ See 40 Tex. Admin. Code §§ 748.943, 748.115, 748.1337.

⁴⁴ For more information on the Building Bridges Initiative, please see <https://buildingbridges4youth.org/> (last visited September 1, 2022).

⁴⁵ See CPS Policy Handbook: Required Factors to Consider When Evaluating a Possible Placement (4114).

⁴⁶ See 40 Tex. Admin. Code §§ 748.1207, 748.1337.

⁴⁷ See CPS Policy Handbook: Identify the Need for Initial or Subsequent Placement (4111).

⁴⁸ See 40 Tex. Admin. Code §§ 748.1341, 748.1381, 748.1387.

⁴⁹ See CPS Policy Handbook: Schedule and Conduct a Pre-Placement Visit (4122).

⁵⁰ See 40 Tex. Admin. Code §§ 748.1103, 748.1207, 748.1209.

⁵¹ See CPS Policy Handbook: DFPS-Initiated Placement Move (4113.72).

⁵² See CPS Policy Handbook: DFPS-Initiated Placement Move (4113.72); See also Residential Child Care Discharge Form K902-2019.

⁵³ See CPS Policy Handbook The Child's Plan of Service (CPOS) (6241). See also Tex. Dep't of Family and Protective Servs., Rights of Children and Youth in Foster Care, https://www.dfps.state.tx.us/Child_Protection/Foster_Care/Childrens_Rights.asp (last visited September 1, 2022).