



TEXAS
Department of Family
and Protective Services

**Child Protective Services
Business Plan
Fiscal Years 2023-24**

**As Required by Senate Bill 241,
86th Legislature, Regular Session, 2019**

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Mission, Vision, and Values

Mission

We partner with families and communities to address child abuse and neglect by practicing in a way that ensures safety, permanency, and well-being for the children and youth we serve.

Vision

Children First: Protected and Connected.

Values

Our shared set of values represent the ideals that unite Child Protective Services (CPS) staff and serve as broad guidelines for every situation.

Respect

We show respect to the children, youth, and families we serve by demonstrating our understanding that they are more than the reason that brought them to us, as well as identifying opportunities that enable them to guide the help they receive.

Commitment

We display our commitment through pursuit of the best outcome for each of the children, youth, and families we serve, knowing our interventions have important implications for them.

Integrity

We demonstrate integrity by communicating to the children, youth, and families we serve about our purpose and how we make decisions in a way that is easily understood, and when we follow through on our words and obligations to them.

Equity

We achieve equity in outcomes by applying our methods fairly and consistently and customizing our interventions to the unique cultural and community context of the children, youth, and families we serve.

Urgency

We work with a sense of urgency to reach safety, permanency, and well-being concurrently for every child, youth, and family we serve, and this is reflected in each of our interventions.

Texas CPS Core Practice Competencies

CPS established and designed training regarding core practice competencies that cross every stage of service. These are the actions CPS carries out to achieve the desired outcomes.

Engaging

Engaging means we develop trust-based relationships with children, youth, families, and safety networks for the purpose of driving positive change. Successful engagement is the basic building block of child safety, permanency, and well-being.

Assessing

Assessment of safety, permanency, and well-being is based on balanced, unbiased, and factually supported information. Our assessment tools are objective, reliable, and support consistency and accuracy in decision-making. Decisions are consistent across all stages of service. Although part of our work is helping families solve their problems, we must make impartial decisions about whether caregivers and families can change quickly enough to meet the child's safety and permanency needs.

Teaming

Assembling a safety network to team with the child or youth and the family is the best way to achieve safety, permanency, and well-being. Constructive relationships among people are critical to effective child protection work.

Planning

Planning involves setting goals, developing strategies, and prioritizing tasks and schedules to meet goals. Developing plans requires us to first define the problem in a way that is solvable. This means we describe our worries to families and safety networks in behavioral terms that define the danger to the child or youth. We also help families and safety networks create a vision of what safety will look like in the family so that everyone knows what needs to happen to close the case.

Intervening

Our intervention is the least intrusive required for child safety. When we take a more intrusive course of action to address danger to the child, interventions are designed to be brief. Our goal is to mobilize caregivers and safety networks to act quickly, knowing that each intervention has an impact on the long-term outcome for the child. The best permanency happens in the earliest stage of the case.

A Message from Erica Bañuelos, CPS Associate Commissioner

I am pleased to share with you the following business plan to set forth the goals, objectives, strategies, and major initiatives CPS aims to implement for the upcoming 2023-24 biennium. This plan also highlights our fiscal years 2021-22 accomplishments (see Appendix A) and outlines how we intend to expand and build upon these accomplishments moving forward.

In July 2022, Commissioner Jaime Masters charged me with an important role within the Department of Family and Protective Services (DFPS) as CPS Associate Commissioner. I bring with me knowledge gained through my own CPS experience as a Supervisor, Program Director, Program Administrator, and most recently as Director of Field Operations. I am humbled by the dedication of our staff and the partnerships of the child welfare community toward ensuring the seamless provision of services to our children and families advancing toward our common goals of ensuring child safety permanency, and well-being.

CPS will continue focusing on:

1. Providing family preservation services and direct staff to improve the quality assurance case reads for Family Based Safety Services (FBSS) to advance practices and best support families;
2. Supporting the work we do to preserve family bonds with kinship caregivers, leveraging grant funding, and exploring new ways to support kinship caregivers with our partners at the Health and Human Services Commission (HHSC), Harris County Protective Services, and DFPS Prevention and Early Intervention (PEI) under the Prevention and Community Well-being Division;
3. Promoting permanent placements by securing community partnerships to assist children and families in crisis through mentor relationships and recruiting foster and adoptive families;
4. Ensuring CPS remains steadfast in our efforts to retain staff, as well as holding them accountable for the important work they undertake, to fulfill the agency's mission through certifying properly-trained staff who can fully participate in the established mentoring program, as well as leadership committed to staff development; and
5. Concentrating efforts already underway to comply with Foster Care Litigation court orders.

As I look toward to the next biennium, I will continue to find opportunities to innovate. I am confident CPS will overcome the challenges we are facing and celebrate many triumphs. I

remain steadfast in the agency's mission while promoting initiatives aimed to improve the Texas child welfare system.

Background

DFPS System

DFPS is responsible for services to families involved in the family preservation program, as well as children and youth who are in DFPS conservatorship (CVS). In both circumstances, families and children come to CPS through Child Protective Investigations (CPI) as they investigate allegations of child abuse or neglect made to Statewide Intake (SWI), assess any threats to the safety of all children in the home, and initiates protective services, if necessary. Appendix B outlines these stages of services and the role they serve in DFPS. CPS and CPI are part of a larger DFPS system working with communities to promote safe and healthy families, as well as protect children and vulnerable adults from abuse, neglect, and exploitation through investigations, services, referrals, and prevention programs. Appendix C includes the DFPS organizational chart.

CPS Evaluation and Reporting

CPS strives to achieve safety, permanency, and well-being for the children and youth we serve. Metrics for measuring these help CPS evaluate program outcomes. To achieve effective and positive outcomes for children and youth, CPS must maintain a professional and stable workforce. CPS will continue to track turnover by tenure and stage of service along with assessing workforce challenges to evaluate the strength of our workforce.

CPS must also further our quality improvement structure to promote and assess ongoing change. The business planning process allows CPS to evaluate its continuous quality improvement efforts by tracking and reporting on key indicators.

Historical Trends

For the fiscal years 2023-24 business plan, CPS examined historical trends for safety, permanency, well-being, and workforce metrics to identify system improvements that have been made, as well as declining trends. Historical trends help CPS to proactively and more effectively identify and target strategies to build on areas of strength and make improvements. Definitions for the key measures of safety, permanency, well-being, and workforce can be found in Appendix D.

Table 1. Safety – Recidivism Trends for FBSS and Conservatorship

Recidivism ¹	Fiscal Year					
	2017	2018	2019	2020	2021	2022 Q1-Q3
FBSS	10.3%	9.7%	8.9%	8.5%	8.2%	7.1%
CVS	11.7%	13.9%	12.7%	11.8%	12.6%	8.5%

¹ Fiscal year 2022 data obtained from the DFPS Data Warehouse is preliminary and subject to end of fiscal year refresh. Fiscal year to date (FYTD) 2022 only includes quarters 1 through 3 data. Data for fiscal year 2022 will be updated in the Fiscal Years 2025-26 CPS *Business Plan Fiscal Years 2025-26*.

Table 2. Safety – Timely Face-to-Face Trends

Timely Face-to-Face Contacts	Fiscal Year					
	2017	2018	2019	2020	2021	2022 Q1-Q3
Monthly contact with child principals FBSS ²	85.5%	96.9%	96.8%	97.1%	97.1%	98.7%
Monthly contact with all parents FBSS	60.2%	62.2%	66.2%	71.6%	73.0%	78.2%
Ongoing monthly contact CVS	98.5%	99.0%	98.9%	99.0%	98.8%	98.7%

Table 3. Safety – FBSS Successful Care Closure Trends

FBSS Successful Case Closure	Fiscal Year					
	2017	2018	2019	2020	2021	FYTD 2022 07/31
FBSS Successful Case Closure ³	83.7%	82.0%	82.2%	83.8%	85.2%	85.6%

² The methodology for this metric changed in fiscal year 2018 from the percent of face-to-face contacts made for the month of August for each fiscal year to include the FYTD totals for this measure instead.

³ Due to systemwide policy and practices changes that went into effect in October of 2020, the total FBSS closed cases excludes stages closed with 'Services inappropriate' and 'Administratively closed' closure codes.

Table 4. Safety – Permanency Trends

	Fiscal Year					
	2017	2018	2019	2020	2021	2022 Q1-Q3
Time to permanency in months	17.8	17.4	17.7	18.2	18.8	19.6
Time to reunification in months	13.1	12.7	12.8	13.3	13.9	14.5
Time to Relative Permanent Managing Conservatorship (PMC) no Permanency Care Assistance (PCA) in months	12.9	12.9	13.1	13.5	14.7	16.4
Time to relative PCA in months	24.2	24.0	24.6	25.4	25.4	26.2
Time to relative adoption in months	25.6	24.6	24.7	25.2	26.3	27.0
Time to non-relative adoption in months	28.1	27.5	27.7	28.1	29.0	29.7
Exits to permanency for children in care 2 or more years	34.7%	34.0%	35.6%	32.6%	34.6%	36.4%
Visits with parents/siblings in foster care ⁴	58.0%	57.0%	48.0%	51.4%	69.1%	66.7%

⁴ Data metrics are percentage of cases that met the strength rating for the Child and Family Services Review (CFSR) quarterly case reads. The metrics reports are FYTD 2022 (Q1 and Q2). Final fiscal year data was not available at the time of publication. Final fiscal year 2022 data will be updated in the *CPS Business Plan Fiscal Years 2025-26*.

Child Protective Services Business Plan Fiscal Years 2023-24

	Fiscal Year					
	2017	2018	2019	2020	2021	2022 Q1-Q3
Placed with relatives (sub care)	44.8%	45.9%	44.9%	44.1%	45.1%	43.8%
Average number of placements for children in foster care	3.1	3.0	3.0	3.1	3.2	3.5
Percent of time in sub care spent in least restrictive setting	86.5%	87.2%	87.6%	87.3%	87.1%	87%

Table 5. Well-Being Trends

	Fiscal Year					
	2017	2018	2019	2020	2021	2022 Q1-Q3
Children’s educational needs are met ⁵	96.0%	93.0%	88.4%	96.4%	97.8%	95.1%
Children’s physical health needs are met ⁴	82.0%	80.0%	73.0%	79.9%	82.7%	81.9%

⁵ Data metrics are percentage of cases that met the strength rating for the CFSR quarterly case reads. The metrics reports are FYTD 2022 (Q1 and Q2). Final fiscal year data was not available at the time of publication. Final fiscal year 2022 data will be updated in the *CPS Business Plan Fiscal Years 2025-26*.

Child Protective Services Business Plan Fiscal Years 2023-24

	Fiscal Year					
	2017	2018	2019	2020	2021	2022 Q1-Q3
Children’s mental/behavioral health needs are met ⁴	81.0%	81.0%	81.7%	89.2%	89.5%	77.9%
Youth completing Preparation for Adult Living (PAL)	83.1%	91.5%	91.7%	94.0%	94.9%	93.9%

Table 6. Workforce Turnover Trends and Future Projections

Caseworker Type	Fiscal Year							
	2017	2018	2019	2020	2021	2022 Q1-Q3	2023 Projection ⁶	2024 Projection ⁶
FBSS ⁷	16.0%	19.9%	23.3%	18.6%	21.8%	16.2%	16.6%	16.6%
CVS	16.5%	17.4%	17.1%	18.4% ⁸	24.5%	35.7%	37.5%	37.5%

⁶ Projections are based on the 88R LAR LBB Measures.

⁷ Turnover is calculated using State Auditor’s Office methodology (i.e., total terminations/average count of active employees) TIMES 100. Turnover for fiscal year 2022 is a straight-line, annualized projection based on the status as of the end of Q3. This enables comparison of the anticipated end of year rate with the turnover rate from the previous year.

⁸ In fiscal year 2020, Community Based Care moved to Stage II in two areas, 37 counties total. As such, the metric for statewide turnover was affected. The FYTD metric being reported is FYTD 2020 CVS turnover excluding staff separated using Single Source Continuum Contractor (SSCC) specific separation codes (identified in CAPPs with Reason Code 064, Reduction in Force).

Goals, Objectives, and Action Plans

Building on the CPS vision, mission, and core practice competencies, this business plan is supported by a series of goals, objectives, and action plans to improve performance, guide innovation, encourage collaboration, and foster opportunities to leverage resources.

- **Goal 1: Safe Environment** – Maximize the Safety of Children and Youth Served by CPS
- **Goal 2: Permanent Home** – Maximize Permanency for Children and Youth Served by CPS
- **Goal 3: Well-Being** – Maximize the Medical, Behavioral Health, and Educational Needs of Children and Youth Served by CPS
- **Goal 4: Sufficient Workforce** – Maximize Staff Recruitment, Retention, and Development to Ensure a Professional and Stable Workforce
- **Goal 5: Service Delivery** – Increase Foster Care Capacity

Figure 1 includes a graphic representation of the biennial goals being led by CPS.

Figure 1: Fiscal Years 2023-24 CPS Business Plan Goals



Goal 1: Maximize the Safety of Children and Youth Served by CPS

Outcome Measures

- Reduced recidivism after Family-Based Safety Services (FBSS) are offered and the case is closed
- Reduced recidivism after a child or youth exits state custody to reunification
- Maintain quality face-to-face contact with children and parents being served in FBSS
- Maintain quality face-to-face contact with children in substitute care
- Successful closure of FBSS cases

At its core, CPS works to create safety for children and families. The ultimate measure of child safety occurs when a child involved with CPS is safe at home without ongoing CPS intervention and supervision.

CPS has added successful FBSS case closure as a measure to determine child safety of children. Successful case closure means CPS can close a FBSS case because either risk is reduced in the family or the child(ren) were able to reside with a safe caregiver without DFPS seeking legal conservatorship of the child(ren). In 2020, FBSS implemented policy and technology enhancements to expedite service delivery to families participating in FBSS. Outcomes of these policy, practice, and system changes have included fewer children entering foster care and lower FBSS caseloads due to child safety and parental protective capacity being assessed and ensured more quickly. FBSS has continuously evaluated practices through quality assurance case reads providing timely and relevant feedback to frontline staff working with families.

When a child is in substitute care, regular contacts with them at their foster or kinship placement is imperative to assessing their ongoing care and safety. Quality contacts with the children and youth served is paramount.

After a child and family ends involvement with the agency, CPS measures whether a child remains safe by assessing any subsequent occurrence of a confirmed investigation, a family preservation case, or substitute care case. This is also referred to as recidivism. CPS tracks recidivism for 12 months after CPS involvement ends.

CPS continues its efforts to ensure the safety of our youth at a higher risk of human trafficking by partnering with federal, state, and local law enforcement to recover youth who run away from their foster care placement. Through early identification, rigorous policy and practices, and multi-agency involvement, these youth can be recovered sooner.

Objective 1.1: Improve Safety Decision Making While Engaging Families and Safety Networks to Keep Children Safe

Action Plan

1.1.1	Continue engaging non-custodial parents, including focused efforts on engaging and communicating with fathers.
1.1.2	Continue expanding parent support groups (PSGs) across the state. The local PSGs are informational support groups for parents receiving investigation, FBSS, or CVS services. These groups are led by a DFPS employee and a parent who has successfully navigated the DFPS system.
1.1.3	Continue enhancing FBSS practices by continued evaluation and improvement of policy and practices to support safety decision making.
1.1.4	Continue working with partnering agencies to support prevention and intervention initiatives to address family violence.
1.1.5	Continue supporting child safety decision making by embedding trauma informed practices in FBSS casework.
1.1.6	Continue providing trauma informed care training to FBSS caseworkers and supervisors to support safety decision making.
1.1.7	Continue to seek input on policies and best practices from youth and parents with lived experiences to support families and keep children safe.

Resources: CPS Permanency Team; CPS Program Operations Team; DFPS Operations; and PSGs

Objective 1.2: Work to address risks to youth in foster care relating to Human Trafficking

Action Plan

1.2.1	Continue collaborating with the DFPS Human Trafficking Child Exploitation (HTCE) Team to develop and implement tools and training to assist staff in addressing human trafficking issues among foster youth.
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Action Plan

1.2.2	Continue working with state and community resources to provide human trafficking and internet safety training to youth participating in services to support a successful transition to adulthood as part of PAL services.
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Resources: CPS Youth and Transitional Living Services Team; CPS Field Support Team; DFPS HTCE Team; DFPS Special Investigations Team; federal, state, and local law enforcement agencies; DFPS Data Analytics and Evaluation Team; and DFPS Center for Learning and Organizational Excellence (CLOE)

Goal 2: Maximize Permanency for Children and Youth Served by CPS

Outcome Measures

- Reduced time to permanency (reunification, placement with relatives, and adoption)
- Increased exits to permanency for child(ren) in foster care two or more years
- Increased placement stability
- Increased visitation with parents and siblings for children in foster care
- Increased placement of children in substitute care with relatives
- Reduced average number of placements in foster care
- Increased time spent in least-restrictive placements settings

When CPS removes a child from his or her home and takes legal custody, DFPS is responsible for keeping the child in a safe, stable placement close to home and with his or her siblings, whenever possible. A safe, stable placement, even if it is close to home and with family, is initially a temporary solution, and CPS ultimately must ensure the child finds a safe, permanent home as soon as possible. This work includes seeking placements with trusted adults, relatives or fictive kin, for our youth transitioning to adulthood using input from youth to direct the agency in this goal.

CPS continues to seek placement with relative/kinship caregivers when possible to maintain family connections that support consistent and frequent contact with parents and siblings and reduce the average number of placements in foster care.

CPS continually assesses outcomes for children and youth in the conservatorship of DFPS to determine where to make efforts to increase permanency outcomes for children and youth. CPS

works with Single Source Continuum Contractor (SSCC) in Community-Based Care (CBC) Stage II implementation to remain focused on achieving positive permanency.

Another area CPS remains committed to examining is race and ethnicity data to determine outcome disparities for children of color. The statewide results have been nearly identical over the past two fiscal years⁹. Statewide, the largest disparity was seen in African American children, who are 1.7 times more likely to be reported, 1.9 times more likely to be investigated, and 1.5 times more likely to be removed than Anglo children. When compared to Anglo children, African American children were 0.1 times less likely to be removed in fiscal year 2021. Children of “other” races/ethnicities were 2.2 times more likely to be reported to SWI by the community but had a similar likelihood of being investigated or removed than Anglo children. Hispanic children had similar outcomes to Anglo children for each decision point. See also Table 7 and Figure 2 below.

Table 7. Fiscal Year 2021¹⁰ Disproportionality and Disparity Analysis ¹¹

Category	African American	Hispanic	Anglo	Other	Total
Under 18 Child Population ¹²	902,468	3,754,305	2,322,156	616,012	7,594,941
Children Reported as Alleged Victims at Intake	72,858	166,840	111,668	65,397	416,763
Alleged Victims Investigated	53,387	118,389	72,718	17,933	262,427
Children Removed ¹³	2,989	6,807	5,079	1,088	15,963

⁹ Data Source: Disproportionality and Disparity Analysis for fiscal year 2021 – [Rider 33 Report.pdf](#)

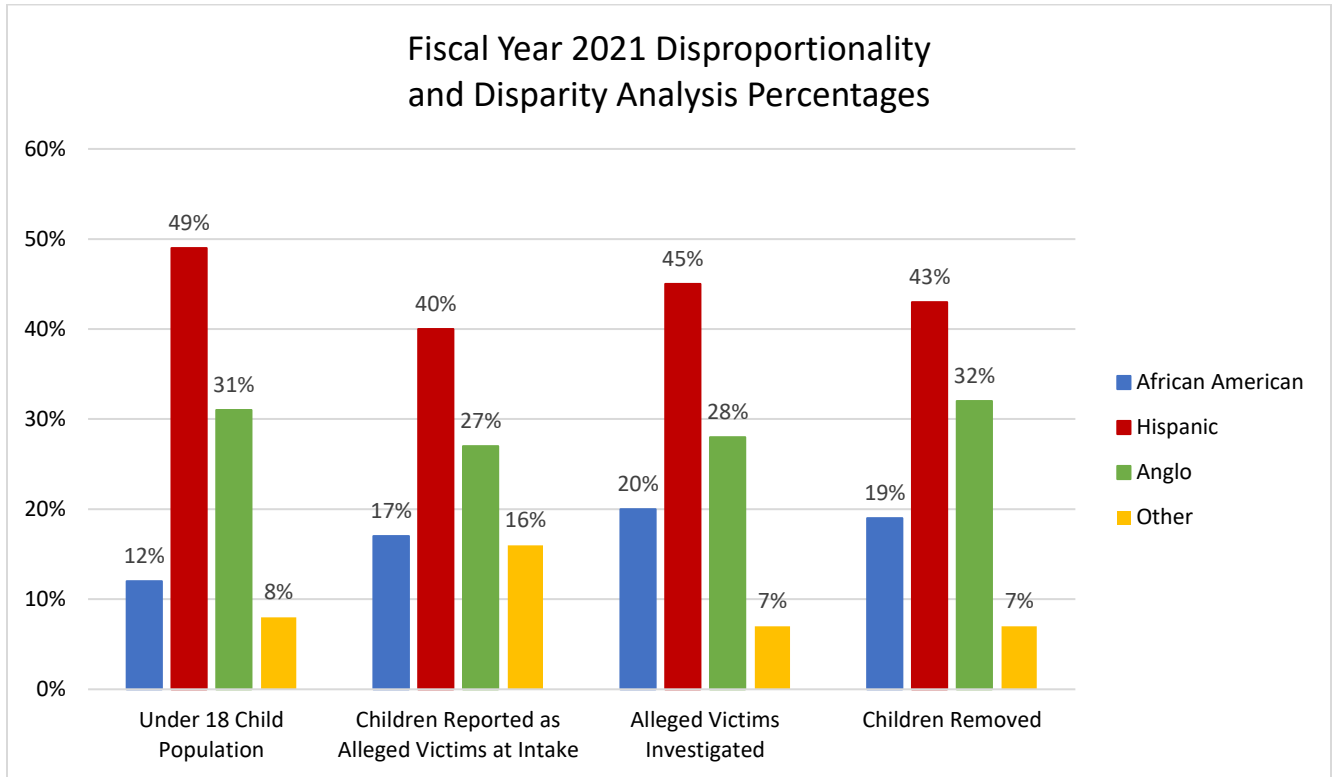
¹⁰ The 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, DFPS Rider 33)

¹¹Fiscal year 2021 data is subject to change pending end-of-year data refresh. Data Source: DRIT 99942.

¹² Population Data Source – Population Estimates and Projections Program, Texas State Data Center, Office of the State Demographer and the Institute for Demographic and Socioeconomic Research, The University of Texas at San Antonio. Current population estimates and projections data as of December 2020.

¹³ Children removed include both stages of service: Investigations and FBSS.

Figure 2. Fiscal Year 2021¹⁴ Disproportionality and Disparity Analysis Percentages¹⁵



Objective 2.1: Maximize Placements with Kinship Families

Action Plan

2.1.1	Continue partnering with Texas Court Appointed Special Advocates (CASA) to support Collaborative Family Engagement (CFE). ¹⁶
2.1.2	Continue revamping in-person ¹⁷ participation in the quarterly meetings, with the Kinship Collaboration Group (KCG) ¹⁸ which includes adults serving in the role of kinship caregivers.

¹⁴ The 2022-23 General Appropriations Act, S.B. 1, 87th Legislature, Regular Session, 2021 (Article II, DFPS Rider 33)

¹⁵ Values may not add to 100 percent due to rounding.

¹⁶ The goal of CFE is to create better outcomes for children in the Texas child protection system by identifying, locating, and engaging family members and other committed adults so they can be involved in the child's care and permanency planning.

¹⁷ Meetings resumed in-person as of fiscal year 2022, Q3.

¹⁸ This group helps CPS improve the kinship program by identifying ways to better support kinship placements.

Action Plan

2.1.3	Continue collaborating with and supporting the Texas Permanency Outcomes Project (TXPOP). ¹⁹
2.1.4	Continue working with the SSCC providers in CBC Stage II to prioritize placing children with kinship caregivers and looking at kinship caregivers as a permanency option where reunification with parents is not possible.
2.1.5	Continue using Kinship Developmental Plans ²⁰ more effectively to assess safety and support for kinship caregivers so more children can be placed in kinship homes.
2.1.6	Continue the efforts toward developing and implementing a kinship co-parenting training to help kinship caregivers and parents co-parent when children are placed temporarily or permanently with kinship caregivers.
2.1.7	Continue efforts to decrease the Permanency Management Conservatorship (PMC) exit time for families receiving PCA.
2.1.8	Continue utilizing effective tools for family finding.
2.1.9	Increase the utilization of Family Group Decision Making meetings to support the desired outcomes.
2.1.10	Continue assessing the ongoing support needed for kinship caregivers who start and complete the verification process.
2.1.11	Provide financial supports ²¹ to aid the families in formal kinship care and ensure child safety, enhance quality of care, support placement stability, and move children to permanency with the relative through adoption or PMC.

Resources: CPS Permanency Team; DFPS PEI; Texas CASA; KCG; SSCCs; HHSC; and Harris County Protective Services, Family Resource Centers

¹⁹ TXPOP is a project of the Texas Institute for Child & Family Wellbeing and the Texas Center for Child and Family Studies, in collaboration with the federal Children’s Bureau, DFPS, and the Children’s Commission. It develops sustainable best practices utilized by child welfare agencies across Texas to connect children to their birth families, regardless of their permanency outcome.

²⁰ A Developmental Plan tool has been created to assist caseworkers in assessing the need for a Developmental Plan, creating the plan, and monitoring the caregiver’s progress in achieving the goals of the plan.

²¹ This is contingent on fiscal year 2022 Title IV-B, Subpart 2 Kinship Navigator Funding awards to DFPS to provide concrete supports to families in formal kinship care.

Objective 2.2: Ensure Permanency through Reunification, Permanent Placement with Relatives, or Adoption

Action Plan

2.2.1	Continue working to increase the frequency of visits between parents and their children and siblings in foster care. ²²
2.2.2	Explore the current policy, practice, and resources, including the use of virtual visits, to augment in-person visits to increase the amount of contact children have with their parents and family.
2.2.3	Continue exploring ways to create additional learning opportunities to support staff in the use of the Family Reunification Tool.
2.2.4	Continue enhancing case practice as it relates to the use of concurrent permanency goal planning through modifying the Permanency Planning Resource Guide and other training opportunities.
2.2.5	Use approved federal funding to modernize the Texas Adoption Resource Exchange application. ²³
2.2.6	Remain timely on processing incoming and outgoing home study requests to keep children with families and support permanency through the Interstate Compact for Placement of Children (ICPC) Section.
2.2.7	Continue focusing on regional ICPC coordinators taking a greater role in managing outgoing home study requests generated by their region along with monitoring and tracking their region’s compliance.
2.2.8	Continue ensuring ICPC has ongoing communication with the CBC catchment areas as CPS implements the SSCC ICPC process and each catchment area is trained in understanding ICPC policy, process, and regulations.
2.2.9	Regional ICPC coordinators and staff will complete the National Electronic Interstate Compact Exchange training to learn the ICPC process.
2.2.10	Continue creating additional training opportunities to support Regional ICPC coordinators and staff.

²² Frequent visitation has a direct link to successful family reunification.

²³ This will address numerous areas for internal and external stakeholders thus improving the adoption recruitment for our children and youth.

Action Plan

2.2.11	Continue working with CBC partners to ensure continued growth in permanency through adoption with involvement in Operation PUSH (Placing Us in Safe Homes), quarterly statewide adoption calls, and post-adoption services.
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Resources: CPS Permanency Team; CPS Foster Adoption Development (FAD) Team; CPS Program Operations Team; CPS Field Support Team; Residential Child Care provider; and SSCCs

Objective 2.3: Contract for Services and Supports to Help Achieve Permanency for Children and Families

Action Plan

2.3.1	Continue contracting with service providers for the post-adoption services program. ²⁴
2.3.2	Continue contracting with service providers for the post-permanency program. ²⁵
2.3.3	Continue contracting with the Texas Foster Care Association (TFCA) to provide support, training, and resources to foster families. ²⁶
2.3.4	Continue supporting local communities to develop innovative services to best meet the needs of children and families through CBC.

Resources: CPS Youth and Transitional Living Services Team; CPS FAD Team; CPS ICPC Team; DFPS Office of Community-Based Care Transition (OCBCT); DFPS Purchased Client Services (PCS) Team; post-adoption service providers; and the SSCCs

²⁴ This program supports families who adopt children from CPS through information and referrals, casework service and planning, parent groups, parenting programs, counseling services, respite care reimbursement, residential treatment, and crisis intervention for families who adopt children from CPS.

²⁵ This program supports families who obtained PMC of children and youth who were formerly in DFPS conservatorship through information and referrals, casework service and planning, parent groups, parenting programs, counseling services, respite care reimbursement, and crisis intervention.

²⁶ The purpose of the TFCA is to educate, motivate and support foster, adoptive, and kinship parents, as well as, to be a united voice in advocating for the needs of those children and families.

Goal 3: Maximize the Medical, Behavioral Health, and Educational Needs of Children and Youth Served by CPS

Outcome Measures

- Children receive adequate services to meet their mental and behavioral health needs
- Children receive adequate services to meet their physical health needs
- Children receive adequate services to meet their educational needs
- More youth complete PAL services
- More sibling groups are placed together

For children in DFPS conservatorship, CPS must ensure their education, health, and other needs are met. As part of the continuous self-improvement process, CPS reads hundreds of cases every year with the federal Child and Family Services Review (CFSR) structured case review tool to examine if the needs of the children served are being met. CPS reviews cases to see if the child was adequately assessed for educational, physical, and mental health needs. If needs were identified, the case reviewer checks to see if CPS provided the child with appropriately matched services. The process includes a review of the case file in the Information Management Protecting Adults and Children in Texas (IMPACT) system and in hard copy, and interviews with case-specific stakeholders. The CPS Federal and Program Improvement Review (FPIR) Team reviews at least 100 cases per quarter.

While finding a forever family for every child served and reducing the number of children who “age out” of foster care is the CPS goal, permanency through family reunification, permanent placement with relatives, or adoption is not always possible. For youth who emancipate or age out from foster care, CPS works to provide them with the skills and support to successfully transition into adulthood.

One of the ways CPS provides this support is through its PAL classes. Through PAL, youth learn how to successfully navigate adulthood, can complete certain requirements, and receive financial support after they emancipate. The CPS Transitional Living Services Team has increased efforts to encourage youth to enroll in post-secondary education and offers enhanced case management to youth who choose to stay in extended foster care to support their transition into a successful adulthood.

Another measure of well-being is to ensure youth have bonds and connections to their siblings in care, whenever possible. CPS recognizes frequent visits with siblings can assist with those bonds, but the ultimate measure is when siblings are placed together. CPS strives to increase this type of placement when it is safe and appropriate for the youth.

Objective 3.1: Support Children’s Physical and Behavioral Health

Action Plan

3.1.1	Continue contracting with service providers for the post-permanency program. ²⁷
3.1.2	Continue working with the SSCC providers in CBC Stage II to ensure children receive services to meet their individualized needs. ²⁸
3.1.3	DFPS Case Management Oversight teams operating in CBC Stage II regions will complete case reads to ensure children receive all necessary assessments, identified needs are included in service plans, and services are coordinated and evaluated for progress ongoing by the case manager.
3.1.4	Continue strengthening ongoing collaboration with external behavioral health system partners by participating in monthly joint meetings with State of Texas Access Reform (STAR) Health and HHSC staff to address behavioral health concerns among children in care.
3.1.5	Continue cross training CPS substance use disorder specialists regarding mental health resources, making them better able to assist family members who have co-occurring disorders.
3.1.6	Increase the number of CPS substance use disorder specialists trained in co-occurring disorders, as well as medication assisted treatment.
3.1.7	Expand the number of staff trained as trainers in Youth Mental Health First Aid (MHFA), furthering the use of this training for direct deliver staff and increasing the understanding of complex behavioral health needs in adolescents and the appropriate services to meet those needs.
3.1.8	Youth MHFA trainers will provide a minimum of 20 trainings/year statewide to regional staff.
3.1.9	Continue having the Trauma Informed Care team partner with the Supreme Court of Texas Permanent Judicial Commission for Children,

²⁷ This program supports families who obtained PMC of children and youth who were formerly in DFPS conservatorship through information and referrals, casework service and planning, parent groups, parenting programs, counseling services, respite care reimbursement, and crisis intervention.

²⁸ CBC Stage II includes full provision of case management by contracted providers.

Action Plan

	Youth, and Families (Children’s Commission) and address the impact of trauma for children, families, and staff in the Texas child welfare system.
3.1.10	Continue strengthening collaborations with ongoing state and regional partnerships with external public and private service providers by hosting and participating in state and regional level meetings to discuss resources, challenges, gaps, and strategies and provide trainings to improve behavioral health and medical needs of children.
3.1.11	Partner with STAR Health and HHSC to develop data measures that can inform trends in service usage, beginning with initial assessments and including ongoing annual reassessments ²⁹ .
3.1.12	CPS Behavioral Health Services Team will continue efforts to address Secondary Trauma Support for agency staff.
3.1.13	CPS Behavioral Health Services Team will continue providing support to caseworkers in identifying trauma specific services and resources for youth in CVS with an emphasis on increasing use of the Child and Adolescent Needs and Strengths (CANS) assessment results in writing plans of service.

Resources: CPS Medical Services Team; CPS Behavioral Health Services Team; CPS Field Support Team; CPS Program Operations Team; DFPS OCBCT; SSCCs; HHSC; and the Children’s Commission

Objective 3.2: Support Children’s Education Outcomes

Action Plan

3.2.1	CPS regional education specialists will conduct a minimum of three regional education consortiums in each region per fiscal year to address education-related issues faced by children and youth in foster care.
3.2.2	Continue working with the Children’s Commission and various community partners to improve educational outcomes for children through an established workgroup that is creating information for judges, teachers, and residential providers on the ‘Every Student Succeeds Act’, Special Education Services, and other important information for stakeholders who serve children in residential treatment facilities.

²⁹ Data will be used to improve behavioral health and medical services for children in conservatorship.

Action Plan

3.2.3	Continue partnering with the Texas Education Agency (TEA) to examine exchanging child specific data to better identify children in foster care and in the school setting. ³⁰
3.2.4	Continue working with the SSCC providers in CBC Stages I and II to ensure children’s educational needs are met, including additional catchment areas as CBC implementation expands across the state.
3.2.5	Share the Foster Care and Student Success Resource Guide to inform, educate, and empower education professionals with information, resources, and tools to positively impact the educational outcomes of children in care.

Resources: CPS Permanency Team; CPS Education Specialists; SSCCs; the Children’s Commission; and TEA

Objective 3.3: Safeguard Children’s Other Well-being Needs

Action Plan

3.3.1	Continue working with the SSCC providers in CBC Stage II to ensure children receive services to meet their developmental and transitional needs. ³¹
3.3.2	Continue providing expanded training for youth at statewide and regional conferences, seminars, and Youth Leadership Council Meetings, including materials related to disproportionality and equity.
3.3.3	Continue making program improvements related to maintaining completion of PAL Life Skills training and assessment to help youth with successful transition into adulthood.
3.3.4	Continue increasing internships and other work-related opportunities for youth and young adults currently or formerly in foster care.
3.3.5	Review and revise the role of regional PAL youth specialists, unify the role and purpose of the position across regional boundaries, and work toward ensuring each region has a youth specialist in place.

³⁰ Identifying the students is vital to improve educational outcomes for children in foster care.

³¹ CBC Stage II includes full provision of transitional living services by contracted providers.

Action Plan

3.3.6	Continue incorporating Continuous Quality Improvement to the PAL Life Skills Training Curriculum, including exploring recommendations from internal and external stakeholders to strengthen the curriculum to better prepare youth and young adults for their successful transition to adulthood.
3.3.7	Continue analyzing data and characteristic information for youth aging out of care without extended foster care to improve outcomes for youth successfully transitioning to adulthood.
3.3.8	Continue identifying areas for improvement with stakeholders and youth and implementing best practices to ensure each youth gets a driver license or personal identification card, a birth certificate, and a Social Security card before age 16 and before leaving DFPS conservatorship.
3.3.9	Continue strengthening communication among stakeholders for the Career Development and Education Program ³² and identify career and post-secondary opportunities.
3.3.10	Provide training to permanency staff to learn how to utilize the housing plan tool and to increase awareness of housing options.
3.3.11	Continue collaborating and coordinating with local housing authorities and other housing resources to increase capacity and available housing options for young adults in their transition to a successful adulthood.

Resources: CPS Youth Specialists; CPS PAL; DFPS Disproportionality Manager; DFPS CLOE; and DFPS Office of Faith-Based & Community Engagement (FBCE)

³² This workgroup meets at least bi-annually to ensure youth complete high school or receive their General Education Development (GED) degree. Workgroup meetings were held August and December 2021 and Summer 2022.

Goal 4: Maximize Staff Recruitment, Retention, and Development to Ensure a Professional and Stable Workforce

Outcome Measures

- Decrease FBSS caseworker turnover
- Decrease CVS caseworker turnover

To achieve desired outcomes for children and families, CPS must have a professional and stable workforce. Doing so requires CPS to:

- Identify and hire the right candidates;
- Provide training that inspires confidence;
- Ensure staff have strong, accountable supervisors and leadership;
- Project a long-term future with the agency by guiding staff with multiple career path opportunities; and
- Mitigate the impact of turnover with tools and supports for management and staff.

Objective 4.1: Ensure Staff Are Adequately Trained and Prepared to do Their Job

Action Plan

4.1.1	Continue ensuring staff are adequately trained and prepared to do their job.
4.1.2	Continue providing FAD training utilizing National Adoption Competency Mental Health Training Initiative and transition from Parents' Resource for Information Development and Education to National Training and Development Curriculum training.
4.1.3	Continue working with the Single Source Continuum Contractor (SSCC) transitioning to CBC Stage II to maximize the transition of CPS CVS caseworker, kinship, and other staff from DFPS to the private SSCC agency and ensure all training and staff development needs will be met by the SSCC to ensure a stable workforce.

Action Plan

4.1.4	Continue working with the DFPS CLOE to evaluate CPS Professional Development (CPD) Training and make adjustments/enhancements, as needed. ³³
4.1.5	Continue collaborating with CLOE to evaluate CPS Supervisor Professional Development (SPD) Training and make adjustments, as needed. ³⁴
4.1.6	Continue providing personal protective equipment (PPE) and COVID-19 guidance to field staff, as needed.

Resources: CPS Youth and Transitional Living Services Team; CPS FAD Team; CPS ICPC Team; CPS Field Support Team; DFPS CLOE; and the DFPS Legal Division

Objective 4.2: Create an Environment That Promotes Retention

Action Plan

4.2.1	Continue deploying Master CVS and FBSS workers to understaffed areas of the state to support workload, reduce caseloads, mentor new staff, and build capacity.
4.2.2	Continue providing The Leadership Challenge Training for statewide regional directors, program administrators, and program directors.
4.2.3	Continue promoting employee recognition and retention efforts, including leadership recognition awards, such as the Commissioner’s Award of Excellence ³⁵ , CPS Award of Distinction ³⁶ , Regional Director Award of Distinction ³⁷ , and Ramiro Hernandez Excellence in Mentoring Award. ³⁸

³³ CPD pairs new caseworkers with a mentor in an effort to equip them with a realistic view of their roles and knowledge and skills to succeed in their jobs.

³⁴ The overall goal is to enhance SPD to ensure training provides supervisors the skills, knowledge, and competencies managers need to succeed in their roles.

³⁵ Recognizes staff members and external partners who have gone to extraordinary lengths to protect the unprotected and serve our stakeholders.

³⁶ Patterned after DFPS Leadership Challenge practices, this is an opportunity to not only showcase, but also provide a leadership template for staff statewide to follow.

³⁷ Focused on leadership skills based on the practices from the Leadership Challenge.

³⁸ This annual award recognizes the value of a quality mentoring relationship and the impact it has on professional development and career advancement at DFPS.

Action Plan

4.2.4	Hold statewide and regional Caseworker and Supervisory Advisory/Leadership Committee meetings to gather input on CPS initiatives.
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Resources: CPS Field Support Team; DFPS Operations; Statewide Caseworker and the Supervisor Advisory Committee; Trauma Informed Care Program Specialist, and Medical Services Division Administrator

Goal 5: Increase Foster Care Capacity

Success Measures:

- Net gain/loss in foster family bed capacity
- Percentage of basic/moderate youth in foster family homes
- Children in substitute care placed in county, in region

When a child enters foster care, it is CPS' responsibility to ensure the child has a safe placement that can meet the child's needs until they can safely reunite with their family or achieve permanency through the transfer of custody to a relative or adoption. CPS contracts with a network of residential care providers across the state to achieve placements that range from basic foster homes to residential treatment centers providing services to youth with the highest and most complex needs. Over the past few years, CPS has struggled to grow and retain capacity to serve youth with complex needs. To address this issue, CPS has implemented numerous strategies to increase foster care capacity statewide.

Community-Based Care

CBC gives local communities flexibility to develop innovative services to best meet the needs of their children and families. CBC Stage I includes provision of foster care and placement services. CBC Stage II includes provision of substitute care (foster care and kinship) and full case management and court services by contracted providers with DFPS transitioning to an oversight role. The SSCC providers must adhere to state and federal requirements but are given flexibility to develop local models of practice and improve the capacity of communities (services and other resources) to support children and families in achieving permanency.

CBC is a performance-based contract. Stage I includes performance measures for outcomes leading to positive permanency, such as placing children in the most home-like settings in their own communities. Additional performance measures for placing children with kinship/relative caregivers and maintaining or improving caseworker turnover are added in Stage II. After a

legislatively-required period of 18 months, the SSCC can receive an incentive payment for improving permanency outcomes and reducing time in foster care.

Currently, OCBCT is implementing CBC in four catchment areas of the state:

- **Region 1/Panhandle:** 30 counties in Northwest Texas, including Lubbock and Amarillo which began Stage II on March 2, 2020;
- **Region 2/Texoma & Big Country:** 30 counties in Northwest Texas, including Abilene and Wichita Falls which began Stage II on June 1, 2020;
- **Region 3b/Metroplex West:** Fort Worth and six surrounding counties which began Stage II and provision of case management on March 1, 2020; and
- **Region 8b/South Central & Hill Country:** 27 counties surrounding Bexar County which is in preparation for Stage II with a go-live date of October 2022.

DFPS recently released a Request for Application (RFA) for the following:

- Region 3E/Metroplex East;
- Region 4/Piney Woods;
- Region 5/Deep East; and
- Region 9/Permian/Concho.

The procurement process is currently underway. Additionally, DFPS, OCBCT, and HHSC are working to move the option of unsolicited requests forward, where a potential contractor would be able to submit an unsolicited bid for CBC in an area of the state not already under CBC.

Treatment Foster Family Care

The Treatment Foster Family Care (TFFC) program serves children and youth age 17 and younger, who have mental health and/or socio-behavioral needs that cannot be met in traditional foster care settings and who might otherwise be served in residential treatment settings. The TFFC program includes innovative, multi-disciplinary treatment services that are evidenced-based and research-supported. This is a time-limited program intended to stabilize and prepare children for successful transition into less restrictive or permanent placements.

TFFC foster parents and contractors receive a higher reimbursement, but have additional expectations, such as increased training, more frequent treatment plan reviews, and ongoing support following discharge. DFPS will be expanding this program in the fiscal year 2023-24 biennium.

Temporary Emergency Placement

The Temporary Emergency Placement (TEP) program provides highly structured quality residential care and services for children without placement on an emergency and short-term basis while placement staff continue searching for a more suitable and longer-term placement. Providers who participate in this program cannot decline admission of a child into the program or discharge a child from the program without DFPS approval. Providers who participate in the TEP program have specialized training and experience providing services to high-needs children in DFPS conservatorship. Without this program, these youth would have otherwise been under DFPS supervision while placement is being sought. DFPS will continue the TEP program in the fiscal year 2023-24 biennium.

Supervised Independent Living

Supervised Independent Living (SIL) is a type of voluntary extended foster care placement where young adults can live in a less restrictive, non-traditional setting while continuing to receive case management and support services to help them become independent and self-sufficient. SIL settings can include apartments, non-college dorms, college dorms, shared housing, and host homes.

Qualified Residential Treatment Programs

A Qualified Residential Treatment Program (QRTP) is a time-limited clinical intervention, which includes placement into and service delivery by qualified accredited residential facilities with highly trained, experienced, and qualified staff to meet the needs of children with complex mental, emotional, and behavioral health needs.

There is a small subset of children and youth in care with extraordinarily high needs for whom a QRTP may be appropriate.

In April 2022, DFPS published a QRTP open enrollment procurement to establish a pilot for this placement type and treatment model. In fiscal year 2022, DFPS will also post a RFA procurement type to extend a limited number of QRTP accreditation grants to existing licensed and in-process operations to support accreditation and incentivize QRTP contracts.

Throughout fiscal years 2023 and 2024, DFPS will provide support to this new placement type and use the QRTP pilot results to help inform an appropriate rate to reflect the QRTP requirements. This would include an appropriate daily rate that includes provider costs for maintaining the necessary medical staff, funding for provider accreditation costs, DFPS resources required to ensure federal reporting and placement requirements (including clinical administrative staff to ensure appropriate placement), and associated training and IT costs for creating a new type of placement.

Objective 5.1: Increase Foster Care Capacity to ensure that children in all levels of care have a safe, home-like setting and/or a setting that can meet their therapeutic needs.

Action Plan

5.1.1	Explore increasing capacity of independent living programs that offer more structure and support for youth who do not qualify for the traditional SIL foster care placements.
5.1.2	CPS regional directors will continue partnering with their local providers to create annual strategic plans to increase placement capacity based on the DFPS Annual Foster Care Needs Assessment.
5.1.3	Further explore implementation of the QRTP model in Texas.
5.1.4	Expand the TFFC program statewide.
5.1.5	Explore the implementation of inpatient psychiatric stabilization programs for youth with complex mental health needs.
5.1.6	Continue outreach to licensed residential child-care providers to ensure a full continuum of foster care capacity regardless of the child’s needs.

Resources: CPS Youth and Transitional Living Services Team; CPS FAD Team; CPS ICPC Team; CPS Field Support Team; DFPS PCS Team; residential care providers; SIL providers; and DFPS OCBCT

List of Acronyms

Acronym	Full Name
CASA	Court Appointed Special Advocates
CANS	Child and Adolescent Needs Assessment
CBC	Community Based Care
CFE	Collaborative Family Engagement
CFSR	Child and Family Services Review
Children’s Commission	The Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families
CLOE	Center for Learning and Organizational Excellence
CPD	CPS Professional Development
CPI	Child Protective Investigations
CPS	Child Protective Services
CVS	Conservatorship
DFPS	Department of Family and Protective Services

Acronym	Full Name
FAD	Foster Adoption Development
FBSS	Family Based Safety Services
FFPSA	Family First Prevention Services Act
FPIR	Federal and Program Improvement Review
FYTD	Fiscal Year to Date
GED	General Education Development
H.B.	House Bill
HHSC	Health and Human Services Commission
HTCE	Human Trafficking Child Exploitation
ICPC	Interstate Compact for Placement of Children
IMPACT	Information Management Protecting Adults and Children in Texas
KCG	Kinship Collaboration Group
OCBCT	Office of Community-Based Care Transition

Acronym	Full Name
PAL	Preparation for Adult Living
PCA	Permanency Care Assistance
PCS	Purchased Client Services
PEI	Prevention and Early Intervention
PIP	Program Improvement Plan
PMC	Permanent Managing Conservatorship
PPE	personal protective equipment
PSG	Parent Support Groups
QRTP	Qualified Residential Treatment Program
RFA	Request for Applications
S.B.	Senate Bill
SIL	Supervised Independent Living
SPD	Supervisor Professional Development

Acronym	Full Name
SSCC	Single Source Continuum Contractor
STAR	State of Texas Access Reform
TEA	Texas Education Agency
TEP	Temporary Emergency Placement
TFCA	Texas Foster Care Association
TFFC	Treatment Foster Family Care
TXPOP	Texas Permanency Outcomes Project

Appendix A:

CPS Accomplishments for Fiscal Year 2021 and FYTD 2022

Safety

Action	Details
<p>Enhanced policy and communication relating to engaging non-custodial parents.</p>	<ul style="list-style-type: none"> • Provided fatherhood presentations with units and regions. • Created Black Father Voices (Black Fatherhood Practitioners) and Brown Fathers Voices (Brown/Latin Fatherhood Practitioners) webinars. • Completed a series of interdivisional conversations, in a semi-panel format with all field staff in all stages of service and at different levels along with field/state office subject matter experts about engaging non-custodial parents, parents who are absent, and fathers. • Created multiple documents specific to engaging parents during a pandemic to include maintaining family connections virtually, such as Tips and Resources, Available Resources to Support Caregivers, Virtual Visitations FAQ, Successful Video Visits with Young Children, Supervision During Physical Distancing, Tools and Guidance, and While Your Child is in Our Care During the COVID-19 Pandemic: A Guide for Parents.
<p>Continued to work with PSGs³⁹ across the state.</p>	<p>Efforts to enhance the effectiveness of PSGs included:</p> <ul style="list-style-type: none"> • Offered PSGs meetings virtually to promote access and as a safety precaution due to the COVID-19 pandemic. Virtual meetings continued to be an option for parents once in-person meetings resumed. • Worked closely with parents to obtain feedback on policy and creating a newsletter to share information and resources. • Conducted bi-monthly virtual meetings with DFPS and parent liaisons. • Worked with CLOE on video clips of parent liaisons on Engagement.

³⁹ PSGs are informational support groups for parents receiving investigation, FBSS or CVS services, led by a parent who has successfully navigated the DFPS system and a DFPS staff person.

Action	Details
	<ul style="list-style-type: none"> • Had a parent liaison participate in both, the Legal Representation Workgroup and on the Parent Resource Workgroup led by the Children’s Commission, as well as on the Children’s Commission as Commissioner. • Collaborated with the Harvard Kennedy School Government Performance, which led a parent focus group meeting that focused on the barrier’s parents faced in accessing services during their FBSS case. • Participated at the Casey Family Program Race Equality Improvement Collaborative. • Had two parent liaisons participate in the Children’s Trust Fund Alliance Parent Partnership Fellowship. • Had a Parent Liaison participate in the Texas Prevention Framework led by PEI. • Served on the Texas Informed Trauma Online Portal Advisory Committee led by the Children’s Commission. • Had a parent liaison participate in the Child Abuse Prevention Month Panel: Community Response to Nurturing Families, led by PEI. • Had a parent liaison participate in the Thriving Families Safer Children led by Casey Family Programs. • Had a parent liaison participate in the Grand Voices led by Generations United and Casey Family Programs.
<p>Continued efforts to improve staff recognition and response to domestic violence.</p>	<p>Work to enhance the effectiveness of these efforts included:</p> <ul style="list-style-type: none"> • Expanded the Family Violence Intervention course required of all staff who attend new hire training. • Produced nine computer-based trainings designed to strengthen the knowledge and skills of DFPS caseworkers and supervisors to enhance awareness of domestic violence, and learn to partner with persons using violence, victims, and children. • Provided case consultations for DFPS staff when domestic violence was present and assisted in the planning for safety and services for families. • Produced a practice guide that incorporated the use of the Disposition Guidelines for Domestic Violence. • Assisted in the recruitment and service procurement of Battering Intervention and Prevention Programs. • Reviewed the public webpage “What Happens to my Child?” which informs parents of the CPS process of intervening when child abuse and domestic violence is identified in a CPS case. • Recruited and expanded the Texas Family Violence Interagency Collaborative with members from HHSC

Action	Details
	<p>beyond the Family Violence Program to advance the group’s work around domestic violence.</p>
<p>Enhanced the use of the Family Strengths and Needs Assessment and the Family Reunification Tool.</p>	<ul style="list-style-type: none"> • Improved functionality in IMPACT through IT enhancements, allowing family preservation stages to be open at the same times as an investigation stage. • Reiterated the importance of a strong Family Strengths and Needs Assessment to FBSS staff to help inform the decision to serve a family through n FBSS case or close the case if the family was wrapped in support through their community.
<p>Continued collaboration with federal, state and local law enforcement agencies to find missing children.</p>	<ul style="list-style-type: none"> • DFPS partnered with the National Center for Mission and Exploited Children. All policies and practices maximize the expertise of the DFPS Special Investigations Section to coordinate with law enforcement and support the expedient recovery of children and youth missing from DFPS care. • DFPS partnered with the Office of the Governor – Child Sex Trafficking Team, Children’s Advocacy Centers of Texas, Inc, and local communities to establish care coordination teams across the state to provide youth victims of sex trafficking with a continuum of care has continued. DFPS HTCE coordinates DFPS care coordination efforts from field representation and ensures development of local protocols that address missing children and prevention efforts. • The Human Trafficking, Missing Children, and Runaway Prevention policies for Child Protective Investigations (CPI) and CPS and corresponding resource guides were updated to standardize and strengthen referrals to care coordination services in areas where care coordination teams are active. Additionally, reporting timeframes on concerns for human trafficking victimization to law enforcement and SWI were streamlined from 24 hours to 8 hours. • DFPS HTCE coordinated DFPS’s efforts to compile and published the Children and Youth Missing from DFPS CVS & Human Trafficking Initiatives Fiscal Years 2020 and 2021 reports.
<p>Continued working with state and community resources to provide human trafficking and internet safety training to youth participating in</p>	<ul style="list-style-type: none"> • Human trafficking was addressed in Youth Take Flight (aging out) Seminars, in PAL Life Skills classes, and at events such as the most recent human trafficking summit: Light the Way, End Human Trafficking, which was held in Dallas (in-person) in June 2022, and the

Action	Details
<p>services to support a successful transition to adulthood as part of PAL.</p>	<p>Teen Conference, which was held virtually in June 2021.</p> <ul style="list-style-type: none"> • CLOE provided Commercial Sexual Exploitation-Identification Tool training monthly to new CVS supervisors and Special Investigations in the five counties across the state that use the tool. • CLOE has also updated the core training for all FBSS, CVS, and CPI staff who attend new hire training with human trafficking content. • CLOE launched an instructor-led webinar with content designed to introduce foundational concepts on human trafficking, including the recognition of labor and sex trafficking. This content includes policy and practice updates, as well as legacy/IMPACT 2.0 functionality requirements for CPS and CPI staff.
<p>DFPS HTCE has provided technical assistance to SSCCs on human trafficking and existing policies and practices to support the SSCCs efforts in meeting the needs of the families, children, and youth they serve.</p>	<ul style="list-style-type: none"> • Provided training to Our Community Our Kids and continues to provide ongoing support. • Provided training to 2INGage and continues to provide ongoing support. • DFPS partnered with the Office of the Governor – Child Sex Trafficking Team, Children’s Advocacy Centers of Texas, Inc., and local communities to establish Care Coordination Teams across the state to provide youth victims of sex trafficking with a continuum of care has continued. As various communities embark on developing Care Coordination Teams, DFPS HTCE Division ensures that SSCCs are included in all development meetings, if the community is a part of a SSCC catchment area. • HTCE and DFPS Legal divisions worked with SSCC contract managers to develop contractual amendment language that will support continuum of service for care coordination and advocate agency services in SSCC catchment areas.
<p>Strengthened how FBSS works with families and children whose household have indicators for risk of human trafficking victimization or are struggling with known human trafficking victimization.</p>	<ul style="list-style-type: none"> • DFPS HTCE and FBSS teams developed a survey for FBSS field staff to capture current trends in their work related to assessing for trafficking risk factors. The survey was sent to all FBSS staff to capture trends in casework. The survey results were published, and responses collected by a multi-disciplinary team to inform and develop a work plan to capture objectives, strategies, and implementation dates. • In April 2021, FBSS policy was updated to give FBSS staff guidance on the documentation and referral

Action	Details
	process if a child in an open FBSS case is or is suspected to be a victim of trafficking.

Permanency

Action	Details
Continued to partner with Texas CASA to support CFE.⁴⁰	<ul style="list-style-type: none"> • CASA has continued to rollout CFE using virtual meetings due to the COVID-19 pandemic. • New areas have been incorporated in FYTD 2022. • The University of Texas continued to do evaluations every two years. • In Fall 2021, CFE Courageous Connections training was conducted with CASA, attorneys, judges, and selected staff.
Continued holding quarterly meetings with the KCG which includes adults serving in the role of kinship caregiver.⁴¹	<ul style="list-style-type: none"> • CPS meetings were moved to virtual meetings due to the pandemic. In-person meetings resumed in Summer 2022. • CPS continued recruiting new caregivers to participate.
Partnered with Texas Systems of Care and Residential Child Care Providers to implement the Building Bridges Initiative in Texas.	<ul style="list-style-type: none"> • Texas Alliance for Children and Family Services, through an agreement with the Building Bridges Initiative, continued to expand across Texas. • The Building Bridges Initiative made significant progress over the year and efforts include communication and outreach, consultation and technical assistance for residential treatment programs licensed in Texas, training and evaluation of core concepts and learning collaborative with multiple residential programs in Texas.
Successfully advanced CBC implementation in fiscal year 2021.	<ul style="list-style-type: none"> • CPS continued working with the SSCC providers in CBC Stage II to continue to prioritize placing children with kinship caregivers and looking at kinship

⁴⁰ The goal of CFE is to create better outcomes for children in the Texas child protection system by identifying, locating, and engaging family members and other committed adults so they can be involved in the child's care and permanency planning.

⁴¹ This group helps CPS improve the kinship program by identifying ways to better support kinship placements.

Action	Details
	<p>caregivers as a permanency option when reunification with parents is not possible.</p>
<p>Used Kinship Developmental Plans more effectively to assess safety and support for kinship caregivers so more children can be placed in kinship homes.</p>	<ul style="list-style-type: none"> • A developmental plan tool was created to assist caseworkers in assessing the need for a Developmental Plan, creating the plan, and monitoring the caregiver’s progress in achieving the goals of the plan.
<p>Began discussions and gathered feedback regarding the development and the implementation of a kinship co-parenting training to help kinship caregivers and parents co-parent when children are placed temporarily or permanently with kinship caregivers.</p>	<ul style="list-style-type: none"> • Due to the COVID-19 pandemic, the KCG were not able to meet in person in fiscal year 2021 and virtual meetings were not utilized due to not having the same effect and engagement as in person meetings. These meetings resumed in-person as of fiscal year 2022, Q3.
<p>Used \$550,000 in federal grant funds to continue the partnership with HHSC to evaluate ways to enhance the 2-1-1 system to better support kinship caregivers.</p>	<ul style="list-style-type: none"> • Completed September 30, 2021. • DFPS and HHSC participated in bi-weekly meetings to discuss collaborative work related to the 2-1-1 Kinship Navigator grant. An Interagency Agreement with HHSC was executed to research and analyze 2-1-1 data as it relates to kinship families and caregivers. • HHSC provided DFPS with two deliverables upon completion of this work: Customized Needs and Data Analysis and Specialized Kin Care contact form.
<p>Used approximately \$50,000 of the fiscal year 2020 Title IV-B, Subpart 2 Kinship Navigator Funding to evaluate the Harris County Protective Services Family Navigation Program.</p>	<ul style="list-style-type: none"> • Completed September 30, 2021. • Harris County Protective Services subcontracted with Health Management Associates to complete a process evaluation of its Kinship Navigator Program, including a logic model and theory of change. • Harris County Protective Services submitted quarterly progress reports and a final report to DFPS to ensure program activities were implemented as intended.
<p>Continued to work to expand the frequency of visits between parents</p>	<ul style="list-style-type: none"> • Although the COVID-19 pandemic prevented in person visits for a period, it gave DFPS an opportunity to utilize virtual visits with families which increased the

Action	Details
<p>and their children and siblings in foster care.⁴²</p>	<p>visits between parents and siblings. During that time, instructions were provided to the workforce on how to work with families virtually, including sibling and parent visits.</p> <ul style="list-style-type: none"> • CPS policies related to parent-child visitations were updated and staff were reminded that arranging parent-child visitation is a must for working with the family to reduce the risk of abuse or neglect and in support of reunification. • Staff were required to review policy previously updated in October 2019 related to visitation between families and children in substitute care. • The visitation policy and best practice guide were reviewed and updated to include the use of virtual contacts and redefine how DFPS interacts with the children/families we serve.
<p>Created additional learning opportunities to support staff in the use of the Family Reunification Tool.</p>	<ul style="list-style-type: none"> • Staff were trained on the tool in CPD and in May 2021, included a training section for new caseworkers dedicated to the Family Reunification Tool.
<p>Enhanced case practice as it relates to the use of concurrent permanency goal planning through modifying the Permanency Planning Resource Guide and other training opportunities.</p>	
<p>Continued to remain timely on processing requests for out-of-state relative/kinship homes studies and placements to keep children with families and support permanency through ICPC.</p>	<ul style="list-style-type: none"> • ICPC Team Lead reviewed the pending ICPC Home Studies report each month and ensured all home studies were submitted timely. • Delinquent ICPC Home Studies report was evaluated to measure successful implementation.
<p>Continuously focused the ICPC plan on the regional ICPC coordinators having</p>	<ul style="list-style-type: none"> • Regional leadership reviewed monthly reports on delinquent home studies as well as their rate in

⁴² Frequent visitation has a direct link to successful family reunification.

Action	Details
<p>a greater role in managing ICPC requests generated by their region, requests from other states, along with monitoring and tracking their region’s compliance.</p>	<p>making face-to-face contact with children placed from another state.</p> <ul style="list-style-type: none"> • Ongoing quarterly scan calls continued to be held between Regional ICPC coordinators and State Office ICPC to discuss policy, compliance, and updates, as needed. Regional ICPC Coordinators continued using tracking logs to ensure timeliness and compliance with ICPC policy timeframes for home studies, monthly contact, and monthly supervision reports. State Office ICPC also continued monitoring compliance and updated regional leadership as needed. • DFPS was awarded a federal grant to assist with the implementation of the National Electronic Interstate Compact Enterprise system, an electronic platform for exchange of case data.
<p>Ensured Texas Interstate Compact Office had ongoing communication with the CBC catchment areas as CPS implements the SSCC ICPC process and ensured each catchment area is trained in understanding ICPC policy, process, and regulations.</p>	
<p>Entered a service plan with AdoptUSKids, which included goals with a focus on assistance with best practices for adoption recruitment, photo listing, and youth engagement including technical assistance and training.</p>	<ul style="list-style-type: none"> • The work improved permanency outcomes through adoption by: Addressing barriers to permanency through adoption, increasing youth engagement in permanency planning and adoption recruitment, increasing partnerships with external stakeholders to promote adoption through foster care and recruiting adoptive families for older youth, sibling groups, and children with special needs, and work with regional staff and external stakeholder to improve adoption competencies.
<p>Worked with CBC partners to ensure continued growth in permanency through adoption.</p>	<ul style="list-style-type: none"> • CBC partners were involved in Operation PUSH, quarterly statewide adoption calls, and Post-Adoption Services.
<p>Continued contracting with service providers for</p>	<ul style="list-style-type: none"> • This service provided support through information and referrals, casework service and planning, parent

Action	Details
the post-adoption services program, which supported families who adopt children from CPS.	groups, parenting programs, counseling services, respite care reimbursement, residential treatment, and crisis intervention for families who adopt children from CPS.
Continued contracting with service providers for the post-permanency program, which supported families who obtained PMC for children and youth who were formerly in the conservatorship of DFPS.	<ul style="list-style-type: none"> This service provided support through information and referrals, casework service and planning, parent groups, parenting programs, counseling services, respite care reimbursement, and crisis intervention for relatives who assume PMC of children and youth who are in foster care.
Supported communities to develop innovative services to best meet the local needs of children and families through CBC.	<ul style="list-style-type: none"> CBC Stage I includes the provision of foster care and placement services. CBC Stage II includes provision of substitute care (foster care and kinship), full case management, and court services by contracted providers, with DFPS transitioning to an oversight role. SSCC providers must adhere to state and federal requirements but are given flexibility to develop local models of practice and improve the capacity of communities (services and other resources) to support children and families in achieving permanency.
Continued efforts to keep internal and external stakeholders informed of CBC implementation and to gather input.	<ul style="list-style-type: none"> Efforts included quarterly meetings of the Public Private Partnership, annual publication of the Community-Based Care Implementation Plan, and biannual publication of the Rider 21 performance data report.

Well-Being

Action	Details
Worked with the SSCC providers in CBC Stage II to ensure children receive	<ul style="list-style-type: none"> DFPS Case Management Oversight teams operating in CBC regions in Stage II completed case reads to ensure children receive all necessary assessments, identified needs are included in service plans, and services are coordinated and evaluated for progress ongoing by the case manager.

Action	Details
<p>services to meet their individualized needs.⁴³</p>	
<p>Worked with HHSC and developed a memorandum of understanding that clarified parameters supporting exchange of data between the agencies in relation to the Youth Empowerment Services Waiver program.</p>	
<p>Strengthened collaboration with external behavioral health system partners by participating in monthly joint meetings with STAR Health and HHSC to address behavioral health concerns among children in care.</p>	<ul style="list-style-type: none"> • CPS substance use disorder specialists were cross trained regarding mental health resources, making them behavioral health specialists better able to assist families who have co-occurring disorders.
<p>Strengthened coordination with internal and external partners in the Texas Family Violence Interagency Collaborative to improve prevention and intervention around domestic violence issues.</p>	
<p>Expanded the number of staff trained as trainers in MHFA, further embedding the ability for staff to address mental health issues in families.</p>	<ul style="list-style-type: none"> • MHFA training, co-occurring disorder and other mental and behavioral health topics trainings provided by the Behavioral Health Services team was completed by all medical services well-being specialists, nurses, managers, substance use disorder specialists, CANS specialists, trauma informed care managers, and mental health specialists.

⁴³ CBC Stage II includes full provision of case management by contracted providers.

Action	Details
<p>Partnered with the Children’s Commission in the Statewide Collaborative for Trauma Informed Care, implementing efforts to build a more trauma-informed child welfare system.</p>	<ul style="list-style-type: none"> • New definitions of Trauma and Trauma Informed were drafted in collaboration with the Children’s Commission and Statewide Collaborative on Trauma Informed Care and formally adopted into the Texas Administrative Code as of February 2021. • DFPS facilitated informative sessions through the Children’s Commission’s Judicial Trauma Institute in April 2021. The Judicial Trauma Institute provided extensive Trauma Informed Care training to judges, attorneys, and stakeholders across the state.
<p>Worked with HHSC and Superior Health Plan Inc., to ensure quality improvements in the CANS assessments and to address provider capacity throughout the state.</p>	
<p>Improved compliance regarding the initial Texas Health Steps checkups for youth in foster care.⁴⁴</p>	<ul style="list-style-type: none"> • Contracted placements are monitored for compliance with the checkup requirement as part of the remedy and incentive process required by Senate Bill (S.B.) 11, 86th Legislature, Regular Session, 2019.
<p>Strengthened its efforts relating to healthcare denials.</p>	<ul style="list-style-type: none"> • CPS Medical Services staff continued assisting caseworkers and medical consenters on denials (generally due to lack of medical necessity, failure to obtain prior authorization, or not a covered benefit) to ensure the child’s physical and behavioral health needs were met. • The CPS Medical Director and Medical Services staff developed a process with STAR Health/Superior for prioritizing and resolving prior authorization denials for high priority therapy services.
<p>Optimized care outcomes through medical consultation and care coordination for difficult cases involving youth</p>	

⁴⁴ The Texas Health Steps checkup is due within 30 days of a child entering care to assess his or her overall physical health.

Action	Details
<p>with complex medical problems.</p>	
<p>Created a process for tracking testing and coordinated outreach to caregivers of children with complex medical needs to provide more support and coordination during the COVID-19 pandemic.</p>	
<p>Met with the Office of the Governor’s Committee on People with Disabilities regarding program enhancements to support working with persons with disabilities.</p>	<p>Some enhancements made to CPS’ practice included:</p> <ul style="list-style-type: none"> • A one-time case review of 610 cases flagged as potentially having a child who is deaf or hard of hearing occurred to ensure appropriate placements, services, and communication. Caseworkers who needed additional referrals for youth or families were referred to the HHS Deafness Specialists for technical assistance and support. • DFPS updated “Parent’s Guide to CPI” and “While Your Child is in Our Care” pamphlets and continued working with the Office of the Governor to translate these pamphlets into sign language with a link on our public website. • DFPS held discussions with contracted providers through Committee on Advancing Residential Practices and SSCCs about compliance with the Americans with Disabilities Act. • DFPS made technology enhancements to support additional information about a child’s disabilities in the child plan of service and the application for placement. • CPS updated the interpreter request form to provide more information to interpreters on the types on interviews/visit/meetings that will be conducted to ensure they are qualified for the type of interview/visit/meeting they are being asked to attend. The updated form also includes a place for the interpreter to provide their certification level.
<p>Deployed the Safe Alliance Digital</p>	

Action	Details
<p>Application to all DFPS-issued smart phones.⁴⁵</p>	
<p>Strengthened approach to providing services to children and families in which substance abuse is an issue and treatment is needed.</p>	<ul style="list-style-type: none"> • DFPS created a CPS Behavioral Service Section which worked under the direction of CPS leadership to guide CPS practice in working with children and families with substance abuse issues throughout each stage of service. Substance use disorder program specialists are in Austin, San Antonio, Dallas, and Houston. These staff partner with CPI Substance Use Disorder Program Specialists. • The section consulted with regional and state office management, caseworkers and field staff, state office program and policy staff, stakeholders, consumers of CPS, volunteers, advocates, judges, treatment providers, medical professionals, family violence programs, and other providers for guidance on protocol, policy and practice regarding substance use, abuse and treatment. • The section received specialized training and strengthened practice by sharing knowledge of and incorporating best practice models for working with families.
<p>Formed the Psychiatric Hospital Worker Liaison Unit with seven psychiatric hospital worker liaisons in Dallas, Houston, Austin, San Antonio, and Harlingen to ensure basic care needs continued to be met when a child or youth in DFPS conservatorship is hospitalized for acute psychiatric treatment.</p>	<p>The psychiatric hospital worker liaisons:</p> <ul style="list-style-type: none"> • Conducted weekly visits with every hospitalized youth. • Assisted staff by identifying, meeting, and/or planning for the needs of children and youth during their hospitalization. • Served as CPS liaisons to the hospital clinical teams to coordinate and address discharge planning for children and youth. • Developed psychiatric hospital contact protocol for Children/Youth in DFPS CVS, an intranet site for staff, and regional mailboxes.
<p>Sponsored regional community education consortiums.</p>	

⁴⁵ The Schools and Families Educating Children application can help staff with strategies to interact and communicate with youth that have disabilities, including communication disabilities, autism, intellectual or developmental disabilities, deaf or hard of hearing, and mental health issues.

Action	Details
<p>Worked with the Children’s Commission and various community partners to improve educational outcomes for children.</p>	<ul style="list-style-type: none"> Specifically, a workgroup addressed behavior interventions and other practices used in school to reduce the higher instances of disciplinary actions for students in foster care. CPS and DFPS/CPS regional education specialists continued participating in ongoing Children’s Commission workgroups.
<p>Partnered with TEA to examine exchanging child specific data to better identify children in foster care and in the school setting.</p>	
<p>worked with the SSCC providers in CBC Stage I and II to ensure children’s educational needs are met.</p>	
<p>Trained CPS staff and external stakeholders on racial and ethnic identity to promote competencies around healthy racial and ethnic identity formation for children and youth.</p>	
<p>Developed and provided specialized training to family group decision making facilitators focusing on improving the CANS assessments in service planning.</p>	
<p>Implemented improvement strategies statewide related to PAL Life Skills training and life skills assessment completion to help youth with successful transition to adult living.</p>	<ul style="list-style-type: none"> This included regular communication with DFPS contract staff, PAL staff, and providers; regular PAL Staff support meetings; and monthly status reports.

Action	Details
<p>developed a plan with stakeholder and youth to standardize the curriculum for the PAL program to ensure that youth receive relevant and age-appropriate information and training.</p>	<p>This included:</p> <ul style="list-style-type: none"> Released an updated Independent Living Study Guide and incorporated young adults with lived experience into the development process. Piloted online life skills training options through Lyft Learning/Life Skills Reimagined. Increased life skills training completion to 94.9 percent for the calendar year, an increase over the prior year’s 94.0 percent completion rate.
<p>Continued a four-year pilot summer internship program for current or former foster care youth ages 15 and older.</p>	<ul style="list-style-type: none"> The Summer Internship Program pilot required by House Bill (H.B.)1608, 85th Legislature, Regular Session, 2017, is no longer required as of September 1, 2021. However, the pilot area continues to offer internships in the summer and year-round to meet the individual needs of the youth.
<p>Used characteristic information for youth aging out of care without extended foster care to alter practice approaches and strengthen exits to extended care to better understand barriers and missed opportunity to achieve positive permanency.</p>	
<p>Participated in stakeholder meetings led by CASA or Texas Tech University to ensure youth get their driver licenses or state identification care before leaving DFPS conservatorship.</p>	<ul style="list-style-type: none"> DFPS provided public comment to the Texas Workforce Commission rules for the driver education waiver program related to S.B. 2054, 87th Legislature, Regular Session, 2021. Information and instruction were provided to DFPS staff which included Texas Department of Public Safety contacts and instructions to better streamline appointments for a driver license or state identification card.
<p>Strengthened communication between stakeholders for the new Career Development and Education program.</p>	<ul style="list-style-type: none"> The program, developed at the direction of the Texas Legislature, aims to ensure youth complete high school, or receive their GED and have career and post-secondary opportunities.

Action	Details
<p>Maintained the Career Development and Education program information on the DFPS website.</p>	
<p>Provided a series of workshop sessions during the implementation of the Hopes and Dreams pilot in Regions 1, 3, and 6 to provide youth in more restrictive placement settings the opportunity to build “Hopes and Dreams” for their life beyond foster care.</p>	<ul style="list-style-type: none"> • This initiative was delayed due to the COVID-19 pandemic. The program, however, resumed in June 2022, and involved providing a series of workshop sessions aimed at guiding youth in residential treatment facilities in developing Hopes and Dreams for their future.
<p>Increased the number of faith communities of color and non-traditional faith communities to assist meeting the needs of the children and families we serve.</p>	<ul style="list-style-type: none"> • The Office of the Governor and DFPS pursued collaborative strategies to address child sex trafficking in Texas. These agencies identified opportunities to leverage faith-based communities to improve awareness, service capacity, and prevention efforts across the state.
<p>Enhanced policy to require weekly visitation, or interaction, between siblings in care.</p>	<ul style="list-style-type: none"> • Progress is monitored through regular data sharing with regional leadership.

Workforce

Action	Details
<p>Worked with the SSCCs transitioning to CBC Stage II to maximize the transition of CPS CVS caseworker, kinship, and other staff from DFPS to the private SSCC agency and to ensure that all</p>	<ul style="list-style-type: none"> • CPS Regions 1 (Saint Francis Community Services) and 8a (Family Tapestry) began planning for Stage II implementation in fiscal year 2021.

Action	Details
<p>training and staff development needs will be met by the SSCC to ensure a stable workforce.</p>	
<p>Worked with the CLOE to enhance and evaluate CPD which equips new caseworkers with a realistic view of their roles and knowledge and skills to succeed in their jobs.</p>	<ul style="list-style-type: none"> • In March 2021, the HTCE developed Foundations of Human Trafficking training and worked with CLOE to update Child Protective Professional Development to incorporate into new employee training and created Foundations of Human Trafficking as a mandatory training for all existing CPI and CPS staff. • The enhanced CPS Professional Development model began with June 2021 cohort (training class) including revised individual training plans. • CLOE worked in conjunction with CPS to enhance CPS Professional Development for all new staff. Development began in 2019 and the changes were implemented in June 2021.
<p>Collaborated with CLOE to evaluate CPS SPD Training.</p>	<ul style="list-style-type: none"> • The overall goal was to enhance SPD to ensure training provides supervisors the skills, knowledge, and competencies managers need to succeed in their roles.
<p>Completed Request for Service, analysis and consultation with CLOE and members of the Statewide Training Council on Supervisor Basic Skills Development.</p>	
<p>Provided PPE and guidance to field staff due to the COVID-19 pandemic.</p>	<ul style="list-style-type: none"> • If any region needed any type of PPE, a process was put into place where any staff member could email their request to their regional CPS PPE representatives. • DFPS also has a dedicated page to Coronavirus for CPS staff to seek out information and a topic of discussion on that page is PPE. It has a Q&A page that includes information about the most effective ways for staff to use PPE to protect themselves and others.
<p>Deployed master CVS and FBSS workers to understaffed areas of the</p>	

Action	Details
<p>state to support workload and build staff capacity.</p>	
<p>Provided The Leadership Challenge training for regional leadership teams.</p>	<ul style="list-style-type: none"> • Select CPS staff also participated in The Leadership Challenge and additional The Leadership Challenge Facilitation Training to bring the Leadership Challenge in-house to support an increase in participants in the Family Resource Centers most cost effective and efficient manner while retaining the inspiring nature of the training.
<p>Promoted employee recognition and retention efforts, including leadership recognition awards.</p>	<ul style="list-style-type: none"> • DFPS awards and recognition continues. A plan for increased mentor recognition and recruitment is being developed.
<p>Held statewide and regional Caseworker and Supervisory Advisory Committee meetings to gather input on CPS initiatives in fiscal years 2021 and 2022.</p>	<ul style="list-style-type: none"> • Statewide Advisory Committee has continued to meet virtually each quarter. • Regional Advisory Committees were developed and meet regularly, depending on each region’s needs.
<p>Continued efforts on an agency campaign regarding the impact of secondary trauma on staff and available resources to include individual and group counseling and support to staff.</p>	<ul style="list-style-type: none"> • Resources, including Employee Assistance Program and Worker Safety, Motivational Interviewing training, etc., were provided to regional directors for distribution to staff.

Continuous Quality Improvement

Action	Details
<p>Created annual regional business plans and reviewed them quarterly.</p>	<ul style="list-style-type: none"> • Every region across the state developed a business plan for fiscal years 2021 and 2022 with the common goals of achieving timely permanency, ensuring safety of the children served every day and to work toward

Action	Details
	<p>the wellbeing, and healing of the families impacted by the DFPS system.</p> <ul style="list-style-type: none"> This plan was reviewed quarterly at the regional level through the Regional System Improvement process currently in place. This allowed the regional management team to look at what is working, what are the worries of the region. Most importantly, it is an opportunity for the region to develop next steps to see improvement in their outcomes.
<p>Discussed trends in data with the DFPS Office of Data and Systems Improvement to focus continuous quality improvement initiatives at the statewide and regional levels.</p>	<ul style="list-style-type: none"> Director of Field had a standing meeting with the Analytical and Evaluation Team where the team presents a monthly regional briefing update on the outcomes of the regions across the state. This process allowed the field team to work in partnership with the data and systems improvement team, share areas of success, and the ones where improvement was needed, trends and patterns on turnover, resources, and how to achieve the overall desired outcomes for the entire state.
<p>Shared quarterly structured case review results to inform the discussions, with particular emphasis on targets not yet achieved on the federal CFSR PIP.</p>	<ul style="list-style-type: none"> The federal CFSR PIP was successfully completed. The federal partners recognized Texas achievement and completion of the program improvement plan in May 2021. To assist Texas in completion of the PIP, FPIR partnered with the regional system improvement specialists and regional management in identifying trends/patterns and where to target efforts. FPIR leadership provided advanced training into the PIP items and trends/patterns identified in the quarterly case reads.
<p>Reviewed FBSS and CVS cases using the federal CFSR case review instrument and implemented new ongoing and adhoc case reviews. The Division developed these reviews at the request of program to focus on key issues. CPS used data from these case reviews to make regional practice improvements.</p>	<ul style="list-style-type: none"> FPIR also completed reads in the following areas: Screened Intakes (completed monthly), Eligibility Assistance (completed quarterly), and Application for Placement (completed quarterly). A workgroup comprised of FBSS and CPI state office staff was held monthly to confer about the results of the case review, discuss trends and actionable items. Reports were provided monthly/quarterly (as appropriate) showing the results of the individual case reads to the appropriate designees.

Action	Details
<p>Used data collection broken down by race and ethnicity to target strategic measures to improve services to children in families and reduce racial and ethnic disparities.</p>	
<p>Implemented a new quality assurance tool to read family preservation cases for implementation of the new policy and practice and provided timely feedback to field staff.</p>	<ul style="list-style-type: none"> • In collaboration with FBSS field staff, a focus group was developed and met for six weeks. The tool was tested in June 2021 and launched September 1, 2021.

Capacity Building

Action	Details
<p>Strived to ensure foster care capacity building plans address the recruitment of foster and adoptive homes and is data-driven based on the DFPS annual Foster Care Needs Assessment.</p>	
<p>Created a placement capacity dashboard in the data warehouse offering the ability to get net surplus and deficit of beds, the dashboard allows DFPS to see trends and patterns for placement and placement</p>	

Action	Details
<p>capacity needs to be built.⁴⁶</p>	
<p>Released a grant with funding from H.B. 5, 87th Legislature, Second Called Session, 2021, to increase capacity for high needs youth as the targeted population contract grant will be awarded in fiscal year 2022, Q4.</p>	<p>DFPS created the following resources:</p> <ul style="list-style-type: none"> • TEP program in June 2017. The TEP program provides emergency, short-term, highly structured quality residential care and services for children while CPS placement staff continue searching for a more suitable and longer-term placement. This is a no eject/no reject program with 30 beds in three placements this is an increase of 8 beds from last reporting period. On-going efforts are made to support these placements and providers through routine check-ins and staffing. • TFFC was designed to provide intensive services to children and youth in a highly structured home environment, often as an alternative to Residential Treatment Center placement. Age range was expanded to service children/youth ages 5-17 who have mental health and/or socio-behavioral needs that cannot be met in traditional foster care settings. The program includes innovative, multi-disciplinary treatment services that are evidenced-based and research-supported. Under the program, foster parents and contractors receive a higher reimbursement but have additional expectations such as more training, more frequent treatment plan reviews, and ongoing support following discharge. Program and Data team completed analysis of the TFFC program to assist in identifying gaps in services and assess with better outcomes and establish best practices. DFPS met with current providers and attend the symposium to expand capacity of the valued placement type. • Open enrollment released fiscal year 2022, Q4. • Fiscal year 2021 ended with 182 youth actively in SIL placements, which was up slightly from end of fiscal year 2020 when 174 youth were actively in SIL. Additionally, in fiscal year 2021 CPS secured contracts with 13 SIL providers bringing the total to 33.
<p>Secured 36 Foster Youth to Independence partnerships.</p>	<ul style="list-style-type: none"> • CPS secured 29 Family Unification Program partnerships. Overall, 179 youth utilized the Foster Youth to Independence program to secure housing and as of April 2022, 663 families and youth were

⁴⁶ Higher needs children are historically the most difficult to place.

Action	Details
	<p>utilizing the Family Unification Program. CPS also secured and updated an interagency agreement with the Texas Department of Housing and Community Affairs to partner on the Section 811 Project Rental Assistance program to provide housing vouchers for youths with disabilities. Overall, 12 youth utilized this program and 7 are currently housed. CPS secured 11 regional housing liaisons who serve as the local point of contact for housing matters in their regions and maintain relationships with local public housing authorities.</p>
<p>Created a housing program webpage that provides centralized information on housing options, youth targeted rental assistance programs, housing choice voucher programs, housing readiness, and provides guidance on preparing and planning for housing.</p>	<ul style="list-style-type: none"> • CPS hired a youth housing specialist in April 2020 who delivered housing presentations to staff in all departments and various units, including youths at conferences, and facilitated three statewide Section 811 trainings resulting in increasing referral agents for the program from 1 to over 35 across the state. The youth housing specialist created information sheets, documents, and other materials to support staff and youth. The youth housing specialist regularly provides support, guidance, and consultation to all regions regarding housing.
<p>Released the Family First Prevention Services Act (FFPSA) strategic plan in September 2020, which included a high-level plan for the implementation of a QRTP pilot to treat children and youth who have the most complex needs in the foster care system while meeting FFPSA requirements.⁴⁷</p>	
<p>Worked closely with workgroups led by the</p>	<ul style="list-style-type: none"> • Workgroups and subgroup meetings began in September 2021 and occurred monthly until July 2022

⁴⁷ The Bipartisan Budget Act of 2018 was signed into federal law in February 2018 and included statutory provisions known as FFPSA. Among other sweeping child welfare changes, FFPSA focuses on a reduction of congregate care settings for children in state and tribal foster care systems in favor of less restrictive, more family-like settings by disallowing Title IV-E payments for children in most of the Title IV-E eligible congregate care settings. QRTP's were one of the exceptions and must meet very specific criteria to qualify to receive IV-E funding beyond the first 14 days of a youth placement in a residential setting.

Action	Details
<p>Children’s Commission to outline specific details in S.B. 1575 and S.B. 1986 from the 87th Legislature, Regular Session, 2021.⁴⁸</p>	<p>at which time a report will be reviewed and finalized before submission to the Legislature in October 2022.</p> <ul style="list-style-type: none"> Two QRTP program specialists were hired in March 2021 and have been working on the development and procurement documents, program model, communication, training needs and have established other workgroups needed for the QRTP⁴⁹ pilot program and Accreditation Grant. Two additional positions were hired to provide to support placement and eligibility activities for the QRTP pilot program.
<p>Published the QRTP Open Enrollment Procurement documents and all required supplemental documents.</p>	<ul style="list-style-type: none"> Completed April 1, 2022. CPS is ready to evaluate responses and begin establishing contracts. The QRTP team also completed the statement of work to release an RFA procurement type to extend a limited number of accreditation grants to existing licensed and in-process operations to support accreditation. This RFA was published in fiscal year 2022, Q4.
<p>Maximized placements with kinship caregivers.</p>	<ul style="list-style-type: none"> Regularly communicated with kinship caregivers about options available for training financial and other supports (reinforced by H.B. 1884, 85th Legislature, Regular Session, 2017). Partnered with Texas CASA to support CFE which helps identify, locate, and engage family members and other caring adults so they are involved in the child’s care and permanency planning. Held quarterly meetings with the KCG which includes kinship caregivers who help CPS improve the kinship program by identifying ways to better support kinship placements. Worked to create and sustain monthly kinship support groups in each region led by former kinship caregivers which provide information and support to current caregivers.

⁴⁸These bills largely reiterated the assessment requirements for initial and ongoing placement in a QRTP.

⁴⁹ A QRTP is a time-limited clinical intervention which includes placement into and service delivery by qualified accredited residential facilities with highly trained, experienced, and qualified staff to meet the needs of children with complex mental, emotional, and behavioral health needs. The goal is to provide the child with the appropriate level of treatment for their individual needs in order to assist them in learning how to manage their behaviors so they transition out of foster care and back to their family of origin or achieve positive permanency in a less restrictive environment while receiving after care support services for a minimum of six months.

Action	Details
	<ul style="list-style-type: none"> Improved timeliness of out-of-state relative/kinship homes studies and placements to keep children with families and support permanency.
<p>Utilized stakeholder input to build capacity.</p>	<ul style="list-style-type: none"> Over the past year, DFPS partnered with child welfare provider associations such as the Texas Alliance for Children and Families and Texas Network of Youth Services to build capacity and discuss barriers and opportunities.
<p>Provided financial incentives for contracted providers who build needed capacity.</p>	<ul style="list-style-type: none"> S.B. 11 directed DFPS to provide financial incentives for non-CBC contracted residential child-care providers who exceed specified performance outcomes. Financial incentives for non-CBC contracted providers who increase needed capacity were implemented. Consistent with the shift to performance-based contracting, the incentive structure empowers contracted providers to determine how to best meet this goal.
<p>Facilitated regional development of capacity building strategic plan.</p>	<ul style="list-style-type: none"> Based on the needs assessment, each regional director developed their own plan to meet the capacity needs of their region. These plans take into consideration the unique elements of the region and focuses of efforts to keep children and youth closer to home.
<p>Increased capacity in SIL foster care placements.</p>	<ul style="list-style-type: none"> Participation was increased through the open enrollment procurement process and via interagency contracts with universities.
<p>Worked with SSCs to increase provider capacity and innovative services such as treatment foster care, wraparound services, and other placement disruption supports.</p>	
<p>Partnered with local providers to create a strategic plan to increase placement capacity.</p>	

Appendix B:

CPS and Investigations Stages of Service

Figure 3 below illustrates the roles of the DFPS divisions in responding to reports of abuse and neglect. Fiscal year 2021⁵⁰ statistics provide context on children and families affected and staff workload.

Figure 3: Stages of Service



Intake/Referral

DFPS SWI receives reports of alleged abuse and neglect of children and vulnerable adults. Intakes are assigned to Investigations staff based on priority level. Due to their severity, some intakes are assigned immediately for investigation. (Data Source: Data Warehouse FPS_INT_SWI_02).

Screeener Review

Screeners conduct further review of the facts and determine whether to close the intake if it fails to meet DFPS involvement criteria, assign it to an Alternative Response caseworker, or assign it to an Investigations caseworker.

⁵⁰ Fiscal year 2022 data was not available at the time of publishing.

Investigations

Investigations caseworkers investigate allegations of abuse and neglect within statutorily determined timeframes. Investigators interview the child(ren) involved, the alleged perpetrators, and other key collateral contacts, and assess all pertinent information. They use tools that follow a series of structured steps to help reach consistent decisions about safety and risk. Best practice is to submit the completed investigation to their supervisor within 45 days, and close the case within 60 days from the point of intake. When allegations of abuse or neglect are substantiated, the case may be closed, transferred to FBSS, or DFPS may assume legal custody and transfer the case to the CVS stage of service. (Data Source: Data Warehouse INV_CPS_03).

Alternative Response

[Alternative Response](#) is an alternative to a traditional child abuse and neglect investigation. It is a flexible response that allows a caseworker to engage with families to determine their needs while also addressing safety concerns in the home. The primary focus of the Alternative Response caseworker remains on child safety through identifying the family's support systems, safety plans, out-of-home placements, and all other means necessary to ensure child safety. Eligibility is based on factors such as the type and severity of the alleged maltreatment, age of the children involved, and a family's willingness to participate in the Alternative Response process. It is not for cases involving sexual abuse or requiring an immediate response to protect a child's safety. Unlike other investigatory approaches, Alternative Response does not designate a perpetrator of abuse or neglect. This allows the caseworker focus more on the family support system as it relates to the immediate and future safety of the children. (Data Source: Data Book [Child Protective Investigations/Alternative Response/AR stages.](#))

Family Based Safety Services

When investigators do not remove children, but identify the need for ongoing services, CPS opens a FBSS case. FBSS caseworkers work with families to address the behavior changes needed to create safety for the child and may arrange to provide services. FBSS are child-safety centered, family focused, and home-based, and most often involve children who are not in legal DFPS conservatorship. At all times, the safety and welfare of children are of paramount concern.

FBSS cases are closed when parents address the safety issues involved in the case. If at any point staff determine the safety of a child can no longer be ensured, CPS implements an immediate plan for the child's safety, which can include court-ordered services or removal, if necessary. (Data Source: Data Warehouse INV_CPS_03).

Conservatorship

When removals occur, DFPS assumes legal custody of the child(ren) and places them in foster care or with relatives/kin caregivers. CVS caseworkers work to achieve permanency for the child through reunification with parents when safe and possible. When reunification cannot be safely achieved, DFPS seeks permanent placement for the child with relatives/kin caregivers through adoption or conservatorship, or in an unrelated adoptive home. Staff specializing in kinship care and adoption provide additional support to the CVS caseworker and relatives/kin caregivers or adoptive caregivers to support a stable placement and achieve permanency.

As shown above, exits from the DFPS system are possible throughout the life of a case. Once DFPS assumes legal custody of a child, the child exits DFPS custody through one of four primary paths: reunification, permanent placement with relatives/kin caregivers, adoption, and emancipation (known as aging out). When the permanency goal is emancipation, CPS provides PAL Services. (Data Source: Data Warehouse INV_CPS_03).

Appendix C: Organizational Charts

The DFPS Commissioner employs and oversees an excess of 13,000 employees located in 11 regions and the Austin state headquarters. The CPS State Office divisions provide policy direction to and operational oversight of the frontline regional staff managing services for children and families while working to achieve permanency outcomes for children in DFPS legal custody.

Other DFPS divisions provide support services for CPS, including but not limited to budget, general counsel, contract management, hiring/recruitment, training, records management, management reporting and statistics, and information technology. [The DFPS organizational chart](#) in Figure 4 shows many of the resources that support CPS and are referred to in this plan. See also Figure 5 for the CPS Division organizational chart.

Figure 4: DFPS Organizational Chart

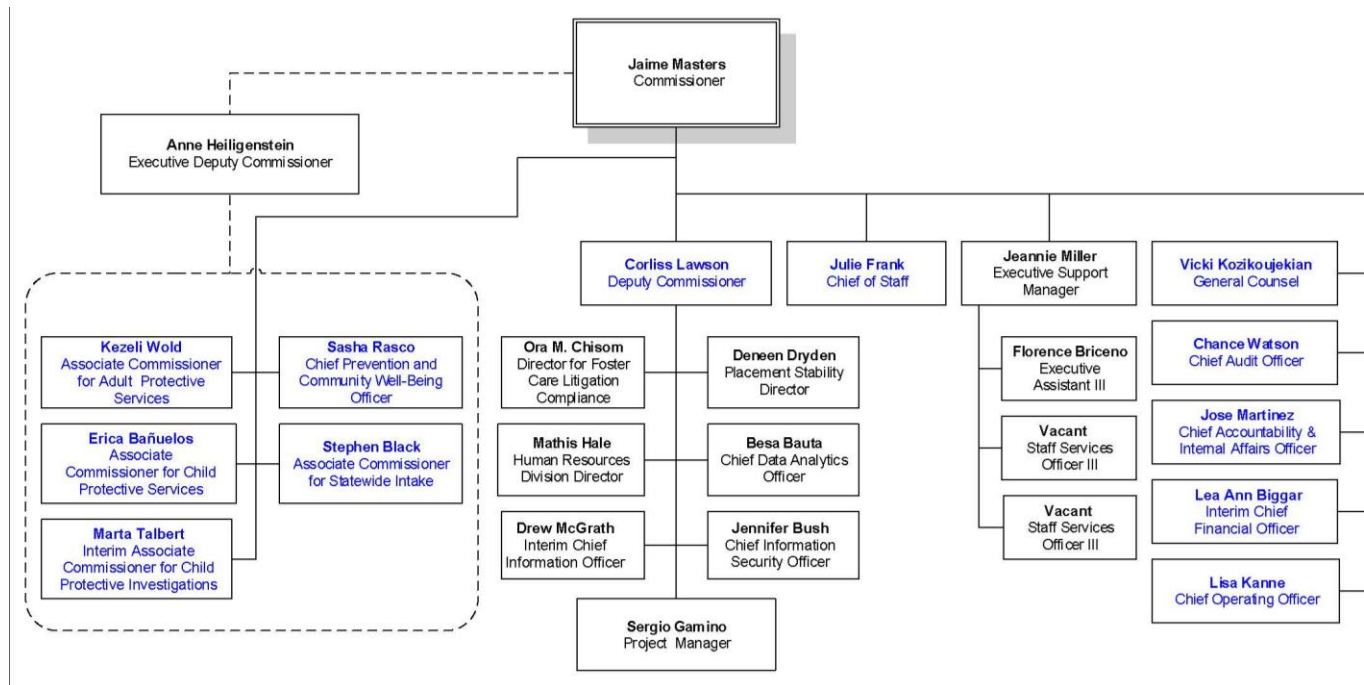
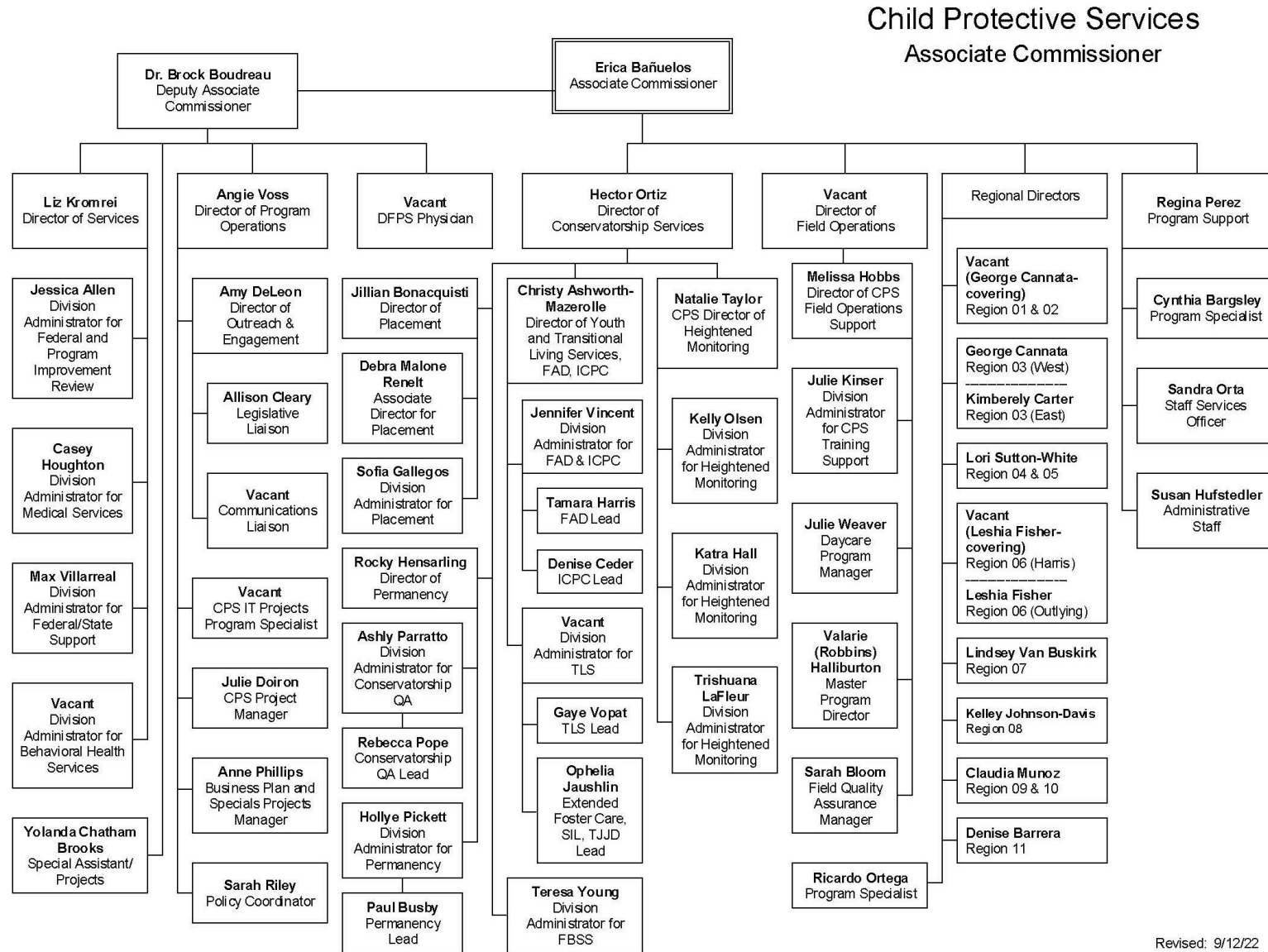


Figure 5: CPS Organizational Chart



Revised: 9/12/22

Appendix D: Definitions for Key Measures of Safety, Permanency, Well- Being, and Workforce

Safety

- **Recidivism in FBSS** – Percentage of children in FBSS case that is closed with no further ongoing services that have a subsequent confirmed allegation for abuse or neglect or a case opened for FBSS or CVS Services within 12 months of case closure. (Source: DFPS Data Warehouse - DFPS Executive Dashboard⁵¹).
- **Recidivism in CVS** – Percentage of children who exit CVS to reunification who have a subsequent confirmed allegation for abuse or neglect, or a case opened for FBSS or CVS services within 12 months of case closure. (Source: DFPS Data Warehouse - DFPS Executive Dashboard).
- **Face-to-face contact with children in FBSS** – Percentage of children on a family plan of service or a child principal if there is no family plan of service in stages open at least a month that had monthly face-to-face contact with the caseworker in any given month throughout the fiscal year. (Source: DFPS Data Warehouse Report FBSD_01).
- **Monthly contact with parents FBSS** – Percentage of FBSS stages where all parents were contacted face-to-face by a caseworker. Data does not account for attempts to locate and contact parent. (Source: DFPS Data Warehouse Report FBSD_01).
- **Timely face-to-face in conservatorship** – Percentage of children in CVS with monthly face-to-face contact with a caseworker. (Source: DFPS Data Warehouse Report SA_42).
- **FBSS successful case closure** – Percentage of FBSS cases closed successfully as identified by closure codes “Risk is reduced in the family” and “Child outside of the home/no Conservatorship”. (Source: Data Request Intake Team Report Request (DRIT) #106369).

⁵¹For Internal Agency Use Only - Not for External Release
Data Source - Agency Data Warehouse
MDC Data As of: 7/7/2022 12:34:15 AM
Report Number: exd1_03sx
Report Run Date: 8/9/2022

Permanency

- **Time to permanency** – Average number of months from removal to exit to one of the following: reunification, relative/non-relative as a permanent managing conservator, relative adoption, or non-relative adoption. (Source: DFPS Data Warehouse - DFPS Executive Dashboard).
- **Time to reunification, relative/non-relative PMC, relative PCA, relative adoption, and non-relative adoption** – Average number of months a child spends in care from the time of removal until they exit the CPS system. (Source: DFPS Data Warehouse - Report PP_20).
- **Permanency for children in care two or more years** – Percentage of children in care two or more years at the beginning of the fiscal year who exit to one of the following during the year: reunification, relative/non-relative as a permanent managing conservator, relative adoption, or non-relative adoption. (Source: DFPS Data Warehouse - DFPS Executive Dashboard).
- **Visiting with parents and siblings in foster care** – Percentage of children in CFSR case read who visited with their parents and siblings. The CFSR defines this as, “whether, during the period under review, concerted efforts were made to ensure visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members.” (Source: Summary of CFSR case review prepared by CPS Federal/Program Improvement Review Division).
- **Children in substitute care placed with relatives** – Percentage of children in DFPS conservatorship on August 31 (of each year) who were placed with a relative, including relatives verified as foster parents. (Source: DFPS Data Warehouse - DFPS Executive Dashboard).
- **Average number of placements for children in foster care** – Average number of placements for youth in foster care. (Source: DFPS Data Warehouse - DFPS Executive Dashboard).
- **Percentage of time spent in least restrictive settings** – For all children who spent at least one day in conservatorship, the percentage of their total days in conservatorship that were spent living at home with a relative or in a foster family home. (Source: DRIT #106370).

Well-Being

- **Educational needs of the child are met** – Percentage of children in CFSR case read who had educational needs met. The CFSR defines this as, “whether, during the period under review, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately

addressed in case planning and case management activities”. (Source: Summary of CFSR case review prepared by CPS Federal/Program Improvement Review Division).

- **Physical health needs of the child are met** – Percentage of children in CFSR case read that had their physical health needs met. The CFSR defines this as, “whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs”. (Source: Summary of CFSR case review prepared by CPS Federal/Program Improvement Review Division).
- **Mental/behavioral health of the child** – Percentage of children in CFSR case read who had mental and behavioral needs met. The CFSR defines this as, “whether, during the period under review, the agency addressed the mental/behavioral health needs of the children”. (Source: Summary of CFSR case review prepared by CPS Federal/Program Improvement Review Division).
- **Youth completing PAL life-skills training** – Percentage of youth who leave substitute care at age 18 or older and completed PAL Life Skills classes required to receive the PAL Transitional Living Allowance (up to \$1,000) funding after a youth left substitute care. (Source: DFPS Data Warehouse - DFPS Executive Dashboard).
- **Siblings in substitute care placed together** – Percentage of sibling groups in substitute care on August 31 (of each year) with all siblings in the same placement. (Source: DFPS Data Warehouse - DFPS Executive Dashboard).

Workforce

- **Turnover for FBSS caseworkers** – Calculated according to the State Auditor Office methodology. (Source: DFPS Data Warehouse - DFPS Executive Dashboard and 88R LAR LBB Measures FY 24-25).
- **Turnover for CVS caseworkers** – Fiscal Year turnover for CVS caseworkers, excluding staff separated with a code specific to departure for employment with SSCC.⁵² (Source: DRIT #107253 and 88R LAR LBB Measures FY 24-25).

⁵² SSCC Departures are identified in CAPPs with Reason Code 064, Reduction in Force.