



INTERIM REPORT

TO THE 88TH TEXAS LEGISLATURE

HOUSE COMMITTEE ON
HUMAN SERVICES
NOVEMBER 2022

**HOUSE COMMITTEE ON HUMAN SERVICES
TEXAS HOUSE OF REPRESENTATIVES
INTERIM REPORT 2022**

**A REPORT TO THE
HOUSE OF REPRESENTATIVES
88TH TEXAS LEGISLATURE**

**JAMES B. FRANK
CHAIRMAN**

**GREGORY CLINE
COMMITTEE CLERK**



Committee On
Human Services

November 21, 2022

James B. Frank
Chairman

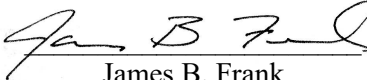
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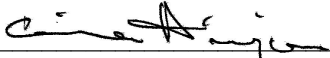
The Honorable Dade Phelan
Speaker, Texas House of Representatives
Members of the Texas House of Representatives
Texas State Capitol, Rm. 2W.13
Austin, Texas 78701

Dear Mr. Speaker and Fellow Members:

The Committee on Human Services of the Eighty-seventh Legislature hereby submits its interim report including recommendations for consideration by the Eighty-eighth Legislature.

Respectfully submitted,


James B. Frank


Gina Hinojosa


Stephanie Klick


Victoria Neave Criado


Toni Rose


Lacey Hull


Terry Meza


Candy Noble


Matt Shaheen

Gina Hinojosa
Vice-Chair

Members: Lacey Hull, Stephanie Klick, Terry Meza, Victoria Neave Criado, Candy Noble, Toni Rose, & Matt Shaheen

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INTRODUCTION

The Honorable Dade Phelan, Speaker of the House of Representatives, appointed nine members of the 87th Legislature to serve on the House Committee on Human Services (Committee). The following members were appointed to the committee: James B. Frank (Chairman), Gina Hinojosa (Vice-Chairman), Lacy Hull, Stephanie Klick, Terry Meza, Victoria Neave, Candy Noble, Toni Rose, and Matt Shaheen.

Pursuant to House Rule 3, Section 17 (87th Legislature)¹, the Committee has jurisdiction over all matters pertaining to:

- (1) welfare and rehabilitation programs and their development, administration, and control;
- (2) oversight of the Health and Human Services Commission and the Texas Behavioral Health Executive Council as it relates to the subject matter jurisdiction of this committee;
- (3) intellectual disabilities and the development of programs incident thereto;
- (4) the prevention and treatment of intellectual disabilities; and
- (5) the following state agencies: the Department of Family and Protective Services, the Texas State Board of Social Worker Examiners, and the Texas State Board of Examiners of Professional Counselors.

Following the 87th Legislature Regular Session and three special sessions, Speaker Phelan assigned the Committee eight interim charges to study, advise findings, and make recommendations for the 88th Legislature.²

The Committee has completed its hearings and has issued the following final report including findings and recommendations. The recommendations included in this report are not necessarily reflective of each of the members on the committee but are based on information presented throughout the interim hearing process for consideration to address human services issues across the state.

The Committee wishes to express appreciation to the state agencies, local government entities, organizations, and citizens who testified at the public hearings.

INTERIM STUDY CHARGES

**CHARGE I:
Legislation
Implementation**

Monitor the agencies and programs under the Committee’s jurisdiction and oversee the implementation of relevant legislation passed by the 87th Legislature. Conduct active oversight of all associated rulemaking and other governmental actions taken to ensure the intended legislative outcome of all legislation, including the following:

- Legislation implementing the Healthy Families, Healthy Texas initiative, including:
 - HB 133, relating to the provision of benefits under Medicaid and the Healthy Texas Women program, and
 - Relevant provisions of HB 2658, relating to the administration and operation of the Medicaid managed care program, especially those provisions that relate to continuous eligibility for a child for Medicaid; and
- HB 3041, related to the implementation of the Family Preservation Services Pilot Program.

**CHARGE II:
Texas-Mexico Border**

Complete study of assigned charges related to the Texas-Mexico border issued in June 2021:

- Monitor the impact of children, including unaccompanied minors, crossing the Texas-Mexico border on the Department of Family and Protective Services child protective services programs. Consider ways to encourage consistent, transparent, and timely review of abuse and neglect of these children. Consider strategies to ensure better coordination and collaboration among local agencies, faith-based organizations, the private sector, non-profits, and law enforcement to reduce the incidence of abuse and neglect fatalities and human trafficking of migrating children. Identify any particularized services that these children will need and assess the costs of providing these services.

**CHARGE III:
Prevention and Early
Intervention**

Evaluate current prevention and early intervention programs and make recommendations for improving the effectiveness of these programs in reducing child abuse and neglect.

**CHARGE IV:
Medicaid 1915(c)
Waiver Services**

Monitor implementation of SB1, Rider 30 (Health and Human Services Commission) and make recommendations for reducing the interest list for waiver services for Individuals with Intellectual Disabilities and reducing associated staffing shortages.

**CHARGE V:
Children Without
Placement (CWOP)**

Evaluate further action needed to improve the safety and quality of the foster care system, including preventing children in foster care from being without a placement and increasing recruitment of foster

families. Identify methods to strengthen Child Protective Services processes and services, focusing on efforts for family preservation and eliminating fatalities within the foster care system. This evaluation should:

- Study the causes for children without placement;
- Assess the safety concerns for children without placement, including the use of out-of-state and temporary emergency placement for children without placement; injuries while in the care of Department of Family and Protective Services (DFPS) employees; and the exposure to child sex trafficking; and
- Study how and why children without placement frequently enter the juvenile justice and adult criminal justice systems and the steps DFPS is taking to identify and prevent these instances.

**CHARGE VI:
DFPS IMPACT**

Assess the quality and effectiveness of the DFPS IMPACT system for security, transparency, and accuracy. Review DFPS processes relating to the integrity of digital case management. Evaluate whether DFPS data collection adequately responds to child wellbeing indicators.

**CHARGE VII:
Long-Term Care**

Examine the long-term services and support system of care in Texas. Study workforce challenges for both institutional and community services. Assess opportunities to improve patient safety at senior living facilities. Consider mechanisms to promote a stable, sustainable, and quality-based long-term care system to address current and future needs of the state.

**CHARGE VIII:
Texas' 1115 Waiver**

Monitor federal decisions that may impact the delivery and financial stability of the state's health programs, including: the Centers for Medicare and Medicaid Services' rescission of its prior approval of the State's 1115 Waiver, the state and federal negotiations of the Medicaid directed payment programs (including hospital finance methods), federal changes to the Medicaid Disproportionate Share Hospital Program and the exclusion of certain costs from the uncompensated care program authorized through the 1115 Waiver.

CHARGE I: Oversight Jurisdiction of the Committee

Monitor the agencies and programs under the Committee's jurisdiction and oversee the implementation of relevant legislation passed by the 87th Legislature. Conduct active oversight of all associated rulemaking and other governmental actions taken to ensure the intended legislative outcome of all legislation, including the following:

- *Legislation implementing the Healthy Families, Healthy Texas initiative, including:*
 - *HB 133, relating to the provision of benefits under Medicaid and the Healthy Texas Women program; and*
 - *Relevant provision of HB 2658, relating to the administration and operation of Medicaid managed care program, especially those provisions that relate to continuous eligibility for a child in Medicaid; and*
- *HB 3041, relating to the implementation of the Family Preservation Services Pilot Program.*

BACKGROUND

The Committee has jurisdiction over matters pertaining to the welfare and rehabilitation programs and their development, administration, and control. The Committee addressed a variety of issues during the 87th Legislative Session related to health care and human services. The committee approved major legislation to drive efficiencies in Medicaid and to expand access to health coverage for pregnant women and children in Medicaid programs. Of the major legislation, House Bill 133, House Bill 2658, and House Bill 3041 were highlighted by Speaker Phelan in the interim charges for the Committee to closely monitor implementation.

SUMMARY OF COMMITTEE ACTION

The Committee met multiple times to oversee the agencies under the Committee's jurisdiction including the implementation of legislation passed out of the Committee during the 87th Legislative Session. Below are the hearings and the witnesses for each of the public hearings pertaining to Charge I:

March 21, 2022 - Texas Capitol, Extension E2.030 - Child Welfare Legislation

Erica Banuelos, Department of Family and Protective Services

Jordan Dixon, Health and Human Services Commission

Deneen Dryden, Department of Family and Protective Services

Sasha Rasco, Department of Family and Protective Services

Robert Richman, Department of Family and Protective Services

Theresa Thomas, Office of Community-Based Care Transition

Cecile Young, Health and Human Services Commission

April 5, 2022 - Texas Capitol, Extension E2.030 - Healthy Families, Healthy Texas
Hilary Davis, Health and Human Services Commission
Stephanie Stephens, Health and Human Services Commission
Trey Wood, Health and Human Services Commission

June 28, 2022 - Texas Capitol, Extension E2.030 - House Bill 3041 Implementation
Jerome Green, Department of Family and Protective Services
Jamie Masters, Department of Family and Protective Services
Sasha Rasco, Department of Family and Protective Services

PASSED LEGISLATION

House Bill 133

Background

Transitioned case management services for Medicaid recipients under the children and pregnant women program to a Medicaid managed care model, transitioned the Healthy Texas Women program to a managed care program, and required information about eligibility requirements for and enrollment in a federally subsidized health benefit plan to be provided to certain women participating in the Healthy Texas Women program. The bill also provides for the continuous coverage to a woman who is eligible for Medicaid for Pregnant Women from a minimum of two months to six months, following the date the woman delivers or experiences an involuntary miscarriage.

Findings

Although the Legislature passed House Bill 133 to extend the continuous coverage of eligible women, the Centers for Medicare and Medicaid Services (CMS) has not yet approved the waiver amendment request to extend the eligibility to six months.

The lack of approval from the CMS has not impacted the continuous eligibility of women who have already been deemed eligible and received services since the beginning of the Public Health Emergency (PHE). Additionally, Healthy Texas Women Plus provides a limited postpartum services package for women enrolled in the Healthy Texas Women program. Healthy Texas Women Plus will be provided in the postpartum period for not more than 12 months after the enrollment date. However, when the PHE ends, the continuous eligibility for full Medicaid services will return to two months.

House Bill 2658

Background

Re-balanced Medicaid capitation rates to ensure adjustments are made based on acuity of the population serviced. It also authorized a preventative dental care benefit in Medicaid to individuals with intellectual disabilities, and directed the Health and Human Services Commission (HHSC) to:

-
- undertake programs and studies that reduce costs associated with disease management;
 - improve quality in nursing homes, and;
 - provide six months of continuous eligibility for children in Medicaid and Children's Health Insurance Programs (CHIP).

Findings

The number of Periodic Income Checks (PICs) for Children's Medicaid was reduced from four to one. The result of the PIC will impact eligibility in the seventh month of the child's twelve-month certification period. Households are now allowed thirty days to provide requested income verification for the PIC, as compared to previously allotted ten days.

Children are tested for other healthcare programs using the income information from electronic data sources and will be referred to the Federal marketplace if they are not eligible for another Medicaid program or CHIP.

The eligibility changes enacted under House Bill 2658 were completed on April 2, 2022. However, PICs are currently suspended due to the PHE. The PICs portion of House Bill 2658 will be implemented when continuous Medicaid coverage ends after the PHE.

House Bill 3041

Background

Allowed the implementation of the federal Family First Prevention Services Act (FFPSA) by creating a pilot program to provide an alternative to removing a child at imminent risk of entering foster care. The bill also established certain procedures and requirements for the provision of services to allow these children to safely remain in the home while the family receives services.

Findings

The Department of Family and Protective Services (DFPS) has begun the operation of the Texas Family First (TFF) pilot program with the four Single Source Continuum Contractors (SSCCs) in all four operating Community-Based Care (CBC) regions. As part of the implementation required in House Bill 3041, a report is due from an independent third-party on the implementation one year after the pilot program began, which will be no later than October 1, 2023.

RECOMMENDATIONS

- Continue to monitor the implementation and impact of Human Services-related legislation, especially upon the conclusion of the PHE.
- Pass legislation similar to 87(R) House Bill 133, as it passed the House Human Services Committee, to extend Medicaid coverage for eligible women up to one year postpartum.
- Continue monitoring implementation of Healthy Texas Women Plus, including barriers to enrollment.

CHARGE II: Texas-Mexico Border

Complete study of assigned charges related to the Texas-Mexico border issued in June 2021.

BACKGROUND

On June 29, 2021, Speaker Phelan charged the Committee to the following interim charge³ regarding the Texas-Mexico Border:

Monitor the impact of children, including unaccompanied minors, crossing the Texas-Mexico border on the Department of Family and Protective Services child protective services programs. Consider ways to encourage consistent, transparent, and timely review of abuse and neglect of these children. Consider strategies to ensure better coordination and collaboration among local agencies, faith-based organizations, the private sector, non-profits, and law enforcement to reduce the incidence of abuse and neglect fatalities and human trafficking of migrating children. Identify any particularized services that these children will need and assess the costs of providing these services.

Unaccompanied children apprehended by Customs and Border Protection (CBP) are transferred into the custody of the Office of Refugee Resettlement (ORR). The ORR can either place the unaccompanied children with either ORR-funded residential care providers (private businesses operating residential care facilities with the federal government) or a federal operation on federal property. Several general residential operations (GROs) and child placement agencies (CPAs) who are licensed by HHSC contract with ORR as a placement option for unaccompanied children. The U.S. Department of Health and Human Services (HHS) and ORR must provide care to unaccompanied children who have been taken into custody by CBP after crossing the Texas-Mexico border.

On May 31, 2021, Governor Abbott issued a disaster declaration⁴ to direct state agencies and allocate resources to address the increase in unlawful immigrants crossing the Texas-Mexico border. In that disaster declaration, Governor Abbott specifically directed HHSC to take the necessary steps to discontinue the state licensing of childcare facilities that shelter unlawful migrants.

When implementing the May 31, 2021 disaster declaration, the Texas Health and Human Services Commission (HHSC) created emergency rules to discontinue the state licenses for the GROs contracting with ORR to serve as a placement option for unaccompanied children. Concerns have been raised that a GRO who contracts with ORR would no longer be able to contract with the Department of Family and Protective Services (DFPS) without the state license.

Service providers at our border have struggled licensing with HHSC to serve children crossing the border while still following Federal and State directives. These directives have caused some organizations to operate under an exempt status; leaving their program and employees at potential risk of legal penalties.

SUMMARY OF COMMITTEE ACTION

The Committee met for a public hearing to discuss this charge on October 13, 2021 in Austin, Texas in the Capitol Extension, Room E2.010.

The following organizations/individuals provided testimony:

Jennifer Allmon, The Texas Catholic Conference of Bishops
Stephen Black, Texas Department of Family and Protective Services
Deneen Dryden, Texas Department of Family and Protective Services
Victoria Ford, Health and Human Services Commission
Marta Talbert, Texas Department of Family and Protective Services
Jacob Wedemeyer, Diocesan Migrant and Refugee Services, Inc./Diocese of El Paso

FINDINGS

HHSC testified that emergency rules were created to address the concerns of GROs losing their licenses by creating a system for GROs to operate exempt of the license.⁵ Facilities that opted to continue to provide care for unlawfully present children were required by HHSC to either relinquish their GRO permit and operate solely as a program contracted with ORR or continue to operate as a GRO and contract with ORR in a separately operated program exempt from regulation. To operate a licensed GRO and exempt program, the facility must be able to demonstrate how the programs would be operated separately. The programs must operate with separate caregivers and separate use of the GRO buildings and outdoor areas. Based on the presentation provided by HHSC at the hearing, only three of the forty-five facilities providing care to unlawfully present individuals have retained their GRO license and operate a separate exempt program.⁶

DFPS provided testimony to the Committee on their limited jurisdiction regarding unaccompanied children crossing the border.⁷ The Department's jurisdiction to investigate abuse and neglect is limited only to when the alleged perpetrator is a traditional caregiver (parent, guardian, etc.). If an allegation of abuse or neglect is reported to DFPS and the allegation does not fall within the Department's jurisdiction, DFPS then refers the report to the appropriate other government agency or law enforcement unit. Committee members expressed concerns at the public hearing that the referral of these abuse and neglect cases can be as simple as a phone call and that DFPS does not track the cases after they are referred.

The Committee heard testimony that, as a result of the original rules made by HHSC after the May 31, 2021 disaster declaration, childcare entities were operating in an unsure environment. Faith-based ministries were concerned that since they were operating exempt from licensure, they had lost the ability to access the state background check system and the investigatory aspect of abuse and neglect reporting.⁸ It was recommended that legislation be passed to restore the ability of exempt status GROs to access the background checks and investigations of abuse and neglect at HHSC and DFPS.

The Committee also received testimony from Jacob Wedemeyer at the Diocesan Migrant and Refugee Services, Inc that DFPS should not shut down state-licensed ORR-contracted children's shelters and that the Committee should support legislation to help protect unaccompanied children who have been abused, abandoned, or neglected by one or both parents.⁹

RECOMMENDATIONS

- Continue to monitor the impact of children, including unaccompanied minors crossing the Texas-Mexico border on DFPS programs.
- Encourage better communication between state and federal agencies when referring allegations of abuse or neglect to the proper agency with jurisdiction.
- Ensure allegations of abuse and neglect at GROs are investigated by the appropriate state or federal agency.
- Consider legislation to allow child welfare providers operating under exempt status access to the central background check registry for individuals found by DFPS to have abused or neglected a child.

CHARGE III: Prevention and Early Intervention

Evaluate current prevention and early intervention programs and make recommendations for improving the effectiveness of these programs in reducing child abuse and neglect.

BACKGROUND

The Prevention and Early Intervention (PEI) division of the Department of Family and Protective Services (DFPS) manages the delivery system of prevention and early intervention services to children and their families in at-risk situations. PEI programs and services target preventing abuse, neglect, and other bad outcomes for children in their homes across the state.

Through Child Protective Services (CPS), DFPS has been providing Family-Based Safety Services (FBSS), also known as in-home services and family preservation services. FBSS seek to keep children in their homes by strengthening the family's ability to protect children and reduce danger. FBSS case management function consists of assessing child safety and family needs, taking action to ensure immediate child safety, and making referrals to or coordinating with services which address identified needs. During the assessment of child safety and family needs, a FBSS caseworker documents their assessments into the Information Management Protecting Adults and Children in Texas (IMPACT) system, the main technology application DFPS uses to record case information about the children and adults the department seeks to protect.

After Congress passed the Family First Prevention Services Act (FFPSA) in 2018, the federal government opened the door for states to expand prevention services with federal funding from Title IV-E and Title IV-B of the Social Security Act. The FFPSA seeks to reduce the entry of children into foster care, limit the use of congregate care, and increase access to substance abuse and mental health services to children at risk of entering the foster care system and their families.

The Legislature established a pilot program for FFPSA evidence-based services through House Bill 3041. This pilot, Texas Family First (TFF), is taking place in the four CBC regions, and is designed to prevent children from entering foster care by providing court-ordered services to families to address child safety concerns while children stay in their homes. As specified in HB 3041, candidacy for the program requires a court order and the child to be at "imminent risk of removal and entrance into foster care."

In addition to House Bill 3041, the Legislature passed Senate Bill 910 to direct DFPS to create a report identifying options and appropriate processes to transition FBSS into Community-Based Care (CBC), and study ways to expand the existing FBSS services under TFF.¹⁰

SUMMARY OF COMMITTEE ACTION

The Committee met for a public hearing to discuss this charge on March 21, 2022 and June 28, 2022 in Austin, Texas in the Capitol Extension.

The following organizations/individuals provided testimony on March 21, 2022:

Erica Banuelos, Department of Family and Protective Services
Jordan Dixon, Health and Human Services Commission
Deneen Dryden, Department of Family and Protective Services
Sasha Rasco, Department of Family and Protective Services
Robert Richman, Department of Family and Protective Services
Theresa Thomas, Office of Community-Based Care Transition
Cecile Young, Health and Human Services Commission

The following organizations/individuals provided testimony on June 28, 2022:

Jerome Green, Department of Family and Protective Services
Jamie Masters, Department of Family and Protective Services
Sasha Rasco, Department of Family and Protective Services

FINDINGS

The Committee heard testimony from DFPS on the prevention and early intervention services at the March 21, 2022 and June 28, 2022 public hearings. At the time of the March hearing, DFPS was still in the early stages of creating the TFF pilot program and receiving applications from the SSCCs. At the June hearing, DFPS had amended each of the SSCC contracts to include the TFF program, but the program would not start until the Fall of 2022. DFPS officially began running the TFF pilot program in October of 2022 and is currently operating in conjunction with each of the four SSCCs in the active CBC regions.

DFPS has contracted with the University of Texas Medical Branch (UTMB) to provide a third-party, independent report to the Legislature no later than one year after the implementation of the pilot program, which will be October 1, 2023. The report will include analysis of all the entities involved in the implementation, barriers in implementation, data on performance-based outcomes, comparison between outcomes in different DFPS regions, costs, and recommendations on whether to expand the pilot program to other regions.

STATISTICS AND DATA TRENDS

- Removals have decreased from 1,642 in May 2019 to 810 in May 2022.¹¹
- FBSS involvement has decreased from 25,291 children and 9,485 families in May 2019 to 10,442 children and 3,893 families in May 2022.¹²
- Texas received \$50.3 Million in one-time federal funds through the Family First Transition Act (FFTA) to spend through fiscal year 2025.¹³ The 2022-23 General Appropriations Act directed DFPS to utilize \$34 Million in FFTA funds to implement certain prescribed programs that meet FFPSA criteria.¹⁴
- 87(R) Senate Bill 1 Rider 48(b) provided DFPS with \$4.9 Million in federal funds each

fiscal year of the biennium to purchase pilot services for children who are at imminent risk of being removed from the child's home and placed in the conservatorship of DFPS.¹⁵

RECOMMENDATIONS

- Continue transitioning prevention services to community models to encourage flexibility in responses and building buy-in for local entities to improve outcomes for their families and children.
- Consider expanding the candidacy definition for TFF services without a court order to include other populations who have voluntarily been in contact with DFPS.
 - Example: Parents who voluntarily request services because they are at risk of relinquishment.
- Utilize the remaining FFTA funds to support the transition of families receiving FBSS to FFPSA evidence-based programs.
- Integrate the TFF pilot program into the roll-out of new CBC regions.
- Increase the transparency of removals in FBSS stages. Without the oversight of a court, we run the risk of children being removed from their home without the due process of a full investigation.

CHARGE IV: Medicaid 1915(c) Waiver Services

Monitor implementation of SBI, Rider 30 (Health and Human Services Commission) and make recommendations for reducing the interest list for waiver services for Individuals with Intellectual Disabilities and reducing associated staffing shortages.

BACKGROUND

Texas Medicaid offers the ability for individuals with physical or intellectual and developmental disabilities (IDD) to live in their home communities and avoid institutional settings. The programs exist under waivers sought by states under Section 1915 of the Social Security Act. These programs provide long-term services and supports to eligible recipients in a setting that best fits their needs.

Texas has seven total Home and Community-based Services (HCBS) waiver programs through Medicaid 1915(c): Home and Community-Based Services (HCS), Texas Home Living (TxHmL), Community Living Assistance and Support Services (CLASS), Deaf Blind with Multiple Disabilities (DBMD), Medically Dependent Children Program (MDCP), STAR+PLUS HCBS, and Youth Empowerment Services (YES).

The State of Texas is responsible for creating and operating these waiver service programs. Currently, Texas has limited spaces available under these programs, and interested parties that seek these services must add their name to an "interest list." Individuals on an interest list must wait until they reach the top of the list, and a spot is open before their eligibility is verified. If the individual is deemed ineligible, they are removed from the list.

Currently, two 1915(c) Medicaid programs are operated through managed care: MDCP and STAR+PLUS HCBS. The five other programs operate as fee-for-service. In the 86th Legislative Session, House Bill 4355 passed to systematically transition each of the HCBS waivers to managed care between 2027 and 2031.

Eligibility varies by program but is determined based on household income and level of care or medical necessity. The criteria for level of care and medical necessity varies by program, as do the services provided through these waiver programs. However, all of the programs are delivered in a home or community setting.

The HCS waiver program has built in emergency slots. If an individual on the interest list for HCS services has an emergency (example: caregiver or parent dies), there is a process in place to have their eligibility checked and to skip the interest list.

The community attendants and direct care workers who provide the hands-on services and care for Texans receiving waiver services are being paid through rates that are set by the Legislature. 87(R) Senate Bill 1, Rider 30 directed the Health and Human Services Commission (HHSC) to collaborate with stakeholders to evaluate the rate setting methodology of the HCBS Medicaid programs.

SUMMARY OF COMMITTEE ACTION

The Committee met for a public hearing to discuss this charge on May 5, 2022 in Austin, Texas in the Capitol Extension, Room E2.030.

The following organizations/individuals provided testimony:

Dennis Borel, Coalition of Texans with Disabilities (CTD)
Ashley Ford, The ARC of Texas
Sandra Frizzell Batton, Providers Alliance for Community Services of Texas (PACSTX)
Erin Lawler, Texas Council of Community Centers
Susan Murphree, Disability Rights Texas
Leah Rummel, United Healthcare
Carole Smith, Private Providers Association of Texas (PPAT)
Trey Wood, Health and Human Services Commission
Emily Zalkovsky, Health and Human Services Commission

FINDINGS

Based on testimony from Leah Rummel at United Healthcare, there were an unduplicated count of 159,419 individuals on at least one of the six interest lists.¹⁶ Many of the applicants on the interest lists are on multiple lists or already receive other IDD Medicaid services. Under the current framework, eligibility is not checked until someone gets "to the top of the list," making it extraordinarily difficult for lawmakers, agency personnel, and stakeholders to have an accurate picture of the current real need for programs.

To address the lack of current information, the Legislature passed HB 3720 in 2021 which required HHSC to develop and implement an interest list questionnaire that will capture information necessary to inform HHSC about people's need for assistance and when services are needed to ensure a person's health and safety. The agency is in the process of implementing the interest list questionnaire and expects to begin sending out the questionnaire in 2023.

STATISTICS AND DATA TRENDS

- Based on a PPAT, PACSTC, and Texas Council of Community Centers survey from January 2021, Texas is facing a significant shortage of direct care workers and attendants.¹⁷
- Enrollment, interest list count, and average time on interest list by Medicaid waiver program, as of the May 5, 2022 hearing:¹⁸
 - HCS
 - Total enrolled: 29,665
 - Interest list count: 108,838
 - Average time on list: 7.4 years

-
- TxHmL
 - Total Enrolled: 3,965
 - Interest list count: 96,893
 - Average time on list: 6.6 years
 - CLASS
 - Total enrolled: 6,021
 - Interest list count: 78,259
 - Average time on list: 7.3 years
 - DBMD
 - Total enrolled: 313
 - Interest list count: 1,239
 - Average time on list: 2.5 years
 - MDCP
 - Total enrolled: 5,689
 - Interest list count: 7,650
 - Average time on list: 1.7 years
 - STAR+PLUS HCBS
 - Total enrolled: 62,738
 - Interest list count: 19,723
 - Average time on list: 0.5 year

RECOMMENDATIONS

- Monitor the implementation of the interest list questionnaire and online portal and look for ways to improve the accuracy and relevance of the information.
- Continue to support the utilization of home and community-based services to help Texans avoid institutional settings and look for opportunities to expand those waiver services.
- Examine the feasibility of requiring HHSC to transition the interest lists for Medicaid waiver service programs for individuals with intellectual and developmental disabilities from a "first come, first served" model to a model based on level of need and immediacy of need.
- Ensure HHSC provides the Legislature with adequate data on the demand for slots for each Medicaid waiver service, including the current demand for emergency slots and the projected demand for future biennium.
- Identify and support legislation to stabilize the community-based Medicaid programs and services, including the staffing shortage for direct care workers.
- Direct HHSC to first assess financial eligibility of an individual when they reach the end of the interest list.

CHARGE V: Children Without Placement (CWOP)

Evaluate further action needed to improve the safety and quality of the foster care system, including preventing children in foster care from being without a placement and increasing recruitment of foster families. Identify methods to strengthen Child Protective Services processes and services, focusing on efforts for family preservation and eliminating fatalities within the foster care system. This evaluation should:

- *Study the causes for children without placement;*
- *Assess the safety concerns for children without placement, including the use of out-of-state and temporary emergency placement for children without placement; injuries while in the care of Department of Family and Protective Services (DFPS) employees; and the exposure to child sex trafficking; and*
- *Study how and why children without placement frequently enter the juvenile justice and adult criminal justice systems and the steps DFPS is taking to identify and prevent these instances.*

BACKGROUND

When the Department of Family and Protective Services (DFPS) is named temporary or permanent managing conservator of a child, Child Protective Services (CPS) staff become responsible for the placement, safety, and permanency plan of that child. When possible, CPS seeks the placement of the child with non-custodial parents or other significant connections. However, when such placements are not able to meet the child's needs, the alternative is foster care placements. Although staff attempt to identify a placement that meets all the child's needs and achieve permanency, circumstances may arise that require the child to receive temporary emergency care. When a child is receiving temporary emergency care they are referred to as children without placement (CWOP). While a child is in CWOP, DFPS is responsible for providing them with food, clothing, and shelter.

Children without placement tend to be older (13-17 years of age), have higher need or need a specialized level of care, have experienced prior psychiatric hospitalization, and have a history of behaviors that are difficult to manage in a traditional setting (run away, self harm, physical aggression, sexual victimization and/or sexual aggression).¹⁹

Heightened monitoring is required by court order through the federal lawsuit, *M.D. v Abbott*, and is a coordinated effort between DFPS and the Health and Human Services Commission (HHSC) to address the concerns related to the residential childcare operations that contract with DFPS. DFPS and HHSC conduct an in-depth assessment of the operations and develop individualized plans to address the patterns that led to the operation being placed on heightened monitoring.

SUMMARY OF COMMITTEE ACTION

The Committee met for a public hearing to discuss this charge on October 13, 2021 in Austin, Texas in the Capitol Extension, Room E2.010.

The following organizations/individuals provided testimony:

Wayne Carson, ACH Child and Family Services
Deneen Dryden, Department of Family and Protective Services
Scott Lundy, Arrow Child and Family Ministries
Katie Olse, Texas Alliance of Child and Family Services
Kimberly Sanders, Texas State Employees Union
Jean Shaw, Health and Human Services Commission

FINDINGS

On October 13, 2021, DFPS testified that there was an increase in the number of children who had entered CWOP and in the average amount of time these children were spending in CWOP.²⁰

DFPS testified that capacity and the shortage of step-down providers have played a major role in the increase of CWOP. Multiple factors have led providers to leave the market including the COVID-19 pandemic and the implementation of heightened monitoring as part of the ongoing federal lawsuit, *M.D. v Abbott*. According to the testimony provided by HHSC at the hearing, a majority of the beds that have come offline were self-surrendered.

DFPS has taken steps to provide immediate capacity growth by creating a rapid expansion of sub-acute beds by developing 34 sub-acute beds between June 2021 and October 2021. The department began implementing intensive reviews with each child in CWOP. As of September 30, 2021, CPS completed a detailed history and summary of each child who was actively in CWOP. The department directed each catchment region to hold meetings with executive leadership, the youth being served, caseworkers, placement team members, and other stakeholders (such as CASA). During the meetings, placement options are discussed with the youth to determine goals, find family members, and identify connections with other adults.

To address CWOP long-term, DFPS is pursuing a preventative wrap-around service continuum for children and families to prevent refusal to accept parental responsibility (RAPR) and mental health removals. In addition, DFPS is requiring Regional Directors to approve removals for children 12 and older and when the reason is RAPR related. It is often better for the child if DFPS can help provide services within their home instead of being removed. These services could be provided through the FFPSA pilot program (HB 3041).

To develop and generate long-term capacity growth, DFPS has developed a team solely focused on working with new contractors to support them through the logistical process of standing up new facilities and provide technical assistance for the first year of their operation. DFPS has expanded Treatment Foster Care (TFC) to allow more providers to serve a wider array of

children as TFC homes are the least restrictive.

The four Single Source Continuum Contractors (SSCC) who are implementing the Community-Based Care (CBC) approach to foster care in Texas created a plan²¹ to create six individual projects for the SSCCs to implement jointly. The plan utilizes both short-term and long-term strategies to establish quality capacity, provide safety and stability for children, and advance the goals of community-based care in improving outcomes for children. The plan was developed to provide direction for legislative action.

The plan created by the four SSCCs is separated into six individual projects, each with an individual SSCC leading each of the projects: 1) create new capacity for higher-needs adolescents, 2) engage top national programs in serving high-needs youth, 3) specialized consultation and support for providers, 4) recruitment blitz for foster parents in SSCC regions, 5) support expansion of kinship and reunification services; and 6) define the importance of a stable workforce in capacity building.²² Through the comprehensive plan, the SSCCs believe they will provide a reduction of 95% in CWOP in the four current SSCC regions within two years.

The flexibilities community-based care has allowed the SSCCs provide innovative solutions to address issues like CWOP that the legacy system has been unable to offer. The SSCC for region 3B, Our Community Our Kids (OCOK), testified that they have been able to sign a contract with a local hospital to provide sub-acute care, work with local providers to build capacity locally, work with their local mental health authority to access more services for kids who have intellectual or developmental challenges, recruit out of state providers to come to Texas, and rearrange their capacity. Through the CBC model, OCOK has been able to work with various therapeutic foster homes to shift and serve as a temporary crisis type of foster home when they saw CWOP in their region rise.

As of the March 21, 2022 House Human Service public hearing, HHSC was still in the process of implementing 87(R) Senate Bill 1896, including the plan between HHSC and DFPS to increase foster care capacity.²³

STATISTICS AND DATA TRENDS

- The total monthly number of children in CWOP increased from 13 in January 2020 to 362 in September 2021.²⁴
- Many of the children in CWOP are not victims of abuse or neglect but are from refusal to accept parental responsibility.
- The Legislature has appropriated \$123 Million during the 87th Legislative Session to build capacity.²⁵
 - 87R SB 1, Rider 51: \$32,902,402 to build placement capacity in CBC regions by providing temporary rate increases, awarding incentive payments, and awarding grants to providers.
 - 87(2) SB 5: \$90,000,000 to provide supplemental payments to retain providers, increase provider capacity, and awarding targeted foster care provider capacity grants. The \$90 Million in SB 5 is required to be implemented in coordination with Rider 51.

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- From FY21Q1 to FY21Q4, Texas lost 1,454 General Residential Operation (GRO) beds due to contract closures, while only gaining 983 over the same timeframe.²⁶
 - Of the 1,434 beds lost, 760 of them were Residential Treatment Center (RTC) beds, with a net loss of 426 RTC beds.
 - In August 2022, DFPS had contracts with 11 Intensive Psychiatric Transition Program (IPTP) providers, but in October 2021 only three IPTP providers remained.²⁷
 - As of October 13, 2021, 79 operations were on heightened monitoring.²⁸
 - 44 GROs (19% of all GROs)
 - 35 CPAs (16% of all CPAs)
 - Based on testimony at the hearing from DFPS, about 26% of the children in foster care in Texas were in the CBC network, but less than 10% of CWOP was in CBC.

RECOMMENDATIONS

- Monitor the implementation of CBC by DFPS and increase accountability methods to ensure its implementation in line with changes in state law.
- Review the successes of SSCCs in CBC regions at limiting the level of CWOP in their regions and formulate best practices that could be replicated. Consider funding practices which have proven effective.
- Ensure providers are utilizing STAR Health benefits and services that are already available to foster care youth (crisis intervention, mental health rehabilitation, care coordination, value added services, etc.).
- Determine the efficacy of utilizing the Family First Prevention Services Act pilot program and prevention and early intervention programs to reduce CWOP in both CBC and Legacy regions.
- Examine the number of central administrative staff and if a transfer of resources should occur to have additional local staff to alleviate overtime hours in CWOP.
- Review the employee background check requirements implemented by DFPS at contracted facilities to ensure proper vetting of those working with foster youth.

CHARGE VI: DFPS IMPACT

Assess the quality and effectiveness of the DFPS IMPACT system for security, transparency, and accuracy. Review DFPS processes relating to the integrity of digital case management. Evaluate whether DFPS data collection adequately responds to child wellbeing indicators.

BACKGROUND

The Information Management Protecting Adults and Children in Texas (IMPACT) serves as the main application the Department of Family and Protective Services (DFPS) uses to record case information about the children and adults the department seeks to protect. DFPS staff utilize IMPACT to document all stages of service of a case. IMPACT is used to support all direct delivery programs, including Child Protective Investigations, Child Protective Services, Adult Protective Services, and State-wide intake.

The IMPACT system was initially created in 1996. DFPS began the IMPACT Modernization Project in 2015 to update the application and technology capabilities. The project was divided into phases, with phase one beginning in 2015. Maintaining the security of the information housed in the IMPACT system is vital to the integrity of DFPS.

DFPS completed IMPACT Modernization Phase II during FY 20-21.

RECOMMENDATIONS

- Continue to monitor the modernization of DFPS IMPACT including the interactions between the SSCCs and DFPS as Community-Based Care continues to roll out.
- Ensure DFPS continues to harden their IT system.
- Improve access to data for foster care providers.

CHARGE VII: Long-Term Care

Examine the long-term services and support system of care in Texas. Study workforce challenges for both institutional and community services. Assess opportunities to improve patient safety at senior living facilities. Consider mechanisms to promote a stable, sustainable, and quality-based long-term care system to address current and future needs of the state.

BACKGROUND

The Texas long-term care system of support includes the most common facilities like Assisted Living Facilities (ALFs) and Nursing Facilities (NFs), but also includes intermediate care facilities, hospice, day activity health services, and certain Medicaid 1915(c) providers (TxHmL and HCS).

SUMMARY OF COMMITTEE ACTION

The Committee met for a public hearing to discuss this charge on June 28, 2022 in Austin, Texas in the Capitol Extension, Room E2.030.

The following organizations/individuals provided testimony:

Michelle Dionne Vahalik, Health and Human Services Commission
Patricia Ducayet, Office of the State Long-Term Care Ombudsman
Kathy Green, AARP Texas
Rachel Hammon, Texas Association for Home Care and Hospice (TAHCH)
Alyse Meyer, LeadingAge Texas
Kendal Nelson, Texas Assisted Living Association (TALA)
Chelsea Owens, Breckenridge Village of Tyler
Meera Riner, The Independent Coalition of Nursing Home Providers
Stephanie Stephens, Health and Human Services Commission
Kevin Warren, Texas Health Care Association (THCA)

FINDINGS

Texas' long-term care facilities have faced an unprecedented staffing shortage. With the strict staffing requirements for NFs and ALFs, long-term care facilities have struggled through the PHE to hire and retain staff, especially Certified Nurse Aides (CNAs).

The Health and Human Services Commission (HHSC) has provided flexibility for CNAs by allowing more options to sit for nurse examinations and become CNAs, work training and experience gained in a nursing facility during the Public Health Emergency (PHE) counts

towards the 100 hours of required training needed to be eligible to sit for the exam, and many parts of the traditional CNA training to be available virtually.

HHSC has provided flexibility for nursing home facility administrators by permitting greater reciprocity for administrators licensed in other states to receive a license in Texas, more nursing facility locations where an administrator-in-training can conduct their internship, and waiving fees for military veterans and their spouses.

HHSC has requested that the Centers for Medicare and Medicaid Services (CMS) waive federal regulations that require a nursing facility to not employ a nurse aide longer than four months unless they meet the training and certification requirements. This will allow temporary nurse aides to continue to provide care to residents in nursing facilities beyond the required four months while the state contractor facilitates the full certification.

87(R) Senate Bill 1, Rider 146 directed HHSC to report on the workforce shortage in nursing homes, work with stakeholders, and develop recommendations for short-term and long-term solutions to the workforce shortage. That report is on track to be released in the Fall of 2022.

STATISTICS AND DATA TRENDS

- As of the June 28, 2022 hearing, 177 NFs and 26 ALFs received staffing assistance from the State of Texas as a result of the PHE to address staffing shortages.²⁹
- About 1,000 of the 1,200 NFs in Texas use a management company and the majority are owned by the following:³⁰
 - 332 are limited liability companies,
 - 645 are hospital districts,
 - 68 are not-for-profit.
- A survey from 2021 of THCA and LeadingAge Texas members shows that 100% of the member facilities face unfilled CNA positions and 30% of the facilities were limiting new admissions due to the staffing shortages.³¹

RECOMMENDATIONS

- Promote CNA career advancement opportunities to support job retention.
- Continue to study the challenges facing long term care facilities to hire and retain staff, including the results of the Rider 146 report once it is released.
- Direct HHSC, or the or the HHSC Long-Term Care Ombudsman, to study the ownership of long-term care facilities across the state and develop policies or recommendations to increase transparency on the ownership of long-term care facilities across Texas.
- Examine temporary COVID-era policies that were instituted to more easily hire and retain new staff (such as licensing reciprocity) and develop legislation to make those permanent.

CHARGE VIII: Texas' 1115 Demonstration Waiver and Federal Decisions Impacting the State Medicaid System

Monitor federal decisions that may impact the delivery and financial stability of the state's health programs, including: the Centers for Medicare and Medicaid Services' rescission of its prior approval of the State's 1115 Waiver, the state and federal negotiations of the Medicaid directed payment programs (including hospital finance methods), federal changes to the Medicaid Disproportionate Share Hospital Program and the exclusion of certain costs from the uncompensated care program authorized through the 1115 Waiver.

BACKGROUND

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services (HHS) the authority to approve experimental, pilot, or demonstration projects that are found by the Secretary to assist in promoting the objectives of the Medicaid program.

Each state has the ability to submit a demonstration (also referred to as an 1115 Demonstration Waiver) to allow the state flexibility to administer Medicaid in a state-specific approach. Any change to the eligibility of Medicaid services through a state's 1115 Demonstration Waiver must be approved by the Centers for Medicare and Medicaid Services (CMS). CMS then conducts a case-by-case review of each proposal and amendment.

Since 2011, the State of Texas' 1115 Demonstration Waiver has enabled the State to advance its use of Medicaid managed care to achieve program savings, while also preserving locally funded supplemental payments to hospitals.

The goal of Texas' 1115 Demonstration Waiver is to expand risk-based managed care statewide, support the development and maintenance of a coordinated care delivery system, improve outcomes while containing cost growth, and transition to a quality-based payment system across managed care and providers. Once granted, the waiver is the federal authority that Texas uses to deliver Medicaid managed care. Texas utilizes the 1115 to deliver STAR, STAR+PLUS, STAR Kids, and Children's Dental Program through Medicaid managed care.

SUMMARY OF COMMITTEE ACTION

The Committee met for a public hearing to discuss this charge on May 5, 2022 in Austin, Texas in the Capitol Extension, Room E2.030.

The following organizations/individuals provided testimony:

Stephanie Stephens, Health and Human Services Commission
Trey Wood, Health and Human Services Commission

FINDINGS

In November 2020, Texas Health and Human Services Commission (HHSC) submitted an extension request for the state's 1115 Demonstration Waiver. On January 15, 2021, CMS approved a 10-year extension of the 1115 Demonstration Waiver for Texas. However, on April 16, 2021, the CMS rescinded their approval letter for that extension. On May 14, 2021, the Texas Office of the Attorney General (OAG) sought legal redress and filed a complaint in federal court. On August 20, 2021, the court ordered through preliminary injunction, that the waiver approval was in full effect. On April 22, 2022, CMS withdrew their rescission letter and confirmed the January 2021 Special Terms and Conditions as in effect.³²

The extension of the 1115 Demonstration Waiver allows the planned transition from the Delivery System Reform Incentive Payment (DSRIP) program to State Directed Payments to incentivize providers to improve quality. This includes the Comprehensive Hospital Increased Reimbursement Program (CHIRP - \$4.7 Billion), Quality Incentive Payment Program (QIPP - \$1.1 Billion), Texas Incentives for Physicians and Professional Services (TIPPS - \$600 Million), Rural Access Primary and Preventive Services (RAPPS - \$11 Million), and DPP for Behavioral Health Services (DPP BHS - \$175 Million). DSRIP ended on September 30, 2021 and the transition plan advances value-based care and other effective delivery system reforms. Since the CMS withdrew their rescission letter on April 20, 2022, CMS has approved all State Directed Payment Programs and each approval is retroactive to September 1, 2021.

The Uncompensated Care (UC) and Charity Care Payments (CCP) can only be operated under the 1115 Demonstration Waiver. As part of the terms of the 1115 Demonstration Waiver decision, the UC pool will be re-sized twice. The first will take effect in FY 2023 and the second in FY 2028. The re-sizing allows for adjustments to uncompensated care pool based on actual charity care.

At the time of the May 5, 2021 hearing, four amendments were either pending or in process: 86(R) Senate Bill 1096, 86(R) House Bill 4533, 87(R) House Bill 133.

Although the Public Health Emergency (PHE) is still in effect and continuous eligibility for Medicaid recipients is still ongoing, once the PHE ends, the postpartum Medicaid coverage will return to the previously CMS agreed timeframe of two months.

RECOMMENDATIONS

- Due to the difficulties working with federal partners around implementation of HB 133, pursue legislative solutions outside of the federal waiver framework designed to increase affordable access to care.
- Continue to monitor the 10-year extension to the 1115 Demonstration Waiver.

ADDITIONAL COMMITTEE ACTION

In addition to the items charged to the Committee by Speaker Phelan, the Committee met to hear testimony and discuss several other items.

Impact of *M. D. v Abbott* on Texas' Child Welfare System

Summary of Committee Action

The Committee met on March 21, 2022 in Austin, Texas in the Capitol Extension, Room E2.030 for a public hearing to discuss the impact of the lawsuit *M. D. v Abbott* on the Texas' Child Welfare System.

The following organizations/individuals provided testimony:

Rachelle Daniel, Health and Human Services Commission
Jordan Dixon, Health and Human Services Commission
Lana Estevilla, Health and Human Services Commission
Vicki Kozikoujekian, Department of Family and Protective Services
Julie Lindsey, Legislative Budget Board
Jamie Masters, Department of Family and Protective Services
Andrea Nikic, Legislative Budget Board
Cecile Young, Health and Human Services Commission

Security and Safety of Texas Youth in State-Licensed Facilities

Summary of Committee Action

The Committee met on March 21, 2022 in Austin, Texas in the Capitol Extension, Room E2.030 for a public hearing to discuss the current status of the State Hospitals and the forensic bed waitlist.

The following organizations/individuals provided testimony:

Stephen Black, Department of Family and Protective Services
Brooke Crowder, The Refuge for DMST
Jordan Dixon, Health and Human Services Commission
Julie Lindsey, Legislative Budget Board
Jamie Masters, Department of Family and Protective Services
Steve McCraw, Texas Department of Public Safety
Robert Richman, Department of Family and Protective Services

State Hospitals and the Forensic Bed Waitlist

Summary of Committee Action

The Committee met on June 28, 2022 in Austin, Texas in the Capitol Extension, Room E2.030 for a public hearing to discuss the current status of the State Hospitals and the Forensic Bed Waitlist.

The following organizations/individuals provided testimony:

Charles Reed, Dallas County Commissioner Court
Scott Schalchlin, Health and Human Services Commission

APPENDIX: ACRONYMS

AARP	American Association of Retired Persons
ALF	Assisted Living Facility
CBC	Community-Based Care
CBP	Customs and Border Protection
CCP	Charity Care Payments
CHIP	Children's Health Insurance Program
CHIRP	Comprehensive Hospital Increased Reimbursement Program
CLASS	Community Living Assistance and Support Services
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nurse Aide
CPA	Child Placement Agencies
CPS	Child Protective Services
CTD	Coalition of Texas with Disabilities
CWOP	Children Without Placement
DBMD	Deaf Blind with Multiple Disabilities
DFPS	Department of Family and Protective Services
DPP	Direct Payment Program
DPS	Texas Department of Public Safety
DSRIP	Delivery System Reform Incentive Payment
FBSS	Family-Based Safety Services
FFPSA	Family First Prevention Services Act
FFTA	Family First Transition Act
GRO	General Residential Operations
HCBS	Home and Community-based Services
HCS	Home and Community-Based Services Medicaid Waiver Program
HHS	U.S. Department of Health and Human Services
HHSC	Texas Health and Human Services Commission
IDD	Intellectual or Developmental Disabilities
IMPACT	DFPS Information Management Protecting Adults and Children in Texas
IPTP	Intensive Psychiatric Transition Program
LBB	Legislative Budget Board
MDCP	Medically Dependent Children Program
NF	Nursing Facility
OAG	Texas Office of the Attorney General
OCBCT	Office of Community-Based Care Transition
OCOK	Our Community Our Kids
ORR	Office of Refuge Resettlement
PACSTX	Providers Alliance for Community Services of Texas

PEI	Prevention and Early Intervention
PHE	Public Health Emergency
PIC	Periodic Income Checks
PPAT	Private Providers Association of Texas
QIPP	Quality Incentive Payment Program
RAPPS	Rural Access Primary and Preventive Services
RAPR	Refusal to Accept Parental Responsibility
RTC	Residential Treatment Center
SSCC	Single Source Continuum Contractor
TACFS	Texas Alliance of Child and Family Services
TAHCH	Texas Association for Home Care and Hospice
TALA	Texas Assisted Living Association
TFC	Treatment Foster Care
TFF	Texas Family First
THCA	Texas Health Care Association
TxHmL	Texas Home Living Medicaid Waiver Program
UC	Uncompensated Care
UTMB	University of Texas Medical Branch
YES	Youth Empowerment Services

ENDNOTES

- ¹ Texas House Rules, 87th Legislature. 2021. https://house.texas.gov/_media/pdf/House-Rules-of-Procedure-87.pdf
- ² Texas House Committee Interim Charges. 2021. https://house.texas.gov/_media/pdf/interim-charges-87th.pdf
- ³ Texas House Committee Interim Charges, Texas-Mexico Border. 2021. https://house.texas.gov/_media/pdf/committees/reports/87interim/Interim-Committee-Charges-Related-to-the-Texas-Mexico-Border.pdf
- ⁴ Governor Greg Abbott May 31, 2021 Disaster Declaration. https://gov.texas.gov/uploads/files/press/DISASTER_border_security_IMAGE_05-31-2021.pdf
- ⁵ Health and Human Services Commission. Texas-Mexico Border Presentation to the House Committee on Human Services October 13, 2021. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102021101300001/d5271838-68cc-4d32-ba9d-7f5e9c52eeac.PDF>
- ⁶ Health and Human Services Commission. Texas-Mexico Border Presentation to the House Committee on Human Services. October 13, 2021.
- ⁷ Department of Family and Protective Services. Texas-Mexico Border Presentation to the House Human Services Committee. October 13, 2021. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102021101300001/c3b7aab7-9c12-43d6-ad50-a5596656682a.PDF>
- ⁸ Allmon, Jennifer. Texas Catholic Conference of Bishops - Testimony to the House Committee on Human Services. October 13, 2021. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102021101300001/714a8749-d031-473d-862c-efb4e38846cc.PDF>
- ⁹ Wedemeyer, Jacob. Diocesan Migrant and Refugee Service, Inc. Testimony to the House Committee on Human Services. October 13, 2021. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102021101300001/7f3c2d9e-27f9-4e30-9c51-e455c58b8011.PDF>
- ¹⁰ Department of Family and Protective Services. SB 910 Report. October 1, 2022. https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2022/2022-09-30_SB910_Family_Preservation_Services_Report.pdf
- ¹¹ Department of Family and Protective Services Data Book. https://www.dfps.state.tx.us/About_DFPS/Monthly_Data/default.asp
- ¹² Department of Family and Protective Services Data Book.
- ¹³ Department of Family and Protective Services. FFPSA Webinar Presentation. https://www.dfps.state.tx.us/Child_Protection/Family_First/documents/DFPS_FFPSA_Update_Webinar_Presentation.pdf
- ¹⁴ Department of Family and Protective Services. Presentation to the House Human Services Committee. June 28, 2022. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102022062811001/6187c072-4908-4028-ba9b-8a545295c0e1.PDF>
- ¹⁵ Department of Family and Protective Services. Presentation to the House Human Services Committee. June 28, 2022.
- ¹⁶ Rummel, Leah. United Healthcare Presentation to the House Human Services Committee. May 5, 2022. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102022050510001/74a93c9b-7615-4e97-9bd8-a475929b1974.PDF>
- ¹⁷ Private Providers Association of Texas (PPAT) and Providers Alliance for Community Services of Texas (PACSTX). Presentation to the House Human Services Committee. May 5, 2022. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102022050510001/a086db48-12bc-4deb-a333-06348b838e44.PDF>
- ¹⁸ Health and Human Services Commission. Presentation to the House Human Services Committee. May 5, 2022. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102022050510001/a0f2119f-7c9e-40ff-a732-e3c477b755c8.PDF>
- ¹⁹ Department of Family and Protective Services. CWOP Presentation to the House Human Services Committee. October 13, 2021. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102021101300001/94a83637-19d6-4535-8189-3ee5ff1c0954.PDF>
- ²⁰ Department of Family and Protective Services. CWOP Presentation to the House Human Services Committee. October 13, 2021.
- ²¹ Building Capacity for Children and Families: A Community-Based Care Approach. August, 2021. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102021101300001/a00589ee-38a1-4979-9cfe-9faecfd48d87.PDF>
- ²² Building Capacity for Children and Families: A Community-Based Care Approach. August, 2021.
- ²³ Health and Human Services Commission. Presentation to the House Human Services Committee. March 21, 2022.

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²⁴ Department of Family and Protective Services. CWOP Presentation to the House Human Services Committee. October 13, 2021.

²⁵ Department of Family and Protective Services. CWOP Presentation to the House Human Services Committee. October 13, 2021.

²⁶ Department of Family and Protective Services. CWOP Presentation to the House Human Services Committee. October 13, 2021.

²⁷ Department of Family and Protective Services. CWOP Presentation to the House Human Services Committee. October 13, 2021.

²⁸ Health and Human Services Commission - CWOP Presentation to the House Human Services Committee. October 13, 2021. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102021101300001/1f84dc60-efd2-4ee1-940b-52995223d701.PDF>

²⁹ Health and Human Services Commission. Presentation to the House Human Services Committee. June 28, 2022. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102022062811001/309f5b26-46f2-4320-9fcc-04410c896f02.PDF>

³⁰ Ducayet, Patty. HHSC Long-Term Care Ombudsman. Presentation to the House Human Services Committee. June 28, 2022. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102022062811001/65261c25-495e-46e3-8685-26574353c74d.PDF>

³¹ Warren, Keven. Texas Health Care Association Presentation to House Human Services Committee. June 28, 2022. <https://capitol.texas.gov/tlodocs/87R/handouts/C3102022062811001/aadf25df-007a-4d04-bdbf-aba78fed4af7.PDF>

³² Health and Human Services Commission. Presentation to the House Human Services Committee. May 5, 2022.