

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

A. Provide the following information at the beginning of each program description.

Name of Program or Function	Child Protective Services
Location/Division	701 West 51 st Street, Austin, Texas/ Child Protective Services
Contact Name	Audrey Deckinga, Assistant Commissioner Child Protective Services
Actual Expenditures, FY 2012	\$ 1,090,891,634
Number of Actual FTEs as of June 1, 2013	7,963.3
Statutory Citation for Program	Chapter 40, Human Resources Code and Title 5, Family Code

Introduction to Child Protective Services

Responsibilities

The responsibilities of Child Protective Services are to:

- conduct civil investigations of reports of child abuse and neglect;
- protect children from abuse and neglect;
- promote the safety, integrity, and stability of families; and
- provide permanent homes or living arrangements for children who cannot safely remain with their families.

Investigation and Placements

State law requires anyone who believes a child is being abused or neglected to report the situation so that CPS can investigate. CPS interviews children, parents, and others who know about the family. CPS determines if child abuse or neglect occurred, if the children are safe, and if they are at risk of future harm.

CPS may refer families for services in the community, such as individual or family therapy, parenting classes, medical assistance, mental health services, substance abuse assessment and treatment facilities, or programs offering financial assistance for utilities, rent, or childcare.

When CPS is concerned about a child's ongoing safety, it refers the family to one of two types of ongoing services. If a child can remain safely in the home while issues are resolved, the family is referred for family based safety services. If services cannot ensure the child's safety in the home, CPS may petition the court to remove the child from the parents' custody and place the child in a relative's care or foster care. When this occurs, CPS provides a variety of substitute care services tailored to achieve the permanency goals for the child.

What Happens in a CPS Case?

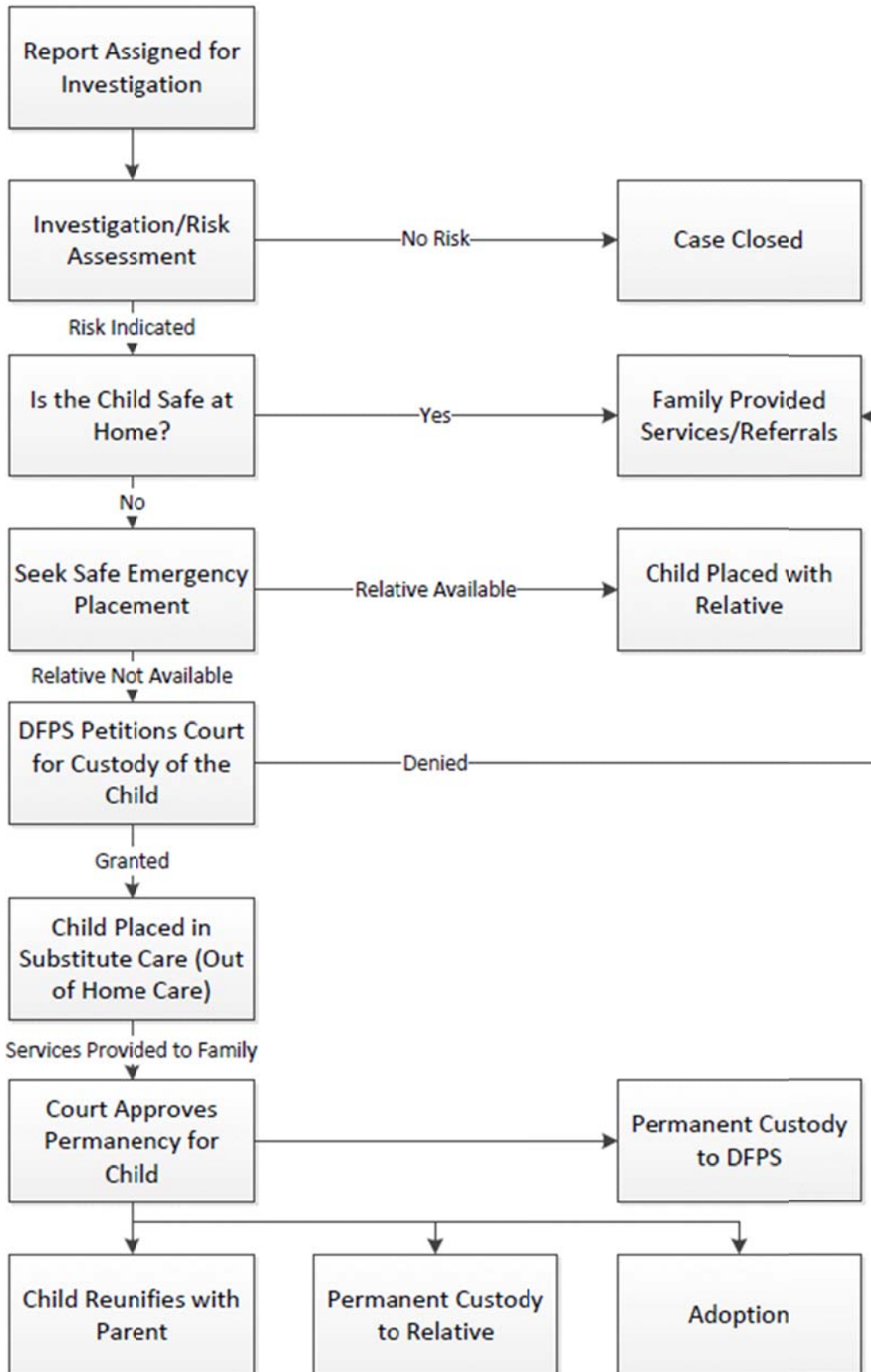
Generally, a CPS case follows one of three main paths described below after the investigation.

- **Case Closed** – CPS closes the case when there is no future risk to the child or risk can be managed without services from the agency.
- **Family Based Safety Services** – CPS works with parents and refers them to services to help keep families together and children safe in their homes.
- **Substitute Care** –A court removes a child from home and gives CPS legal custody. The child usually lives in foster care or with a relative until permanency goals are achieved. Permanency is achieved when the child:
 - returns home when it is safe;
 - lives with a relative long-term;
 - is adopted by a new family; or
 - lives in foster care until becoming an adult.

The flowchart, shown on the following page, illustrates the many possible paths of a CPS case.

CPS Flow Chart

This chart is for reference and does not necessarily represent the flow of a case.



CPS Programs

Child Protective Services has the following three major programs and many smaller ones, to process the thousands of reports it receives each year.

- Investigations
- Family Based Safety Services
- Substitute Care
 - Kinship Care
 - Foster Care and Placement Services
 - Conservatorship Services (case management)
 - Foster and Adoption Development
 - Transitional Living Services and Extended Foster Care
 - Permanency Care Assistance

CPS does not protect children all by itself. The Department works within a child welfare system. Only a court can issue an order to remove a child from home. Once that happens, the courts play a critical role in determining their future and make the final decisions on what happens to them. No child enters or leaves foster care without a court order. A judge decides where the child will live and for how long. Every day, Texas courts decide whether a child goes home or to live with a relative, visits a sibling, or becomes eligible for adoption. In addition to the courts, CPS works with many other people and organizations, including but not limited to:

- law enforcement agencies statewide;
- foster parents and private child-placing agencies;
- various service providers and service organizations;
- HHSC (healthcare services for children in foster care);
- U.S. Department of Health and Human Services; and
- child and family advocates and stakeholders.

The remainder of this section will look at each of these three programs (investigations, family based safety services, and substitute care) in greater detail and explain how CPS staff in each of these programs work to get the best possible outcomes for children and families.

B. What is the objective of this program or function? Describe the major activities performed under this program.

FTE numbers provided in the following section are Average Filled FTEs as of 6/1/2013.

Investigation – 2,708.9 FTES

Whenever suspected child abuse or neglect by parents, caregivers or household members is reported to DFPS and meets the statutory definitions of abuse or neglect, it becomes an investigation intake that is the responsibility of CPS's Investigation staff. CPS is responsible for conducting civil investigations of reported child abuse and neglect. The objectives of the investigation are to:

- ensure child safety;
- determine whether abuse or neglect occurred;
- assess whether the child may be at risk of abuse or neglect in the future;
- provide the family or child with needed safety services; and
- refer the family for services available in the community or through the agency that reduce the risk of abuse and neglect and enhance the well-being of the family.

Since the primary purpose of the investigation is the protection of children, investigators seek to identify whether the child is safe, how vulnerable the child is, and whether or not any parent has the capacity to protect the child. CPS determines this early in the investigatory process and ends the investigation once it is possible to determine the child is safe.

Investigation intakes are either routed through a screening process or sent directly to investigation units.

Screened Intakes

Mandated by S.B. 6, the main CPS Reform bill from 2005, investigation screeners review a subset of reports received at intake. To be eligible for screening, the intake must be a report in which the victims are ages six and older and involve a family with no open cases in other stages of service, and the intake does not require an immediate CPS response (these are Priority 2 intakes). Screeners review the case information received at intake as well as information available in the IMPACT system for prior CPS and criminal history. Additional calls may be made to determine if a traditional investigation is necessary. Screeners must contact a professional or other credible source that can provide additional information on the child's situation. The intake is closed if the child's safety can be assured without further investigation, and the screener refers the family to community resources. Screening allows caseworkers to only investigate cases that warrant CPS involvement. In FY 2012, approximately 41 percent of the Priority 2 intakes were formally screened. Of those, approximately 27 percent were closed after the screening process and the remaining 73 percent were assigned to receive an investigation.

Traditional Investigations

For any intakes involving children under the age of six or any intakes that involve serious abuse or neglect allegations which are not eligible for screening, these intakes are immediately sent for a traditional investigation. CPS uses a flexible approach to investigations that provides for different methods of investigation based on the safety concerns for the child.

- Thorough Investigations incorporate the full range of investigative procedures and outcomes.
- Abbreviated Investigations begin as thorough investigations but are shortened and do not include the full range of investigation procedures due to case-specific reasons consistent with child safety. For example, an abbreviated investigation may be used when initial contacts with the alleged victim or family provide enough information to clearly indicate the abuse or neglect allegations will be ruled out even before all investigative steps in policy would have been finished.
- Preliminary Investigations are administratively closed because it is determined that CPS lacks jurisdiction. For example, an initial interview conducted by the CPS caseworker could yield information that the alleged perpetrator was a neighbor and that there are no concerns about the parent's supervision of the child. In this instance, the worker would tell law enforcement about the new information and close the investigation.

CPS investigates reports of child abuse and neglect to determine whether any child has been abused or neglected, is unsafe, or is at future risk of being abused or neglected by a parent or household member. If the report alleges a child has been or may be the victim of a crime and is in immediate danger of physical or sexual abuse that could result in death or serious harm, CPS must request a joint investigation with law enforcement.

The investigator must complete investigation actions within 30 days from the date the report was received by the agency, unless the supervisor approves an extension. At the end of the investigation, the investigator must assign a disposition to each allegation identified in the investigation. A disposition is a finding that states whether an allegation of abuse or neglect occurred. Each disposition that the investigator gives to an individual allegation is considered when finalizing the overall investigation disposition. There are four categories of findings: reason to believe, ruled out, unable to complete, and unable to determine. For FY 2012, overall investigation dispositions included the following:

Fiscal Year 2012 Investigation Disposition	
Disposition	Number
Reason to Believe	38,725
Ruled Out	107,757
Unable to Complete	3,534
Unable to Determine	16,195
Total Completed Investigations	166,211

If the investigator concludes that the children are safe and not at risk of future harm, then the case may be closed. However, if the investigator concludes that the children are not safe, the investigator may refer the case to ongoing services. If the child can remain safely in the home while the services are provided, the case is referred to Family Based Safety Services. If the investigator determines that the children are in immediate danger, the investigator may file a petition to initiate civil court action to protect the children which may include removal of children from the home. If a child is removed from the home, Substitute Care services are provided.

Family Based Safety Services (FBSS) – 1,138.2 FTEs

When a case comes to FBSS from investigations, the goal of the services is to ensure child safety and reduce risk while helping families remain intact. When a case comes to FBSS from substitute care, the goal of the services is to help reunite the family and to ensure that the conditions that led to the child's removal no longer pose a threat to that child's safety. There are two types of services: Family Based Safety Services (formerly known as Family Preservation Services) and Family Reunification Services. Both types of services can be voluntary or court-ordered, although court-ordered Family Based Safety Services occur without DFPS having conservatorship of the child. Typically, Family Reunification Services occur during a monitored return while the child remains in DFPS conservatorship. In FY 2012, of the cases opened for services after a completed investigation, 69.7 percent received either Family Based Safety Services or Family Reunification Services.

Family Based Safety Services

In most cases opened for services after a CPS investigation, children remain with the family. Consistent with federal regulations, CPS works with families to improve conditions to keep a child safe in the child's own home. Family based safety services are child-safety centered, family focused, and home-based and most often involve children who are not in the legal conservatorship of DFPS. At all times, the safety and welfare of children are of paramount concern. If at any point staff determine the safety of a child can no longer be ensured, CPS implements an immediate plan for the child's safety, including court-ordered services or, if necessary, removal.

Family Reunification Services

CPS provides reunification services to families immediately before and after a child returns home from an out-of-home placement, while DFPS still has legal conservatorship of the child. The purpose of reunification services is to provide support to the family and the child during the child's transition from having been previously removed and living elsewhere to once again living at home. CPS provides family reunification services directly or through contracted providers.

All of the following criteria must be met for a family to be eligible for family reunification services.

- At least one child has been removed from the home.

- The parents have a reasonably stable living arrangement.
- The parents are working to complete goals listed on the family service plan.
- A target date has been set for the child to make his or her transition to the home, or the transition process has begun.

Goals and Objectives of FBSS and Family Reunification Services	
Goals	Objectives
Ensure child health and safety	<ul style="list-style-type: none"> • Ongoing assessment of factors that impact child health and safety. • Services target issues that impact family violence. • Ongoing assessment and provision of basic needs.
Provide family-focused services	<ul style="list-style-type: none"> • Strengths-based assessment and services. • Respect and work in partnership with families. • Culturally sensitive. • Meet the family’s unique needs. • Impact the family system.
Strengthen families through home and community based services	<ul style="list-style-type: none"> • Primarily provide services in the home, when possible. • Link families with formal and informal community resources. • Increase family support systems. • Increase family stability and self-sufficiency.
Establish permanency (a permanent living arrangement or home) for children	<ul style="list-style-type: none"> • Establish permanency when safety can be ensured: <ul style="list-style-type: none"> ○ by keeping children with their families, and ○ by reuniting them with their parents • Work towards other planned living arrangements for children when families are not willing or able to ensure the safety of their children.

A Family Based Safety Services caseworker conducts a family assessment and develops a service plan with the family to identify the services needed to ensure the long-term safety and well-being of the child and family. Each family is provided with a family service plan that details the specific services discussed during the family assessment. Services may be provided to any member of the family responsible for the child’s safety including parents, paramours, or caregivers. Additionally, services can be provided to the child to address their needs. Services available may include purchased client services (such as daycare, counseling, parenting classes or homemaker services) or referral to community resources.

Substitute Care – 2,775.9 FTEs

If, during the course of an investigation or during the provision of family based safety services, CPS determines it is not safe for a child to live with his or her own family, CPS petitions the court to remove the child from the home. Although “DFPS” is the entity provided the

conservatorship role and referenced in statute, it is CPS staff that provide the substitute care services (unless otherwise stated in this section).

There are two types of legal custody typically granted by the courts to DFPS: temporary (TMC) and permanent managing conservatorship (PMC). Both are granted to DFPS as a result of a court hearing and written court order and continue until a judge issues another court order changing the legal status of the child. Most often, children enter conservatorship when DFPS is awarded temporary managing conservatorship. In TMC cases, a final order must be determined within 12 months, although statute allows for a six month extension. Permanent managing conservatorship is considered one type of final order. Other final orders can include dismissal of conservatorship (occurs with reunification or when a child enters adulthood), transfer of permanent managing conservatorship to another (such as a relative), or (if termination of parental rights has already occurred) adoption. The legal status for children typically progresses from TMC to PMC. The judicial review process and responsibilities are guided by state and federal statute.

In general, there are specific court reviews and hearings for children in DFPS conservatorship, of which the following provides more detail.

Temporary Managing Conservatorship

- An ex parte order may be granted prior to the first hearing in the event of circumstances requiring emergency involuntary removal of a child from their parent or caretaker. If the circumstances do not allow a full adversary hearing prior to removal, CPS is authorized to obtain a court-ordered removal after an emergency ex parte hearing or conduct the emergency removal without a court order.
- The adversary hearing is the first hearing. In it, the judge makes decisions about whether a child should be removed (either before removal or, if emergency removal took place, within the first 14 days after removal).
- A status hearing is held within 60 days of the child being placed in temporary managing conservatorship. In this hearing, the judge reviews the service plan and makes findings regarding reasonable efforts made by parties, progress made and other actions.
- Permanency hearings are held regularly in which the judge reviews the conservatorship appointment, status of the child and circumstances, placement, and makes other determinations. Statute outlines a schedule, but judges may hold hearings more frequently. Permanency hearings continue until a final order about the case is determined.

Permanent Managing Conservatorship

- If the final order appoints DFPS as the permanent managing conservator, placement review hearings are held. Statute requires the court to hold such hearings for each child in the PMC of DFPS. The purpose is to review the legal status, consider whether DFPS has taken actions to achieve permanency for the child, review the appropriate placement, and review other information central to the child's safety, permanency and well-being.

CPS substitute care staff participate in the hearings, providing required information to the judge and other parties as required in statute.

In cases where DFPS has temporary managing conservatorship, two permanency planning meetings are typically scheduled. The first is within 45 days of a child entering DFPS care and the second within five months. A meeting is also held within three months of DFPS assuming permanent managing conservatorship and then annually. At a minimum, the following people are notified of a permanency planning meeting:

- the child's parents and the parents' attorney (invited at the same time),
- family and extended family members,
- the child,
- the child's caretaker,
- the child's attorney and guardian ad litem,
- the child's court appointed special advocate (CASA), and
- relevant professionals and other persons who can contribute to identifying and securing a permanent placement that meets the child's needs and is in the child's best interest.

Permanency is not achieved until all of the following occur.

- The child is in a safe living situation.
- The child is in a placement intended to be a permanent living situation.
- The child is with a family committed to the child.
- There is an enduring, nurturing family relationship to meet the child's needs.
- The child has a sense of security.
- A legal status has been achieved for the child that protects the rights of the child without DFPS maintaining conservatorship.
- In the case of a youth whose permanency goal is another planned, permanent living arrangement, the youth has a connection to a caring adult who will be supportive into adulthood, during and after the transition to independent living.

During the time a child is in the conservatorship of CPS, CPS staff rely on the substitute care setting best suited to a particular child's needs. Substitute care placements can include kinship care, foster care, placement in residential care facilities, adoption, or transition to independent living.

When courts put a child in DFPS's TMC, CPS evaluates the family's situation and the parents' ability to care for the children. The family and CPS then have 12 months to resolve the case.

During this time, substitute care staff must find the best placement for that child while also attempting to help repair the family. Services may include kinship assessments and home studies, behavioral health assessments, therapeutic services for children and families, parenting classes, substance abuse counseling, substance abuse testing, placement services, and more. Many of these services are court ordered, and their affordability and statewide availability are continuous challenges.

The goals of substitute care are to ensure that children are protected and get the care they need to achieve. Substitute care is a temporary living arrangement and provides or arranges for social and remedial services appropriate to each child's needs; and makes reasonable efforts to reunite children with their families by assessing each child's and family's situation. CPS develops and implements a time-limited, reunification service plan to change the conditions that have placed the child at risk, and to prepare the child and the family for the child's return home or to find alternative permanent placements for children who cannot safely go home.

When a child cannot safely return home, CPS may recommend to the court that the parent-child relationship be terminated and the children be placed with permanent families or caregivers. The parental rights of both parents must be relinquished or terminated before a child is free for adoption. If the court does not terminate the parental rights of a child but it is unsafe for the child to return home, DFPS or a kinship family may be named permanent managing conservator of the child. If there are not appropriate alternatives, the child remains in foster care.

In addition to services described above that are provided directly to the child in conservatorship, substitute care staff provide important services to these children and their families. The services provided during the substitute care stage include:

Kinship Care Services

Kinship care is an important option for children in DFPS conservatorship. Kinship care is when relatives or other fictive kin care for a child who cannot live safely with a parent. Kinship placements meet children's needs for safety while preserving connections to family, community, and culture. Children in kinship placements have shorter stays in substitute care, fewer placement disruptions, and better outcomes compared with children in traditional, paid foster care. Financial assistance is available to eligible relative caregivers to help support the integration of their relative child into their home. Available funds include an integration payment when the placement first occurs and reimbursements for specific expenses. Additionally, relative and fictive kin are told of the ability to become verified foster parents. That means the relative or fictive kin, upon verification, is trained and paid as other foster parents. If eligible relative or kinship caregivers become verified and take permanent custody of the child, Permanency Care Assistance can be provided. Kinship care services are typically provided by CPS Kinship Development Workers.

Foster Care Services

Foster parents provide children with a safe, nurturing environment and receive a daily reimbursement for the costs of caring for children. CPS substitute care staff and foster parents arrange all educational, medical, dental, and therapeutic services needed by the child. CPS provides services to the biological parents until the family is reunited or the courts approve another permanent living arrangement for the children. The court has ongoing oversight while a child is in foster care and will ask CPS to place the child temporarily in a foster care setting such as a:

- foster home or foster group home verified by a licensed child-placing agency;
- general residential operation licensed by DFPS; or
- facility under the regulatory authority of another state agency.

Foster and Adoptive Home Development Services

CPS substitute care staff verify foster and adoptive families to help ensure there are enough foster and adoptive homes for children in CPS custody. CPS develops an annual recruitment plan to address the need for homes based on the child population each region serves. Substitute care staff and foster parents work as a team to develop and find the best permanent home possible for children in substitute care. Foster parents may also become approved as an adoptive home. Substitute care staff verify CPS foster homes while private child-placing agencies verify their foster homes. Each of the 11 CPS administrative regions holds a license issued by Residential Child Care Licensing to operate as a child-placing agency. As a child-placing agency, CPS adheres to the same minimum standards and is monitored in the same way as any other child-placing agency. Currently, DFPS has 1,375 homes while private child-placing agencies have 7,574 homes (as of July 2013). DFPS adoptive families who are willing to accept children who are not legally free for adoption, but whose permanency plan is adoption, are also required to meet foster home minimum standards and be verified as a foster home.

Transitional Living Services

Although CPS tries to find a permanent home for every child, sometimes that is not possible. In those cases, substitute care staff provide Transitional Living Services, including the Preparation for Adult Living (PAL) program. These services help youth prepare for adult life and assist with the initial transition to adult living. PAL services ensure that DFPS foster youth and those aging out of care receive the tools, resources, supports, and personal and community connections they need to become self-sufficient adults. Supportive services and benefits are provided to eligible youth ages 16 to 21, and in some cases up to age 23 for certain educational/vocational needs, to assist youth when they leave foster care.

Experiential Life Skills Training for Youth 14 and Older

Foster parents and other childcare or residential providers are required to include training in independent living skills through practical activities such as meal preparation, use of public transportation, money management, and basic household tasks for youth ages 14 and older. Providers have access to resource guides and other training information at the DFPS Residential

Contracts website. The youth's experiential learning while in care and PAL activities complement one another and are discussed and addressed in each core life skill area within the youth's service and transition plan.

Preparation for Adult Living (PAL) Program

PAL helps older youth in foster care prepare for their departure and transition from DFPS care and support. Supportive services and benefits are provided to eligible youth up to age 21. PAL is funded by the federal Chafee Foster Care Independence Program, state general revenue funds and community match (20 percent). The PAL program includes the PAL Life Skills Assessment and Life Skills Training in the following core areas.

- Health and safety.
- Housing and transportation.
- Job readiness.
- Financial management.
- Life decisions and responsibility.
- Personal and social relationships.

Medical Services

In addition to the services discussed above, DFPS ensures all medical, behavioral and dental health needs are met for children in DFPS conservatorship. The CPS Medical Services division works in concert with CPS substitute care staff to ensure that each child in substitute care receives accessible, coordinated, comprehensive, and continuous health care. CPS well-being specialists coordinate with STAR Health representatives to troubleshoot complex cases, analyze process effectiveness, and recommend solutions and to provide training for CPS staff. Regional nurses consult with CPS caseworkers. Representatives from STAR Health participate with CPS in the Trauma Informed Care initiative, including a workgroup to identify trauma screening and assessment measures for use in psychosocial assessments STAR Health would provide for children in DFPS conservatorship.

Recruitment Services

The Texas Adoption Resource Exchange (TARE) is one tool substitute care staff use to find adoptive homes for children who are not adopted quickly. TARE is a web-based referral and photo listing service that CPS operates to provide information on children waiting for adoption. It also contains a free, self-registration listing of adoptive families and individuals across the United States that are approved for adoption. TARE was established so that children with special needs and families who wish to adopt them are brought together in an expeditious manner.

The DFPS "Why Not Me" campaign directs the public to TARE website using a redirected URL of www.adoptchildren.org. DFPS launched this campaign in FY 2007, featuring TV and radio ads designed to inspire Texans to adopt older and minority children. CPS also participates with

other adoption organizations during national recruitment campaigns and promotes children registered on TARE on organizational websites, including the AdoptUSKids national website.

The Adoption Family Network brings approved adoptive families with a current and approved home study to the attention of substitute care staff and increases placement options for children. The Adoption Family Network is an extension of TARE. It is a quick and easy way for adoptive families in Texas and throughout the United States to tell CPS about their adoption preferences and interest in adopting Texas children. CPS substitute care staff may consider these families for adoption of children who may or may not yet be photo listed on TARE.

Monthly adoption assistance payments and Medicaid coverage are provided on behalf of children who would not be adopted in a timely fashion without assistance. In addition to the monthly subsidy, non-recurring payments are provided after consummation of the adoption to reimburse families for certain adoption related expenses. Those expenses include home study costs, attorney fees, court costs and travel expenses related to the placement. CPS normally reimburses the family for their allowable expenses but can reimburse the attorney directly when requested by the family. Inter-country adoption of special needs children qualify for the non-recurring program when the parents have an adoption assistance agreement with DFPS before legal completion of the adoption.

DFPS Provides Enhanced Adoption Assistance, which increases the monthly adoption assistance DFPS pays for families who are adopting a child who would otherwise remain in foster care through age 18. The maximum amount of enhanced assistance is the amount that DFPS would pay foster parents for care of a child based on that specific child's foster care service level. The purpose of Enhanced Adoption Assistance is to create an incentive for increasing adoptions of children with such pervasive and intensive needs that they are not expected to exit state care.

Extended adoption benefits were added in October 2010 for youth who were 16 or older when the adoption agreement was signed.

Post-Adoption Services

Post-adoption services support adoptive families by helping with the periodic and ongoing adjustments to adoption, helping the child cope with a background of abuse. These services are designed to increase the success of adoptions and have been available since 1990. CPS supports adoption of special needs children through the adoption assistance programs.

CPS contracts service providers throughout Texas to provide post-adoption services. Currently, there are four primary providers, and several providers serve more than one region. Available services include service planning and casework services, inpatient and outpatient therapeutic treatment, parent training, support groups, and intermittent alternate care. Intermittent alternate care comes in a variety of settings, both in and out of the adoptive family home, including summer camps. Intermittent alternate care is sometimes used in a crisis intervention. Post-adoption service providers report that families who can access and routinely use intermittent alternate care are better able to cope with the special stresses the children

present the family. Residential treatment through post-adoption services is normally limited to 12 months.

CPS Support Functions

In addition to the three main program areas of investigation, family based safety services, and substitute care, there are other areas within CPS that help facilitate the casework involving children and families.

Purchased Client Services

- Purchased Client Services (PCS) is a division within CPS that assists in purchasing direct services for CPS children and families served by CPS. PCS plans for services, assists with the procurement of services, manages and monitors contracts, and resolves contracting issues. PCS includes the Regional Contracts, Residential Contracts, Prevention and Early Intervention, and Contract Performance Divisions.
- PCS monitors contractor performance based on risk and document monitoring activity in the Statewide Monitoring Plan. Contract monitoring may include on-site visits, desk reviews, and billing reviews. Fiscal monitoring includes a review of the contractor's financial operations, which may include a review of internal controls for program funds in accordance with state and federal requirements, an examination of principles, laws and regulations, and a determination of whether costs are reasonable and necessary to achieve program objectives. Programmatic monitoring includes a review of a contractor's service delivery system to determine if it is consistent with contract requirements, including the quality and effectiveness of programs.

Residential Contracts

The Residential Contracts division manages contracts with 24-hour residential childcare facilities that provide substitute care to children in DFPS conservatorship. Through these contracts, DFPS establishes the qualifications, standards, services, expectations, and outcomes for 24-hour childcare facilities and child-placing agencies across the state. Residential contracts work with CPS staff, Residential Child Care Licensing, and a third-party service level system contractor to ensure compliance and oversight. Residential contract managers are regionally based CPS staff and are responsible for assessing, monitoring, and managing residential contracts. Residential contract managers serve as liaisons between CPS field staff and providers.

Regional Contracts

The Regional Contracts division manages purchased client services contracts throughout the state. DFPS enters into regional contracts to provide clients additional protective services and to support and expand DFPS's capacity to serve the community. Regional contract staff manage direct and support service contracts. Examples of direct services include: post-adoption services, evaluation and treatment services, Preparation for Adult Living (PAL) services, and adoption services. DFPS enters into Support Services contracts to improve the effectiveness of direct client services and to support organizations that provide indirect assistance to clients.

Examples of support services contracts include memoranda of understanding (MOU's) with other state agencies, Title IV-E county and university contracts, and burial services for deceased children in the managing conservatorship of DFPS. One centralized unit at the DFPS headquarters in Austin manages state office contracts for CPS. These contracts may provide direct services for CPS clients, support services, or grant-supported demonstration projects. These agreements can be contracts or interagency agreements with other state agencies.

Contract Performance

Contract Performance supports performance-based contracting practices for all client services contracts. Contract Performance seeks to improve contract accountability and the oversight of agency client service contracts by establishing performance outcomes and quality of service standards. While Contract Performance is organizationally under CPS, it also provides support for purchased client services supporting Adult Protective Services clients. Contract Performance also provides external client service contractor staff with technical assistance and training on PCS-specific Internet-based applications, including the Performance Management Evaluation Tool (PMET) and the PEI and STAR Data Systems.

Research and Evaluation

The Research and Evaluation unit informs CPS leadership about practice and policy outcomes through evaluative assessment of legislative initiatives and pilot projects. The unit also conducts research on child welfare outcomes related to policy. Staff also coordinates and manages requests from external entities for CPS research data as well as coordinates with external entities and internal staff interested in applying for grant funding opportunities. Research and Evaluation conducts systemic data, policy and process analyses at the state, regional and local level to better understand how children and families are moving through the CPS system. The analyses assist CPS divisions in identifying ways to streamline and improve policies and processes.

Continuous Quality Improvement

To make sure CPS is as effective as it can be working the thousands of cases it receives each year, there are two support functions in place designed to ensure the quality of CPS casework across all three major program areas (investigations, family based safety services, and substitute care).

Child and Family Services Review (CFSR)

The Child and Family Services Review team is a part of the Accountability division under the Director of CPS Services and consists of a team of 18 Quality Assurance Specialists, five Quality Assurance Leaders, one Program Specialist, one Child and Family Services team lead and one Division Administrator. CPS models this quality assurance process after the federal review process, in which Texas has experienced two federal reviews (2002 and 2008). After each federal review, Texas and each other state, has participated in the required program improvement plan process to address areas needing improvement. The CPS Accountability staff perform quarterly case reviews using the federal onsite instrument (a statistically-valid, randomly selected sample of Family Based Safety Services and Substitute Care cases). Each

case is debriefed with staff and regional and statewide reports are produced. CPS disseminated the reports to all applicable staff and posted them on DFPS employee website. These reviews and feedback allow regional staff to continuously learn about how casework actions affect outcomes to children and families. The team is also responsible for implementing the federal onsite reviews, which approximately every five years.

Investigation Quality Assurance (INV QA)

The Investigation Quality Assurance team consists of six staff who conduct quarterly reviews of closed investigations that did not move on to ongoing services. The team uses a guide primarily based on child safety and investigation policy to reinforce consistent application of investigation practices across the state and to regularly identify areas that are working well and areas that need improvement. The team reviews a random, statistically-significant sample of approximately 4,000 closed investigations annually. The team also reviews a sample of screened intakes where priority levels were downgraded and the intake not progressed for traditional investigation. The review analyzes decisions for adherence to policy and assessment of child safety. This process provides quarterly reports with feedback to regional staff on both compliance and quality issues, and it notes investigation trends specific to individual regions. Any cases that require immediate action are referred back to the region.

C. What evidence can you provide that shows the effectiveness and efficiency of this program or function? Provide a summary of key statistics and performance measures that best convey the effectiveness and efficiency of this function or program.

Investigations:

In FY 2012, CPS received 241,681 reports through Statewide Intake with 275,961 alleged victims of child abuse or neglect, confirming 64,366 unique victims in FY 2012.

CPS Total Initial Intakes and Screened Out Cases		
Fiscal Year 2012	Total Initial Intakes – Number	Total Initial Intakes – Percentage
Priority 1	65,203	27.0%
Priority 2	171,182	70.8%
Priority None	5,296	2.2%
Total	241,681	100%

Total P2 Intakes		
Total P2 Intakes	Number	Percentage
Not eligible for screening	100,700	58.8%
Eligible and assigned to Screeners	70,482	41.2%
Total	171,182	100%

Eligible and Assigned to Screeners		
Eligible and Assigned to Screeners	Number	Percentage
Not Screened Out	51,273	72.7%
Screened Out (P2 to PN)	19,209	27.3%
Total	70,482	100%

Child Protective Services Completed Investigations, FY 2012	
Region	Completed Investigations
Region 1 Lubbock	7,244
Region 2 Abilene	4,370
Region 3 Arlington	41,455
Region 4 Tyler	8,881
Region 5 Beaumont	6,207
Region 6 Houston	30,473
Region 7 Austin	21,136
Region 8 San Antonio	20,592
Region 9 Midland	4,276
Region 10 El Paso	4,561
Region 11 Edinburg	16,984
Unknown	32
Total	166,211



Since 2002, enhanced practices with engaging families, collateral contacts and community resources has increased the ability of staff to find clear evidence to confirm or negate allegations of abuse and neglect on the majority of investigations. The remaining 12 percent are unable to complete or unable to determine investigations.

Confirmed Allegations of Child Abuse or Neglect by Type, FY 2012						
<i>Table Includes Abuse or Neglect Types: Physical Abuse, Sexual Abuse, Emotional Abuse, Abandonment, Medical Neglect, and Physical Neglect</i>						
Region	Physical Abuse	Sexual Abuse	Emotional Abuse	Abandonment	Medical Neglect	Physical Neglect
1 Lubbock	629	299	28	7	48	349
2 Abilene	396	175	30	8	49	222
3 Arlington	3,328	1,528	77	48	336	1,057
4 Tyler	577	325	25	4	69	251
5 Beaumont	424	186	26	8	65	215
6 Houston	1,756	998	60	25	245	557
7 Austin	1,305	645	46	13	138	347
8 San Antonio	1,320	727	55	25	236	593
9 Midland	421	159	35	5	56	219
10 El Paso	425	143	22	2	68	164

Confirmed Allegations of Child Abuse or Neglect by Type, FY 2012						
<i>Table Includes Abuse or Neglect Types: Physical Abuse, Sexual Abuse, Emotional Abuse, Abandonment, Medical Neglect, and Physical Neglect</i>						
Region	Physical Abuse	Sexual Abuse	Emotional Abuse	Abandonment	Medical Neglect	Physical Neglect
11 Edinburg	1,207	745	74	14	273	705
Unknown	1	1	0	0	0	0
State Total	11,789	5,931	478	159	1,583	4,679

Confirmed Allegations of Child Abuse or Neglect by Type, FY 2012					
<i>Table Includes Abuse or Neglect Types: Neglectful Supervision, Refusal to Accept Parental Responsibility, Total Confirmed Allegations of Child Abuse or Neglect, Percent of Child Abuse or Neglect, and *Unduplicated Confirmed Victims</i>					
Region	Neglectful Supervision	Refusal to Accept Parental Responsibility	Total Confirmed Allegations of Child Abuse or Neglect	Percent of Child Abuse or Neglect	*Unduplicated Confirmed Victims
1 Lubbock	2,849	49	4,258	5.7%	3,654
2 Abilene	1,696	13	2,589	3.5%	2,212
3 Arlington	11,985	114	18,473	24.9%	15,930
4 Tyler	2,213	31	3,495	4.7%	2,951
5 Beaumont	1,792	16	2,732	3.7%	2,375
6 Houston	5,826	112	9,579	12.9%	8,358
7 Austin	6,204	105	8,803	11.9%	7,831
8 San Antonio	7,043	64	10,063	13.6%	8,931
9 Midland	1,493	15	2,403	3.2%	1,983
10 El Paso	1,615	25	2,464	3.3%	2,116
11 Edinburg	6,269	96	9,383	12.6%	8,009
Unknown	14	0	16	0.0%	16
State Total	48,999	640	74,258	100.0%	64,366

*Victims have been unduplicated by investigation stage.

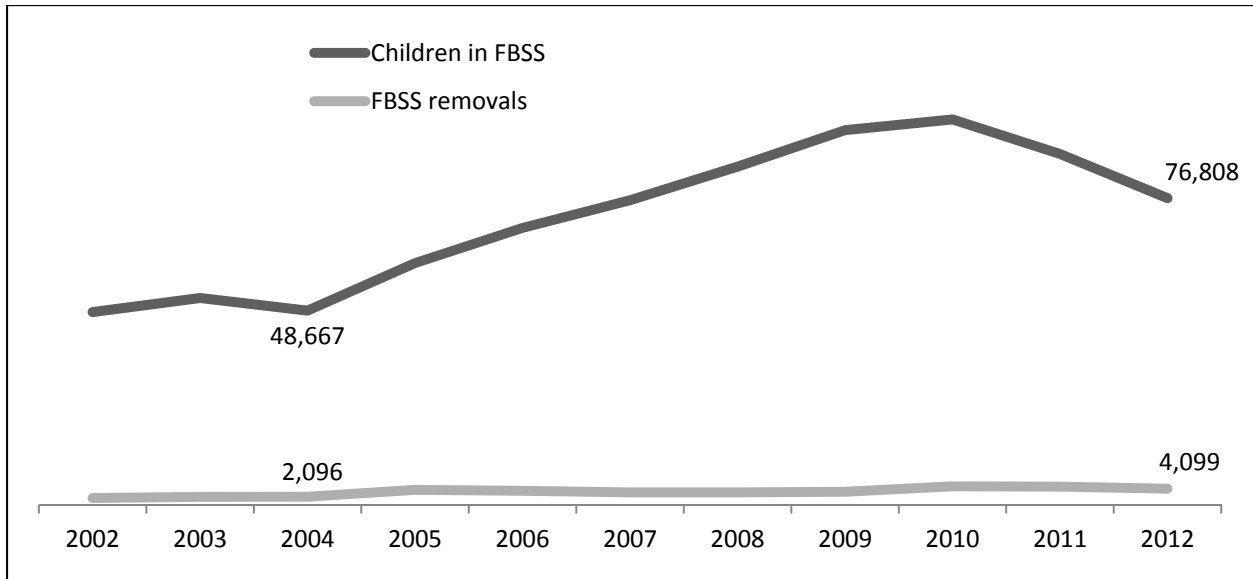
Family Based Safety Services:

The annual number of families receiving FBSS increased 20 percent from 22,767 families in FY 2005 to 33,258 families in FY 2012, demonstrating the cultural shift to a more family-focused practice model. In FY 2012, FBSS staff made over 265,123 visits with families across the state of Texas.

Family Based Safety Services: Annual Number of Families Receiving Preservation Services in FY 2012					
Region	Regular	Moderate	Intensive	Contracted	Total
1 Lubbock	1,158	478	9	0	1,645
2 Abilene	540	498	0	0	1,038
3 Arlington	3,788	1,807	19	3	5,617
4 Tyler	867	201	0	0	1,068
5 Beaumont	557	129	3	0	689
6 Houston	3,584	897	118	0	4,599
7 Austin	1,626	593	46	0	2,265
8 San Antonio	4,480	168	4	0	4,652
9 Midland	559	331	3	0	893
10 El Paso	800	108	0	0	908
11 Edinburg	3,927	982	20	1	4,930
Out of State	1	1	0	0	2
Total	21,887	6,193	222	4	28,306

Annual Number of Families Receiving Reunification Services in FY 2012					
Region	Regular	Moderate	Intensive	Contracted	Total
1 Lubbock	292	2	0	0	294
2 Abilene	203	2	0	0	205
3 Arlington	934	3	0	0	937
4 Tyler	248	2	0	0	250
5 Beaumont	170	2	0	0	172
6 Houston	722	4	2	0	728
7 Austin	751	3	3	0	757
8 San Antonio	693	1	0	0	694
9 Midland	157	0	0	0	157
10 El Paso	108	2	0	0	110
11 Edinburg	574	62	5	0	641
Out of State	6	1	0	0	7
Total	4,858	84	10	0	4,952

FBSS Is Successful at Preventing a Removal



In Family Based Safety Services (FBSS), CPS works more collaboratively with families making it possible for the parents to retain legal custody. In 2012, about 70 percent of the new children coming into CPS were served by this type of service. FBSS is usually successful at preventing a removal.

Substitute Care:

Whenever CPS determines that a child cannot remain safely at home, CPS petitions the court to remove that child. For children who have been removed, CPS provides substitute care services that best meet a particular child's needs. On August 31st, 2012, there were 27,919 children in DFPS substitute care.

Substitute Care - Number of Children Removed from Home as a Result of CPS Abuse/Neglect Investigation				
Fiscal Year	As a Result of an Investigation	From Family Based Safety Services*	From Family Substitute Care Services	Total
2012	12,538	4,220	214	16,972

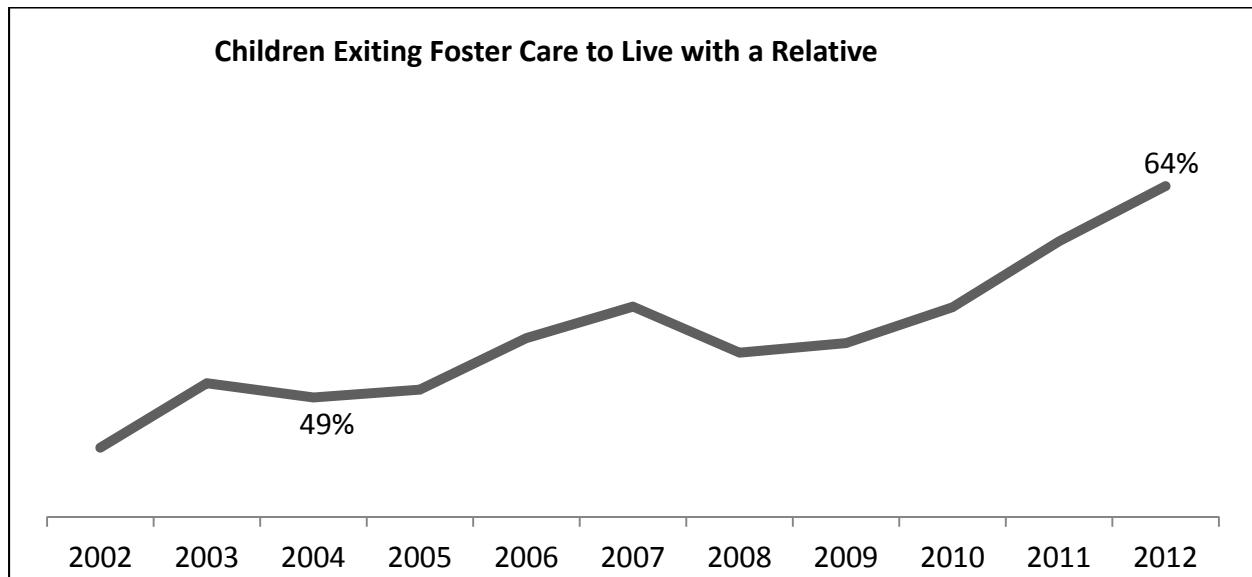
* Removals from Family Based Safety Services includes Family Preservation and Family Reunification.

Legal Status of Children in DFPS Legal Responsibility as of August 31, 2012		
Type	Number	Percent
Care, Custody & Control*	49	0.2%
Temporary Managing Conservatorship (TMC)	17,332	58.2%
Permanent Managing Conservatorship (PMC)	12,368	41.5%
Possessory Conservatorship**	26	0.1%
Total	29,775	100.0%

* Care, Custody and Control - In some counties in Texas, this type of custody is given rather than appointing a temporary managing conservator. This provides legal authority for DFPS to ensure a child's safety and meet a child's basic needs for shelter, food, and education.

** Possessory Conservatorship - A judge appoints a parent as Possessory Conservator who is not appointed as a sole or joint managing conservator, unless this appointment is not in the best interest of the child. Possessory Conservators are provided with visitation orders, unless access would endanger the child physically or emotionally.

When Reunification is not Possible, More Children Are Going to a Relative



Children* in Substitute Care Placements by Living Arrangement Categories as of August 31, 2012

Region	CPA Foster - Group Homes & Independent Homes	DFPS Foster & Foster Group Homes	DFPS Adoptive Homes	Private Adoptive Homes	Kinship	General Residential Operation	Emergency Shelters	Residential Treatment	Other	Total
Lubbock (1)	506	150	11	22	518	148	53	137	56	1,601
Abilene (2)	341	97	3	4	256	10	17	37	15	780
Arlington (3)	2,412	294	20	81	1,848	55	47	246	118	5,121
Tyler (4)	593	114	33	13	506	59	26	92	43	1,479
Beaumont (5)	349	162	8	4	277	29	19	39	19	906

Children* in Substitute Care Placements by Living Arrangement Categories as of August 31, 2012

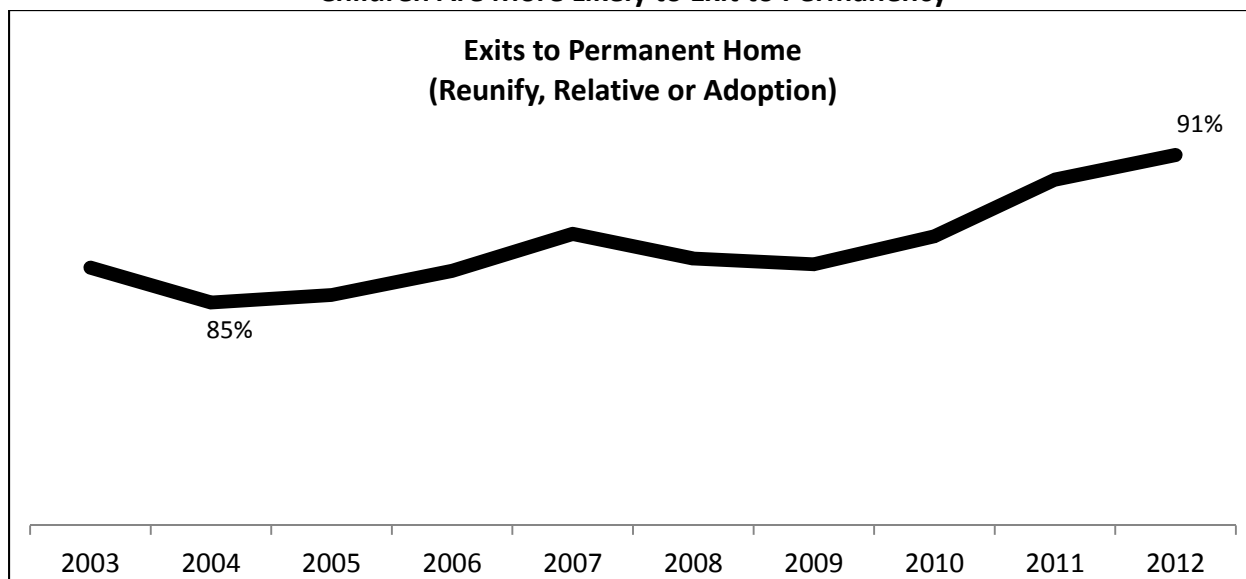
Region	CPA Foster - Group Homes & Independent Homes	DFPS Foster & Foster Group Homes	DFPS Adoptive Homes	Private Adoptive Homes	Kinship	General Residential Operation	Emergency Shelters	Residential Treatment	Other	Total
Houston (6)	2,442	305	180	184	2,188	42	81	302	176	5,900
Austin (7)	1,137	249	21	29	1,255	37	37	224	73	3,062
San Antonio (8)	1,728	179	27	67	2,040	237	195	209	173	4,855
Midland (9)	425	99	8	9	325	13	41	68	42	1,030
El Paso (10)	202	73	1	1	140	1	21	26	13	478
Edinburg (11)	1,044	99	11	19	629	63	59	120	61	2,105
Out of State	0	0	0	0	0	0	0	0	0	0
Total	11,179	1,821	323	433	9,982	694	596	1,500	789	27,317

*Excludes 602 young adults over 18 who have aged out of DFPS conservatorship but remain in DFPS care.

**Permanency Goal of Children in Substitute Care for Whom DFPS had Legal Responsibility
Fiscal Year End 2012**

Goal	Count	Percent
Adoption	10,893	48.8%
Reunification	7,213	32.3%
Permanent Placement with Relatives/Other Caregivers	2,030	9.1%
Alternative Long Term Living	1,206	5.4%
Adult Living	966	4.3%
Total Children	22,308	100%

Children Are More Likely to Exit to Permanency



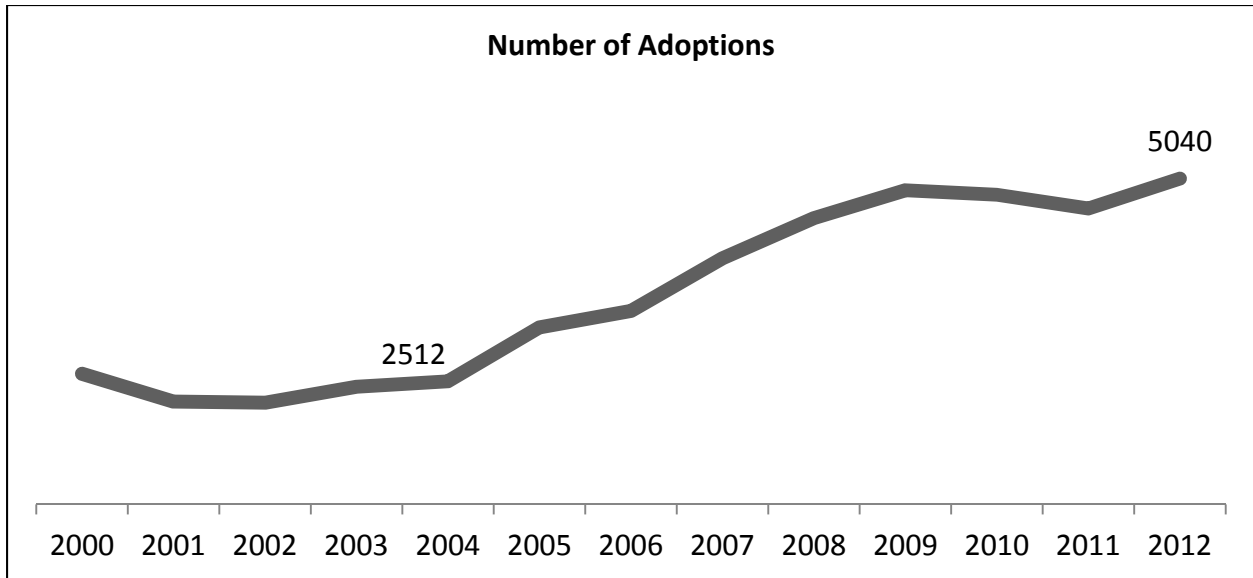
Of all children who exited DFPS custody in 2012, 91 percent exited to reunification, relative PMC or adoption. All of this translates into more children finding forever homes, primarily because of the increase in using relatives whether for adoption or permanent custody.

Adoption Incentive Funds

In FY 2005, CPS undertook Operation Placing Us in Safe Homes (or Operation PUSH) to clear a backlog of adoptions by eliminating legal roadblocks and other obstacles delaying finalizing adoptions. As a result, adoptions increased 26.3 percent in FY 2005, prompting national recognition and an adoption incentive award in FY 2006 from the U.S. Department of Health and Human Services. Texas has received this award annually since 1998 when the Adoption Incentives Program began as part of the Adoption and Safe Families Act of 1997 (ASFA). The Department reauthorized the award to continue through September 2013. The award recognizes innovative programs that are implemented by states to remove barriers to adoption.

To be eligible for adoption incentive awards, a state must exceed its baseline performance in at least one of the following three categories: total adoptions placed by the agency; older youth public agency adoptions; or exceeding their highest-ever foster child adoption rate.

CPS experienced a large and sustained increase in adoptions after the launch of the “Why Not Me?” media campaign in FY 2007. The campaign included radio and TV public service announcements aired statewide, along with billboards and direct mail that targeted predominantly minority neighborhoods in key markets. The broadcast ads were aired through a contract with the Texas Association of Broadcasters for three months each in 2007, 2008, and 2009. In the first year of the ads, public interest soared and adoptions increased 19.2 percent, and another 12.3 percent the following year. Overall, between 2002 and 2012, the number of children adopted has more than doubled.



National Youth in Transition Database (NYTD)

The National Youth in Transition Database (NYTD) is another indicator of the effectiveness of substitute care in CPS. In 1999, Congress established the John H. Chafee Foster Care Independence Program, giving states flexible funding to assist youth in transitioning out of foster care. The law required the Administration for Children and Families (ACF) to develop a data collection system. The National Youth in Transition Database (NYTD) was created in February 2008, by federal regulation (45 CFR 1356.80 through 1356.86). It requires states to:

- Track basic demographic data and the independent living services provided to youth.
- Collect data on outcome measures that may be used to assess state performance in operating independent living programs.

Texas conducts a baseline survey of youth who are in foster care within 45 days after their 17th birthday and conducts a follow up survey for some of those youth at age 19 and again at age 21. During the initial baseline year, any youth in foster care reaching their 17th birthday from October 1, 2010 to September 30, 2011 were surveyed. Subsequent baseline surveys of 17-year-olds will be conducted every three years thereafter (for example, October 1, 2013 to September 30, 2014).

D. Describe any important history regarding this program not included in the general agency history section, including how the services or functions have changed from the original intent.

Investigations

Following the passage of Senate Bill 6 that resulted in the CPS Reform of 2005, investigation units moved to a uniform unit structure. Currently, each investigation unit consists of six

caseworkers and one supervisor. Each investigations unit also has one position, depending on local needs, that is used as a casework assistant or as clerical support, to assist caseworkers in meeting the workload demands of their jobs. Each uniform unit is led by an investigation supervisor.

Special Investigator positions were created to provide support and assistance to investigators in the methods of forensic interviewing of victims and suspected perpetrators in gathering evidence and coordination of criminal or civil case actions. The special investigator's role focuses on the forensic components of the investigation and coordinating with law enforcement. When working with other CPS investigators the special investigator takes on a mentoring role, ensuring that they are training and developing the investigator's forensic investigation skills. Special Investigators may mentor new investigators or other investigators who would benefit from further skill development. Because Special Investigators do not conduct entire investigations, they are able to accompany and partner with investigators during certain portions of high-risk, high-profile investigations.

Family Based Safety Services

In 2009, the 81st Texas Legislature allocated resources to expand the use of family group decision making in FBSS cases. CPS began utilizing family group decision making in FBSS in 2010.

Family group decision making is used in the FBSS stage of service to address two primary needs:

Increasing the parent's participation in safety and service planning, and strengthening an extended family's ability to provide safe and permanent living arrangements.

Family group decision making describes a variety of practices within CPS to work with, and engage families in, problem solving and case resolution. Specialized Family Group Decision-Making staff provide the service, tailored to the individual circumstances, to engage families and guide safety and service planning. These include:

- Family team meetings are a rapid response to child safety and placement concerns used to achieve positive outcomes for children in the earliest stages of a case. It is used with families when a child is at risk of removal and, though used in all stages, is most common during Investigation and Family Based Safety Services.
- Family group conferences occur after a child has been removed and are used for case planning. In the conference, families join with relatives, friends, and others in the community to develop a plan to ensure children are cared for and protected from future harm. This more broadly defined "family" convenes with caseworkers and others in a unique partnership that empowers the "family group" with a high degree of decision-making authority and responsibility. A permanency conference is held, when it is not possible or appropriate to hold a Family Group Conference, for the purposes of case planning. Family group decision-making strategies are used, to the extent possible.

- Circles of support are held soon after a youth who has been removed from the home reaches age 16. It is directed by the youth and focuses on the development of a transition plan to help the youth be prepared for adulthood and to connect the youth to supportive and caring adults who can help when the youth ages out of care. A transition plan meeting (shorter and more DFPS-driven, with fewer participants) is used as an alternative to a circle of support.

Substitute Care

CPS reforms that started in 2005 targeted the educational outcomes for children and youth in foster care with the development of an educational portfolio, the creation of regional and State Office education specialist positions, and collaboration with community stakeholders, including judiciary and education.

The Centralized Placement team structure was created in September 2005. The teams facilitate and expedite foster care placements, while ensuring placements meet best practice, policy, and minimum standards. The teams consider the child's individual needs to identify placement options that will best meet those needs to assure safety and well-being.

In 2007, the Legislature created the Intensive Psychiatric Transition Program, which is a step-down program for youth transitioning from psychiatric hospitals to residential treatment, and subsequent placement in less restrictive environments.

Congress passed the Fostering Connections to Success and Increasing Adoptions Act of 2008. This legislation included components that:

- Provide a state option for a subsidized kinship guardianship program (known in Texas as Permanency Care Assistance).
- Give states the option to provide Title IV-E foster care maintenance payments for youth that want to stay in extended foster care up to their 21st birthday. Youth must meet certain educational or employment related requirements unless a medical condition makes that impossible.

In 2009, the Texas Legislature passed legislation and funding to allow Texas to implement the optional subsidized guardianship program, and provide Title IV-E foster payments of youth up to their 21st birthday.

Permanency Care Assistance, the Texas kinship guardianship assistance program, allows eligible kinship caregivers to receive financial and health benefits for a child when they are granted permanent managing conservatorship by a court of a relative child who has been in the temporary or permanent managing conservatorship of DFPS. Since 2010, more than 1,000 children have been the subjects of a Permanency Care Assistance agreement where the kinship family retained legal custody of the children.

Also in 2009, the Texas Legislature amended the Texas Family Code to further define the Transitional Living Services Program for youth in foster care. The goal is to ensure that starting at age 14, each youth has an individualized transition plan, and receive experiential hands-on life skills training in the foster care placement. The legislation also set requirements to make sure youth have access to important personal documents. Further, the legislation required DFPS to develop a comprehensive transitional living services plan to describe the efforts DFPS will make to continue to help foster youth make the transition to adulthood successfully. The comprehensive transition plan addressed required elements laid out in H.B. 1912, include the following.

- Efforts to further individualize independent living skills assessment and transition planning.
- Modifying the Preparation for Adult Living (PAL) program training curriculum to include online training options that meet the individual needs of each youth.
- Ensuring that transitional living services are appropriate and meet the needs of each youth in foster care with disabilities.

In 2010, as part of the Patient Protection and Affordable Care Act (P.L. 111-148), DFPS implemented policy to ensure that youth aging out of foster care receive information about the importance of having a healthcare power of attorney and the importance of designating an individual to make healthcare treatment decisions on behalf of the youth. Discussion of this information is incorporated into permanency planning meetings for youth or other meetings such as circles of support, the transition plan meeting, or a regular meeting between the youth and the caseworker.

E. Describe who or what this program or function affects. List any qualifications or eligibility requirements for persons or entities affected. Provide a statistical breakdown of persons or entities affected.

Investigation

Investigation services are provided to all children determined to be alleged victims of abuse or neglect as defined in the Texas Family Code, Chapter 261. There is no waiting list maintained or other eligibility criteria, such as age, race/ethnicity or income. CPS investigations has jurisdiction if the alleged abuse occurred within a family or household or allegations refer to a volunteer or staff member of a private or public school.

Profile of Confirmed Child Abuse/Neglect Victims Fiscal Year 2012 - Age and Gender								
Age	< 1 yr	1 – 3 yrs	4-6 yrs	7-9 yrs	10-12 yrs	13-17 yrs	Unk	All ages
Female	4,654	7,480	6,526	4,971	4,215	5,219	7	33,072
Male	4,976	8,193	6,737	4,794	3,458	2,988	15	31,161
Unknown	31	39	34	13	10	6	0	133
Total	9,661	15,712	13,297	9,778	7,683	8,213	22	64,366

Profile of Confirmed Child Abuse/Neglect Victims Fiscal Year 2012 – Race/Ethnicity							
Race/Ethnicity	Anglo	African American	Hispanic	Native American	Asian	Other	All
Total	20,095	10,151	30,034	41	306	3,739	64,366

Family Based Safety Services

All of the following criteria must be met for a family to be eligible for FBSS.

- At least one child is at risk of abuse or neglect in the foreseeable future or may be at risk of removal from the home.
- Services are likely to provide a safe alternative to DFPS obtaining conservatorship.
- A written, time limited, realistic safety plan is in place.
- Services are likely to protect the family’s children from abuse or neglect in the immediate or short-term future.
- Reducing the risk of abuse or neglect to a child is likely to be achieved with CPS services within 60 to 270 days.

The annual number of families receiving FBSS increased 20 percent from 22,767 families in FY 2005 to 33,258 families in FY 2012, demonstrating the cultural shift to a more family-focused practice model. In FY 2012, FBSS staff made over 265,123 visits with families across the state of Texas.

Substitute Care

There were 27,919 children in DFPS substitute care on the last day of FY 2012.

- 16,697 children were in foster care.
- 11,222 children were in other types of substitute care.

Of the 16,697 children in foster care:

- 11,552 were in CPA foster homes;
- 1,839 were in DFPS foster homes;
- 765 were placed in basic childcare - typically cottage and campus type settings;
- 1,527 were placed in residential treatment centers (RTC), a structured setting for children with serious emotional disturbance or mental health issues;
- 620 children were placed in emergency shelters intended for stays of less than 30 days; and
- 394 were placed in other types of foster care such as camps, maternity homes hospitals, juvenile detention, intermediate care facilities for individuals with intellectual disabilities (ICF-IID), home and community-based services (HCS) homes, State Supported Living Centers, and hospitals.

Of the 11,222 children in other types of substitute care:

- 9,982 were placed in kinship care;
- 433 were in pending adoptions in CPA adoptive homes;
- 323 were in pending adoptions in DFPS adoptive homes; and
- 484 were placed in other substitute care which includes independent living programs, unauthorized absences (runaways), and court ordered placements.

Demographics of Children in Foster Care at End of Year – Age and Gender, Fiscal Year 2012									
Age	< 2 yrs	3-5 yrs	6-9 yrs	10-13 yrs	14-17 yrs	18-21 yrs	Grand Total	Female	Male
Total	3,614	2,766	2,948	2,820	3,947	602	16,697	7,667	9,030
Percent	21.6%	16.6%	17.7%	16.9%	23.6%	3.6%	100%	45.9%	54.1%

Demographics of Children in Foster Care at End of Year - Race/Ethnicity, Fiscal Year 2012							
Race/Ethnicity	Anglo	African American	Hispanic	Native American	Asian	Other	All
Total	5,048	3,825	6,813	22	38	951	16,697
Percent	30.2%	22.9%	40.8%	.1%	.2%	5.7%	100%

Once a child is removed from their home and it is determined that the child cannot return home, parental rights may be terminated by the courts, making the child eligible for adoption. CPS provides adoption services to those eligible children regardless of age, race, ethnicity, or special needs when a child in DFPS managing conservatorship needs to be adopted or a district court appoints DFPS to complete a home study when a petition is filed to adopt a child. CPS also provides selected adoption services to children in the managing conservatorship of other states when CPS receives requests for services under the Interstate Compact on the Placement of Children.

Eligibility Criteria to Receive Adoption Assistance

CPS provides adoption assistance to children who qualify as special needs. The qualification for eligibility for adoption assistance begins the day before the date of the adoptive placement agreement is signed. The child must be in the managing conservatorship of DFPS or an authorized entity, and meet at least one of the following conditions.

- The child is at least 6 years old.
- The child is at least 2 years old and a member of a racial or ethnic group that exits foster care at a slower pace than other racial or ethnic groups.
- The child is being adopted with a sibling or joining a sibling who has been adopted by the parents or for whom the parents already have permanent managing conservatorship or an equivalent arrangement in another state.

- The child has a verifiable physical, mental, or emotional handicapping condition, as established by an appropriately qualified professional's diagnosis that states what the condition is and that it is handicapping.
- The child has been determined by the Social Security Administration to meet all the medical or disability requirements with respect to eligibility for Supplemental Security Income (SSI) benefits.

Demographics of Children in Consummated Adoptions FY 2012

There were 5,079 children placed in an adoptive home FY 2012 and 33.7 percent of the children had a disabling condition. This means a physical or mental impairment that substantially limits one or more of an individual's major life activities including emotionally disturbed, drug or alcohol abuse, physical handicaps, medically involved, and learning disabled.

F. Describe how your program or function is administered. Include flowcharts, timelines, or other illustrations as necessary to describe agency policies and procedures. Indicate how field and regional services are used, if applicable.

When it comes to the three main program areas of CPS (investigations, family based safety services, and substitute care), the vast majority of positions are in the field, spread across the 11 Health and Human Service regions that comprise the state of Texas. Each of these CPS regions is headed by a Regional Director. These field operations are overseen by a Director of Field position located in State Office in Austin. Many of the specialist positions that support field operations are also overseen by staff in State Office in an attempt to ensure consistency in the delivery of the support services.

Investigation Staff

Texas Human Resources Code Section 40.031 establishes an Investigations division, to be headed by a director with a background in law enforcement. The CPS Investigations division ensures that policy and practice methods incorporate the use of forensic investigation techniques into CPS investigations and improve working relationships with law enforcement entities throughout the state.

In addition to investigation screeners, screener supervisors, investigators, supervisors, case aides, and clerical staff, CPS has several positions and programs to assist caseworkers and supervisors with the knowledge, skills and abilities to ensure child safety and to make sound casework decisions in investigations.

Child safety specialists and lead child safety specialists provide expert consultation and review of cases that involve a high risk to the health or safety of a child to ensure that risk assessment tools are correctly used and best practice is followed.

The Forensic Assessment Center Network was implemented in FY 2006 as a joint project of DFPS and the University of Texas Health Science Center - Houston. There are numerous medical center sites in the network. The network provides 24-hour support for CPS investigative staff via a toll-free number and a web-based system. Physicians have expertise in determining whether illnesses and injuries are the result of abuse or neglect and provide ongoing education to CPS workers.

Resolution specialists conduct the administrative reviews of investigative findings, preponderance reviews, legal and factual sufficiency reviews, and aid in the administrative hearings process, including testifying when necessary. They help to identify trends and develop recommendations to improve the developmental and training needs of CPS investigation staff to achieve and enhance quality investigations.

Risk managers were created in FY 2008 and placed in the regions to collaborate with CPS program and the child safety specialists to develop and implement strategies to enhance child safety across all stages of service. These 13 staff members are also responsible for working with all levels of staff to build skills in safety knowledge, decision making, and methods to focus on child safety issues.

Timeframes

Reports of child abuse or neglect are classified in one of two priority groups and the priority of the intake determines how quickly an investigation begins. Trained intake staff at DFPS Statewide Intake (SWI) assign the appropriate priority based on the information available at the time they get the report. A CPS field supervisor or investigation screener may specify a more exact timeframe for starting the investigation.

Priority I Reports

Priority I reports include all reports of children who appear to face an immediate risk of abuse or neglect that could result in death or serious harm. Investigations of these reports must start within 24 hours of receiving the report.

Priority II Reports

Priority II reports include all reports of abuse or neglect that are not assigned as Priority I. These investigations must start within 72 hours of receiving the report. Reports that are formally screened must either be progressed to investigations within 72 hours of receiving the report (which will provide the investigator an additional 72 hours to make initial contact), or closed as a Priority None within 72 hours of receiving the report.

Priority None Reports

Some reports do not meet the legal definition of abuse or neglect, as defined in the Texas Family Code, and are not assigned for investigation. Reasons for not assigning a report for investigation include:

- situations that do not appear to involve a reasonable likelihood that a child will be abused or neglected in the foreseeable future;
- allegations that are too vague to determine if a child has been or is likely to be abused or neglected;
- reports with too little information to locate the child or the child's family or household; and
- situations that are already under investigation.

Family Based Safety Services

Family Based Safety Services (FBSS) are designed to maintain children safely in their homes--or make it possible for children to return home--by strengthening the family's ability to protect their child and reduce threats to their child's safety. FBSS staff are specialized to provide this service and most regions have FBSS Program Administrators to supervise all regional FBSS units. If the region is not large enough to warrant a specialized FBSS Program Administrator, an Investigations or FBSS Program Administrator supervises specialized Investigation or FBSS Program Directors who supervise FBSS units.

FBSS services can be provided either directly by CPS FBSS staff, through contracted service providers, or through referrals to community-based providers. Currently, FBSS caseworkers may also provide one-on-one parenting and homemaker skills in areas where community-based services are not available.

Three levels of family-based safety services (regular, moderate and intensive) are offered to families, based on the family's level of need, as assessed by CPS staff. The level of service a family receives is determined by the degree of risk to the child based on the identified safety threats, the child's vulnerability to those safety threats, and the sufficiency of parental protective capacities.

When determining how many regular family based safety services cases to assign to a caseworker, the supervisor tries to limit the caseworker's caseload to a size that gives the caseworker enough time to address each family's needs. On average, counting all casework activities, an FBSS caseworker spends two to four hours per month on each family's case for regular services; most FBSS cases require regular services. At least once a month, the visits must address issues regarding needed medical, social, educational, and other services. Moderate FBSS services require four to seven hours per month while Intensive FBSS services require seven to ten hours per month on each family's case.

At a minimum, the FBSS caseworker sees, at least once a month, each child at risk (including those children in parental child safety placements); and each parent or caregiver who receives services. The majority of contacts must occur in the home.

In FBSS, permanency is considered achieved when the family is able to care for the child safely with risk factors controlled, and DFPS can close its case; or finalizes arrangements to have someone other than DFPS, care for the child on a permanent, legal basis. DFPS closes FBSS cases if CPS services are no longer needed or there is a basis for administrative closure. The case is not closed until the threats to the child's safety have been mitigated or eliminated; or the parent's capacity to protect the child is sufficient to control the safety threats. Before closing an FBSS case, the caseworker must hold a final meeting with the family, through a Family Group Conference (if possible); or a face-to-face contact with the family in the home. During the final meeting with the family, the caseworker must address the following items.

- The community resources, the culturally relevant support systems, and the services that are available to the family without CPS assistance.
- The family's achievements, strengths, and protective capacities.
- The family's plans to handle current or future safety issues.
- The family members' feelings about the caseworker's pending departure.

Substitute Care Staff

Substitute care staff perform specialized roles, determined by regional need, including the following.

- Conservatorship staff are responsible for case management and primary casework duties required to ensure safety, permanency, and well-being.
- Foster and Adoptive Home Development staff, who recruit, verify and provide resources to foster and adoptive parents providing care to children and youth in conservatorship.
- Preparation for Adult Living staff, who provide transitional living services to older youth and serve as a resource for young adults who have aged out of care.
- Kinship Development workers, who train, support and assess relative and kinship caregivers.
- I See You staff, who serve as secondary caseworkers in proximity to children who are placed outside of their home region. I See You staff provide an accessible caseworker to a child (meeting face-to-face with the child and caregiver, supervising visitation, attending required medical appointments when needed, and other services) while reducing travel costs.
- Adoption or Adoption Preparation staff, who help identify a potential family and prepare a child for adoption consummation once the child is legally free for adoption.

Additionally, specialized staff provide consultation or technical assistance, or provide a specialized function typically without carrying an assigned caseload. These include the following positions.

- Centralized Placement Team staff assist workers in obtaining placements that match the child's individual needs. Residential Treatment Placement coordinators are members of the

Placement team that focus specifically on obtaining residential treatment center placements for children who need them.

- Family Group Decision-Making staff convene and facilitate family group conferences and circles of support.
- Eligibility staff determine individual eligibility of children in substitute care in order to comply with federal funding requirements.
- Accounting and Bookkeeping staff, as well as daycare coordinators, monitor regional expenditures and use of regional resources.
- Education Specialists serve as regional experts for issues associated with schools, special education, and resources for meeting each child's educational needs.
- Developmental Disability Specialists serve as regional experts regarding children with developmental disabilities. Some Developmental Disability Specialists carry a small caseload of children with specialized needs placed in facilities to ensure their medical requirements are addressed.
- Youth Specialists serve as the "youth voice" for staff and community stakeholders, articulating the view of youth who are in conservatorship and assisting with youth development.
- Permanency Practitioners who serve as regional experts and facilitators for Permanency Roundtables.
- Regional Nurses, who, in partnership with Well Being Specialists, serve as regional experts for issues related to a child's physical and behavioral health needs.
- Permanency Care and Adoption Assistance Negotiators who work with potential families to determine eligibility for financial assistance available after the child exits to their permanent home.
- On the Job Training Supervisors who provide supervision for staff in training prior to assignment to their new unit.
- Volunteer Coordinators and Community Initiative Specialists who recruit and liaise with volunteers and community stakeholders who work closely with CPS; they also assist in obtaining resources to meet individualized needs of children in care.

Substitute care is provided from the time a child is removed from his or her home and placed in DFPS conservatorship until the child returns home safely or is placed in another living arrangement that does not require DFPS supervision. Specifically, substitute care consists of the residential care and support provided to the child; and the supportive and therapeutic services provided to the child, the child's parents, and the child's substitute caregiver.

When a child is removed from the home and placed in DFPS conservatorship, DFPS legally assumes parental responsibility for the child. When CPS places the child in substitute care, the child's substitute caregiver works with CPS to help the Department meet its parental

responsibility. The Department's parental responsibility for the child does not end until the child leaves DFPS conservatorship.

As a result, the child's permanency goal, child and family needs, and unique circumstances require development of a child's plan of service and, unless rights have been terminated, a family plan of service to guide the steps to be taken while the child or youth is in substitute care. While efforts are continuous to ensure a child's safety, there are also specific time requirements for casework actions such as:

- face-to-face contacts with each child, parent, and caregiver;
- assessment and services to address physical, mental and behavioral health needs;
- assessment and services to address educational needs;
- court and legal actions;
- placement review;
- service plan development; and
- contact and visitation with siblings and parents,

The child's permanency goals determine additional services. For example, a child with a permanency goal of adoption would have casework efforts dedicated to adoption preparation or recruitment and matching to a potential adoptive home. A child for whom reunification is the permanency goal would experience casework focused on strengthening the parent's ability to provide a safe home for the child and to reduce risk of future harm.

G. Identify all funding sources and amounts for the program or function, including federal grants and pass-through monies. Describe any funding formulas or funding conventions. For state funding sources, please specify (e.g., general revenue, appropriations rider, budget strategy, fees/dues).

Please see Appendix A.

Alternate Exhibit Provided For Section VII. Item G.

H. Identify any programs, internal or external to your agency, that provide identical or similar services or functions to the target population. Describe the similarities and differences.

Investigations

Law Enforcement Agencies

Law enforcement agencies routinely receive reports and perform criminal investigations of child abuse and neglect. Law enforcement agencies refer appropriate reports to CPS for civil investigations and may conduct joint investigations with CPS. While both entities may

investigate circumstances regarding child abuse and neglect, the jurisdiction and law are different.

Children's Advocacy Centers

Children's Advocacy Centers are community-based programs that coordinate the activities of agencies responsible for the investigation and prosecution of child abuse cases, and the delivery of services to child abuse victims and their families. At the heart of the mission of the Children's Advocacy Centers of Texas is a commitment to support the sustainability of local centers so that they may continue to help young victims rebuild their lives. CPS supports the philosophy of Children's Advocacy Centers and encourages the expansion of new centers throughout Texas. CPS works collaboratively as a member of the child protection team coordinated by Children's Advocacy Centers.

Military Bases

Military bases have social work departments that conduct their own investigations of child abuse and neglect. The departments also provide counseling and other resources to the military families they serve. CPS liaisons coordinate with military bases to ensure effective coordination of investigation activities.

Family Based Safety Services

Purchased Client Services

CPS contracts for most services provided to children and families served in the family based safety services stage. Examples of these services include psychological evaluations, group counseling, and protective daycare. Additionally, caseworkers may locate private and non-profit organizations to offer some of the specific services needed to address child safety. Traditionally, families are linked to these providers through CPS and their progress is then monitored through collaboration with the provider and the caseworker. In areas where a needed service is not available or cannot be purchased, some FBSS staff are able to provide the needed service. Examples of services provided by staff include assessments, homemaker services, or parenting skills training.

Referral to Early Childhood Intervention (ECI) Services

If abuse or neglect is substantiated (Reason to Believe) and the case is open for FBSS, caseworkers refer all designated victims younger than three to ECI for screening within 10 business days of the case being transferred to the FBSS unit to determine the need for a full evaluation.

If a disability or developmental delay of a child younger than three is suspected at any time during the course of FBSS, caseworkers refer to ECI within two business days of identifying the need. By federal law, there is a two-day timeline for referring a child with a disability or developmental delay.

Substitute Care

Child-Placing Agency

Child-placing agencies licensed by DFPS offer adoption services and activities include recruiting, training, and verifying, approving, monitoring, and admitting children for placement in foster and adoptive homes. The DFPS Child Care Licensing division is responsible for issuing permits to and regulating the activities of all child-placing agencies in Texas (public and private). Private child-placing agencies may or may not have a contract with DFPS to provide foster care and adoption services for children in DFPS conservatorship.

Transitional Living Services

There are private providers in the community that offer differing degrees of transitional living services. Some require fees or may be funded through foundations or grants. The Texas Workforce Commission (TWC) provides funds to several transition centers in some parts of the state. These centers provide a central clearinghouse of one-stop services that serve the diverse needs of older foster youth. Some of the transition centers offer a housing component and contract with CPS for PAL services.

American Indian Tribes

There are three federally recognized American Indian Tribes in Texas: the Kickapoo Traditional Tribe of Texas, the Ysleta Del Sur Pueblo/Tigua Tribe, and the Alabama-Coushatta Tribe of Texas. Federal law (Indian Child Welfare Act) requires CPS to provide:

1. identification of Indian children;
2. notification of Indian parents and Tribes of CPS proceedings involving Indian children and their right to intervene;
3. special placement preferences for placement of Indian children;
4. active efforts to prevent the breakup of the Indian family; and
5. use of Tribal courts in child welfare matters, Tribal right to intervene in state proceedings, or transfer proceedings to the jurisdiction of the tribe.

Other Situations

State agencies, other than DFPS, are also authorized to provide residential substitute care-type services for selected populations of children (children involved in the criminal justice system and children with developmental and intellectual disabilities, for example). In these circumstances, the other state agency also performs their own investigations of children under their authority who report incidents of abuse or neglect while in facilities operated, licensed, certified, or registered by the agency. To avoid overlap or duplication, roles are clearly delineated. The state agency that controls the facility usually makes the placement but DFPS remains responsible for meeting the obligations of a managing conservator. As an example, juvenile courts may adjudicate children in DFPS's managing conservatorship as delinquent and commit them to the Texas Juvenile Justice division. When this occurs, while the child is

committed to the custody of the Texas Juvenile Justice division, DFPS continues to monitor the child's placement. And as soon as the child is discharged from the custody of the Texas Juvenile Justice division, DFPS must resume its responsibilities for the child's placement and service planning.

I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency's customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.

Investigations

Joint Investigations with Law Enforcement

DFPS strengthens investigations with the use of forensic investigation techniques and forensic training and works to ensure that there is increased collaboration and joint investigations with law enforcement in appropriate cases.

Texas Family Code Section 261.3011 requires DFPS to collaborate with law enforcement to develop guidelines for conducting joint investigations and training. Special Investigators with law enforcement investigation experience were hired by CPS to assist in the investigation of serious child abuse cases and help support investigation caseworkers in forensic investigation techniques. CPS recognizes that joint investigations of child abuse result in higher-quality investigations, improved protection of children and services to families, and increased prosecution of perpetrators.

Memoranda of understanding have been signed by DFPS and hundreds of local law enforcement agencies. These agreements spell out the commitment to joint investigations and collaboration from both entities.

Children's Advocacy Centers

CPS supports the philosophy of children's advocacy centers and encourages the expansion of new centers throughout Texas. Children's advocacy centers use a cooperative, multidisciplinary team approach to handling child abuse cases that is built on a partnership that includes representatives from CPS, law enforcement, prosecution, mental health providers, and medical services providers. CPS has established memoranda of understanding with local children's advocacy centers in order to clearly delineate roles. Other entities participating in the center's team approach also typically are a part of the memorandum of understanding.

Military Bases

CPS establishes written agreements with the base commander giving CPS staff around-the-clock access to the base to investigate reports of child abuse and neglect, coordinate counseling and other services for CPS clients, and discuss sharing information and maintaining confidentiality. These agreements are reviewed periodically and as needed.

Family Based Safety Services

Purchased Client Services

CPS utilizes the contract process in order to appropriately procure and purchase client services. Regional contract monitors review and oversee the contract to ensure compliance.

Referral to Early Childhood Intervention (ECI) Services

Federal law (the Child Abuse Protection and Treatment Act) requires that all children younger than 3 who are confirmed victims of abuse or neglect are referred to Early Childhood Intervention (ECI). In Texas, the ECI program is administered by the Department of Assistive and Rehabilitative Services (DARS). DFPS and DARS signed a revised memorandum of understanding (MOU) in August 2011, outlining new procedures for referring children under the age of three to ECI for services. This MOU aligned both agencies' practices for reporting and making referrals for ECI screenings and services, and clarified information sharing between the agencies.

Substitute Care

Child Placing Agency

Families seeking to become approved adoptive homes may choose to be approved by DFPS or a private child placing agency. The approving agency is responsible for the adoptive applicant's training and home screening process. The private agency also works with DFPS to identify children who may be a good match for the family. When DFPS has an adoption contract with the private child placing agency, then the contract outlines the roles and responsibilities related to adoptive placement and supervision of the placement.

Transitional Living Services

DFPS renewed an interagency memorandum of understanding with the Texas Workforce Commission for FY 2011–2016. The Texas Workforce Commission reports the number of youth referred and receiving a workforce service in calendar years. The first report was for 2012 and included youth counted as being served in Transition Centers receiving funds from the Texas Workforce Commission. According to the Statewide Preparation for Adult Living staff, an estimated 1,125 youth in calendar year 2012 received employment services through local workforce centers and Transition Centers as a result of a Preparation for Adult Living referral.

Providers who serve CPS youth ages 14 and older. These contracts include provisions for caregivers to help CPS youth and young adults with experiential life skills trainings and transitional living services and available resources.

American Indian Tribes

Current policy details specific child-placing requirements of the Indian Child Welfare Act and related guidelines and regulations to ensure compliance in any court action involving an American Indian child. Training is periodically presented to staff on these issues. Caseworkers are given an overview of the legal implications of the Indian Child Welfare Act and a checklist

summarizing the major points, and are advised to immediately notify the attorney representing DFPS if a case may involve an American Indian child subject to the Indian Child Welfare Act. DFPS caseworkers are trained to ask about possible American Indian heritage both initially and as a case progresses and new family members become known. An Indian Child and Family Questionnaire has been distributed in training to facilitate getting the critical information a Tribe needs to verify a child's status under the Indian Child Welfare Act. This information is obtained through self-disclosure from the parent, any child old enough to report, or other relative. In order to track which CPS cases are subject to the Indian Child Welfare Act, caseworkers must document if any, and which, family member reports or denies American Indian heritage.

DFPS has a memorandum of understanding with both the Ysleta Del Sur Pueblo/Tigua tribe and Alabama-Coushatta tribe of Texas. These agreements delineate the procedures that must be taken when CPS receives referrals involving tribal members. When a referral is received involving a child residing on a reservation, DFPS staff contact the tribe's designated Indian Child Welfare Worker to inquire how the tribe wishes to proceed. If the tribe wants to handle the referral, DFPS gives the tribe the information provided.

With the location of the three federally registered tribes, a formal liaison process with specified CPS staff are established in Region 5 (containing Livingston, location for the Alabama-Coushatta tribe of Texas), Region 8 (containing Eagle Pass, location for the Kickapoo Traditional tribe of Texas), and Region 10 (containing El Paso, location for the Ysleta Del Sur Pueblo/Tigua tribe). In addition, the CPS state office Indian Child Welfare Manager acts as a liaison to the three Texas tribes and representatives from tribes from other states.

DFPS works with the designated Indian Child Welfare Worker, employed by the tribe, to ensure the following.

- Indian parents and the tribe receive proper notification of CPS involvement, and staff work with DFPS regional attorneys to ensure statutory notices required under Indian Child Welfare Act are properly served on all appropriate persons and entities.
- Indian parents and the tribe participate in the development of a service plan with culturally appropriate and effective services to resolve the referral issues.
- Active efforts are made to prevent a child's removal if the child's safety can be maintained.
- If a child must be removed, active efforts are made by DFPS staff to work with tribal representatives and family members to have the child returned to the family; this includes identifying specific hurdles and impediments to reunification and developing an appropriate service plan as noted above.

J. If the program or function works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

Administration for Children and Families (ACF)

The Administration for Children and Families is a federal agency that funds state, territory, local, and tribal organizations to provide child welfare services. This includes DFPS. The Administration for Children and Families assists DFPS with funding, policy direction, and information services. It audits and reviews of the actions and outcomes of the organizations it funds. Under Title IV-E, DFPS administers federal matching funds for adoption assistance payments for children with special needs.

In response to a Family Connection “No Place Like Home” grant from ACF, DFPS entered into a partnership with Casey Family Programs, the Kempe Center for the Prevention of Child Abuse and Neglect, and two child welfare agencies (Colorado and South Dakota) in October 2011. This grant is one of seven three-year federal grants from the U.S. Department of Health and Human Services, Administration for Children & Families, to implement and evaluate Family Group Decision Making in child welfare.

Court System

CPS works with local county and district courts for judicial review and approval of decisions made in investigations that are needed to ensure child safety. Depending on the circumstances, CPS seeks court orders for removal.

In order to remove a child from the home, DFPS must file a suit affecting the parent child relationship with a court having family law jurisdiction, requesting managing conservatorship of the child. If the court grants conservatorship to DFPS, the suit affecting the parent child relationship remains pending with the court, with periodic hearings conducted under the Family Code, until the child is reunited with parents, managing conservatorship is transferred to another person, the child is adopted, or the child reaches adulthood.

Unless the court indicates that it does not want to be notified, DFPS staff must notify the court or the court’s designee of the following actions and events involving a child in DFPS’s managing conservatorship: circumstances that may be harmful to the child, temporary care in a CPS office, change of jurisdiction, subsequent removal, and medical consent.

Children’s Commission

The Texas Supreme Court’s Permanent Judicial Commission for Children Youth and Families or “Children’s Commission” is a multidisciplinary executive-level group led by judges created by The Supreme Court of Texas in 2007 to develop and coordinate efforts to improve court performance in child abuse and neglect cases. The Children’s Commission administers the federal Court Improvement Program (CIP) grant that funds its projects and staff. Under the leadership of Justice Eva Guzman, members include officials from CPS, non-profit foundation

and state bar leaders, private attorneys, legislators, judges and other elected officials, and other child welfare stakeholders.

The Children’s Commission includes a 40-plus-member, general advisory group called the Collaborative Council. Members include foster families, attorneys, CASAs, parent advocates, and former foster youth. Representatives from institutions of juvenile justice, mental health and education are also included, as well as representatives from the private provider community, children’s advocacy centers and many other child-protection and child and family advocacy groups.

Three standing committees – Basic Projects, Technology and Training – oversee issue-specific workgroups and projects. In June 2010, the Supreme Court formed an Education Committee to work toward improving education outcomes for foster children. In addition to CIP grant-funded projects, the Commission directs several other ad hoc committees and workgroups and numerous staff-led projects.

Child Welfare Boards

The commissioners’ court of a county may appoint a child welfare board for the county. A county child welfare board is an entity of DFPS for purposes of providing coordinated state and local public welfare services for children and their families and for the coordinated use of federal, state, and local funds for these services. The commissioners’ court of a county may appropriate local funds for the administration of its county child welfare board.

National Resource Center for Youth Development

CPS is currently working with the federal National Resource Center for Youth Development (NRCYD) for technical assistance as the state implements Supervised Independent Living (SIL) living arrangement options for CPS young adults who have volunteered to stay in extended foster care in a less-supervised setting.

Responses to the Department’s request for proposal regarding SIL placements were received in August 2012. Tentative awards were announced in January 2013, and the first two SIL contracts with providers became effective in April 2013 and placements began in May 2013. Work continues in expanding the program and looking at ways to find additional SIL placement options for young adults.

K. If contracted expenditures are made through this program please provide:

- **A short summary of the general purpose of those contracts overall;**
- **The amount of those expenditures in FY 2012;**
- **The number of contracts accounting for those expenditures;**
- **Top five contracts by dollar amount, including contractor and purpose;**
- **The methods used to ensure accountability for funding and performance; and**
- **A short description of any current contracting problems.**

CPS contracts for direct, administrative and support services through a wide variety of goods and services for children, families and adults. The contracted services are administered on a central (state office) and regional basis. Contracted services consist of: substitute care by licensed-residential childcare providers to children in DFPS’s managing conservatorship; residential care for unaccompanied refugee minors; independent living services; home screenings and assessments; substance abuse testing; evaluation and treatment; diagnostic consultation; childcare services; supervised visitation; supervision; homemaker; community and parent groups; family group decision making; diligent recruitment (kinship placement); parent-caregiver training; adoption (post, in-state and out-of-state); and reimbursement of administrative services of a county government associated with child welfare services.

For Fiscal Year 2012, CPS purchased client services expenditures were \$554,217,644, which accounted for 3,378 contracts. This total includes 1,348 CPS managed contracts with \$83,546,115 in total expenditures for Fiscal Year 2012 and 2,030 Residential Child Care managed contracts with \$470,671,529 in total expenditures for Fiscal Year 2012.

The top five contracts were with child placing agencies who recruit foster families to provide 24-hour residential childcare (substitute care) to children in DFPS’s managing conservatorship as follows:

Top Five Contracts by Dollar Amount – Fiscal Year 2012		
Contractor	Purpose	Expenditures *
The Bair Foundation	24-hour residential childcare	\$50,508,659.31
A World For Children	24-hour residential childcare	\$46,427,288.26
Lutheran Social Services of The South, Inc.	24-hour residential childcare	\$41,181,198.65
Life Support Counseling and Research, Inc.	24-hour residential childcare	\$37,541,615.51
Arrow Child and Family Ministries	24-hour residential childcare	\$35,550,410.96

* The "Total Contract Value" is based on either the Maximum Contract Budget Amount for the full contract term or, for contracts without a specified budget, the Total Expenditures across the life of the contract (FY 2006 forward).

Contract Oversight and Support (COS) is the designated division responsible for developing the infrastructure to support contract management staff and to promote compliance with spending

federal and state dollars appropriately, in adherence to applicable statutes and rules. Contract management staff are responsible for conducting ongoing contract management and monitoring activities to promote accountability for funding and performance of CPS purchased goods and services. Contract management staff monitor for programmatic and fiscal accountability using performance measurement and specific processes with associated risk assessment and monitoring instruments. Identification of risk is primarily achieved by utilization of an agency-wide risk assessment tool and internal control questionnaire, evaluation of performance measures and surveillance of evolving conditions that represent risk. Contract monitoring may include on-site, desk, or billing reviews of fiscal, programmatic and administrative areas. Deterrents for contracting with DFPS include constraints created when meeting the unique needs of the population served and funding restraints; and insufficient quantity of contractors for needed services in regions of the state where they are needed.

L. Provide information on any grants awarded by the program.

CPS does not award grants.

M. What statutory changes could be made to assist this program in performing its functions? Explain.

CPS in Harris County. CPS has identified several statutory changes that might improve workload management in Harris County and result in better permanency outcomes for children in conservatorship. Changes could be made to Chapter 264, Family Code, to establish specialty courts that handle all child abuse and neglect cases in Harris County. Additional amendments may be needed to Chapter 24, Government Code, which establishes the state district courts and assigns certain preferences to those courts, as well as Chapter 155 and Section 262.203, Family Code, relating to discretionary and mandatory transfer of cases among courts with family law jurisdiction. In addition, CPS conservatorship caseworkers could devote more of their time to working directly with children and families to achieve more timely permanency if changes were made to Chapter 263, Family Code, to expressly permit the assigned conservatorship worker in a case to be “on call” for all non-contested hearings conducted under Chapter 263, rather than waiting in the courtroom to testify, provided a CPS court liaison was present in all such hearings. For additional discussion, see Section IX, Major Issue #1.

Legal Representation in CPS Suits. To improve legal representation in all CPS legal suits, revisions to Section 264.009, Family Code, could be enacted to no longer allow counties over a certain threshold population to decline to represent the department by citing “special circumstances”, and to prohibit any county from declining to handle representation without sufficient advance warning to the state. For additional discussion, see Section IX, Major Issue #2.

Preventing Child Fatalities. CPS has identified a number of possible statutory changes that might serve to reduce child fatalities in Texas. For additional discussion, see Section IX, Major Issue #6. Possible changes include the following.

- Ensure a stable source of funding for child abuse and neglect prevention programs by creating a dedicated funding source in Chapter 265, Family Code, or in Subchapter D, Chapter 40, Human Resources Code.
- Reduce the incidence of child fatalities from physical abuse and shaken baby syndrome with amendments to some or all of the following:
 - Subchapter T, Chapter 161, Health and Safety Code, concerning information to be provided to newborn parents by hospitals and other providers concerning shaken baby syndrome, post-partum depression, and other topics.
 - Subchapter G, Chapter 264, Family Code, concerning the duties and responsibilities of the statewide Child Fatality Review Team Committee;
 - Section 40.0523, Human Resources Code, concerning the Infant Mortality Prevention Education Program;
 - Section 29.085, Education Code, concerning life skills programs for student parents.
- Expand the scope of the Child Safety Check Alert List with amendments to Sections 261.3022 and 261.3033, Family Code.
- Strengthen the duty to report certain child deaths to medical examiners with amendments to Section 264.513, Family Code.
- Mandate the creation of additional Child Fatality Review Teams in counties not presently served by a team with amendments to Section 264.505, Family Code.

Increasing Permanency. CPS has identified several legislative changes that might shorten the length of time that children spend in substitute care. For additional discussion, see Section IX, Major Issue # 7.

- Expand eligibility for adoption assistance by amending Section 162.304, Family Code, to direct the department to ensure that rules defining a child with special needs include consideration of whether placement in substitute care, in and of itself, makes it less likely that a child will be adopted.
- Promote reunification of children with parents whose rights were previously terminated by amending Chapter 161, Family Code, to allow reinstatement of parental rights for certain parents.
- Promote more timely reunification of children with their parents by amending Section 263.403, Family Code, to clarify that a case whose deadline for dismissal was extended by 180 days for purposes of monitoring a return to the parent may be dismissed before the

expiration of the 180 day period when additional monitoring is no longer deemed necessary to ensure the safety of the child.

Up-Front Due Process for CPS investigations. To better ensure the safety of children and to better protect the due process rights of persons found to have committed abuse or neglect of a child, amendments could be made to Section 261.309, Family Code to require that perpetrators be offered a due process hearing at the time the finding is made. For additional discussion, see Section II, Subsection G, Obstacles.

O. Regulatory programs relate to the licensing, registration, certification, or permitting of a person, business, or other entity. For each regulatory program, if applicable, describe:

- why the regulation is needed;
- the scope of, and procedures for, inspections or audits of regulated entities;
- follow-up activities conducted when non-compliance is identified;
- sanctions available to the agency to ensure compliance; and
- procedures for handling consumer/public complaints against regulated entities.

CPS is not a regulatory program.

P. For each regulatory program, if applicable, provide the following complaint information. The chart headings may be changed if needed to better reflect your agency's practices.

Not applicable.