Chapter 8

Department of Family and Protective Services External/Internal Assessment

8.1 Overview

The Texas Department of Family and Protective Services (DFPS) is charged with "protecting the unprotected." Twenty-four hours per day, 365 days per year, approximately 11,000 DFPS employees strive to protect children, adults who have disabilities, and adults who are 65 years old or older from abuse, neglect, and exploitation. DFPS also works to ensure child safety and well-being by its licensing and regulation of day-care and residential operations.

DFPS has several areas to facilitate meeting these important goals.

- **Child Protective Services (CPS)—**CPS' core function is to protect children from abuse and neglect, and work with families to prevent abuse and possible future neglect.
- **Adult Protective Services (APS)—**APS is charged with protecting adults age 65 years or older and adults who have a disability.
- **Child Care Licensing (CCL)—**CCL is responsible for licensing and regulating Texas' day care operations, 24-hour-per-day residential child-care facilities, and child-placing agencies.
- **Statewide Intake Division (SWI)—**Twenty-four hours per day, 7 days per week, SWI operates as the centralized point of intake for reports of abuse, neglect, or exploitation of: children; adults who are elderly, or adults with disabilities; clients served by the Department of State Health Services (DSHS) in State Mental Health Hospitals (SMHHs) or the Department of Aging and Disability Services (DADS) in State Supported Living Centers (SSLCs); and children in licensed child-care facilities or treatment centers.
- **Prevention and Early Intervention (PEI)—**PEI manages and contracts with community-based programs to prevent abuse, neglect, delinquency, and truancy of Texas children. PEI programs are administered through contracts with local community agencies or organizations.

The remainder of this chapter is arranged as follows:

● Mission,
● External Assessment,
● Current Activities, and
● Internal Assessment.

8.2 Mission

The mission of DFPS is to protect children and people who are elderly or who have disabilities from abuse, neglect, and exploitation by involving clients, families, and communities.

8.3 External Assessment

As introduced in Section 8.1, DFPS serves Texans of all ages in multiple ways, helping to implement all of the Health and Human Services (HHS) System Strategic Priorities.

● Improve and protect the health and well-being of Texans.
● Create opportunities that lead to increased self-sufficiency and independence.
● Protect vulnerable Texans from abuse, neglect, and exploitation.
● Encourage partnerships and community involvement.
● Ensure good outcomes in all health and human services programs by strengthening and supporting the workforce, infrastructure, technology, and integrity in business processes.
● Ensure the integrity of health and human services providers.

DFPS is the primary agency responsible for protecting and serving children, older adults, and individuals with disabilities in Texas communities. As the population continues to increase, DFPS is investigating an increasing number of allegations of abuse, neglect, and exploitation.

DFPS, by protecting the unprotected and providing services to vulnerable populations, provides pivotal support to the HHS Strategic Priorities. DFPS, as with all the HHS agencies, faces diverse and critical challenges. The following sections detail some of DFPS' current challenges and opportunities and the actions DFPS is taking or planning to take to meet those challenges.

8.3.1 Improving Child Protective Services Capacity

Strategic Priority: Ensure good outcomes in all health and human services programs by strengthening and supporting the workforce, infrastructure, technology, and integrity in business processes.

- Continue to enhance the service delivery system to be more coordinated, cost-effective, and customer-friendly.

Strategic Priority: Improve and protect the health and well-being of Texans.

- Improve access to effective behavioral health, prevention, and treatment services.
- Ensure programs and initiatives recognize and address health disparities and disproportionality to improve outcomes across all programs.

Strategic Priority: Protect vulnerable Texans from abuse, neglect, and exploitation.

- Improve detection of potential risk to vulnerable children and adults in the community and in state facilities and ensure that appropriate services are offered and provided when abuse, neglect, or exploitation occurs.
- Work with local law enforcement to support investigations and prosecutions of people suspected of criminal abuse, neglect, or exploitation.

Strategic Priority: Encourage partnerships and community involvement.

- Develop partnerships with families, stakeholders, community organizations, providers, and others in the public to improve service delivery and ensure people receive timely, appropriate services.
- Work closely with faith- and community-based organizations to assist people in applying for nutrition, medical, and monetary assistance, and other service needs.
- Engage communities in developing service delivery systems, programs, and policies.

Discussion

When a child is at risk at home, CPS takes all reasonable measures to ensure the safety of the child, while supporting the integrity of the family and its ability to care for the child. Depending on a child's circumstances, there are several stages of services that CPS can provide.

These services help children with a wide variety of needs and include:

- Conducting civil investigations of reported child abuse and neglect;
- Protecting children from abuse and neglect;
- Promoting the safety, integrity, and stability of families; and

● Providing permanent placements for children who cannot safely remain with their own families.

During the investigation stage, CPS caseworkers may refer families for services in the community. If there is concern about the continued safety of a child, the caseworker may refer the family for Family-Based Safety Services (FBSS). FBSS includes family counseling, crisis intervention, parenting classes, substance abuse treatment, domestic violence intervention, and day care. These services are provided while the child remains in the home and are helpful in making sure children are safe.

When conditions make it unsafe for children to remain in their own home, removing children from their family may not be the only solution if the family is able to make alternate, safe living arrangements for their children. Sometimes extended family or other adults with close family connections exist who are willing and able to provide care in a safe environment. This type of alternate living arrangement reduces the trauma experienced by the children.

Even as CPS has been serving more children in this family-focused context, there has been an increase in the number of children who must for their safety be removed from their homes, and DFPS assumes legal custody of the children. These children may be placed temporarily with relatives, a foster family, an emergency shelter, or a foster care facility. CPS and caregivers are required to arrange all educational, medical, dental, and therapeutic services needed by the child.

When children are removed from their homes, a court has oversight of the case. CPS continues to evaluate the family's situation, and to provide all needed medical and behavioral health services. CPS may conduct assessments of relatives or other significant and close relationships to the family.

Throughout this process, CPS staff engages in permanency planning on behalf of the children to ensure a child exiting from DFPS care is placed in an appropriate, permanent setting.   If parental rights are intact, CPS provides ongoing services to the parents until the family is reunited and DFPS' legal responsibility is ended, or the court approves another permanent living arrangement for the children.

CPS engages with community partners to help develop and implement programs and policies. CPS employs a Community Affairs Liaison and regional community engagement staff to facilitate collaborations with community partners across the state. CPS actively continues to encourage ongoing community partnerships and community involvement in multiple ways that include:

● Engaging families and consumers involved in the child welfare system at all decision-making levels;
● Strengthening volunteer opportunities within DFPS through effective recruitment and retention strategies;

- Securing meaningful youth voice and engagement at all decision-making levels, and

- Developing and strengthening partnerships with post-secondary institutions to support program improvement, evaluation, and additional efforts taken on by DFPS.

Planned Actions

Enhanced Family-Centered Safety Decision-Making

The March 2008 Children and Families Services Review, DFPS' internal review of the Investigation and FBSS programs, and consultation from the National Resource Center for Child Protection Services indicated the need to further strengthen or enhance family-centered safety decision making protocols in all stages of service. Stages of service include investigation, FBSS, and conservatorship.

The goal of Enhanced Family-Centered Safety Decision-Making (EFCSDM) is to support staff in making sound safety decisions for children in all stages of service. EFCSDM will be accomplished by strengthening and putting into practice child safety decision-making protocols using a family-centered approach. This is a continuous quality improvement process that began in 2009 and helps staff:

- Better identify when children are safe *vs.* unsafe;
- Better understand the family changes that must occur to keep children safe, resulting in improved matching of appropriate services to children and families;
- Have an improved understanding of safety as it relates to permanency; and
- Support family-centered values.

Implementing Permanency Roundtables

CPS works to provide permanent placement for children who cannot remain safely in their own homes. There are challenges in getting some children in CPS' care into permanent homes. PRTs are an intervention strategy to facilitate the permanency planning process by identifying realistic solutions to permanency obstacles for children. To help address these challenges, in June 2012 CPS started initiating permanency roundtables. The roundtables will be rolled out over time in the various regions. CPS is starting in Region 6 and the plan is to expand into Regions 8 and 10 in the Fall of 2012 and into other regions thereafter.

The Texas model for PRTs will be an internal team consisting of caseworkers, supervisors, program directors, program administrators, and other agency subject matter experts to brainstorm and create child-specific action plans to achieve permanency for children. In many cases, a child will be placed with a relative or kinship caregiver, who becomes Permanent Managing Conservator (an individual or entity to be permanently legally responsible for a child). A CPS staff member

specializing in permanency issues will facilitate the PRT meetings and will also be responsible for monitoring that tasks assigned out of those meetings are completed.

Implement Trauma-Informed Care Initiative

Most children entering the child welfare system have been through painful and distressing experiences. As a result, they may have emotional and behavioral responses that seem inappropriate for their current situation. When working with these children, it is important to be sensitive to the ways in which the trauma they have experienced affects their current behavior. In recent years, child protective services best practices have developed the concept of trauma-informed care, so all people who serve a child in care are informed about the trauma and about the conditions and needs that the trauma may cause.

DFPS formed its Trauma-Informed Practice Workgroup (TIPW) in October 2011 as part of the Trauma-Informed Care Initiative. The goal of this initiative is to develop and implement a comprehensive, consolidated approach to trauma-informed care that maximizes agency resources and improves outcomes for the children and families serviced by CPS.

A trauma-informed child- and family-serving system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on those who have contact with the system, including youth, caregivers, and service providers. A service system with a trauma-informed perspective is one in which service providers:

- Routinely screen for trauma exposure and related symptoms;
- Use a consistent set of culturally appropriate, evidence-informed assessments that address well-being and use culturally appropriate treatment for traumatic stress and associated mental health symptoms;
- Make resources available to clients on trauma exposure, its impact, and its treatment;
- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;
- Address parent and caregiver trauma and its impact on the family system;
- Emphasize continuity of care and collaboration across child-serving systems; and
- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress.

The TIPW is comprised of both internal and external stakeholders, including several state and nationally known trauma-informed care experts serving as advisors. A trauma-informed system incorporates the child's and family's story and the child's developmental level while establishing an evidence-based approach to policies, training, leadership, and service practice. In spring of 2012, a strategic plan was developed to guide this important effort, and implementation of the plan will begin later in the statewide strategic planning period of 2013-17. Workgroups comprised

of internal and external stakeholders will begin meeting to achieve the goals and tasks to improve outcomes of children in the child welfare system.

To further efforts to promote child safety and well-being, reduce the harmful impact abuse and neglect has on children, and decrease the traumatic experiences for children and their families, the workgroup will propose recommendations to DFPS regarding continued integration of trauma-informed practices within CPS. The TIPW will also provide oversight of approved implementation strategies. DFPS expects the transition to a full trauma-informed system of care to continue during the 2013-17 planning period.

Continued Implementation of Fostering Connections

DFPS' implementation of the Permanency Care Assistance (PCA) Program in 2011, also known as Fostering Connections, enables additional permanent placement options for children in the managing conservatorship of CPS. The goal is to have these children exit care to a permanent home with relatives. The program includes verifying relatives as foster parents, placing the child with them for six months, and then having the relative caregivers assume Permanent Managing Conservatorship (PMC) of the child. The relatives then are eligible to receive PCA funding until the child reaches adulthood. Funding for the PCA became available in October 2010. As of February 2012, 415 children had been transferred from DFPS' legal responsibility into the PMC of families through the support of PCA benefits. Over time, this program will assist in reducing the numbers of children in DFPS conservatorship and create permanent homes for children with their own family.

Reducing Disproportionality of Outcomes for Children

African-American and Native American children and their families are disproportionately represented in the CPS foster care system, not only in Texas but nationally. For example, in Texas, in fiscal year (FY) 2011, African-American children made up 12.1 percent of the child population; by contrast, they were 26.2 percent of all children removed from their homes, and 36.8 percent of all children waiting for adoption.

Throughout policy, practice, and all initiatives, DFPS continues its commitment to reducing the disproportionate representation of African-American and Native American children in the CPS system. Since DFPS' commitment to reducing disproportionality began in 2004, CPS achieved the following accomplishments:

● More than 3,000 youth, community members, staff, providers, and others have participated in Undoing Racism© training;

● More than 4,100 CPS staff have participated in the "Knowing Who You Are" racial and ethnic identity development training; and

● More than 20 town hall meetings have been conducted across the state, encouraging community feedback and partnerships for improving CPS operations and relationships with the community.

DFPS will continue its efforts to reduce disproportionality through collaboration with the Health and Human Services Commission's (HHSC's) Center for Elimination of Disproportionality and Disparities. During this strategic planning cycle, DFPS will move forward with a more in-depth examination of disparities in the CPS system for Hispanic children and their families.

8.3.2 Implementation of Foster Care Redesign

Strategic Priority: Ensure good outcomes in all health and human services programs by strengthening and supporting the workforce, infrastructure, technology, and integrity in business processes.

- Continue to enhance the service delivery system to be more coordinated, cost-effective, and customer-friendly.

Strategic Priority: Improve and protect the health and well-being of Texans.

- Improve access to effective behavioral health, prevention, and treatment services.

Strategic Priority: Encourage partnerships and community involvement.

- Develop partnerships with individuals, families, stakeholders, community organizations, providers, and others in the public to improve service delivery and ensure people receive timely, appropriate services.
- Work closely with faith- and community-based organizations to assist people in applying for nutrition, medical, and monetary assistance, and other service needs.
- Engage communities in developing service delivery systems, programs, and policies.

Discussion

When children have to be placed outside their homes, and no appropriate non-custodial parent, relative, or close family friends are available for the court to award temporary legal possession, the court will ask CPS to place the child temporarily in a foster care setting. Though CPS strives to ensure quality services for children placed in foster care, these children may experience multiple placement changes over time due to lack of options for a child to safely exit DFPS care into an appropriate, permanent setting. CPS has developed several initiatives to increase placement options which will enable a range of choices to match to individual child needs.

For many years Texas' child welfare system has faced the challenge of having some children in foster care placed outside of their home community. Frequently, the resources for serving these children in foster care are concentrated in specific areas of the state, while other areas may have few or no resources. A lack of placement resources in the right place may result in several placement moves for children in foster care. These moves can cause stress in children's lives in a variety of ways:

- Separation from siblings;
- Disrupted connection from extended family, friends, and community; and
- Changes in schools, therapists, doctors, and other care providers.

Additionally, many foster care providers contract for a specific placement type (e.g., a child-placing agency or a general residential operation such as residential treatment centers) to serve children with specific service needs. Very few providers offer a continuum of placement types that can accommodate the changing service needs of children.

Planned Actions

Since January 2010, DFPS has been engaged in an effort to improve outcomes for children and youth residing in paid foster care and their families, known as Foster Care Redesign. Foster Care Redesign's goal is to create sustainable placement resources in communities that will meet the needs of children and youth in foster care, using least restrictive (most family-like) placement settings.

The redesigned foster care model will support the achievement of the quality indicators listed below.

- First and foremost, all children and youth are safe from abuse and neglect in their placement.
- Children are placed in their home communities.
- Children are appropriately served in the least restrictive environment that supports minimal moves.
- Connections to family and others important to children are maintained.
- Children are placed with siblings.
- Services respect the child's culture.
- To be fully prepared for successful adulthood, children and youth are provided opportunities, experiences, and activities similar to those experienced by their non-foster care peers.
- Children and youth are provided opportunities to participate in decisions that impact their lives.

The 82nd Legislature, Regular Session, 2011, enacted Senate Bill (S.B.) 218 that directed DFPS to implement the new foster care model. DFPS is implementing the provisions of S.B. 218, and in this planning cycle DFPS anticipates awarding

contracts for two locations, one metropolitan area and one non-metropolitan area. Each of the two contractors will have up to six months to dedicate to start-up activities prior to the first referral of a child needing placement. Evaluation of the Foster Care Redesign will include individual interviews and focus groups, pre- and post surveys on collaboration, and a process evaluation.

8.3.3 Improve and Effectively Target Adult Protective Services

Strategic Priority: Create opportunities that lead to increased self-sufficiency and independence.

- Assist older Texans and those with disabilities to gain, maintain, and enhance their ability to function independently.

Strategic Priority: Protect vulnerable Texans from abuse, neglect, and exploitation.

- Ensure the safety and well-being of Texans in state-regulated, operated, and contracted facilities, as well as those served in their homes.
- Improve detection of potential risk to vulnerable children and adults in the community and in state facilities and ensure that appropriate services are offered and provided when abuse, neglect, or exploitation occurs.
- Work with local law enforcement to support investigations and prosecutions of people suspected of criminal abuse, neglect, or exploitation.

Strategic Priority: Encourage partnerships and community involvement.

- Develop partnerships with individuals, families, stakeholders, community organizations, providers, and others in the public to improve service delivery and ensure people receive timely, appropriate services.

Discussion

APS is often the only available option to help alleviate or prevent further maltreatment of adults who are elderly or have disabilities. Changes in client demographics and the social services delivery system affect both the APS In-Home and Facility programs. To address these changes, APS must continually examine current and alternative practices to determine the most efficient ways to improve the effectiveness of its investigations and services.

Population Growth

The Texas State Data Center estimates that baby-boomers (persons born between 1946 and 1964) will generate a 200 percent increase in the number of persons over

age 65 between 2010 and 2040. This sharp increase in the population over age 65 will result in a significant rise in the already growing demand for APS services. Texas' existing infrastructure for community-based long-term care and services may not be able to meet the future needs of a growing elderly population. Adequate infrastructure is necessary to provide ongoing support to clients after APS provides short-term intervention services.

The number of APS completed In-Home investigations has risen by almost 28 percent between 2008 and 2011. As the number of clients eligible for APS increases, so will the demands on caseworkers. The specific challenges that face the APS client population include the recidivistic cases that cannot be easily resolved. These cases include clients who live with severe physical impairments, mental illness, and dementia, many of whom also live in extreme poverty.

APS intervention cannot resolve the root causes of poverty, mental illness, or progressive dementia. Many clients with these issues will continue to have an ongoing need for APS to serve as their safety net.

Need for Long-Term Solutions

Many In-Home clients are referred to APS because they have fallen into a state of self-neglect. APS is only authorized to fund short-term emergency services. In situations where longer-term services are needed, APS makes referrals to available, appropriate local service providers or other state agencies.

Many referrals to APS are due to a lack of a consistent continuum of care, causing persons over age 65 and adults with disabilities to repeatedly require short-term, emergency assistance from APS. The percentage of clients referred twice within the same year grew from 13 percent in 2008 to 16 percent in 2011.

Facility Program Changes

APS Facility Investigations provide objective, unbiased investigation reports on allegations to state-operated and private providers of services for persons with intellectual disabilities and mental illness. The reports provide the basis for providers to take action to protect clients, and for DFPS to make referrals of confirmed perpetrators to the Employee Misconduct Registry (EMR). The EMR is a database maintained by DADS that contains the names of persons who have committed certain types of abuse, neglect, or exploitation that make them ineligible to work in certain facilities or agencies.

APS closely coordinates the development of policy and practice with DADS, DSHS, and Disability Rights Texas. Recent efforts have included: expanding referrals to the EMR to include employees of SMHHs and SSLCs; making investigations more efficient by taking electronic witness statements; and implementing the requirement that investigations in SSLCs comply with the Settlement Agreement with the United

States (U.S.) Department of Justice (DOJ) which focused on protecting residents of SSLCs.

One of the observations from the SSLC Settlement Agreement is that current APS policy and practice is not consistent across all provider settings. For example, all investigations in SSLCs must be completed in 10 days, while investigations in other settings can be completed in 14 or 21 days. APS is in the process of examining, with both internal and external stakeholders, whether uniformity in its policy and practice across all settings would result in better investigations.

Planned Actions

Improving and Targeting In-Home Program Services

The APS In-Home program investigates reports of abuse, neglect, and exploitation of adults who are elderly (65 and older), or have disabilities, and provides or arranges for protective services as needed. APS received 108,580 intakes in 2011, up almost 30 percent from 83,605 in 2008. Due to this rapid increase in intakes, the APS In-Home program is closely examining whom it serves and how it serves them.

Texas does not currently make a distinction, in investigation process and findings, between cases with alleged perpetrators and self-neglect cases. In each case, APS completes an investigation, reaches a finding, and conducts an assessment of client strengths and needs. APS is examining current and alternative casework practice models to determine if a differentiated response (including type of assessment and level of services provided), based on the type of allegation and the level of risk, will better protect clients. APS is examining new casework practice models that include safety assessment to determine the need for emergency services, risk assessment to guide decisions on the level and intensity of services needed, and strengths-and-needs assessment to guide decisions about specific service needs and effective service planning. APS expects its findings to result in the implementation of tools that will complement or replace elements of the current Client Assessment and Risk Evaluation tool to make client risk assessment more objective, reliable, and simple. It will also aid the caseworker in making consistent and accurate decisions on client need, promote client safety, and result in the best use of agency resources.

APS collaborates with a wide variety of partners, including civic and non-profit providers, financial institutions, law enforcement agencies, other service provider agencies, universities, and faith-based organizations to strengthen community resources for clients. APS is currently working with stakeholders to determine ways that it can best target services to those individuals in need who are ineligible for services from other agencies, and those for whom an APS investigation will alleviate the root cause of their harm. APS is also reviewing ways to streamline cases in which an expedited investigation would prove most efficient. These changes will ultimately result in rule changes to the definitions of abuse, neglect, and exploitation, will raise the standard of conduct for paid caregivers, and will better focus on individuals most in need of APS services.

By targeting and improving APS In-Home investigations and services, caseworkers will be able to assist clients more effectively, while making the most efficient use of limited resources. Making these changes will also allow APS supervisors the time they need to train and develop their caseworkers. Collectively, these changes will result in improved outcomes for APS clients.

Improving APS Facility Investigations

A top priority for FY 2012 is to determine ways to more rapidly investigate and report allegations of abuse, neglect, and exploitation in facility settings. APS will be working with Facility Investigations staff, providers, and other stakeholders to collect and evaluate potential ideas for improvement. APS will then use the results of this process analysis to make the programmatic changes necessary to protect APS clients better during this planning cycle.

Senate Concurrent Resolution 77, 81st Legislature, Regular Session, 2009, gave legislative approval to the system-wide settlement agreement between the State of Texas and the DOJ relating to the DOJ's investigation of the 13 SSLCs. That settlement called for several changes in the timeframes, documentation, and review of APS Facility investigations in SSLCs and in the portion of the Rio Grande State Center that serves individuals with intellectual disabilities. APS has made the mandated changes to comply with the Settlement Agreement, and it continues to discuss potential issues with the DOJ to ensure DFPS compliance on all settlement requirements at all SSLCs.

8.3.4 Reducing Hold Times While Maintaining Quality at Statewide Intake

Strategic Priority: Protect vulnerable Texans from abuse, neglect, and exploitation.

● Improve detection of potential risk to vulnerable children and adults in the community and in state facilities and ensure that appropriate services are offered and provided when abuse, neglect, or exploitation occurs.

Strategic Priority: Ensure good outcomes in all health and human services programs by strengthening and supporting the workforce, infrastructure, technology, and integrity in business processes.

● Continue to enhance the service delivery system to be more coordinated, cost-effective, and customer-friendly.
● Recruit high-quality employees.
● Use technology to maximize work efficiency and eliminate costly maintenance and repair on unneeded and underutilized office space.

Discussion

DFPS will be challenged to meet increasing demands, not only at the point of direct delivery of services, but across the spectrum of support systems that enable the agency to operate and meet the needs of its clients. These challenges include increased contact volume demands for SWI. SWI takes reports on abuse, neglect, and exploitation of children, persons age 65 years or older, or adults with disabilities. Reports of abuse, neglect, and exploitation will increase in accordance with the size and demographics of the population.

Workforce

SWI operates 365 days per year, twenty-four hours per day. In addition to phone calls, SWI receives faxes, letters, and Internet reports that are reviewed, assessed, and entered into the DFPS automation system by an intake worker, for assignment to local caseworkers. Intake workers need to be continually hired and trained to accept reports in a professional manner and accurately process the reports expeditiously.

Technology

In addition to needing a growing workforce that is highly trained and competent, SWI must also have communication technology that can meet the system's demand. The current Automated Call Distributor (ACD) routes calls received to Intake Specialists as they become available. The ACD system must routinely be maintained and upgraded to handle the load increases expected in this planning cycle. Failure to provide such expansion will jeopardize the ability of SWI to maintain hold times to current levels and may lead to increases in hold times. Constant updating and expansion of systems that support the SWI call center is essential.   The average hold time on the English queue for FY 2011 was 7.3 minutes. Through May 2012 the FY year to date average hold time was 9.1 minutes.   The Legislative Budget Board performance measure for SWI average hold time for the 2012-13 biennium is 8.7 minutes (+/-5%).

Planned Actions

Enhanced Continuity of Operations

In October 2011 SWI completed implementing the use of Voice over Internet Protocol phones loaded on laptops, to enable SWI staff to work offsite and take calls during business continuity situations, such as weather-related events, disaster recovery events, or social distancing occurrences. This new system is implemented, but limited by the number of available laptops and required terminal number phone lines. SWI will continue to pursue additional laptops and terminal number phone lines to enhance continuity of operations and expand telework options for SWI staff.

Provide Ongoing System Maintenance

Maintaining and enhancing SWI's capacity to handle the increased number of callers and increased demand on its equipment continues to be a DFPS challenge. The ACD system may need to be expanded along with expansion of the call recording system for quality assurance and documentation purposes. More hardware (e.g., laptops and phone lines) may need to be added to maintain the current functionality and handle anticipated increases in volume.

8.3.5 Enhancing Child Safety through Effective Child-Care Regulation

Strategic Priority: Protect vulnerable Texans from abuse, neglect, and exploitation.

● Create a regulatory environment that fosters the health, safety, and opportunities of Texans while ensuring a pro-business environment that supports accountability and innovation.

Strategic Priority: Encourage partnerships and community involvement.

● Develop partnerships with individuals, families, stakeholders, community organizations, providers, and others in the public to improve service delivery and ensure people receive timely, appropriate services.

Strategic Priority: Ensure good outcomes in all health and human services programs by strengthening and supporting the workforce, infrastructure, technology, and integrity in business processes.

● Continue to enhance the service delivery system to be more coordinated, cost-effective, and customer-friendly.

Discussion

CCL establishes and enforces standards of care for children who attend child day care operations or who reside in 24-hour residential child care facilities. In Texas, there are diverse and often differing views regarding what constitutes appropriate care in child care operations and the degree of robust regulation needed to enhance outcomes for children. CCL is continually challenged to balance regulatory responsibility with the availability and affordability of care. Challenges exist for CCL to provide child care providers with more automated options related to licensing requirements, such as an ability to pay licensing and background check fees online.

Unregulated care consists of persons providing child care services illegally, operating without the required permit, training, background checks, and ongoing regulatory oversight to help ensure the provider's compliance with minimum

standards of care. While unregulated child day care is often a cheaper option for parents and other caregivers, unregulated providers typically have not completed training such as first aid and cardiopulmonary resuscitation, have not completed and passed a background check, and do not adhere to limits on the maximum numbers of children allowed per caregiver. Without these and other basic protections required in regulated child care operations, illegally operating child care is often a dangerous situation for children. Therefore, recommendations for changes to minimum standards and regulatory requirements must be weighed against the potential impact on child care operations, the affordability and availability of care, available staffing resources, and the risk to children placed in unregulated care.

The expected growth of the state's population presents a continuing challenge to CCL to support and improve capacity and quality, while maintaining availability and affordability of child day care and residential child care services. It is vital that CCL ensures stakeholder participation in the process of identifying licensing outcomes for children in out-of-home care and use these as guiding principles when proposing changes to minimum standards.

Minimum Standards of Care

CCL is statutorily mandated to review all rules and standards for child care operations every six years, and CCL routinely evaluates and makes needed changes to specific standards based on legislative requirements, stakeholder input, and staff recommendations. A review can result in no changes, some changes, or substantive changes to the minimum standards.

A comprehensive review for child-care standards was conducted from 2009 to 2010, and the last comprehensive review for 24-hour residential care standards was completed in 2007. In 2009 and 2010, based on a CCL-identified need to ensure that the 24-hour residential care standards were having the intended outcome for children in care, DFPS conducted an evaluation or modified review of the 24-hour residential care standards.

Technology and System Improvements

Although CCL offers many technologically advanced web-based features which help educate consumers and support permit holders and applicants, CCL is challenged with technological limitations regarding the collection of statutorily required licensing fees. The current system's design is largely focused on the electronic case management of regulatory activities such as recording and storing outcomes of monitoring inspections or investigations of child abuse and neglect in child care operations. The system was not designed as a financial database and does not currently provide for submission of online payments, thus making the fee submission and tracking process cumbersome for permit holders as well as agency staff. CCL is exploring ways in which the fee collection process could be improved to enhance support for child care operations in Texas.

Planned Actions

Review of Minimum Standards

The statutorily-required review of all child day care and all residential child care minimum standards will fall within the strategic planning timeframe of 2013-17, with stakeholder involvement starting in the next two years. CCL also plans to explore changes to the inspection frequency, currently specified in statute, of well-performing operations, which would allow for the redirection of some of its staffing resources to better target those operating illegally. A statutory change in inspection frequency would likely require changes to related minimum standards in order to implement a differential monitoring approach. Changes in residential child care minimum standards may also be needed to support CPS efforts for redesigning the foster care system in Texas. CCL is currently assessing which standards, if any, would require changes to support a provider continuum of care model in the redesigned system.

CCL begins preparing well in advance of the required minimum standard review and heavily encourages stakeholder involvement in the process. CCL will make diligent efforts to engage all levels of stakeholders, including parents, providers, child advocates, advisory councils, staff, and legislative leadership in providing input and comment. In the course of reviewing all standards as required by statute, and in conjunction with stakeholders, CCL will be assessing standards related to the social and emotional development of children, promoting children's healthy development, and responding to mental health or behavioral concerns of children in care. CCL has also begun taking steps to train its staff on trauma-informed care and practice in relation to its regulatory role and group care settings. CCL will continue in this effort and will evaluate the need to amend standards regarding provider training during this review process.

CCL will post proposed changes to minimum standards on its website and will continue to maintain an electronic comment web-form for its public and provider website for those participating in the review and comment process. In addition, CCL will continue to maintain dedicated email boxes year-round to receive input from stakeholders. Comments on any proposed changes will be taken via online submission, email, and standard mail. Notification of the comment period will be disseminated to child care providers via mail, email, and the DFPS website.

The Committee on Licensing Standards, statutorily mandated in 2009, makes recommendations to the Legislature and DFPS for policy and statutory changes relating to licensing standards and facility inspections. This committee reviews all proposed changes to minimum standards and gives feedback to CCL on the proposed changes, modification, or deletions. The committee also develops a statutorily-mandated annual report to Legislative leadership and to the DFPS Council with recommendations for legislative and policy changes related to child-care in Texas. The committee will continue to produce the report in this planning cycle, and each report will address the Committee's views on proposed or adopted changes to minimum standards that occurred in the previous 12 months.

Improve Licensing Fee Collection

CCL has met with stakeholders and licensing staff at varying levels to better pinpoint the process and technological weaknesses involved in the collection of licensing fees. CCL will explore process changes that can be made to improve the current structure of collecting and recording fees, such as improving the written notice given to providers about fees coming due and potential consequences for non-payment of the required fees. CCL will also fully assess the degree to which funding would be needed either to improve the current fee module in the agency's databases or to implement an online fee payment system.

8.3.6 Enhancing Client Safety by Ensuring Due Process Rights

Strategic Priority: Protect vulnerable Texans from abuse, neglect, and exploitation.

- Ensure the safety and well-being of Texans in state-regulated, operated, and contracted facilities, as well as those served in their homes.

Discussion

To protect vulnerable clients, there is increasing emphasis on sharing information about perpetrators of abuse, neglect, or exploitation with private employers, other governmental agencies, and entities in other states. However, when sharing information deprives the perpetrator of a protected liberty or property interest, such as employment, there are constitutional requirements to offer a due process hearing.

Hearings Currently Offered

DFPS currently offers a hearing following an administrative review for:

- Persons found by CCL to have committed abuse or neglect in a child-care facility, and
- Employees of long-term care facilities who are found by APS to be perpetrators and who are subject to listing on the EMR.

However, most perpetrators of abuse/neglect in the CPS program and in the APS in-home program do not pose a threat to vulnerable persons outside the home where the abuse/neglect occurred. Significant resources would be required to provide a due process hearing to all such perpetrators, so DFPS does not offer a hearing unless and until the department must share the perpetrator's information outside the department. Ordinarily this information is only shared by DFPS for the purpose of mandatory employment background checks for people in the child-care industry.

Because most abuse/neglect findings cannot be released to a child-care facility or the EMR until a due process hearing has been conducted and the findings have been upheld, it is essential that due process hearings occur in a timely manner. Children and vulnerable adults are left unprotected when DFPS is unable to share perpetrator information in a timely manner, because the perpetrator may continue to have access to vulnerable clients served by the child-care and long-term care industries. Moreover, both DFPS and the designated perpetrator are at a disadvantage in presenting their case when the hearing does not take place until many years after the finding is made, when memories have faded, witnesses cannot be located, and evidence is lost.

Recent Developments

Additional funding was appropriated to reduce the backlog of due process hearings in the 2012-13 biennium. DFPS is on track to reduce the backlog by 42 percent.

At the start of FY 2012, there were 2,070 pending CCL-related cases, roughly half of which had been awaiting a hearing for more than a year, and one quarter of which had been waiting for a hearing for more than two years.

Assuming that DFPS reduces the backlog by the projected 42 percent, a backlog of more than 1,000 cases still will remain at the end of the current biennium.   This continued backlog poses safety concerns, as delays in providing due process to perpetrators means a delay in removing them from settings in which the perpetrators have access to children and vulnerable adults.

In addition, there has been significant interest in expanding the use of CPS findings to bar employment in other work settings, including public schools. There is also a federal mandate to create a National Child Abuse Registry to promote releases of perpetrator status across state lines, although the timing of implementation for such a registry is likely still many years away, and it is not yet known whether the national registry will be used for employment screenings.

Planned Actions

With the additional funding appropriated to DFPS by the 82nd Legislature, DFPS will continue to address the backlog until it is eliminated. Once the backlog has been eliminated, DFPS will determine whether it is possible to begin to offer "up front" due process, either within existing resources, or contingent upon additional resources in a future biennium.

8.4 Current Activities

8.4.1 DFPS Goal 1: Statewide Intake Services

Target Population

Statewide Intake (SWI) is the centralized point of intake for: child abuse and neglect; abuse, neglect, or exploitation of older adults or adults with disabilities; clients served by the Department of State Health Services (DSHS) in State Mental Health Hospitals (SMHHs) or the Department of Aging and Disability Services (DADS) in State Supported Living Centers (SSLCs); and children in licensed child-care facilities or 24-hour care.

Service Description

SWI operates 365 days per year, twenty-four hours per day. SWI receives information via phone, an Internet reporting system, fax, and mailed correspondence. SWI receives an average of 64,634 contacts each month.

SWI's responsibility is to assess information received as it applies to the definitions of possible abuse, neglect, or exploitation for each program served and to prioritize and route the information to the correct program area. When a contact to SWI does not meet statutory definitions of abuse, neglect, or exploitation, SWI often provides helpful information, including referrals to other agencies or organizations that may meet the caller's need. SWI generates Law Enforcement Notifications and routes them to the correct law enforcement jurisdiction for all abuse, neglect, and exploitation reports involving children.

SWI assesses 52.5 percent of all calls taken as intakes or special requests related to abuse, neglect, or exploitation for DFPS. Of the rest of the calls taken, 40 percent are assessed as information and referral (I&R) calls related to DFPS work (such as additional information about an open case without an allegation) and 7.7 percent are I&R calls not related to DFPS work (such as providing the number for the Medicare hotline). Of the calls assessed as intakes, 66.8 percent go to CPS, 31.4 percent go to APS, and 2 percent go to CCL.

SWI has a Quality Assurance Unit that:

● Reviews complaints;

● Randomly monitors calls for quality; and

● Assists in development of policy, procedure, and best practices.

SWI's Employee Development Unit is responsible for both basic and advanced training for new and tenured staff.

8.4.2 DFPS Goal 2: Child Protective Services

Target Population

The CPS program focuses on Texas families in which children are, or are alleged to be, victims of abuse and/or neglect. According to the Texas State Data Center, 6.6 million children live in Texas.

In FY 2011, the CPS program conducted 175,421 investigations of abuse and/or neglect. CPS confirmed abuse and/or neglect in 39,263, or 22 percent, of reported cases. The most commonly confirmed types of abuse/neglect were physical abuse, physical neglect, and sexual abuse. The 39,263 confirmed cases of abuse or neglect involved 65,948 children.

To protect these children in the future, CPS often contracts for services to help the parents and other family members address the issues that led to the abuse or neglect. The services can include family counseling, crisis intervention, parenting classes, substance abuse treatment and testing, domestic violence intervention and day care. The following paragraphs describe both certain characteristics of the children served by CPS and also the placement types for these children. Table 8.1 depicts the ethnic and gender representation of the more than 65,000 children in confirmed cases of abuse or neglect during FY 2011.

Table 8.1
Characteristics of Confirmed Victims of Child Abuse, Fiscal Year 2011

Sex	Anglo	African American	Hispanic	Native American	Asian	All Other Population Groups Combined
Female	10,190	6,791	15,742	74	149	1,132
Male	9,946	6,654	13,963	69	145	953

Table 8.1: DFPS Databook, FY 2011.

In some cases, children may require substitute care placements outside of their homes. At the end of 2011, DFPS had legal conservatorship for 27,875 children in substitute care. Table 8.2 details the types of placements in which these children were residing.

Table 8.2
Children in Substitute Care Placements, by Living Arrangement,
at the End of Fiscal Year 2011

Type of Living Arrangement[1]	Number of Children	Percentage of Total
Contracted Foster Homes	11,095	40.9%
Kinship Care	9,912	36.5%
DFPS Foster Homes	1,974	7.3%
Residential Treatment Centers	1,527	5.6%
Basic Child care	697	2.6%
Other Substitute Care	574	2.1%
Emergency Shelters	471	1.7%
Private Adoptive Homes	351	1.3%
Other Foster Care	265	1.0%
DFPS Adoptive Homes	260	1.0%
Independent Living	13	0.05%
Total	**27,139**	**100.0%**

Table 8.2: DFPS Data Warehouse, December 2011.

Of the children residing in foster care at the end of FY 2011, 54.2 percent were boys and 45.8 percent were girls. Age groups were represented as follows:

● 22.1 percent were two years of age or younger,
● 16.9 percent were from 3 to 5 years of age,
● 17.2 percent were from 6 to 9 years of age,
● 17.3 percent were from 10 to 13 years of age,
● 23.1 percent were from 14 to 17 years of age, and
● 3.4 percent were from 18 to 20 years of age.

Ethnic groups of the children in foster care were represented as follows:

● 38.1 percent Hispanic,

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[1] Definitions and other information about each Type of Living Arrangement are available in the Department of Family and Protective Services Databook for 2011.

- 30.3 percent African American,
- 29.4 percent Anglo,
- 0.3 percent Native American,
- 0.3 percent Asian, and
- 1.7 percent all other population groups combined.

The population of children in DFPS conservatorship has increased over the past three years. This coincided with an increase in the number of investigations over the same years. Various factors may have contributed to this situation, among them the weakened economy and an increase in the child population in Texas.

Service Description

The CPS program focuses on three key outcomes for children: ensuring safety, establishing permanency, and ensuring well-being. To achieve these outcomes, CPS administers six main stages of service.

- **Investigation—**Conducted to determine whether a child has been abused and/or neglected, or to determine whether there is a risk of abuse or neglect.
- **Family-Based Safety Services (FBSS)—**Services provided to families while children remain in their own home (Family Preservation Services) or when children who are in CPS legal custody in court-ordered substitute care will be returning to their own home (Reunification Safety Services). FBSS are provided either by CPS staff or contracted providers.
- **Substitute Care Services—**Provided when the child is not safe in the home; these out-of-home care services include foster care and adoption services.
- **Family Reunification Services—**Provided when the court determines that a child should return home after residing in foster care.
- **Adoption—**Provided when it is not possible for a child to return home, and the court has terminated the parents' rights and made the child available for adoption.
- **Preparation for Adult Living—**Provided to youth 16 years of age or older to aid with the transition from foster care into adulthood.

8.4.3 DFPS Goal 3: Prevention Programs

Target Population

Prevention and Early Intervention (PEI) target populations mirror the CPS program populations; however, contracted prevention services target specific regions of the state and, in some cases, specified client groups. Prevention services contracts are discussed in the following Service Description section.

Service Description

The PEI Division manages the statewide prevention services contracts described below. The division focuses on contracting for quality services and is charged with identifying and measuring meaningful outcomes for contracted services.

- **Community Youth Development (CYD)—**The CYD program contracts with community-based organizations to develop juvenile delinquency prevention programs in ZIP codes with high juvenile crime rates. Approaches used by communities to prevent delinquency have included mentoring, youth employment programs, career preparation, and recreational activities. Communities prioritize and fund specific prevention services according to local needs. CYD services are available in 15 targeted Texas ZIP codes. In FY 2011, 19,731 youth were served through CYD.

- **Services to At-Risk Youth (STAR)—**The STAR program contracts with community agencies to offer family crisis intervention counseling, short-term emergency respite care, and individual and family counseling services to all 254 counties. Youth through the age of 17 and their families are eligible if there is conflict at home, if there is truancy or delinquency, or if a youth runs away from home. Each STAR contractor also provides universal child abuse prevention services, ranging from local media campaigns to informational brochures and parenting classes. In FY 2011, 30,168 youth were served through STAR.

- **Texas Families: Together and Safe (TFTS)—**TFTS funds evidence-based, community-based programs designed to alleviate stress and promote parental competencies and behaviors that increase the ability of families to become self-sufficient and successfully nurture their children. The goals of TFTS are to:
  o improve and enhance access to family support services;
  o increase the efficiency and effectiveness of community-based family support services;
  o enable children to remain in their own homes by providing preventative services; and
  o increase collaboration among local programs, government agencies, and families.

  In FY 2011, 2,110 families in targeted areas of the state were served by TFTS.

- **Community-Based Child Abuse Prevention (CBCAP)—**The program seeks to increase community awareness of existing prevention services, strengthen community and parental involvement in child abuse prevention efforts, and encourage families to engage in services that are already available. CBCAP funds a variety of contracts, in targeted areas of the state, with community based organizations to provide child abuse and neglect prevention services. These include the Relief Nursery, the Fatherhood and Leadership for Effective Parenting, the Family Support and the Rural Family Support programs, as well as various special initiatives and public awareness campaigns. In FY 2011, 461 families were served through CBCAP contracts.

- **Family Strengthening—**A variety of Family Strengthening home visitation services, available statewide, have been evaluated and proven to effectively

increase family protective factors. These services are designed to increase the resiliency of families and prevent child abuse and neglect. Programs must also foster strong community collaboration to provide a continuum of family services. In FY 2011, 938 families were served in the Family Strengthening Program.

- **Youth Resiliency—**Youth Resiliency Programs provide life skills shown to increase protective factors for youth and prevent juvenile delinquency. These programs must foster strong community collaboration to provide a continuum of services for participating youth. In FY 2011, 1,066 youth received services through the Youth Resiliency program.

- **Community Based Family Services—**This program provides community and evidence-based services to families who were investigated by CPS, but whose allegations were unsubstantiated. Services include home visitation, case management, and additional social services to provide a safe and stable home environment. In FY 2011, 280 families received services through the Community Based Family Services program.

- **Tertiary Child Abuse Prevention—**Community-based, volunteer-driven prevention, intervention, and aftercare services are provided for children who are or have been, or who are at risk of being, abused and/or neglected. The goals of the program include reducing child maltreatment and the number of families re-entering the Child Protective Services system. Additional goals are to improve the quality and availability of aftercare services for abused children and to enhance a statewide network of tertiary child abuse prevention programs. In FY 2011, 44 families received services through the Tertiary Child Abuse Prevention program.

- **Statewide Youth Services Network—**The Statewide Youth Services Network contracts provide community and evidence-based juvenile delinquency prevention programs focused on youth ages 10 through 17, in each DFPS region. In FY 2011, 5,720 clients received mentoring and group skills through the Statewide Youth Services Network funded programs.

- **Texas Youth and Runaway Hotlines—**These hotlines serve exclusively Texas youth and families, by providing both 24-hour crisis intervention and telephone counseling and I&R services. In FY 2011, the hotlines responded to 9,757 calls.

8.4.4 DFPS Goal 4: Adult Protective Services

Target Population

The Adult Protective Services (APS) program serves older Texans and persons with disabilities who are experiencing or who are at risk of abuse, neglect, and/or exploitation. In 2011, there were nearly 2.6 million Texans 65 years or older and almost 2.1 million Texans with a disability who were 18 to 64 years old. APS investigates allegations of abuse, neglect, and/or exploitation for persons in two settings:

- Their own homes, and
- State-operated and/or state contracted facilities for people with mental health issues and/or intellectual disability.

In-Home Investigations

Of the 58,068 validated victims in In-Home investigations completed in FY 2011, 29,247 (50.3 percent) were adults with a disability and 28,821 (49.7 percent) were older adults. More than 60 percent of the individuals in validated cases were women. The most common type of maltreatment validated was physical neglect, which was found in 64.9 percent of the cases validated. Ethnic groups of victims in validated cases were represented as follows:

- 50.6 percent Anglo,
- 23.2 percent African American,
- 22.9 percent Hispanic,
- 0.3 percent Native American,
- 0.5 percent Asian, and
- 2.4 percent from all other population groups combined.

The number of completed APS In-Home investigations is projected to increase steadily during the strategic planning period of 2013-17. One major reason for the increase is the growth in the number of "baby boomers" who are turning 65 years of age or older.

Facility Investigations

In the Facility Investigations program, 10,981 investigations led to 1,355 confirmed cases in FY 2011. Neglect was confirmed in 56.9 percent of all confirmed investigations, followed by physical abuse as the second most common type, found in 23.2 percent of confirmed cases. SSLCs were the most common setting for facility investigations, accounting for 39.3 percent of completed investigations.

Service Description

APS operates two programs: In-Home Investigations and Services, and Facility Investigations. In validated In-Home cases, if needed, APS caseworkers provide or arrange for protective services, including referral to other programs, respite care, transportation, counseling, and emergency assistance with food, shelter, and medical care. The In-Home program completed 87,741 In-Home investigations in FY 2011, with 58,068, or 66 percent, investigations resulting in validated allegations of abuse, neglect, and/or exploitation.

The Facility Investigations program investigates reports of abuse, neglect, and exploitation of clients receiving services in state-operated facilities (SMHHs, SSLCs, and Rio Grande State Center), private Intermediate Care Facilities for Persons with

Intellectual Disabilities (ICFs/ID), and state-contracted settings (community centers and certain DADS Services Medicaid waiver programs for persons with intellectual disabilities, such as Home and Community Services (HCS)) that serve adults and children with mental illness or intellectual disabilities. In FY 2011, there were 10,981 completed investigations in facility settings, of which 2,079 were performed in SMHHs, 4,318 in SSLCs, 244 in Rio Grande State Center, 2,685 in HCS settings, 551 in community centers, and 1,104 in ICFs/ID. In FY 2011, completed investigations in facility settings were 10.7 percent higher than in FY 2010, and 12.9 percent higher than in FY 2009.

8.4.5 DFPS Goal 5: Child Care Regulation

Target Population

There are two main target populations for the Child Care Licensing (CCL) program area:

● Children attending day care for less than 24 hours per day, and
● Children residing in residential child care facilities.

These children's caregivers—parents, guardians, and/or service providers—are also target populations.

In FY 2011, the capacity of regulated child care operations in Texas was 1,073,882 children. The capacity of residential child care providers was 42,776 children.

Service Description

The CCL program safeguards the basic health, safety, and well-being of Texas children by developing and enforcing minimum standards for child care facilities and child-placing agencies. The program regulates child day care homes and centers, before- and after-school programs, school-age programs, employer-based day care facilities, and day care programs in temporary shelters such as family violence shelters and homeless shelters where care is provided to a child while the child's parent is not present. The CCL program also regulates child-placing agencies and 24-hour residential child care facilities such as general residential operations providing emergency shelter services and residential treatment centers.

CCL is responsible for:

● Issuing licenses, registrations, certificates, or listings, depending on the type of care being provided;
● Developing minimum standards and administrative rules to promote the health, safety, and well being of children in out-of-home care;

- Inspecting child-care operations and enforcing regulatory requirements to ensure the operations maintain compliance with minimum standards;
- Conducting additional inspections of a random sample of agency foster homes;
- Conducting annual enforcement team conferences for child-placing agencies and residential treatment centers to thoroughly review operations;
- Investigating allegations of:
  - Abuse and neglect,
  - Violations of minimum standards or law, and
  - Illegally operating child care providers;
- Imposing corrective and adverse actions when necessary;
- Conducting criminal background checks and DFPS Central Registry checks on all adult staff or caregivers, and other adults and youth ages 14 to 18 who will be in regular or frequent contact with children in child-care operations and
- Educating the general public about choosing regulated child-care and informing them of the child-care options in Texas through media campaigns and by maintaining an online database of child-care providers, including information regarding each operation's compliance history.

Licensing employees also provide information, advice, training, and consultation to child-care operations to facilitate compliance with minimum standards and achieve program excellence. Technical assistance is often provided in the areas of: background checks and record-keeping; building and equipment maintenance; child health, safety, and nutrition; and age-appropriate activities, supervision, and discipline. The Technical Assistance Library, located on the agency's public website, provides additional technical assistance is to providers, parents, and others.

The following paragraphs focus on the demand for services within the different facility types.

Day Care Licensing

In FY 2011, approximately 5.2 million children 13 years of age or younger lived in Texas. Many of these children were in the care of a day care provider on a regular basis for a substantial part of the day. In FY 2011, CCL was responsible for regulating 9,519 licensed child care centers, 1,743 licensed child care homes, 6,302 registered family homes, and 7,477 listed homes, for a combined capacity to serve more than one million Texas children. Additionally in FY 2011, CCL issued a combined 5,094 new licenses, registrations, and listings and conducted 48,051 inspection visits in regulated child day care facilities. Table 8.3 lists the total number of licensing inspections performed in regulated child day care facilities.

Table 8.3
Number of Inspection Visits in Regulated Child Care Facilities,
Fiscal Year 2011

Day Care Facilities	Total Number of Facilities	Number of Inspection Visits
Licensed Child Care Centers (includes Child Care Programs, Before/After School Programs, School-Age Programs, and Temporary Shelters)	9,519	33,589
Licensed Child Care Homes	1,743	4,089
Registered Family Homes	6,302	9,036
Listed Family Homes	7,477	1,334
Employer-Based Child Care	4	3
Total	**25,045**	**48,051**

Table 8.3: DFPS Databook, FY 2011.

Residential Licensing (24-Hour Care)

The CCL program also licenses and regulates 24-hour residential child care facilities including general residential operations, residential treatment centers, and child-placing agencies. In FY 2011, Texas' residential child care facilities had a combined capacity to serve over 42,000 children. In FY 2011, CCL issued 46 permits for new residential child care facilities and performed 11,553 inspection visits. Table 8.4 lists the total number of licensing inspections conducted in regulated residential child care facilities in FY 2011.

Table 8.4
**Number of Inspection Visits in Regulated Residential Child Care Facilities,
Fiscal Year 2011**

Residential Child Care Facilities	Total Number of Facilities	Number of Inspection Visits
General Residential Operations	160	1,515
Residential Treatment Centers	85	1,913
Child Placing Agencies	350	4,929
Child-Placing Agency Foster and Foster Group Homes	7,567	2497
CPS Adoptive, Foster and Foster Group Homes	2,600	651
Independent Foster Homes and Group Homes	4	22
Maternity Homes	8	26
Total	**10,774**	**11,553**

Table 8.4: DFPS Databook, FY 2011.

Initiative: Controlling Persons in Child Care Operations

Included in CCL's standards, rules, and applicable law is the concept of the "controlling person," an individual who is held accountable for an adverse event at a child care facility, such that CCL takes adverse action against the organization. State law defines controlling person as "a person who, either alone or in connection with others, has the ability to directly or indirectly influence or direct the management, expenditures, or policies" of a child care operation. (Tex. Hum. Res. Code Section 42.002.) Until September 2011, this concept applied only to 24-hour residential child care facilities, and, as a result of S.B. 1178, 82nd Legislature, Regular Session, 2011, the definition now includes controlling persons of child day care operations. This is a significant change for Texas child day care providers, of which there are many.

As a controlling person, an individual is accountable for and responsible for the safety of children, including compliance with CCL standards and regulations, or lack of compliance that leads to the revocation of a child care permit. If CCL takes adverse action against a child care operation and denies or revokes the permit, then the responsible person is prohibited from being employed or serving as a controlling person, after the person's due process is complete, in any child care operation for a period of five years, even while the permit denial or revocation is pending appeal.

This change in law requires CCL to record and report information and history about this new population of controlling persons. In addition, S.B. 78, 82nd Legislature, Regular Session, 2011, requires HHS agencies to communicate with each other about persons whose actions caused an agency to take adverse action, to prevent such persons from continued contact with or responsibility for at-risk populations.

This initiative began in June 2011. Focus and attention has been given to meeting the highest priority requirements through a manual tracking process, while at the same time exploring the possibility of an automated business process when resources permit.

8.5 Internal Assessment

8.5.1 Continuous Improvement of Business Processes

GoMobile Business Model

By capitalizing on current tools and exploring ways to take advantage of new technological developments, DFPS has constructed a business model, the GoMobile project, to help staff to work more flexibly and efficiently.

DFPS caseworkers are mobile workers, spending 60 to 70 percent of their time with clients in the field, requiring extensive travel and interaction with many people. By providing a completely mobile technology package, GoMobile offers additional flexibility in the locations where caseworkers can complete their documentation or other administrative tasks and removes the need for daily office check-in. This change reduces the amount of space needed for offices and thus allows for consolidation and cost savings, while increasing productivity. The project has a phased completion schedule, with most goals being completed by FY 2014. Goals include:

- Increasing the number of casework staff designated as "mobile,"
- Reducing travel costs by two percent,
- Reducing footprint through consolidation of offices,

- Reducing footprint by configuring office space for mobility, and
- Increasing retention and job satisfaction.

As this business model is deployed, DFPS information technology staff will work to ensure safety and privacy of data and devices, as discussed below in section 8.5.3, Addressing Infrastructure Needs.

Streamlining Contract Management

DFPS participates in the HHS System Contract Council, described in *Section 4.5.3, Health and Human Services System Contract Council*. The council works to improve contract management across the HHS System, streamlining and standardizing where appropriate.

DFPS will undertake multiple activities in support of the council's Improvement Plan efforts and in improving processes within DFPS related to streamlining administrative requirements.

- Active participation by the DFPS Contract Oversight and Support (COS) Director on the Enterprise Standards workgroup meetings and subsequent sharing of information with DFPS agency stakeholders that include DFPS staff and other stakeholders impacted by anticipated changes.
- Adding council-endorsed changes to the DFPS Internal Contract Improvement Workplan and the COS workplan, aligning policies and procedures with Improvement Plan recommendations. These anticipated policies will ultimately allow streamlined processes for contract management staff and contractors.
- Conducting an internal assessment of DFPS contracts to identify contracts that can be renewed at intervals greater than one year, taking into account the risk associated with a longer renewal period and implementing a policy to implement such a change.
- Publishing final anticipated changes to the Interagency Contract and signature policies in the Contract Handbook.

8.5.2 Maintaining and Developing the Workforce

Staff retention is critical to improving service delivery and minimizing the effects of staff turnover. Using employee feedback gathered through multiple sources, DFPS continues to take action to decrease staff turnover.

Over the past few years, overall agency turnover has increased from 15 percent in FY 2009 to 19 percent in the first quarter of FY 2012. The highest turnover in FY 2011 was CPS FBSS workers at 27 percent and CPS Investigators at 32 percent. There are also areas of the state that see higher turnover than others: DFPS Region

7 (Austin), at 23 percent, and Region 11 (Rio Grande Valley) at 23 percent in FY 2011.

Employee exit surveys and the Survey of Employee Engagement indicate that employees are disappointed with several aspects of employment at DFPS:

- Working conditions, such as safety, work-related stress, or workload;
- Supervisor-employee relationship issues; and
- Pay and benefits.

DFPS currently recruits for DFPS employees in several different ways, with a view toward increased retention of people who are hired. The ways detailed here are designed to identify the best applicant to deliver services and improve both job satisfaction and employee retention.

- **Internet Presence**—By clicking on the "Jobs" link from the agency website (http://www.dfps.state.tx.us), users are taken to the "Come Work for Us" page that includes CPS job preview video and written realistic job previews for Child Protective Services jobs. The site also includes a screening test that asks applicants questions to help them decide if CPS is the right fit for them prior to applying.
- **Pre-Employment Testing**—Qualified prospective APS, CPS, and CCL employees receive a pre-screening test to assess skills and performance capabilities and a behavioral descriptive interview guide, geared at assessing how each candidate would respond to real life work situations.
- **Targeted Degrees**—DFPS is required by S.B. 758, 80th Texas Legislature, Regular Session, 2007, to target recruitment efforts to individuals who hold a bachelor's degree or advanced degree in at least one of the following academic areas: social work, counseling, early childhood education, psychology, criminal justice, elementary or secondary education, sociology, and human services. House Bill 753, 82nd Texas Legislature, Regular Session, 2011, also requires DFPS to give preference to candidates with masters or bachelor degrees in social work when hiring entry level caseworkers.
- **Extra Pay for Social Work Graduates**—New hires with a Masters of Social Work receive an additional seven percent in starting salary, while new hires with a Bachelors in Social Work receive an additional three percent in starting salary.
- **Bilingual Recruitment**—DFPS recruits bilingual workers by using consistent testing for bilingual skills and has a consistent policy in place for bilingual pay.

DFPS currently seeks to retain DFPS employees in several different ways.

- **Stipends for CPS Investigators and Investigative Supervisors**—DFPS provides a $5,000 annual stipend to investigation caseworkers and investigation supervisors, as authorized by the General Appropriations Act 79th Legislature, Regular Session, 2005.

- **Enhanced Rookie Year On-Boarding—**Supervisors welcome employees before their first day on the job and provide targeted support throughout the first employment year.

- **First Years Recognition Program—**This effort recognizes new employees' tenure during each of their first four years with DFPS by awarding tenure certificates.

- **Basic Skills Development Program—**DFPS has focused training programs based on the program area to ensure that caseworkers are prepared to perform all their assigned tasks.

- **Certification Program—**Direct delivery staff and their supervisors earn pay increases by achieving specific amounts of tenure, completing approved training programs, and maintaining satisfactory performance.

- **"DFPS LEADS (Leadership Excellence • Advancement • Distinction • Support)" Program—**This training program provides supervisory and manager-level employees an integrated competency-based training curriculum. This curriculum is designed to support a continuum of learning and skill development from beginner to advanced management levels.

8.5.3 Addressing Infrastructure Needs

Mobile technology has shown significant growth in access to information, usability of information, and productivity gains. Advancements in many areas, including network bandwidth, smart-phone capability, and tablet personal computers (tablet PCs), are providing an opportunity for DFPS to transition to a direct delivery workforce that is increasingly mobile. These improvements raise important questions that must be addressed.

Enhanced Use of Mobile Technology and Impact on Office Space Needs

Currently all casework employees are issued tablet PCs which allow them to access the DFPS network to perform their work while in the field. Each employee receives an air card that is used to connect the tablet to the DFPS Network. DFPS is working to enhance the functionality of tablet PCs. A pilot starting in the spring of 2012 will enable Wi-Fi, so that caseworker staff can exchange data wirelessly and securely over a computer network, via a wireless network access point. This pilot will allow caseworkers an additional connectivity option outside of the office—in the employee's home, a courthouse, a library, or other locations. Also planned in the next few years is developing or expanding DFPS offices with wireless connectivity. This will allow workers to connect to a mobile access point within a DFPS office. This will provide workers the needed flexibility to move within an office location without having to be tethered to a specific spot within the building.

The traditional work model is built around office-based on-site technology and the need for frequent returns to the office to document case actions, confer on casework

decisions, and meet with clients. A review of industry standards for mobile staff reflects the need for less dedicated individual office space. However, there is a need for more storage space, interview rooms, and reconfigured common space to allow temporary work stations and access to office machines such as copiers and printers. As technology and business processes evolve, there will be a decreased need for DFPS employees to return to the office. In view of this evolution, DFPS will continue to work with HHSC towards a goal of reducing office space.

Security of Information and Technology Infrastructure

Safeguarding the information and technology infrastructure of DFPS is and will continue to be an issue of the highest priority. As a year-round, around-the-clock operation supporting health and well-being, including in some emergency situations, DFPS must maintain the confidentiality, integrity, and availability of information resources to accomplish its mission. Information and the infrastructure that houses it must be kept secure at all times and in all places.

With the growth of the Internet, large computer networks are facing increasing threats, in both the number and the severity of attacks, and state agencies such as DFPS are no exception. Attackers may be seeking profitable or confidential information, furthering an anti-government agenda, or simply attempting to cause mischief. Security vendors are constantly adapting products to address diverse malware technologies, but rising numbers of breaches occur despite their best efforts. Successful attacks can cause security breaches, network service outages, or corruption and loss of data.

Advances in mobile technology and social networking offer new opportunities to collaborate and create efficiencies to enhance the productivity of DFPS programs, especially since more than half of the workforce at DFPS is mobile. Unfortunately, attackers now employ sophisticated capabilities and exploit these new platforms. To support frontline caseworker staff and public information campaigns, DFPS uses multi-layered security strategies to protect from existing and future threats.

As DFPS continues to adapt to an increasingly dangerous and interconnected network environment, the agency also continues to identify and eliminate risk and employ solutions that support achievement of mission critical goals.

Security of Data

The DFPS network, and the data that it hosts and shares, are protected by tools and software under DFPS control, and the entire network connects to a much larger system with shared resources utilized by all HHS agencies.

There are currently several security measures in place that provide a high level of protection for DFPS' mobile technology. These include:

- **Encryption technologies** that protect transmission of confidential data in key applications and email,

- **Application software** that encrypts files that are most used by caseworkers, and
- **Special software** that tracks lost or stolen devices and automatically wipes the hard drive when detected through an Internet connection.

While these measures offer a high level of protection, DFPS is studying other protective measures, as described below.

- **Disk encryption** protects information by converting it into unreadable code that cannot be deciphered easily by unauthorized people. This technology is currently being piloted.

- **Two-factor authentication** is a security process in which the user provides two means of identification, one of which is typically a physical token, such as a card, and the other of which is typically something memorized, such as a security code. This technology is currently being piloted.

- **Data-loss prevention (DLP)** is a set of information security tools that is intended to stop users from sending sensitive or critical information outside of the corporate network. Adoption of DLP, variously called data leak prevention, information-loss prevention, or extrusion prevention, is being driven by significant insider threats and by more rigorous state privacy laws, many of which have stringent data protection or access components. This technology is currently being piloted.

- **File system-level encryption**, often called file or folder encryption, is a form of disk encryption where individual files or directories are encrypted by the file system itself. This is in contrast to full disk encryption where the entire partition or disk, in which the file system resides, is encrypted. This system is currently under study for deployment at DFPS.

DFPS participates with HHSC System security management in the use, planning, and implementation of shared network security architecture. Planning is underway to use content-aware DLP tools at both the System and agency levels. DLP's primary purpose to keep data safe—where it is stored, where it travels, and how it is used. Additionally, these tools will provide expanded capabilities to identify and catalog where sensitive information resides in the agency, and to raise user awareness regarding the proper treatment of sensitive data.