

IX. MAJOR ISSUES

Brief Description of Issue

Issue #1: How should Child Protective Services in Harris County be structured and administered to ensure optimal outcomes for children and families?

Discussion

The population and size of Harris County present unique challenges to CPS. In addition, outcomes in Harris County are often below the state average. Any effort to improve CPS in Harris County will need to take Harris County's unique characteristics into consideration.

Harris County, in Region 6, has the largest child population of any county in Texas. Harris County contains 17 percent of the children living in Texas and 16 percent of all children in CPS State custody at the end of the year. As a result, outcomes for children and families involved with CPS in Harris County significantly affect CPS outcomes for the state overall.

Harris County children stayed in CPS state custody about six months longer than children in the state overall (an average time to exit of 28 months compared to 22 months in the state overall).

This disparity exists for virtually every type of exit from care and across all 12 courts that hear CPS cases in Harris County.

Exits from State Conservatorship in FY 2012

Types of Exits	Number		Percent		Months	
	Harris	State	Harris	State	Harris	State
Reunification	663	5,873	26%	33%	17	13
Permanency Care Assistance with a relative	47	530	2%	3%	21	25
Relative as Permanent Managing Conservator	655	4,605	26%	26%	17	13
Relative Adoption	482	2,358	19%	13%	33	26
Non-Relative Adoption	460	2,682	18%	15%	36	32
Age out	218	1,363	9%	8%	64	58
Other	39	214	2%	1%	15	15
Total Exits	2,564	17,625				

At the end of 2012, 38 percent of Harris County children in state custody had been there two or more years as compared to 25 percent in the state overall.

Extended stays in state custody can be both problematic for the child and expensive. In Harris County, 62 percent of the children in state custody are in paid foster care, which costs the State an average of about \$1,800 per month and totals more than \$10,000 for every child who stays in paid foster care an extra six months. With more than 4,400 children from Harris County in foster care during the year, the costs quickly add up.

Given the pervasiveness of the problem, the child welfare system in Harris County must be structured in a way that supports ensuring timely permanency on the front end.

Possible Solutions and Impact

Restructure the Child Welfare System in Harris County

Historically, CPS has treated Harris County like any other county – part of a geographic region with a regional director covering all the different counties. CPS allocates the region staff and resources, and regional management largely determines the staff and resource allocation among the various counties in the region.

Harris County, however, is not a typical county, as it is one of only a few counties in the nation that have more than one million children in its population — a number that surpasses many states. The next largest county in Texas is Dallas County and its child population is almost half that of Harris County. In addition to a large child population, Harris County covers a relatively large geographic area. In square footage, Harris County is as big as Dallas and Tarrant Counties put together.

CPS also has a unique relationship with Harris County in that there are both State CPS offices and a county-administered child welfare agency. The state CPS staff in Harris County perform the same functions as CPS state staff in other counties. The Harris County child welfare agency provides support services to enhance the efficiency of the State CPS program, and provides direct services to children in CPS State custody.

Unfortunately, no existing model seems to be achieving optimal results. National data compiled by Casey Family Programs shows that “super counties” (Los Angeles, Cook [Chicago], Harris, as well as the five boroughs that comprise New York) all struggle with timely permanency and have a relatively high rate of children in care more than two years. As a result, Texas may need to construct a new model for how the child welfare system should be structured and operated in Harris County. This will require a comprehensive evaluation of how to most effectively structure Harris County CPS regional management, staff, case management processes, procurement of services for children and families and coordination with the services offered by the county administered child welfare agency.

To improve outcomes, DFPS must also examine other components of the child welfare system such as the courts, attorneys, and service providers, as well as ways to improve case

assignment and docketing in courts, relationships with attorneys and CASAs, availability of foster care placements, and community support of children and families.

Authorize Harris County to Create a Child Abuse and Neglect Division within Its District Courts

Courts play a vital role in the child welfare system. Once CPS removes a child, the court is the ultimate arbiter of what happens. Complying with court requirements (attending hearings, writing court reports, etc.) takes up a substantial amount of caseworker time. In Harris County, CPS cases are distributed across 12 different courts and 24 different judges (with each court having a district and associate judge who can hear CPS cases). This makes attending court more time consuming for caseworkers in Harris County, as they often have hearings scheduled in multiple locations on a given day, leaving them less time to be in the field with children and families.

To increase efficiency for the judges, caseworkers, attorneys and families, the Legislature may consider creating a new subchapter in the Texas Family Code that authorizes counties with more than 1,000,000 children to create a child abuse and neglect division of district courts to hear all CPS cases. The Texas Family Code sections authorizing the Family Drug Court Program could serve as a statutory guide and model.

The structure of this child abuse and neglect division could be modeled on the Los Angeles County Children's Court. In Los Angeles, one dedicated courthouse hears CPS cases and its waiting rooms and courtrooms are child and family friendly. This courthouse also has a childcare facility with staff that transport children to and from court and monitor visits with parents after the court hearing.

Allow CPS Caseworkers to be On Call for Uncontested Court Hearings where CPS has a Court Liaison

To help manage the court process in Harris County, CPS currently has court liaisons assigned to and physically located in some of the courtrooms that hear CPS cases. Despite the court liaisons, caseworkers (and often supervisors) still attend hearings in these courts. Attending these hearings takes up a significant amount of a caseworker's time, giving them less time to spend in the field with children and families. As caseworkers must prepare and submit a detailed report about the child and family before every court hearing and most hearings are not contested, the caseworker's presence often adds nothing of substance to the hearing.

To help maximize the amount of time caseworkers have to spend in the field with families and children, the Legislature could authorize caseworkers with a case in courts with a dedicated CPS court liaison to be on-call, unless the hearing is contested. If a judge or a party needs information at an uncontested hearing that is not in the court report, the CPS court liaison could contact the on-call caseworker to obtain the information.

Brief Description of Issue

Issue #2: What can be done to improve the quality and consistency of legal representation in CPS suits?

Discussion

The quality of legal representation in child welfare cases varies from county to county throughout the state, leading to inconsistent legal outcomes that can negatively affect a child's safety and permanency. Moreover, inconsistency in the drafting of legal pleadings and judicial orders threatens the State's ability to receive federal reimbursements for the costs of foster care that are dependent, in part, on whether or not a court order contains certain child-specific findings required by Title IV-E of the Social Security Act. In many crucial ways, the courts shape the lives of foster children. The courts decide whether or not the parent-child relationship will be terminated, and where and by whom the child will be raised. Consistency in legal representation for DFPS is essential to ensure that judges making these life-altering decisions have the necessary evidence and legal arguments before them to make sound decisions.

Currently, county and district attorneys have the primary responsibility for legal representation of the Department. However, if the county or district attorney is unable to represent the Department due to a conflict-of-interest or "special circumstances," the Office of Attorney General (OAG) has responsibility to represent the Department. If the OAG is unable to represent the Department, the OAG deputizes a DFPS-employed attorney or a contracted attorney.

In practice, when the county and district attorney decline to represent the Department for any reason, the OAG routinely authorizes DFPS attorneys to perform this function. At present, DFPS has primary responsibility for representation in 125 counties, and shares responsibility with local prosecutors in another 16 counties. DFPS handles the representation in other counties on a case-by-case basis, such as when a prosecutor identifies a conflict-of-interest that would prevent the prosecutor from handling a particular case in that county. Also, in counties that generally provide DFPS representation at trial, DFPS may handle an appeal when the county lacks the expertise to handle civil appellate matters.

In the various county and district attorneys' offices a substantial difference exists between the resources, experience level, and subject-matter expertise available to represent the Department in child welfare cases. The result is that DFPS receives very competent representation in some counties and less competent representation in others. Additionally, a significant number of counties decline representation under the "special circumstances" provision. While DFPS attorneys have the experience and expertise to provide competent

representation, Department resources can be suddenly strained if a county decides to stop representation with little or no warning.

This situation was even more problematic before the 1996 Sunset Advisory Commission first looked at the issue. In its 1996 report, the Commission made recommendations to address this issue. However, the resulting legislation created the current overlapping responsibility for representation described above. Although the statutory clarification resulting from the previous Sunset Report improved representation in some respects, the current patchwork of representation throughout the state creates multiple risks to DFPS in accomplishing its mission. Additionally, the current structure jeopardizes federal Title IV-E funding when court orders do not uniformly contain the required elements.

Possible Solutions and Impact

Below are two steps that the Legislature could take to improve the quality and consistency of representation in child welfare cases.

- Prohibit a county from suddenly declining to handle representation without sufficient advance warning. This would give the state sufficient time to identify additional resources to competently assume the workload and ensure an orderly transition of cases to a department attorney.
- Prohibit counties over a certain population threshold to “opt out” of representation by citing special circumstances, but allow smaller population counties to continue to do so.

Regardless of county size, there will continue to be a need to refer some cases to the OAG (which will likely continue to delegate to the Department) based on a genuine conflict of interest that may exist in certain individual cases. The solutions listed above, if carefully crafted, would achieve the following results.

- Largely preserve the existing mix of county and state representation but could result in some realignment of resources between the counties and the state.
- Remove the uncertainty and grave risk that could result if a large county were to suddenly decline to handle representation.

In addition, to address vital concerns relating to the maximization of federal funds to Texas, the Legislature may consider amendments that require the legal representative consult with the Department to ensure legal representation is accomplished in a manner that complies with Title IV-E of the Social Security Act.

Brief Description of Issue

Issue #3: How can DFPS improve intakes of reports of abuse, neglect, and exploitation and other inquiries?

Discussion

Statewide Intake (SWI), commonly known as the Texas Abuse and Neglect Hotline, is one of the largest contact centers of its kind in the nation. When hold times are long, more callers hang up. A number of opportunities exist for DFPS to streamline, simplify, and standardize intake functions by changing the responsibilities, organization, and management of SWI. There are also opportunities to fully utilize the presence of a 24/7 operation in supporting field staff. Statewide Intake (SWI), a sub-division of the DFPS Operations Division, is the “front door” for all DFPS programs. SWI handles all intakes of abuse, neglect, or exploitation reports and then routes information to the appropriate program’s local office for investigation. SWI is the starting point for all abuse, neglect, and exploitation investigations.

The Legislature has funded SWI to meet the Legislative Budget Board measure of 8.7 minutes (+/- 5%) average hold time for the English telephone queue at the SWI call center. SWI fielded 773,577 calls in the English Queue in FY 2012.

In Fiscal Year 2012, the average hold time for the English queue was 8.5 minutes and the abandonment rate was 29.8 percent. Abandonment rates are dependent on hold times. Abandoned calls decline as hold times decrease. SWI is not able to determine if those who abandon a phone call eventually call back or use the E-report system to make a report. In FY 2012, SWI processed 116,594 internet reports (E-reports), which was an increase of 10 percent from FY 2011. Internet reporting began in 2002 and the system was last upgraded in 2008. The E-report site allows reporters to meet their obligation to submit non-emergency reports with no phone hold time. Additionally, intake specialists are able to process E-reports more efficiently than reports received by phone. However, the online reporting site has a number of limitations that could be addressed by a redesign.

SWI calls out emergency intakes to investigative field staff after normal business hours and on weekends and holidays. The investigators then usually contact their on-call supervisor for guidance on the case and to let them know where they are going for safety purposes. The investigator must consult with a supervisor before acting to remove a child from their home or pursuing any legal action in an APS case. This process means program supervisors must be on-call and available to staff statewide throughout nights, holidays, and weekends, which contributes to stress and burnout.

Possible Solutions and Impact

Call Abandonment Rates

SWI could reduce abandoned calls to the Texas Abuse and Neglect Hotline if DFPS were able to reduce average hold times to five minutes or less on the English queue, instead of 8.7 minutes. Under this scenario, abandonment rates would likely drop to 20 percent or less. House Bill 304, introduced during the 83rd Legislative Session would have mandated five minute average hold times for SWI. DFPS estimated that it would require an additional 67.75 new intake specialists (FTEs) to reach the five minute average hold time for fiscal years 2014-15. Increasing the utilization of e-reporting would likely reduce the number of new specialists needed to reach a five minute average hold time.

Redesign the Internet Reporting System

Use of the Texas Abuse and Neglect Hotline website is increasing steadily. However, as more and more people file reports of abuse and neglect online, the limitations of the website are magnified. The e-report system and all its users (primarily professional reporters) would benefit from a redesign to improve reliability, performance, ease of use, and support more types of devices (such as smart phones). A complete redesign of the system will require a significant investment of time and money which may benefit if added to DFPS' four-year IMPACT modernization project.

Explore Technology Solutions to Route Cases from SWI to Direct Delivery Units

While DFPS regional offices are open (hours vary), SWI sends completed intakes to a regional router. After hours, emergency (Priority 1) intakes are sent to on-call investigators. Each DFPS program (Adult Protective Services, Child Care Licensing, and Child Protective Services or APS, CCL, and CPS) has a designated router for each of the 254 Texas counties. Some routers cover more than one county and are administrative staff with other duties besides routing. It may be possible to use technology that considers factors such as tenure, caseload, geographical location, and leave status to simplify the routing process and equalize the workload.

Centralize Overnight Supervisor Support for Investigative Field Staff at SWI

Rather than keeping program supervisors on call nights, weekends and holidays all over the state, it may be more efficient for SWI to house (on-site or through telework) qualified program supervisors who could be available to staff statewide to coordinate after-hours intakes. These SWI supervisors would need the same education, experience, training, and skills as current program supervisors.

This change would relieve the burden on field supervisors but there are obstacles to recruiting a sufficient number of qualified supervisors to work primarily non-routine schedules, as well as concerns on worker safety and local unit cohesion. Centralized supervisors would need to be trained on best practices for worker safety, accessing resources, and assessing both the situation and the investigator's skills and needs. If pursued, it may be best to begin with a pilot for one or more DFPS regions where supervisory support is over-stretched.

Brief Description of Issue

Issue #4: What changes would help DFPS keep siblings in foster care together and close to home?

Discussion

Child Protective Services (CPS) strives to keep sibling groups together and in their communities when they must be removed from their homes. However, sometimes CPS is unable to find a foster home with enough capacity to keep a sibling group together and close to home. When this happens, siblings are placed in different foster homes, which may be a considerable distance from each other and from their parents' home. Often, this means children must change schools and leave familiar surroundings behind. A child-placing agency can ask Residential Child Care Licensing (RCCL) for a variance from minimum standards (authorized in rule) to keep children together in a placement in certain circumstances. However, RCCL cannot under any circumstances amend or waive the following statutory definitions and requirements.

The Human Resource Code, Section 42.002 (6), defines a *foster home* as "a child-care facility that provides care for not more than six children for 24 hours a day." This statutory definition strictly limits a foster home to having no more than six children living in the home and RCCL does not have authority to issue a variance. Human Resources Code, Section 42.002 (5) also defines a *foster group home* as "a child-care facility that provides care for seven to 12 children for 24 hours a day". However, challenges exist for CPS in using foster group homes, as currently defined, as this type of placement is generally considered an institutional setting rather than a "least restrictive" setting, particularly if the staff work shifts rather than act as "live-in" foster parents. As a result, sibling groups may be separated when foster homes, which are statutorily restricted from providing care for more than six children, are not available to accommodate the sibling group.

Foster homes and foster group homes are both required to follow minimum health and safety standards, although there are a few additional requirements for foster group homes to mitigate risks associated with having seven to 12 children in one home. For instance, there are risks associated with providing appropriate overall supervision, ensuring individualized attention to each child's specific needs, and managing stress when caring for large numbers of children in a foster group home. Therefore, a statutory limit restricts the number of children under age 5 in the home, and requires additional caregivers in group homes as opposed to foster homes.

The service level needs of each individual child are considered when making placement decisions. If a child has a specific need for a service, such as supervision or medical oversight, that service is provided despite the number of other children in the same placement.

Possible Solutions and Impact

Amend statute to allow a child-placing agency the opportunity to request a variance to allow more than six children to live in the foster home. This change would afford RCCL the ability to assess the agency's request to ensure any risk factors are mitigated. In addition, RCCL could place conditions on the variance to provide additional safeguards beyond what is required under minimum standards. This flexibility would facilitate sibling group placements closer to their family and community while maintaining RCCL's regulatory oversight to ensure risk factors are addressed. Conditions on the variance could also include increased child placing agency oversight or involvement with the placed sibling group.

Amend statute to add a definition of a foster home specific to sibling groups. This definition would specify that a foster home can exceed the capacity of six children living in the home to accommodate a sibling group within 50 miles of the children's home community. As part of this change, statute could also be amended to specify that RCCL may impose certain conditions to address risk factors. For example, conditions could include a time limit for exceeding capacity, not allowing more than three children under age 5 be placed in the home, and requiring the child-placing agency to make additional visits to the home to ensure the health and safety of the children and support the needs of the foster parents.

These proposed solutions would not result in a fiscal effect on RCCL, although they would result in minor fiscal implications to child-placing agencies, depending on conditions placed.

Brief Description of Issue

Issue #5: How can Adult Protective Services target services to reduce future harm?

Discussion

Caretakers and family members of Adult Protective Services (APS) In-Home clients may need services to reduce the risk of future abuse, neglect, or exploitation. However, APS lacks the statutory authority to provide caretakers such services unless there is a finding that abuse, neglect, or exploitation has already occurred. By comparison, Child Protective Services has the authority to provide services whether abuse has occurred or not.

Adult Protective Services is in the process of designing new assessment tools for In-Home cases. These tools will allow APS caseworkers to target protective services to victims of abuse, neglect, and exploitation who are at moderate or high risk of being abused, neglected, or exploited again in the near future. The Assessment and Decision Making project centers around three assessments that are designed to help caseworkers make better decisions at critical points in a case: the Safety Assessment; the Risk of Recidivism Assessment; and the Strengths and Needs Assessment. The Safety Assessment helps caseworkers identify immediate threats to health and safety. The Risk of Recidivism Assessment is an actuarially validated tool used to determine the likelihood that an alleged victim will be reinvestigated by APS within the next 12 months. The Strengths and Needs Assessment helps caseworkers identify both the strengths and needs of alleged victims and their primary caretakers, which informs service planning.

Texas Human Resources Code §48.002(5) defines protective services as “the services furnished by the Department or by a protective services agency to an elderly or disabled person who has been determined to be in a state of abuse, neglect, or exploitation or to a relative or caretaker of an elderly or disabled person if the department determines the services are necessary to prevent the elderly or disabled person from returning to a state of abuse, neglect, or exploitation.”

This law restricts APS to providing services only if it determines abuse, neglect, or exploitation has occurred. An APS investigation may find that an alleged victim has not yet experienced abuse, neglect, or exploitation, but it may reveal that the client could greatly benefit from protective services to prevent future abuse, neglect, or exploitation. With the changes to the In-Home practice model brought on by the Assessment and Decision Making project, APS will have the information needed to target services to alleged victims, their families, and their caretakers based on safety needs and risk of recidivism, regardless of the finding of the investigation.

Providing risk-based services alone is not unprecedented. Child Protective Services (CPS) has the ability to provide services to families without determining abuse or neglect occurred. In child welfare, this concept is called differential response. CPS currently has a limited differential response system and is now in the process of implementing a more comprehensive version which will be referred to as "Alternative Response." Nationally, a growing body of evidence exists indicating that differential response is cost effective, reduces recidivism, creates more positive relationships between the caseworker and the families, and improves job satisfaction for caseworkers. Senate Bill 423, 83rd Legislature, Regular Session, provides statutory authority to implement CPS's Alternative Response for certain reports of abuse and neglect, and the Legislature approved an exceptional item request for associated automation changes.

Possible Solutions and Impact

Amend statute to allow APS to provide services based on safety needs and risk of recidivism. This change would grant APS the statutory authority to provide protective services to clients, as well as their families and caretakers, who need these services to prevent future harm. Other opportunities to further align statute with the Assessment and Decision Making practice model may also be identified.

Brief Description of Issue

Issue #6: How can the Department of Family and Protective Services work with other agencies, stakeholders and families to prevent child fatalities due to abuse and neglect?

Discussion

DFPS, specifically Child Protective Services (CPS), is responsible for intervening and potentially preventing child fatalities due to abuse and neglect. This work is equally important for the impact it has on reducing serious injuries that can have a life-long impact on a child's quality of life.

Reducing and preventing child fatalities requires comprehensively addressing child abuse and neglect. Recognizing that child fatalities are a community-wide concern, CPS actively collaborates with the Health and Human Services Commission, external review groups, prevention and early intervention service providers, and various stakeholders to continue to improve outcomes for children. DFPS also focuses on continuous prevention services, enhancing processes designed to quickly serve families who are in need before they are in crisis; giving families knowledge and resources to address concerns; and using processes that will reduce future risk of harm and the likelihood of abuse.

Additionally, it is critical to leverage information between various agencies in Texas such as CPS, law enforcement, medical examiners, the Department of State Health Services, and child fatality review teams. This helps each group to target and reduce fatalities due to specific causes, recognize or identify trends in child fatalities, and use data to highlight random or systemic issues that can be addressed to keep children safe.

Senate Bill 66 (83rd Legislature) created the Protect Our Kids Commission to study the relationship between CPS, child welfare services, and the rate of child abuse and neglect fatalities. The Commission may make recommendations that affect DFPS policy, best practices, and protocol.

Areas likely to have recommendations include:

- direct delivery casework;
- child fatality data collection and review;
- case reviews;
- stakeholder involvement; and
- prevention and intervention.

The Commission will develop recommendations and identify resources necessary to reduce fatalities from child abuse and neglect that can be implemented at the local and state level. The Commission's findings and recommendation will be available by December 1, 2015.

Possible Solutions and Impact

Prevention Continuum: Designate Permanent Funding Source

High-risk families, especially those with mental health, substance abuse, and domestic violence concerns, can benefit from prevention and early intervention services in their community. Also, one of the highest risk groups for child abuse and neglect are children under the age 5. Research suggests a strong correlation between publicly funded prevention services and childcare resources and prevention of child abuse and neglect. By providing services before child abuse or neglect occurs, families are able to address high-risk concerns that would otherwise significantly affect the child and require a more extensive intervention by DFPS and other state agencies such as medical services, juvenile justice, corrections, and court systems. Funding for such prevention and intervention services is vulnerable, as it has no dedicated, permanent funding source.

Addressing Child Fatalities from Physical Abuse/Shaken Baby Syndrome

While Texas has addressed Shaken Baby Syndrome in the Health and Safety Code (Texas Health and Safety Code §161.501 - Resource Pamphlet and Resource Guide Provided to Parents of Newborn Children), this section only requires the hospital or medical caregiver to provide a resource pamphlet and information on preventing Shaken Baby Syndrome. However, many parents who may be illiterate, have low functional literacy, or who may comprehend information best through audio/visual means may not be getting the message about postpartum depression or perinatal depression and the dangers of shaking infants.

Various stakeholder groups have suggested a more comprehensive plan to address child fatalities (or serious injuries) that involve physical abuse and Shaken Baby Syndrome. By creating a comprehensive plan to address Shaken Baby Syndrome, child fatalities that occur due to a one-time loss of control by the parent can be diminished. By providing the parent, family and general public with information and education on associated triggers, ways to address the infant's needs without aggression, and available local supports that the parent can turn to in time of crisis, child fatalities and general child abuse and neglect can be avoided.

Suggestions include legislation that:

- Instructs the Department to identify evidence-based models for reducing the incidence of abuse-related head trauma of infants, and develop a plan for implementing a model or models statewide to improve infant health outcomes.
- Requires collaboration between CPS, other state agencies serving families, and children, the medical community, law enforcement, human service providers, and child advocacy

organizations to develop and implement a comprehensive, statewide initiative to reduce death and disability resulting from Shaken Baby Syndrome.

- Requires every licensed nurse midwife, licensed midwife, or hospital providing maternity care to make information available to mothers (and if possible fathers and other family members) about postpartum blues and perinatal depression and information to increase awareness of Shaken Baby Syndrome and the dangers of shaking infants. Medical professionals would also be required to discuss this information with the mother and the father of the infant, other relevant family members, or caretakers who are present at discharge. This information should include printed and audiovisual materials relating to Shaken Baby Syndrome, including identification and prevention of Shaken Baby Syndrome and the effect on babies such as:
 - the grave effects of shaking or throwing an infant or young child;
 - appropriate ways to manage crying, fussing, or other causes that can lead a person to shake or throw an infant or young child; and
 - a discussion of ways to reduce the risks that can lead a person to shake or throw an infant or young child.
- Requires Shaken Baby Syndrome instruction in correctional facility education programs for all inmates that covers the consequences of Shaken Baby Syndrome and how to prevent it.
- Requires Shaken Baby Syndrome instruction as part of an education program available to all students enrolled in life-skills or parenting classes.

Expand the Scope of the Child Safety Check Alert List

The Texas Family Code directs the Texas Department of Public Safety to use a child safety check alert list as part of the Texas Crime Information Center to help locate a family for purposes of investigating a report of child abuse or neglect (Texas Family Code § 261.3022 Child Safety Check Alert List). This law applies when CPS is unable to find and has exhausted all means to locate a family in an investigation.

When a law enforcement officer meets (1) a person on this list who is alleged to have abused or neglected a child or (2) a child who is the subject of a CPS investigation, the officer must seek information about the child's wellbeing and current residence and inform CPS. The child safety check alert list only includes current CPS investigations and not ongoing stages of service where CPS is working with the family and the child may or may not be in the conservatorship of the State. During these stages of service, CPS may also be unable to find the child or family and may have severe safety concerns for the child's wellbeing. Legislatively expanding the Child Safety Check Alert List to cover all stages of service would improve CPS's ability to find these families and assume the safety of more children.

Strengthen Reporting of Child Deaths to Medical Examiner's Office

The Texas Family Code requires a person who knows of the death of a child younger than age 6 to report the death to the medical examiner or to a justice of the peace. However, there is an

exception if the death is a result of a motor vehicle accident. (Texas Family Code §264.513 Report of Death of Child).

Several stakeholder groups and research suggest legislation to require an autopsy for any child 6 years or younger, regardless of the cause of death, if the death was:

- the result of trauma;
- unexpected - including sudden, unexplained infant death; or
- suspicious, obscure, or otherwise unexplained.

These same guidelines for unexplained deaths should apply to all children, including those with chronic diseases. Exceptions would include deaths due to known terminal medical conditions that were not caused by abuse or neglect, or children who were under hospice care. Expanding this definition could result in autopsies that reveal abuse and neglect that would have been missed. Results that suggest child abuse and neglect would be reported to CPS and investigated. These investigations would help protect surviving siblings and help with ongoing efforts to prevent child fatalities.

Expanding Child Fatality Review Teams (CFRT).

The Legislature created the State Child Fatality Review Team Committee in 1995. The law also authorized counties to form local and regional child fatality review teams (Texas Family Code §264.501 - §264.515). A CFRT is a multi-disciplinary, multi-agency panel that reviews all child deaths regardless of the cause of death. The purpose of a review team is to:

- decrease the incidence of preventable child deaths by providing assistance, direction, and coordination to investigations of child deaths;
- promote cooperation, communication, and coordination among agencies involved in responding to child fatalities;
- develop an understanding of the causes and incidence of child deaths in team's county or counties;
- recommend changes to agencies (through the agency's team member) that will reduce preventable child deaths; and
- advise the committee on changes to law, policy, or practice that will assist the team and the agencies represented on the team in fulfilling their duties.

Currently, statute permits counties to form CFRTs instead of mandate that every county in Texas have or be included in a CFRT. Also, child fatality review teams lack state funding. As of 2013, only 191 counties out of the 254 counties in Texas were covered by a CFRT. By requiring every county to participate in a CFRT, every child fatality in Texas would have the potential to be reviewed which could provide vital information on how to decrease child fatalities. However, this level of coverage would require dedicated state and local funding to address the volume of child fatalities in some counties, as well as ensure proper data collection and analysis.

Brief Description of Issue

Issue #7: What can be done to move children in DFPS conservatorship into safe, permanent homes more quickly?

Discussion

There are several areas where additional resources, supports, or legislative changes would help DFPS achieve permanency and improve outcomes for children and youth in State care. These include reducing the length of time it takes for a child to be reunified with their family, increasing support to adoptive families and reducing the time it takes to identify and place children and youth in adoptive homes. While DFPS has improved policies, practices, and services to reunify children with their families more quickly, move children to permanency, or prepare youth for life after foster care, more must be done to reduce the length of time before a child is reunified or goes to a permanent family. Such changes ultimately reduce the number of youth who grow up in foster care. DFPS believes all children deserve a legal, permanent family.

Children should remain in their communities if they are removed from their home and placed into a foster home or facility. This increases the likelihood of reuniting families, and improves educational outcomes and overall wellbeing. Conservatorship should be returned to parents as soon as child safety and well-being can be assured.

National research shows youth who grow up in foster care without permanent families and community connections are more likely to live in poverty, be unemployed, become homeless, have untreated serious medical and mental health issues, and become involved in the criminal justice system.

Adoption is a valuable opportunity for children when DFPS and the courts rule out family reunification. While Texas leads the nation in adoptions, there were still 6,452 children in DFPS care waiting for adoption as of June 2013. Adoption assistance is available to eligible adoptive families. To qualify for adoption assistance, a child must meet the criteria of special needs as defined by TAC RULE §700.804. This includes minority children over the age of two, non-minority children over the age of 6, any child being adopted with a sibling or joining a sibling who was previously adopted by the same parents, and children who have a verifiable physical, mental, or emotional handicapping condition, as established by an appropriately qualified professional. Adoption assistance has two tiers. Adoptive families can receive up to \$400 a month for a child who has a basic service level need and up to \$545 per month for a child who has a moderate or higher service level need. Even with adoption assistance, it is often a struggle to find permanency for some children because of their significant needs and history of trauma.

Possible Solutions and Impact

Provide Adoption Assistance to Every Child Who is Adopted From DFPS

While approximately 90 percent of all adoptive placements involve children who are eligible for adoption assistance, under current Texas law not all children qualify for adoption assistance. Many families cannot afford the medical insurance and other financial strains of caring for a child. As a result, adoption is often delayed until the caregiver can afford it. When children do not meet the criteria for adoption assistance, this can cause caregivers and others to delay permanency until a diagnosis can be made, or to delay permanency until the child is old enough to qualify. Provision of adoption assistance to every child adopted from DFPS would help offset costs for adoptive families and is far less expensive than long-term foster care. This change would result in positive outcomes that could help reduce the child or youth's need for public services in the future. Providing adoption assistance to every adopted child would also expedite permanency and decrease the amount of time the child spends in foster care. The average monthly cost of an adoption subsidy is \$430 or about \$1,500 less per month than the cost of foster care which averages \$1,937 per month.

Allow Parental Rights to Be Reinstated

Most children whose parents lose parental rights are adopted or achieve permanency with other relatives. Yet in some cases, DFPS reconnects children and youth with birth parents whose parental rights were terminated if it is safe and in the child's best interest. Sometimes the threat that originally required the child's removal and eventual termination of the parents' rights no longer exists. However, statute is silent on this issue and does not allow a court to reinstate parental rights, leaving the only legal option to name the parent permanent managing conservator. Some jurisdictions in Texas use this practice regularly, but others do not. Clearly defining this practice in statute would raise awareness of this permanency option. Other states successfully use this option.

Provide Flexibility to the Court During the Monitoring Period When A Child Or Youth Is Returned Home

Currently the Texas Family Code §263.403 allows a court to monitor a family for 180 days after a child or youth returns home. However, this is often interpreted to mean the case must remain open for the full 180 days. Statute could be clarified to ensure DFPS's involvement lasts no longer than absolutely necessary to ensure the safety and well-being of the child. One way to do this is to require a 90-day review of the case that is in the return-and-monitor stage, allowing DFPS to assess the need for continued involvement and make recommendations on ending or continuing court oversight. For those families who do not need extended court oversight, conservatorship of their children would be returned more quickly.

Increase the Number of DFPS Redaction Staff

An adoptive family must read the child's CPS case record before the child is placed in the home, which includes all records related to the child, as defined in Section 162.006 of the Texas Family

Code. First, DFPS must redact these files to exclude confidential information, as required by Section 162.006 and 162.0065 of the Texas Family Code. Currently, DFPS redaction units have a six-month backlog. Additional redaction staff and technology would decrease the time a prospective adoptive parent must wait to read the record and reduce the time the child must spend in paid foster care while waiting to enter an adoptive home.

Increase Foster Home Capacity In The Communities Where the Children Are Removed

Children who remain in their own community have an increased opportunity for family visitation, improving the likelihood of family reunification, allowing children to remain in their school, and providing more stability in therapy and other services. The Foster Care Redesign project focuses on these issues, however other efforts will be needed until the Project's statewide implementation.

Some solutions to increase foster care capacity are as follows.

- Collaborate with faith-based organizations and local schools districts to increase the number of foster homes. CPS currently works with members of the Advisory Committee on Promoting Adoption of Minority Children to increase adoption of children; the committee was established by statute. Subsequent community-based adoption forums resulting from that partnership were held, as a result, raising awareness and interest in not only adoption, but child welfare work from prevention to permanency. Presently, there is active work in various stages with more than 70 churches building support for families and children involved with CPS. Efforts include support for children at risk of entering care through transitioning services for youth exiting care.
- Increase availability of wraparound services that provide a family-centered, strengths-based approach to working with children and families where multiple agencies provide community-based services. The overall intent of this is to increase intervention services in the community for access by families in order to prevent abuse/neglect or to assist families as they complete CPS contracted services. More resources across the state would include services such as additional county family preservation programs, legal services, transitional living centers for youth and parents in recovery or re-entry from correctional facilities, day care services, church affiliated parenting programs, vouchers for public transportation, sliding-scale fee counselor and therapy services, etc. These services are usually not available in rural areas of the state. Increased availability of such resources would help children and youth who age out of foster care and return to the community or a kinship caregiver's home. The change would also assist with recidivism by giving families knowledge of and access to community resources to assist them with specific needs. Many times these services target children who have many complex behavioral and mental health issues.
- Increase the availability of community respite care. Community respite care provides parents and caregivers with short-term childcare services that offer temporary relief, improve family stability, and reduce the risk of abuse or neglect. Respite care can reduce the number of families that become involved with DFPS. It is a family-centered, strengths-

based alternative to foster care and allows a family to identify their own needs and seek resources to address those needs.