TX DFPS Public Hearing on the Family First Prevention Services Act
Testimony of Valerie Smith, MD, FAAP
January 30, 2020

Good morning,

My name is Valerie Smith, MD, FAAP. I am a pediatrician in Tyler, Texas and I have the privilege of caring for many children in our foster care system. I am testifying today on behalf of the Texas Pediatric Society, the Texas Chapter of the American Academy of Pediatrics, about why it is crucial that Texas successfully implement the Family First Prevention Services Act (FFPSA). Specifically, Texas should maximize the opportunity the Act provides to leverage new federal matching funds for prevention services for children at risk of entering foster care and their caregivers, support current congregate care facilities' ability to become quality residential treatment programs (QRTPs), and increase the number of foster placements equipped to serve the complex needs of children entering foster care.

The FFPSA offers Texas the opportunity to receive federal funding for evidence-based prevention services aimed at keeping more children safe with their biological parents and out of foster care. In my clinic, we regularly see children who would benefit from community-based prevention services were they available to more families. Earlier this week, I cared for an infant who was living with her grandparents because her parents were unable to access substance use disorder treatment. Effective treatment for her mother could have allowed her to stay safely with her mother. As a pediatrician who has devoted her career to caring for children, it is painful to watch a scenario like this play out. I cannot help but think how the outcome would have been different had this mother had access to the in-home parenting supports and substance use disorder treatment that we can bolster through FFPSA. Building out these services at the community level not only helps individual families but can also empower entire communities to take ownership of the prevention work and tailor it to the specific needs of the community.

The Texas Department of Family and Protective Services (DFPS) should identify and support community-based strategies aimed at parent support, early brain development, and child and family adversity/challenges. This approach can empower communities to step into the prevention space and take action at the local level. DFPS can elevate these local services by recommending them for review through the federal government's new clearinghouse of evidence-based practices eligible for funding under FFPSA. Currently, 13 prevention programs have been reviewed by the clearinghouse,[i] but there are many more evidence-based programs that would help families in Texas. For example, early childhood home visiting programs that strengthen the parent-child connection can have great benefits for children at risk of entering the foster care system. Right now, the new clearinghouse only includes three such programs that target infants and toddlers: Nurse Family Partnership (which can only be funded for pregnant and parenting youth in foster care through the FFPSA), Parents as Teachers, and Healthy Families America.[ii] There are other evidence-based home visiting programs used in Texas that foster positive parent-child connections and should be considered for recommendation to the clearinghouse.

As the FFPSA aims to decrease the use of congregate care facilities, DFPS should also support current congregate care facilities' ability to become QRTPs. Many children enter foster care with serious emotional or behavioral disorders, where they would benefit from a therapeutic setting to meet their full needs. For these children, a QRTP can provide the trauma-informed care and the dedicated support from licensed clinical staff that they need to thrive.[iii] The FFPSA sets high standards for QRTPs that many providers in Texas are struggling to meet.[iv] Unless Texas adequately prepares to increase the quality of its congregate care facilities to meet the needs of children in foster care, there will not be enough providers to accommodate the number of children entering the system who need the types of services QRTPs are equipped to provide. The Family First Transition Act, which passed in December, provides approximately $43.7 million to Texas to prepare to implement the FFPSA. Texas should consider using this opportunity to improve the quality of its facilities to QTRP standards.

We know for the vast majority of children entering foster care, the best placement is a family home setting provided that foster parents are equipped to support their needs. Children in foster care have complex needs. Their lives are often marked by adverse childhood experiences, such as domestic violence and maltreatment, which are known to lead to long-term negative outcomes. More than 70% of children in care have a documented history of abuse or neglect and more than 80% have been exposed to significant levels of violence. Consequently, these children frequently present with complex physical, behavioral, and developmental issues that are rooted in their histories of trauma. One-third of children in foster care enter with a chronic medical condition and up to 80% enter care with a significant mental health need.[v] Children in foster care are twice as likely as their counterparts to experience developmental delays, asthma, and obesity, five times more likely to have anxiety, and seven times more likely to have depression.[vi]

To best support children with high medical and mental health needs entering the foster care system, foster parents need the tools and training to support them. One strategy is to train more families to provide treatment foster care (TFC), which enables them to support children with severe mental, emotional, or behavioral health needs who might have typically needed residential treatment services.[vii]

Another key strategy is to connect children with a physician upon entry into the foster care system. For this, we can utilize the success of the 3 in 30 initiative. This approach requires an initial medical exam within three business days of removal, the Child and Adolescent Needs and Strengths Assessment within 30 days, and the Texas Health Steps medical check-up within 30 days. These steps enable physicians to check for any injuries or illnesses early on, identify a child's strengths and needs, develop a tailored plan for the child and family to reach their goals, and help caregivers support strong growth and development.[viii] Because children entering foster care often have significant unmet physical and mental health needs that require urgent attention, it is vital that they get connected with a physician as soon as possible. This is the best way physicians can support foster parents in being the stable, attuned caregivers that children in our foster care system so critically need.

Stable, nurturing relationships are a key buffer against the impact of stress and trauma. As pediatricians, teachers, caseworkers, caregivers, advocates, and decision-makers, we must come together to ensure that every component of the foster care system promotes these healthy relationships and that families have access to the high-quality supports and services they need. Together, we can and must change the odds for children in our foster care system and for families before they even enter the system. Thank

you for the opportunity to provide testimony today and for your dedication to the health, safety, and resilience of children and families.

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[i] Title IV-E Prevention Services Clearinghouse. Find a Program or Service. Retrieved on January 24, 2020 from https://preventionservices.abtsites.com/program

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[vii] Texas Department of Family and Protective Services. 3 in 30: A Complete Approach to Better Care for Children. Retrieved from: https://www.dfps.state.tx.us/Child_Protection/Medical_Services/3-in-30.asp

[viii] Siebert, J., Feinberg, R., Ayub, A., Helburn, A., & Gibbs, D. (2018). State Practices in Treatment/Therapeutic Foster Care. *US Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation*. Retrieved from