

APPENDICES

APPENDIX A: STEPHEN GROUP ASSESSMENT PROJECT TEAM

The Stephen Group (TSG) assessment project team consists of the following experienced professionals:

- John Stephen – Project lead, former Commissioner of New Hampshire’s Department of Health and Human Services and Assistant Commissioner of the Department of Safety. Led similar projects in a number of states
- Will Oliver – Expertise in business process re-engineering, improved child protection and sourcing strategy for six states including Florida and Indiana
- John Cooper – CEO of a child welfare not-for-profit and former Assistant Secretary of Operations for Florida CPS. Led the Florida CPS reengineering project
- David DeStefano – Consultant for public/private partnerships, performance based contracting, program evaluation, SACWIS, and revenue maximization
- Jeff Schilz – Former policy advisor and budget director to Governor Mark Sanford, SC, focusing on HHS, Social Services, and Department of Juvenile Justice
- Richard Kellogg – Served as Commissioner, Deputy Director, and Director of Integrated Services for the states of Virginia, Tennessee, New Hampshire and Washington – Medicaid, MH/DD/SAS, LTS, Comprehensive IV-E, SE, and JJ Services
- Martha Tuthill – Senior Consultant for Florida CPS Transformation project, assisting team with vendor management, systems support and organizational improvements, former Accenture partner
- Art Schnure – Technology lead with state government health and human services technical initiative experience over the last 17 years, including modernizations of the protective services system in Rhode Island and a child care systems in Massachusetts
- Greg Moore - Served as a former state public affairs, legislative and policy director for divisions of children youth and families and juvenile justice
- Stephanie Anderson – Editorial and Project Assistant, former Executive Assistant with Texas Department of Protective and Regulatory Services

Some relevant recent projects of the TSG team include:

- Florida Department of Children and Families – CPS Transformation

- Indiana Family and Social Service Administration – Process improvement and sourcing
- Texas Department of Protective and Regulatory Services – Decrease child fatalities; reduce caseworker turnover; coordinate community-based organizations; sourcing
- Pennsylvania Department of Human Services – Improve child welfare documentation, eligibility, and federal claiming
- New Hampshire Department of Health and Human Services – Reorganization of Department of Health and Human Services
- South Carolina Department of Social Services – Budgeting and process improvement
- Mississippi – IAPD and business case for SACWIS integration with Medicaid)
- Maine – budget cost savings and best practice analysis for Governor’s Office of Policy Management
- Florida – Benefit Recovery Assessment and Implementation

APPENDIX B: GLOSSARY

ABEST – Automated Budget and Evaluation System of Texas

Action Memo – CPS staff receive information about policy changes through Protective Services
Action memo

ADDIE (Assess, Design, Develop, Implement, and Evaluate) – curriculum development method for CPS instructional designers and training developers

ADM – Administrative Directives, external policy statements designed to advise local service districts and voluntary agencies

AFDC – Aid to Families with Dependent Children, Replaced by TANF

BSD – Basic Skills Development—the initial training program for CPS caseworkers

CAC – Children’s Advocacy Centers

CAGR – Compound Annual Growth Rate, the exponential growth rate over several years

CASA – Court Appointed Special Advocates

CDR – Pennsylvania’s Child Death Review Team

Center for Policy, Innovation, and Program Coordination (CPIPC) – coordinates consumer and external affairs activities with elected officials, HHSC offices, community stakeholders, the media, clients and members of the public

CFRT – New York State Child Fatality Review Team

Child Care Licensing (CCL) – Regulates all child-care operations and child-placing agencies

CJST – Continued Job Skills Training, assigned and dedicated field mentors for new CPS workers

CLOE – Center for Learning and Organizational Excellence, training unit within DFPS, provides staff training and ongoing professional development for the CPS workforce

Collaterals – members of the child’s extended family, or others that are close to the child. Used by investigation to collect information about the child’s situation. This term is also used to refer to potential out-of-home placements for a child

Conservatorship – When a child must be removed from their home, the court appoints Child Protective Services to be a "Conservator" of the child and a Conservatorship (CVS) caseworker monitors children's care

CPIPC – Center for Policy, Innovation, and Program Coordination

CPS – Child Protective Services

D.A. – District Attorney

DAPIIM – Within CPS is A systematic way to prepare for and structure contacts

DFPS – Texas' Department of Family and Protective Services

DFSR – Family Services Review Team, conducts Program Improvement Plans

Equity of Service Statement (ESS) models are run for each of the key areas of CPS. These models take a 24 month rolling view of actual workload, by county

FAD – Foster Adoptive Home Development manages foster homes directly through CPS

FAD – foster and adoptive home development (FAD) program

Family Group Decision Making (FGDM) – a facilitated meeting including the family and their support group to resolve issues and support creating a safer environment for the family

FCFT – Texas' Child Fatality Review Team

FFP – Federal Financial Participation

FPR – Family Preservation stage

GOBP –

HCATS – HHS (Health and Human Services) Contract Administration and Tracking System

HHSAS – Health & Human Services Administrative System. The HHSC enterprise administrative and accounting system. The system includes a combination of payroll, human resources, and time and labor (Human Resources Management System) and financial accounting components.

HHSC – Health and Human Services Commission

ICPC – Interstate Compact on the Placement of Children controls placement of adoptive and foster children across state lines

IMPACT – Computer system used to support case work: Information Management Protecting Adults and Children in Texas.

IMPACT – the State Automated Child Welfare Information System (SACWIS) in Texas

Informational Letters (IME): external policy guidance clarification or amplification on existing procedures

Interstate Compact on the Placement of Children (ICPC) – a uniform law enacted by all fifty states, the District of Columbia and the US Virgin Islands. The Purpose of ICPC is to ensure that children placed out of their home state receive the same protections and services that would be provided, if they remained in their home state.

Kinship – Kinship Care by Child Protective Services (CPS) locates relatives and other people who have a significant relationship with the child or family, who can provide children with stability when they can't live with their birth parents

LAR – Legislative Appropriations Request

LBB – Legislative Budget Board

Legislative Budget Board (LBB) – a permanent joint committee of the Texas Legislature that develops budget and policy recommendations for legislative appropriations, completes fiscal analyses for proposed legislation, and conducts evaluations and reviews to improve the efficiency and performance of state and local operations

Local Commissioner Memorandums (LCM): external specific information and guidance to Local Service District Commissioners.

MFR – Monthly Financial Report

MHMR – Mental Health Mental Retardation

MPS – Mobile Protective services, the mobile version of IMPACT

NRCCPS – National Resource Center for Child Protective Services: DHHS funded.

NCFAS – North Carolina Family Assessment Scale: out of home placement and reunification domains. Sponsored by National Family Preservation Network, non-profit. Requires licensing fee to users.

Office of Court Administration (OCA) – a state agency in the judicial branch that operates under the direction and supervision of the Supreme Court of Texas

PA – Policy Administrator (also a Program Administrator)

PA – Program Administrator, to which PDs report

PA Council – Policy Administration Council

PAC – Program Activity Code

PAL – The Preparation for Adult Living (PAL) program was implemented in 1986 to ensure that older youth in substitute care are prepared for their inevitable departure from the Texas Department of Family and Protective Services' care and support

PAN – Performance Assessment Network

PATS – Policy Alert Tracking System, system Policy uses to track policy under development

PD – Regional Program Directors

Performance and Quality Improvement (PQI), defines procedures for operationalizing specific aspects of the program

Period Under Review (PUR), the three month period covered by a CPS investigation

PEI – Prevention and Early Intervention

PIP – Program Improvement Plan

PMC – Permanent Managing Conservatorship

Principals – principals are the primary adults that a caseworker (FBSS and CVS) must see every month, while collaterals may include others, such as an aunt that has now moved out of state

Protective Services Alert (PSA) – also referred to as a Protective Services Action. This is a memorandum of policy change that is not fully incorporated into policy

PS – Policy Specialist

PSA– Protective Services Alert, temporary statement of policy change

RCC – Residential Child Care

SAVERR – System for Application and Verification of Eligibility, Referral and Reporting

SI – Special Investigator, position to investigate and/or provide advanced investigative and consultative services to CPS Investigators

SIR – System Investigation Request, requests for changes to IMPACT

SSCC – Single Source Continuum Contractor, responsible for ensuring the full continuum of foster care services in a designated geographic area

Staffing – a meeting of CPS caseworkers, usually including supervisors and/or Practice Directors

STARK – vendor that supports CPS with recruitment services

TANF – Temporary Assistance to Needy Families

TEA – Texas Education Agency

TexMed Connect – Texas’ Medicaid support system for providers

TIERS

TIERS – Texas Integrated Eligibility Redesign System (TIERS). Texas's eligibility and enrollment system for Medicaid, Children's Health Insurance Program (CHIP), Food Stamps, and Temporary Assistance for Needy Families (TANF).

TLETS (Law Enforcement)

TSG – The Stephen Group

APPENDIX C: BUSINESS PROCESS MAPPING METHOD AND REGIONAL FINDINGS

Region 1/9

Investigations

Process Differences from Baseline

The structural processes in Region 9 (Lubbock-Midland area) generally comport with the Region 3 Investigations process with minor differences in sequence. Both regions are unfamiliar with the “Complete criteria checklist” step. Law enforcement in both regions is contacted earlier in the process because law enforcement often contacts Investigations early in a case. Before proceeding to a child’s home for an initial contact interview the Investigator tries to contact the child/children at school or day care. Initial interviews are usually done outside the presence of the home. When a removal decision is made placement homes will not be considered if there is a drug history; both regions do not drug test all placements. When staffing with supervisors regarding emergency/non-emergency decisions only safety concerns are addressed at this time. Both regions involve attorneys when staffing with supervisors regarding emergency and non-emergency decisions. CASA workers are appointed by Judges if he/she chooses. Investigators do not attend ex-parte hearings, a difference with Region 3. If parents do not agree with CVS decision the hearing is held on the same day of the 14 day court hearing, a difference with region 3 court process.

Process Observations

Lack of investigators: Region 1/9 is experiencing major turnover due to oil boom economics and pay scale. As staffing goes down cases are added to the remaining investigators caseload. Investigators are caught in a balancing act between spending time with families and process documentation. It was reported an entire Midland Investigations unit quit when Investigations went mobile.

Due to vacancies a “Cycle” results as all cases left by turnover are placed with experienced workers. Tension and stress builds up and more Investigators leave.

Assessment

The Investigations process in Region 1/9 is significantly challenged by vacancies, delays in hiring, and the travel time required in some of the most remote areas of the state.

The Region benefits from a partnership relationship with Law Enforcement.

FBSS

Process Differences from Baseline

The Region 1/9 process for FBSS generally follows the overall process steps from Region 3 baseline, however there are several sequence differences in several key steps. Initial cases in both regions are directly assigned to FBSS caseworkers. FBSS staffing rarely includes PD at the initial stages of case staffing. The FBSS supervisor decides if a case is accepted or not. A key process difference pointed out by the group is that Investigations and FBSS rarely meet with the family together. There are several differences from baseline in the sequence of actions taken once an order to participate is issued as follows: a) FBSS caseworker waits for case assignment/post order; b) Case transferred to FBSS: no guideline in Regulations on time frame; c) Caseworker contacts family; d) Discuss services with family and/or refer to FGC (8-10% of the time); e) Child must be seen in 10 days regular or 5 days moderate; f) contact collaterals; g) 2054's submitted; h) Day Care services requested; i) Service plan is typed/approved; j) Caseworker contacts family to provide service plan; k) on-going monitoring of plan of services and family progress; l) Request FGC if needed or recommended by supervisor.

Process Observations

Key Learning: Midland has a joint Investigations/FBSS supervisory structure in place. All staff indicate that this helps to reduce silo mentality on transfers from Investigations to FBSS. Investigators, in particular, "REALLY LIKE" the model as it results in an "easier" process of referring cases to FBSS. Investigators and FBSS caseworkers believe joint supervision would work in Lubbock.

Process Assessment

FBSS staff are concerned with the lack of standards to answer the question should FBSS take a new case or close an existing case. Joint supervision with Investigations has helped improve the decision making to some degree. The FBSS process in and of itself does not help with decision making.

CVS

Process Differences from Baseline

The initial sequence of activities is different from the baseline. The Region 1/9 sequence for the first 5 steps is: 1) Post removal staffing; 2) Attend 14 day hearing; 3) Case assigned to sub care; 4) Read investigations/get familiar with the case; 5) Make contact with the parents. The Odessa

area process requests FGC if needed before making a family plan and holds a Permanency conference 15 days before the status hearing. When a permanency change is in place Odessa receives recommendations from providers and lets all parties know. An agreed order for placement is sent out but an affidavit is not filed. Placements are made after the second permanency hearing and CVS monitors weekly until a final hearing. Odessa/Ector County only holds two permanency hearings. If a termination order is granted parents may appeal through a de novo trial. A higher judge hears the case and may uphold the termination order or gives PMC to CPS and orders FBSS to work services with the parents again. If the parents wish to appeal the upheld termination order they can appeal to Eastland Appeals Court which makes the last and final decision.

Process Observations

The CVS process in this region mirrors the cooperation between Investigations and FBSS.

The Odessa regional office has a somewhat different process for informing all parties in a Permanency Hearing situation on available services.

Process Assessment

The CVS process in Region 1/9 has brought some efficiency to the overall process that may be based on difference in regional courts. The process steps of moving to automatic Permanency Conferences before FGC and FPC process and replacing the affidavit process with a Placement Review Hearing were noted by CVS staff as being a more efficient use of their time.

Region 2

Investigation

Process Differences from Baseline

We found Region 2 to not only have some process differences with the baseline process described from Region 3, but also differences between the offices within the Region. The Wichita Falls office and the Abilene office have a significant amount of variance that we will attempt to capture here.

In Region 10, the investigator will do some work (criminal background check, call reporter for more info) prior to supervisor staffing. The Abilene office does not have a formal checklist that it follows, but the Wichita Falls office does. The Abilene office contacts law enforcement much earlier in the process (when case is assigned to the investigator), but the Wichita Falls office contacts law enforcement at the same time Region 3 does. Both offices staff with law

enforcement prior to going out to the school to visit with the child. Neither office does a TIERS check on every case (“only when the address is fuzzy”) and neither office documents their location in Outlook.

One office’s investigators said that they photograph the child earlier in the process than Region 3, but the other office said that they do the photographing at the same place in the process, only wait to upload the photos until later in the case. The offices agreed that they don’t necessarily do drug testing on PCSP – “it depends on the history of CPS cases.” The two offices differed in determining what information is to be included in the Safety Plan. In Wichita Falls, it is supposed to include things that CPS can control, but in Abilene it includes what they can agree to do (for example, not do drugs when supervising your children).

Both offices agreed that they would need to identify protective parents prior to preparing the Safety Plan and that, unlike Region 3, they would have staffed prior to preparing the Safety Plan. Some offices in Region 2 do a Blue Bag and some don’t, “it just depends on the unit.” Both offices agreed that the box in the baseline process that includes “Medical Consent, Placement Authorization, etc.” is done back when the Placement Authorization forms are completed. Neither of these offices attends the ex parte hearing, but instead turns in an affidavit.

Some offices in Region 2 have attorneys do the Risk Assessment filing in IMPACT and others have investigators do it. The Abilene office does not necessarily do a joint assessment with FBSS (there is an assessment done, it is just a matter of whether it is joint or not). Both offices do an ICM staffing instead of the Post-Removal form that Region 3 included in the baseline process.

Process Observations

- The investigators representing both of the offices in Region 10 agreed that they almost always try to see children at school (if at all possible) prior to attempting to see the children at the home. They feel that they can have more honest interaction with the child at school without the parent present.
- Region 2 no longer transports children to placement. The transporting is now done by a contracted provider (Providence). At one point during the discussion an investigator said that they will follow the transporter to the new placement.
- Supervisors and screeners in these offices can shut down cases prior to the case being assigned, but “it’s more supervisors shutting down cases than screeners.”
- Handoffs to FBSS are done whenever the investigator and the FBSS specialist can schedule a family visit together.
- ICM staffings are scheduled and must occur within seven business days in Region 2.

Assessment

Region 2 is one of the more unique Regions that we visited in terms of the variances between the different offices in the Region. The way the cases are assigned in the different offices highlights this. In Abilene, the “next man up” gets the case with little regard for caseload. The supervisor can modify this if one investigator is a better fit for a particular case. In Wichita Falls, there is a “three weeks on, one week off” policy. During the “off-week” the investigators do not get any new cases (unless they sign up to get cases), which allows the investigators to get caught up on their current cases (or plan to be on vacation during this week).

The Wichita Falls office has three units with experienced workers with very low turnover (nearly all of the workers have been there 15 years) due to a good “team” office culture, supportive supervisors and lower caseloads. This is in stark contrast to what we found in the Abilene office (and most of the rest of the state).

Staffings are not typically scheduled in the Abilene office and will often occur over the phone because the investigator is with the client in the home. The Wichita Falls office has staffing scheduled every Tuesday. This gives the investigators a goal to shoot to have all of their cases updated so they can discuss at the staffing. The Wichita Falls investigator questioned whether their office might have a hard time going mobile because “we are so close and work so well together.”

FBSS**Process Differences from Baseline**

In Region 2, the process would be different in that the first three boxes on the baseline Region 3 process would be combined into one box titled “Investigations submits referral to FBSS.” After the supervisor reviews the case it is assigned to an FBSS specialist. In Region 2, the FBSS specialist would verify with the family that they are willing to comply with services during the transfer visit.

Where the “Decision Made” diamond exists on the baseline process Region 2 would add the “decision to accept/not accept services is made,” as well as the “decision of whether the level of services provided will be regular or moderate.” Cases are rarely transferred by 5:00 PM the next business day in Region 2 and are more often transferred three to five days later. In moderate cases in Region 2, the FBSS specialist sees children within 5 days, not 7 days as in Region 3.

The FBSS specialists in Region 2 added a step in the process where they would go into IMPACT and change the roles of family members because “the principals for investigators are not the

principals for FBSS.” Region 2 FBSS specialists would also do criminal background checks at this point, as well as a “family tree” (if Investigations has not already done this).

Finally, Region 2 FBSS specialists do not do the final three boxes in the baseline process mapped by Region 3.

Process Observations

- Region 2 FBSS specialists have monthly staffing conferences with supervisors.
- The discussion of which services each family will receive is discussed in the transfer staffing and services are often started before the Service Plan is complete.
- All of the services for each family are listed on the Family Assessment.

Process Assessment

- In some counties in Region 2, there are no services so the FBSS workers just use handouts that they give parents.
- Region 2 FBSS specialists reported that they have a hard time finding forms in different languages.

CVS

Process Differences from Baseline

As mentioned during the Investigation analysis above, there are differences by county within Region 2. These differences are partly driven by different standards set by the local judges. As one can imagine these differences are the primary reasons for the differences between the Region 3 baseline process and the Region 2 CVS process. The timing of most actions is determined by the next court appearance.

Services are not submitted to the DA in Region 2 because “everybody gets the same services.” Many of the initial steps in the Region 3 baseline process are done before or at the 14th day hearing. Legal or the DA will submit any paperwork when a Native American child is involved.

The supervisor and legal staffing is done after the Permanency Hearing. Region 2 CVS specialists added a box to the baseline process where they “Send eligibility worker PCA benefits and negotiation.” This region has an Adoption Checklist that must be completed after the closing of the FSU stage, which is simultaneous with an Adoption Staffing, which Region 2 also added to the baseline process. Region 2 CVS specialists do not do an Affidavit Recommending Limits of Return or have a Placement Hearing. This region does have a Compliance Hearing instead of a Second Permanency hearing.

Finally, before closing a case the Region 2 CVS specialist does a Risk Assessment and one more staffing with their supervisor.

Process Observations

- Region 2 CVS specialists receive an email from with paperwork attached informing them that they have received a new case.
- Monthly visits (at minimum) are done throughout all cases.
- There has been talk of adding Kinship to the ICM staffing, which the Region 2 group that we spoke with thought would be a great idea.

Process Assessment

- As we have seen in other regions that we visited, when local judges routinely take positions that differ with CPS policy and guidelines, it creates a dilemma that local supervisors don't know what to do. When a judge routinely refuses to remove a child from the home under certain conditions, or requires extra steps before they will consider removal, experienced supervisors either modify the policy to accommodate the judge's predictable actions or, in extreme cases, the supervisors will take a position in opposition to the judge just to protect the Department. This creates confusion for a new worker who crosses county lines in why the policy varies from place to place and from supervisor to supervisor.
- There is some dissatisfaction with the quality of services that Providence (contractor) is providing. This dissatisfaction is shared by some of the judges and ad litem, which ultimately can add more work to the CVS specialists' cases.

Region 4/5

Investigation

Process Differences from Baseline

The Tyler/Beaumont area generally follows the baseline structural procedures in Investigations, differs in sequence in several procedures, and is similar to Regions 1/9 in several ways. Similar to Regions 1/9, Tyler/Beaumont does not use the criteria checklist and do not always submit a courtesy request when a parent or child is in a different county at the beginning of a case. TIERS is checked as needed. The process steps from initial assessment/home visit and staffing with the supervisor are in a different order than baseline depending on the case, travel time, and gathered information. Drug testing is completed earlier than the baseline process. A FTM is held after and PCSP as quickly as possible. In an effort at efficiency this region staffs post removal staffing to

determine services between Investigations and CVS supervisor to reduce post removal staffing time. A FTM is held to complete forms respond to any needs/information in preparation for FGDM (similar to Regions 1/9 and Region 3, Dallas County). The Smith County Judge schedules FGCs. Smith County has a Removal Unit that performs the functions needed to complete a removal after Investigator makes the decision to remove the child. The group noted that Smith County is “centralized” and this type of unit might not work well in rural areas.

Process Observations

Investigators make an effort to see supervisor once a week/monthly staff meeting. Staff are concerned that becoming mobile will result in less connectivity within unit. The process of going mobile with new technology does help but concern is that staffing with peers face-to-face will not happen. Staff stated this is important when you need to do a removal. Staffing is important and hard for supervisors not to be disconnected from us. Supervisor meets face to face and unit meeting with Investigators every month. Staff in the Tyler Beaumont region feel the level of commitment of the supervisors is “great”.

Assessment

Important to note the Investigators feel challenged with the amount and quality of time they have available with child/family due to the steps and documentation requirements of the Investigations overall process.

FBSS

Process Differences from Baseline

Region 4/5 approach to FBSS process differed slightly with the baseline, primarily in sequences and Program Director involvement throughout the case. One difference of note is that the Investigator verifies that a family is interested in FBSS services before a FBSS caseworker becomes directly involved with the family. The initial staffing is based on the FBSS worker scheduling staffing with FBSS supervisor and Investigator on the case. FBSS Program Director is usually not involved with individual case staffings. Not all FBSS cases in the two regions are referred for FGCs, only when needed.

Process Observations

There is a great deal of cooperation between Investigations and FBSS when cases are “handed off.”

Assessment

There is a shortage of services throughout the regions. As with other regions, the lack of services is greatest in rural areas. The Tyler/Beaumont regions have prioritized maximizing faith base services that are available.

CVS

Process Differences from Baseline

The Region 4/5 CVS process is substantially the same as baseline with several sequence differences designed for increasing efficiency. The request for a permanency conference is replaced by a CVS requested FGC at the beginning of the process. This avoids the request for a FGC further at future steps. Additionally, this region does not process reunification considerations at the same time as baseline indicates.

Process Observations

Caseworkers pointed out duplication from Investigations to FBSS as four different Family Plans in four different stages are involved in the process steps. FBSS caseworkers they have already written a Family Plan should come over to CVS and not have to be duplicated.

Assessment

Region 4/5 has an Adoptions Preparation Unit that utilizes the adoption specialist positions within the region.

Overall Assessment

Investigators and FBSS caseworkers find it difficult to “catch” the family, collaterals neighbors/schools and therefore find it real hard to spend an hour with a family as phone/next crisis is needed. Investigators are continuously moving forward cases that are “hotter”/higher risk and pushing back cases that are “colder”/lower risk. Most of the time pressure is a result of the process documentation time requirements and travel.

Investigators, FBSS, and CVS caseworkers are keenly aware that Judges know when you they do not spend enough time with families as they expect.

Interviews in Region 4/5 commented on aspects of “Specialist positions” and their interface with day to day Investigations, FBSS, and CVS work:

- Adoption Specialist –Region 4 has CVS adoption prep units with adoption specialists in each region and they are supervised by the region.
- CFSR Lead-reports to State office and provides statistical data-would be helpful if they provided more training in the regions and could be responsive to local staff.
- Child Fatality Review Lead-supervised out of State Office. These staff could be supervised in the Regions to meet the specific needs of the Regions.
- Community Affairs Specialist - this position is in State office and is helpful to the regions

- Contract Performance Manager - Contracts management would be beneficial to be supervised at the region. Region 4/5 does not interface with this position.
- Director of Placement Services - provides valuable service to the regions.
- Director of Policy/Program - very helpful and important position at State Office
- Director of Investigations – Region 4/5 does not interface with this position
- FAD Program Specialist - 5 of these and Region 4/5 does not interface with them
- Faith Based Program Specialist – Region 4/5 does not interface with this position
- FBSS Program Specialist – Region 4/5 does not interface with this position
- Medical Services DA and Program Specialist - limited contact; program specialist does have contact with regional disability specialist
- Master Investigator – two in Region 4; they report to the region but the region has no say in their assignments.
- Substance Abuse Specialist - needed in the regions; Region 4/5 does receive feedback from State Office

Region 6

“I love my job, but there are so many restrictions that I’m afraid I’m going to get in trouble.”

Investigation

Process Differences from Baseline

In Houston, the CPS focus group reviewed the baseline process map to identify any differences from the Region 3 baseline maps. Differences from the Region 3 baseline are minor—mostly dealing with sequencing and naming of the processes. Difference in processes are depicted and listed in Appendix L.

Issues Related to Investigation Process

- IMPACT does not help workers with decision making. It is simply a place to document the decision after-the-fact
- Workers are very compartmentalized within the region
- There is not standard clearinghouse available for voluntary placements—the caseworker must have her own knowledge of the area resources and their availability
- A lot of children go to foster care with nothing – foster parents get a clothing allowance, relative get nothing

- IMPACT needs to have the ability to take uploaded audio
- Investigations are still very manual. It would be better if CPS could get rid of the paper file altogether, but IMPACT is not adequate for all the information that is required

Assessment

Decision making is largely based on the personality and experience of the caseworker, supervisor and PD. Decisions are not supported by IMPACT; that is just a place to look up and store information. The caseworker cannot be sure of what information will be needed to make a decision, and winds up taking extra trips to get information she did not know would be needed.

Region 6 has some examples of caseworkers working together, drawing on each other's unique skills and experience: for example finding services, and doing assessments. However, sometimes this is frowned upon by leadership, who is more concerned about meeting numbers.

FBSS

Process Differences

Process differences from Region 3 are enumerated in Appendix L. Some key differences include:

Issues Related to FBSS Process

- Infighting between stages (e.g. Investigations and FBSS) takes up time. This happens at organizational levels above the workers – who are not truly empowered to make decisions.
- Caseworkers observed that services provided in conjunction with an investigation are generally very standard—for example, 99% of the time, parents will need parenting services. Likewise, any situation that involves drugs will “require” 6 hours of drug treatment, no matter the level of the drug situation. The “cookie cutter” levels seemed wasteful
- One office in the region finds that it benefits from allowing a worker to specialize in assessments. "This caseworker is really good at doing assessments (and enjoyed doing them), would do a lot of them for the other workers in the unit. It helped morale in the unit and she had a reduced caseload because she was taking on more assessments. The P.D. made them stop doing it because they were concerned more about stats than outcomes."

- The decision about how to make an investigation decision is highly subjective. Also, supervisors tend to have different expectations than their PDs. So, the caseworker may have to go back to the family several times.
- Families need to understand what is going on in the process. Big problem with Spanish-only speaking families. FBSS uses Masterword (on-call translating service), but Investigations only has language line (phone call). They need an interpreter. Or better, investigations (and other CPS services) should be conducted by caseworkers with language skills.
- The handoff between Investigation and FBSS is confusing. The family gets a form letter from Investigation saying that the “case is closed”. Then, FBSS shows up. The family does not understand the nuance that one case is closed but the FBSS one is just beginning

Assessment

FBSS services are too routine, and not really tailored individual family needs. For example, families typically receive parenting assistance and “6 hours of drug treatment”, without carefully considering the right types and levels of service. This can wind up being a waste of time.

CVS

Process Differences

Houston was the only region that provided a detailed description of the process of working with a native tribe. Courts in each region have different requirements of CPS. Houston caseworkers said they have no Permanent Managing Conservatorship (PMC) Unit, “I am my own PMC”.

Issues

- CPS is too compartmentalized—no one knows what the other units are doing
- It would be better if CPS could refer attorneys that deliver high value with adoptions
- “I love my job, but there are so many restrictions that I’m afraid I’m going to get in trouble.”

Assessment

CVS works largely like other regions. The issue is that CPS does not work together internally to take advantage of the best skills in house. Also, it cannot recommend the best services for outside lawyers.

Region 7

Investigation

Process Differences from Baseline

The Investigation process discussed in Region 7 is very similar to the baseline process described from Region 3. There are times that the investigators need permission from supervisors before requesting drug tests. Region 7 reports that the process for closing a case when the drug tests are negative and there are no signs of physical abuse seems a bit more straightforward in this region.

Process Observations

- The Investigators talked about the variability in the complexity of cases and how they cannot predict the difficulty of a particular case until they get involved in it. They talked about how fatalities appear to be driving policy. Their perception of the highest risk factors in fatalities include co-sleeping, the stress to parents from special needs children, mental health issues (in particular schizophrenia and bipolar), substance abuse, and prior domestic abuse. The Investigators talked about the prevalence of marijuana in cases around the Austin area and the courts tolerance of marijuana use.
- The investigators shared their point of view on what would make a family safer. They don't believe the specific questions in a safety or risk assessment are as critical as spending more time with the family to understand the family dynamic and environment. They believe that more services tailored to the needs of the family, as opposed to generic services, would provide better outcomes.

Assessment

The 72 hour timeline for responding to a priority two report creates significant spikes of work on Monday mornings where all the cases that came in since Friday night get dispatched together. If Monday is a holiday, Tuesdays become even more jammed with investigators scrambling to meet their deadlines. The quality of the work may be compromised as the investigators race to see as many children as quickly as possible.

FBSS

Process Differences from Baseline

In Region 7, the process to handoff the work from an investigator to FBSS for services starts with an FBSS referral form. This form is not stored in IMPACT but in the DFPS database. The FBSS supervisor checks an inbox to receive these incoming requests. The Administrative

Assistant assembles a binder of the investigation materials. Some counties do FBSS staffings only on Thursdays so the investigators know they need to get their case files completed by this weekly deadline. In some counties, the FBSS staffing is conducted in person while other areas allow participants to dial in via a conference call line. Each case is slotted for a 15 minute time slot and the staffing goes on all day. Both the investigator and the FBSS specialist must be present for their time slot. The Administrative Assistant compiles the list of staffings that need to occur, coordinates meeting rooms, and communicates with the participants on when they need to attend the staffings.

Once the FBSS supervisor accepts that this case requires services, they assign it to an FBSS specialist. The FBSS specialist typically emails the investigator and requests that the Investigator set up a meeting with the family. The family has met the investigator. The family has not met the FBSS specialist and won't typically return their calls. The FBSS specialist also talks to the investigator to get verbal history of the case so far. The FBSS specialist reads the history in IMPACT. If there are prior cases that have been merged together, it can be difficult to follow the chronology of what has happened with this family. If information has been scanned from prior case binders, it is often not well indexed and may be out of sequence.

The family must be seen and the assessment documented in 10 days – rather than the 7 days noted in the Region 3 map. The visit is typically an announced, scheduled one since you want the parents to be present to discuss services. Typically the children are in another room and are not part of the conversation. The focus of this discussion is on expectations of the family, timeline, services recommended, and the family schedule and whether the services will fit into their schedule. The current push is to document the meeting with the family in real time which creates a challenge for the FBSS specialists. The home may not have a place to sit. The loss of eye contact caused by typing while doing this initial visit with the family is significant. Non-verbal communication with the family may be missed while typing.

The meeting with the family is the point in time that you verify whether the family is willing to accept services. This is shown as two separate boxes on the Region 3 process map. If the parent's story is inconsistent with their behavior, the FBSS specialist may decide that services are not likely to yield a favorable outcome. If the parents are uncooperative, they may not be a candidate for voluntary services.

After the meeting with family, the FBSS specialist finishes the documentation of the home assessment. Between the investigator and the FBSS Specialist, the primary person enters the information into IMPACT. The investigator updates any people and contact information if new adults were in the house that are not already in the case file.

The FBSS Specialist needs to understand the availability of local resources from personal experience. They can look up in IMPACT who is contracted to provide services.

The new ruling is that the family must sign paperwork saying they can't afford daycare on their own and request State help with daycare before the FBSS Specialist can request day care services.

During the period of time the case remains open for services, the FBSS specialist assesses how things are going. For example, a positive drug test result is an indicator that the services are not sufficient to keep the child safe. If things are not going well, the first step is typically a Family group Conference before they resort to court intervention. The FBSS Specialist refers the case to a Family Group Conference Specialist who conducts the meeting and assesses the outcome. The conference is attended by the FBSS supervisor, the family, the family's support group, and the FGDM coordinator. As a result of Family Group Conference, a number of actions might be taken:

- If it went well, the meeting came up with plan to get family out of CPS care or different way of working with them
- If the meeting was not positive, then staff for legal intervention
- In Travis County, they send e-mail to request a follow-up meeting
- The caseworker documents the meeting in IMPACT in contact summaries for the Family Group Conference or the Family Team Meeting
- The caseworker must translate the contents of the family group plan into Spanish if appropriate
- Caseworker submits day care request at same time as request other services. Caseworker must ensure family has tried to obtain day care payments from other sources before they can request this service
- Initiate services

Process Observations

- The process includes a number of steps to enable investigations and FBSS to manage the handoff between the two groups and to explain the transition of CPS workers to the family.
- The timing of the family visits, the creation of the Family Plan of Service, and the need to have approval by FBSS supervisor before obtaining the signature from the family means the FBSS specialist meets twice with the family almost back to back.
- Travis County does not request home assessment until ordered to do so. They only do a preliminary assessment to get info on relatives for judge in case relative placement.

- The FBSS specialist must visit the families twice a month with one visit announced and one visit unannounced. If another CPS caseworker has seen the family this month, that visit does not relieve the FBSS specialist from their visitation requirements. They must check with the service provider, day care, school, and even the original reporter of abuse and neglect to obtain an independent observation of how things are going. They must document these contacts with 24 hours of the visit. They must reorder purchased client services from contractors as the original service requests expire – typically every two months. The monthly evaluations are due by the 5th of every month. The FBSS specialists described the last week of the month as “hell” as they need to see all the families they haven’t caught up with all month. The monthly evaluation must document why the services are still needed, what the evaluation is, and the next steps to keep the children safe.

Process Assessment

- There are challenges in finding available contractors to provide services. If the family doesn’t live near a bus route or have money for gas, they are less likely to be able to take advantage of services offered. There does not appear to be a good feedback loop to require input from the FBSS specialist on the nature and location of services they perceive are most needed back to the procurement personnel who are contracting with providers.
- Language is a major barrier in creating relationships with the family that motivate them to take advantage of available services. There is a translation service available but it slows the communication process dramatically. The families are less likely to call their FBSS specialist when they don’t speak their language. Sometimes Administrative Assistants and Human Services Technicians are bi-lingual and help out, but they don’t get paid for that work. Some bi-lingual workers trade cases with other workers to help out. New workers get extra pay for bi-lingual skills but existing workers don’t qualify if they take the test and demonstrate language proficiency.
- The in-person staffings require travel time on the part of the investigator and FBSS specialist. On one dimension, they are encouraged to be mobile and yet the staffings are oriented around the efficiency of the supervisor rather than the efficient use of time of the front line workers.
- There are many places where IMPACT requires extra work. For example, if the Investigator orders services for families while the case is still in the investigations stage, those requests for services must be closed and new requests opened once the case moved to FBSS. This can impact the provisioning of services to the family

CVS

Process Differences from Baseline

There are many similarities in the overall conservatorship process between Region 7 and Region 3. The CVS specialists describe the process at its highest level as “go to court” and “do what the court tells you to do”. Most of the differences between regions have to do with specific requirements of the courts in specific counties. The timing of most actions revolves around the next court appearance.

Within CPS, CVS cases are typically staffed on Tuesday afternoons. The investigator, investigator supervisor, CVS specialist, and CVS supervisor all attend the staffings as well as other regional leadership. The CVS specialist is typically not assigned the case until about the time of the ex parte hearing which is typically about a month after the investigator first makes contact with the family. During the staffings, the supervisors will attempt to match the best CVS worker with the family based on nature of the alleged neglect or abuse, age of the children, language spoken, and a number of other factors. Geography is not a good indicator for assignment as the children move a lot during the CVS process.

Process Observations

- There are a number of court requests for special drug tests and special services that may not be the CPS norm. There are some services provided by the local community and paid for outside CPS. The CVS specialists report they don't have a master list of available services and they rely on word of mouth about what is available. In many cases, they call the provider and ask if they are still offering a particular service.
- The CVS specialists report they work with a wide cross section of attorneys – each of whom has a different relationship with the judge. The CVS specialists report that they are inundated with requests for information from a lot of different parties just before a court date – the CASA, each parent, and the attorneys asking for medical updates and explanations when certain medical tests weren't done. If the CVS worker is not prompt in answering emails and phone calls, the parties will report to the court that CPS was uncooperative.
- The CVS specialists report they do occasionally escalate emergency placement situations all the way to State Office. They appreciate the help they receive in these challenging placement situations.

Process Assessment

- A large part of the CVS process involves going to court and responding to court orders. Yet the CVS specialists get very little training in legal language and no practical training on how to appear in court. The CVS supervisor generally attends the court proceedings to address this lack of experience in the courtroom.
- There does not appear to be any adjustment made to the CVS specialist's workload based on the specifics of the court orders. Some judges will order 8 hours of visitations over a three day period which means the CVS specialist must deprioritize other cases to transport the children and supervise these visits. There are some options, in some cases, to get help with transport and to contract out for supervised visits but the CVS workers report some issues with using the supervised visitation services. In some cases, the supervised visitation contractor does not have an office to conduct the visits, so the CVS worker must be present to use the CPS office location. The CVS specialists in Region 7 highlighted the Airport Commerce office as one of the more challenging locations for supervised visitation. It may take some families 3 hours by bus to get to this location. It is not always feasible for children with special needs to come by bus. In addition, there is a shortage of available meeting rooms. In some other cases, the CVS workers report the supervised visitation contractor has not been trained on what they can say to the parents and what documentation is relevant to include in the file. In other cases the supervised visitation contractor attempts to watch two children in two separate rooms at one time, which creates a safety issue. The court ordered visits are often a disruption from school for children who may already have an educational deficit from having been pulled from one school district to another.
- The CVS workers report other examples of court orders that require them to go well above and beyond their normal workday. One judge ordered the caseworker to help the kids go to three different churches on Sunday morning. Another judge ordered day care even when CPS funds for day care had run out for the year. Another judge ordered placement with the relative who was unprepared to take the children and couldn't afford to do so. The CVS workers report there are some weeks where they have 28 hours of supervised visitation plus all their other work.
- The CVS workers report the process of getting ready to go to court is a lengthy one that requires them to start three weeks before the court date. They have one week to obtain information from schools, physicians, therapists, etc. and put it into their report. They send the report to the supervisor for review. The supervisor makes corrections and requests revisions. The CVS worker makes the appropriate updates and returns the report to the supervisor for review. Once the supervisor approves the report, they get it notarized, make copies, send the copies to all legal parties, and deal with the feedback

from all the legal parties. Region 7 does not have court liaisons to help with the reports so the CVS workers do their own reports.

- Another area of concern the CVS specialists raised is the timing of home studies and placements. They submit a request to the Central Placement Unit mailbox for placement. This is a 26 page form with additional pages for teenagers. It typically takes 24-48 hours to get this request assigned to someone. A home study must be done and a review of several homes to determine the best placement is done. The request then is submitted to the Child Advocate. However, if a decision is not reached in 72 hours, the placement is released and there is a missed opportunity. In some cases, the caseworker must start over again with a new placement request. The caseworkers in Austin generally felt there is hyper-awareness of media attention and many agencies are not willing to accept teen placements for fear of suicide risk and potential liability.

Region 8

“We need to instill pride in ourselves in our agency – we don’t have that; people afraid to say where they work”

Investigation

Process Differences from Baseline

The Region 3 process map largely describes the process in Region 8 as well. There is a Region-wide routing/assignment system and Bexar County has a separate routing process. Unlike Region 3, Region 8 does not try several times to gain entry to the family house—go immediately to a “Motion to Investigate”. Some workers do not upload pictures until the end of the investigations—because it takes so long. No Blue Bags, just use garbage bags. The team reported that there is wide variation even within the Region about whether and when to request child care for emergency placements at a foster home. The court will give same-day decision on removal. There are some differences about drug tests—which are not normally done in San Antonio.

Hiring and Training

Root Causes: Why Training is a Problem

- Dictates from Austin/legislation as to what must be done, mandated...instead of working locally to establish what to focus on, and who to teach.

- Old style content and teaching methods – conflicts as to what is trained, how; Trainers have not been “upgraded.”
- Dictates come from their bosses, or trainer may also say what they prefer to happen.
- Teaching different ways, interpreting curriculum differently;
- Not selective enough when hire positions, trainers, not everyone is built to teach / not really teachers
- What makes good BSD Teacher
 - Experience within field they are teaching
 - Good interpersonal skills
 - How to impart what you know to others
- No train-the-trainer courses, go to classes on the curriculum, but not classes on how to teach; no certification in teaching
- BSD not weeding out bad workers, they just correct and graduate; grading on a checklist, not a real assessment. Workers have to demonstrate once on the job that they are not a good fit, must be severe to be noticed.
- They see you as a body that can start taking cases
- Training is not realistic, just book training. Role playing is with friend, but they are warned “don’t give them a hard time” – because it would scare people off.
- “System wants to keep bodies, that’s the problem”
- Need more training in field?
- New graduates need to get right into cases, instead of spending one month being bored
- Mentors/All Stars not getting support, extra pay,
- Training timeline skewed: When they go to their unit, they shouldn’t be worried about BSD classroom stuff, should be able to focus on real world/field stuff.
- Spend a lot of time learning how to do stuff not related to their specialty, for example, learn to write a removal affidavit, though not regularly needed.
- Training focused on Investigations, not CVS, FBSS
- Training should be more specialized, all need to know basics of investigation, “everyone has to be an investigator at some point”, spend too much time on some things (2 days on safety assessment), pick and choose sections that they focus on, instead of spending time on the whole process; don’t hit all the steps, don’t focus enough on Family Plan of Service – why (“how can I do a family plan of service, I don’t even know the resources I have yet”)
- Not showing them the steps of working a CVS case, don’t spend time on the steps leading up to and following the one step they focus on

- Focused on training tasks
- Written test at beginning and end of BSD < 70 to pass, written test at end of core, field test/mock interviews after specialty – toning it down because people not passing.
- Human factor part missing - no time spent on being a good social worker
 - Mentors not given the responsibility to give feedback, not reinforced by supervisor
 - It's hard to teach people skills
- Social science folks no longer applying for CPS jobs, have to take what we get
- Need to train mentors in people skills
- No recognition and reward/incentive for training people skills, because don't have time to go out with new workers on their cases to watch them and their people skills,
- We don't see it as worth it to invest in people, everyone expected to finish their own cases; help our own units, but don't go out of our way to help somebody else's unit.
- Used to be that a new worker can come in and just listen and learn all they need to know. Now no institutional knowledge, no one shares the info, we are so diversified, don't know what other people/units do because not a requirement to know that, mobility, - has to do with stability, if have stable unit with good supervisor, then that unit shares its knowledge; but if bring in new unit - have no institutional knowledge; new units don't necessarily work with old units; constant war between Inv and FBSS;

Potential Solutions Raised by Region

- Better training for support staff to support the workers, now different expectations of what they should do
- Cross training experienced workers
- Different programs know of different resources, need to share information on resources; create common ground between INV, FBSS; getting started with the hand off; sharing for the benefit of the families; vs. "Don't be reading my stuff"
- Often training only offered once, only 22 people get to go; people skills training rarely offered, core training offered more frequently; good training includes social skills (taught you skills in how to interview, how to talk to people appropriately, motivational interviewing (focus on positive to get person to work with you) dealing with angry parents, how we deal with it)
- Role playing in BSD has no emotional value – they aren't angry, threatening you, yelling at you, etc.
- Still get full case load during training;
- More practical online trainings

- “If you’re going to go through a PowerPoint and read it to me? Just e-mail it to me, I’m literate.” – no communication with trainer, just the content
- Some topics are easier to do online. But some class where I need to touch and feel, I need to be there in person
- Annual required trainings – same every year, just skip directly to questions
- Good online training – informing me of something I don’t know, is presented well, has an end goal in mind
- One of best training – webinar domestic violence to deal with perpetrators: useful content, could interact with it, type in questions, asking for responses, required focusing on it, some questions they couldn’t get to, if you stayed online they would answer questions after official training was over and share answers with everyone
- Training needed not just for workers, but also for admins; some trainings that workers go to that admins are left out of, but would be useful.
- Admins – self-taught, but they are very important; some admins don’t want to do the work and supervisors don’t hold accountable.
- Need to redefine the Admin/Case Worker Assistant (CWA) functions around mobile; some CWAs only do transport, some do IMPACT.
- Need incentive to be a mentor, needs to be advertised and what kind of people looking for; incentive is it helps you reduce your case load because you get help; but now, doesn’t matter what mentor teaches them if it’s not what their unit wants; fixes for lack of mentor program are only within each program area (BAM in Inv, All Stars in FBSS); mentoring that continues after BSD is informal, not in all units
- Need formal mentorship program
- Content: training needs feedback from new workers to inform training,
- No assessment of training effectiveness, bring back exit interviews, - just started, very new – use to improve content; supervisors getting asked something about new workers.
- What would be the right content? Field workers write content from grass roots? Would be more effective, get different ideas and what is effective; current curriculum written by people far removed from field, kind of backwards; need to combine skill sets of what is effective with skill-set of someone who knows how to write curriculum.
- Seniority not always the answer, but always part of the solution
- Absolutely not involve senior execs as trainers – they don’t need to be training. They can train their immediate subordinates, but not the workers

Supervisors

Problems

- Place person in leadership position before you train them how to be a leader, required supervisor BSD training not happening; no training in people skills,
 - Too little experience, don't understand the agency
 - Mobility – have not reinvented supervision around mobility, workers don't know how to work; the people who have to come in regularly are more functional for meetings, hearings, etc; but really not supposed to be here, only when called in by your supervisor; new workers start telecommuting 3 months after finish BSD; can't just grab student on the way out of office to help out on something, have to set up by e-mails;
 - People don't know/recognize each other
 - HR person is not at hand, they are at state office/HHSC - no support for worker
 - Availability, if one person out, who to contact, in at 8/out at 5, no on-call supervisors
 - Supervisors don't understand how important they are: They are key to making decision: can't make decision until they give the say so, but often can't get a hold of them; supervisor approval is practice (vs. policy), wait for PD to do staffing; - practice issue, not policy
 - Favoritism
 - Some people choose not to be supervisors: don't need that to be fulfilled, no flexibility, no OT, on call, hard to be in office 8 hours when accustomed to be out in the field; need right temperament; right reasons – need to want to help others be better.
 - Supervisor not trained – have an empty spot and unit is running, no one to manage it, need to get someone in it, they have to take over right away regardless whether or not they have the training
 - Some supervisors had history of being bad workers, so moved out of casework to supervisory role
 - Bad workers promoted
 - No follow-up to supervisors to do what PDs expect, expectation is that supervisors do their job, but no follow-up
 - If you're not causing trouble, you are under the radar
 - If something happens, if you screw up, even if you have it written down, leadership may not back you
-

Potential Solutions to Supervisors Raised by Region

- Reduce fear – through supportive supervisors
 - Supervisors need to be trained about the human factor
 - Discussed as a unit to solve problem – supportive supervisor
 - Equitable treatment, no favorites, gossiping in office
 - Not say “you’re just a worker” “let me put it in words you understand”
 - Supervisors need to know their workers, most don’t know workers’ family, used to be common
 - Supervisors don’t know how to deal with some of their workers
 - Be a little softer, especially see if worker is struggling; if continue to pile on work, they’ll quit
 - Need to be good listeners
 - Understand what is really going on with family, cases
 - We should want for the clients what we want for ourselves

Technology

Problems with Technology

- Hot spot doesn’t work, need to plug into DSL, but only one plug in shared office
- People think technology solves all the problems – it does not address the human factor issues
- Advanced IMPACT class too late, by then they’ve already figured it out – merging is critical to know, but not taught
- Hours at computer: 5 hours, all day for admin, more time doing paperwork/deskwork, whenever not in court or seeing kids
- Mobile workers can’t access documents in paper file if not in IMPACT: court orders, home studies, med, dent, birth certificate; old cases are uploaded but not organized
- 60-85% time spent as data entry vs. caseworkers
- How make it be 60%-80% time with families? Instead of documenting
- INV in and out, get what they need, document it – barriers to that:
- Still have lot of investigating to do, contacting collaterals, information gathered initially is important later on, have to look at it as though it may continue

How to Improve Technology

- Streamline – one uniform place to put and find all info; external documentation not being uploaded because it will crash the system; all there for old cases
- All the information is in IMPACT
- Everything searchable
- Organized in a way to find it

- Need to be user friendly for non-computer literate
- Caseworker captures original info, then IMPACT takes it from there: creating forms, affidavits – all info the same, nothing new; information needs to be constantly updated; IMPACT should be able to pull criminal history, tiers report, phone company data, DataBroker, HHS, Accurate, San Antonio PD, AGs office (child support, custody/protective orders),
- Know what policies apply
- Printers/scanners for investigators
- RightFax – allows you to fax an e-mail (Doctor’s offices want paper copy)
- Initial info from Investigations get uploaded from CD
- Enter risk factors – automatically give you resources
- Enter person in person’s list, grab info and create the family tree
- Computer make placement suggestions based on info input on for diff options
- SDM – can’t really do, capture info and do something with it, but decisions are a human thing
- Shot records
- SSN
- Birth records
- Food stamps
- Information entered only once, already in affidavit, don’t need another form, duplication; Common Application is prefilled with a lot of information; currently lots of duplication; do documentation, then need to fill out forms, need to be able to upload from tablets directly to IMPACT
- Increase Upload speed for pictures
- Audio/Video upload
- Travel time: routing trips – tells you most efficient route, but does not take into account scheduling or emergencies that come up.
- In stable full unit, divided cases geographically
- Very personal about our cases, don’t like anyone touching my cases, you have that bond with them, build rapport with kid, only in emergency would I ask a coworker to visit my case; “I spend time with my family, they deserve to have me “ ... in their conferences, can confuse the kids; my families know my co-workers are my back-up,
- Paperwork
- Let agency, state, feds share the same paperwork
- Write narrative for child, do it again for monthly summary, again for closing
- Ability to capture original information – let IMPACT or admin take from there
- Printing and uploading photos
- Enter court dates and IMPACT and put form in file
- IMPACT now: repetition, paper based
- IMPACT new:

If caseworkers can spend more time with family instead of doing paperwork/documentation, then less drama, issues, with family. “If I’m going to do that assessment for 3 kids, I’m not going to put this (laptop) in front me, I’m here to support the family and want to build rapport.” “What is most important, the paper or the people? I maintain it’s the paper/administrative stuff, not the people.” But also, “I have 52 kids; don’t have time to not document online during interviews”

Caseworker family life balance

- No cap on investigations except night unit. CVS worker right now has 52 mothers + children. Should be in 30s.
- Recovery worker: currently have 10. Liaison – is capped, but when I started, there were 60-80 on a work load. County funding often caps load.
- Other units get off rotation, case loads are low. Units that are constantly on rotation, 60-70 cases in a unit, expected to see them in evenings, etc, -> no time for your own family
- BSD workers capped and progressively increase work load. First month no cases, 5th week – 2 P2s per week, gradually increase to more cases and P1s and P2s.

Support/Fear

- Brutal treatment of workers if child death: ostracized, no computer access, ugly yelling at workers, uneven treatment – sometimes treatment is very good
- Get child death not be mark of Satan as far as media is concerned
- We care about the press because the State office/legislature cares about the press
- Hard to do your job when public has negative stereotype of you
- Media selective about what they tell
- CPS at its best supporting their workers:
- Text from supervisor – calling for am meeting: had child death, all workers were there to assist, instructed caseworker on how to work with family and accompanied her; meeting with family and siblings, supervisor helped arrange transport, bring in relatives to spend time with family and grieve; nothing pointed at caseworker, focus was on the family; rest of unit helped out with remaining caseload
- No conversation about case until had to do packet for review board, looked at file in IMPACT, nothing brought up in review board as to fault of caseworker or supervisor
- In other units – some parts of job put on hold, done by others in unit.
- Employee counseling, offer time off after funeral
- When fear is promoted: supervisor was not supportive, lost in own emotions, help was delegated to other supervisors, supervisor was inexperienced with emergencies; all about the supervisor not the family or the caseworker

- Aspects that promoted fear: accusations that I must have done something wrong and how come I didn't know; supervisor "response for public consumption, not for correction", even doctor said there was nothing CPS could have done
- If leave child in home and child dies, then CPS is responsible
- Stigma – if have a child death, you will lose your job
- Supervisor: "I don't want to have a child death on my workload" – urban legend that you will get fired, has happened
- Message should be: "We understand that unfortunately some children may die. If you're doing your job, and children die, you won't pay the price."
- Motivation to job: fearful to lose my job, not do good job
- Supportive supervisor
- "you are an admin and you are replaceable"

Mobility

Problems with Mobility

- Going Mobile has taken away the camaraderie
- Mobile system makes it harder for supervisors to know their workers, if worker is struggling and scared to say and you don't see them – how would you know?
- How get rid of fear that someone thrown under the bus?
 - Should be held accountable for what I did
 - But should not be accountable for systemic problem, for doing something I was told to do
 - Spell out what we are individually accountable for.

Mobile system makes it harder for supervisors to know their workers, if worker is struggling and scared to say and you don't see them – how would you know?

What works in mobility?

- Still limited, need every day accountable to somebody, not the case with CPS mobility
- Still have to have physical face-to-face daily, know your people
- 90% of time no one answers their phone, I may or may not return your e-mail, - do not yet have culture of mobility, some workers don't have voicemail on phones; expectations for meetings, conferences – haven't occurred; can never get hold of our supervisors; supervisors not available – need to be in office
- Why don't supervisors answer phone – don't want to deal with conflict; got 24 hours to return phone call or email, so it's not urgent.

- Mobility is a whole new lifestyle
- Change would take years to fix
- Communication works better face-to-face, e-mail, phone not as effective
- Preferred method of communication of supervisors: texting, e-mail, face-time, phone
- Different styles
- Tension between new and old
- Older supervisors not as comfortable with modern methods of communications
- Use of abbreviations and acronyms, then have to testify in court what it means
- Reading online seems to confuse people, miss stuff all the time – better for supervisor to read on paper
- Not generational thing, when supervisor kicks back documents that are not well written – is that a mean supervisor or good supervisor?

Region 10

Investigation

Process Differences from Baseline

The Investigation process discussed in Region 10 is not substantially different from the baseline process described from Region 3, however there are some differences. In Region 10, the screener initially assesses a referral to determine if the case should go forward or not, which can take more than 72 hours before the investigator receives the case.

Day investigators are given a TIERS report when they receive the case and look up the family history prior making contact with the family. The night units do not produce the TIERS report until after initial contact with the family (PCSP, Court Order, or if Safety Plan is implemented).

Region 10 investigators do a staffing (sometimes over the phone) prior to home visits and don't do drug tests at the same point in the process as Region 3, to the extent they do drug tests at all (Region 10 does not do drug tests for PCSP placements). Region 10 investigators will staff again before determining if a Safety Plan is needed or not.

The staff in Region 10 has developed a checklist that each investigator must complete before a case is transferred to FBSS. Region 10 also differs from Region 3 in that investigators do not get the CASA form signed until after the 14-day hearing and, once the 14-day hearing is scheduled, if the parent doesn't agree at pre-trial conference they have a date set for the hearing.

Process Observations

- The Region 10 investigators talked about the serious common characteristics found in the majority of their cases (serious injury, sexual abuse, gang activity, drug activity, etc.), but also said that they do not check with law enforcement if someone they are visiting is gang related before going to visit a home.
- The amount of involvement that supervisors have in each case varies significantly from supervisor to supervisor. One investigator indicated that there is ongoing staffing with their supervisor throughout the case (calls supervisor pretty much every step they take) even though this is a seasoned investigator. Another investigator said the level of involvement of the supervisor depends on each individual supervisor – “some are micromanagers and some are not.” The Region 10 investigators also mentioned that different supervisors will respond differently to the same facts of a case.

Assessment

Region 10 investigators currently do not have extremely high caseloads; relative to the number of cases investigators in other regions that we visited are experiencing (day investigator currently had 17 cases and night investigator currently had 16 cases). However, based on the dialogue that we had with the focus group in El Paso the cases in Region 10 may be, on average, a little more complex than cases in other regions due a number of factors (number children, gang activity, etc.).

The investigators in Region 10 echoed what we have heard in many of our regional visits about the complexity of paperwork making it difficult for them to do their job. One investigator summed it up by saying, “What most all of us don’t like about what we do is all of the paperwork. I love going to see the children, but the paperwork is too much.”

FBSS**Process Differences from Baseline**

In Region 10, the process to get a case to FBSS for services starts with an FBSS referral. When the FBSS specialist receives the referral they also receive the time that the case is going to be staffed. Region 10 differs from Region 3 in that the PD is not involved in this staffing and it is not the case that the FBSS supervisor is always involved in this staffing either.

Where Region 3 cases are transferred to a FBSS specialist by 5:00 PM the next business day, in Region 10 this transfer can take up to two week and, once the case is transferred, the children must be seen in five business days.

The Service Plan is done 21 days after the case is transferred in Region 10. Home studies are contracted out in this Region and, unlike Region 3, a Family Group Meeting is only done if there is an issue in the case (placement, another incident, reunification of the family or CPS is trying to ensure safety of the child). The final difference from the Region 3 baseline process map is that investigators in Region 10, not FBSS specialists, usually request daycare forms.

Process Observations

- The FBSS specialists in Region 10 noted that they involve legal staff in some of the staffings once they have determined the child is safe.
- The Region 10 FBSS staff also noted that the boxes on the Region 3 baseline map after the “Type of Case” diamond seem to be in reverse order.

Process Assessment

- The caseloads of the FBSS specialists we spoke with in Region 10 currently have average caseloads of about 11 cases.
- While the average caseload may be a little lower than other Regions that we have visited, the FBSS specialists are challenged by potentially more complex cases and a lack of providers to contract with for services. For this reason, the Region 10 CPS staff attempts to utilize the resources at Fort Bliss and in the community before doing 1054s.

CVS

Process Differences from Baseline

The first process difference from the Region 3 CVS process map is that Region 10 CVS specialists will make initial contact with the parents and contact collaterals for possible placement options at the 14-day hearing. In Region 10, the Permanency Request is automatically generated by attorneys following the Status Hearing.

The determination as to whether the child is Native American or not is done in the investigations phase in Region 10. The CVS specialists in Region 10 do not have to schedule a child visit because the investigator or FBSS specialist will do this the final week that they have the case and the Visitation Plan is usually in place with Status Hearing Report. The Child Plan is updated at five months (or three months if it is a higher level of services).

The box on the Region 3 baseline process map titled “Locate Services in the Community” is done with the Family Services Plan in Region 10. The box titled “File Child Service Plan, Family Plan, Visitation Plan and Medical Consenter” is done at the time of the Status Hearing and the first Permanency Conference is not done until the first Permanency Hearing.

Process Observations

- Monthly letters are sent to the last known address of parents that are missing by certified and standard mail. When asked why they send the letters both certified and standard mail the CVS staff said, “We don’t know; it’s a directive with our supervisor.”
- The CVS specialists will continue to do weekly-unannounced visits when children are returned home. The Region 10 CVS specialists will make these visits every week for the first two months and then cut back to twice a month. If these visits go well the CVS specialist will request to be dismissed after six months.

Process Assessment

- The caseloads for CVS specialists in Region 10 are averaging about 40 per specialist currently. The PMC unit tries to keep the caseloads for all workers equal.
- Forty percent to 50 percent of children are placed in homes outside of El Paso, which means more travel time (if they are in still within Region 10) or more paperwork if they are placed in another Region.

Process Findings from Regional Interviews

There were questions raised by both the staff at the focus group and in the interviews with Region 10 leadership as to whether Region 10 was too big and if it should be broken into two Regions.

Region 10 also has a Program Administrator for all stages of services. Even though it is very difficult for an individual to be a PA for all stages of service, it does appear to help break down some of the silos. “People need to understand that the front end of the case connects to the latter stages.”

Region 10 staff feel like they are sometimes forgotten by the State Office. Little things, such as setting up a conference call for 1:00 (Central Time), which is 12:00 (Mountain Time) and during the workers’ lunch break.

Region 10 has a Special Investigative Unit designated to oversee cases involving the families of U.S. Army soldiers at Fort Bliss. The CPS unit coordinates with the U.S. Army Family Advocacy Program at Fort Bliss through a Memorandum of Understanding that is in place, which is periodically updated. These units have to coordinate on an average of 12 new cases each week; however, they received 300 new cases in the first three months of 2014.

The two units rely on each other because, once an incident occurs, the Army cannot force a soldier’s family into treatment and CPS cannot force the soldier into treatment. Each unit tries to

involve the other unit when a new case comes in as soon as possible so they can coordinate to the greatest extent possible. The Army offers services (parenting, domestic violence, women's support group, anger management, counseling, prevention education, etc.) to the soldiers and their families that CPS utilizes to the greatest extent possible, due to in part to the lack of providers located in Region 10.

Both Region 10 and the Army seem very pleased with the productive relationship that has been established at Fort Bliss and believe that it is assisting many soldiers and their families in a productive manner.

Region 11

Investigation

Process Differences from Baseline

The Investigation process discussed in Region 11 is not substantially different from the baseline process described from Region 3, however there are some differences. For example, Region 11 law enforcement, which is housed in the same office building as CPS, is notified whenever an investigator goes to make a home visit. If a known gang member is involved in the case, law enforcement will require that an officer accompany the investigator on the visit.

The investigator will also document in Outlook the type of visit (home visit, school visit, CAC) prior to going out into the field. Region 11 will also do the PCSP and criminal background checks while they are still in the home with the family. If the investigator's laptop cannot get connectivity, the investigator will call the office and have an administrative assistant help them complete one over the phone.

Finally, when referring a case to FBSS in Region 11 differs in that the FBSS supervisor must approve within 24 hours (once Safety Plan and Risk Assessment are complete). If the case goes to Intensive Family Planning (IFP), the supervisor will just route the case to the appropriate staff and designate as "moderate" or "intensive."

Process Observations

The Investigators talked about how their supervisors will try to make the distribution of cases/caseloads as even as possible. Prior to the initial staffing of the case an administrative assistant will perform the TIERS check, put together a folder, look at the caseloads of workers (including the complexity of the cases each worker currently has, as well as the number of cases) and advise the supervisor on how to assign the case. One investigator indicated that this was not

the way it was done when she worked in another region when cases were distributed on a “next person got it no matter what” basis. This investigator believes taking into account the complexity of the cases more accurately reflects the workload of the investigator. The staff members in the focus group, as well as the supervisors and directors that we interviewed, believe that the teamwork in Region 11 is very good.

The investigators and support staff shared frustration that all of the forms are not stored in IMPACT and that some forms vary from region to region (ex. Courtesy Request Forms). The investigators also expressed frustration at the amount of time they spend entering the same information into IMPACT. They believe “there should be a way that the basic information about a case can be transferred from one screen to another” without the investigator having to re-enter the same information each time.

The investigators also indicated that it takes “hours” to put the case binder together before case is transferred to FBSS, even though the binder is generally only used if the court needs to see records at some point in the future. This also seems to be a burden on the administrative staff in getting the boxes to storage because they can only send 10 boxes at a time (cases often have 30 boxes). The staff we spoke with does not believe this extra work is as critical as spending more time with the family, which would provide better outcomes.

Assessment

Region 11 investigators currently have extremely high caseloads due a number of factors. In 2012, the decision was made to shut down one unit and simultaneously only 10 of 20 potential new hires made it through Basic Skills Development (BSD) training. Along with these two factors a high number of investigators left CPS to become teachers. The investigators that we spoke with have seen their caseloads rise from 15-20 cases to a peak of 85. The caseloads are now down to around 50 (due to the agency allowing unlimited overtime, comp time and hiring investigators that left to teach back as part-time workers), and the investigators are hopeful that the caseload will be “back to normal” (25-30 cases) by June. This is impacting performance as one seasoned investigator said she “only close(s) cases within 30 days about 75 percent of the time.”

Investigators in Region 11 also expressed concern that an investigator never truly has a day off of work. The investigators we spoke to say they cannot go on vacation without supervisors calling and telling them that they need to do something. As one investigator said, “It should be when you are out for a couple of days someone else is appointed to handle your cases. Our unit, we’re on call 24/7. If you leave town you have to have someone covering for you, but often there is no backup.”

Finally, the investigators in Region 11 are concerned that the screening process when cases are first sent to CPS is not effective. While “administrative closures are allowed, they are not done enough.” One investigator said, “We spend so much time investigating cases that are not abuse and neglect.” These cases predominantly involve child custody and support disputes between parents. Another investigator said, “Parents can make up a lie, and everyone knows it’s a lie, and nothing ever happens to them.” This encourages more false reports in the future. The main source of bad referrals is from schools. One investigator explained, “Poverty is not abuse. Some people outside of this building think poverty is a crime. Teachers know how to manipulate the cases to make sure CPS investigates.” These extra cases only increase the workload of the investigators and decrease the amount of time that is spent on the cases where there is a legitimate abuse and neglect issue.

FBSS

Process Differences from Baseline

In Region 11, the process to get a case to FBSS for services starts with an FBSS referral, which can come from the court, CVS, Investigations, other Regions or from inside FBSS. The Risk Assessment is received by an administrative assistant, who forwards the form to an FBSS supervisor, who then assigns the case to an FBSS specialist. The supervisor makes the case assignments on a rotation basis, however the strengths of the FBSS specialists are taken into consideration (for example, Region 11 has a designated Drug Court worker). If an FBSS specialist doesn’t speak Spanish, but then gets assigned a Spanish-speaking case, they go to the supervisor and it is reassigned.

In Region 11 the case is transferred as soon as possible – sometimes it is the next day, other times it is the next week. If the case is a regular case it must be transferred within 7 days, a moderate case must be transferred in 72 hours and an intense case must be transferred within 24 hours.

Before the FBSS specialist visits the family, the determination as to what services the family will be offered is made at the staffing meeting with the investigator, FBSS supervisor and FBSS specialist. In Region 11, the investigator typically coordinates the meeting to set up the case with the family and the FBSS worker.

FBSS has 10 calendar days to conduct an assessment and, based upon the seriousness of neglect, the case will be “labeled regular,” “moderate” or “intense.” The Family Plan of Service (FPS) must be completed within 20 days for a “regular” case and within 10 days for a “moderate” case.

When the FBSS specialist does the FPS they also generate all 2054 forms requesting services. Daycare forms are also completed at this point.

During the period of time the case remains open for services, the FBSS specialist will continue “Contacting Collaterals” and “Visiting the Family” on an ongoing basis in Region 11. The frequency of the family visits that the FBSS specialist will make depends on the case type (regular, moderate and intense).

The FBSS specialist in Region 11 will continue to have monthly meetings with their supervisor throughout the case and continue to update contacts, plans of service, safety plans, case notes throughout the case. Additionally, criminal background checks are run every three months.

In Region 11, home studies are required if the case is non-emergent or removal. Home studies are contracted out. The FBSS specialist will do a referral form for the contractor to do a home study, which is sent to the FBSS supervisor (hard copy and electronic copy) for approval. If referral is approved by the FBSS supervisor, the Program Director must sign off as well. If the supervisor does not approve, they must sign the form and it goes no further.

Process Observations

The process includes a number of steps to enable investigations and FBSS to manage the handoff between the two groups and to explain the transition of CPS workers to the family. The staff we spoke with (investigations, FBSS and CVS) all feel that the families have too many contacts at the agency. “Why do so many workers from the agency have to visit the same people every month? FAD, kinship, CVS, investigations, CASA, ad litem, therapists, etc. all have to do home visits and all have to do reports on the same things.”

None of the forms are written in Spanish, which presents an issue in Region 11 where there is a heavy Spanish-speaking population. When forms are written in Spanish “it uses ‘high-level’ language that the clients can’t understand.”

Some of the FBSS supervisors in Region 11 have access to all cases, while others only have access to their unit. The staff that we spoke with says it would be more helpful if more supervisors had access to more cases.

Process Assessment

Language is a major barrier in a creating relationship with the family that motivates them to take advantage of available services. There is a translation service available but it slows the communication process dramatically. The families are less likely to call their FBSS specialist when they don’t speak their language. Sometimes administrative assistants and human services

technicians are bi-lingual and help out, but they don't get paid for that work. New workers get extra pay for bi-lingual skills but existing workers don't qualify if they take the test and demonstrate language proficiency.

The large size of Region 11 requires significant travel time on the part of the investigator and FBSS specialist. If travel is over 50 miles, the investigator or FBSS specialist is required to get a rental car. "Two years ago a staff member was fired for not getting a rental car when they should have gotten one." CPS staff also gets in trouble if they don't get the appropriate sized car. "Even if they get a free upgrade, they have to explain."

Also due to the large size of Region 11, CPS staff we spoke to mention the money that they have to put up for expenses ("one trip can cost \$500") while waiting for reimbursements is a "huge problem for caseworkers." "Workers are taking out payday loans to be able to pay for expenses and some workers ultimately quit for this reason."

The antiquated nature of IMPACT seems to prevent families from receiving services as quickly as they should when cases are transferred from phase to another. "IMPACT does not allow us to communicate with our own department sections (investigations, FBSS, CVS, etc.). A lot of time goes by and families are just waiting. IMPACT requires deleting/closing open 2054s at one stage of service before case can be transferred to another stage of service."

CVS

Process Differences from Baseline

There are many similarities in the overall conservatorship process between Region 3 and Region 11. Like other Regions, many of the variances from the Region 3 process stems from specific requirements made by the courts in Region 11, with the timing of most actions being tied to the next court appearance.

Region 11 CVS specialists said they meet with family at the 14-day hearing (introduce self and give business card) and, oftentimes, will have them come back to the office to address any issues that they would like to address. Region 11 doesn't do a permanency conference like Region 3 mapped. In order to arrange a parent visit the CVS specialist must contact child placement to try to arrange dates and times, as well as complete a 2054 referral form that is sent to an administrative assistant who enters into IMPACT and sends to contractor to do a visit. During this period of time the CVS specialist, CWA, parent, foster parent, and contractor are all coordinating to meet.

Prior to making contact with the children the CVS specialist has to contact the caregiver with whom the children are placed. During these contacts the CVS specialist is trying to get as much information as possible for the child's Plan of Service. Once a home study is approved the CVS specialist has a staffing with their supervisor and PD. If the supervisor and PD approve, court approval is sought.

If there is a placement option out of state, the CVS specialist must complete an ICPC request. If the child is being moved, the CVS must contact current caregivers and new caregivers to arrange the date and time to move the child, current school (to get the records from the school), new school (to give new school records), CASA, ad litem and PD. The CVS specialist must also do placement paperwork and change all of the information in IMPACT, which can take half of a day to complete. Once placement is complete the CVS specialist must enter narrative into IMPACT within 5 days and get to their supervisor. If the information is not entered into IMPACT the State will keep sending money to the previous caregiver.

In Region 11, the CVS specialist then files the Notification of Placement Change, Medical Consenter and School Change forms with the court. Region 11 does random drug tests throughout the case. Region 11 CVS does not have permanency conferences and does not request a Family Group Conference unless it is at renewal or there is a placement disruption. Region 11 CVS will staff cases prior to updating Child Plans. At this staffing the CVS specialist will get permission to switch courses if it looks like the case may be heading toward termination.

The CVS specialist fills out a Circle of Support form and the FGC facilitates the Circle of Support meeting with the education specialist, CASA, attorney, CVS specialist and disabilities specialist. If reunification, the worker will send letters, end placement in IMPACT, open up new stage of service FRE (Family Reunification) and update the Child Family Plan to say that child went home. The letter to parents explains in very simple terms (bullets) what they need to do.

In Region 11 the cases won't necessarily go to the PMC Unit, but will be sent to Adoption instead. If there is money available in the budget a 2054 for will be completed to have a Health, Education, Social, Genetic History (HESGH) completed by a contractor. If no funding is available, the CVS specialist must complete the HESGH (which takes a long time) within 45 days of termination, as well as complete the Adoption Readiness Form. Once Adoption Readiness Form is sent (and its accepted), staffing with the Adoption Supervisor, receiving adoption worker, CVS worker, CASA, ad litem, CVS supervisor is scheduled.

Process Observations

Process for placing children out of state can take three to six months. Process of placing children in other regions in the state can also be burdensome, with each region requiring different

information on the request forms. For example, a Kinship Referral for services goes to Kinship Unit (form, affidavit, home study, Kinship Caregiver Agreement, Kinship Information Sheet). Other Regions require more information and will send back request and make the CVS Specialist resend all of the information again.

The Court in Region 11 has a long list of Standing Orders that CPS must follow, including one that prohibits CPS from talking to children without going through the child's attorney (with the ad litem being the only exception). The court in Region 11 has also, at times, court ordered CPS staff to learn sign language and clean a client's house.

Throughout the process there are letters that are sent to interested parties notifying them of court dates, etc., however, no common letters are automatically generated by IMPACT.

Forms are not saved in IMPACT so the CVS staff saves forms on their H-drives (which they cannot access in the field). The only way the CVS staff can share forms is to save them to their H-drive and email them to each other.

Process Assessment

The Region 11 staff that we spoke with indicates that the community services in the area are lacking ("There are only three community services that are used by CPS in Region 11.").

Region 11 CVS staff reported that coordinating with foster parents to do monthly child visits is more challenging than it needs to be because CVS does not have access to TIERS. This leads to frustration among the staff "because we are all State agencies, but can't work better together." For example, having access to updated addresses that child support has access to would "make our jobs a lot easier."

The licensing process is much easier for a non-relative to be a foster parent or adopt a child than it is kinship foster connections. The relative has much more paperwork and process to complete.

Process Findings from Regional Interviews

There were questions raised by both the staff at the focus group and in the interviews with Region 11 leadership as to whether Region 11 was too big and if it should be broken into two regions.

APPENDIX D: CPS TECHNICAL INFRASTRUCTURE

High level inventory of CPS technical infrastructure

This analysis is not intended to be an exhaustive analysis of the present Texas CPS technical infrastructure and systems, since that work has been ably performed in previous documents for the state. The analysis of information management is meant to dovetail with TSG's focus, as described in this section's preface.

Network, Data, & Hardware

IMPACT is by far the most important computer application in use at CPS, due to the broad reach of its functionality across the stages of the child welfare process. It houses essential information and stores it in a secure environment to deliver the required functionality to thousands of users.

The IMPACT app is accessible inside the state's network and from the outside, by means of a web browser user interface. A high level view of the IMPACT's application's network layout appears below, characterized as a "general layout of the server configuration," with the access to the app shown on the left for both external and internal users. The "DMZ" (De-Militarized Zone) is shown by a blue box and flanked by two firewalls, indicating the area between the external Internet (shown in yellow) and the protected internal State network (in green). Finally, on the right side of the drawing, the double-headed red arrow shows the databases where information is stored. The State network houses a number of applications besides IMPACT and is described in the text of the Assessment.¹²⁷

The high-level design of the IMPACT utilizes components¹²⁸ to function, as opposed to a monolithic system such as older mainframe apps which makes it harder to do enhancements. The component approach makes it more feasible to upgrade an application, avoiding a "rip and replace" approach to improving a system. The IMPACT Modernization takes this iterative upgrade route and will thus enhance selected areas of the application over the next several years.

The State provided the following concise summary of the hardware utilized by IMPACT.¹²⁹

The IMPACT production database system is an Oracle database running on an HP series RX i2800 UNIX server. The IMPACT database processes information from statewide

¹²⁷ DFPS IMPACT Modernization Business Case, 8/26/2013, p. 16.

¹²⁸ Some examples of components are the Rules Engine with its attendant database and a Business Process Management (BPM) and its database.

¹²⁹ Filename "IMPACT Infrastructure DCS.doc", undated, p. 5.

intake and generates case listings for investigators located in the field offices across the state. The database provides data for State and federal reporting requirements for protective services. Another HP series RX i2800 UNIX server provides IMPACT fail-over capability along with IMPACT's training database. DFPS also operates two Oracle Databases running on HP RX i2800 series UNIX servers to assist in the compilation of data and reporting statistics.

Windows 2008R2 servers provide network logon validation and file/print services. The majority of clients are directly attached to local servers via Ethernet with server connectivity to IMPACT via the wide area network (WAN) at T-1 speeds. Microsoft Exchange and Outlook Mail provide DFPS with basic mail and group scheduling services. All workstations, which access the IMPACT application, are configured with the Windows XP operating system [and higher versions]. The IMPACT workstations are Pentium class devices [and higher].

DFPS subcontracts the operation of its local area networks (LANs) and desktop computer support to an outsourced vendor. To provide access to the DFPS network for our mobile users and teleworkers DFPS utilizes third party vendor mobile air cards connecting via Virtual Private Network (VPN) service directly into the DFPS network.

Additional summarized inventory information is available in the document filename "IMPACT Infrastructure DCS.doc." The document contains high-level information on the data center configuration, IMPACT's logical architecture organized in tiers, the specific software now utilized in IMPACT, information on the data center where IMPACT is hosted, server specifications, development environment details, information on IMPACT testing, and a listing of the various environments required to maintain IMPACT (e.g., Production, Testing, QA Testing, and Development).

Please see Appendix F for information on the computers utilized by field workers and the software configured for the computers.

Software

The IMPACT application is described as follows. Of special note is the fact that the IMPACT app not only serves as CPS's SACWIS app, but also addresses APS adult protective services and CCL licensing business needs.¹³⁰

¹³⁰ Filename "IMPACT Infrastructure DCS.doc", undated, p. 1.

IMPACT (Information Management Protecting Adults and Children in Texas) is a web-based Statewide Automated Child Welfare Information System (SACWIS). In August 31, 2003, it replaced DFPS's client server application CAPS (Child and Adult Protective System) which had been in service since 1996. IMPACT allows staff to record and process all case-related information beginning at intake and ending at case closure. It is available statewide 24 hours a day, seven days a week and supports all aspects of CPS (Child Protective Services) casework from intake to post-adoption services. The accessibility of all case-related information enables increased maintenance and monitoring of CPS cases. IMPACT also supports Adult Protective Services and Residential Child Care Licensing casework.

The IMPACT application has over 6 million lines of code that implements approximately 200 web pages, 110 reports, and 140 forms. The application also has approximately 85 batch modules coded in MicroFocus COBOL and PLSQL. These modules send data to and receive data from other DFPS applications and applications in other agencies. The database is currently 800 Gigabytes. It grows at approximately 4 to 5 Gigabytes per month. In addition, IMPACT has approximately 1.5 Terabytes of case related digital images. The digital images increase at a rate of 60GB per month.

As of August 31, 2003, DFPS was the first statewide implementation in the United States of a fully enabled, browser-based SACWIS application.

Assessment

Personal observations of the IMPACT and its documentation offers proof of a substantial software application with wide-ranging features.

The network performance appears to be reliable and sufficient for most workers to perform their jobs while in the CPS office. Approximately 40% of the CPS office locations throughout the state have dedicated T1 lines. In the other locations, the case workers report some periods of slow performance at peak times of the day or times of the month when large numbers of users are on the network. The case workers also work remotely, via Wi-Fi. The quality and speed of the Wi-Fi connections vary significantly throughout the state with more rural areas reporting certain locations of "dead zones." As anyone who has driven across the state knows, there are certain areas where cell phone service is spotty and these correlate with the pockets of poor Wi-Fi connectivity.

Strategic Technology Plan

Description

We have not found an overall Strategic Technology Plan for DFPS or CPS. There are several documents we examined that outline the business case and the approach for IMPACT Modernization which include a long-term direction for this application. For purposes of a long-term business plan, the “Texas Health and Human Services Strategic Plan 2011-2015” was utilized in the analysis.

Assessment of Alignment with the Current Strategic (Business) Plan

The following passages from the HHSC Strategic Plan referenced IMPACT. The first section deals with “4.B Describe agency strategies to develop and deploy applications more efficiently (i.e., through Cloud Computing, Software as a Service, Application Toolkits, Legacy System Modernization.)”

“Mobile Caseworker gives caseworkers instant access to all tools and information available on the LAN using tablet computers. This portability allows caseworkers to carry the computer with them into homes, schools, and businesses. IMPACT, CLASS, and CLASSMate are examples of developing and improving applications for field use. These applications are beginning to use Internet interfaces to allow not only caseworkers but also the clients of DFPS access to tools and information.”¹³¹

“Texas Attorney General (AG): IMPACT receives reports of court ordered child support for children in foster care.”¹³²

“Texas Youth Commission (TYC): IMPACT sends and receives data to TYC to recoup IV-E eligibility federal money for TYC.”¹³³

“Texas Juvenile Probation Commission (JPC): IMPACT sends and receives data to JPC to recoup IV-E eligibility federal money for JPC.”¹³⁴

“Third Party Reviewer Interface: IMPACT sends and receives information from Youth for Tomorrow regarding children in foster care whose level of care needs to be established or reviewed.”¹³⁵

¹³¹ HHSC 2011-2015 Strategic Plan, Vol. 1, p. 218.

¹³² HHSC 2011-2015 Strategic Plan, Vol. 1, p. 222.

¹³³ HHSC 2011-2015 Strategic Plan, Vol. 1, p. 222.

¹³⁴ HHSC 2011-2015 Strategic Plan, Vol. 1, p. 223.

¹³⁵ HHSC 2011-2015 Strategic Plan, Vol. 1, p. 223.

The HHSC Strategic Plan also lists high level benefits and benchmarking that addressing “IMPACT Operational Enhancements.”¹³⁶

- **Anticipated Benefit:** This project involves continued enhancements of the web-enabled Information Management Protecting Adults and Children in Texas (IMPACT) system. These enhancements are necessary to respond to federal requirements and the legislative mandates to improve system usability and to continue effectively supporting service delivery.
- **Innovation Best Practice Benchmarking:** DFPS continues to move toward more Internet based applications, including the ability for the public to submit childcare application forms and the ability for them to check online the progress of that application.

Both Strategic Plan high level sections are aligned with the operations and development efforts of DFPS and CPS. DFPS and CPS are deriving the benefits envisioned in the Strategic Plan, including the benefits that stand to be gained from the upcoming Modernization work.

¹³⁶ HHSC 2011-2015 Strategic Plan, Vol. 1, p. 232.

APPENDIX E: TECHNOLOGY SURVEY FEEDBACK

Technology Survey Feedback from Regions 2, 6, 8, 10 and 11 is shown in Table 53.

Table 53 - Technology Survey Feedback

Functionality	Field Feedback from Regions 2, 6, 8, and 11
1a. Tablet likes	<ul style="list-style-type: none"> • Ability to work outside of the office • It's convenient to be able to work anywhere, anytime • I can work from home • Convenient, easy to use, transportable, Wi-Fi accessible, reliable • Mobility • Portable • It works • Useful at times, lightweight, easy access, quick to get results, keyboard and mouse for when in office, allows mobility, helps with documentation, helpful when transporting a client and need a 2054 • PD Admin – has desktop, supposed to get GoToMyPC to have access at all times, but it doesn't always work • Technology is up-to-date • Windows journal • Easier and mobile • Everything; very convenient to have on hand for information I need to look up or input • Can work from home or document a visit • Being able to work at other locations, not only at office • Sign forms on it, make any form a writable form, Wi-Fi, audio recorder • Length of time to boot up and all updating needed • It is mobile and the ability to document from various locations. • That I can take it home with me • I like the programs that are given to us and that we can record. We are able to connect to internet. • (crossed out laptop to say tablet) – It's lightweight and fair size screen. • Weight and able to access apps a little quicker • Can work from home and the mobility • That its mobile
1b. Tablet dislikes	<ul style="list-style-type: none"> • When it runs slow or has problems • When it's on the blink, no one really knows what to do. Have to search for an answer. • A little bulky and I would prefer a Tablet PC again but it's still better than a desktop • No need for the tablet function. Would rather have a build in DVD burner. • Upgrade process – was not told audacity changed • Keyboard and screen are too small • Crashes, slow if not on broadband, difficult to sign onto certain tasks, BSD trainers want you to use all tablet's instruments – distracting at visits, hot spot not always connected, no

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<p>CD player, can only connect to a CPS printer, slow connectivity</p> <ul style="list-style-type: none"> • Keeping it secure • Not having access to basic programs • The screen is too small when using in the office. The laptop does not allow viewing of police interviews. • The laptop is too heavy to carry around everywhere. • Battery life • Loading process may be a little slow • The requirement to take notes when interviewing the child and parents • Not able to view certain CDs • I prefer a desktop • Small screen • The Handwriting to Text software could be better • Signatures to documents in journal cannot be legally used • Battery life • Have to take it with me everywhere I go, can't leave it in the office. Have a laptop, not a tablet • Problems connecting through hotspot • Battery life • Accessibility to things I may need
1c. Laptop battery life	<ul style="list-style-type: none"> • A full day of work – typically 6.5 hours of life • Minimum • 2-4 hours • No issues • 5 hours • Adequate for my role in FGDM • Great if charged correctly, n/a - have car charger, no problems, 3-4 hrs. on regular battery/addl. 2-3 hours on extended battery, 2 hours if fully charged • Maximum life, never experienced any issues • Usually half a day • I believe it's 4 ½ hours • Good • 4-5 hours • Average • 3 hours max • Without charges 3-4 hours of documenting or service plan creation • 1 hour average minimum if fully charged. 2-3 hours maximum • One hour without external battery. Three or four hours with external. • Anywhere from 2 – 3 hours • Depends 1 ½ hours depending on how many apps are open • Max 4 hours, but if using all features much less.
2a. iPhone	<ul style="list-style-type: none"> • Calendar and email. Love being able to check my calendar without logging into my

Functionality	Field Feedback from Regions 2, 6, 8, and 11
apps used	<p>computer or constantly updating a paper calendar</p> <ul style="list-style-type: none"> • Maps, scan to PDF • None currently • Phone, email, texting, camera, things to do • Google maps, calendar, mail, secure ID • Email (Outlook), maps (love those) • Email, maps • Email, text messages, maps • e-mail, text, call (no access to great apps), Scan-T, google maps/addresses, scan to pdf, safari, voice menus, RSA, security to get token to connect to network, camera • Admins do not have access to Outlook because not issued iPhone. Would be helpful to have access to e-mail and calendar, though don't need phone • Google Maps, Bing search • Maps and e-mail • Maps, Gas-buddy, mail • Maps, Bing, internet, google search • Pdf scanner • Hotspot, email, texting • Outlook, maps, calendar • Email, text and google maps • Maps • Maps, scan documents • Google maps • Email, calendar • Maps, google, email, photo camera • Google maps • Email
2b. iPhone likes/ dislikes	<ul style="list-style-type: none"> • <u>Likes:</u> • Apps, able to communicate better with clients • Like that it helps track appointments • Like being able to remotely connect with a secure connection • Admins do not have access to Outlook because not issued iPhone. Would be helpful to have access to e-mail and calendar, though don't need phone • Google Maps, Bing search • Maps and e-mail • Maps, Gas-buddy, mail • Maps, Bing, internet, google search • Pdf scanner • Hotspot, email, texting • Outlook, maps, calendar • I like that google maps is accurate 99% of the time.

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> ● <u>Dislikes:</u> ● Google maps does not talk to you like Siri in iPhone 5 ● scan-T to PD does not work well ● sometimes google map addresses incorrect ● Cell phone often has to be refreshed by IT dept. ● Email can be difficult to read, attachments too small to be useful ● Not enough useful apps ● Signal ● As for an email, not being able to see personal folders from desktop ● I don't like that the voice doesn't pronounce street names correctly. ● Easy read, but not able to access full calendar with my program ● The iPhone is too small for me so I prefer to use my personal phone.
<p>2c. Additional things would like to do on iPhone</p>	<ul style="list-style-type: none"> ● Camera, checking email ● Basic IMPACT data ● Check jail website ● Yes, but I don't know how to do other things ● Spanish/English translator ● Facebook ● I use my personal smart phone for other apps ● Facebook to check on bad parents ● Access to IMPACT to quick info like addresses or case numbers ● Scout for maps ● It would be nice to document on the road and e-mail to yourself ● Scanning ● Connect to home printer ● Have documents loaded on phone and accessible for printing ● Random Moment Time Studies – to be able to access them and have workers complete them ● Ability to upload from phone to IMPACT without having to connect them ● Dragon App would be very useful ● Fine the way it is ● Fax from iPhone ● Have access to IMPACT ● Verbal documenting and download to laptop for IMPACT ● I would like to be able to enter address in maps and have it track my mileage, so I wouldn't have to do a separate expense report. ● We need more apps to help do more access when in the field or having to think on your feet ● Skype. I have children placed in other regions that Skype with their parents. I have to use my own personal device.

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> • Track mileage • IMPACT app; EMS app; sync; smile app; some games to have children play while need to talk to the parents in the field
<p>3a. IMPACT data - duplication across forms?</p>	<ul style="list-style-type: none"> • PPM window has much tedious info (where meeting was held, date, time...) that has to be entered for each child every time FGC or PC is held. Why not somehow copy to all sub stages? • Yes, permanency is in 3 different places – child plan, court report, and monthly summary • Yes, forms for everything • Criminal history, allegation window, investigation conclusion, contact w/ investigations conclusion summary • Yes, the same information must be entered multiple times – safety, risk, allegations, contact narrative • Not in my specialty, but I realize there is in the caseworker specialties • Yes, name, IMPACT person ID # must be copied and posted to multiple forms • Yes: • Family personal information • Demographic info • Addresses • Phone numbers • Social security • Info about child • Same forms for kids, need to go paperless, sign on tablet • Safety plans • Date of Birth • Lots of paperwork is also duplicated in IMPACT • Narratives, medical and dentals, contacts, several forms can be prefilled with that info • Many of the sign-in requirements for some of the specialized services provided will require 2 or 3 sign-in sheets • Much of the information requested in some documents request the same information at least twice within the document (Permanency Conference notes, for example) • Yes; once the data is already in IMPACT, is should be able to populate any form being used • Family information, contacts, placement forms • Yes, repetitive information on family service evaluations/narratives • Yes, information can pre-fill from IMPACT if forms were located in IMPACT • Data on safety assessment, risk assessment and investigations is usually duplicated • Yes; removal paperwork, we do a PCSP & safety form when we do voluntary placements • Yes; person information, documentation done same things several places and times • Yes – placement paperwork, summaries, contacts, and /or any other narrative, background checks. • Information in a child plan of service, court reports, monthly summaries and FTF contacts • Yes, every form ask for a PID, name and SSN – things that are already in IMPACT Child safety is documented in our visits and interviews but we still have to complete a safety

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<p>assessment.</p> <ul style="list-style-type: none"> • Identifying information (name, DOB, SS#, address, phone #, race, ethnicity) • Yes, everything on IMPACT is duplicated from each stage of service; SMILE & IMPACT are not linked; uploading time consuming; safety plan/risk assessment; closing summary; contacts in IMPACT answer all the same questions • Several forms must be filled out in different stages of service that have the same information (and all this information is already in IMPACT). A pre-filled out form should be considered. • FBSS referral form and risk assessment form also the assessment form done by the FBSS worker.
<p>3b. IMPACT data entering process, duplication across steps</p>	<ul style="list-style-type: none"> • Between contact info and name fields of Risk Assessment. I presume between a workers contacts and monthly reports and summaries. • Risk Assessment, safety assessment, investigations conc/allegations/contact narrative • Narrative documentation, safety assessment, risk assessment, investigation conclusion page, allegation detail page • Referral to any FBSS, CVS; information gathered • Would be great if court/legal docs could be uploaded into IMPACT and then attach as needed • IMPACT to stay online and info at caseworkers fingertips, paper files are lost forever after investigation closed • Turn on computer – connect to internet – connect to RSA – enter token – open office – wait to update – open IMPACT – enter password – go to case – click on tab (is this what you’re asking?) • Closing summary • Monthly summaries, FTF contacts, collateral contacts and all duplicated. If documentation was accurate, no monthly summary would be needed. • The allegations tab lists the decision that was made in the case. We then have to put risk factors and how risks were controlled in the risk assessment and then in the final pack for closure. You have to list again the summary of dispositions in case and how you were able to close the case and the reason it is/isn’t going to services. • The forms not the same across region; FBSS expect investigation to complete tasks.
<p>3c. IMPACT safety/ risk assessment vs decision making factors</p>	<ul style="list-style-type: none"> • All risk/safety determined before completing the risk assessment • The risk assessment determine the factors after the short term safety is in effect • The risk assessment is only a summary of decision made • No one really uses the safety/risk assessment to do casework, just a form to complete for no reason • This info is useful to prepare for cases and meetings • Very subjective; safety assessment very Yes/No, outcome already decided with supervisor when completing SA; risk assessment subjective – all icons • CVS would like this easily accessed in the FSU stage instead of having to go into the Inv stage • Risk assessment asks a lot of duplicate info like criminal, CPS history. This should carry over from previous case since it’s always a risk when it’s marked yes on any case and we should

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<p>be able to modify the answers with current documentation</p> <ul style="list-style-type: none"> • The decision making factors are always listed in the safety plan and risk assessment but all of this information is listed in the documentation in case. • Same questions on both; case summary same as risk assessment; section on risk we don't use.
4a. Slowness with IMPACT?	<ul style="list-style-type: none"> • The upstairs offices/cubicles in the Brownwood office are horrible! • Sometimes • When connected to DFPS Wi-Fi • Yes, changing from one window to another; afternoons • No, better now • Not very often. A reboot seems to correct it when it occurs. • Yes, slow with uploading pictures, saving narratives • Yes – batch processes run at night, Caseworker works at night so unable to get work done during batch processing; initial CPOS and FPOS will often fail to save; • Yes – IMPACT does not load when trying to access form for meeting in evening or early morning • Yes – when pulling case record mid-mornings • Yes – uploading photos on hotspot; mainly document after 5 pm at home • Yes – can't pinpoint exact time, but usually when need info ASAP • Yes – no specific times • Yes – freezes up or shuts down at least 2x/month • Yes – when out in the field/different areas of Houston, does not work in outlying counties; slow to upload pictures if not in office • Downloading pictures • Uploading old cases that have been scanned in • Yes, but not associated with particular time or activity • Yes, when network is slow; when using the iPhone as a hotspot IMPACT becomes almost useless at times • Works well at the office, takes longer when documenting at home in evening • Yes, at random times it is just slow or down • Occasionally slow, but generally fine when I'm at work • Yes, depending on location where you are attempting to connect • Yes, at different times throughout the day and even in the evenings • When using the hotspot • Yes in the morning and/or if there are computer updates going on in the office. • Yes, mostly in the afternoons when there are many people on the server. • IMPACT is slow in the mornings. It always take a long time to download pictures. • Yes, Monday mornings or towards the end of every month is when I experience the most slowness. • Yes, very much. IMPACT can be down for hours at a time. Happens frequently and randomly. • Hotspot is slower than office dock. IMPACT is slower on hot spot; uploading picture on hot

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	spot takes hours. <ul style="list-style-type: none"> • Yes, mainly in the morning • Monday mornings and Fridays
4b. Connect to home printer?	<ul style="list-style-type: none"> • I have no idea how to do that and I'm scared to try • Not willing to give free supplies to the State. Not reimbursed for ink and paper. • No – policy • No – security does not allow uploading printer to tablet • No – not allowed to install anything on computers unless provided by agency, have no scanners, not allowed to use our own • No – told could not, no additional funds given for paper or ink • No • Not able to connect to home printers because don't have administrative rights to add software; impossible to connect wirelessly • No, not allowed to add software not given. Can print from state-issued printer, but getting replacement ink from the State takes a while • No, don't have a printer • No, don't have permission to do this, but would be a big help • Don't want to have to pay for ink at my expense • Yes, and I use it. • No, we can't load any new software • I don't use my personal computer laptop for work • Yes • No, the software is not compatible and we are not allowed to add software to the computer • No, because I require administrative permission • No, ink prices
4c. Security hoops to access IMPACT from home/Wi-Fi café?	<ul style="list-style-type: none"> • I just connect to my home Wi-Fi and the token from state. I have been surprised how easy it is. • Must access Wi-Fi and then enter passcode to connect and then enter password to enter IMPACT • Secure ID c • RSA to connect secure id • Pretty easy – just takes a few minutes • RSA to connect – not hard • RSA • Personal hotspot • Home Wi-Fi works better than hotspot, enters RSA password from iPhone • Connect to wireless – enter RSA number – run H&S drives – access IMPACT to log in • Not difficult – create hotspot on phone, connect using token code • No problems • Not a lot if you use the hotspot • None, if you use your work laptop

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> • Connect hot spot and input access code • No issues or concerns • Can't connect to an insecure Wi-Fi at a restaurant or Starbucks doesn't work • VPN – we are not able to access any internal information without VPN • It is easy to connect to the Wi-Fi at my house • I cannot access IMPACT from any other computer unless it's my tablet. However I can easily access my Wi-Fi anywhere as long as I have my iPhone to prove a RSA token. • Once I set up one time, it's pretty fast; audio connect. • Usually use own hot spot on the phone • From home, just need to use my home Wi-Fi
<p>4d. Use tethering? Work well?</p>	<ul style="list-style-type: none"> • Good most of the time • Yes, but it can take time to make the connection and the work is lost if it fails • Rarely as it drops the connection most of the time • Yes, sometimes outer counties don't work • Very slow but is useful in the client's home • Great once you get the connection but you have to try several times • Yes – varies • Yes – works well in Harris Co, use it all the time • No problem using hotspot when needed, don't use computer often in field • Works fine at home, never done in a public setting • Don't use, use personal hot spot via USB or Bluetooth • Not installed on her phone yet • Don't want to have to deal with it because of problems that sometimes occur • Have trouble with hotspot connecting depending on what side of town or where you are inside building • Yes, works slowly, depending on where I'm working from; works better to use my own Wi-Fi from home • Usually works well, unless in a spot with limited connectivity • Yes, have no problems • Always disconnects, slow • Yes, when Wi-Fi is not an option. Hot spot works well if your laptop is able to connect. • Yes, works well • Yes, it works sometimes but it drains the battery on my phone • Yes, I haven't had issues connecting since the upgrade; but I do have to go in and turn off and on my hotspot a few times before I connect. • Hot spot never works when an emergency is going on; hit or miss • I do at times but the connection is not very good. • I have not tried this
<p>5a. IMPACT – how hard to find prior case info, critical</p>	<ul style="list-style-type: none"> • Not hard – if you have the patience to navigate your way to each case and thru each case to get the overall picture • Lots of steps • It's not hard most of the time. Sometimes you have to try several times to search.

Functionality	Field Feedback from Regions 2, 6, 8, and 11
data needed to find prior info	<ul style="list-style-type: none"> • Previous history on family and/or placement to determine if appropriate • Have to know what you are doing • In FGDM, it might just be contact re most recent FTM/FGC if it is a repeat client. No issues locating the contact field. • Very hard; even with data elements, not all history is in the same place • Admin Tech enters info on prior cases (They need a big raise). R/O/RTB history, extended family, protective people • IMPACT easy if all info provided, can't gather prior history if no info provided • Once case is batched and sent to RIO, have to request and wait for paper case • Can be difficult due to no merging of duplicate person's records. Have to look at each individual record under that name to see if it is person you're looking for • Very difficult: many cases merged into one, to get full picture have to go through each stage and reach each month's narrative • May not have been added to IMPACT • Not hard if entered appropriately in first place; need name, DOB, SSN, correct spelling and dates • Not hard, just cumbersome; too much info to sort through • Need correct spelling of name, DOB, address; sometimes client names not correct • Extensive history – worker has to go through every single case to find it instead of one place with all the history • Because of the length of time I have been with the agency, I have a fairly clear idea of how to assess historical information • If case history is long or investigator did not input all information, case mining becomes time consuming • Have to know how to navigate through IMPACT to find it • Pretty difficult at times: social security numbers, maiden name, date of birth • At times it's hard to locate old cases, needs to be easier to search for previous cases • Need correct spelling of names, prior names client may have used, correct DOB, SSN • The way history is entered into IMPACT has changed over the years, makes it difficult to navigate, especially for newer workers • A lot of the time case is not merged or people are not merged and you have to search • Difficult when history too old and no longer on IMPACT; what I may need to know is disposition of history and the allegations • Accessing prior case information is important for me • You need to know how to navigate through impact. There are several ways to look up history. • The newer files that are scanned into the system are easily found on eFile but there are a lot of extra papers to decipher because reports that are already in IMPACT are scanned and it would be about 400 pages. • Ugh, if the case history is later than 7 years, I will not be able to access it electronically. I need to have access to all history in order to assess appropriately. Sometimes waiting four PDF files takes too long. • It's not hard but time consuming. Most of the time the PID info is incorrect or when data is

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<p>found documentation is very basic info.</p> <ul style="list-style-type: none"> • No issues as long as you have name, last name, common names, city and DOB • When I'm helping a CW look thru the files, I am not able to get to other prior case info • It's easy to navigate; however, if the same name is entered with a new PID being created, IMPACT doesn't capture that the name was previously entered therefore duplicating same names. • If a case has not been merged properly, you need to go through various screens & look for DOB, exact name, and if possible address of child.
<p>5b. IMPACT – how hard to print prior cases</p>	<ul style="list-style-type: none"> • No simple way to print an entire case • Once you have located it, it doesn't take long. You can print an entire case. • Open the report and print. If cases have been merged, it is much more difficult. • Not very hard, just have to click into the different cases • Have to go into each case and print documents • Can print investigation reports with one button: entire investigation, person list, allegations, safety/risk assessment; prints contact narratives for FSU/SUB and FDSS cases • Yes, it's called "case history of investigations' can also print all contact summaries from "print contact narrative" • No, there is no history • Not hard, but can be time-consuming • OK • There are several different tabs. Investigation narrative, contacts and investigation conclusion, depending on how much information you want • Not hard, time depends on history • No, you have to go into each case to print • Very time consuming, no way to print entire history; if have family with extensive history, must go into each case to print investigation report • Not too difficult, usually get assistance from Admin Asst. • Have never tried because we would have to go in every case stage separately • Each section of the case is printed individually. There are no easy buttons in IMPACT. • I don't know if a place to "print" an entire prior case. There is not a simple print case. You must navigate through the stages of service. • It is easy to print the reports but if the PID numbers are not merged the history will not be under the same person. The history is done different depending on supervisor or unit. It would be beneficial if it can pull allegation and disposition for all cases. • It depends on how many prior cases you are trying to print. I wish there was a "print case" feature. • Access is easy, less than 1 hour. No print case functionality is available. • Takes time. Have to go into each case; if case sensitive, only certain people can access.
<p>5c. IMPACT – how hard to copy data from child to child</p>	<ul style="list-style-type: none"> • Very time consuming process and has to be done for each individual. • Too many steps • I don't think it is possible • Pain in the Butt!! Worst design I have ever seen for something that should be so easy.

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> • You have to go to each person to add • Easy • Not difficult • Would be easier if could push a button “same as sibling/caregiver” • Not hard • Have to go into each child’s person detail page to update/change info • Not hard, just time consuming; navigating between tabs and stages, etc.; would be great if there was one page for a case with name, DOB, SSN, addresses, case and cause #s • No, there is no history • Not hard, but can be time-consuming • OK • There are several different tabs. Investigation narrative, contacts and investigation conclusion, depending on how much information you want • Not hard, time depends on history • No, you have to go into each case to print • Very time consuming, no way to print entire history; if have family with extensive history, must go into each case to print investigation report • Not too difficult, usually get assistance from Admin Asst. • Have never tried because we would have to go in every case stage separately • As long as the previous info is opened in another tab, copy and paste is not too hard. • There are ways to get around the complexity of this if you open more than one IMPACT at a time to copy and paste. • It is not easy. All info has to be entered one child at a time. • It takes forever. It would make it so much easier if I didn’t have to do each child one at a time. • I do not copy data at my stage of service, however when I want to read history the accumulation is very easy. • Notable
<p>6. Use IMPACT Mobile (MPS)? Likes? Dislikes?</p>	<ul style="list-style-type: none"> • Yes • Don’t use • No, not trustworthy. Lost too much documentation. • Some, don’t always know when out if the field going to do a different case and you didn’t download it • Don’t use • No. Waste of time when can just pull up IMPACT • Never! Too much work! • No • Never • No • No • Never: you have to check out cases document, then can’t save and submit them, then have to check them back in; no point when can just log into IMPACT and do everything I need

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> • No • Occasionally; allows documentation to be input faster • Yes, I love MPS. I wish I could do more on it. Start 2054s, start child plans and family plans • No. I don't use MPS • No, do not use. • Don't use, especially since connecting through hot spot is easier to connect to internet and use IMPACT; don't trust that it will save all info • Yes, love it • No • No. Waste of time. I rather document directly into the case file. • No – now that we have the hot spot MPS is not useful. • I don't use MP unless I do not have access to hotspot. I don't like that you have to plan ahead and sync cases. It would be nice if we could document a new case in MPA to meet the 24 hour guidelines. • No, it is not worth the hassle. MPS takes too long to sync and what I can do to my case is too limited. • No, hotspot now. MPS you have to be docked into office internet.
<p>7. Technology to improve field work?</p>	<ul style="list-style-type: none"> • Audacity is transcribed into IMPACT contact, then there would be no question about what questions were asked and what the children said (vs how it was heard). Need this for children and parent interviews • Portable printers for FGC service plans (where applicable). Although I would still prefer handwriting them. Might be handy for extra forms or referral info to be printed off with the family present at FGCs that are held away from the office. • Quicker, more reliable access to IMPACT • Pre-filled removal paperwork forms, removal checklist, remove redundancy, too many things to list. • Make tabs accessible to search history under one tab • Have tiers as a drop down box in IMPACT • Have criminal history past Texas • Make it easier to access each tab (sub stages without going into each child to search information) • Better connectivity • Upload audacity/records into IMPACT • Upload more than one picture at a time into IMPACT • Use voice notes on iPhone to record kids instead of Audacity • Correct Information! Not just an answer because you say so!! • Need a scanner or be able to print from my personal printer • Not to have to sign documents by hand, but e-signature would be so much easier! • Access to legal documents or other documents from paper file • Ability to upload • Have workers and clients sign forms directly into IMPACT • Ability to have documents signed and printed while in the field

Functionality	Field Feedback from Regions 2, 6, 8, and 11
	<ul style="list-style-type: none"> • More access to hard file paperwork • Printers for laptops, everything else is perfect • Printers, scanners, fax options • Printers, scanners for investigators • Scanners • Access to OAG, Tiers, databroker to help find parents and absent parents • Not sure how to answer this question. • I think the department has gone above and beyond with appropriate technology. • I think we have adequate technology. It would be more beneficial to use the funding for full-time positions. • Scanner...being able to get id's, ss cards, birth certificates, legal paperwork that affects parent child relationships • Quicker internet connection • Case by case; support staff at office. • Need additional FTE positions instead

APPENDIX F: DESKTOP & TABLET SPECIFICATIONS, INCLUDING SOFTWARE

Dell Equipment¹³⁷

PC - Optiplex 3010 SFF

- Intel Core i3-3220 Processor (Dual Core, 3.30GHz, 3MB, w/ HD2500 Graphics)
- 4GB, NON-ECC, 1600MHZ DDR3
- 250GB 3.5" SATA 3.0Gb/s and 8MB Data Burst Cache
- 16x DVD-RW
- Dell Wireless 1520 PCIe WLAN card
- Dell Professional P2012H 20in HAS Wide Monitor
- Dell AX510 black Stereo Speaker Bar Flat Panel Display
- Mouse/Keyboard
- 3-Year Warranty
- Windows 7 Professional

Other Items: USB Webcam

Tablet - Latitude E5530

- 15.6" HD (1366x768) Anti-Glare WLED-backlit
- Intel Core i3-3110M Processor (2.4GHz, 3M cache)
- 4.0GB, DDR3-1333MHz SDRAM
- 320GB 5400rpm Hard Drive
- 8x DVD-RW
- Integrated Palmrest without Finger Print Reader
- Light Sensitive Webcam and Noise Cancelling Digital Array Mic
- Dell Wireless 1504 802.11g/n Single Band Wi-Fi Half Mini-card
- Dell Wireless 380 Bluetooth LE Module
- Broadcom TruManage
- 9-Cell (97W) Primary Lithium Ion Battery
- 90W AC Adapter
- Mouse/Keyboard
- 3-Year Warranty
- Windows 7 Professional

Other Items: Tablet Case

Power - Precision T1650

- Intel Xeon E3-1220 v2 (Quad Core, 8MB, 3.1GHz 0GT)

¹³⁷ From filename "Hardware Specifications.doc".

- 512MB AMD FirePro 2270, Two Monitor, 1 DMS59
- 16GB, DDR3 UDIMM Memory, 1600MHz, non-ECC (4x4GB DIMMs)
- 1TB 7200rpm 3.5" SATA 6Gb/x Hard Drive
- 16x DVD-RW
- (2) Dell Professional P2012H 20in HAS Wide Monitors
- Dell AX510 black Stereo Speaker Bar Flat Panel Display
- Mouse/Keyboard
- 3-Year Warranty
- Windows 7 Professional

Other Items: USB Webcam, DMS59-(2)DVI Adapter

Tablet - XT3

- Intel® Core™ i5-2520m(2.50GHz, 3M cache) with Turbo BoostTechnology 2.0
- 4.0GB, DDR3-1333MHz SDRAM, 2 DIMMS - 8GB total
- Internal English Backlit Dual Pointing Keyboard
- Energy Star 5.0 Enabled / EPEAT GOLD
- 13.3" HD(1366x768) Daylight Viewing Panel with Camera and Microphone
- Intel® HD Graphics 3000
- 250GB 7200rpm Hard Drive
- 9 Cell Primary Battery
- 90W A/C Adapter (3-Pin)
- Dell 90W Auto/Air DC Travel
- 9 Cell (97WH) Lithium Ion Battery Slice
- E-Port, dock for charging, digital video, and USB / eSATA port support
- Dell Wireless™ 1501 802.11b/g/n Half Mini Card
- Dell Wireless® 375 Bluetooth Module
- Fingerprint Reader
- Mouse / Keyboard
- 3-Year Warranty
- 3 Year CompleteCare Accidental Damage Protection
- Windows 7 Professional

Table 54 - DFPS Software for the Windows 7 Operating System¹³⁸

Windows 7 Image 1402	Desktop	SWI Desktop	Laptop	SWI Laptop	Tablet
<u>Standard Software</u>	x	x	x	x	x
Adobe Flash Player W/Auto Update Disabled (Latest approved)	x	x	x	x	x
Adobe Reader (Latest approved)	x	x	x	x	x
Adobe Shockwave (Latest approved)	x	x	x	x	x
Cisco Systems VPN client (Classic) 5.0.07.0440	x	x	x	x	x
F-Secure 9.32	x	x	x	x	x
Java 6.45	x	x	x	x	x
MeadCo ScriptX v X86 7.1.0.60	x	x	x	x	x
MS .NET Framework 4 Client Profile 4.0.30319	x	x	x	x	x
MS .NET Framework 4 Extended 4.0.30319	x	x	x	x	x
MS Office Professional Plus 2010 X86 14.0.6029.1000	x	x	x	x	x
MS Silverlight 5.1.20125.0	x	x	x	x	x
MS Visio Viewer 2010 X86 14.0.6029.1000	x	x	x	x	x
MS Visual C++ 2005 Redistributable 8.0.61001	x	x	x	x	x

¹³⁸ From filename "Windows 7 Image.docx"

Windows 7 Image 1402	Desktop	SWI Desktop	Laptop	SWI Laptop	Tablet
	x	x	x	x	x
	x	x	x	x	X
	x	x	x	x	X
	x	x	x	x	X
MS Visual Studio 2010 Tool for Office Runtime X64 10.0.40302	x	x	x	x	X
RightFax Product Suite - Client 10.0.0.349	x	x	x	x	X
LANDesk Client 9.50.1.1	x	x	x	x	X
Oracle 11.2.0	x	x	x	x	X
MS SQL Server Compact Edition 3.5	x	x	x	x	X
MS Visual Studio 8	x	x	x	x	X
MS Office 2010 SP2 Upgrade	x	x	x	x	X
WLAN AutoConfig enable 1.0	x	x	x	x	X
Cisco AnyConnect Profile 2.0	x	x	x	x	X
<u>Machine specific software</u>					
Reader Boards Display 2.0		x		X	
Avaya IP Softphone 2050 4.02		X		X	
Nice IEX WFM 4.6		X		X	
Engage Voice		X		X	

Windows 7 Image 1402	Desktop	SWI Desktop	Laptop	SWI Laptop	Tablet
3.5					
Engage Coach		x		X	
1.13.2.3					
CCMA Web		X		x	
4.0					
Cisco AnyConnect			x	x	X
3.0.5080					
Tablet = CPS					X
JDK 1.6.0_45					X
SQL anywhere					X
11.0					
Mobile Folders 3.0					X
MPS					X
13.3					
Dell Feature Enhancement Pack					X
2.2.1					
Dell Touchpad			x	x	X
N-Trig DuoSense Multi-Touch Package					X
6.249.0.0					
Audacity 2.0.5					X
<u>Cached files "ITonly" or "SDMcache"</u>					
WLAN AutoConfig enable 1.0					
"D:\ITONLY\SDMCACHE"					
Cisco AnyConnect Profile 2.0					
"D:\ITONLY\SDMCACHE"					
CD) Office 2010 SP2 Upgrade					
"D:\ITONLY\SDMCACHE"					
Audacity 2.0.5					
"D:\ITONLY\SDMCACHE"					
DDPE	x	x	x	x	X
7.2.4.5320					
"D:\ITONLY\SDMCACHE"					
Enable/Disable Wireless stack	x	x	x	x	x
"D:\ITONLY\Drivers and					

Windows 7 Image 1402	Desktop	SWI Desktop	Laptop	SWI Laptop	Tablet
Software\EnableWireless"					
Dragon 11.5	x	x	x	X	X
"D:\ITONLY\SDMCACHE"					
TechInfo	x	x	x	x	X
"D:\ITONLY\Drivers and Software\TechInfo Resources"					
Agency Icons (C:\Program Files\Agency Icons)	x	x	x	x	X
EMS+ Icon	x	x	x	x	X
CLASS Icon 2.0	x	x	x	x	X
DFPS Desktop background	x	x	x	x	X
Disable Wireless Service	x	x	x	X	X
Send to notepad	x	x	x	x	X
TNS Names 4.0	x	x	x	x	X

APPENDIX G: FAMILY CODE SECTIONS

Here is a non-exhaustive list from Chapters 262-266 (note reference is to section in general rather than specific subsection or requirement; more info can be provided if needed):

- 262.114—requires information provision
- 262.115--documentation requirement
- 263.003—documentation/filing requirement
- 263.004—documentation/filing requirement
- 263.007—requires information provision (also highly specific)
- 263.102—documentation/filing requirement (highly important document but some pieces are granular e.g. specifically breaking out need to address education/academic compliance)
- 263.107--documentation/filing requirement
- 263.3025--documentation/filing requirement
- 263.303 & 263.502—documentation/filing requirement (some aspects highly specific b/c of a particular problem, e.g. lack of continued oversight for youth in juvenile detention)
- 263.602—documentation/filing requirement
- 264.014—requires information/documentation provision (important; can be challenging to implement)
- 264.115—notice requirement
- 264.117—notice requirements
- 264.119—notice requirement
- 264.121—documentation/information provision requirements (involved)
- 264.123—notice requirement (also very specific)
- 264.303—notice requirement
- 264.512—reporting requirement
- 264.7541—documentation/information provision requirement (also specific in response to a particular problem)
- 264.759—documentation requirement
- 264.902 & 264.903—documentation/information sharing requirements
- 266.004—documentation/filing requirement (also highly specific, some legislation of good judgment)
- 266.007—documentation/filing requirement

Here is a list of Chapters in the Texas Family Code that may duplicate already existing Federal Law, legislate good practice and policy, difficult to implement, specifies how to use discretion, or its necessity is unclear:

- 262.108 (already impliedly required by federal law)
- 262.1095 (duplicates federal law; adds specificity)
- 262.114--legislates good practice; specifies how to exercise discretion
- 262.115—specifies how to exercise discretion
- 263.005—may be outdated in light of more recent trend toward collaboration
- 263.009 & 263.107—highly specific; largely codifies current policy and best practice; consensus language
- 263.2025—highly specific; overlap/duplication of federal law
- 264.013—legislates good practice
- 264.0145—specific; consensus language in response to a problem
- 264.1071—highly specific/somewhat prescriptive
- 264.1075-- highly specific/somewhat prescriptive
- 264.108—goes beyond federal law, which may be an important idea but can cause confusion
- 264.110—legislates practice
- 264.110—legislates practice/decision making
- 264.112—legislates practice/internal administration
- 264.112—highly specific
- 264.116—highly specific
- 264.202—duplicates federal review requirements, at least in part
- 264.204—legislates good judgment
- 264.206—legislates good judgment
- 264.752—duplicates federal law, at least in part
- 264.757—necessity unclear
- 264.902-906—highly specific; consensus language in response to a particular problem; legislates good judgment
- 261.1055—difficult to carry out
- 261.203—duplicates federal law
- 261.3012—highly prescriptive, necessity not entirely clear
- 261.3013—response to a specific safety concern, but also legislates good practice
- 261.302—prescriptive; response to a specific case where a parent did not know where child was after school

- 261.302—prescriptive; mistrust of agency led to no good cause exception to recording comparable to that for entities other than DFPS, which is problematic e.g. where equipment malfunctions or a child is unwilling to be recorded despite best efforts of caseworker
- 261.3024—legislates good practice
- 261.307—prescriptive; legislates good practice; documentation/information provision requirement
- 262.109—notice requirement
- 261.310—prescriptive; focus on forensic aspects of investigating
- 261.3101—legislates internal structure
- 261.311—notification requirement
- 261.3125—prescribes internal structure
- 261.3126—legislates good practice
- 261.314—legislates good practice; somewhat outdated
- 261.315—difficult to implement

APPENDIX H: REMOVAL CHECKLIST

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REMOVAL CHECKLIST

Investigations (CPS-DFPS)

Purpose: Use this form as a memory aid to help you remember required steps and important timeframes from the time immediately prior to the removal until the time the case has been transferred to a Conservatorship worker.

Instructions: To complete this form, enter dates as tasks are completed.

Directions: After completing this form, file it under the Family Services tab in the Conservatorship case file.

Case Name: _____

Date of Removal: _____

Note: You cannot place a child unless DFPS takes custody.

Only proceed with this checklist if you have taken emergency or non-emergency custody. All tasks on this form must be completed.

DATE COMPLETED	DAY 1 (within 24 hours) – DUE DATE:
	1. Obtain supervisor and PD approval prior to the removal. Discuss with supervisor who will/will not be offered a visit within the first three days and for parents who will not be offered a visit, why the visit is not in the child’s best interests.
	2. Give the Notice of Removal Form (2231es) and the booklet titled While Your Child is in Care to the parent/caretaker.
	3. Complete with parents/caretakers the Child Caregiver Resource Form (2625) . If parents/caretakers do not complete the form at the time of the removal, ask them to sign the blank form. Encourage the parents/caretakers to complete the form and return as soon as possible. If the form is completed at the time of the removal, leave one copy with the parents/caretakers. If the form is not completed at the time of the removal, leave two copies (one for the parent/caretaker and one for them to complete and return).
	4. Schedule a visit between the parents and children to occur within 3 days of the Department being named Temporary Managing Conservator.
	5. Request birth certificates, social security cards, immunization records, citizenship or immigration status, religious affiliation, and Medicaid Card on children from the parent/caretaker.
	6. Obtain as much information about the child's Medical/Development history as possible from the parent/caretaker in order to complete the Medical/Developmental History Form in IMPACT. This includes information about the child’s current medical, dental, vision, school and behavioral health history and treatment. Document the name, dosage, frequency, prescribing physician and time the caregiver last administered any medication child is currently taking. If possible, gather medications and medical supplies/assistive devices, such as eyeglasses, dental retainers, leg braces, wheelchairs, etc. Contact the regional eligibility specialist if the pharmacy refuses to refill any medications. Obtain a list of all known schools for the child, all known

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	doctors/clinics, and location of the child's birth.
	7. Ask parents, family members and any child old enough about American Indian heritage. If a child MAY be of American Indian heritage, review and follow policy 2812.4 Person Race and Ethnicity and follow policy 1225 Indian Child Welfare Act, Appendix 1226-A and 1226-B.
	8. If the child is not a US citizen, follow policy 6700 and following; notify the appropriate consulate using Letter to Foreign Consulates (2650) on Smiley; and follow guidelines in Questions And Procedures For Working With Foreign Born Children In Foster Care (2013) on Smiley.
	9. Request information on absent parents from parents, family members and any child old enough. Attempt to get absent parents name, address, last address, relative/friends names, last known work place, etc. Attempt to contact absent parents to give a Notice of Removal Form (2231es) and a copy of While Your Child is in Care .
	10. If a child will be placed with or remain in the home of a kinship caregiver (relative or fictive kin) at the time of removal, initiate the Preliminary Home Assessment Form (6587) prior to the Adversary Hearing. The Preliminary Home Assessment must include: <ul style="list-style-type: none"> • A criminal history and IMPACT background check (these must not be completed by contacting the Emergency Background Check Unit at SWI) • A visit to the home of the kinship caregiver to assess the home environment. Request a written kinship home assessment by completing and submitting Request for Kinship Home Assessment (6581) according to the timeframes in policy 4526. If the kinship placement is out of region, complete I See You Supervision Referral Form (2914) to request an ISY worker. Make a kinship referral using local protocol.
	11. Check IMPACT records to determine if the child being removed has any siblings that have been previously adopted. If so, this may impact the choice of placement.
	12. If the child is not already placed in an approved/ordered kinship home, contact the CPU to request a placement for the child, providing them with an affidavit if available. Complete required paperwork – either the Placement Summary Form (2279) or the Alternate Application for Placement of Children in Residential Care Form (2087ex) , also known as the mini common application), depending on the child's service level needs.
	13. Complete Placement Authorization Forms (appropriate 2085s for placement type, education decision-maker, and

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	<p>medical consentor). Ensure medical consentor has completed training. Get supervisor signature on the forms. Make two copies, one for the placement and one for the case file (after placement has signed). Enter the placement in IMPACT on the Placement Detail on the day of placement or no later than 7pm the following calendar day.</p>
	<p>14. Conduct pre-placement visit with the child(ren), unless the placement is an emergency, or the proposed relative caregiver has a longstanding relationship with the child and has cared for the child at any time within the last 12 months. Explain to them the reason for placement. Ensure that the receiving caregiver has been trained on the correct administration of any medication, as well as on the proper use of any medical equipment or special healthcare needs of the child by appropriate professional providers prior to receiving the child</p>
	<p>15. Complete Placement Summary Form (2279) with as much information on each child as possible. A copy of Form 2279 is given to each child’s caregiver at placement or within 72 hours of placement.</p> <ul style="list-style-type: none"> • The caseworker must share all known information about each child’s immediate and special needs at the time of placement. This section must be initialed and dated at the time of placement • Signatures of the child (if appropriate), the caregiver, and caseworker on the last page signify that all known information about the child was given to the caregiver at placement
	<p>16. Request daycare for the placement, if needed.</p>
	<p>17. Discuss the items on the Orientation Discussion Checklist (Form 2654) with each child according to the level of functioning and comprehension at the time of placement or within 7 days of placement. Infants and toddlers are exempt.</p> <ul style="list-style-type: none"> • Provide a copy of the Rights of Children and Youth in Foster Care (Form 2530) to each child at placement • Discuss the Visitation/Contact/Restriction Plan with the child and caregiver. If it is a FAD placement provide a copy of Visitation/Contact/Restriction Plan (Form 2655) to the caregiver and child • Discuss Discipline policy with the child. If it is a FAD placement, provide a copy of Discipline Notification (Form 2411) to the child and caregiver • Complete discussion of other items on the checklist and document any that were not discussed and the reasons they were not discussed. • Inform youth 16 or older of their right to request a court determination of their ability to consent to some or all of

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	<p>their own medical care. Review Notice of Your Right to Request the Court to Consent to Your Own Medical Care (2092) with the youth.</p>
	<p>18. Designate Emergency Shelter staff, foster parents or CPS staff as medical consenter:</p> <ul style="list-style-type: none"> • Document medical consenter information in IMPACT the same day or by 7pm on the next calendar day • For the Court Authorization in the IMPACT Medical Consenter Detail, select “Before Court Hearing” • If proposed medical consenter is known prior to placement, complete IMPACT entry prior to placement and generate Medical Consenter Form(s) (2085-B) from IMPACT (critical information including the PID of child and medical consenter pre-fills once the medical consenter is entered) • If proposed medical consenter is NOT known prior to placement, complete electronic Forms 2085-B on Smiley Face, making sure to enter the PID of the child and medical consenter on the form • Provide completed copies of Forms 2085-B to each medical consenter and to the caregiver • Generate Form 2096 from IMPACT within 5 business days and file with the court to notify them of the medical consenter designation <p>Note: It is critical for the medical consenter to have his or her correct IMPACT PID in order to verify that s/he is the medical consenter when contacting STAR Health and to register for the Health Passport.</p>
	<p>19. Ensure that the new placement, if not the medical consenter, coordinates with the medical consenter to select a STAR Health Primary Care Provider (PCP) for the child from the STAR Health Provide Directory. The medical consenter may select a PCP by calling STAR Health at 866-912-6283 or mailing the PCP Selection/Change Form to Superior.</p>
	<p>20. Summary of Forms and Information Needed for Placement Provide foster parent with all necessary forms and information:</p> <ul style="list-style-type: none"> • Placement Forms (2085s) • Medical/Developmental History • Medical Consenter (as appropriate) • Medicaid card • Education Portfolio (as appropriate and if available provide copies of available education records. Education Portfolio must be provided within 5 days) • Designation of Education Decision Maker Form 2085-E (at placement or no later than five days after the Show Cause/Adversary Hearing)

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	<ul style="list-style-type: none"> • Placement Summary Form 2279 (at placement or within 72 hours) • Copy of Children’s Rights (at placement or within 7 days) • Orientation Discussion list (at placement or within 7 days) • Discipline Notification (Only for FAD placement, at placement or within 7 days) • Visitation/Contact/Restriction Plan (Only for FAD placement, at placement or within 7 days)
DATE COMPLETED	DAY AFTER REMOVAL – DUE DATE:
	1. Contact District Attorney/County Attorney to inform them of removal. Complete legal paperwork as required for each county.
	2. Complete Affidavit for removal.
	3. File legal documentation as required by each county. (Remember all legal work needs to be filed within 24 hours of the removal or the first working day following a weekend or a court holiday).
	4. Participate in Ex-Parte hearing as appropriate for each county.
	5. Update the IMPACT Medical Consenter Detail to reflect the court authorization of medical consenter the same day or no later than 7pm on the next day. If the medical consenter changed after the court hearing, issue a new Form 2085-B and generate Form 2096 from IMPACT within 5 business days to notify court of medical consenter designation. If the medical consenter did NOT change after the court hearing, it is not necessary to issue a new Form 2085-B or notify the court.
	6. Obtain copies of all legal paperwork.
	7. If Child Caregiver Resource form is completed at the time of the removal, initiate the home assessment process (see policy 4520 Placing a Child with an Unverified Kinship Caregiver).
	8. Make a referral to the Kinship Program
	9. Follow regional protocol for referring the family for a Family Group Conference.
	10. Exercise due diligence to identify and notify in writing all adult grandparents and other adult relatives of the child by providing them with Notification to Relatives About a Child's Removal Form (2624) . The search for and notification of relatives should be ongoing but is required to take place within the first 30 days after the removal of the child. For more details, see 2540 Notification to Relatives Following a Removal.
	11. Per local protocol provide notice of need for post-removal staffing.
	12. Request school and medical records for each child.
	13. Update the following information in INV/FBSS stage prior to

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	<p>completing Conservatorship Removal in IMPACT.</p> <p>a) Ensure all parties are listed on Maintain person. This includes all persons in home not previously listed, relative resources, collaterals, etc.</p>
	<p>b) Enter person characteristics for each principal. Make sure no person characteristics apply before marking N/A.</p>
	<p>c) Update address/phone number for each person on the Maintain person list. Be sure to add Medicaid address for each child removed from the home.</p>
	<p>d) Complete person detail for each principal.</p>
	<p>e) Update Person ID's, social security number, driver's license, etc. for each principal.</p>
	<p>f) Enter Income and Resources for each principal.</p>
	<p>g) Update the Education Log for each child</p>
	<p>h) Complete criminal history and IMPACT checks for each principal, including potential relative placements.</p>
	<p>i) Complete Person Detail CVS/FA home – be sure to add in citizenship and mother's marital status at time of birth.</p>
	<p>14. Complete the Family Tree in IMPACT.</p>
	<p>15. Open Subcare/Family Subcare Stages</p> <p>a) From Assigned Workload, highlight case and click on the "Tasks" push button.</p> <p>b) From the Tasks list window, highlight Conservatorship/Removal task and click on the "Add" push button. This will take you back to the Person List.</p> <p>c) Highlight the child's name to be removed.</p> <p>d) Click on the "Continue" button. The Conservatorship/Removal window displays.</p> <p>e) Fill in the removal date (actual date of removal) and reason for removal. If person characteristics have not been updated for parent/caretaker, mark those that are appropriate.</p> <p>f) On the same window, click on Persons in the Home and click on all persons living in the home at the time of the removal.</p> <p>g) Click on the Save button.</p> <p>h) For additional children, click on the Add push button.</p> <p>i) Follow the above steps for each child.</p>
	<p>16. Complete requested Level of Care for each child.</p>
	<p>17. Complete common application, as appropriate.</p>
	<p>18. Complete Placement for each child in IMPACT in each child's SUB stage. Ensure that the placement is an actual placement instead of a planned placement. Be sure to enter date actual placement occurred. Save and submit to your supervisor.</p>
	<p>19. Notify eligibility worker that child has been removed and placed in foster care.</p>

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	20. Enter Legal Actions in each child’s SUB stage For more details see 6132 Documentation of Legal Activity.
	21. Enter Legal Status (be sure to enter as Temporary Managing Conservatorship) in each child’s SUB stage.
	22. Complete as much information as possible on the Medical/Developmental History in each child’s SUB stage. Provide a copy to the child’s caregiver.
	23. Maintain role of the child to “self” and any principal to their appropriate role in each child’s SUB stage,
	24. Maintain role for each principal in the FSU stage
DATE COMPLETED	WITHIN 5 DAYS OF REMOVAL – DUE DATE:
	1. If the child is under three and suspected of having a disability or developmental delay as a result of exposure to illegal substances, or the disability or developmental delay requires evaluation prior to their scheduled Texas Health Steps check-up, refer to ECI by completing ECI Screening Referral Form (0789) . This must be done within two business days of the need being identified.
	2. Complete Foster Care Eligibility for each child (in IMPACT), or provide documentation to Eligibility Specialist, per regional protocol.
	3. Ensure placement has scheduled Texas Health Steps medical and dental check-ups and any other appropriate appointments for each child.
	4. Start the Education Portfolio. See 15381 Creating the Education Portfolio (and following).
DATE COMPLETED	WITHIN 10 DAYS OF REMOVAL or PRIOR TO 14 DAY – ADVERSARY HEARING– DUE DATE:
	1. Follow up with the regional FGDM Specialist to identify whether a Family Group Conference or Permanency Conference will be held with the family.
	2. Complete Post-Removal Staffing Form (6589) <ul style="list-style-type: none"> • Provide specific information about each child on the Form • Attach a copy of the removal affidavit • Attach a copy of the Placement Summary Form (2279)
	3. Attend Post-Removal/Case Transfer Staffing. Once staffing is complete, have appropriate staff (worker, supervisor, removal staffing program director/child placement management staff) sign Post-Removal Staffing Form (6589) .
	4. Develop a temporary visitation schedule with each parent, and complete the Temporary Visitation Schedule with each parent.
	5. Complete the Risk Assessment in IMPACT. This must be completed in order for the CVS unit to initiate the Family Plan of Service.
	7. Ensure that if the child’s school has changed, the child has been withdrawn and the records have been transferred to the

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	new school.
	8. Complete court report for Show Cause/Adversary Hearing, if required, and file with the court following local protocol.
	9. File the Temporary Visitation Schedule with the court, or be prepared to have it completed prior to the Show Cause/Adversary Hearing.
	10. Contact Ad Litem for child to discuss case. Provide copy of court report, if required.
DATE COMPLETED	WITHIN 14 DAYS OF REMOVAL -- DUE DATE:
	1. If not previously completed, designate an appropriate person to be identified as the Education Decision-Maker: <ul style="list-style-type: none"> • If not previously completed, complete Designation of Education Decision-Maker (2085-E) from Smiley Face • File the most current and correct copy of Form 2085-E with the court • Provide completed copies of Forms 2085-E to the school, caregiver or facility director, parents, managing conservator, attorney ad-litem, guardian ad-litem, and any other person named by the court to have an interest in the child's welfare
	2. If not previously completed, complete Temporary Visitation Schedule with each parent and present to the Court at the time of the Show Cause/Adversary Hearing.
	3. Attend Show Cause/Adversary Hearing. Ensure the conservatorship caseworker is aware of the court orders from this hearing.
	4. Complete the Communication Plan with the Attorney Ad Litem and/or Guardian Ad Litem Form (2071) if one has been appointed. (Obtain input from the conservatorship caseworker regarding communication with the AAL and/or GAL).
	5. Update Legal Actions in each child's SUB stage.
	6. If not authorized during the Ex Parte Hearing, update the IMPACT Medical Consenter Detail to reflect the court authorization of medical consenter the same day or no later than 7pm the next day. If the medical consenter changed after the court hearing, issue a new Form 2085-B and generate Form 2096 from IMPACT within 5 business days to notify court of medical consenter designation. If the medical consenter did NOT change after the court hearing, it is not necessary to issue a new Forms 2085-B or notify the court.
	7. If the education decision-maker changes as a result of the Show Cause/Adversary Hearing, or prior to case transfer, update the Designation of Education Decision-Maker (2085-E) and distribute to all required parties within 5 days of the change.

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	8. Complete transfer summary in IMPACT.
	9a. Complete Request for Diligent Search Form (2277) , if there are absent parents with unknown locations. Check the boxes for “Court of Continuing Jurisdiction” and “Paternity Registry” when using this form. This form is sent to: FINDRS@dfps.state.tx.us
	9b. If all parents locations are known: <ul style="list-style-type: none"> • Submit Bureau of Vital Statistics Form VS 168 “Inquiry on Court of Continuing Jurisdiction for a Child” • Submit this Form to the Bureau of Vital Statistics – Texas Department of State Health Services
	9c. If Paternity has not been established: <ul style="list-style-type: none"> • Submit Bureau of Vital Statistics Form VS 134 “Paternity Registry Inquiry Request” • Submit this Form to the Bureau of Vital Statistics – Texas Department of State Health Services
	10. Organize case file.
	11. If the investigation can be completed by the time of case transfer, it should be included in the case file documentation.
	12. Plan to attend Family Group Conference or Permanency Conference/FGDM.

CPS Handbook 6138 External Documentation – Substitute care documentation requirements state the following forms must be included in the paper case record. This list is not all-inclusive. Your region or county may have additional requirements for documentation that must be included in the case file. The removal caseworker needs to ensure that any of below that have been obtained, are in the case record either in IMPACT or the paper file, with copies of certain documents filed in the child’s Education Portfolio.

- Birth/citizenship records
- Health records, including a copy of a recent medical exam
- School records
- A copy of the signed foster care assistance application
- Copies of signed court orders, affidavits, and other court documents
- The court’s determination that CPS made reasonable efforts to prevent removal, reunify the family or seek other permanency goals for a child
- CPS notice to caretaker of court hearings, PPTs/administrative review. Caretakers include relatives, foster parents, and pre-consummated adoptive parents
- Placement and medical authorizations including medical consent forms
- Designation of educational decision maker
- Temporary Visitation Schedule
- Correspondence
- Other possible documents, such as photographs, authorizations, and letters

APPENDIX I: PERFORMANCE METRICS ASSESSMENT TABLES

LBB and Lt. Governor Reports

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Count of metrics by category ->	62	0	13	8	4	2	41	0	18	0	3	3	0	1	33	0	0	0
Number of Calls Received by Statewide Intake Staff	X																	
Number of CPS Reports of Child Abuse/Neglect	X																	
Number of Reports of Child Abuse/Neglect in Child Care Facilities	X																	
Average Cost per SWI Report of Abuse/Neglect/Exploitation																		
Percent CPS Priority 1 Reports Initiated within 24 Hours of Report											x			x				
Incidence Child Abuse/Neglect Confirmed by CPS Per 1,000 TX Children	X			X														
Percent At-risk Children Who Receive Protective Services																		x

Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Percent Absence of Maltreatment within Six Months of Intake(CPS)															x			
Percent of Children in Substitute Care Under 12 Mos w/ Two or Fewer Placements															x			
Percent of Children Re-entering Care within 12 Months															x			
Percent of Children Who Remain Safe in Substitute Care															x			
Percent Children Achieving Legal Resolution within 12 Months															x			
Percent Children Achieving Permanency within 18 Months															x			
Percent in FPS Conservatorship Until the Age of Majority															x			
Average Length of Time in Out-of-Home Care Per Child															x			
Median Length of Stay in Foster Care															x			
Percent of Children Reunited within 12 Months of Entry															x			

Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Percent of Adoptions Consummated within 24 Months															x			
Median Length of Stay of Adoptions Consummated															x			
Child Protective Services Caseworker Turnover Rate															x			
Percent of CPS Caseworkers Retained for Six Months Following BSD															x			
Percent CPS Priority 1 Reports Initiated within 24 Hours of Report											x	x			x			
Incidence Child Abuse/Neglect Confirmed by CPS Per 1,000 TX Children	X																	
Percent At-risk Children Who Receive Protective Services												x						
Percent Absence of Maltreatment within Six Months of Intake(CPS)															x			

Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Percent of Children in Substitute Care Under 12 Mos w/ Two or Fewer Placements																		
Percent of Children Re-entering Care within 12 Months																		x
Percent of Children Who Remain Safe in Substitute Care																		x
Percent Children Achieving Legal Resolution within 12 Months																		x
Percent Children Achieving Permanency within 18 Months																		x
Percent in FPS Conservatorship Until the Age of Majority																		x
Average Length of Time in Out-of-Home Care Per Child																		x
Median Length of Stay in Foster Care																		x
Percent of Children Reunified within 12 Months of Entry																		x
Percent of Adoptions Consummated within 24 Months									x			x						x

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Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Median Length of Stay of Adoptions Consummated															x			
Child Protective Services Caseworker Turnover Rate						x												
Percent of CPS Caseworkers Retained for Six Months Following BSD						x												
Number of Completed CPS Investigations	X																	
Number of Confirmed CPS Cases of Child Abuse/Neglect	X																	
Number of Child Victims in Confirmed CPS Cases of Child Abuse/Neglect	X																	
Average Number of FPS-verified Foster Home Beds per Month							x											
Average Number of FPS-approved Adoptive Home Beds per Month							x											

Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of FPS-approved Foster/Adoptive Home Beds per Month							x											
Average Number of FPS Children per Month in Out-of-home Care	X																	
Number of Children in FPS Conservatorship Who Are Adopted															x			
Average Daily Number of CPS Direct Delivery Services (All Stages)	X						x											
Average Number of Children in FPS Conservatorship per Month	X			x			x											
Average Daily Cost per CPS Direct Delivery Service (All Stages)	X		x															
CPS Daily Caseload per Worker: Investigation	X				x													
CPS Daily Caseload per Worker: Family-Based Safety Services	X				x													
CPS Daily Caseload per Worker: Substitute Care Services	X				x													

Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
CPS Daily Caseload per Worker: Foster/Adoptive Home Development	X				x													
Number of Deaths of Children in FPS Conservatorship																		x
Number of Deaths of Children as a Result of Abuse/Neglect while in FPS																		x
Number of Deaths of Children as a Result of Abuse/Neglect																		x
Percent of CPS Workers with Two or More Years of Service				x														
Average Number of FPS Children per Month in FPS Foster Homes	X							x										
Average Number of FPS Children per Month in Non-FPS Foster Homes	X							x										
Average Number of FPS Children per Month in Residential Facilities	X							x										
Number of CPS Caseworkers Who Completed Basic Skills Development												x						

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Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of Days of TWC Foster Day Care Paid per Month	X						x											
Average Daily Cost for TWC Foster Day Care Services	X																	
Number of Children Receiving TWC Foster Day Care Services	X						x											
Average Number of Days of TWC Relative Day Care Paid per Month	X																	
Average Daily Cost for TWC Relative Day Care Services	X																	
Number of Children Receiving TWC Relative Day Care Services	X						x											
Average Number of Days of TWC Protective Day Care Paid per Month	X																	
Average Daily Cost for TWC Protective Day Care Services	X																	
Number of Children Receiving TWC Protective Day Care Services	X																	

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Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of Children: Adoption Placement Purchased Services	X						x											
Average Monthly Cost per Child Adoption Placement Purchased Services	X						x		x									
Average Number of Clients Receiving Post-adoption Purchased Services	X						x											
Average Cost per Client for Post-adoption Purchased Services	X								x									
Average # Youth: Preparation for Adult Living Services	X																	
Average Monthly Cost per Youth: Preparation for Adult Living Services	X		x						x									
Average # Clients: Substance Abuse Purchased Services	X						x											
Average Monthly Cost per Client for Substance Abuse Purchased Services	X		x						x									

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Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of Clients Receiving Other CPS Purchased Services	X						x											
Average Monthly Cost per Client: Other CPS Purchased Services	X		x						x									
Average Number of FPS-paid Days of Foster Care per Month	X						x											
Average Number of Children (FTE) Served in FPS-paid Foster Care per Month	X						x											
Average Monthly FPS Expenditures for Foster Care	X		x						x									
Average Monthly Copayments for Foster Care	X								x									
Average Monthly FPS Payment per Foster Child (FTE)	X		x						x									
Number of Children in Paid Foster Care	X						x											

Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Number of Children Provided Adoption Subsidy per Month	X						x											
Average Monthly Number of Children: Permanency Care Assistance	X						x											
Average Monthly Payment per Adoption Subsidy	X		x								x							
Average Monthly Payment per Child: Permanency Care Assistance			x								x							
Average Monthly Number of Children: Caregiver Monetary Assistance	X																	
Average Monthly Cost per Child: Caregiver Monetary Assistance	X		x								x							
Number of Children Receiving Caregiver Monetary Assistance	X						x											
Percent of STAR Youth with Better Outcomes 90 Days after Termination											x						x	

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Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Percent of CYD Youth Not Referred to Juvenile Probation									x						x			
Average Number of STAR Youth Served per Month	X						x											
Average Monthly FPS Cost per STAR Youth Served	X		x						x									
Average Number of CYD Youth Served per Month	X						x											
Average Monthly FPS Cost per CYD Youth Served	X		x						x									
Number of New Licenses, Certifications, Registrations & Listings							x											
Number of Child Care Facility Inspections							x											
Number of Completed Complaint Investigations																		
Number of Completed Child Abuse/Neglect Investigations	X			x														
Number of Validated Child Abuse/Neglect Reports	X			x														

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Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Average Monthly Cost per Primary Day Care Licensing Activity	X		x						x									
Average Monthly Cost per Primary Residential Licensing Activity	X		x						x									
Average Monthly Day Care Caseload per Monitoring Worker	X					x												
Average Monthly Residential Caseload per Monitoring Worker	X																	
Average Monthly Day Care Caseload per Investigator	X					x												
Average Monthly Residential Caseload per Investigator	X					x												
Number of Licenses, Certifications, Registrations, and Listings									x									
Number of Licensed Child Care Centers									x									
Number of Licensed Child Care Homes									x									

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Assessment Findings
4/28/2014

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Number of Licensed Residential Child Care Facilities (Excluding Homes)							x											
Number of Registered Child Care Homes							x											
Number of Licensed Residential Child Care Facilities (Excluding Homes)							x											
Number of Registered Child Care Homes							x											
Number of Foster and Group Homes (Agency and CPS)							x											
Number of Listed Family Homes							x											
Number of Child Placing Agencies							x											
Number of Child Care Administrators							x											
Number of Criminal Record Checks							x											
Number of Child Placing Agency Administrators							x											

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Assessment Findings
4/28/2014

Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging

Percent of Child Care Licensing
Workers: Two or More Years of
Service

x

Number of Central Registry
Checks

x

Data Placemat: Assessment of the Content

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Count of metrics by category ->	0	0	0	0	0	0	0	0	0	0	9	6	3	4	13	0	0	0
STAR Youth with Better Outcomes at 90 Days (%)															x			
Increase in pre/post protective factor survey results (%)															x			
P1 Investigations Initiated Timely (attempted or completed contact) (%)											x							
P2 Investigations Initiated Timely (attempted or completed contact) (%)											x							
Completed investigations with safety assessments submitted within 7 days (%)																		x
Completed investigations transferred to CVS that had an FTM during the investigation (%)																		x
Completed investigations submitted to supervisor within 45 days (%)																		x
Completed investigations with a substantive disposition (ruled out or RTB) (%)																		x
Alleged victims with no ongoing services who had a subsequent confirmed allegation or case open for services within 12 months (%)																		x
FPR stages with timely initial contact (%)											x							

Assessment Findings 4/28/2014

Face-to-Face contacts with children (%)	x		
Timely completion of initial family plan (%)	x		
FPR stages with at least one removal (%)	x		
FPR stages with at least one removal and had FGC or FTM in FPR stage prior to removal (%)	x		
Children with FPR stage closed who had a subsequent confirmed allegation or case open for ongoing services within 12 months (%)			x
Youth 18 or older with closed substitute care and have completed PAL Life Skills Training (%)		x	
Timeliness of initial child plan (%)	x		
Monthly Face-to-face contact with children (%)	x		
Children in substitute care living with relatives (%)			x
Children placed in county (%)			x
Sibling groups with all siblings placed together (%)			x
Average number of placements in foster care			x
Exits to reunification (%)			x
Of exits that are not reunification, exit to relatives (%)			x
Final orders in less than 12 months (%)		x	
Achieving permanency for children in DFPS custody more than 2 years (%)			x
Children with Termination of Parental Rights (TPR) that are adopted within 12 months of termination (%)			x
Children who return home and have a subsequent confirmed allegation or case open for ongoing services within 12 months (%)			x

Assessment Findings
4/28/2014

Completed investigations that are confirmed (%)	x	
Confirmed investigations with at least one removal (%)	x	
Completed investigations transferred to FPR (%)		x
FPR stages with at least one removal (%)	x	
Exits to reunification (%)		x
Of exits that are not reunification, exit to relatives (%)		x
Children with TPR that are adopted within 12 months of termination (%)		x

Executive Dashboard: Assessment of the Content (based on current plans at 4/13/2014)

	Budget			Personnel			Service Resources			Processes			Children			Stakeholders		
	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging	Leading	Concurrent	Lagging
Count of Metrics by Decision Type:	0	0	0	5	3	2	0	0	0	0	0	0	0	2	4	0	0	0
All, Vacancy Rate					x													
All, Turnover				x														
Investigations, Intakes assigned				x														
Investigations, Caseload (Families)				x														
FBSS, Caseload (Families)				x														
INV, Removal rate						x												
CVS, Length of time in DFPS custody						x												
CVS, Caseload (People)				x														
CVS, Face-to-face contact w/ children in conservatorship					x													
Investigations, Case duration					x													
Investigations, Children who did not receive ongoing services and remain safe																		x
FBSS, Children receiving Family-Based Safety Services are safe																		x

Assessment Findings
4/28/2014

FBSS and FRE, Children remain safe following FBSS and FRE	x
CVS, Exit DFPS conservatorship to family reunification.	x
CVS, Exit DFPS conservatorship to relative or fictive kin	x
Adoption, Within 12 months of termination of parental rights	x

APPENDIX J: TSG SURVEY INSTRUMENT

Thank you for agreeing to take part in the DFPS/CPS assessment project. This survey will provide important information to help CPS improve the work we do. Your answers will be tabulated by The Stephen Group and kept strictly confidential—no State employee will see your individual answers. So, please take advantage of this opportunity to be both frank and helpful.

The number of the region I work in (use 12 for state office) is:

My job in CPS can best be described as (select all that apply)

- Front line worker (mostly working directly with children and families)
- Administrative or operational support staff (non-direct delivery)
- Supervision of CPS workers
- Subject matter expert

In a typical week, I spend my time as follows (estimate percentage of work week—adding to 100%)

Talking with families or children	0
Talking and meeting with other organizations including courts, agencies or contractors about specific children or families	0
Travelling	0
Working with paper: forms, reports, memos, letters...	0
Working on a tablet or computer	0
In formal meetings that include only CPS people	0
Discussing things informally with CPS people	0
Other <input style="width: 200px;" type="text"/>	0
Total	0

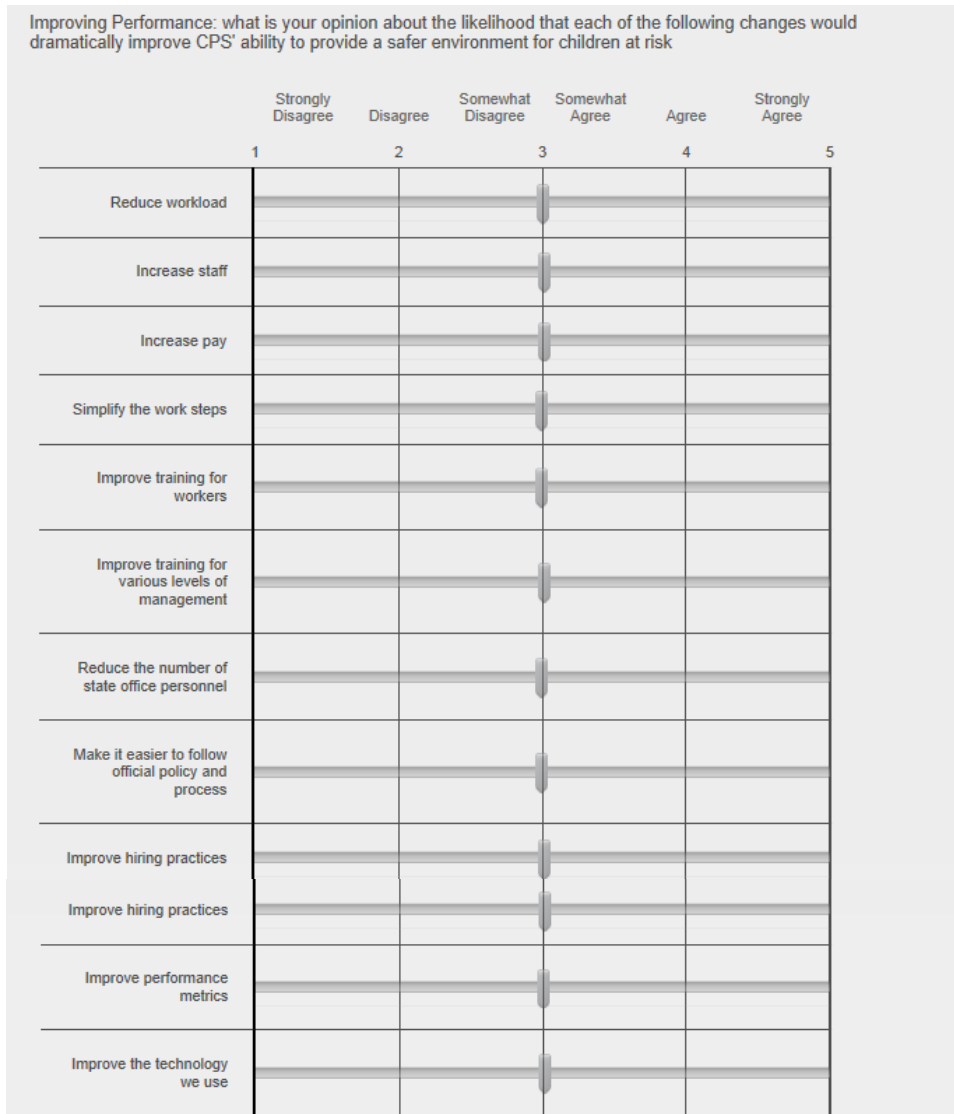
Please tell us how you feel about the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	1	2	3	4	5
Q3. I love the work I do					
I really like my co-workers					
Q4. CPS is a great place to work					
Q5. I am planning on working at CPS for the rest of my career					

Please give one example you have seen of CPS working at its best. What happened? Who was involved? what was your role?

When people I know have left CPS, they tell me it is because (please drag and drop the options below to order them by rank of importance)

- Work hours or workload
- Pay
- Stress of the job
- Boss did not support
- Other



Management Style: When my boss wants to increase performance, the most common approach is: (select the one that best applies)

- Encourages me to work harder
- Teaches or directs me how to work smarter
- Supports me as a person through difficult times

Comment: Describe one example of something your supervisor or manager did to improve your performance

How decisions are made:

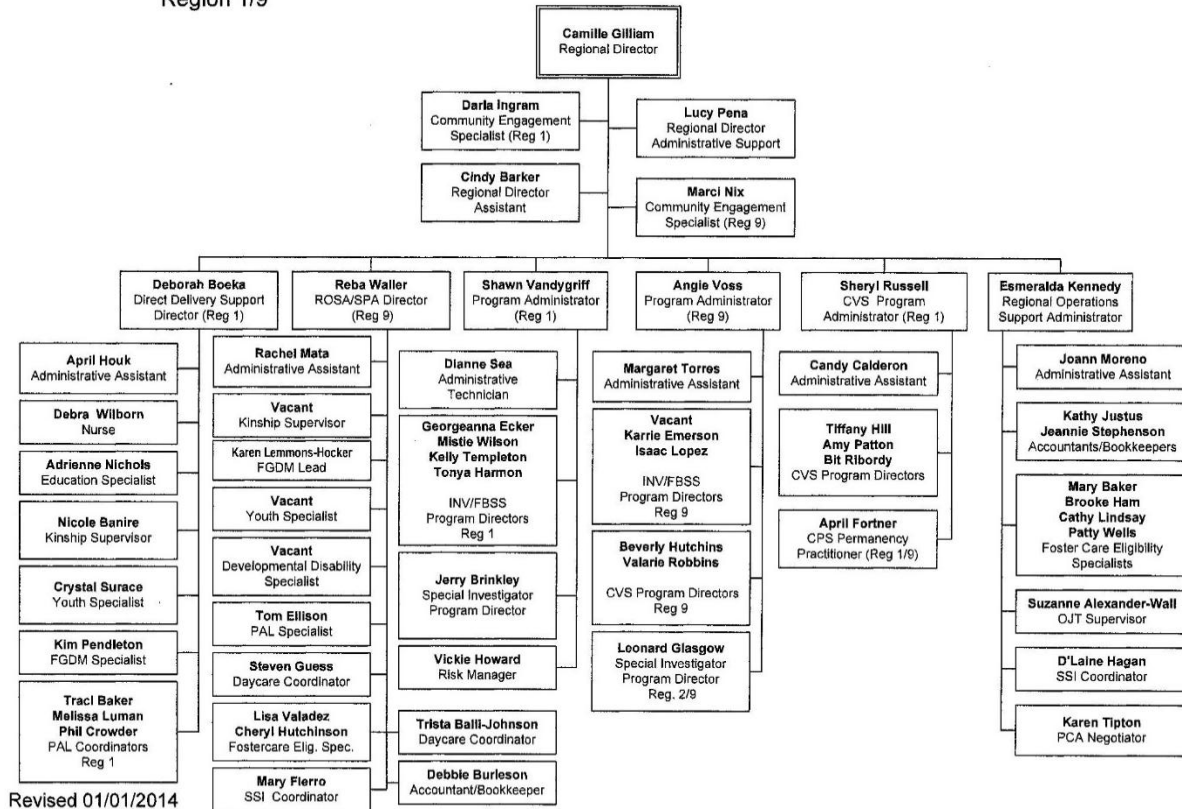
	1	2	3	4	5
	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
My decisions are 100% supported by my immediate supervisor					
Child safety decisions are always made using formalized policy and practice					
Decisions are made using a team approach -- i.e. not by me alone					

Elevator Question: Let's say you ran into Commissioner Specia in an elevator tomorrow. He doesn't recognize you, so you have a few seconds to tell him how you think CPS could improve—with no risk. What would you tell him?

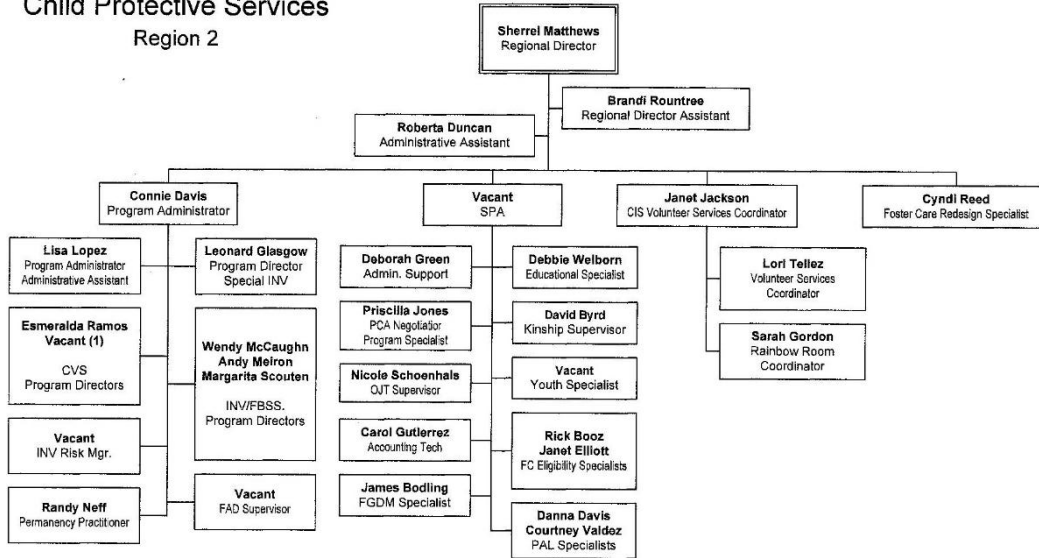
Thank you again for your frank and thoughtful input. Your comments will go a long way to help CPS improve how we serve our children.

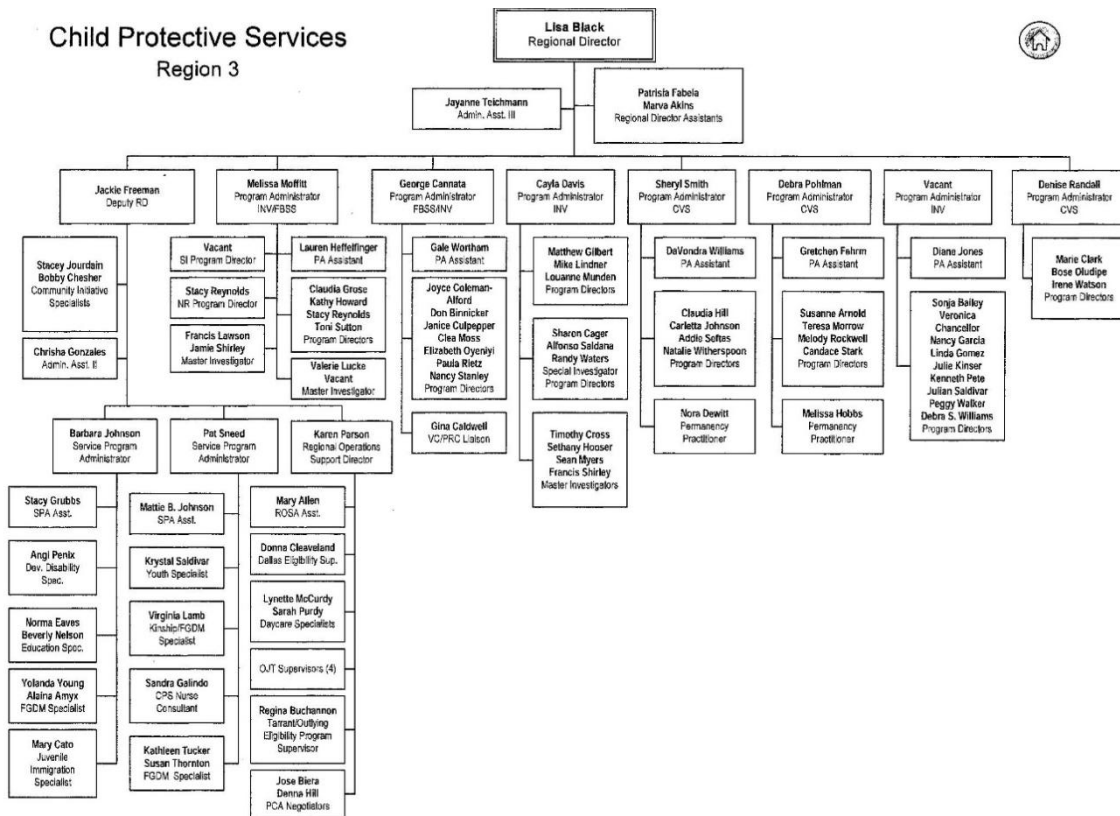
APPENDIX K: REGIONAL ORGANIZATION CHARTS

Child Protective Services
Region 1/9



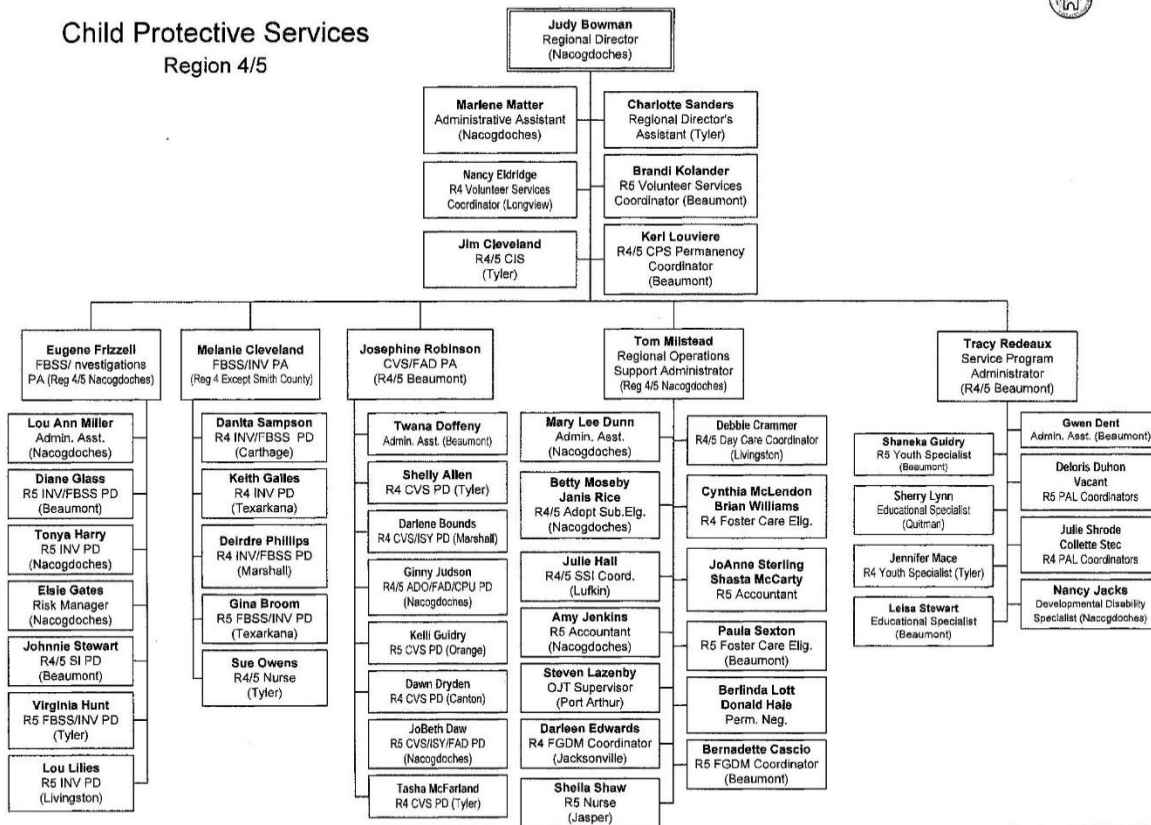
Child Protective Services
Region 2





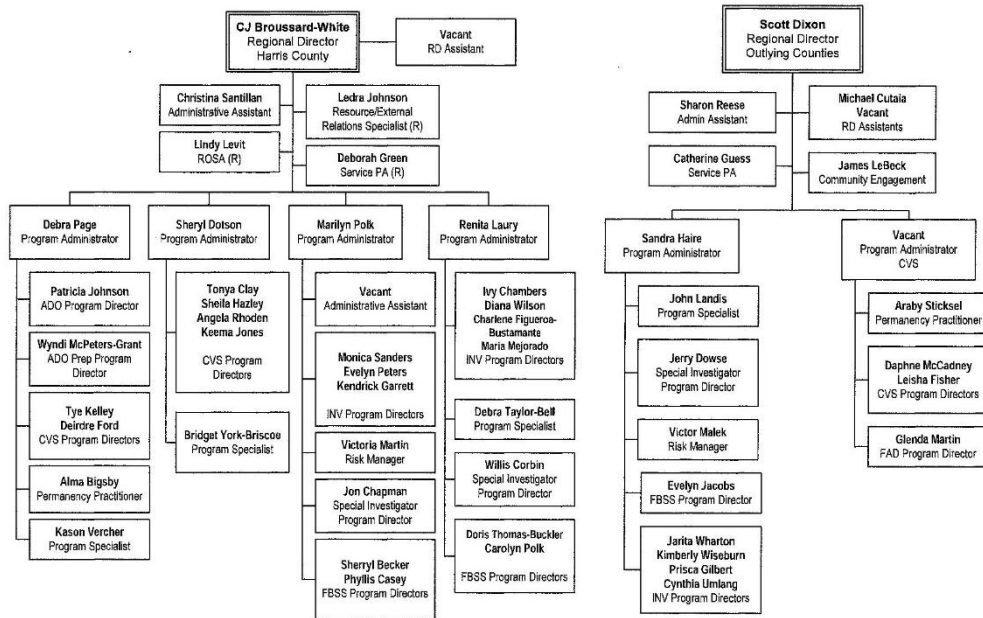


Child Protective Services
Region 4/5



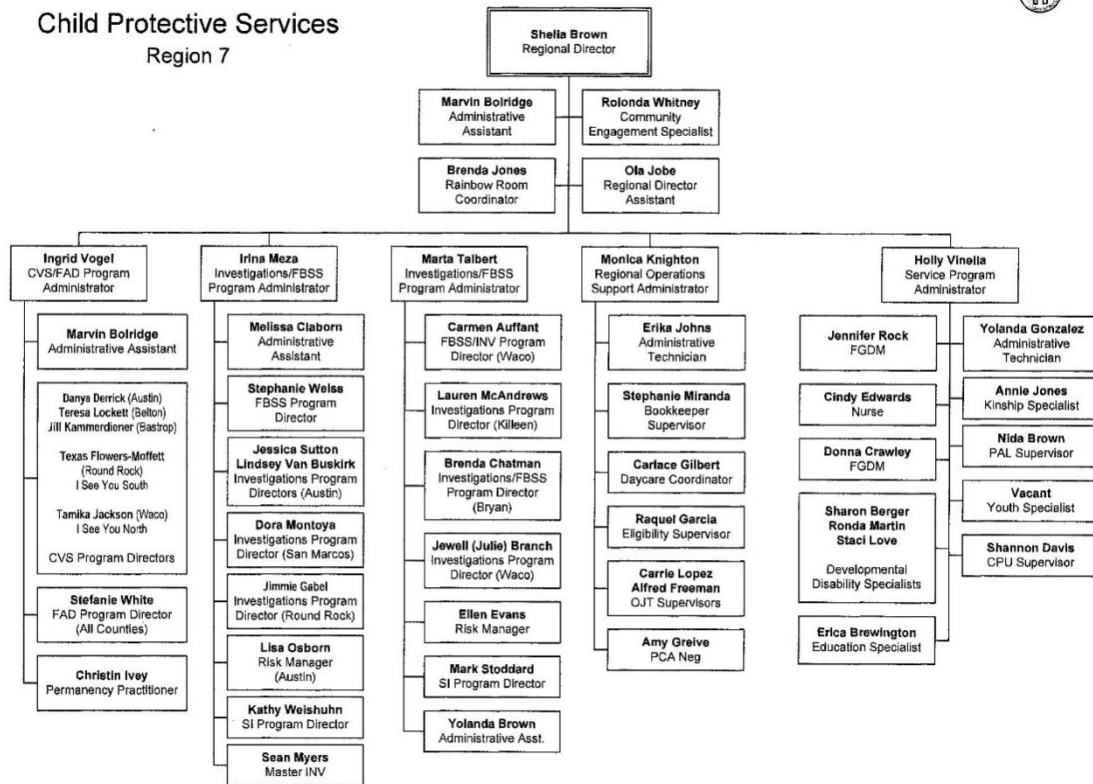
Revised 01/01/2014

Child Protective Services
Region 6

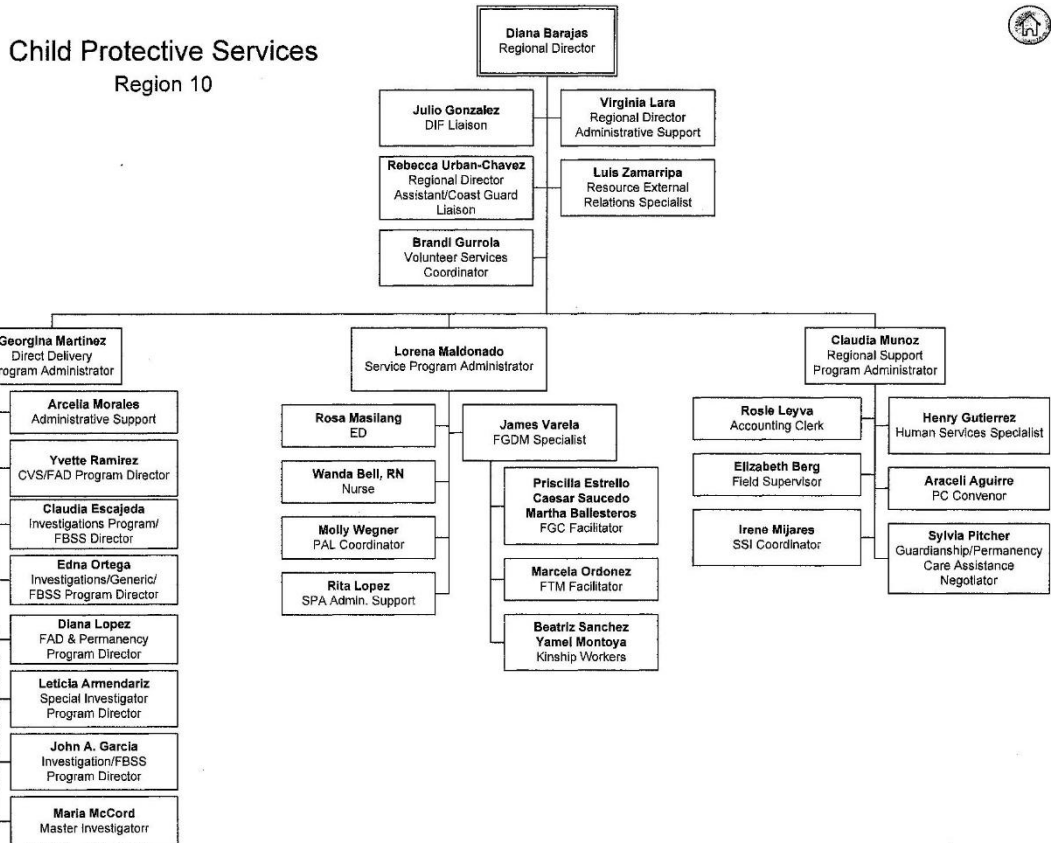




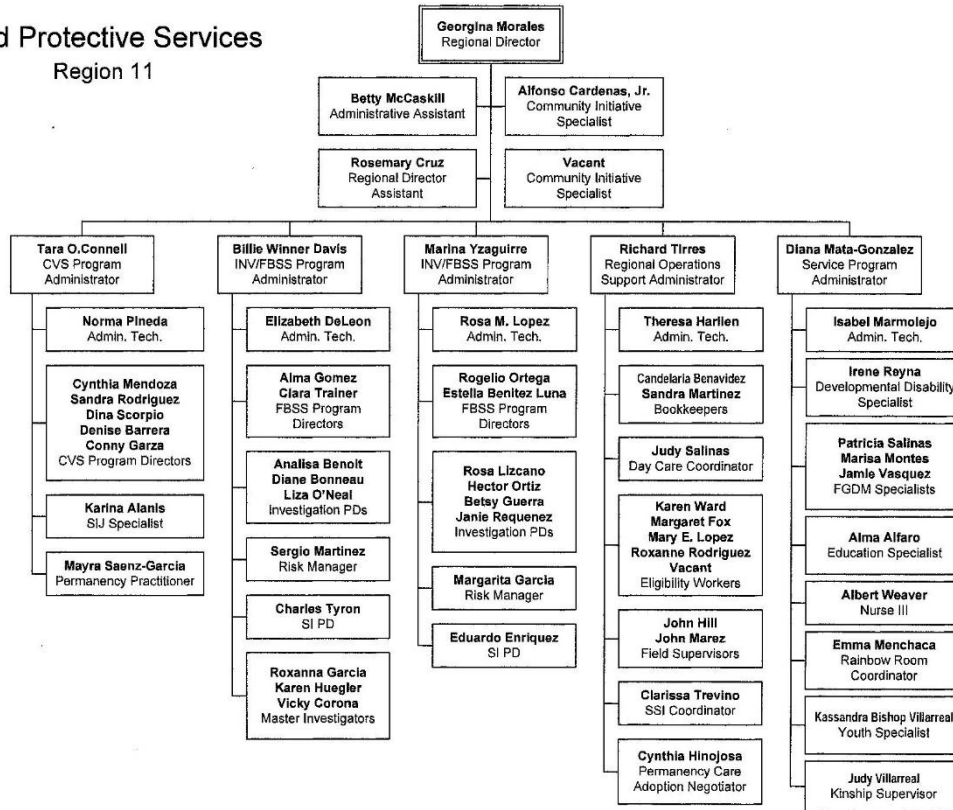
Child Protective Services
Region 7



Revised 01/01/2014



Child Protective Services
Region 11



	•
	•

APPENDIX L: LIST OF DIFFERENCES BETWEEN REGION 3 BASELINE AND THE OTHER REGIONS

Note: In this Appendix, TSG presents the list of individual differences identified by the regional focus groups. The numbers refer to numbers in the associated process maps included in the following Appendix.

Region 6

Investigations Process Differences Region 6

1. Screener is missing
2. P1 Staffing not P2
3. Directives (something you are told to do) only for new workers, if needed
4. Criteria check list (everything you need to do complete case) only for new workers
5. L.E. happens earlier.
6. L.E. doesn't go along 35% of the time for this region
7. Run TIERS to go hand-in-hand with IMPACT (Screeners, some secretaries and experienced workers have access to TIERS). TIERS is updated regularly real time.
8. Courtesy request rarely submitted
9. Travel
10. No outlook at this point, do it later.
11. Decision of all the different places I need to go (they don't enter this in system, just make notes on their folder)
12. Not really a choice of whether you go into a neighborhood or not (depending on safety risk).
13. Staff before we prepare the affidavit.
14. School interview should go before the home.
15. If abuse and neglect allegation then schedule forensics interview. Sexual abuse allegation, disclose to supervisor, and then schedule forensics with CAC. Worker keep case.
16. Take photos should be done while interviewing the children (before parents). Date and time is not captured in IMPACT unless worker labels. Date and time is not stamped on photo either. "If I can upload 10 pictures to Facebook, I should be able to upload to IMPACT." Time consuming to come to office to get broadband to upload photos.
17. Provide business card and identify yourself.
18. Harris County send to FTM referrals mailbox
19. FTM specialist (not FGM). FTM is supposed to meet immediate safety needs of the child where FGM is for long term needs.
20. FTM contacts family and coordinates

21. FTM and CPS staff develop the safety plan.
22. More like 80% going to FBSS, not 50%. They have not ever seen any hard numbers on this.
23. Contact the collaterals for the relatives/close non-relatives. Rely on IMPACT to check records of relatives/non-relatives. If IMPACT is not updating out-of-state, they don't get it. "IMPACT is not always thorough or accurate."
24. Only as needed.
25. Sometimes have to repeat (a couple of times) and still won't check out and you have to go to removal.
26. Keep confidentiality (let the parents explain). Might be an issue with policy here because some workers tell too much and some don't tell enough.
27. Staff and, if necessary, report abuse or neglect (if applicable start PGSP process again). Need to keep in mind the number of children in each case when talking about caseload. In one case you may have 10 different visits because the kids are spread out all over the place. Supervisors don't take this into account when handing out cases. FBSS doesn't consider number of visits when handing out cases. CVS documents caseload by individual children.
28. Contact voluntary placements – differs from county-to-county and region-to-region. In Harris County, they go straight to voluntary placement (if shelter has room), in other regions they got to CVS
29. Safety plan needed in a PCSP placement
30. Ask the questions of protective parent before you do the safety plan.
31. Monitoring should be a step in process instead of "What's Next?". That's what they mean here.
32. Safety assessment is done after safety plan, you take custody and finish interviewing principals in the case. Can't do risk assessment before you do safety assessment (which is done in person, not over the phone). Have 7 days from intake to do safety assessment.
33. Dispositional staffing comes after you have completed the risk assessment. Dispositional staffing is done in the office. Same as Region 3's "staff case with supervisor if case is past 30 days".
34. Show cause (non-emergencies) should be 25% and emergencies should be 75%.
35. Show cause petition filed (they called it "base petition") via email with legal. Put into IMPACT in certain places. Would be excellent to have entire document uploaded into IMPACT in external documentation. One person mentioned that was a place to put it in there, but if the workers don't know where it is it doesn't do any good. Under "Legal" tab, there could be a place for legal documents. You can scan documents (medical records) into the system, but nobody is telling the workers how to do this. Having some of these docs in the system "would take two hours off of the process."
36. Notice of Removal to parents before you take possession of the child.
37. Request placement before you take possession of the child.
38. Blue bags aren't important, it's the contents.
39. Documenting in IMPACT after removal is day 2
40. While sitting at office, waiting for placement to come in, you need to get all of your paperwork done.

41. When decision is made for an emergency removal, supervisor should be calling other workers and at least 3 people helping placing the child and work through process. The team is important in case there are multiple kids involved that need to go to multiple places. Case aids are important. "This is why we say it is a team effort."
42. Case aid can coordinate and attend visit.
43. 1 in 20 actually do 72 hour visits. Some in group say they just have to schedule within 72 hours, not actually visit. Also, weekly visits don't happen.
44. CVS does child's plans.
45. Staffing with CVS. (They try to do it before this at ex parte hearing).
46. Hand of to CVS.
47. File medical consent and resource affidavit before hearing.
48. They don't reset for trial in Harris County. Judge will rule if agency remains temporary conservator. They do the trial right then. Region 3 may rescheduling another hearing when the judge could make a decision right then and there.
49. Mediations in outlying counties before the hearing. Mediators are attorney and judges.
50. Need medical release done for child (medical exit exam)
51. May leave a case open after judge has ruled.
52. Instead of downloading on Day One, they download when case closes.
53. Secretary actually sends the case to RIO. Secretary batches cases together, labels them and sends it off. IMPACT doesn't allow all of this to be scanned, so if family returns the file has to be sent back.
54. Determine family's willingness to participate when completing the safety plan.
55. PD's are going to make it happen
56. Do home study if they take custody

FBSS Process Differences - Houston

1. Make your assessment after you meet with the family.
2. Pre-visit staffing.
3. For inexperienced workers may be a post-visit staffing.
4. Instead of 50/50 its mostly regular, and a few moderate cases.
5. Can't see a child until the case has been assigned.
6. Contact family before you see the children.
7. Build rapport with the family and allow them to tell their side of the story "because (families say) investigators are always wrong."
8. Don't use collaterals unless they are needed for a placement.
9. Hardly ever do FGCs in FBSS. Alternative response investigations will be receiving cases for families with no prior history in some instances.
10. Daycare is not automatic, only if needed (for safety or if parents need it to get to a job).

11. Safety assessed throughout the entire FBSS case, not just at one point.
12. Produce 2054 before you monitor (at time of FPS).
13. We don't use Child Resource Caregiver Forms.
14. Need a child transport form
15. Will call attorney and run the facts by them and see what they think (is there enough evidence to go forward) before spending a lot of time drafting an affidavit.
16. Request placement if needed.

CVS Process Differences - Houston

1. CVS worker receives the case after it be assigned to subcare (investigations opens subcare stage)
2. Supervisor calls with assignment and reviews the facts of the case with the worker and clarifies goals and necessary services.
3. Post removal staffing is not applicable to conservatorship in Harris County
4. May or may not have FGC. Might add some services before filing with the court.
5. Family plan
6. Generally cases come to her in the placement that they are going to stay in. She may put her name in there as the back-up consentor, but that may or may not happen.
7. Request permanency conference does not come out of her either. Only if no FGC 3-4 months in and maybe two or more over a year.
8. Must contact parents earlier
9. Never seen a Native American case
10. Ongoing – psychosocial. Must be submitted with the family plan.
11. She wants to meet the children before she does the family visit.
12. Make contact with children and foster parents
13. Services before the visitation takes place, but the visitation plan needs to be with the family plan
14. Ongoing /may be in foster care or kinship care when they come to her.
15. Occasional
16. Have to be a principal in the system before you can do a background check.
17. Working with kinship on this.
18. The CVS home study is a much more thorough, in depth home study than what was done during investigations. Only going to request a home study if there is a new placement for the child with a relative or foster home.
19. She has already filed the family plan with the court by the 14-day period.
20. Child service plan must be filed within 45 days (not filed with court) of when child came into custody. IMPACT notifies when this is supposed to be updated (medicals, dentals, foster care reauthorization, etc. are due).

21. Don't file Child Service Plan
22. She doesn't staff with supervisor/D.A. (at least not at this point)
23. Permanency hearing (not a status hearing)
24. Families request the FGC, not CVS.
25. Only submit family plans once to the court and then verbally update the court when needed. They do update the family's plan.
26. Staffing with Supervisor and County Attorney happens at the very end for them.
27. After second permanency hearing
28. Reassess goals. CVS worker is talking to parents about permanency from the very beginning (its ongoing).
29. How are these different?
30. 3,6 and 9 month permanency hearings, then trial. No decision at the second hearing.
31. No extension here?
32. No such thing as the PMC unit ("I am the PMC Unit"). Saddest stage of all is when the kid just ages out of care.
33. Go to the judge before we allow the child to go home or unsupervised visits.
34. Don't do affidavit
35. A month or two of in-home visits prior to hearing
36. Don't have the second permanent trial in Harris County.
37. Legal risk broadcast if not an option for reunification and don't have an adoptive family on the table (RAS)
38. PMC (Permanent Member Conservatorship)

Region 8***List of Differences between Region 8 and the Baseline Process Maps*****Investigations Process Differences Region 8**

- 1 Comes in as P1 or P2. Then investigation screeners can downgrade, make collateral contact, close without action for P2s.
 - 2 Region level routing, Bexar county level routing, program level routing to units/investigator, Supervisor screens it, then may be transferred to special unit (military, domestic violence)
 - 3 Don't contact report if done by screener; if anonymous, no info
 - 4 Admin runs TIERS check, criminal history, CPS history when intake first comes in
 - 5 If they said no and staffed with supervisor, will call for Motion to Investigate, will not try to enter again.
 - 6 Only ask for Special Investigator if can't find family
 - 7 Interview everyone before we schedule care team exams and forensic interview
 - 8 Some workers don't upload photos until they close the case
 - 9 Investigator contacts the family for Family Team Meetings
 - 10 Have to fill out referral form, all interviews, risk and safety assessment must be completed, close case and submit with copy of safety plan to supervisor. She submits to FBSS mailbox, goes to router, they assign it to unit/worker, then schedule joint visit.
- Explain disposition, explain about letter saying case "closed" (policy to send within 72 hours after closing case), make sure family understands that case is transferred
- 11 Get PA, then Asst DA approval for removal May be verbal.
 - 12 If parent can't be found, leave documents on the door or with family members.
 - 13 Once get approval from Asst goes to DA; if have time, will request placement before doing removal (babies in hospital).
 - 14 Central Placement Unit – In house unit that will find a placement, they generate forms you need, you return the forms and they will find the placement for you. They give you home studies and investigator and choose the placement. Take special requests, needs, locations into consideration.
 15. Placement forms: med consent, education form, discipline policy, one set for each child. Many foster placements will have their own forms. Need hard copy to be signed by placement, some by older kids. IMPACT will generate some – will have to go to office to make changes and reprint out. Can't extract info from IMPACT Persons List to fill out (multiple!) forms. Takes time to explain each forms, kids not all in same location, or same placements.
 16. May be able to get a diaper bag, etc., but not automatic. Children shelters don't allow outside supplies, some foster placements provide own bag; foster parents required to provide supplies. Have to be at Pickwell location to have access to resources, no more Rainbow Room; don't want to give kids garbage bags.
 17. Differences even across units as to whether to request child care for emergency placements at a foster home: Enter day care request in IMPACT, approved through IMPACT, and generate 2054. Since September by legislation: new day care form for caregiver to fill out attempts to get community day care before they can apply for paid services. Need to send letter to supervisor addressed to PD requesting day care and why to get approval.

18. Subcare stage must be done: Foster eligibility has to be submitted.
19. In emergency removal, write affidavit to submit by 9am next day, then judge calls at 1 that day, briefly tell him about case and he approves or denies.
20. Ex parte done by phone.
21. Generally have time for one visit, unless something happens, reset, and have to do periodically
22. This is really the start of the closing process, not done before emergency removal
23. Have to see child in new placement within 24 hours, or request courtesy visit.
24. Should be done before post removal staffing, not initiating child plans any more.
25. Has to be done before going to court for 14-day hearing; visitation plan e-filed, not whole binder; try to do home study before court hearing, too.
26. Need PD approval
27. Normally not do drug tests If drug history had shown up in criminal history or collaterals, would not place there.
28. If becomes a removal in a PCSP, have to do a home study. Major differences: 1) More layers in assignment/screenings at beginning – helpful; 2) Safety assessment done after a lot of the work, background checks, collateral checks, get affidavit in, especially in emergency removals; Will do earlier safety assessment if have time.

FBSS Process Differences – Region 8

1. Inv submits referral to FBSS box first, then goes to supervisor, then goes to worker, then assigned to caseworker (this is first time caseworker hears about case). When assigned to caseworker, already know staffing date and who Investigator is. Caseworker then reads the case, contacts Investigator (or they contact caseworker), and schedule joint visit. At joint visit, Investigator explains to family, the case and disposition,
2. Verify family will participate in services. They do have an option, but if they don't want services, then goes back to Inv/Family Team Meeting. This joint meeting is to explain their options, clarify what investigation is, explain what FBSS is/entails and that it is a support system for the family, verify if family ready to move forward. Then Investigator leaves and caseworker completes assessment with family, discuss possibilities for service plan, create, try to initiate services. Questions asked will be different, depending on social dynamics of the family.
3. After assessment, do transportation forms, crib requests, bear care forms, give them custom handwritten (created for specific family situation, i.e., assemble crib, clean bathroom) to-do list what they need to have done for next month – check list covers caseworker until case is officially transferred to FBSS (so we can connect them to right providers). Don't want family to just sit there waiting for services, this way family is already engaged in services by the time caseworker gets to them. Another caseworker just gives them a packet of forms and a checklist caseworker created and used in her unit. None of this is in IMPACT. Documented in notepad, and stated in IMPACT.
4. Family might decide not to proceed with services, goes back to Investigations and they hold Family Team Meeting.

5. Supervisor schedules before it's assigned to FBSS caseworker, joint with Investigative worker.
6. If FBSS refuses case, or if family refuses services – goes back to Investigations. Sometimes do assessment to build richer case to protect CPS. Often don't know that case not appropriate for FBSS until after assessment. CPS gets credit for doing assessment, and also may clear family of allegations. If FBSS decides to accept case, it is assigned to caseworker, then have 10 days to do initial contact
7. Type of case is decided even before it is forwarded to FBSS, because units specialize in types of cases. Within 10 days tell family face to face that FBSS has case
8. Gap: after joint meeting, has 10 days to hand off to FBSS; then FBSS has 10 days (not 7) to visit – could be a whole month between joint visit and first FBSS caseworker visit. LOTS OF CONFUSION about hand off of services: break in communication between Inv and FBSS at handoff.
9. Inconsistency – some caseworkers will refuse to work a case until they have the physical binder (admin has 14 days to send), some workers will work a case without a complete file. – human factor: try to start work so family does not have to wait. Unannounced and announced visits 2x month if <5, 1x month >5 years.
10. Create/type up plan of service based on discussion with family within 21 days of assignment.
11. Bear Cares – county community initiative Center For Health Care Services, school district people, juvenile probation officer – school age children, based on mental health/behavioral issues, based on scoring on a test – quicker assessment and services, controls risk factors; Investigations has Bexar cares unit and can initiate those services; for county funded units FBSS and Inv.
12. Monthly conferences with supervisor on all cases to determine “Safe?” Close or not close, and by when? – frequency of meetings not consistent across units. At monthly conference, decide whether to 1) Continue in program; 2) Unsafe and refer to next steps; 3) Close out case – Process: no active 2054s, daycare? Documentation complete, photos/docs downloaded, monthly evaluation, closing summery, risk assessment, background checks complete, Safety checklist, all signed and current family plans of service, CONFUSION and inconsistent approaches to paper documentation; 4) Re-evaluate plan of service every 3 months, add as necessary (psychiatric, day care, etc.)
13. Cases at 6 or 9 months are staffed with PD. May close case based on completing services, recommendation from providers, etc. Inconsistency among units regarding numbers of removals/PCSP, MTP: Admin last week did: 5 removals, 15-20 PCSP, mostly MTPs
14. FBSS modifies Investigator's service safety plan and revises it periodically during staffing. (Need valid updated safety plan when it arrives at FBSS. Inv safety plan must be valid before it arrives at FBSS, then can be modified. Inv bring updated safety plan to joint visit to be in effect during handover.) Icon: “3”
Close case
15. DAWG Bounty Hunter – used when unable to locate parent
16. At end of case, if legal intervention not happening, exhausted all else, close case. If another call comes in, goes immediately goes to legal.
17. FBSS can call a case in and get an investigation. CVS call in cases only if someone has a baby.

18. Investigation assesses the home. FBSS can request a formal Home Study. Both uses same form, but actual study more in depth, takes much longer.
19. 50% approved, 40% not – often court ordered (in spite of criminal/CPS history and worker knows they won't pass, 10% family withdraws. When doing safety plan/PCSP, already looking at home.

CVS Process Differences -Region 8

1. Court order kicks off case first with removing affidavit telling us when our 262 is. While case is still in FBSS, prior to coming to CVS, CVS is the secondary worker, but there is still a chance at 262 that kids could go back. Look at history of why case came in, then do post removal staffing.
2. Post Removal Staffing (usually in person meeting): Assignment done by supervisor based on severity of case (serious injury, child death, caseloads per workers, whether people in unit are new/tenured, no geographic boundary,). How does this happen? We are mobile, but usually unit is always here once/twice a week, talking to supervisor. If new case comes in, she writes on board, # kids, type of case; admin prints out numbers, discuss severity and numbers, then assigned and added to calendar for post-removal staffing. "Here are cases, you read them, figure out which ones you'd be the best for"; then supervisor approves; discuss cases a lot with each other, if someone leaves, we can easily pick up. How do you follow initial decision with team input? During staffing; we all have same court dates, so we sit in on and watch each other's hearings; we accompany each other on home visits – don't go alone; we assist in parent-child visits. So we know what parents other case workers are talking about and can cover for each other as needed.
3. Don't know what "Submit services to DA" is – when submit affidavit, then investigator will write the required services and send to DA, or , in Bexar County it is submitted to ad litem or parent's attorneys; sometimes judges will add stuff
4. 113 kids still with parents, so may do emergency removal and placement immediately right after court; (262 is non emergency); right after placement (may be at midnight?) paperwork due within 24 hours after the placement (IMPACT and forms for file, printed out); if 113 placement, need to also change med consentor to foster family
5. Reset court dates: If parents weren't served and didn't show up at court, caseworkers still have to do visits; some caseworkers go out in person to make sure they've been served; sometimes reset if other cases take long; cases are often reset for new date; if not reset for a later date, can move forward, get case assigned to CVS officially at court and proceed with CVS process; frustrating for child/family – often not thought about, families still have to wait and wait.
6. Native American question not a CVS question, happens at INV stage, already established and known what tribe we're dealing with. Confirming information from Inv when we do assessment for FBSS, some same questions (name, SSN, Nat American, - because sometimes parents move, phone changes, just guessed their SSN, prior worker did not verify documents/physically look at them, alleged dad not entered in IMPACT), some new questions. There are certain things that need to be entered into IMPACT at very beginning. There's also a form asking about Native American when doing the removal

7. CVS does not do diligent search, it's done by the removing unit: Inv or FBSS, affidavit states who did it; we have to make the effort to find the parent, actual diligent search done by DA
8. If judge approves 262, CVS has no choice. Court assigns to unit on rotational basis per DA and then by unit; unit decides which CW gets case. Background checks on relatives, etc. also done prior to removal. If there are relatives that come forward in investigation, then inv does background and does initial home study, if anyone comes in later, then CVS does background checks, if ok, then submit paperwork for home study
9. Decision: Leave kids where they are in current placement, or new placement? New placement triggers next two boxes.
10. Sometimes submit request for home study but not completed by time of placement; can only do one home study per child at a time, if unfavorable, then can do another one. May have multiple home studies if several children, sometimes interregional, depending on number of kids; don't just submit home study, when in CVS, do background checks, have to actually go out to home and assess the home.
11. If no money, can do a home study with supervisor or specialist (often happens in kinship); if PD gets home study, they can approve it, but still don't have to place there; weigh case and contact ad litem and determine what is best for child. Only do one home study on a particular home, does not have to be redone by different programs. There may be an addendum if enough time has passed, if relative moves, moved to a new house, there are new people living in house. Can do only one home study at a time, if the home passes, that is placement, can't do several and then choose; occasionally a judge/court will call for multiple home studies and then decide. Who decides if home study approved? Home study used to come in with recommendation, but not anymore. PD approves, then sent to ad litem, if agreed to, then move child; family can still withdraw during process of home study – then placement is denied. If placement out of region, will place, and request courtesy worker to be assigned; communication is difficult – all goes through ICPC through state office; some states additionally require placement to be licensed foster home.
12. Kinship can be invited at post removal or at this point. Once it's a legal case, then contact caseworker and set up kinship.
13. Nowhere do they offer family services to the family. We offer Family Group Conference at post removal staffing to come up with best solution for child; if we do Family Conf before 60 day, then Family Group Conf (FGDM) will write the family plan, with input from family, their support system. This takes work off of caseworker. What are criteria? Parents can request FGDM any time during the CVS case; caseworker, family, attorney can request Family Group Conference.
 - Submit service plan (based on family history, previous investigations, service provider recommendations, judge input) to supervisor for approval, give paper copy to supervisor, she will correct, set up in IMPACT, meet with family to review plan and sign it, add information about their support system, their community resources, make copy for family, then file it. If can't get meeting with family, will submit plan without family review.

- As develop service plan, need to decide how to match family needs to interventions or services: some services will be mandated and we know will be there; others are based on availability and need; give family need assessment – may give additional info for service plan.
 - First contact with child is 10 days after 262; if in foster home, they will do ECI; if in relative home, then CVS does ECI (Early Childhood Intervention: development assessment for children under 3 years old) (medical consentor has to take child for assessment – usually foster parent or case worker)
 - First contact with child is 10 days after 262; if in foster home, they will do ECI; if in relative home, then CVS does ECI (Early Childhood Intervention: development assessment for children under 3 years old) (medical consentor has to take child for assessment – usually foster parent or case worker)
14. Physical observation of child must be within 14 days with foster families – they have guidelines they have to follow based on the placement, sometime less time per their own rules. 72 hour federal requirement is only for licensed care.
- Service plan development: when family comes in for first visit. Possible services to provide not listed some place. No specific guidelines on what services to include in plan, depends on why child came into care, age of parent; sometimes depends on interpretation (is pushing considered family violence?), have to probe and ask questions. Domestic Violence assessment takes 2-3 hours on 2 parents, if + 3 kids, then takes all day.
 - Service plans very similar, 90% are the same. Domestic Violence Pilot – can't do cookie cutter service plan, have to do individualized plan.
 - Supervisor will sometimes handwrite in additional recommendations for the family, change wording; sometimes add a whole new kind of service (empowerment, anger management). Sometimes supervisor will cover a staffing if caseworker can't go, and will learn info there that will affect service plan; supervisors will often make recommendations based on policy they know.
 - How test efficacy of intervention? Service plan may be modified based on provider assessments or recommendations. Only use services that are available. Know what is available from lists, active services you've been using, from personal experience; have to create a resource list in BSD training. (Parents pay for nothing, CPS contracts for services; perpetrators have to pay for their interventions.) One caseworkers has own list of providers that don't need 2054s (pmt auth for contracted providers); other resources include Medicaid, community services, etc.)
 - A lot of this not taught in BSD: no specialized tracks, no specific knowledge; mentor provides any specific learning; one worker/mentor has trainees physically do some of the processes not taught in BSDs; for example, they don't learn how to do 2054s because admins are supposed to do them, but some units don't have one, or they are out, so caseworker needs to know how: most done by caseworkers.

15. Go to “resource queen” – informal process for finding right services, availability, that is convenient to family, meets their needs, maybe a new program if previous one didn’t work, or a program with correct focus for that family. Availability of resources not an issue in Bexar Co., but no resources on borders of Bexar Co, especially if clients don’t drive, even some in-home providers won’t go out there. The problem is not availability, but knowing who is available; it’s about sharing and communicating; one caseworker adds 211 number to parenting plan to call for services, alternate services.
16. Don’t talk to DA, no individual staffing – have monthly meeting with legal liaison and DA to only talk about cases going to trial: do we have service on all the families? do we need to look for more people associated with family? do we have permanency for kids?
17. Permanency Conference is done at beginning if parents are available. Only have conference later if parent don’t show up at earlier time. Don’t have formal staffing, do staffing with supervisor every day as cases come in. It’s different in FBSS/every unit. 4th Staffing – don’t do here in Bexar Co, county law in Houston that requires that, not required in Bexar Co.
18. Do not usually look at Reunification until 2nd permanency hearing, but can look at it this early; already doing periodic visits. Could start process after 6 months to request reunification staffing at court, but can only ask court for reunification when child/parents are ready today, after assessing parent’s progress on services, maintained sobriety, housing, etc. That is the first thing court will ask for. At reunification staffing with PD, they tell us goal/plan for reunification; we cannot do reunification unless have prior approval from that staffing.

During first 6 months, need to:

- visit child, parents,
- track parental engagement,
- track their plan;

Can have staffing early (3-4 weeks out because hard to schedule) so you are ready with recommendation for the reunification hearing. Before requesting reunification, need to:

- Has family completed their service plan – must be yes
- Verify services used
- Verify continued, stable employment
- Have safe and appropriate housing
- Speak with individual therapist regarding their recommendation or if they are requesting more hours with parent
- Monitor visits, and interaction, report how many home visits
- Process input from children
- PD staffing
- Get info from service providers, some do periodic reports, provider driven not state driven;
- Review contractor reports

If service provider is not providing information, then caseworker has to go get it. Need rapport with service providers; if not getting reports from contracted providers, go through contracts.

Home assessment is part of decision for Reunification, maybe have to go back out, but in reality, we assess the home every time we're in the home.

19. No affidavit for monitoring return: start transitioning kids before hearing with supervised visits.
 - Staff with supervisor to start day visits: a few hours on weekend, unsupervised. To start overnight visits into home, need PD approval. Then talk to everyone and do that several times, talk to kids.
 - Morning meetings – informal, but their supervisor is unusual in allowing them access all day. When meeting in supervisor's office, present new cases as they come during the meeting; that supervisor has no turnover, but if someone does leave, it helps with flow/handoff to someone else. This unit most tenured in CVS – attribute it to supervisor and how much we can talk to her.
20. Placement hearing only when not have ATP from attorney filing with court, can use authorization to place instead
21. Face to visits (actual, not attempts) – weekly unannounced for first month, second month every other week, then twice sometime during third month; ask to monitor return for at least 3 months; sometimes will visit at school where can talk to children a little more freely.
22. Appeal process, can't transfer to adoption until appeal process closed.
 - If judge does PMC to relatives, then we're done.
 - What needs to be fixed to make CVS work better? What is broken? What are issues?

Region 11

List of Differences between Region 11 and the Baseline Process Maps

Investigations Process Differences – Region 11

1. Decides who gets assigned case (extra criteria in this region).
2. Before doing initial staffing, already done research on family/case history so meeting with supervisor can be productive.
3. TIERS check is done by steno prior to initial staffing meeting (steno will put together folder). Steno looks at caseloads of workers as well to let supervisor know how to assign case.
4. If P1, law enforcement is notified before investigators go out. (LE is housed in this office). If known gang member, LE will require that they go with worker.

5. Staff for courtesy request (has to be within 30 miles). Must be determined if they can request a courtesy. Each region has a different courtesy request form (sometimes they will have to fill out multiple forms because one region won't accept another region's form). This is the first in a series of steps to determine if a case is transferred. If P1, courtesy should be completed within 24 hours. If P2, courtesy should be completed within 72 hours.
6. Assess the environment should be done throughout the investigation (even into FBSS and CVS).
7. Document on Outlook prior to going out. She will put case name, and "HV" for home visit, CAC or "SV" for school visit.
8. "May I enter?" would be over with the home visit.
9. "Calling supervisor to discuss" would be done in some instances before going to home because if they did an outcry they would want to discuss safety plan, etc. There is no set place for this. It could fall in a lot of places. No one case is the same.
10. Have to do 10 things before submitting the request form (proof that they made attempts). And then they have to fill out the SI Request Form (and each region has a different form).
11. We would staff prior to making a decision if it is an UTC or MTA (are parents cooperative?). Would staff with legal, worker and supervisor (or PD). Driven by legal's schedule. Case is on hold during the time waiting for legal because they need to get legal to approve affidavit, which is filed with the court. It usually takes a week to get back from the court. Affidavit is based on past history. If more serious case they are probably pursuing a removal.
12. Usually take photos when interviewing the child.
13. Would provide business card to parents at the end of the interview of parents.
14. Do PCSP while still in home with the family. Do criminal background check on laptop while in home with family. If no connectivity, do it over the phone with admin.
15. Don't do drug tests on PCSP people.
16. Voluntary manual and safety plan they have to provide to voluntary caregiver. Either worker or voluntary caregiver is transporting the child. To this point the process has taken a half-day to a day.
17. Emergency removal – determination if it is emergent or non-emergent. Many factors (home environment, willingness to cooperate, risk, etc.) go in to determination.
18. Judge in this area used to be in foster care. Doesn't want CPS to be involved unless they have to be involved. He has a lot of standing orders (can't remove a child from school, etc. – received latest copy of standing orders from Region 11 staff). Pretty much have one judge that they deal with. If there is any mention of domestic violence he would order that CVS be removed and FBSS services provided. He once Court ordered a worker to learn sign language. He also Court ordered a worker to clean someone's house. Judge has recently resigned to run for County Commissioner.
19. 2087 form is done as soon as they find out that they have a child that is coming into care.

20. Risk assessment has to be done within 30 days or it triggers another visit to see children (Region 11 requires this visit, where some regions can get extension). One worker said that it depends on the age of the kids (younger kids require a second visit).
21. Refer to FBSS, staff to ensure it's appropriate for FBSS. Complete risk assessment, safety plan and wait for FBSS supervisor approval (must be done within 24 hours). If it goes IFP (Intensive Family Preservation) the supervisor just routes it to appropriate staff and designates moderate or intensive.
22. FBSS
23. PD is not required to attend the staffing, but everybody else is. As an investigator you want to attend staffing because you want to advocate for your family and get the case transferred over.
24. Complete any task required by FBSS staff in staffing (amend safety plan, do drug test, etc.)
25. Exchange of the binder (case is not closed for investigator yet). It takes an hour to put together a binder. Binder is generally only used if a court needs to see records at some point in the future.
26. Burn disc in all three paths coming out of decision box.
27. Staff case with Super, if over 30 days have to make another face-to-face visit to see children. (Region 11 rule)
28. When they send cases to records dep't/storage they can only send 10 boxes at a time (even if there are 30) because of costs.
29. Stenos monitor log of letters (two letters printed person. They send one and they keep one).
30. Don't have PD present for staffing. FGC is present.
31. Don't initiate child's plan.
32. Educational binder. We create the binder, but with Judge can't withdraw child from school (judge's standing order). Visitation plan only for FAD home.

FBSS Process Differences – Region 11

1. Referrals can come from court, CVS, Investigations, other regions and can come from inside FBSS.
2. Investigator/referrer sends Risk Assessment to Supervisor. Supervisor sends to box and administrative assistant forwards to FBSS supervisor. In Region 11 an Investigation Unit is paired up with an FBSS Unit. They seem to think this is a beneficial change in theory, but is like “the blind leading the blind. Nobody ever explained to us how it is supposed to work.”
3. Each FBSS unit has workers on rotation. They are assigned to workers.
4. Two boxes combined – “Family willing to accept services” box is combined with “Assessment”.
5. Don't require PD to be at assessment.
6. If we're staffing here we are staffing for an MTP (Motion to Participate).
7. Case is transferred as soon as possible (sometimes it is the next day, sometimes it is the next week). This is why FBSS workers are included as “secondary” when a case is assigned.
8. 7 days for regular case, 24 hours for intense and 72 hours for moderate.

9. Combine Case Transferred to FBSS and Caseworker waits for case to be transferred (see letters on chart for re-sequencing of boxes).
10. Determine what services will be offered (always done before the FBSS worker goes out to visit the family).
11. 2054s generated at the same time as the Family Plan of Service.
12. Daycare form is submitted with other 2054s.
13. Contacting collaterals is ongoing. Refer to Region 7 monthly monitoring process but where it says “removal” it could be MTP instead. Utilizing PSP is another alternative to removal.
14. Frequency of family visit varies by case type (regular, moderate and intense).
15. Monthly conferences with supervisor ongoing.
16. Print contacts for entire case, ongoing plans of service, safety plans, case notes, police call-outs, criminal background checks (every 3 months), etc.
17. Base petition is really a Motion to Participate
18. Home studies only if non-emergent or removal.
19. Potential caregiver (instead of PCSP).
20. Contracted out. They do referral form for contractor to do home study. They sent FBSS hard copy and electronic copy with determination as to whether it is approved. If it’s not approved it has to go through supervisor for signature. If it is approved it is going through supervisor and PD for sign off.
21. Don’t do child

CVS Process Differences – Region 11

1. Don’t do services to the D.A.
2. Do not typically change medical (usually done in Investigations).
3. New box (move from forward)→ meet with the family at 14-day hearing (introduce self and give business card). Sometimes have them come back to office and address any issues that they would like to address.
4. Don’t do permanency conference.
5. Investigators determine Native American and start paperwork if relevant. (If not done in Investigations CVS will do it, but rarely the case now).
6. Do Visitation Plan in IMPACT when they do the Family Plan of Service, but not here.
7. In order to arrange parent visit have to contact child placement, visitation center to try to arrange dates and times, and do a 2054 referral form (that is sent to administrative assistant who enters into IMPACT and sends to contractor to do visit). CWA, caseworker, parent, contractor and foster parent are all coordinating to meet.
8. Get binder from Investigations, read through everything they have, and see what tasks need to be completed. Do Court of Continuing Jurisdiction and Paternity Registry search.

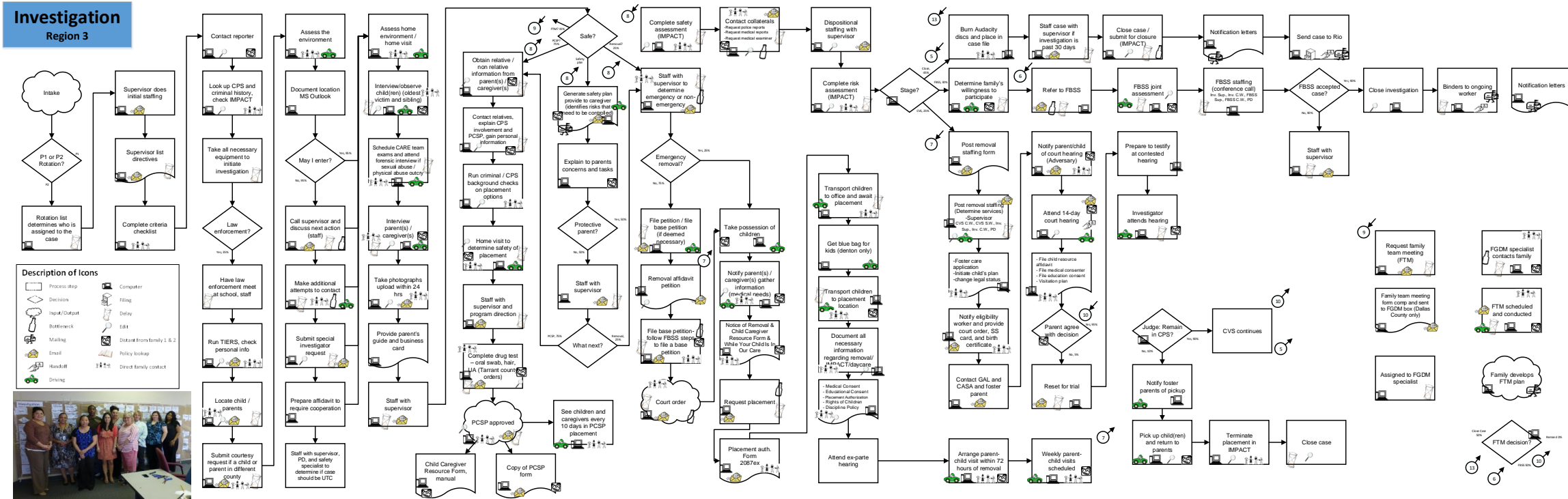
9. Before making contact with the children, have to contact caregiver that children are placed with. During these contacts the CVS worker tries to get as much info as possible for child's Plan of Service.
10. Not going to locate services in the community yet at this point.
11. Referrals and 2054s.
12. Move back toward the beginning because we want form processed so the child gets seen that month.
13. If they do have a placement option out of state have to complete ICPC request. Box in IMPACT now that allows worker to upload relevant docs and then it is sent to Austin headquarters and they send to other states. Process takes 3-6 months.
14. Once home study is approved worker has staffing with supervisor and PD to get approval for placement. If supervisor and PD approve, seek court approval.
15. Contact current caregivers, new caregivers to arrange date/time to move child, school (to get records from school), new school (to give new school records), CASA, ad litem, PD, do placement paperwork (if placement was approved). Go into IMPACT and change information. Can take half a day to complete paperwork. Info is duplicative to info that Investigator already entered. Only new information is on new foster parent.
16. Kinship Referral for services (goes to Kinship Unit). Form, affidavit, home study, Kinship Caregiver Agreement, Kinship Information Sheet (this form varies from region to region – would be good if this form was uniform). For example, Houston requires more info than other regions and sends back request and makes the worker resend all of the information.
17. In order to do Service Plans they have to contact the parents and have sit-down with them to get all of the relevant information to go in Service Plan for child. To do Family Plan must first determine if it is an FGC case, or are they completing plan with family. (That one box on the process map is about 5 days)
18. Medical Consenter is already filed at this point (done at placement). Don't do a Visitation Plan. Complete 2054 referrals to set up services.
19. Complete the placement and enter into IMPACT within 5 days to Supervisor (narrative). If it is not entered in IMPACT, state will keep sending money to previous caregiver.
20. File Notification of Placement Change with court, along with new Medical Consenter/School Change forms.
21. Don't staff with supervisors here. Would talk with Supervisor while going through process (ongoing).
22. Don't have Permanency Conferences.
23. Locate the parents – diligent searches, letter to last known addresses, etc. Contacting foster parents and schedule child visit. Have 7 days to enter contacts.
24. Do random drug testing (random drug testing occurs throughout the case).
25. Only time they request Family Group Conference is at renewal or if there is a Placement Disruption meeting.

26. Staff cases before updating Child Plans. If case is going toward termination, we get permission to switch courses during this staffing.
27. Don't do Permanency Conferences.
28. Standing Court Order can't talk to children without going through the child's attorney. Ad litem is only person that is allowed to talk to child other than their attorney.
29. Throughout process there are letters that are sent to interested parties notifying them of court dates, etc. No common letters in IMPACT that are automatically generated.
30. No permanency conference. Thinks it's just turned into a staffing with Supervisor now instead of having a permanency conference. Circles of Support referral done. FGC is main facilitator of Circle of Support meeting with education specialist, CASA, attorney, CVS worker, and disabilities specialist.
31. If reunification the worker will send letters, end placement in IMPACT, open up new stage of service FRE (Family Reunification), update Child Family Plan to say that they went home. New plan is different enough where they should have to start from scratch on this. The letter to parents explains in very simple terms (bullets) what they need to do.
32. Hopefully the visit to home happens before reunification. **(Disregard this one)**
33. Don't do affidavits.
34. If we have PMC will do Placement Review Hearing, if no PMC only have a Permanency Placement Hearing.
35. Before status hearing have to complete status hearing report.
36. Complete Permanency Hearing Report prior to permanency hearing.
37. Do second Permanency Hearing Report before second permanency hearing.
38. This region's cases don't necessarily go to PMC Unit, it will go to Adoption. Complete a 2054 to have HESGH (Health, Education, Social, Genetic, History) completed. If we have \$\$ to get these contracted, they do these. If not, they have to do them and they are long. Must be done 45 days after termination. Also, must fill out Adoption Readiness form.
39. Once Adoption Readiness Form is sent (and its accepted), schedule staffing with Adoption Supervisor, receiving adoption worker, CVS worker, CASA, ad litem, CVS supervisor.
40. A service level increase, which includes sending a packet.

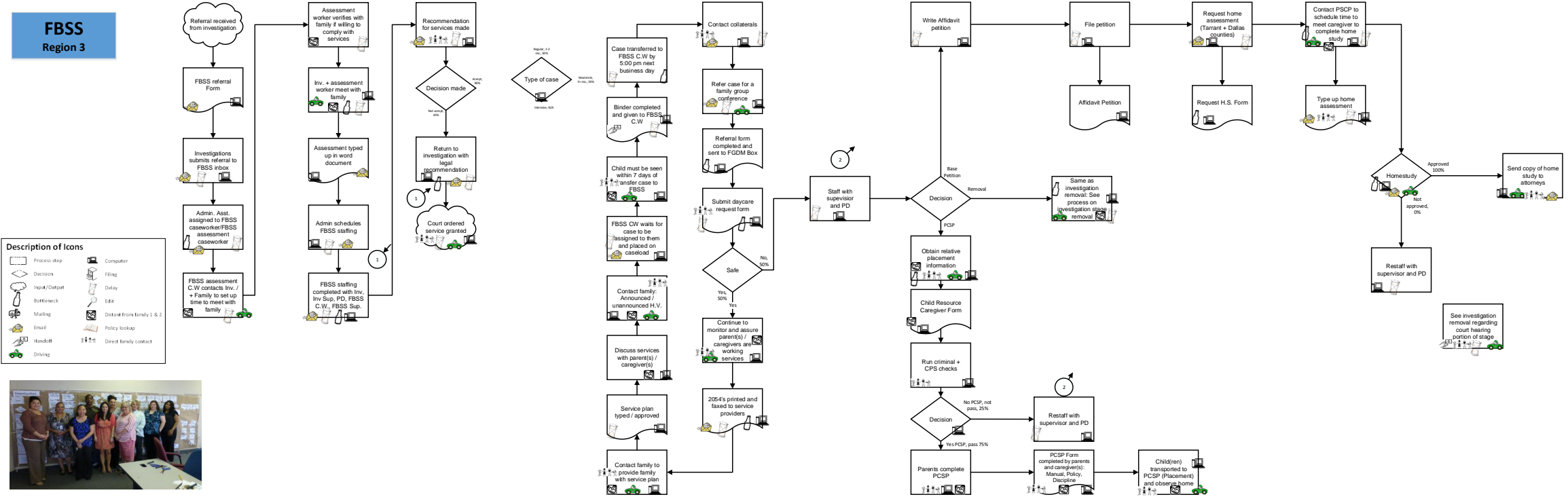
APPENDIX M: REGIONAL PROCESS MAPS

Note: in this Appendix TSG provides replicas of the process maps. Some readability is lost with the reduction. The reader is encouraged to refer to the full-size versions available in separate Visio documents.

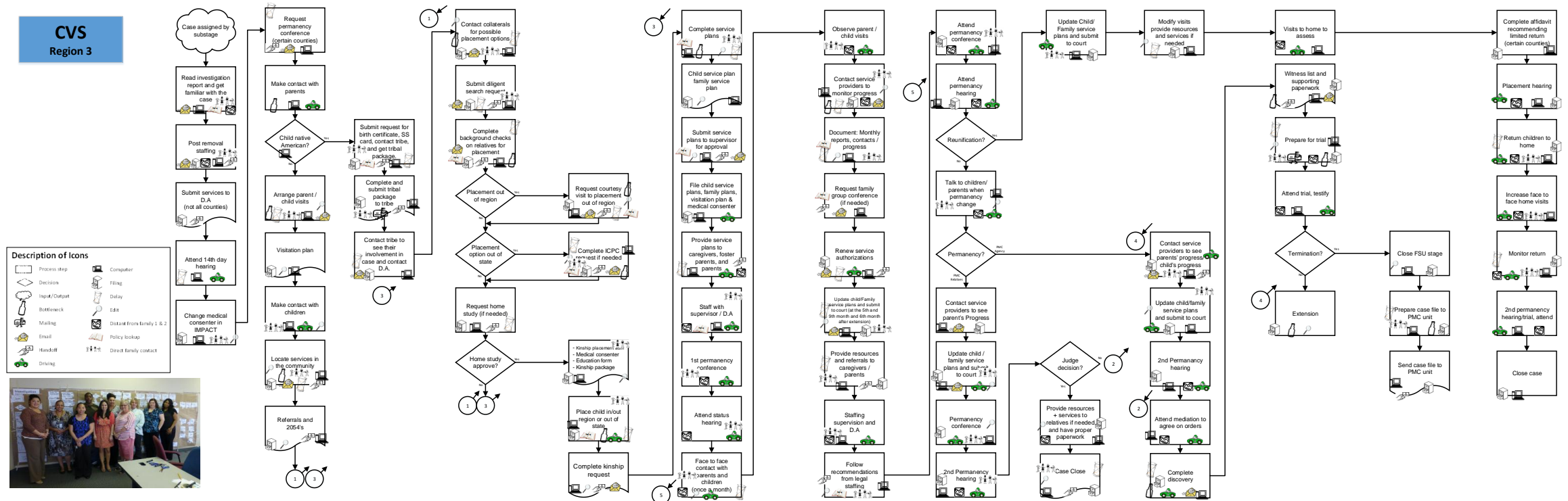
Region 3 - Arlington



Assessment Findings
4/28/2014

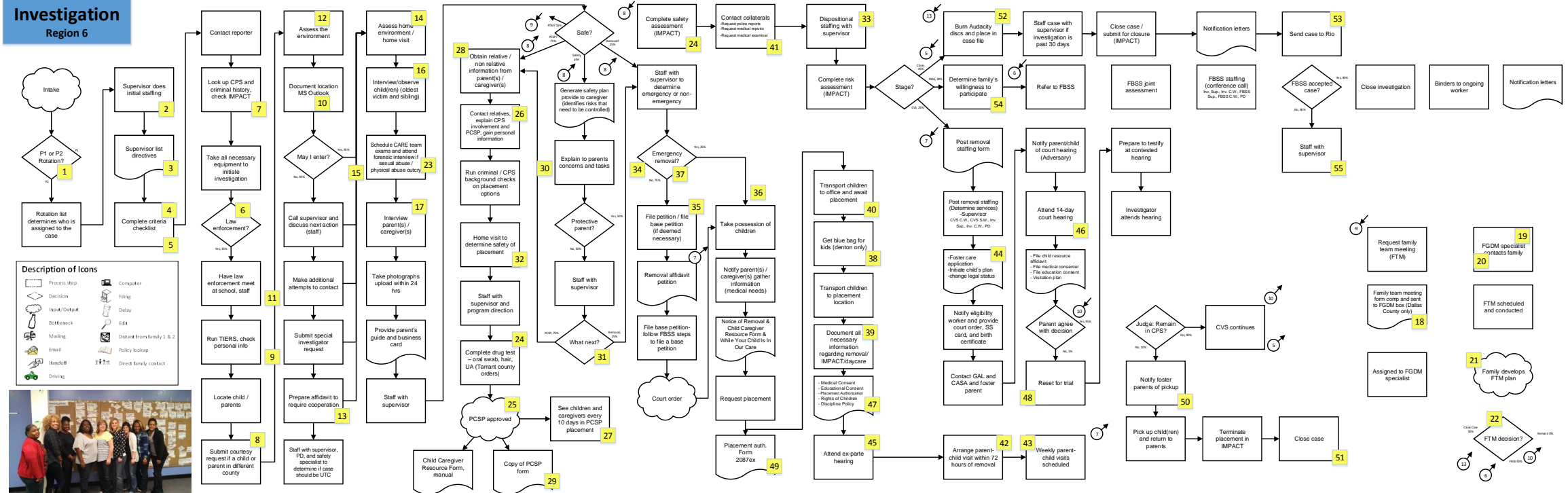


Assessment Findings 4/28/2014

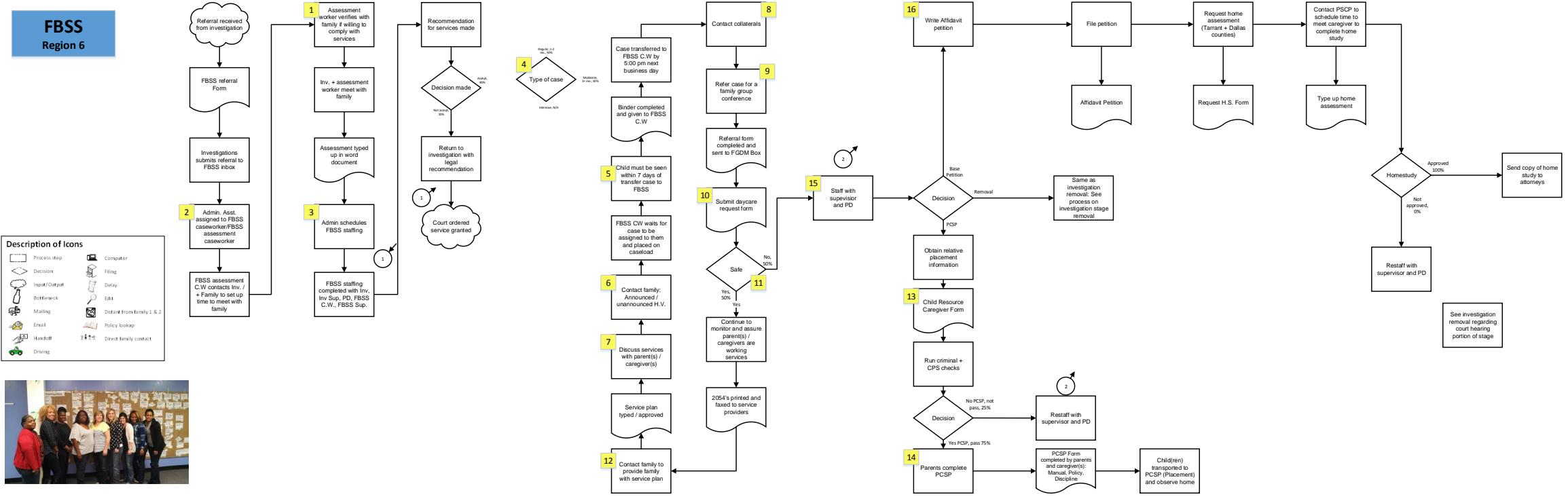


Region 6-Houston

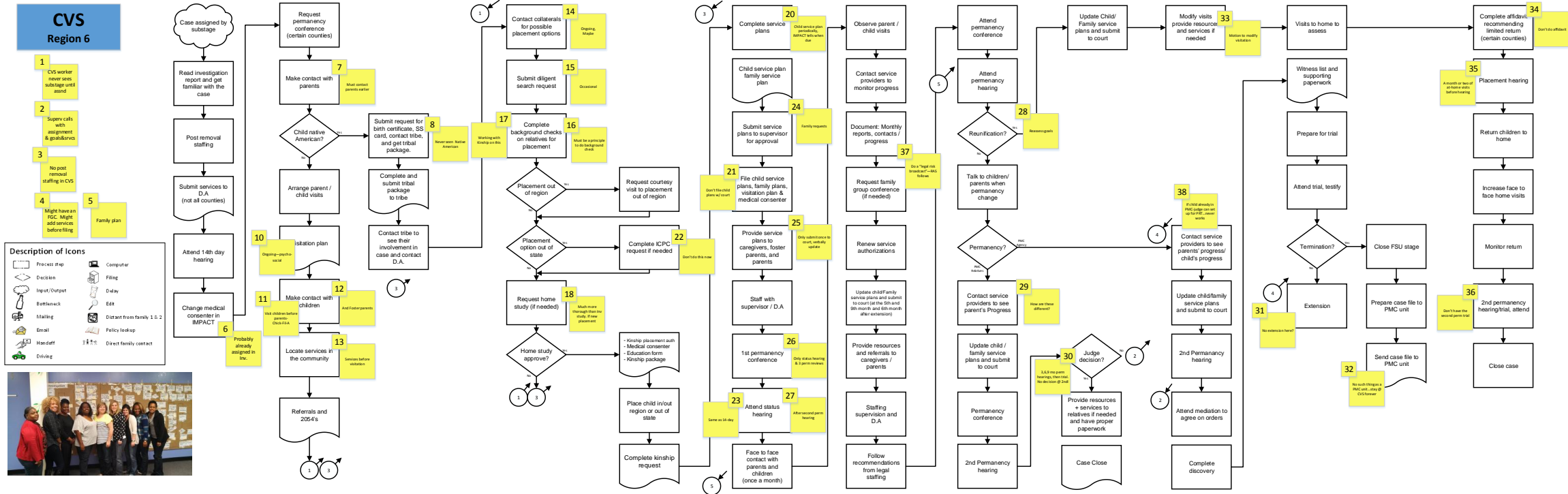
Investigation
Region 6



Assessment Findings 4/28/2014

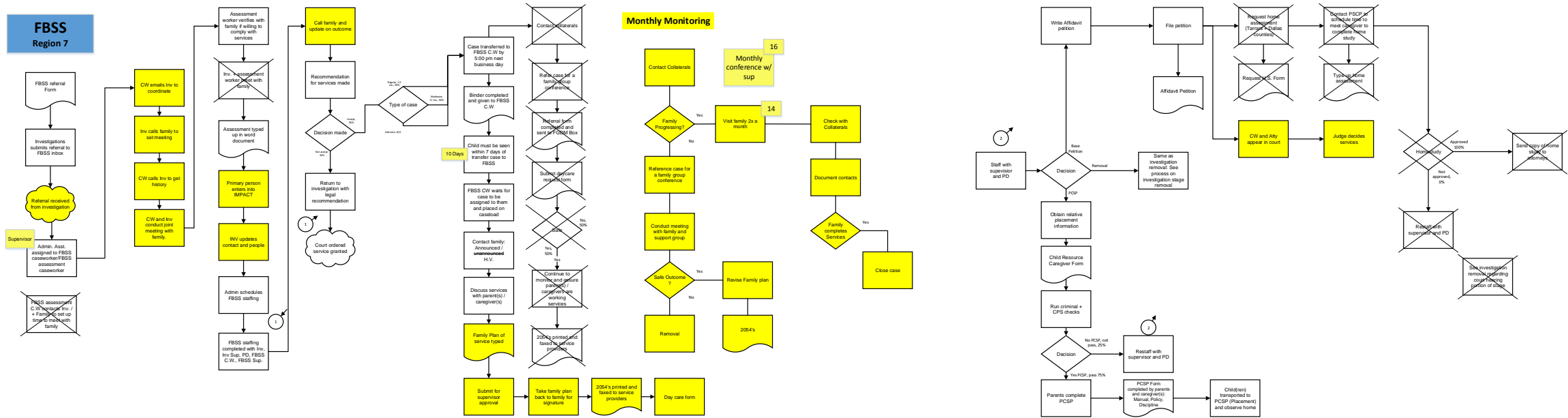


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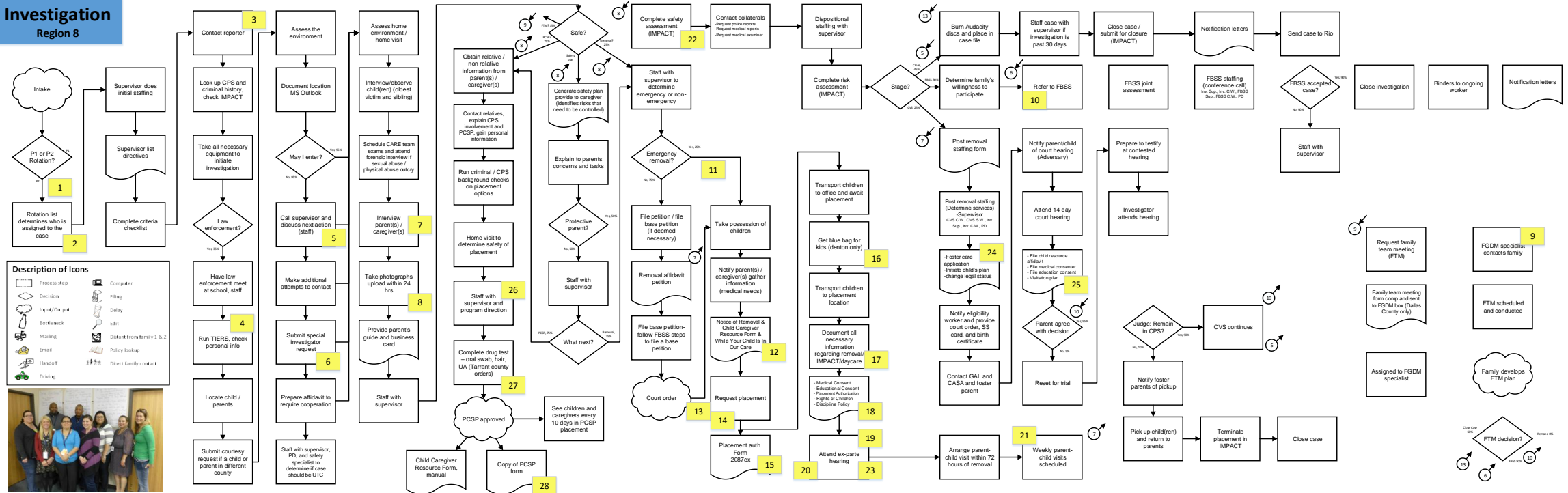
Assessment Findings 4/28/2014

Region 7-Austin



Region 8 - San Antonio

Investigation
Region 8

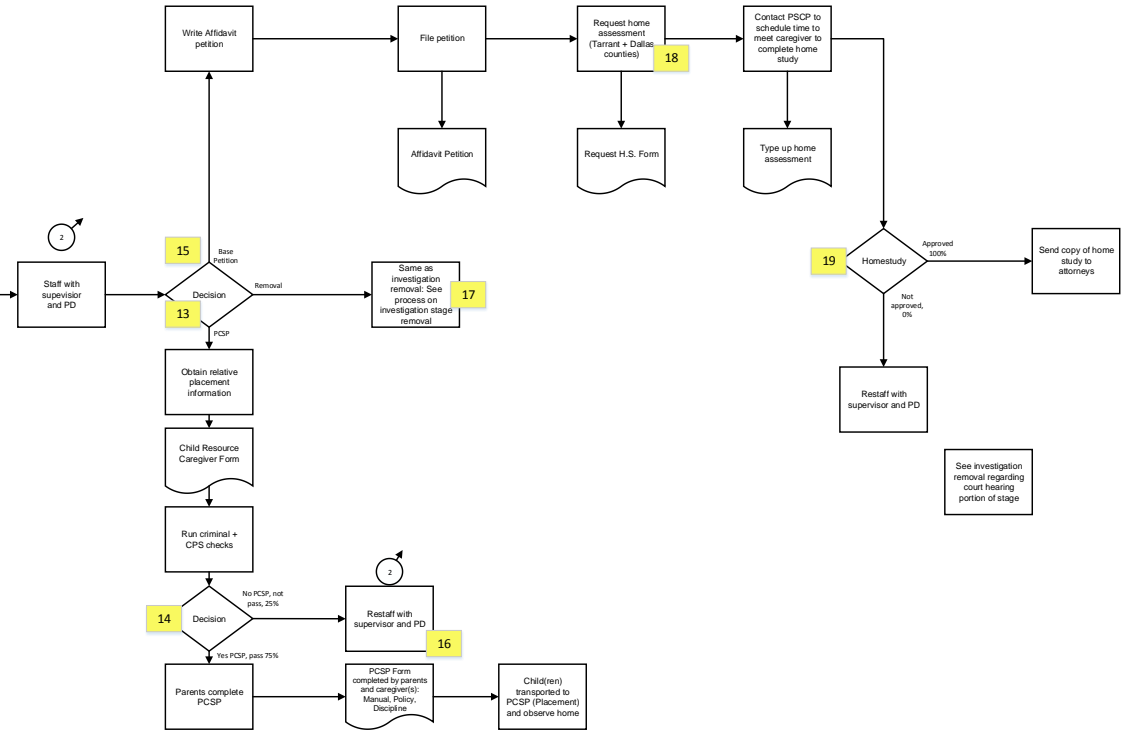
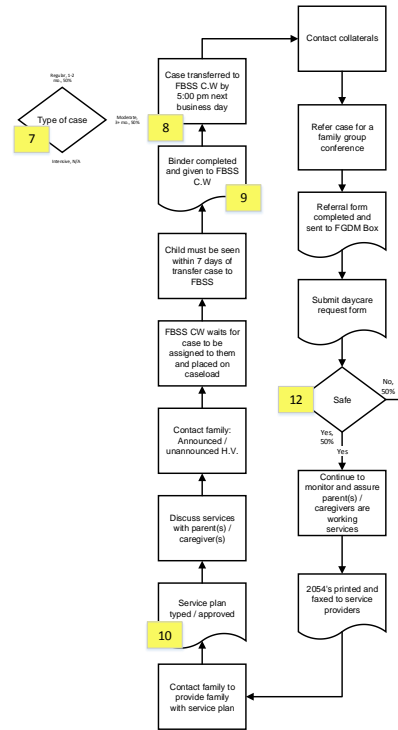
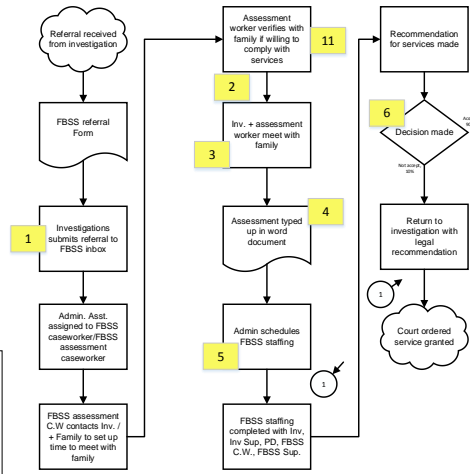


Assessment Findings 4/28/2014

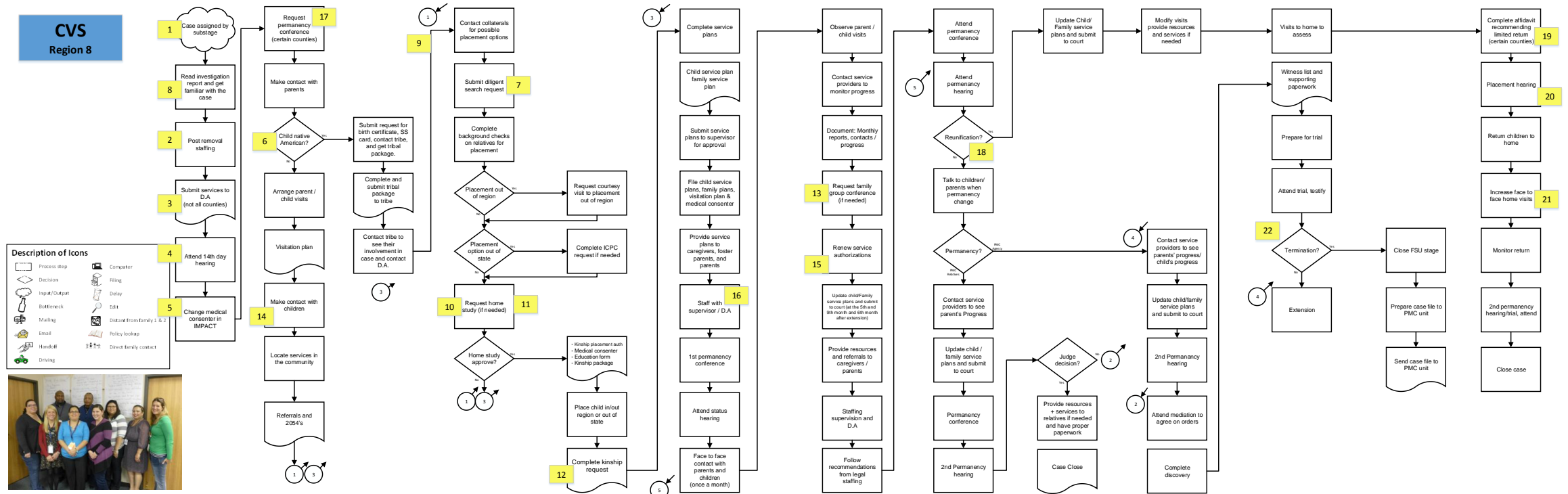
FBSS Region 8

Description of Icons

	Process step		Computer
	Decision		Filing
	Input/Output		Delay
	Bottleneck		Edit
	Mailing		Detain from Binville 1 & 2
	Email		Policy lookup
	Handoff		Direct family contact
	Driving		

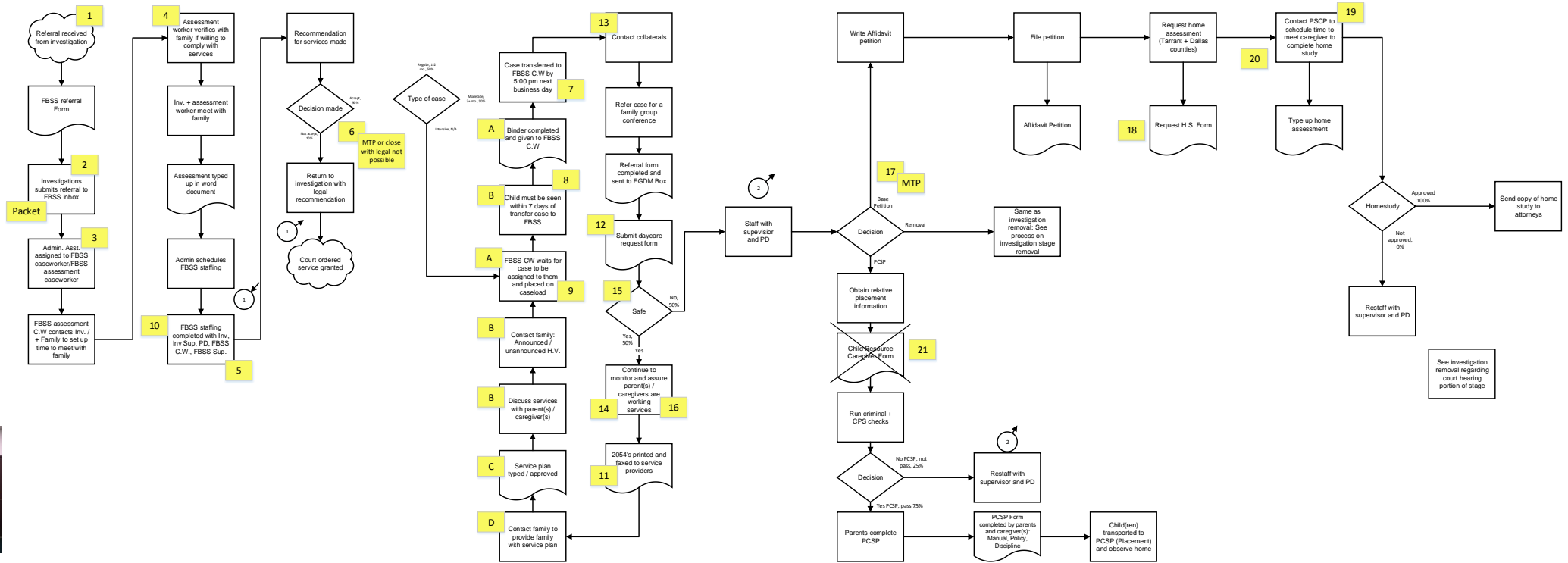


Assessment Findings 4/28/2014



Assessment Findings 4/28/2014

**FBSS
Region 11**



Assessment Findings
4/28/2014

CVS
Region 11

