

VII. GUIDE TO AGENCY PROGRAMS

Narrative Descriptions

Office of the DFPS Commissioner – Judge John J. Specia, Jr.

4 FTEs

A full-time Commissioner, appointed by the Health and Human Services Executive Commissioner with the approval of the Governor, oversees operations of the Department of Family and Protective Services. The Commissioner's responsibilities include establishing goals and objectives as well as overseeing the development and implementation of strategic plans; policy development; performance monitoring; and executive level reporting. The Commissioner also assists the Executive Commissioner in policy and rule changes specific to the Department's functions.

The Commissioner's Office also houses the DFPS Medical Director and the Associate Commissioner. The DFPS Medical Director provides leadership, direction, and oversight on health issues that affect DFPS clients and services. The Medical Director integrates knowledge of the agency's mission with best healthcare practices to help shape DFPS policies and ensure comprehensive health care to the children DFPS serves. For example, one of the Medical Director's major tasks is overseeing psychotropic medication use by children in foster care.

The Associate Commissioner works with staff to implement the Commissioner's executive direction, ensuring that policy, programs, and operations of the agency are strategically focused, properly aligned with the goals and priorities of state leadership, and responsive to the needs of clients and stakeholders.

Deputy Commissioner Division – Jennifer Sims

48.5 FTEs

The Deputy Commissioner works with the Commissioner on the day-to-day operations of the agency, providing vision, leadership, and strategic direction to the Department in administration, operations, and budget decision-making processes. The Deputy Commissioner also provides leadership and oversight to the Department's Center for Consumer and External Affairs (CCEA) and the Center for Policy, Innovation, and Program Coordination (CPIPC). CCEA coordinates consumer and external affairs activities with elected officials, HHSC offices, community stakeholders, the media, clients and members of the public who have complaints. CCEA also coordinates DFPS's compliance with the customer service functions required in the Texas Government Code, Chapter 2114. CCEA consists of four offices: the Office of Consumer Affairs, Office of External Relations, Office of Communications, and Office of Media Relations. CPIPC coordinates the rule development process for the Department. CPIPC also coordinates cross-program activities, conducts management reviews, and ensures the Department's critical projects are aligned with the mission, vision, and values of the Department.

Internal Audit – Ed Pier

9 FTEs

The Internal Audit division provides an independent appraisal function within DFPS, objectively providing independent assessment on risk management, control, and governance processes for the organization and its unique clientele. Internal Audit provides management with recommendations designed to strengthen and improve internal controls and agency operations. For example during fiscal year 2013, Internal Audit conducted audits of the Development of Information Resources Projects, Budget Processes, Child Death Investigations and Reporting, Reporting of Missing Children, and Search Texas Child Care website, in addition to other reviews and consulting engagements requested by the Commissioner and DFPS management.

Legal Services – Cynthia O’Keeffe

156.5 FTEs

Legal Services provides legal counsel, training, and services to support the agency’s mission and to ensure that the agency complies with all applicable state and federal laws. Legal Services contains two units: the Office of General Counsel and Program Litigation. While the Office of General Counsel performs the legal support tasks that are typical of most state agency legal divisions, the Program Litigation unit serves a somewhat unique role within state government by providing direct in-court representation in CPS lawsuits and, to a lesser extent, APS lawsuits, under deputation by the Office of Attorney General.

Operations – Terri Ware

545.7 FTEs

The Operations division includes Information Resource Management (IRM), the Program Support unit (PS), the Management Support unit (MSD), the Center for Learning and Organizational Excellence (CLOE), Contract Oversight & Support (COS), and the Centralized Background Check Unit (CBCU). The Operations division also includes Statewide Intake. Due to the size and complexity of the Statewide Intake program, it is addressed in its own Section VII report.

Information Resource Management

IRM supports the agency’s information technology (IT) needs by providing the technology and services required to enable DFPS staff to fulfill the agency’s mission around the clock, 365 days a year. The agency’s information includes case and non-case related work products that are stored and secured in databases, applications, or computing and mobile devices.

Program Support

PS is responsible for multiple functions that directly support DFPS programs, including testing and ensuring security of the agency’s automated-case management, licensing-support systems, and other core applications.

Management Support Division

MSD provides day-to-day direction, guidance, and coordination for the agency's management activities. This group works with DFPS executives and management to identify and resolve cross-agency operational issues, coordinate internal communication to the agency's mission and operational goals, and give direct support to the field through many services. MSD's major areas of responsibility include: Human Resources; Management Reporting and Statistics; Performance Management; and Records Management.

Center for Learning and Organizational Excellence

CLOE works with DFPS programs and divisions to provide staff with training and professional development opportunities. CLOE plays a key role in equipping staff with the knowledge and skills needed to protect the unprotected.

Contract Oversight and Support

COS develops and maintains the internal DFPS Contract Handbook, which is the central organizational framework for all agency policies and procedures for administrative and client services contracting. Additionally, COS coordinates with the Health and Human Services Commission (HHSC) to promote standardization and efficiencies across Enterprise agencies for both contractors and clients. In FY 2012, the Department had 2,791 contracts to assist us with achieving the agency's mission and goals.

Centralized Background Check Unit

CBCU is responsible for internal agency or requested background checks that support Child Care Licensing, client service contracts, internal and external volunteers, in-state and out-of-state requests for central registry checks and agency new hires. CBCU integrates cross-divisional and program background check policies, procedures, staff, and related resources to provide improved quality, more efficient service, and greater consistency of agency performed or requested background checks. Between June 2012 and June 2013, CBCU processed 914,147 background checks.

Finance – Cindy R. Brown

111.8 FTEs

The Office of Finance's primary objectives are to:

- Provide DFPS with support in the three areas of budget, federal funds management, and accounting.
- Ensure that DFPS complies with the oversight regulations of other state and federal agencies, including the maintenance of internal controls to safeguard DFPS's resources and assets.
- Help DFPS obtain funding and manage its resources effectively.
- Serve as the agency's fiscal liaison to external leadership offices such as the Legislative Budget Board, the Governor's Office, and the Comptroller of Public Accounts.

Activities are organized in separate divisions within the Office of Finance. An explanation of each division's primary responsibilities is described below.

Budget Division

The Budget division develops and monitors the agency's annual operating budget, prepares DFPS's biennial legislative appropriations request, prepares fiscal impact analysis on proposed legislation and agency rule changes, and provides management insight critical for agency divisions to operate within allocated resource levels.

Federal Funds Division

The Federal Funds division provides analytical support, consultation, and technical assistance to agency program areas to maintain current federal funding initiatives, and to seek out and work with programs to design new initiatives. The Federal Funds division reviews and analyzes costs, programs, and federal claims to ensure reimbursement for all eligible federal costs. The division tracks and analyzes federal legislation related to funding and participates in the design and review of cost allocation methodologies.

Accounting Division

The Accounting division manages the agency's financial transactions and ensures the integrity of all accounting records. The Accounting division processes travel claims, provides travel support, processes payments to vendors, processes requisitions, and provides cash management, cost allocation, and financial system support.

VII. GUIDE TO AGENCY PROGRAMS – CONTINUED

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

Name of Program or Function	Statewide Intake (SWI)
Location/Division	2401 Ridgpoint Drive, Austin, Texas/ Operations
Contact Name	Ric Zimmerman – Director Sherrie Hardie – Program Administrator
Actual Expenditures, FY 2012	\$19,712,433
Number of Actual FTEs as of June 1, 2013	411.5
Statutory Citation for Program	Chapters 40, 42, and 48, Human Resources Code; Chapter 261, Family Code Texas Youth and Runaway Hotline: Chapter 265, Family Code

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

Statewide Intake (SWI), a sub-division of DFPS Operations, serves as the “front door to the front line” for all DFPS programs. Through a multi-channel contact center, SWI processes all intakes of reports of abuse, neglect, or exploitation and then routes reports to the appropriate local program office. This centralized process allows for consistency, accountability, and efficiency in intake and referral for all types of reports, including:

- abuse or neglect of children;
- abuse, neglect, and exploitation of persons aged 65 or older or adults with disabilities; and
- abuse, neglect, and exploitation of person in State Supported Living Centers, State Hospitals, state centers, and community based centers licensed by the Department of Aging and Disability Services (DADS) or Department of State Health Services (DSHS) when employees in those facilities are alleged perpetrators.

SWI is also responsible for:

- assessing reported information, based on state law;
- determining the correct DFPS program with jurisdiction to investigate;
- entering the information into a specialized computer application, IMPACT (Information Management Protecting Adults and Children in Texas), which is used by all DFPS programs’;
- routing the report to the correct location;

- serving as a referral center when information reported is not within DFPS jurisdiction; and
- completing emergency background checks when requested by CPS staff without access to IMPACT.

SWI operates the toll-free, nationwide, Texas Abuse Hotline, 24 hours a day, 365 days a year, including holidays. SWI also provides a prioritized toll-free hotline number that is solely for the use of law enforcement personnel and another line dedicated for individuals in facilities for mental health or intellectual and developmental disabilities. For all calls, translation services are available whenever needed. To assist those who are hearing or speech impaired, intake specialists can also access the Relay Texas interpreter service. SWI also receives reports via an internet reporting system and by fax or mail.

Separate from Abuse Hotline, the SWI division also operates a toll-free Texas Runaway Hotline and Texas Youth Hotline. These services offer crisis counseling and referrals for troubled youth and families. Volunteers answer the phones and interact with callers facing a variety of problems including family conflict, delinquency, truancy, and abuse and neglect issues. The program also increases public awareness through media efforts and printed materials. In 2013, the two hotlines and their websites were merged into the Texas Youth and Runaway Hotline.

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

DFPS measures SWI program success in a variety of ways. Statistics include measures of quality as well as the average number of calls handled per hour, total number of calls handled, and time engaged in various activities including breaks, email, training, technical problems, unit meetings, and so on. Intake specialists can compare their performance to their peers and the statistics for each specialist is available for all of DFPS to view. The following tables highlight key performance measures.

Total Number of Contacts Received			
FY	Hold Time In Minutes*	Number of Total Contacts**	Percent Change in Total Contacts (From Prior FY)
2008	11.4	678,330	4.7%
2009	10.6	690,430	1.8%
2010	8.9	748,277	8.4%
2011	7.3	780,023	4.2%
2012	8.5	773,577	- 0.8%

**Phone calls - English queue only.*

***Includes all contacts (phone, internet, fax, mail and walk-in).*

The Texas Legislative Budget Board (LBB) has set the measure for SWI performance on the English queue at an annual average hold time of 8.7 minutes (+/- 5 percent).

Total Number of Contacts Received by Method of Receipt FY 2012		
Contact Type	Number of Contacts	Percent of Total
Phone	618,422	79.9%
Internet	120,802	15.6%
Mail/Fax	33,099	4.3%
Other	1,200	0.2%
Walk-in	54	0.0%
TOTAL	773,577	100.0%

In 2010, DFPS purchased an improved system for call recording and scoring (Telstrat Engage COACH). Two COACH tools are used to measure the quality of work performed by those who answer hotline calls. For most evaluations, a tool with 21 questions is used to focus on the outcome of the contact. For newer staff and when more in-depth evaluations are needed, a tool with 120 questions is used. Inter-Rater Reliability Exercises are conducted on a quarterly basis, to ensure that the tool is being scored consistently.

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

1974

The Legislature requires all 254 Texas counties to have 24-hour reporting capability for cases involving child abuse or neglect; the agency now known as DFPS responds by creating the Texas Abuse Hotline.

1984

The Legislature mandated that the Adult Protective Services also have 24-hour reporting capability. SWI added staff and trained them to handle calls concerning abuse, neglect, and exploitation of persons aged 65 or older and adults with disabilities.

1993

SWI began a pilot program in Region 7 (Austin) designed to test the effectiveness of centralizing the intake system throughout the state.

1999

SWI began handling all intake functions for the Child Protective Services, Child Care Licensing, and Adult Protective Services programs for the entire state of Texas.

2002

SWI launched a secure agency website for professionals to report abuse and neglect. The website was developed by DFPS's Information Technology (IT) division in partnership with Statewide Intake leadership management, allowing professionals to make non-emergency reports to SWI without a phone call.

2004

At the request of Texas legislators, DFPS and the Texas Department of Public Safety (DPS) agreed on a plan to give DFPS employee access to crime records in order to assist workers in determining the appropriateness of kinship placements. In 2005, the Statewide Intake Expedited Background Check (EBC) unit began providing a centralized service to CPS caseworkers for certain emergency child placements.

2005

The internet reporting site was expanded to allow non-emergency reports from the general public.

2008

DFPS launched a redesigned internet reporting website called the Texas Abuse, Neglect, and Exploitation Reporting System; commonly known as the Texas Abuse Hotline website (www.TxAbuseHotline.org).

2012

The DFPS Texas Youth and Runaway Hotlines were transferred from Child Protective Services division to Statewide Intake.

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

Anyone can report concerns about the safety of a child, person with disabilities or person who is elderly in Texas – whether they reside in Texas or not. No restrictions exist relating to such reports. However, statute requires certain professionals to report suspected instances of abuse or neglect. Specifically, pursuant to Chapter 261 of the Texas Family Code all persons are required to report child abuse and neglect. Professionals are mandated to report within 48 hours. Pursuant to Chapter 48 of the Human Resources Code, all person are required to report abuse, neglect, and exploitation of a person with disabilities or person who is elderly.

The following table shows the source of all reports as combined for CPS, both APS programs, and Child Care Licensing during FY 2012.

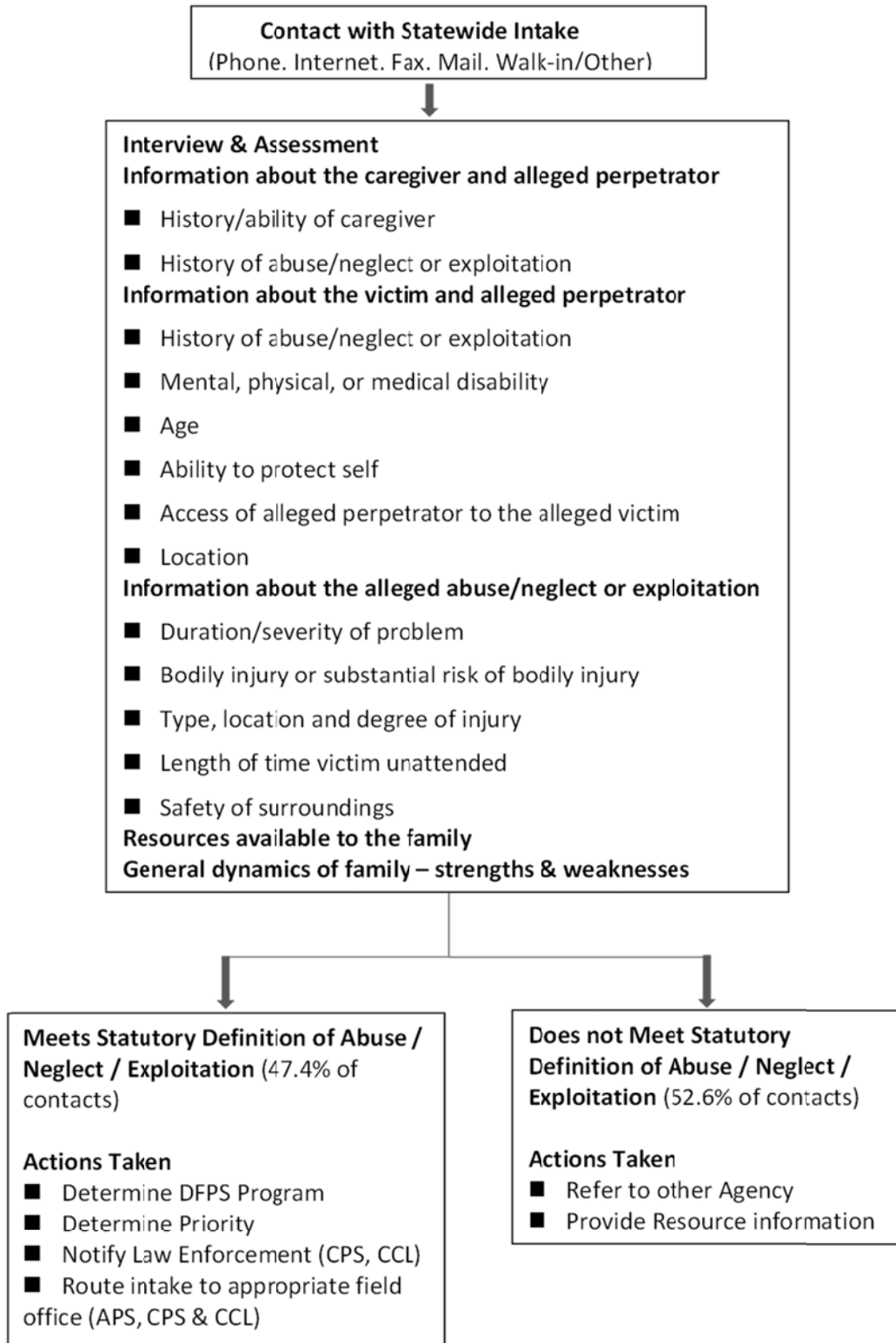
FY2012 Reporting Source		
Total (FY 2012) – Source of Report	Number	Percent of Total
Medical Personnel	66,023	18.0%
Relative	45,913	12.5%
School	44,381	12.1%
Law Enforcement	40,107	10.9%
Other	27,586	7.5%
Parent	25,704	7.0%
Community Agency	23,505	6.4%
Friend-Neighbor	20,849	5.7%
Victim	18,853	5.1%
Anonymous	16,380	4.5%
DFPS Staff	11,234	3.1%
Provider	7,906	2.2%
Legal/Court	4,209	1.1%
Institutional Personnel	3,953	1.1%
Daycare Provider	2,844	0.8%
State Agency	2,203	0.6%
Financial Institution	1,312	0.4%
Unrelated Home Member	1,110	0.3%
Parent's Paramour	1,066	0.3%
24-Hour Care Provider	739	0.2%
Religious Entity	649	0.2%
Blank/Unknown	277	0.1%
TOTAL	366,803	100.0%

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

The Chief Operating Officer manages SWI. The Statewide Intake management team includes a SWI director, four intake program administrators, a division administrator for quality assurance, a division administrator for operations, and a division administrator for training. The Youth and Runaway Hotlines are managed by a program specialist.

The public can access multiple avenues to contact SWI - phone, secure internet, mail, fax, and walk-in. The following flowchart illustrates an overview of the intake process.

SWI Intake Process



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

Please see Appendix A.

Alternate Exhibit Provided For Section VII. Item G.

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

The Department of State Health Services (DSHS) and the Department of Aging and Disability Services (DADS) perform intake functions within the scope of their licensing or regulatory roles. Neither agency provides intake services 24-hours a day, 365 days a year or for the types of cases handled by DFPS.

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

SWI does not replicate services performed by any other agency. No other entity in Texas serves as the single point of contact for the reporting and referral of all allegations of abuse, neglect, and exploitation of children, persons aged 65 or older, adults with disabilities, persons in State Supported Living Centers, State Hospitals, State Centers, and community-based centers licensed by the Department of Aging and Disability Services (DADS) or the Department of State Health Services (DSHS).

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

Statewide Intake does not work with local, regional, or federal units of government in ways other than what has already been discussed.

SWI coordinates with other state agencies to receive intakes through the methods described above and sends information to the Department of Aging and Disability Services (DADS) and Department of State Health Services (DSHS) when it is not within DFPS jurisdiction and appears to be within the responsibility of those agencies.

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

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

SWI had no contracts for FY 2012.

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

Statewide Intake does not award grants.

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

Statewide Intake (SWI), the centralized DFPS division designated to receive all reports of abuse or neglect, is one of the largest contact centers of its kind nationally and experiences a high volume of calls. Current performance measures established by the Legislative Budget Board for SWI require SWI not to exceed an “average hold time” of 8.7 minutes, and appropriations to DFPS are calculated to achieve that performance measure. However, the higher the average hold time, the greater the abandonment rate from persons attempting to report abuse or neglect, which may result in urgently needed reports of suspected abuse or neglect not being made or investigated. House Bill 304, introduced in the 83rd session, proposed the addition of Section 40.0529, Human Resources Code, to mandate that average hold times for SWI not exceed five minutes, and abandonment rates not exceed 25%, which, if fully funded, would have significantly improved SWI’s ability to provide prompt assistance to reporters, thereby enhancing safety for children and vulnerable adults. To address this concern, the legislature might consider amending Chapter 40, Human Resources Code, in a manner similar to the proposed amendments in HB 304, or might direct the LBB to revise the performance measures associated with this function. For additional discussion, see Section IX, Major Issue #3.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

Not applicable.

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

- Why the regulation is needed;
- The scope of, and procedures for, inspections or audits of regulated entities;
- Follow-up activities conducted when non-compliance is identified;
- Sanctions available to the agency to ensure compliance; and
- Procedures for handling consumer and public complaints against regulated entities.

Statewide intake does not perform licensing, registration, nor certification duties.

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

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS - CONTINUED

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

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

Introduction to Child Protective Services

Responsibilities

The responsibilities of Child Protective Services are to:

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

Investigation and Placements

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

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

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

What Happens in a CPS Case?

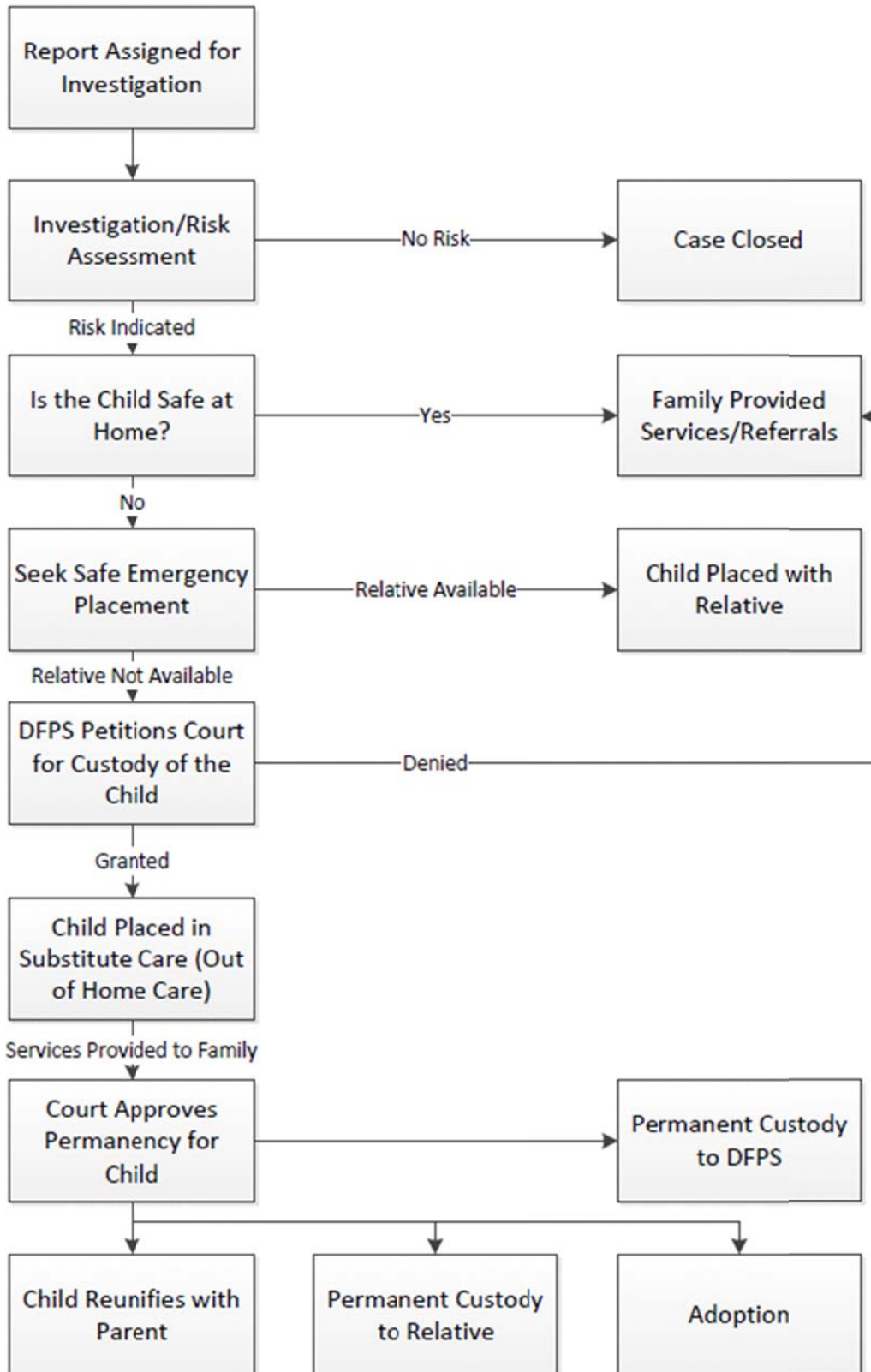
Generally, a CPS case follows one of three main paths described below after the investigation.

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

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

CPS Flow Chart

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



CPS Programs

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

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

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

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

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

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

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

Investigation – 2,708.9 FTES

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

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

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

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

Screened Intakes

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

Traditional Investigations

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

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

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

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

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

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

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

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

Family Based Safety Services

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

Family Reunification Services

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

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

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

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

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

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

Substitute Care – 2,775.9 FTEs

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

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

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

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

Temporary Managing Conservatorship

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

Permanent Managing Conservatorship

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

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

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

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

Permanency is not achieved until all of the following occur.

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

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

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

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

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

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

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

Kinship Care Services

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

Foster Care Services

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

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

Foster and Adoptive Home Development Services

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

Transitional Living Services

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

Experiential Life Skills Training for Youth 14 and Older

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

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

Preparation for Adult Living (PAL) Program

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

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

Medical Services

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

Recruitment Services

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

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

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

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

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

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

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

Post-Adoption Services

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

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

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

CPS Support Functions

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

Purchased Client Services

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

Residential Contracts

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

Regional Contracts

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

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

Contract Performance

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

Research and Evaluation

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

Continuous Quality Improvement

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

Child and Family Services Review (CFSR)

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

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

Investigation Quality Assurance (INV QA)

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

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

Investigations:

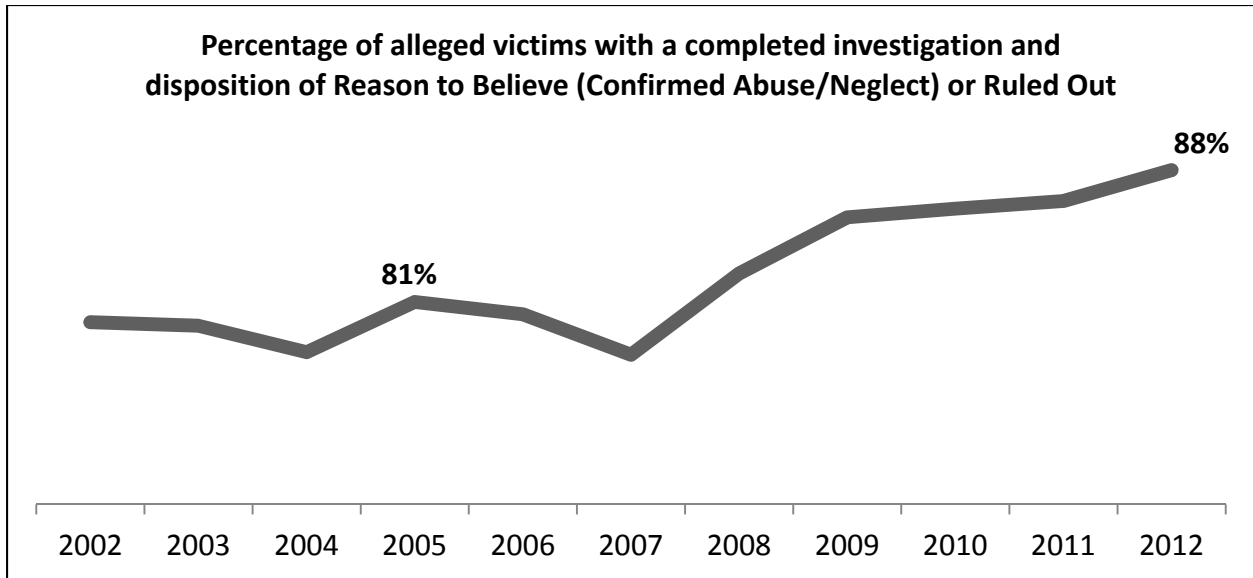
In FY 2012, CPS received 241,681 reports through Statewide Intake with 275,961 alleged victims of child abuse or neglect, confirming 64,366 unique victims in FY 2012.

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

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

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

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



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

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

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

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

*Victims have been unduplicated by investigation stage.

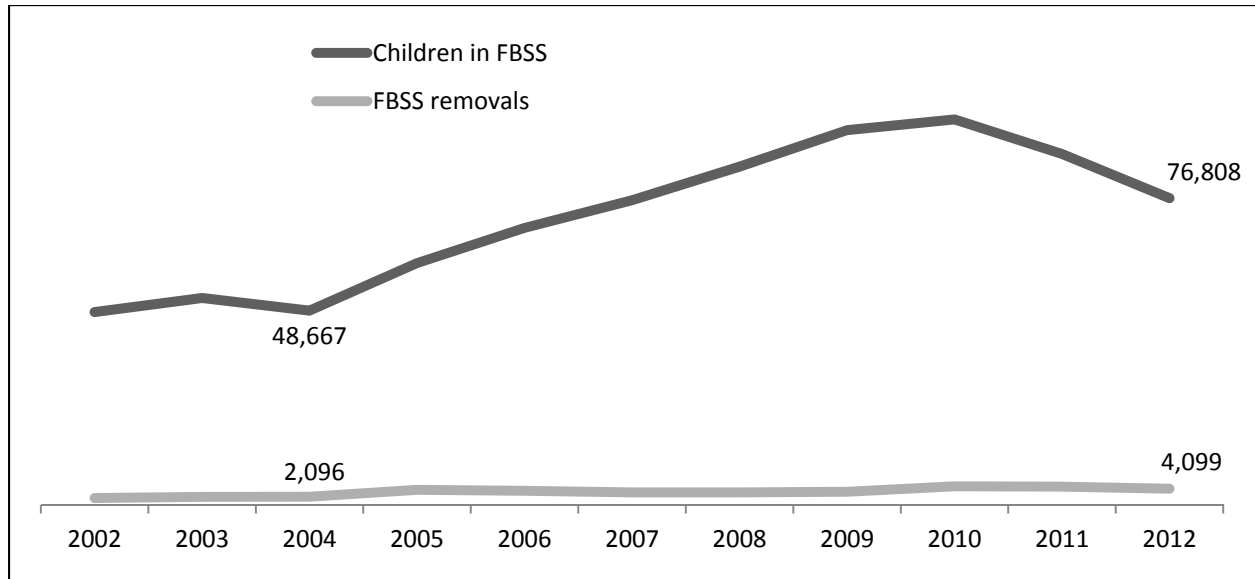
Family Based Safety Services:

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

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

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

FBSS Is Successful at Preventing a Removal



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

Substitute Care:

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

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

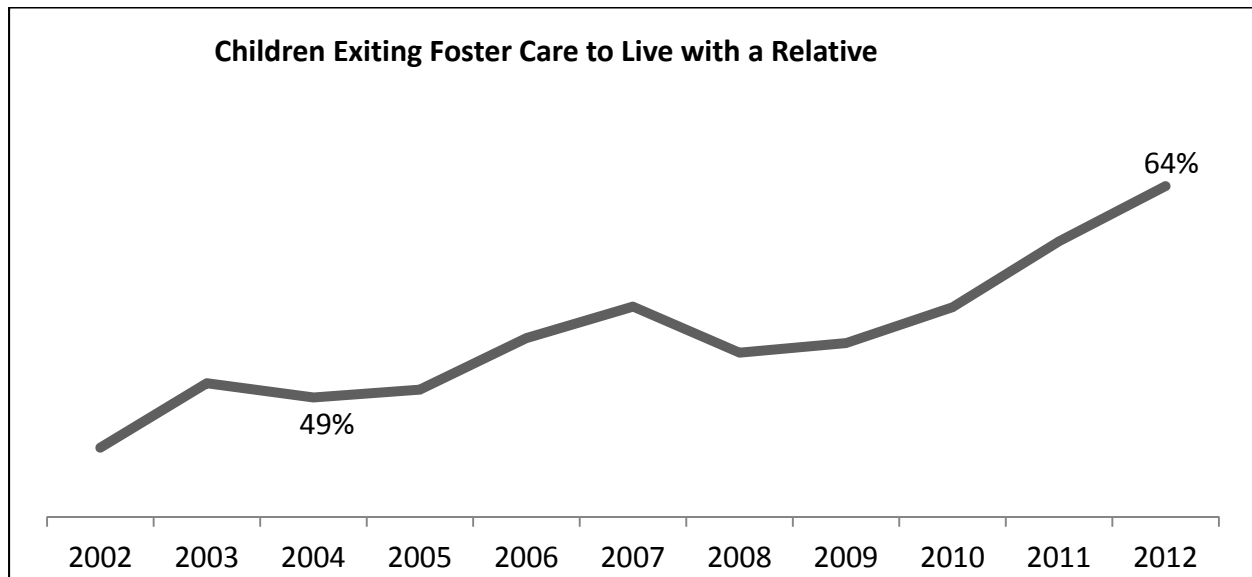
* Removals from Family Based Safety Services includes Family Preservation and Family Reunification.

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

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

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

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



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

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

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

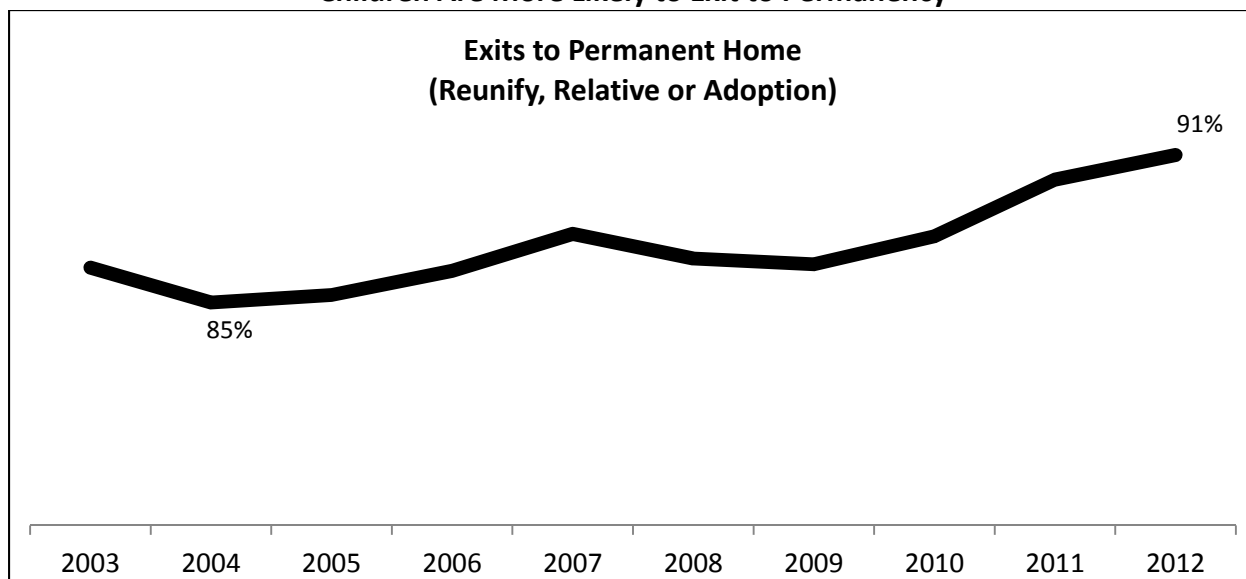
Region	CPA Foster - Group Homes & Independent Homes	DFPS Foster & Foster Group Homes	DFPS Adoptive Homes	Private Adoptive Homes	Kinship	General Residential Operation	Emergency Shelters	Residential Treatment	Other	Total
Houston (6)	2,442	305	180	184	2,188	42	81	302	176	5,900
Austin (7)	1,137	249	21	29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

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

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

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

Children Are More Likely to Exit to Permanency



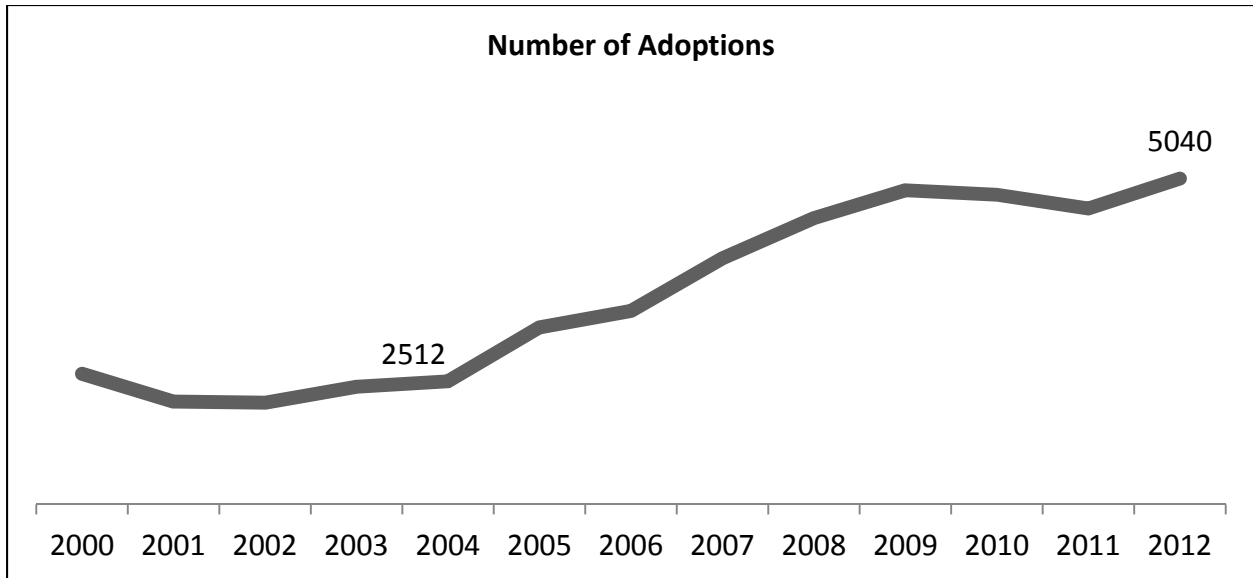
Of all children who exited DFPS custody in 2012, 91 percent exited to reunification, relative PMC or adoption. All of this translates into more children finding forever homes, primarily because of the increase in using relatives whether for adoption or permanent custody.

Adoption Incentive Funds

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

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

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



National Youth in Transition Database (NYTD)

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

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

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

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

Investigations

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

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

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

Family Based Safety Services

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

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

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

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

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

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

Substitute Care

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

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

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

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

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

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

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

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

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

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

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

Investigation

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

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

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

Family Based Safety Services

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

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

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

Substitute Care

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

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

Of the 16,697 children in foster care:

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

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

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

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

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

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

Eligibility Criteria to Receive Adoption Assistance

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

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

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

Demographics of Children in Consummated Adoptions FY 2012

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

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

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

Investigation Staff

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

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

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

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

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

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

Timeframes

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

Priority I Reports

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

Priority II Reports

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

Priority None Reports

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

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

Family Based Safety Services

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

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

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

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

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

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

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

Substitute Care Staff

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

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

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

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

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

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

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

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

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

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

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

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

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

Please see Appendix A.

Alternate Exhibit Provided For Section VII. Item G.

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

Investigations

Law Enforcement Agencies

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

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

Children's Advocacy Centers

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

Military Bases

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

Family Based Safety Services

Purchased Client Services

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

Referral to Early Childhood Intervention (ECI) Services

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

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

Substitute Care

Child-Placing Agency

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

Transitional Living Services

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

American Indian Tribes

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

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

Other Situations

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

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

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

Investigations

Joint Investigations with Law Enforcement

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

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

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

Children's Advocacy Centers

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

Military Bases

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

Family Based Safety Services

Purchased Client Services

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

Referral to Early Childhood Intervention (ECI) Services

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

Substitute Care

Child Placing Agency

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

Transitional Living Services

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

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

American Indian Tribes

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

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

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

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

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

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

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

Administration for Children and Families (ACF)

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

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

Court System

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

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

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

Children’s Commission

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

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

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

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

Child Welfare Boards

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

National Resource Center for Youth Development

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

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

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

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

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

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

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

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

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

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

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

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

CPS does not award grants.

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

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

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

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

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

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

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

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

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

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

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

CPS is not a regulatory program.

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

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS – CONTINUED

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

Name of Program or Function	Prevention and Early Intervention (PEI), CPS
Location/Division	2401 Ridgepoint Drive, Austin, Texas/ Child Protective Services
Contact Name	Sasha Rasco
Actual Expenditures, FY 2012	\$31,569,019
Number of Actual FTEs as of June 1, 2013	14
Statutory Citation for Program	Chapter 40, Human Resources Code and Title 5, Family Code

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

Unlike investigations, family based safety services, or substitute care, the Prevention and Early Intervention (PEI) division within CPS does not work cases. Instead the focus of their activities is to reduce and prevent intakes from coming into the child welfare and juvenile justice systems in the first place. The Texas Legislature created the PEI division within CPS to consolidate prevention and early intervention programs into a single state agency. The goal is to eliminate fragmentation and duplication of prevention and early intervention services for at-risk children, youth, and families. PEI contracts with community-based agencies and organizations to provide services designed to prevent the abuse, neglect, delinquency, and truancy of Texas children. Services are voluntary and are provided at no cost to participants, however all services are not available statewide. The following provides an overview of PEI programs.

Community Youth Development

The Community Youth Development (CYD) program contracts with community based organizations to provide juvenile delinquency prevention services in 15 areas of the state with a high incidence of juvenile crime. Communities prioritize and develop prevention services according to local needs. Approaches include youth-leadership development, life-skills classes, character education, conflict resolution, tutoring, mentoring, career preparation, and recreation.

Client Eligibility: Youth ages 6-17, with a focus on youth 10-17, who live in or attend school in one of the designated ZIP codes.

Services to At-Risk Youth

The Services to At-Risk Youth (STAR) program contracts with community agencies to offer family crisis intervention counseling, short-term emergency respite care, and individual and family counseling. These services are available in all 254 Texas counties. Each STAR contractor also provides universal child abuse prevention services, such as informational brochures and parenting classes.

Client Eligibility: Youth and children younger than 18 who are runaways or truant, are living in family conflict, or have been accused of delinquency or misdemeanor or state felony offenses but have not been adjudicated by a court.

Texas Families: Together and Safe

Texas Families: Together and Safe (TFTS) funds evidence and 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 the program are to:

- improve and enhance access to family support services;
- increase the efficiency and effectiveness of community-based family support services;
- enable children to remain in their own homes by providing preventative services; and
- increase collaboration among local programs, government agencies, and families.

Client Eligibility: Any family in Texas within a service area that has a child (or children) younger than 18 living in the household or whom is expecting a child (or children) and are assessed as having multiple issues and risk factors may be served. Targeted families may include teen parents, first-time parents, parents with young children, and parents with children who have disabilities, developmental delays, emotional, school or health problems, or who are at high risk of abuse, neglect.

Community-Based Child Abuse Prevention

The Community-Based Child Abuse Prevention (CBCAP) 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 available services. CBCAP funds community-based organizations to provide a variety of child abuse and neglect prevention services. The Family Support program focuses on counties with a higher than state-average rate of child abuse and neglect, with special focus on rural counties. The program includes home visiting, case management, crisis intervention, and an evidence-based parent education component. This program targets families with children ages birth through 5 years, as these children are statistically at greater risk for abuse and neglect. The Family Support program began providing services in Tom Green, Runnels, Crockett, and Concho Counties in July 2009 and in Atascosa, Bandera, Frio, Karnes, and Real counties in August 2009 and continued through FY 2012.

In FY 2012, the Respite/Parent Education program began providing services through two contractors serving El Paso and Bexar counties. The program provides emergency day and overnight respite to children of at-risk families, as well as parent education to mitigate the risk of child abuse and neglect.

The Basic Parent Education program began in late FY 2012. Currently provided by one contractor serving Bexar County, the program focuses on providing parent skills training to at-risk families. CBCAP also funds various special initiatives and public awareness campaigns as noted in other sections of this report.

Statewide Youth Services Network

These are evidence-based, prevention services provided by established statewide networks of community-based prevention programs that must work to prevent juvenile delinquency and create positive outcomes for youth by increasing protective factors.

Client Eligibility: At-risk youth between the ages of 6-17 years of age, with an emphasis on youth 10-17 years.

Special Initiatives

The division also develops and implements a variety of initiatives to prevent child maltreatment and juvenile delinquency and to support contracted service providers.

Outreach and Awareness Efforts

The FY 2012 outreach focus was the launch of a new Child Abuse Prevention campaign, “Help for Parents, Hope for Kids.” The goal of the campaign is to prevent abuse from ever occurring by helping parents deal with the stresses that contribute to child abuse and neglect.

Public Education Efforts

Prevention and Early Intervention develops and supports specific projects and initiatives that focus on preventing child abuse and juvenile delinquency. PEI launched a new Child Abuse Prevention campaign, “Help for Parents, Hope for Kids” on July 1, 2012. This included a new website in both English and Spanish (HelpandHope.org or AyudayEsperanza.org). The campaign featured:

- A statewide advertising campaign involving television, radio, billboard, transit, movie theatres, and online ads.
- A social media campaign that included a presence on Facebook, Pinterest, and YouTube.
- Video testimonials from parents who had abused or neglected their children and sought help to change.
- Outreach to other organizations to participate by distributing campaign materials or providing services or resources to parents through HelpandHope.org.

Annual Conference

Each year, DFPS hosts the annual Partners in Prevention training conference. The conference brings together social services professionals, parents, advocates, educators, law enforcement professionals, childcare professionals, community leaders, and faith leaders interested in improving programs and sharing expertise.

Evaluation and Research

The University of Texas at San Antonio initiated research on family and youth resiliency to help PEI continually improve its assessment of outcomes for youth and families using prevention services. To complete this earlier work, PEI contracted with Prairie View A&M University to:

1. Develop and validate survey instruments that PEI will use to determine the effectiveness of its juvenile delinquency prevention programs.
2. Evaluate the Community Youth Development (CYD) program.

Prairie View A&M University will continue its work through FY 2013.

The University of Houston conducted an evaluation of child abuse and neglect prevention and early intervention programs and services in the state, including research on streamlining funding and improving service delivery. The University of Houston team analyzed the cost effectiveness and efficiency of state-funded child abuse and neglect prevention and early interventions programs, which are key elements to implementing performance-based client service contracting.

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

Performance Measures

PEI requires every provider to meet two types of performance measures, outputs and outcomes, while delivering contractually-specified program services. Both types of measures reflect the criteria a provider must meet on a monthly and annual basis to successfully administer PEI-funded programs.

Outputs are concerned with reaching certain quantitative goals. PEI employs outputs that measure a program's capacity to recruit and retain clients, and to deliver services over a period of time to ensure effective client participation. For example, on a monthly basis, PEI contractors track and report the number of unduplicated clients served, as well as the number of clients that complete the pre- and post-protective factors survey.

Outcome measures are used to assess whether participation in a PEI-funded program result in changes for clients. By completing the child maltreatment prevention program, for example,

did clients show measureable change in their knowledge of child development or their attitudes toward parenting? This is measured through the Protective Factors Survey discussed below.

Protective Factors Survey

Protective factors are conditions that, when present in families and communities, increase the health and well-being of children and families. An increase in protective factors help parents who might otherwise be at risk of abusing their children to find resources, support, or coping strategies that help them parent effectively while under stress. Research shows successful interventions must both reduce risk factors and promote protective factors. The goal of Prevention and Early Intervention child abuse prevention programs is to prevent child abuse and neglect by increasing protective factors and decreasing risk factors in at-risk families. Therefore, one of the outcome measures PEI uses within its programs is tracking whether caregivers experience an increase in protective factors related to child abuse and neglect.

The Protective Factors Survey (PFS) is a “pre-post” evaluation tool used with caregivers who receive prevention services. The survey measures protective factors in five areas 1) Family functioning and resiliency 2) Social support 3) Concrete support 4) Nurturing and attachment 5) Knowledge of parenting and child development

PEI played an active role in the development of the Protective Factors Survey. The survey has undergone four national field tests for establishing reliability and validity. It is also recognized as an evidence-based tool by the California Clearinghouse on Evidence Based Practices. The survey results are designed to help agencies measure changes in protective factors and identify areas where practitioners can focus on increasing individual family protective factors.

PEI currently requires all child abuse prevention contractors to administer a pre-service and post-service Protective Factors Survey to caregivers. Contractors enter Protective Factors Survey data into the PEI Database along with client registration information. The PEI Database allows both contractors and DFPS to observe at the individual and program level the increase by each protective factor.

Sample Performance Measures

In addition to protective factors, PEI employs other outcome measures such as the number of children served by contracted providers that enter the child welfare system after program discharge. Following are examples of output and outcome measures for some PEI programs. Additional information is available in the DFPS Databook.

Juvenile Delinquency Prevention Programs					
Community Youth Development (CYD)	2008	2009	2010	2011	2012
Percent of CYD youth not referred to juvenile probation	98.0	97.8	98.3	98.8	98.1
Annual number of youth served	18,074	19,390	17,799	19,731	16,900
Average monthly number CYD youth served	4,563	5,668	5,930	6,158	5,530
Average monthly cost per CYD youth served	\$138.97	\$84.06	\$75.14	\$82.77	\$69.91

Child Abuse and Neglect Prevention Programs					
Texas Families: Together and Safe (TFTS)	2008	2009	2010	2011	2012
Annual number of families served	3,136	3,040	3,410	2,110	1,870
Average monthly number of families served by TFTS Program	1,061	991	1,087	573	586
Average monthly cost per family served in the TFTS Program	\$289.49	\$275.62	\$249.52	\$433.71	\$362.54
Children will remain safe	N/A	N/A	N/A	N/A	99%
Increase in Protective Factors for families completing the program	N/A	N/A	N/A	N/A	67% of families had an increase in the Family Functioning subscale

Child Abuse Prevention Outreach and Awareness	
Output Measures:	
Number of Calendars distributed in FY 2012	535,000

Annual Partners in Prevention Training Conference	
Output Measures:	
Number of people attending the FY 2012 conference	300

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

While much of the recent history of CPS applies to the PEI division as well since they are part of the larger CPS program, there are some unique elements to PEI's history that are worth noting.

In 1999, the Legislature created PEI as a new division of DFPS to consolidate prevention and early intervention programs within the jurisdiction of a single state agency.

By 2002, PEI administered 18 programs, managed a division budget of \$63 million, and supported 69 staff positions.

In 2003, the Legislature eliminated funding for six of these programs and reduced the remaining prevention program funding by approximately 16 percent. The Communities in Schools (CIS) program was transferred to the Texas Education Agency during the same legislative session.

In 2005, the Legislature increased prevention funds for the remaining PEI programs, in an effort to restore them to their prior funding levels. However, instead of funding individual programs as had been done before 2003, the Legislature combined funds into a new prevention strategy, A.2.16 - "Other At-Risk Prevention Services."

With the addition of the Family Strengthening and Youth Resiliency programs, funded through budget strategy A.2.16, PEI shifted from a focus on defined program models to a broader approach of seeking effective services capable of achieving the desired outcomes in participants (prevention of child abuse and neglect, and prevention of juvenile delinquency, respectively). This allows communities to determine which program approach is best suited to their needs and population and the best fit for the organization delivering the services. PEI now funds a combination of programs ranging from the diverse model described above, to those that provide great latitude within a prescribed program model (such as Texas Families: Together and Safe and Community Youth Development) and those with more specific requirements (such as Services to At-Risk Youth [STAR]).

In addition, PEI is moving toward increased funding of evidence-based programs and services in response to the following laws and factors:

- Texas Family Code §265.004 requiring funding of evidence-based services.
- Changing federal requirements for the Community Based Child Abuse Prevention program (funded through CAPTA II) to increase evidence-based services.

In 2007, the Legislature increased prevention funds by appropriating \$3 million for evidence-based programs that are now called the Statewide Youth Services Network (SYSN) and \$1.6 million for the Community-Based Family Support program. In 2009, the Legislature further increased funds for the SYSN program, to \$4.5 million for the biennium, and increased funds for Other At-Risk Prevention Services by \$2,850,086 for the biennium.

The budget constraints of the 2011 Legislative Session resulted in funding cuts to prevention programs that provide an array of services to alleviate stress and factors leading to child abuse and neglect and delinquency. Overall, this group of programs was reduced by 32 percent from the FY 2011 appropriated funding level. Individually, the reductions ranged from 13 percent to 74 percent. The STAR program received a 13 percent reduction of \$6.2 million, the CYD

program received a 36 percent reduction of \$5.9 million, and the Texas Families program received a 37 percent reduction of \$3.2 million. In addition, funding cuts in 2011 eliminated the three following PEI programs:

- ***Tertiary Prevention Services*** program provided community-based, volunteer-driven prevention, intervention, and aftercare services to children who have been or are at risk of being, abused or neglected. The goals of the program included reducing child maltreatment and the number of families re-entering the Child Protective Services system.
- ***The Family Strengthening*** program offered a variety of evidence-based services that had been evaluated and proven to effective in the prevention of child abuse and neglect. The strengths-based focus was aimed at increasing protective factors while reducing risk for child maltreatment by building upon caregiver knowledge and resiliency. Programs fostered strong community collaboration to provide a continuum of family services.
- ***Youth Resiliency Services*** offered a variety of evidence-based services that have been evaluated and proven effective in the prevention of juvenile delinquency. The strengths-based focus was aimed at increasing known protective factors while reducing risk for juvenile delinquency by building upon caregiver or youth knowledge and resiliency. Programs fostered strong community connections with other service providers in the area to provide a continuum of needed services and supports for the youth and families that they serve.

In April 2012 the DFPS Texas Youth and Runaway Hotlines were transferred from the Prevention and Early Intervention division of Child Protective Services to Statewide Intake. The purpose of the transfer was to promote improved efficiency and effective service delivery including allowing the Youth and Runaway Hotlines access to more modern technological such as the ability to work from a remote location.

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

PEI prevention programs are available across the state, although not all programs are available in all areas. The STAR program provides services to every county in Texas. Services are provided to children less than 18 years of age and to families with at least one primary caregiver and one child under 18 as well as to families who are expecting a child or are in the process of adopting.

Number of Families (Primary Caregivers) Served in the Child Abuse and Neglect Prevention Programs FY 2012								
Unduplicated Families Served by Program	2009 n	2009 %	2010 n	2010 %	2011 n	2011 %	2012 n	2012 %
Community-Based Child Abuse Prevention (CBCAP)	699	13.8%	372	6.4%	461	12.0%	577	21.7%
Community-Based Family Services (CBFS)	110	2.2%	337	5.8%	280	7.3%	206	7.8%
Texas Families: Together and Safe (TFTS)	3,040	59.8%	3,410	58.8%	2,110	55.0%	1,870	70.5%
Family Strengthening Program (FSP)	1,200	23.6%	1,616	27.9%	938	24.5%	0	0.0%
Tertiary Child Abuse Prevention (TPP)	32	0.6%	61	1.1%	44	1.1%	0	0.0%
Total	5,081	100.0%	5,796	100.0%	3,833	100.0%	2,653	100.0%

Number of Youth Served in the Juvenile Delinquency Prevention Programs, FY 2012								
Program	2009 n	2009 %	2010 n	2010 %	2011 n	2011 %	2012 N	2012 %
Services to At Risk Youth (STAR)	29,406	51.6%	30,042	54.8%	30,168	53.2%	26,834	54.8%
Community Youth Development (CYD)	19,390	34.0%	17,799	32.5%	19,731	34.8%	16,900	34.5%
Statewide Youth Services Network (SYSN)	6,548	11.5%	5,513	10.1%	5,720	10.1%	5,273	10.8%
Youth Resiliency Program (YRP)	1,654	2.9%	1,445	2.6%	1,066	1.9%	0	0.0%
Total	56,998	100.0%	54,799	100.0%	56,685	100.0%	49,007	100.0%

Age of Youth Served in the Juvenile Delinquency Prevention Programs, FY 2012						
Age Group	STAR	CYD	SYSN	YRP	Total	Percent
Under 6	2,343	27	305	0	2,675	5.5%
6-9	4,889	2,136	135	0	7,160	14.6%
10-17	19,602	14,025	4,833	0	38,460	78.5%
Over 17	0	712	0	0	712	1.5%
Total	26,834	16,900	5,273	0	49,007	100.0%

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

PEI delivers prevention services through contracts. PEI Staff manages contracts, processes contractor reimbursements, develops programmatic policies and procedures, and provides training and technical assistance to contractors. The work follows the contracting lifecycle outlined in the DFPS Contract Handbook and is conducted in accordance with agency policies and state and federal regulations. PEI staff members are located in DFPS's State Office in Austin. PEI staff includes program specialists, contract managers, and contract technicians.

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

Please see Appendix A. Alternate Exhibit Provided For Section VII. Item G.

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

DFPS is the primary agency that delivers prevention programs designed to prevent child abuse and neglect and juvenile delinquency. There are other state agencies that deliver prevention services (for example, substance abuse prevention). However, the prevention of child abuse and neglect or juvenile delinquency is not the primary function of these programs. While not the primary function of Health and Human Services Commission (HHSC), it implements the Nurse Family Partnership (NFP) program in eight communities for pregnant women who are Medicaid eligible. NFP is an evidence-based, nurse home-visitation program aimed at preventing child abuse and neglect. The HHSC also oversees the Texas Home Visiting program, funded through the U.S. Department of Health and Human Services Health Resources and Services Administration Maternal, Infant and Early Childhood Home Visiting grant. The grant

supports the development and implementation of home visiting program in communities selected through a needs assessment. One objective of the program is improving the prevention of child injuries and reduction in child maltreatment among program participants. There are also private, non-profit entities within the state that deliver services such as Healthy Families, Parents as Teachers, Home Instruction for Parents of Pre-school Youngsters, and other programs that affect child abuse and neglect and receive funding from sources other than through DFPS.

DFPS was identified as the key state agency working to prevent child abuse and neglect through an inventory of policies, programs, and activities undertaken by the Interagency Coordinating Council for Building Healthy Families. Created in 2005 by the Legislature, part of the Council's charge was to create an inventory of state-funded child abuse and neglect prevention efforts. The Council's inventory report, published June 1, 2006, summarized results from 269 surveys submitted by entities delivering family services with either a direct or indirect effect on the prevention of child maltreatment, using funding from state agencies. Of the 83 surveys reporting programs directly related to the prevention of child abuse and neglect, 77 identified DFPS/PEI as the funding source.

Community-Based Organizations

The most common types of services provided by the identified direct-impact programs were parent education and training, home visitation, public awareness campaigns, and life skills development. The majority of the programs supported by Council agencies, represented by 167 survey respondents, are indirect-impact programs or services. These programs include services such as child health insurance, food stamps, housing, domestic violence shelters, juvenile delinquency prevention programs, life skills programs for youth, school dropout prevention, employment, case management, and substance abuse treatment programs.

Texas Juvenile Justice Department

For juvenile justice programs, early intervention and treatment programs are funded through the Texas Juvenile Justice Department. There are other programs, such as 21st Century, Weed and Seed, and Communities in Schools that have some common ground with PEI juvenile delinquency prevention programs as they address truancy and school dropout, but these focus more on academic achievement rather than juvenile delinquency prevention. The Communities in Schools program was formerly administered through PEI and transferred to the Texas Education Agency as a result of legislation passed during the 2003 legislative session.

21st Century Program

The 21st Century program is a grant program funded through the U.S. Department of Education that provides academic-based enrichment opportunities during non-school hours for children who attend high poverty and low-performing schools. The program helps students meet state and local student standards in core academic subjects, such as reading and math, offers students a broad array of enrichment activities that complement their regular academic programs, and offers literacy and other educational services to the families of participating children. The focus is on school-aged youth and there is a greater focus on middle to high

school students because of their risk factors. The majority of the program is based on recreational type of services for youth to improve basic life skills such as social skills, decision-making skills and peer pressure-refusal skills, as well as tutoring and parenting classes.

Weed and Seed

Weed and Seed is a community-based strategy sponsored by the U.S. Department of Justice (DOJ) focused on law enforcement, crime prevention, and community revitalization. A strategy, rather than a grant program, Weed and Seed aims to prevent, control, and reduce violent crime, drug abuse, and gang activity in designated high-crime neighborhoods across the country. The strategy involves a two-pronged approach: law enforcement agencies and prosecutors cooperate in “weeding out” violent criminals and drug abusers and public agencies and community-based private organizations collaborate to “seed” much-needed human services, including prevention, intervention, treatment, and neighborhood restoration programs. A community-oriented policing component bridges the weeding and seeding elements.

Communities in Schools

Communities in Schools helps students stay in school and make right choices by connecting schools with needed community resources. By bringing resources, services, parents, and volunteers into schools, the program creates a community of caring adults who work hand-in-hand with educators. Plans are made to meet student needs, using existing resources. Young people are connected with services in a variety of ways. Services are made available to all students and their families in some schools, while in other schools CIS connects services with particular students in need, either on a one-time basis or as part of a carefully monitored case management system. CIS also brings community resources to students and families through after-school programs

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| <p>I. Discuss how the program or function is coordinating its activities to avoid duplication or conflict with the other programs listed in Question H and with the agency’s customers. If applicable, briefly discuss any memorandums of understanding (MOUs), interagency agreements, or interagency contracts.</p> |
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At the local level, PEI works to ensure that duplication or conflict is avoided by requiring all potential service providers to address this issue in their proposal as part of the procurement process. They are asked to specify how they will ensure that services do not duplicate those already provided in the community through other funding sources, as well as how they would enhance, compliment, or fill gaps in other services. In addition, PEI providers are required to address ongoing collaboration with local social service providers to provide effective referrals for clients served through the PEI contract to other service providers as appropriate. PEI providers are also required to register their services with the 2-1-1 referral system and to keep this information updated to better support access to services and appropriate referrals.

At the state level, PEI led the Interagency Coordinating Council for Building Healthy Families. This Council is charged with ensuring services and programs for preventing child abuse and neglect and building healthy families are coordinated at the state level and complement one another to ensure families get the support they need. Eleven agencies have participated, including all HHS agencies. While the Council itself expired at the close of FY 2009, the effort continued through a memorandum of understanding between the agencies. To further prevention duplication and promote collaboration PEI staff participates in several interagency workgroups and initiatives.

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

PEI contracts with many units of government, such as cities, counties, and independent school districts to provide prevention and early intervention services in their local communities. At the federal level, PEI staff has participated on several committees and workgroups for the Community Based Child Abuse Prevention (CBCAP) Program, one of PEI’s funding sources.

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

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

The PEI program delivers prevention and early intervention services through contracts. In FY 2012, total expenditures were \$27,862,496.26. The number of contracts accounting for expenditures was 62. The top five contracts by dollar amount are as follows in the chart below.

Top Five Contracts by Dollar Amount – Fiscal Year 2012					
Program	HHSAS Legal Contractor Name	Subject	Contract Begin Date	Contract End Date	Total Contract Value* (as of 6/17/2013)
PEI	Big Brothers Big Sisters of North Texas	DFPS Statewide Youth Services Network (SYSN)	6/1/2008	8/31/2012	\$7,433,685.00
PEI	Texas Alliance of Boys and Girls	DFPS Statewide Youth Services Network (SYSN)	6/1/2008	8/31/2012	\$7,036,692.00
PEI	Connections Individual &	DFPS Services to At-Risk Youth	9/1/2008	8/31/2012	\$5,678,565.02

Top Five Contracts by Dollar Amount – Fiscal Year 2012					
Program	HHSAS Legal Contractor Name	Subject	Contract Begin Date	Contract End Date	Total Contract Value* (as of 6/17/2013)
	Family Svcs Inc				
PEI	North Texas Youth Connection	DFPS Services to At-Risk Youth	9/1/2008	8/31/2012	\$4,976,806.68
PEI	High Sky Children's Ranch	DFPS Services to At-Risk Youth	9/1/2008	8/31/2012	\$4,176,900.43

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

There is a system in place to ensure the accountability of contracted service providers in terms of both funding and performance. The system includes a competitive procurement process, risk assessment, and ongoing, formal on-site monitoring of fiscal, administrative and programmatic operations and day-to-day contract management.

In addition, program service data is collected through the Prevention and Early Intervention Services database (PEIS), a web-based system that contractors are given access to in order to submit information on client registrations and monthly services. Data reports allow both the individual contractors and PEI staff to monitor performance on an ongoing basis.

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

PEI does not award grants.

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

Statutory changes related to data sharing between agencies to support assessment of client outcomes would assist the division in more thoroughly determining the impact of prevention services on the children, youth, and families that are served. PEI receives an annual data report from the Texas Juvenile Justice Department with client outcomes for the STAR and CYD program. The report indicates the number of participants of the programs referred to juvenile probation. A report indicating the number of participants in all PEI programs referred to juvenile probation would assist the division in evaluating the long term effect of child abuse prevention services to juvenile delinquency outcomes.

In addition, sharing of client level data from the Texas Education Agency and Department of State Health Services would help assess prevention outcomes. Data matching PEI clients served

by these entities would give insight on outcomes across areas closely related to child abuse prevention such as substance abuse, mental health and domestic violence.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

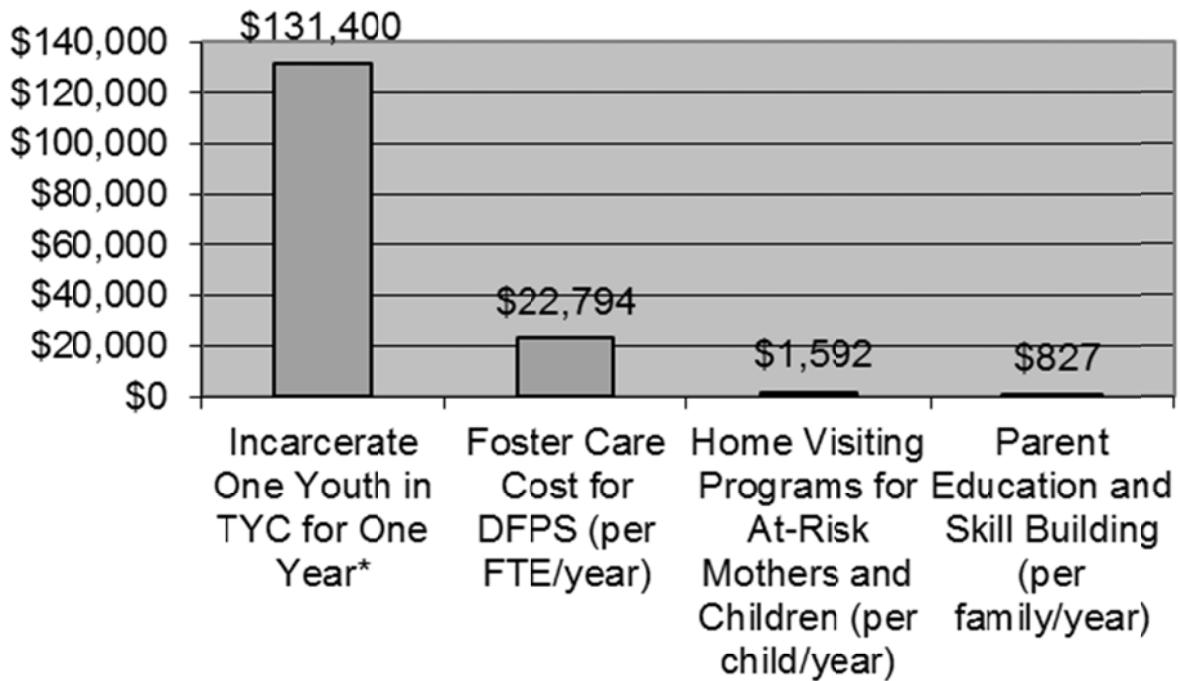
Investment in well-planned and effectively implemented prevention efforts is cost efficient, and PEI works to ensure that the prevention funds authorized by the Legislature are well spent.

The costs of child abuse and neglect are high and increasing. According to an assessment conducted by the University of Houston, child maltreatment cost Texas more than \$6.3 billion in 2007. Direct costs associated with child welfare system costs, mental health care, hospitalization, law enforcement, and judiciary costs totaled \$1.1 billion. The remaining \$5.2 billion included indirect costs related to special education, juvenile delinquency and juvenile probation, mental and physical health care, substance abuse, adult criminal system and lost productivity.

Prevention programs can be cost-effective. If Texas prevented or even reduced the incidence of child maltreatment, this would result in better short and long-term outcomes for children and families and would produce significant cost savings to the state. For example, for FY 2013, home-visiting programs for an at-risk mother and child have an average annual cost of approximately \$1,592.00. In addition, the average annual costs of parent education and skill-building programs are approximately \$830 per family.

In contrast, the costs to provide remedial care are much higher as illustrated by the chart on the following page. For example, in Texas the average annual cost of foster care per full time equivalent (FTE) in FY 2012 was \$22,794, while the cost to incarcerate a youth for one year in the former Texas Youth Commission (TYC) was approximately \$131, 400.

How much will Texas pay?



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

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

PEI is not a regulatory program.

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

Not applicable.

VII. GUIDE TO AGENCY PROGRAMS – CONTINUED

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

Name of Program or Function	Adult Protective Services In-Home Investigations and Services Facility Investigations
Location/Division	701 West 51 st Street, Austin, Texas/ Adult Protective Services
Contact Name	Beth Engelking, Assistant Commissioner Adult Protective Services
Actual Expenditures, FY 2012	In-Home – \$52,344,306 Facility – \$10,010,572
Number of Actual FTEs as of June 1, 2013	In-Home – 795.5 Facility – 185.5
Statutory Citation for Program	Chapters 40 and 48, Human Resources Code; Subchapter E, Chapter 261, Family Code

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

Adult Protective Services (APS) consists of two program areas: In-Home Investigations and Services (In-Home), and Facility Investigations. Statute requires that anyone who believes that a person age 65 or older or adult with a disability is being abused, neglected, or financially exploited to report it.

In-Home

The APS In-Home program protects adults in the community, as opposed to a facility setting, who are 65 and older or who have disabilities. APS does this by investigating reports of abuse, neglect, and financial exploitation and providing or arranging for services to alleviate or prevent further maltreatment. APS works with vulnerable adults who reside in their own homes or in unregulated “room-and-board” homes. APS also investigates allegations of financial exploitation of vulnerable adults living in nursing homes who may be financially exploited by someone outside the facility.

The APS In-Home program performs the following major activities.

- Investigates reports of abuse, neglect, and financial exploitation.

- Refers reports to other state agencies when DFPS is not the appropriate investigating agency.
- Provides or arranges for services to prevent or alleviate abuse, neglect, and financial exploitation.
- Assesses factors that may indicate an adult's lack of capacity to consent to services and pursue a medical evaluation if indicated.
- Refers adult victims to the Texas Department of Aging and Disability Services (DADS) for guardianship services when they appear to lack the capacity to consent to services and when guardianship is the least restrictive alternative to ensure their safety and well-being.
- Uses the least restrictive alternative when providing protective services.
- Seeks court orders (when necessary) to gain access to individuals, prevent interference with voluntary protective services, provide emergency protective services, and to access records or documents.
- Initiates emergency protective services (e.g., removal) after hours and on holidays without a court order when necessary.
- Notifies law enforcement if APS suspects the client is the victim of a crime, or if an APS client is removed from their home under a court order and the client's home is left unattended.
- Makes referrals to the Employee Misconduct Registry of certain validated perpetrators.
- Enhances and develops community resources in an effort to increase awareness of abuse, neglect, and financial exploitation and to address increasing needs of APS clients.
- Conducts a community satisfaction survey to solicit information regarding the Department's performance in providing protective services for adults.

APS also organizes a public awareness campaign (www.EveryonesBusiness.org) to address important issues in protecting persons age 65 or older and people with disabilities in Texas. The program targets law enforcement, judiciary partners, and service providers to increase their knowledge of APS programs and the needs of vulnerable adults.

Facility Investigations

The APS Facility Investigations program investigates allegations of abuse, neglect, and financial exploitation of persons receiving services in state operated or contracted programs that serve adults and children with mental illness or intellectual disabilities.

APS' role in protecting facility clients from abuse, neglect, and financial exploitation is to:

- notify the provider of the allegations and conduct an unbiased investigation of reported allegations; and

- notify the provider of the objective findings of the investigation so the provider can take appropriate action to protect clients.

APS does not:

- proactively investigate or regulate providers; or
- have operational authority over the providers.

Major activities performed by the Facility Investigations program include:

- Investigating reports of abuse, neglect, and financial exploitation allegations in appropriate facility settings;
- Initiating investigations by notifying the facility or provider agency within one hour of receiving the report; and
- Referring reports to other state agencies when APS is not the appropriate investigating agency (e.g., the allegation does not meet the definition of abuse, neglect or financial exploitation).
- Notifying local law enforcement when an investigation indicates that a crime may have been committed.
- Notifying the HHS Office of Inspector General (OIG) if the investigation indicates a client in a State Hospital or State Supported Living Center has been abused, neglected, or exploited in a manner that may constitute a criminal offense.
- Completes an investigative report with findings for the facility or provider and, if appropriate, law enforcement, the OIG, and DADS.
- Makes referrals to the Employee Misconduct Registry of certain confirmed perpetrators.

Investigations are conducted in the following settings:

- State Supported Living Centers;
- State Hospitals;
- Rio Grande State Center that provides mental health and intellectual and developmental disability services;
- privately operated intermediate care facilities for individuals with intellectual disabilities (ICF/IID);
- community centers that contract with DADS and DSHS to provide mental health and intellectual and developmental disability services; and
- facility and community center contractors, including Home and Community-based Services (HCS) and Texas Home Living waiver programs.

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

In FY 2012, the APS In-Home average daily caseload was 29.6, with 540 caseworkers completing 87,487 investigations, validating abuse, neglect, or financial exploitation in 59,595 cases, and providing services in 46,083 cases. In Facility Investigations, 121 caseworkers completed 10,803 investigations and confirmed 1,259 cases of abuse, neglect, or financial exploitation.

Monthly Reports

In addition to the required LBB performance measures, executive management receives and reviews a monthly high-level report that provides information for both In-Home and Facility Investigations, including the following measures.

Additional APS Performance Measures	
Program Area	Measure
In-Home	Average number of In-Home intakes assigned for investigation per month
In-Home	Average daily caseload of APS caseworkers
In-Home	Monthly average number of completed In-Home investigations
In-Home	Percentage of In-Home initial face-to-face contacts completed on time
In-Home	Percentage of investigation standards met during Quality Assurance Case Analysis
In-Home	Percentage of client outcome standards met during Quality Assurance Case Analysis
In-Home	Average number of days that investigation stages remain open
In-Home	Percentage of investigation stages progressed to service delivery
In-Home	Average number of days that service stages remain open
In-Home	Percentage of investigation and service delivery contacts that are documented timely (case initiation, initial face-to-face, and monthly status contacts)
In-Home	Monthly average number of filled APS In-Home caseworker FTEs
Facility	Average number of facility intakes assigned per month
Facility	Average daily caseloads
Facility	Percentage of initial face-to-face contacts completed timely
Facility	Monthly average number of completed investigations
Facility	Percentage of facility investigations completed timely (excludes investigations having extensions)
Facility	Percentage of state supported living center investigations completed within 10 Days (not including extension requests)
Facility	Percentage of contacts documented timely

Additional APS Performance Measures	
Program Area	Measure
Facility	Monthly average number of filled APS facility caseworker FTEs
In-Home and Facility	APS caseworker vacancies (In-Home and Facility)
In-Home and Facility	APS worker annualized turnover rate

Case Reading and Quality Analysis

APS assesses casework quality through case reading and ad hoc quality analysis. Through this process, APS quality assurance analysts select a sampling of cases to review whether caseworkers followed DFPS policy and verify appropriate case outcomes. A comprehensive reporting system and database provides management with timely performance updates on casework quality and enables the central office to review quality of work statewide.

Regional Reviews

In addition, APS conducts two regional reviews each year in coordination with the DFPS Center for Policy, Innovation, and Program Coordination, focusing on program effectiveness and efficiency.

Community Satisfaction Survey

DFPS conducts a community satisfaction survey every two years for feedback on APS’s performance. In 2011, DFPS sent the survey to 2,477 APS stakeholders, including 400 judiciary members, 552 law enforcement agents, 1,282 community organizations, and 243 APS community board members. The Community Satisfaction Survey Results Reports are available for review on-line at:

http://www.dfps.state.tx.us/Adult_Protection/About_Adult_Protective_Services/survey.asp

Source: 2011 Community Satisfaction Survey Results Report

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

The APS program began in Texas in the mid-1970s when amendments to the Title XX (Social Services Block Grants) portion of the Social Security Act required that states using these funds assure protection of children, persons age 65 or older, and adults with disabilities from abuse and neglect, and financial exploitation. In 1981, the Legislature passed Human Resources Code, Chapter 48 (HRC 48), establishing the state’s authority and responsibility for protecting vulnerable adults age 65 and older from maltreatment. Lawmakers amended Chapter 48 in 1983 to extend protection to younger adults (age 18 to 64) who have disabilities.

The APS program has experienced many changes to its mandate since 1983. Below is a description of some of the recent changes that affect the way the program operates.

Business Plan

APS started a formal annual business plan process with the goal of continuing to improve services to the APS client population. Recent business plan projects include:

- quality assurance and performance management changes;
- evaluation of and adjustments to supervisor consults;
- evaluation of and changes to the APS training model; and
- development of new assessment tools for the In-Home program.

In-Home

“As You Go” Documentation

In recent years APS has made other efforts to enhance its effectiveness and efficiency, such as the “As You Go” Initiative. The “As You Go” Initiative grew out of recommendations from APS’ Case Management Efficiency Workgroup in FY 2008. The goal was to improve the management of APS documentation, including more efficient and effective use of mobile technology, and to provide tools for supervisors to support and encourage more efficient methods. DFPS developed and launched a training program to teach workers how to maximize the potential of tablet PCs and more efficiently manage workloads. DFPS trained caseworkers to document their cases on their tablet PCs in “real time”, which improves the timeliness of documentation and the quality of the information gathered. It also allows workers to spend more time working directly with clients. The standard for timely documentation, formerly 14 days, was changed to one day. In FY 2012, 88.6 percent of In-Home case documentation was being completed within one day, and 91.1 percent of facility investigations documentation was completed within one day.

Defining Abuse, Neglect, and Financial Exploitation

In 2011, the 82nd Legislature passed S.B. 221. It gave the HHSC Executive Commissioner authority to define abuse, neglect, and financial exploitation for the In-Home program in rule rather than law. APS asked for this authority for two reasons. First, APS wanted to target In-Home services to the people who needed them the most and reduce duplication with other community service providers (such as first responders). Second, APS wanted to hold paid caretakers to a higher standard of duty than unpaid caretakers. APS developed the rule changes with stakeholder input and HHSC adopted them on September 1, 2012. APS worked with community partners to carefully put the changes into effect and has carefully assessed and monitored the affect.

Facility

The 81st and 83rd Legislatures passed several bills that directly affected the APS Facility Investigations program.

SSLC Investigations – S.B. 643 (81st Legislature) – This bill focused primarily on the programs overseen by the Department of Aging and Disability Services (DADS) for persons with intellectual disabilities. A significant portion of the bill dealt with abuse, neglect, and financial

exploitation investigations in state-supported living centers (SSLCs) and the Rio Grande State Center. The bill established an independent ombudsman for SSLCs. It formalized the role of the HHS Office of Inspector General (OIG) in abuse, neglect, and financial exploitation investigations that rise to the criminal level and it transferred the responsibility for investigations in privately operated ICF/IID to DFPS beginning in June 2010. It required an interagency memorandum of understanding among the Health and Human Services Commissioner, DFPS, DADS, HHS OIG, Office of Independent Ombudsman, and the Department of State Health Services (DSHS) regarding abuse, neglect, and financial exploitation investigations. It also required a combined database of DADS regulatory data and APS investigation data for SSLCs, privately operated ICF/IID, ICF/IID operated through community MH/MR centers, and HCS settings (that are not adult foster care programs), which would be maintained by DADS.

DOJ Settlement – S.C.R. 77 (81st Legislature) – This resolution formalized the settlement between the State of Texas and the U.S. Department of Justice regarding the protection of residents of SSLCs from abuse, neglect, and financial exploitation. The agreement specified three major changes to APS facility investigations:

- 10-Day SSLC investigations – All SSLC investigations were required to be completed within 10 days, rather than the previous 14- and 21-day timeframes. APS successfully began 10-day investigations in June 2010.
- Supervisor review of all facility investigations – Supervisors were required to review and approve all facility investigations in SSLCs and Rio Grande State Center before closing cases. APS implemented this in **all** facility investigations in June 2010.
- Prior History Review – APS was required to review the past case history of the alleged victim and alleged perpetrator in an APS investigation. APS began reviewing and recording past case history in the case files in June 2010.

Employee Misconduct Registry Changes – S.B. 806 (81st Legislature) – This bill made State employees working in SSLCs, state centers, state hospitals, and community centers who are confirmed as perpetrators of serious abuse, neglect, or financial exploitation subject to listing in the Employee Misconduct Registry (EMR). This would bar them from direct care employment for life. APS investigators, effective September 2010, began referring designated perpetrators to the registry as they were already doing in home and community-based services cases. DFPS Legal Services works together with HHSC to process the EMR appeal cases in conjunction with the current state employee grievance hearing process.

APS continues to work with DADS and DSHS to improve the quality of investigations. APS is committed to continuing and expanding its efforts to improve the quality of facility investigations.

While APS received resources to implement the legislatively mandated changes, APS continues to examine and monitor workload to determine whether the resources are sufficient to

successfully implement the changes. APS is concerned that the cumulative effect of the changes fundamentally altered program dynamics in a way that has only become clear over time. Discussions with APS field staff, key stakeholders, and internal reviews and appeals provide anecdotal information that the program is struggling to find a balance between timeliness and quality. The DOJ requirements, particularly 10-day investigations, combined with the addition of processes (like review of video evidence) and increased numbers of cases involving EMR referrals (which are usually more involved investigations) and increased investigations in community settings, have created workload stress for APS Facility employees. The program continues to be concerned that investigators may shortcut some investigations. APS is working with DFPS Office of Finance to conduct a time management study of activities in the program to see if better indicators of workload can be developed.

State Hospitals Investigations – S.B. 152 (83rd Legislature) – This bill was filed as a result of the findings in an HHSC Interagency Facility Workgroup. It expands protections for patients at state hospitals by increasing oversight, improving employee training (including specialized training), and strengthening abuse, neglect, and financial exploitation reporting requirements. It authorizes the Office of Inspector General (OIG) to investigate criminal offenses. It also permits federal background checks based on risk assessments, and requires professional boards to report suspected allegations of abuse, neglect, and financial exploitation.

Facility Investigations are managed through the regional DFPS structure. This structure creates accountability at the local level, but creates challenges for ensuring consistency in investigations. To address these challenges, APS:

- created a Program Improvement Committee consisting of staff from all levels of the Facility program and from all regions;
- instituted quarterly Facility supervisor meetings;
- worked on additional ways to enhance communication about casework decisions and to provide consultation on complex cases; and
- initiated revision of quality assurance standards to focus more on quality of investigations.

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

In-Home

APS In-Home program clients are adults age 65 and older or who have a disability and reside in the community. The population base served by APS is growing significantly. Based on the Texas State Data Center's estimates for 2012, Texans who are aged 65 or older or who are adults with a disability made up about 17.2 percent of the state's population. In 2012, there were more than 2.8 million Texans 65 years of age or older and nearly 1.7 million Texans with a

disability between 18 and 64 years old. Many of these individuals live alone and depend on others for care.

Chapter 48 of the Texas Human Resources Code authorizes APS to investigate reports of abuse, neglect, and financial exploitation of persons age 65 and older, and adults with disabilities. Validated victims of abuse, neglect, or financial exploitation are eligible for services to alleviate the maltreatment.

In 2012, APS completed 87,487 In-Home investigations. Of those, APS validated 59,595 cases of abuse, neglect, or financial exploitation. 49.8 percent of these validated victims were adults with disabilities and 50.2 percent were adults age 65 or older. For all cases, 60.5 percent were women and 39.4 percent were men and ethnic groups were represented as follows:

- 51.0 percent Anglo,
- 22.9 percent African American,
- 22.7 percent Hispanic,
- 0.2 percent Native American,
- 0.6 percent Asian, and
- 2.6 percent were listed as Other

Facility

Chapter 48 of the Texas Human Resources Code and Chapter 261 of the Texas Family Code authorizes APS to investigate reports of abuse, neglect, and financial exploitation of persons age 65 and older, adults with disabilities, and persons receiving mental health or intellectual disabilities services from a State Supported Living Center, State Hospital, community center, state center, or Home and Community-based Services and Texas Home Living waiver programs.

In FY 2012, APS completed 10,803 Facility Investigations: 2,693 were in state hospitals, 3,724 in state supported living centers, 179 in Rio Grande state center, 1,048 in privately operated ICF/IID, 2,623 in Home and Community-based Services and Texas Home Living waiver programs, and 536 in community centers.

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

APS is administered through two major functional areas: Field Operations and Performance and Policy Development, a central office support program for both APS In-home and Facility Investigation cases.

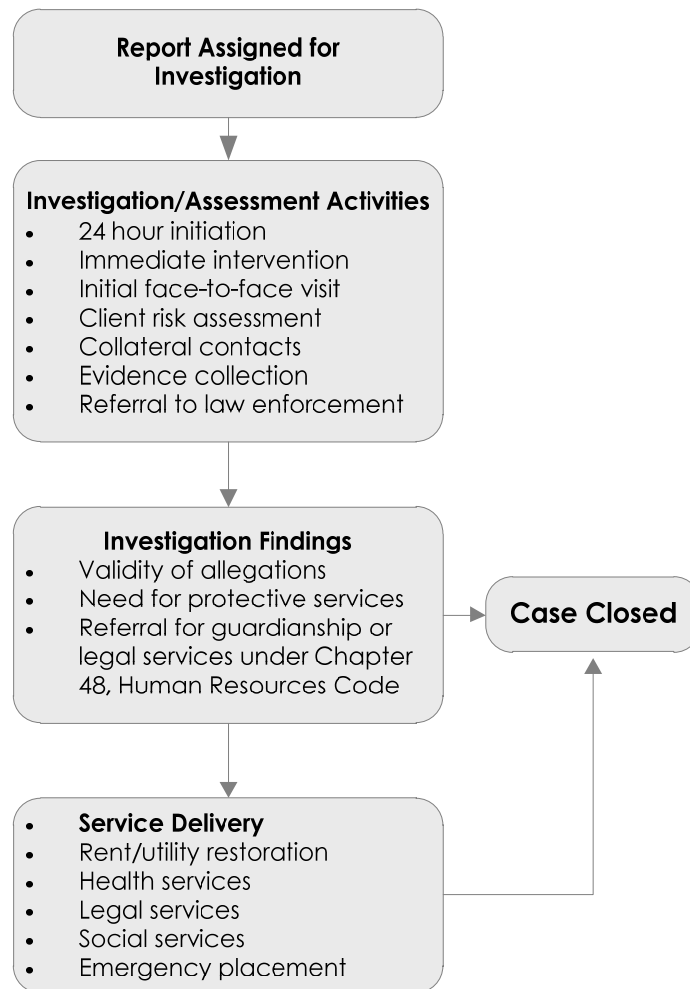
APS Field Operations

APS is administered in eleven regions through nine regional offices. Nine regional directors and 18 program administrators supervise field staff. The regional program administrators manage supervisors.

In-Home

The APS In-Home program protects the unprotected through a statewide investigation and service delivery system. The division employed more than 540 caseworkers and 85 supervisors in FY 2012. Caseworkers investigate reports of abuse, neglect, or financial exploitation and coordinate support services within the community to alleviate or prevent further maltreatment. APS may provide or arrange for emergency services to alleviate abuse, neglect, and financial exploitation. This includes short-term assistance with shelter, food, medication, health services, heavy cleaning, financial assistance for rent and to restore utilities, transportation, and minor home repair. APS also refers clients to other social or community services, and APS refers cases that may require guardianship services to the Texas Department of Aging and Disability Services or local guardianship programs (Houston/Galveston). Individuals with the capacity to do so may refuse APS services but they may not refuse an investigation.

The flowchart shown on the next page is a high-level In-Home case diagram, which is a useful reference but does not show all details of the flow of an In-Home case.



APS In-Home program supervisors consult with caseworkers at specific points during the investigation and delivery of services. Supervisors review and approve all cases before closure.

APS has specialized staff in each region that have expertise in financial exploitation and self-neglect cases. These experts provide a critical resource for staff in gathering key evidence that may lead to legal action and in addressing complex medical and social factors to ensure the safety of clients. Staff specializing in community engagement increase community partnerships and collaborations with service providers, law enforcement agencies, the judicial community, civic organizations, and volunteers. These staff members interact with the community on a daily basis and foster an environment of positive relationships between the community and all APS staff.

Facility

The APS Facility Investigations program included more than 121 caseworkers and 22 supervisors in FY 2012. Facility Investigations staff in the regions investigate abuse, neglect, and financial exploitation of clients receiving services in state operated or contracted settings and programs that serve adults and children with mental illness or intellectual disabilities.

The following flowchart is a high-level Facility investigation diagram, which is a useful reference but does not show all details of the flow of a Facility investigation.



APS Facility Investigations supervisors direct investigative teams, mentor investigators, and approve all investigations before they are closed. Each region has subject matter experts in evidence-driven investigation, and in the investigation of risk and exploitation. While these staff primarily focus on In-Home investigations, they are available to assist with complex Facility investigations.

APS State Office

Headquarters provides professional expertise, program support, policy and performance management, strategic planning, and management of field operations. The State Office supports field services through these main divisions: Performance and Policy Development Division, the Field Operations Division, and the Program Support unit.

The Performance and Policy Development Division is responsible for:

- developing, interpreting, and maintaining policy handbooks for In-Home and Facility investigations;
- conducting policy training and staff development activities;
- providing case reading and quality assurance analysis;
- conducting reviews and appeals of Facility cases; and
- providing case consultation to field staff on policy issues.

Field Operations:

- provides overall statewide management of regional activities;
- coordinates regional strategic planning efforts;
- facilitates communication with nine regional offices;
- assists with the purchase of direct services for APS clients;
- manages and coordinates grants to the Department; and
- coordinates community-engagement activities.

The Program Support unit:

- provides support in legislative efforts and response to external requests;
- manages projects and conducts research activities;
- coordinates professional development and training opportunities for the program;
- provides support in reports and data analysis based on the client case-management system; and
- leads development of APS content in agency publications.

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

Please see Appendix A. Alternate Exhibit Provided For Section VII. Item G.

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

The APS program conducts investigations of abuse, neglect, and exploitation for defined target populations, described below, in the In-Home and Facility Investigations programs. APS may also provide or arrange services in In-home cases.

Facility Investigations

The APS Facility Investigations program investigates reports of abuse, neglect, and financial exploitation of clients receiving services in state operated and/or contracted programs that serve adults and children with mental illness or intellectual disabilities. Although other programs provide investigations, there are no other programs at the state or local level that provide the same function as APS.

The APS Facility Investigations program reports allegations of abuse, neglect, and financial exploitation that may constitute a criminal offense to local law enforcement. APS also notifies and coordinates investigations in State Supported Living Centers (operated by DADS) with the Health and Human Services Office of Inspector General (OIG) when abuse, neglect, and financial exploitation allegations are possibly criminal in nature. APS works in tandem with local law enforcement and the OIG.

The Office of the Attorney General (OAG) protects senior Texans and other health-care service consumers from abuse, neglect, and financial exploitation by pursuing civil actions against long-term care facilities and investigating incidents for criminal prosecution. The Attorney General’s Consumer Protection and Public Health Division takes civil legal action to ensure quality treatment in nursing homes, assisted living facilities, and home health agencies.

The federal ICF/IID program requires investigation of all “serious incidents.” Serious incidents can include abuse, neglect, and financial exploitation. The provider investigates incidents not investigated by APS. ICF/IID providers (both state and privately operated) use the results of the APS investigation to meet federal requirements as well as any additional internal investigation or review of the incident investigated by APS. DADS regulatory staff oversees compliance with the federal requirements.

In-Home Investigations

The APS In-Home program performs two major functions: investigating allegations of abuse and providing or arranging for services. Other state agencies or programs also investigate allegations, although not for the same population.

DADS has the responsibility to investigate activities in assisted living, adult foster care facilities with four or more residents, and nursing homes. When APS discovers boarding homes

providing services that appear to meet the definition of an assisted living facility, APS makes a referral to DADS regulatory for investigation of the licensure status. APS In-Home investigates allegations of financial exploitation involving vulnerable adults living in nursing homes who may be financially exploited by someone outside the facility who has an ongoing relationship with the client.

In-Home Service Delivery

The service delivery function performed by APS In-Home caseworkers often involves clients of area agencies on aging, local MHMR authorities, domestic violence programs, and other community organizations. These programs, however, are not providing protective services. As described in the following section, APS refers clients to or coordinates with these organizations to connect or reconnect them to address the root cause of abuse, neglect, or exploitation, while providing service necessary for their immediate health, safety, and protection. APS communicates and coordinates with these organizations to avoid duplication or conflict whenever possible.

Senate Bill 6 (79th Legislature) transferred the Guardianship program from DFPS to DADS. APS refers victims of abuse, neglect, or exploitation to DADS for guardianship services when the client appears to lack the capacity to consent to services, there is no other potential guardian available, and guardianship is the least restrictive alternative that will ensure the client's safety and well-being. Guardianship is a legal decision that establishes a relationship between a person who can no longer make effective decisions for themselves (ward) and a person or entity named by the court (guardian) to assist the ward by making decisions for the ward.

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

DFPS has established several memorandum of understanding to avoid duplication and conflict with programs conducting similar investigations or providing similar service, and coordinates services in the best interests of clients.

Facility Investigations

To reduce duplication, APS maintains MOUs with HHSC OIG, DADS, DSHS, and the Office of Independent Ombudsman to define roles and responsibilities in facilities operated by DADS and DSHS. To reduce duplication, APS has MOUs with DADS and the OAG, clarifying roles and responsibilities in investigations involving Medicaid fraud, waste and abuse investigations.

For potentially overlapping abuse, neglect, or exploitation and serious incident investigations in State Supported Living Centers and privately operated ICF/IIDs, in general, incident management staff let APS staff take the lead on serious incidents involving ANE and then usually rely on the APS investigation to comply with federal requirements. If the facility

disagrees with the APS abuse, neglect, or exploitation finding, it may investigate the abuse, neglect, or exploitation aspect of the incident further. It will also investigate the non-abuse, neglect, or exploitation aspects of the incident.

APS coordinates a meeting every quarter with staff from DADS, DSHS, and Disability Rights Texas to discuss policy and operational issues in the Facility Investigations program. Disability Rights Texas is the federally designated legal protection and advocacy agency for people with disabilities in Texas. APS communicates on an as needed basis with staff from both agencies to address issues. APS works closely with DADS and DSHS on communication and training issues for contracted providers.

In-home Service Delivery

To avoid duplication and conflicts, APS community engagement staff work closely with a variety of other service organizations and agencies such as local MHMR authorities, domestic violence shelters, hospital social work and discharge planning departments, and area agencies on aging to build sound working relationships, clarify mutual roles and responsibilities, and address conflicts. At the state level APS participates with CPS, HHSC, and the Texas Council on Family Violence on an interagency steering committee to address concerns related to domestic violence against CPS and APS clients. DFPS maintains and periodically renews MOUs with domestic violence shelters. APS staff members participate at the state and local level in numerous regional or local groups when current or potential APS clients have needs that require coordination across multiple organizations. Examples include APS Special Task Units, HHSC Community Resource Coordinating Groups for Adults, the HHSC *Colonias* Initiative, and Money Follows the Persons meetings, among others.

The organization that most closely mirrors the APS service delivery function is area agencies on aging. APS and area agencies make referrals to each other based on ability to meet client needs in a specific case and, on occasion, will work together to develop and deliver a service plan for a client.

DFPS and DADS have a MOU outlining the coordination of policies and procedures, clarifying operational issues, and the formation of a joint workgroup to continue discussing policy and procedural concerns affecting the referral of clients, assessment processes, and the delivery of guardianship services. Representatives from both agencies served on a joint committee set up to ensure services were coordinated to effectively serve and protect clients. The MOU establishes a joint staffing and appeal process for cases in which DFPS makes a referral for guardianship but DADS does not agree a guardianship is needed.

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

The APS program does not have a federal partner. As part of healthcare reform, Congress passed the Elder Justice Act but has yet to appropriate funds for implementation. Until the

Elder Justice Act is implemented, there is no direct federal involvement in the APS program. APS staff members have proactively worked with the federal Government Accountability Office on the planning for implementation of the Elder Justice Act.

The APS program works with regional quasi units of government to coordinate services for clients with multiple needs as described in Question I. Regional governments include local MHMR authorities and the Councils of Governments that are home to area agencies on aging.

The APS program coordinates services with many parts of local governments for services for clients, ranging from housing authorities to health and human services departments. APS may make referrals to various regulatory functions of local governments if it discovers code violations during the course of an investigation. APS works closely with many local law enforcement jurisdictions, coordinating investigations as appropriate. Finally, APS works with local probate and other courts when seeking an emergency order for protective services or other necessary legal action to protect clients.

Chapter 48 of the Texas Human Resources Code instructs APS to conduct a community satisfaction survey of members of the judiciary, law enforcement agencies, community resource groups, and APS community boards to solicit feedback on APS performance in their communities.

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

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

In-Home

In coordination with the DFPS Contract Oversight and Support (COS) and the Procurement Divisions, APS identified 22 core services. Some of the services procured to date include: money management/representative payee, mental and medical health assessments, heavy cleaning, mental health services (counseling), claims processing, and ongoing services support. Another service procured is nursing facility care in which APS utilizes provider enrollment to contract with licensed nursing homes that take Medicaid patients.

APS services are client-specific and varied. Due to the very targeted nature of the APS purchased services, it is often difficult to procure and contract for services, and this problem results in a need to use procurement cards or claims processing for multiple small purchases within a region. APS continues to make efforts to procure and contract for services where feasible.

In FY 2012, APS had 350 client-services contracts that expended \$2,684,578.03. The table below contains information about the top five contracts by dollar amount, including contractor and purpose.

Highest Value APS Client Services Contracts – Fiscal Year 2012				
Legal Contractor Name	Purpose	Contract Begin Date	Contract End Date	Total Contract Value* (as of 6/17/2013)
Texas Visiting Nurse Service Inc.	Personal Assistance Care (APS) – Regular, non-skilled, non-technical service provided in a client’s home by a licensed home and community support services agency. Tasks performed for the client may involve basic tasks, which include personal care, housekeeping, meal preparation, and other activities of daily living; high-risk clients may also need assistance with transferring into or out of bed, chair, or toilet, eating, getting to or using the toilet, taking self-administered medication, preparing a meal, etc. Additionally, if the caseworker determines that there is a high likelihood that the client’s health, safety, or well-being would be jeopardized if the services were not provided on a single given shift, and if no one else can be identified by the caseworker as being capable or willing to provide the needed assistance, services for high-risk clients may be required outside normal work hours.	9/1/2010	8/31/2014	\$244,503.46
U.T. Health	Medical and Mental Health	9/1/2009	8/31/2014	\$198,000.00

Highest Value APS Client Services Contracts – Fiscal Year 2012				
Legal Contractor Name	Purpose	Contract Begin Date	Contract End Date	Total Contract Value* (as of 6/17/2013)
Science Center at S.A.	Assessments – Contracted home or office visits by a physician, psychiatrist, registered nurse, or other health professional to evaluate a client’s capacity to consent, mental health condition, and need for treatment. May also include home and/or office visits by a psychologist to evaluate the client’s mental status and competency. The service must include provision of a written assessment, consultation to the caseworker, and court testimony.			
Bio-Klenz LLC	Heavy Cleaning (APS) – Restoration of a safe living environment by clearing trash, debris, accumulated grime, insects, rodents, animal feces, and dead animals from inside or outside a client’s home. Does not include normal housekeeping or home maintenance services.	5/5/2012	8/31/2013	\$190,000.00
Ignacio Valdez	Medical and Mental Health Assessments – Contracted home or office visits by a physician, psychiatrist, registered nurse, or other health professional to evaluate a client’s capacity to consent, mental health condition, and need for treatment. May also include home and/or office visits by a psychologist to evaluate the	11/1/2008	5/31/2013	\$185,000.00

Highest Value APS Client Services Contracts – Fiscal Year 2012				
Legal Contractor Name	Purpose	Contract Begin Date	Contract End Date	Total Contract Value* (as of 6/17/2013)
	client’s mental status and competency. The service must include provision of a written assessment, consultation to the caseworker, and court testimony.			
U.T. Health Science Center at Houston	Medical and Mental Health Assessments – Contracted home or office visits by a physician, psychiatrist, registered nurse, or other health professional to evaluate a client’s capacity to consent, mental health condition, and need for treatment. May also include home and/or office visits by a psychologist to evaluate the client’s mental status and competency. The service must include provision of a written assessment, consultation to the caseworker, and court testimony.	9/1/2007	8/31/2012	\$175,697.00

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

DFPS contract staff monitors contractor performance based on risk and document monitoring activity in the Statewide Monitoring Plan. Contract monitoring may include on-site visits, desk reviews, and billing reviews. Fiscal monitoring includes a review of the contractor’s financial operations, which may include a review of internal controls for program funds in accordance with state and federal requirements, an examination of principles, laws and regulations, and a determination of whether costs are reasonable and necessary to achieve program objectives. Programmatic monitoring includes a review of a contractor’s service delivery system to determine if it is consistent with contract requirements, including the quality and effectiveness of programs.

Facility

Unlike APS In-Home, the APS Facility Investigations program area only conducts investigations, and does not provide services to clients. As a result, the Facility Investigation program does not contract out functions or services.

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

APS does not award grants.

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

Provision of APS Services Based on Client Risk of Future Harm. APS is in the process of designing new assessment tools for In-home cases. Section 48.002(5), Human Resources Code, allows APS to provide protective services to victims of abuse, neglect and exploitation and their caretakers only after a valid finding is made in an investigation. APS would like the statutory authority to provide services to these individuals based on the alleged victim's safety needs and risk of recidivism regardless of whether a finding is made in a particular investigation. For additional discussion, see Section IX – Major Issue #5.

Functions and Purpose of APS Special Task Units. Section 48.1521, Human Resources Code, requires the establishment of Special Task Units (STUs) in counties with a population of 250,000 or more to monitor the investigation of complex APS cases. The statute specifies the membership for these groups and tasks the counties with appointing STU members; however, many counties have been unable to enlist the participation of the statutorily mandated members. Moreover, since the enactment of Section 48.1521 in 2005, APS has significantly increased its use of ad hoc multidisciplinary teams to address complex cases, the membership of which are tailored to the location and issues presented in the particular case. The legislature may wish to examine the continued viability and effectiveness of the STU's and make statutory changes, as needed, to repeal these provisions, limit them to more populous counties, or allow alternative mechanisms of accomplishing the same goals.

Clarify Jurisdiction in APS Investigations. The APS Facility program was initially established to provide independent investigations of abuse, neglect, or exploitation in state facilities operated by the legacy TDMHMR. As TDMHMR's services expanded beyond the state-run facilities, the Facility program's investigative scope expanded to include providers of services in the community. However, as the community-based system of services for persons with intellectual and developmental disabilities (IDD) has evolved, the authorizing language for the APS Facility program has not. As a result, there are now providers of services to individuals with IDD – such as through the Consumer Directed Services model operated by the Department of Aging and Disability Services, among others – that are investigated by the APS In-Home program instead of the Facility program. Amendments to Chapter 48, Human Resources Code, are needed to

ensure a uniform system for investigation of abuse, neglect, and exploitation across similar settings and programs. For additional discussion, see Section II, Subsection G, Obstacles.

Up-Front Due Process for APS investigations. To better ensure the safety of vulnerable adults and to better protect the due process rights of persons found to have committed abuse, neglect, or exploitation of an adult, amendments could be made to Chapter 48, Human Resource Code, to require that perpetrators be offered a due process hearing at the time the finding is made. For additional discussion, see Section II, Subsection G, Obstacles.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

For additional program information, please visit the APS website:

http://www.dfps.state.tx.us/Adult_Protection/About_Adult_Protective_Services/

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

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

APS In-Home and Facility Investigations programs are not regulatory programs.

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

APS In-Home and Facility Investigations programs are not regulatory programs. While APS Facility investigations are not a regulatory program, they contribute to state compliance with federal regulatory requirements for ICF/IID providers. The Department of Aging and Disability Services regulates these providers.

VII. GUIDE TO AGENCY PROGRAMS – CONTINUED

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

Name of Program or Function	Child Care Licensing
Location/Division	701 West 51 st Street, Austin, Texas/ Child Care Licensing
Contact Name	Paul Morris, Interim Assistant Commissioner
Actual Expenditures, FY 2012	Day Care Licensing – \$19,240,991 Residential Child Care Licensing – \$9,642,694
Number of Actual FTEs as of June 1, 2013	Day Care FTEs – 363.3 RCCL FTEs – 173.0
Statutory Citation for Program	Chapters 40, 42, and 43 Human Resources Code

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

Child Care Licensing (CCL) program protects the health, safety, and well-being of children, ages birth through 17 years of age, who attend daycare or reside in residential childcare operations. CCL consists of two program areas: Day Care Licensing and Residential Child Care Licensing.

Major program activities include the following:

- developing minimum standards which daycare and residential childcare operations must comply with in order to promote the health, safety, and well-being of children in out-of-home care;
- inspecting daycare and residential childcare operations to ensure compliance with minimum standards;
- investigating allegations of violations of minimum standards or licensing law to assess if child-care operations are in compliance;
- investigating allegations of abuse and neglect in daycare and residential childcare operations; and
- ensuring appropriate enforcement action is taken.

To oversee out-of-home daycare and residential childcare, CCL responsibilities and activities include, but are not limited to the following activities.

- Regulating childcare through the development and monitoring of statewide rules and minimum standards to regulate daycare and residential childcare operations. Minimum standards are the base-level health and safety requirements below which no regulated operations should fall.
- Processing applications and issuing permits to operations that meet minimum standards.
- Inspecting daycare and residential childcare operations for compliance with minimum standards.
- Investigating complaints alleging violations of minimum standards and reports of abuse or neglect in daycare and residential childcare operations.
- Ensuring criminal background checks (both FBI if applicable and DPS) and DFPS abuse and neglect Central Registry checks are conducted on all owners, directors and employees of daycare and residential childcare operations prior to permit issuance and every two years thereafter. These checks are also performed on anyone 14 years old or older who will regularly be present at an operation while children are in care.
- Educating parents and other caregivers on how to choose daycare through publications, public service campaigns, and by providing the specific compliance histories of daycare and residential childcare operations through the DFPS web site: www.txchildcaresearch.org and a toll-free information line: 1-800-862-5252.
- Providing technical assistance to daycare and residential childcare operations to help them comply with minimum standards.
- Licensing childcare administrators and child placing agency administrators who manage the different types of residential childcare operations.
- Taking remedial actions against daycare and residential childcare operations as necessary.

Day Care Licensing

The Day Care Licensing (DCL) program is responsible for protecting the health, safety, and well-being of children from birth through 13 years of age who attend childcare centers and childcare homes for part of the 24-hour day. This program regulates operations that care for children on a daily basis while their parents are working, going to school, etc.

In FY 2012, approximately 5.5 million children, from birth through 13 years of age, lived in Texas. Many of these children were in the care of a daycare provider on a regular basis for a substantial part of the day. The chart below provides a description of each type of setting for which DCL has statutory oversight.

DCL is responsible for regulating 9,601 licensed childcare centers (which includes before and after-school programs and school-age programs), 1,774 licensed childcare homes, 5,837 registered childcare homes, and 6,774 listed family homes, with a combined capacity to serve more than one million Texas children. CCL also issued a combined 4,488 new licenses, registrations, and listings and conducted 35,755 inspection visits in daycare operations.

Daycare Operations and Permit Type		
Daycare Operations	Description of Operation	Type of Permit
Licensed Childcare Center	An operation providing care at a location other than the permit holder's home, for seven or more children under 14 years of age, for less than 24-hours per day, but at least two hours a day, three or more days a week. A licensed childcare center is also referred to as a daycare center.	<p>License. Applicants for a license must complete an orientation on regulation, clear background checks, and have a DCL onsite inspection prior to permit issuance.</p> <p>DCL inspects licensed operations at least annually or more often if there are reports of alleged abuse, neglect or violations of minimum standards.</p> <p>Licensed providers have specific minimum standards they must follow and increased training requirements.</p>
Licensed Childcare Home	The primary caregiver provides care in the caregiver's own residence for children from birth through 13 years. The total number of children in care varies with the ages of the children, but the total number of children in care at any given time, including the children related to the caregiver, must not exceed 12. Licensed childcare homes are known in statute as group daycare homes.	License
Before or After-School Program	An operation that provides care before, and/or after the customary school day and during school holidays, for at least two hours a day and three days a week, to children who attend pre-kindergarten through grade six.	License
School-Age Program	An operation that provides supervision	License

	and recreation, skills instruction, or skills training for at least two hours a day and three days a week to children attending pre-kindergarten through grade six. A school-age program operates before or after the customary school day and may also operate during school holidays, the summer period, or any other time when school is not in session.	
Listed Family Home	A caregiver at least 18 years old that provides care in her own home for compensation, for three or fewer children unrelated to the caregiver, birth through 13 years, for at least four hours a day, three or more days a week, and more than nine consecutive weeks. The total number of children in care, including children related to the caregiver, may not exceed 12.	<p>Listing. Listed family home providers must be at least 18 years old and pass a criminal background check.</p> <p>These providers do not have to meet minimum standards or take training.</p> <p>While DCL does not inspect listed homes, it does investigate allegations or abuse, neglect, caring for too many children, or immediate risk to a child's health or safety.</p>
Registered Childcare Home	The primary caregiver provides care in the caregiver's own residence for not more than six children from birth through 13 years, and may provide care after school hours for not more than six additional elementary school children. The total number of children in care at any given time, including the children related to the caregiver, must not exceed 12.	<p>Registration. Applicants must complete an orientation on regulation, be cleared by background checks, and have a DCL onsite inspection prior to permit issuance.</p> <p>These providers have fewer minimum standards to meet and fewer training hours required.</p>

		DCL inspects these operations every one to two years and will conduct an investigation if there are allegations of abuse, neglect, or non-compliance with minimum standards.
Employer-Based Childcare	A small employer providing care for up to 12 of the employees' children that are under 14 years of age, for less than 24 hours per day. The care is located on the employer's premises and in the same building where the parents work.	<p>Compliance Certificate. Applicants must complete an application, clear background checks, and pass an onsite inspection conducted by DCL.</p> <p>These operations do not have to comply with minimum standards and are not inspected after receiving their certificate.</p> <p>DCL will investigate allegations of abuse, neglect or violation of statute or administrative rules.</p>
Temporary Shelter Childcare	A childcare program at a temporary shelter, such as a family violence or homeless shelter, providing care for seven or more children under 14 years of age while the resident parent is away from the shelter. The childcare program operates for at least four hours a day three days a week.	Compliance Certificate

Residential Child Care Licensing

The Residential Child Care Licensing (RCCL) program is responsible for protecting the health, safety, and well-being of children birth through 17 years of age who reside in residential childcare operations. This program regulates operations responsible for the care, custody, supervision, assessment, training, education, or treatment of an unrelated child or children through 17 years of age, for 24 hours a day in a place other than the child's own home across the State of Texas.

In FY 2012, the number of Texas children ages birth through 17 years was over seven million. Some of these children lived in residential childcare operations due to being abused, neglected, or because of other family circumstances that didn't permit the child to live in his or her own home. The chart below provides a description of each type of setting for which DCL has statutory oversight.

Texas has the capacity to serve over 41,000 children needing placement in residential childcare operations regulated by RCCL. The RCCL program was responsible for regulating 237 general residential operations, 209 child placing agencies (plus 153 branch offices), and five independent foster or foster group homes. RCCL issued 41 new permits and conducted 4,736 total inspection visits.

Residential Childcare Operations and Permit type		
Residential Childcare Operations	Description of Operation	Type of Permit
General Residential Operation	An operation that provides childcare for 13 or more children up to the age of 18 years. The care may include treatment or emergency services. Residential treatment centers and emergency shelters are examples of general residential operations.	<p>License. Applicants for a license must complete an orientation on regulation, clear background checks, and have an RCCL onsite inspection prior to permit issuance.</p> <p>RCCL inspects licensed operations at least annually or more often if there are reports of alleged abuse, neglect or violations of minimum standards.</p> <p>Licensed providers have specific minimum standards they must follow and increased training requirements.</p>
Child Placing Agency	A child placing agency is a business that places or plans for the placement of a child in agency foster or agency adoptive homes that are studied, verified/approved, and monitored by the child placing agency. A child placing agency is responsible for ensuring that its agency foster and/or	License

	agency adoptive homes comply with all applicable licensing laws and minimum standards. Child placing agencies may be licensed to provide any type of services, except emergency care and therapeutic camp services. A child placing agency is the only facility type licensed to provide adoption services.	
Independent Foster and Foster Group Homes	Independent Foster Homes are independent businesses licensed by RCCL that care for children in a home-like setting. Independent foster homes may offer childcare, treatment, and/or programmatic services, except for emergency care and therapeutic camp services. They may not provide adoption services. Most independent foster homes are staffed by employees rather than foster parents that live in the home. There are two categories of foster homes: (1) foster <i>family</i> homes that may care for up to six children, and (2) foster <i>group</i> homes that may care for up to 12 children. There are very few of these operations as the vast majority of foster homes in Texas are verified and monitored by child placing agencies.	License

Licensed Administrators:

In addition to licensing entities, RCCL also licenses individuals known as licensed administrators. Licensed child placing administrators manage child placing agencies and licensed childcare administrators manage general residential operations.

Child Placing Administrators and Permit Type		
Person Licensed	Description of Person Licensed	Type of Permit
Licensed Childcare Administrator	A licensed childcare administrator is an individual who manages a general residential operation.	License. Applicants must meet higher education requirements, clear a background check, pass an exam, maintain 15

		training hours annually, and renew the license every two years.
Licensed Child Placing Agency Administrator	A licensed child placing agency administrator is an individual who manages a child placing agency.	License

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

In addition to the LBB-required performance measures, both the DCL and RCCL programs use additional measures to review performance and provide quality assurance.

Surveys

To improve the inspection process, DCL and RCCL solicit feedback from caregivers about the most recent licensing inspection at their operation. Questions relate to the professionalism, fairness, and helpfulness of the inspector. Respondents may include general comments about the inspector or inspection process. In addition, the survey provides an outlet, other than the administrative review process, for caregivers to document any non-regulatory concerns about an inspection or investigation. Results are monitored on a monthly basis and comments about specific inspectors are shared with their managers. The survey is located on the DFPS Public Website and caregivers are provided with the web address on each inspection report and may complete the survey at their convenience after each inspection. The raw data for FY 2012 shows that, for both programs, caregivers are generally satisfied with their inspector or investigator and that inspections and investigations are positive experiences.

Unique to RCCL and as required by statute, in addition to inspecting general residential operations, child placing agencies, and independent foster homes, RCCL inspects a random sample of foster homes affiliated with a child placing agency. The Human Resources Code directs RCCL to periodically conduct inspections of a random sample of child placing agency foster homes, and this gives RCCL the opportunity to assess the child placing agency’s effective oversight of its foster homes. RCCL asks foster home caregivers to fill out a survey, which is different than the survey for all operations described above, and includes such questions as whether the inspection helped improve an understanding of minimum standards, whether the inspector was professional, and whether the provider feels the inspector assessed the foster home fairly. For FY 2012, a total of 2,470 surveys were sent out. Of the 2,470 surveys sent, 586 surveys were returned and of those, 570 reported positive experiences.

Statewide Review

In November 2012, the DCL and RCCL programs expanded efforts to look at program outcomes at both a regional and statewide perspective. Each month, field staff provides specific information designed to help identify trends and patterns related to the LBB measures,

performance compliance, and quality. Examples of these reports include timely initiation and completion of investigations, average time spent by staff conducting inspections, and percent of technical assistance provided. These reports are now compiled by field staff monthly with the results sent to CCL State Office staff. CCL is currently developing a process for how results from these monthly reports can be rolled up on a regular basis to allow for an on-going, thorough assessment of statewide performance-related trends and patterns.

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

1997

With legislative approval, DCL begins “listing” family homes. The Legislature also approves using administrative penalties or fines as if an operation is deficient in meeting minimum standards or violates administrative rules or statute.

1998

DCL begins conducting criminal background and Central Registry (abuse/neglect) history checks on all licensed daycare staff and persons living in a registered childcare home. The new law requires name-based criminal background checks every two years and providers must pay for the cost of the new background checks unless otherwise exempted.

2003

DFPS revises several hundred minimum standards for daycare operations. The rules in the Texas Administrative Code (TAC) were written in plain language using a question and answer format. Relevant administrative codes are: TAC Chapter 746 *Minimum Standards for Licensed Childcare Centers* and TAC Chapter 747 *Minimum Standards for Registered Childcare Homes*.

2005

Senate Bill 6 adds the requirement for RCCL to license child placing agency administrators. Prior to this, only administrators of general residential operations were required to be licensed.

2006

Congress enacts the Adam Walsh Child Protection and Safety Act of 2006, prohibiting child placing agencies from placing a child in DFPS conservatorship in a foster or adoptive home until the foster or adoptive parents and all adult (18 years old and older) residents of the home complete a Federal Bureau of Investigations (FBI) fingerprint check.

2007

Senate Bill 758 strengthens RCCL oversight of residential childcare operations through more thorough, objective, and specialized monitoring and investigations.

RCCL completes the first major evaluation and revisions of minimum standards for residential childcare in more than 18 years.

2008

The Legislature revises the Human Resources Code to require FBI fingerprint checks, in daycare operations, for each person required to have a name-based check.

CCL implements its weighted enforcement system along with its mobile technology system. Each of the DFPS minimum standards were evaluated and assigned a weight (high, medium high, medium, medium low, or low) based on the risk to children.

2009 – 2011

CCL makes significant enhancements from 2009 through 2011 through a series of initiatives. CCL invested \$4,000,000 in federal economic stimulus funds to enhance high-quality daycare programs for infants and toddlers through the following initiatives.

- Technical Assistance (TA) Library – Topics include best practices and ways to comply with minimum standards and promote the health, safety, and well-being of children in childcare. CCL staff use tablet PCs to download helpful documents from the library and share them with providers during onsite inspections. The TA Library is continuously updated and is available to everyone via the DFPS public website. Tutorials: Working with AgriLife Texas Cooperative Extension (Texas A&M University system), CCL develops comprehensive online tutorials for childcare providers, parents, caregivers, and CCL staff on the health and safe care of infants. These tutorials are available on the Texas A&M University website.
- Public Awareness Campaigns – DFPS revamps two CCL campaigns featuring radio and TV public service announcements, social media, and news media coverage.
 - Don't Be in the Dark – Educates the public on the importance of selecting regulated daycare and improving communication with caregivers (www.DontBeInTheDark.org)
 - Baby Room to Breathe – Educates parents and caregivers on ways to minimize the risk of Sudden Infant Death Syndrome (SIDS) and co-sleeping deaths, and improve the health, safety, and development of infants and toddlers (www.BabyRoomToBreathe.org)
- Pre-Application Online Course – In July 2011, CCL releases an online pre-application course that is an introduction to becoming a daycare provider. The course is for prospective registered and listed family homes.

2010

The 81st Legislature passes S.B. 68 in 2009, DCL begins regulating three new care types:

- before and after-school care programs;
- school-age programs; and
- temporary shelters providing daycare services.

RCCL revises standards to:

- clarify that suspected abuse, neglect, or exploitation must be directly reported to DFPS; and
- specify that foster homes with lower risk can now have a safety evaluation conducted by child placing agency staff rather than a fire inspection by a certified fire inspector or local fire authority.

DCL conducts its statutorily required six-year review of minimum standards for licensed childcare centers and licensed childcare homes and revises numerous standards including:

- limiting the amount of screen time (which includes television, video, and computers) to no more than two hours a day for children two years old and older; and
- requiring all children younger than 8 years old (unless taller than 4'9") to be restrained in the appropriate child safety seat system when riding in a passenger vehicle.

The eApplication is a tool available on the DFPS website that lets a daycare applicant submit an online application to become a licensed daycare home, registered childcare home, or listed family home.

2011

The 82nd Legislature passes S.B. 1178, which expands “controlling persons” to apply to daycare operations. Until then, this only applied to residential childcare operations. A “controlling person” is the person at a daycare or residential childcare operation responsible for keeping children safe, complying with CCL standards and regulations, and accountable for actions that lead CCL to revoke a childcare permit.

2012

To better meet the statutory requirement to collect licensing fees and deposit the fees in the General Revenue fund, CCL creates new fee forms, enhances manual workflow processes and strengthens procedural controls to help ensure permits are not issued without a daycare or residential childcare operation paying their required fees.

RCCL responds to an emergency request from the federal Office of Refugee Resettlement (ORR) to increase the allowed capacity of ORR-contracted facilities due to an unforeseen influx in the number of unaccompanied and undocumented immigrant children into the United States.

RCCL participates as a key stakeholder in a united public/private effort to develop a redesigned foster care system to address problems with the current system and support improved outcomes for children, youth, and families.

2013

CCL receives funding from the 83rd Legislature for 40 additional staff to address the risk to children in unregulated care settings. Additional staff provides the resources needed to

proactively find, investigate, and regulate illegal childcare operations, as well as provide technical guidance to individuals wishing to become licensed, registered or listed.

The 83rd Legislature passes S.B. 427, and creates the possibility of biennial inspections for licensed daycare centers and daycare homes that have a good compliance history. This bill also allows CCL to immediately impose a fine on an operation for failing to take certain actions related to background checks, without first resorting nonmonetary administrative penalties.

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

DCL regulates the following categories of daycare operations: licensed childcare centers and licensed childcare homes, registered childcare homes, listed family homes, and operations with a compliance certificate (small employer-based childcare and temporary shelter daycare). Please see Section B for a description of each daycare operation and Section O for information on the scope of regulation.

Daycare Operations in Texas				
Daycare Operations	FY 2011 Count	FY 2011 Capacity	FY 2012 Count	FY 2012 Capacity
Licensed Childcare Centers	9,519	965,718	9,601	975,868
Licensed Childcare Homes	1,743	20,771	1,774	21,147
Listed Family Homes	7,477	14,124	6,774	12,831
Registered Childcare Homes	6,302	73,221	5,837	68,126
Small Employer-Based Childcare	4	48	6	72
Total Daycare Operations	25,045	1,073,882	23,992	1,078,044

RCCL regulates three categories of residential childcare operations:

- general residential operations;
- child placing agencies; and
- independent foster and foster group homes.

Please see Subsection B for a description of each residential childcare operation and Subsection O for information on the scope of regulation.

Residential Childcare Operations in Texas				
Licensed Residential Operations	FY 2011 Count	FY 2011 Capacity	FY 2012 Count	FY 2012 Capacity
General Residential Operations	245	11,007	237	11,268

Residential Childcare Operations in Texas				
Licensed Residential Operations	FY 2011 Count	FY 2011 Capacity	FY 2012 Count	FY 2012 Capacity
Independent Foster Family Homes	1	6	1	6
Independent Foster Group Homes	3	32	4	38
Total	249	11,045	242	11,314

Residential Childcare Operations in Texas				
Child Placing Agencies*	FY 2011 Count	FY 2011 Capacity	FY 2012 Count	FY 2012 Capacity
Main Offices	205	NA	209	NA
Branch Offices**	145	NA	153	NA
Total	350	NA	362	NA****

Residential Childcare Operations in Texas				
Child Placing Agencies Homes*	FY 2011 Count	FY 2011 Capacity	FY 2012 Count	FY 2012 Capacity
Agency Foster Homes ***	7,138	22,392	7,240	21,849
Agency Group Homes ***	429	3,781	404	3,547
CPS Foster Homes	1,822	5,300	1,525	4,525
CPS Foster Group Homes	20	116	12	73
CPS Adoptive Homes	758	NA	668	NA
Total	10,167	1,589	9,849	29,994

*Includes 11 DFPS Regional Child Placing Agencies.

** Branch Offices operate under the license authority of the main office.

*** Adoptive only homes are not included in the number of private agency homes.

****CCL does not capture total capacity for child placing agencies as the child placing agency verifies its own homes and determines capacity for each.

RCCL is also responsible for regulating licensed childcare administrators (individuals who manage general residential operations and independent foster homes), and licensed child placing agency administrators (individuals who manage child placing agencies). In FY 2012, there were 746 active licensed childcare administrators and 465 active licensed child placing agency administrators.

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

Through two programs, Day Care Licensing and Residential Child Care Licensing, CCL regulates operations that care for children in out-of-home care. Both of these programs are supported

by three State Office divisions, which are the Policy and Program Operations division, the Performance Management unit, and the CCL Professional Development division.

Policy and Program Operations

The Policy and Program Operations division is responsible for overall leadership in promulgating minimum standards, developing policies and procedures, and providing oversight of program operations. Functions include the following.

- Promulgating minimum standards for all regulated operation types.
- Developing concise, user-friendly policies and procedures.
- Developing and maintaining forms and automated processes to facilitate the work of both direct delivery licensing staff and management staff.
- Acting as a liaison between CCL divisions and the DFPS Information Technology.
- Developing, maintaining, and sharing knowledge and expertise internally and with program stakeholders.
- Monitoring and providing oversight of program operations through quality assurance reporting, case reading, and solution-based approaches to program challenges.
- Developing technical assistance materials for childcare providers.
- Developing consumer education materials for parents, caregivers, and other stakeholders.

Performance Management Unit

The Performance Management Unit is dedicated to reducing risk to children in care through:

- assisting in program accountability;
- identifying issues with qualitative and quantitative program performance;
- conducting neutral assessments of operational compliance;
- making recommendations on actions in accordance with licensing policy and law;
- identifying gaps in CCL training or policy and procedures; and
- making recommendations for change.

CCL Professional Development Division

The CCL Professional Development division (PDD) is a centralized program designed to provide:

- standardized training practices to promote consistent program expectations statewide;
- quality, comprehensive training programs for CCL staff to ensure training material is consistent with the Licensing Policy and Procedures Handbook (LPPH); and
- opportunities to refresh or improve their job performance and professional skills.

Child Care Licensing Field Operations

Daycare and residential childcare operations must complete the following process in order to provide regulated childcare in Texas. More detail can be found in Subsection O of this section.

Permit Application and Issuance

DCL or RCCL inspectors evaluate the applicant's staffing and operational plans to determine if they meet required standards according to the type of childcare operation for which they are applying.

Unique to the residential child care program, certain applicants seeking a residential license in a county with a population of less than 300,000 are statutorily required to provide a public notice and comment period as well as hold a public hearing. The notice must include the following information.

- The name and address of the applicant or permit holder.
- The name and address of the childcare operation or where the applicant proposes to provide services.
- The date, time, and location of the public hearing.
- The name, address, and telephone number of the inspector to contact with comments.
- A statement that a person may submit written comments to the inspector concerning the application or the request to amend the permit to increase capacity.
- A description of the population to be served, the services to be provided, and the licensed capacity requested.

The applicant or permit holder subject to public notice and hearing requirements must:

- hold the hearing no later than one month after the date the application is accepted, if applying for a license. If the hearing is for a request to amend the permit to increase capacity, hold the hearing after RCCL has evaluated the request for an amendment;
- hold the hearing in a location in or easily accessible to the community where the services are or will be provided;
- schedule the hearing and open it for at least four hours during the normal business day (Monday through Friday) or early evening hours;
- facilitate the hearing;
- provide a copy of the notice to the school district superintendent, the governing body of the community, and the local law enforcement agency at least 10 work days before the hearing;
- publish the notice at least 10 days before the date of the public hearing in a newspaper of general circulation in the community where the childcare services are or will be provided; and

- notify the inspector of the time, date, and location of the hearing at least 10 days before the hearing.

Both DCL and RCCL programs conduct background checks, provide technical assistance to help the applicant understand applicable minimum standards, and conduct an inspection (for all types except the DCL program's listed family homes) to determine the applicant's compliance with minimum standards. CCL must either issue or deny the permit within 60 days from accepting the application.

When the applicant passes inspection, the DCL or RCCL program issues an initial permit for a period of six months. If the operation is still compliant with minimum standards, the DCL or RCCL program issues a non-expiring permit (which does not require renewal other than paying licensing fees as applicable). If the applicant is not compliant at the end of the six months, and depending on nature of the applicant's non-compliance, the Department may extend the initial permit period for an additional six months or deny the application and the operation must close.

Ongoing Monitoring

Inspectors in both programs conduct more frequent inspections of new operations, during the first 12 months after issuing a permit, offering technical assistance and establishing a record of compliance with minimum standards, rules and licensing laws. The DCL and RCCL programs continue to inspect operations to evaluate ongoing compliance with minimum standards. Minimum standards are assigned a weight, from low to high, based on the risk to children and this information is contained in CLASS, which is CCL's automated case management system. Inspectors then use a risk-based inspection schedule, based on the operation's ability to stay in compliance. The frequency for an operation's next inspection is recommended by CLASS based on the operation's violations from the most recent inspection as well as the operation's overall compliance record.

At minimum, DCL and RCCL inspectors conduct statutorily required annual inspections in their respective licensed operations. DCL inspectors conduct inspections of registered childcare homes every two years. When daycare or residential childcare operations are cited for serious or a significant number of deficiencies, cited for repeat deficiencies, or fail to make corrections in a timely fashion, DCL and RCCL inspectors conduct inspections more frequently to monitor the level of risk to children. In FY 2012, DCL conducted 35,755 total inspections and RCCL conducted 4,736 total inspections.

When operations are cited for deficiencies, DCL and RCCL inspectors provide a time frame to correct each deficiency based on reasonable judgment and direction from their supervisors as needed. After the time limit to correct a minimum standard deficiency expires, DCL and RCCL inspectors re-inspect the operation either in person, by phone, or by mail as appropriate, to determine if corrections were made. In FY 2012, the DCL program conducted over 9,000 follow-up inspections in regulated daycare operations. For this same time period, the RCCL program conducted 300 follow-up inspections in regulated residential childcare operations.

Investigations

The DCL and RCCL programs investigate reports alleging abuse, neglect, or alleged violations of minimum standards, administrative rules, or licensing law. In FY 2012, the DCL program conducted 13,127 investigations in regulated daycare operations. For this same time period, the RCCL program conducted 5,139 investigations in regulated residential childcare operations. Both programs have clear policies and procedures that specify timeframes for initiating investigations based on risk to children and for finishing investigations in a timely manner.

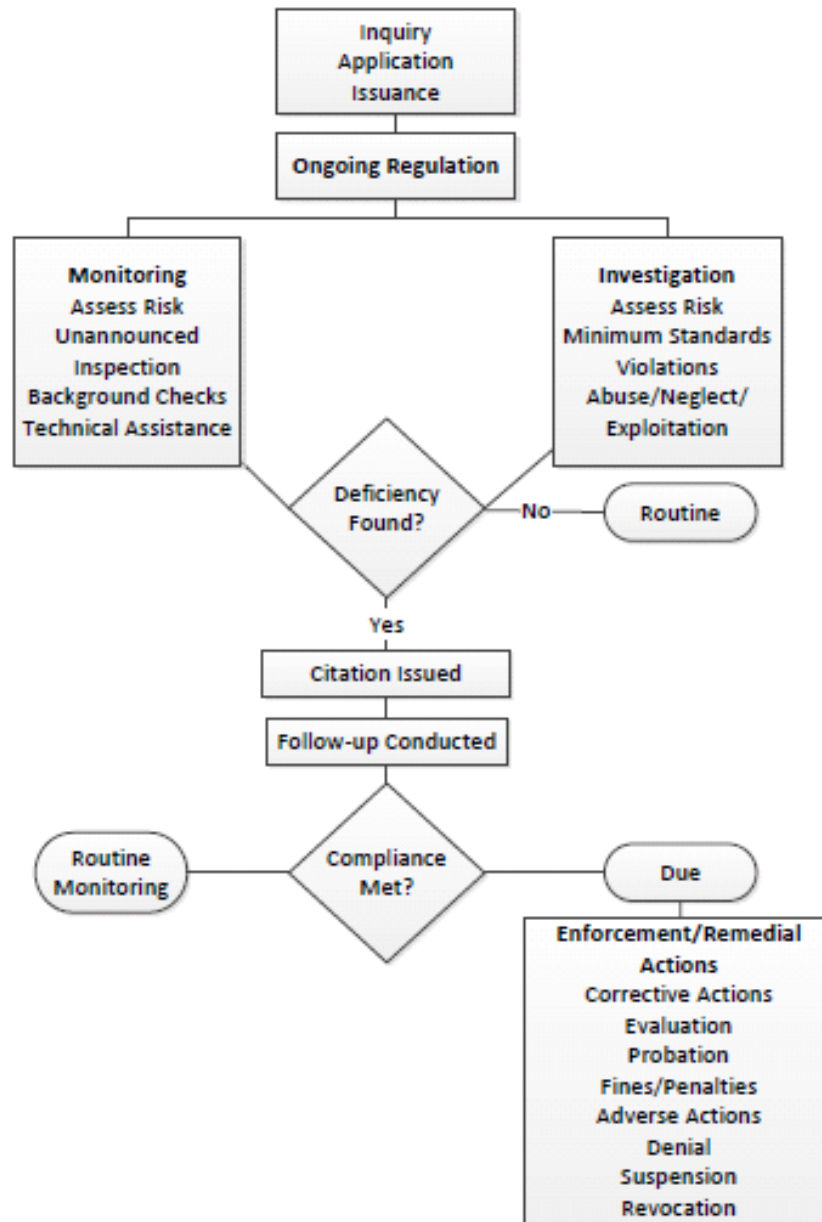
Enforcement Actions/Remedial Actions

Remedial Actions are actions the DCL or RCCL program may impose if an operation is deficient in complying with a minimum standard, administrative rule, statute, specific term of a permit, or conditions related to corrective or adverse action taken against the operation. Depending on the seriousness of the deficiencies and on the operation's compliance history, an operation may voluntarily make corrections or DCL and RCCL staff, in conjunction with the DFPS Legal division, may impose remedial actions. The Human Resources Code specifies a range of penalties.

Technical Assistance and Consumer Education

During the inspection and investigation process, DCL and RCCL inspectors and investigators provide ongoing technical assistance promoting long-term compliance by helping providers understand how to meet and exceed minimum standards requirements. In addition to offering explanations about the standards or suggestions for how to comply, DCL and RCCL staff relies on a Technical Assistance Library as a centralized source of approved technical assistance documents. DFPS also provides detailed results of inspections in daycare and residential childcare operations on the DFPS website (www.txchildcaresearch.org) along with more general information for consumers on how to search and choose appropriate and safe childcare.

The following flowchart shows the process that CCL uses to regulate childcare operations.



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

Please see Appendix A.

Alternate Exhibit Provided For Section VII. Item G.

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

No other state or local programs regulate daycare and residential childcare operations. However, Texas children may also live in facilities regulated by other state agencies, such as the Texas Juvenile Justice Department or the Department of State Health Services (chemical dependency programs and programs for children with intellectual disabilities).

CCL staff does not monitor operations for compliance with minimum standards when another state agency or political subdivision has inspected it for compliance with equivalent or similar standards (for instance, a fire inspection conducted by a local fire authority). However, CCL always investigates reports of alleged violations of minimum standard rules, regardless of whether another state agency or local entity has inspected the operation.

The entities that may inspect daycare and residential childcare operations, as applicable, for compliance with standards that are similar to Licensing's minimum standards are as follows.

- The General Sanitation Program of the Department of State Health Services may inspect the kitchen areas in childcare operations that receive federal dollars for serving meals to children.
- The Child and Adult Care Food Program (CACFP) of the Texas Department of Agriculture, regarding whether nutritious food, subsidized by TDA, is being appropriately utilized by daycare programs participating in the program.
- Local Fire Marshal/Fire Authorities, regarding fire inspections conducted in daycare and residential childcare operations.
- The Texas Education Agency (TEA) regulates some educational aspects of a licensed childcare center, such as the curriculum being offered.
- The Texas Workforce Commission (TWC), when assessing the performance of TWC-subsidized childcare in daycare operations.

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

In FY 2002, the Legislature amended the Human Resources Code §42.0442 to require that DFPS coordinate monitoring inspections that might be performed by another state agency to eliminate redundant inspections. As the law required, DFPS, the Department of State Health Services, and the Texas Workforce Commission formed an interagency task force and developed a protocol for the inspections, including fire and health inspections to eliminate the

redundancy. In FY 2003, the Legislature required DFPS to provide a data base of information collected by the Department to other state agencies regarding the inspections of childcare operations. This data base is available through the DFPS website (www.txchildcaresearch.org).

The RCCL program coordinates activities with other DFPS divisions to avoid duplication or potential conflict in the following ways.

- RCCL notifies Child Protective Services (CPS) if a child in CPS conservatorship is involved in a RCCL investigation.
- CPS Purchased Client Services (PCS) staff notifies RCCL of concerns found during contract monitoring inspections.
- RCCL coordinates with CPS and PCS regarding placement holds or removals, or the need to move children when serious minimum standard violations or abuse and neglect findings are made.

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

CCL works with the following agencies on specific activities such as the following.

- *Local Law Enforcement* – collaboration and coordination of investigations involving allegations of abuse and neglect of children by a daycare or residential childcare operation.
- *Local Health Departments* – collaboration and technical assistance regarding local health codes and standards.
- *Local Fire Marshal/Fire Departments* – collaboration and technical assistance regarding local fire safety standards.
- *Texas Workforce Commission and Local Workforce Boards* – provide information regarding corrective or adverse actions taken by DCL against childcare operations receiving Texas Workforce Commission Childcare Management funds.
- *Department of State Health Services* – policies related to developing childcare training, TB elimination, immunizations, general sanitation and environmental health, childhood lead-prevention programs, infectious disease control, injury prevention, public awareness of infant co-sleeping and SIDS, and comprehensive disaster response.
- *Early Childhood Intervention* – collaboration and coordination on policies related to early childhood development and minimum standards.
- *Department of Public Safety* – car seat safety, bus, and multi-purpose bus safety.
- *Texas Department of Insurance/State Fire Marshal's Office* – coordination and collaboration on statewide policies related to fire inspections in daycare and residential childcare operations.

- *Texas Department of Agriculture* – collaboration and coordination of statewide policy and procedures related to daycare operations participating in the Child and Adult Care Food Program. CCL also provides information regarding corrective or adverse actions taken by DCL against childcare operations receiving funds from the Child and Adult Care Food Program.
- *Texas AgriLife Cooperative Extension* (a part of the Texas A&M University system) – developing childcare-related training and additional training opportunities for providers, staff, and parents.
- *Office of Attorney General* – represents both DCL and RCCL in litigated cases in which the Department took corrective or adverse action against a daycare or residential childcare operation.
- *Texas Education Agency* – Coordination and collaboration on standards and rules related to childcare operations in schools, school-age programs, and before and after-school programs.
- *HHSC Office of Early Childhood Coordination and HHSC Family Violence Program* – coordination and collaboration on standards and rules related to daycare operations in family violence shelters.
- *The federal government’s Office of Refugee Resettlement (ORR), Immigration and Customs Enforcement (ICE), or Division of Unaccompanied Children’s Services (DUCS)* – addressing the residential care needs of unaccompanied and undocumented children coming into the United States.

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

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

There were no contracted expenditures made through the DCL program in FY 2012.

In FY 2012, the RCCL program had two contracts with the University of Texas at Arlington (UTA), totaling \$29,091, for developing and administering licensed administrator exams.

Contract Oversight and Support (COS) is the DFPS division responsible for developing the infrastructure to support contract management staff and to promote compliance with spending federal and state dollars appropriately, in adherence to applicable statutes and rules. Contract management staff and CCL program staff are responsible for conducting ongoing contract

management and monitoring activities to promote accountability for funding and performance of DFPS purchased goods and services.

To ensure accountability, the CCL program support officer receives invoices submitted by UTA and verifies with RCCL staff that the service reflected in the invoice was delivered satisfactorily before authorizing payment for the service. Contract management staff are responsible for the ongoing management of the contract, assessing contractor performance, and completing amendments when needed. For example, in July 2012, contract management staff executed amendments to reflect new requirements for the contractor to inform applicants of their right to request reasonable modifications, if needed, to help the applicant in the examination process for the licensure or certification sought. The contractor has performed its responsibilities under the interagency contracts and there are no associated contracting problems.

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

CCL does not award grants.

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

Keeping Siblings in Foster Care Together and Close to Home. Federal and state laws generally require that children who must be removed from their homes be placed together, as close to their home as possible, because this minimizes trauma to children and promotes better permanency outcomes. Federal and state laws also require that a child be placed in the least restrictive, most family-like setting that can meet the needs of the child. However, CPS often has difficulty placing large sibling groups together in the desired location because there is no foster home or foster group home who can serve the group without exceeding their capacity limits, which are statutorily set in Section 42.002, Human Resources Code. Amendments to Chapter 42, Human Resources Code, could be made to specifically authorize foster homes and foster group homes to exceed capacity when approved to do so in order to accommodate placement of a sibling group. For additional discussion, see Section IX, Major Issue # 4.

Improved Revenue Generation and Fee Collection in Child Care Licensing. Chapter 42, Human Resources Codes, authorizes the collection of fees from childcare operations to help defray the costs of state regulation. DFPS sets the fees for conducting background checks by rule, per Section 42.056(c), but other fees are set by statute in Section 42.054 and have not been increased in over 25 years. Changes to Section 42.054 to increase these fees would provide needed revenue to the state to better fund childcare regulatory oversight. For additional discussion, see Section II, Subsection I, Opportunities.

Increasing Compliance with Background Check Requirements. Although statutory law and CCL minimum standards require the timely completion of background checks on persons present in childcare operations, some operations do not submit background checks timely or fail to submit checks on all persons who need them. Failure to comply with background check requirements poses significant risk to children in the care of the operation and carries the potential for significant federal financial penalties when the non-compliant operation is a residential childcare operation. Compliance could be enhanced with the use of an online tracking system that would alert childcare operations to resubmit required checks when due. Assuming sufficient resources for the development of an online tracking system, a statutory change to Chapter 42, Human Resources Code, would be needed to require childcare operations to utilize this tracking system.

Meeting Immediate Short-Term Demand for Child Care During an Emergency. Currently, CCL does not have statutory authority to issue temporary permits when a natural disaster or other emergency creates a critical, short-term need for additional daycare or residential childcare services. Chapter 42, Human Resources Code could be amended to authorize an expedited and streamlined process for issuing a temporary license that will enable providers to address immediate and urgent needs for child care that result from a hurricane or other unanticipated catastrophe. The streamlined process would allow the childcare provider to begin serving children after certain critical health and safety criteria are met - such as a fire inspection, staffing plan, and background checks - while the provider continues the regular application process and comes into full compliance with all minimum standards within a reasonable time frame.

N. Provide any additional information needed to gain a preliminary understanding of the program or function.

The expected state population growth presents a continuing challenge to CCL to support and improve capacity and quality, while maintaining availability and affordability of daycare and residential childcare services. It is vital that CCL continues to ensure 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.

Unique to RCCL

RCCL is responsible for regulating the residential childcare operations it licenses. RCCL does not regulate or license the foster or adoptive homes that are verified or approved by child placing agencies. Each child placing agency is responsible for regulating the foster and adoptive homes it verifies (approves) for compliance with CCL minimum standards, law, and the child placing agency's own policies. However, RCCL is responsible for regulating licensed child placing agencies. This includes a child placing agency's oversight of its verified foster and adoptive homes. As part of regulating a child placing agency, RCCL:

- reviews foster and adoptive home records during child placing agency monitoring inspections;

- reviews foster and adoptive home records at other times deemed necessary; and
- conducts random inspections of child placing agency foster homes as required by law.

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

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

Why regulation is needed

Daycare has become part of the daily routine for families. Daycare is provided during a child’s most vulnerable developmental stages, so that the regulation of those providing this care is critical to ensuring healthy development. State regulation also protects the health and safety of children who are most vulnerable during early years to illness and injury.

Residential childcare providers have increased in numbers and in size, resulting in a capacity of 41,420 children to live in regulated, residential childcare in Texas at any given time. Therefore, the quality of that care is critical and many of the children in residential childcare are healing from past abuse and neglect.

Initial Inspections

- Human Resource Code Chapter 42 requires daycare operations to become licensed, certified, registered, or listed.
- Human Resources Code Chapter 42 requires residential childcare providers to be licensed.
- As part of the application process, CCL completes an inspection (for all operation types except listed family homes in the daycare program) to determine compliance with minimum standards. This must be done within 60 days of receiving a complete application.
 - DCL does not complete an inspection of listed family homes during the application process as the Human Resources Code does not grant DCL the authority to inspect these homes, only to investigate them.
- When the applicant passes inspection, CCL issues an initial permit for a period of six months. During those six months, CCL inspects the operation at least three times.
 - The exception to this is in the DCL program, as while DCL investigates allegations of abuse and neglect in listed family homes, it does not have authority to inspect them.
- If the operation is still compliant with minimum standards, CCL issues a non-expiring permit (which does not require renewal other than paying annual licensing fees unless otherwise exempt).

- If the operation is not in compliance, CCL may extend the initial permit period for an additional six months or deny the application and the operation must close.

Ongoing Inspections

- During the first 12 months of a non-expiring permit for a daycare or residential childcare licensed operation, statute requires the operation be inspected once every six months with all of the minimum standards evaluated within the 12-month period.
 - In the daycare program, these inspections are only done on licensed daycare centers and licensed daycare homes; and not Listed family homes, registered childcare homes, employer-based childcare, or temporary shelter-care operations.
- After the first 12 months, CCL must conduct at least one unannounced inspection annually and evaluate all standards within a two-year period for licensed operations.
 - The DCL program must conduct one unannounced inspection on registered childcare homes every two years and evaluate all standards within each two-year period.
- CCL determines the monitoring frequency based on the operation's history of deficiencies with minimum standards using the weighted standards enforcement recommendation contained in CLASS, the agency's automated case management system.
- CCL cites deficiencies when violations of minimum standards are found and provides a specific time frame in which to correct each deficiency. Follow-up inspections are made in person, phone, or by mail if appropriate, to determine if corrections were made.
- Both programs continually assess the daycare or residential childcare performance and the monitoring frequency is adjusted accordingly for the duration of the permit. If a daycare or residential childcare operation is not performing well and meeting minimum standards, they are inspected more frequently until performance improves.
- DCL staff must meet with the designated director of a licensed daycare or residential childcare operation at least once annually to determine if the director meets qualifications and complies with minimum standards. This requirement does not apply to the RCCL program.

Unique to the RCCL Program

Team Inspections of Residential Childcare Operations

RCCL is statutorily required to conduct an unannounced team inspection at least once annually, with at least two residential childcare monitoring staff.

Random Sample Monitoring of Child Placing Agency Foster Homes

- RCCL primarily inspects a child placing agency to determine if the child placing agency itself is complying with minimum standards. In turn, the child-placing agency is responsible for approving and monitoring its own foster and foster group homes to ensure the homes are complying with Licensing's minimum standards, applicable law, and the child-placing agencies own policies.

- The Human Resources Code requires the RCCL program to periodically conduct inspections of a random sample of child placing agency foster and foster group homes. The percentage of homes is not defined in statute, and RCCL inspects 25 percent of child placing agency foster homes each year to determine compliance with applicable law, administrative rules, and Licensing’s minimum standards.
- During these inspections, the RCCL inspector ensures the child placing agency has correctly determined that an agency foster home meets verification requirements and that the child placing agency has made appropriate decisions about the following issues.
 - Foster home’s ability to work with children of a certain age or gender.
 - Foster home’s ability to care for children who have special needs or supervision requirements.
 - Services the foster home is able to provide.
 - Foster home’s capacity.
- RCCL primarily inspects active homes, where children in foster care are currently placed. Beginning in FY 2011, the RCCL program inspects a percentage (up to, but not more than 10 percent) of inactive homes. RCCL conducted 3,125 agency home random sample inspections in FY 2011 and 2,470 in FY 2012.

Enforcement Team Conferences

- Enforcement team conferences are conducted on child placing agencies and residential treatment centers at least annually.
- The purpose of the conference is to monitor a child placing agency and residential treatment center’s compliance with the law, rules, and minimum standard rules.
- The team consists of the inspector and supervisor assigned to the residential treatment center or main child-placing agency, the inspector or supervisor assigned to each of the child-placing agency’s branch offices, and an investigation supervisor or investigator if there have been any investigations related to the residential treatment center or child-placing agency.
- The team conducts a comprehensive assessment based on a review of all inspections and investigations of the residential treatment center, main child-placing agency, the child-placing agency’s branch offices, and the foster homes it verifies. At the conclusion of the conference, the team recommends an enforcement plan for the residential treatment center or child placing agency based on the results of the assessment.

Investigations Overview

- CCL investigates reports alleging violations of the law, administrative rules, or minimum standard rules by inspecting operations, interviewing children, parents, childcare staff or any persons who may have knowledge of the situation. CCL monitoring representatives routinely conduct investigations of allegations of standard violations. CCL investigators,

who are trained in forensic investigation techniques, conduct investigations of allegations of abuse and neglect.

- CCL investigates complaints that allege abuse or neglect or contains allegations of minimum standards violations. The investigation determines whether a violation of rule or statute occurred and, if so, the degree of risk of further harm. Such reports alleging possible risk to children come from many different sources: parents, caregivers, children, the media, law enforcement, and the general public. Also, childcare operations are required by minimum standards to self-report serious incidents, such as when a child falls at a daycare or residential childcare operation and requires stitches.

Types of Complaints against Regulated Entities

Licensing investigates two types of reports that fall into two categories: allegations of abuse and neglect and reports of allegations of minimum standard violations. All reports are assigned a priority based on the severity and immediacy of alleged harm or risk to children. Specially trained investigators conduct abuse and neglect investigations in childcare operations. The following information details the prioritization schedule and maximum time allowed to respond to a report, according to CCL policy and administrative rule.

Priority 1 Reports

Priority 1 is assigned to any report about a regulated or illegal operation that alleges:

- a child's death;
- immediate risk of death, serious injury, or life threatening abuse or neglect of a child; or
- deficiencies in compliance with the law or minimum standard rules that pose an immediate risk to children.

Priority 1 reports are assigned for investigation after a supervisor's review. Licensing staff initiate Priority 1 investigations as soon as possible, but no later than 24 hours after the date and time on the intake. An unannounced inspection of the operation initiates the investigation. In an abuse/neglect investigation, the alleged victim must be observed or interviewed as soon as possible but within five days of the date on the intake. Other acceptable initiation methods include: face-to-face contact with a child, an interview by a local child advocacy center or law enforcement agency, or contact with a professional or individual who can provide additional information about the current state of the health and safety of the victim child. If the investigation starts without an inspection, then an inspection must be conducted within 15 days of the intake.

Priority 2 Reports

Assigned to any report about a regulated or unregulated operation that alleges one of the following scenarios.

- Abuse or neglect of a child that does not indicate an immediate risk of death or serious harm.
- Serious supervision problems that do not indicate an immediate risk of death or an immediate risk of serious harm. Example: Two children within 2 years of age were involved in a physical altercation with each other and one sustained a black eye as a result. The child that caused the injury has been moved to another setting and a safety plan has been implemented for the child.
- Serious accidental injury that does not indicate an immediate risk of death or an immediate risk of further serious harm. Example: A child has broken his leg from falling off of the slide on the playground, has received medical attention and there is no danger in any further harm occurring to the child.
- Serious safety or health hazards that do not indicate an immediate risk of death or serious harm, including that a person listed on the sex offender database has the same address as an operation or home. Example: when the address is that of an apartment complex but not the specific unit.
- Injury or serious mistreatment of a child that does not indicate an immediate risk of death or an immediate risk of serious harm. Example: A child was injured by the daycare provider in a non-vital area of the body, however, the child sustained a minor injury and the daycare

operation has placed the provider on administrative leave pending the outcome of the investigation.

After a supervisor's review, Priority 2 reports are assigned for investigation. CCL staff initiate Priority 2 reports that allege abuse or neglect as soon as possible but no later than 72 hours of the date and time of the intake report. Initiation should be made by an unannounced inspection to the operation. Licensing staff must observe or interview the alleged victim as soon as possible but within seven days of the date on the report. Other acceptable initiation methods include: face-to-face contact with a child, an interview conducted by a local child advocacy center or law enforcement agency, or contact with a professional or individual who can provide additional information about the current state of the health and safety of the victim child. If the investigation starts without an inspection, an inspection must be conducted within 15 days of the intake.

For Priority 2 reports that allege minimum standards violations and are assigned for investigation, the initiation must be as soon as possible but no later than five days of the date of the intake report. Initiation should be made by an unannounced inspection to the operation. Other acceptable initiation methods include face-to-face contact with a child, or contact with an individual who can provide additional information about the report. If the initiation is conducted by a method other than inspection, then an inspection of the operation must be conducted within 15 days of the intake.

Priority 3 Reports

Priority 3 is assigned to any report that alleges:

- minor violations of the law or minimum standard rules that involve low risk to children in care;
- illegal operations when there are no allegations of violations of minimum standard rules, nor any allegations or indications of abuse or neglect; or
- a person listed on the sex offender database lives within proximity of a childcare operation or home.

After a supervisor's review and assignment, a Priority 3 investigation is initiated as soon as possible but no later than 15 days of the date on the report. Initiation can be made by an unannounced inspection of the operation; however an inspection is not always required. If an inspection is required, the inspections must be completed within 30 days of the date of the intake report.

For Priority 1 and Priority 2 reports of both abuse/neglect and minimum standards violations, DFPS must complete investigation actions within 30 days and send notifications to the operation and any alleged perpetrator within 30 days. Investigators are expected to document the inspection and contacts related to the investigation within the following day. However, investigators must complete all investigation documentation within 45 days of the intake for

Priority 1 and Priority 2 reports. For Priority 3 reports, investigators must complete the investigation within 60 days of the date of intake and notify the operation and complete documentation of the investigation within 60 days of the date of the intake.

Risk Analysts

- The Texas Human Resources Code, Chapter 42, §42.0211 was revised by the 80th Legislature to require specially-trained investigation analysts to review and evaluate intakes with allegations associated with a higher risk of harm to children, and to consult with the investigator assigned to the case to provide specialized guidance to assist in the investigation.
- There is currently one lead investigation analyst housed in the CCL Policy and Program Operations division. Other analysts are located in the DCL and RCCL district offices who are responsible for consulting and reviewing higher risk investigations.

Sanctions to Ensure Compliance and Due Process

Before issuing a sanction, CCL gives all non-compliant operations an opportunity to comply. If operations continue to be non-compliant, CCL’s next action could range from asking the operation to voluntarily develop a plan for correcting deficiencies to imposing corrective or adverse actions for more serious deficiencies or failure to correct a deficiency within the given time limit. CCL may notify an operation of a corrective or adverse action when one of the following situations is found.

- A single serious deficiency, such as a child death or serious injury.
- Several deficiencies that create a risk to children.
- A repetition or pattern of deficiencies that demonstrate that compliance is not being maintained.
- An operation with an initial permit is cited for failure to comply with law or minimum standard rules.

Depending on the seriousness of the situation and the operation’s compliance history, an operation may voluntarily make corrections or CCL staff may recommend or impose remedial action. Actions and remedies include those listed in the table below.

Child Care Licensing Actions and Remedies	
Action Type:	Voluntary Actions by an Operation
Explanation:	CCL may recommend that an operation voluntarily take an action or develop a plan for correcting deficiencies to reduce the risk to the health and safety of children in care. There is no consequence for an operation not completing a voluntary action, however if the operation continues to experience non-compliance, corrective or adverse actions may follow.

Child Care Licensing Actions and Remedies	
Action Type:	Voluntary Actions by an Operation
Possible Outcomes:	Withdraw application – Applicant has the option to withdraw at any time before issuance.
	Temporary relocation – Operation moves to a temporary location.
	Voluntary suspension – Operation ceases operating for a limited time.
	Voluntary closure – Operation voluntarily closes.
	Operation plan of action – Voluntary plan to correct deficiencies.
Action Type:	Corrective Actions
Explanation:	Conditions placed on an operation when the operation is repeatedly deficient in complying with minimum standard rules that do not endanger the health and safety of children. If an operation does not comply with conditions imposed as part of evaluation CCL may seek to extend the evaluation period or may move to probation or adverse action. If the operation is on probation and fails to follow conditions, the operation may be subject to adverse actions.
Possible Outcomes:	Evaluation – Conditions placed on an operation for 30 days to six months with the possibility of renewing once for a maximum of one year.
	Probation – Conditions placed on an operation for 30 days to 12 months. Failure to follow the conditions could result in an adverse action.
Action Type:	Monetary Actions
Explanation:	Fines to operations that violate Chapter 42 of the Human Resources Code (HRC) or rule adopted under chapter 42 HRC. Administrative penalties do not apply to listed homes. If penalties are not paid the matter is referred to the Attorney General of CCL may revoke the permit or implement an adverse amendment.
Possible Outcomes:	Administrative penalty – Fines imposed for violation of minimum standards or law. Penalties range from \$1 to \$150 per a day.
	Civil penalty – Fines imposed on an individual ranging from \$50 to \$100 per a day.
Action Type:	Adverse Actions
Explanation:	Actions that CCL may impose on an operation due to violation of law, minimum standard rules or failure to correct a deficiency. This action removes an operation’s ability legally operate. If the operation continues to operate they are treated as an illegal operation.
Possible Outcomes:	Denial of permit – Permit is not issued to applicant due to concerns for the health and safety of children.
	Revocation of permit – Operations permit to operate legally is revoked.
	Suspension of permit – Operations permit to operate legally is suspended for a defined amount of time.

Child Care Licensing Actions and Remedies	
Action Type:	Voluntary Actions by an Operation
	Adverse amendment to permit – Operations permit is amended to affect its operating capacity or other factors such as age or gender.

Regulated entities may appeal an administrative penalty, adverse action of denial, revocation, suspension, or an adverse amendment to a license, certification, or registration, to the State Office of Administrative Hearings (SOAH). For cases involving abuse or neglect, the individual may request a Release Hearing, held by SOAH.

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

Department of Family and Protective Services		
Exhibit 11: Information on Complaints Against Regulated Daycare Operations - Fiscal Year 2011 and 2012		
Measurement	FY 2011	FY 2012
Total number of regulated entities	25,045	23,992
Total number of inspections conducted	35,771	35,755
Abuse/Neglect Complaints (by the public)	3,309	3,132
Non Abuse/Neglect Complaints (by the public)	14,943	12,746
Abuse/Neglect Complaints (initiated by DCL)	2,754	2,475
Non Abuse/Neglect (initiated by DCL)	14,900	12,654
Number of complaints pending from prior years	1	1
Abuse/Neglect Complaints (found non-jurisdictional)	216	198
Non Abuse/Neglect Complaints (found non-jurisdictional)	432	365
Abuse/Neglect (jurisdictional complaints without merit)	1,822	1,516
Non Abuse/Neglect (jurisdictional complaints without merit)	7,516	7,271
Abuse/Neglect Complaints Resolved (citations and abuse/neglect)	2,061	1,799
Non Abuse/Neglect Complaints Resolved (citations and abuse/neglect)	14,276	12,147
Abuse/Neglect (Average # of days for complaint resolution)	109.7	107.8
Non Abuse/Neglect (Average # of days for complaint resolution)	31.4	30.7
Complaints Resulting in Disciplinary Action		
Administrative penalty	0	0
Reprimand	N/A	N/A
Probation	83	62
Evaluation	142	146

Department of Family and Protective Services		
Exhibit 11: Information on Complaints Against Regulated Daycare Operations - Fiscal Year 2011 and 2012		
Measurement	FY 2011	FY 2012
Suspension	2	1
Revocation	742	52
Other – denial of permit	198	122

Department of Family and Protective Services		
Exhibit 11: Information on Complaints Against Regulated by Residential Child Care Licensing		
Measurement	FY 2011	FY 2012
Total number of regulated persons with active Administrator Licenses	1,177	1,211
Total number of regulated entities	10,774	10,459
Total number of inspections conducted	5,374	4,736
Number of complaints pending from prior years	3	11
Abuse/Neglect Complaints (by the public)	3,689	3,447
Non Abuse/Neglect Complaints (by the public)	9,527	10,394
Abuse/Neglect Complaints (initiated by RCCL)	2,862	2,849
Non Abuse/Neglect (initiated by RCCL)	2,983	3,211
Abuse/Neglect Complaints (found non-jurisdictional)	288	240
Non Abuse/Neglect Complaints (found non-jurisdictional)	6,366	6,780
Abuse/Neglect (jurisdictional complaints without merit)	1,997	2,079
Non Abuse/Neglect (jurisdictional complaints without merit)	2,165	2,327
Abuse/Neglect Complaints Resolved (citations and abuse/neglect)	2,066	2,171
Non Abuse/Neglect Complaints Resolved (citations and abuse/neglect)	2,774	2,997
Abuse/Neglect (Average # of days for complaint resolution)	79.1	88.8
Non Abuse/Neglect (Average # of days for complaint resolution)	46.3	46
Complaints Resulting in Disciplinary Action		
Administrative penalty	0	0
Reprimand	NA	NA
Probation	3	3
Evaluation	13	13
Suspension	1	0
Revocation	0	0
Other – denial of permit	1	0