

# **Texas**

# **Child and Family**

# **Services Review**



## **Statewide Assessment**

## **Instrument**

**Round 3**

**February 1, 2016**

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## Introduction

The Child and Family Services Reviews (CFSRs), authorized by the 1994 Amendments to the Social Security Act (SSA), are administered by the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goals of the CFSR are to:

- Ensure substantial conformity with title IV-B and IV-E child welfare requirements using a framework focused on assessing seven safety, permanency, and well-being outcomes and seven systemic factors;
- Determine what is happening to children and families as they are engaged in child welfare services; and
- Assist states in helping children and families achieve positive outcomes.

## The CFSR Process

The CFSR is a two-phase process, as described in 45 CFR 1355.33. The first phase is a statewide assessment conducted by staff of the state child welfare agency, representatives selected by the agency who were consulted in the development of the Child and Family Services Plan (CFSP), and other individuals deemed appropriate and agreed upon by the state child welfare agency and the Children's Bureau.

The second phase of the review process is an onsite review. The onsite review process includes case record reviews, case-related interviews for the purpose of determining outcome performance, and, as necessary, stakeholder interviews that further inform the assessment of systemic factors. The onsite review instrument and instructions are used to rate cases, and the stakeholder interview guide is used to conduct stakeholder interviews.

Information from both the statewide assessment and the onsite review is used to determine whether the state is in substantial conformity with the seven outcomes and seven systemic factors. States found to be out of substantial conformity are required to develop a Program Improvement Plan (PIP) to address the identified areas out of substantial conformity. States participate in subsequent reviews at intervals related to their achievement of substantial conformity. (For more information about the CFSRs, see the *Child and Family Services Reviews* at <http://www.acf.hhs.gov/programs/cb>.)

**Statewide Assessment Instrument  
Section I: General Information**

Name of State Agency: Texas Department of Family and Protective Services (DFPS)

**CFSR Review Period**

CFSR Sample Period: Texas will have two sampling periods, to be used in two quarters of review during the actual on-site component of the review:

- (1) 04/01/15 - 09/30/15
- (2) 07/01/15 - 12/31/15

Period of AFCARS Data: 10/01/14 - 09/30/15

Period of NCANDS Data: 10/01/14 - 09/30/15

Case Review Period Under Review (PUR): 04/01/15 - day review begins

**State Agency Contact Person for the Statewide Assessment**

Name: Elizabeth "Liz" Kromrei, LCSW

Name: Julie Shores

Title: CPS Director of Services

Title: CPS Division Administrator for Accountability

Address: 701 West 51<sup>st</sup> Street, MC W-157

Address: 701 West 51<sup>st</sup> Street, MC W-157

Austin, TX 78751

Austin, TX 78751

Phone: 512-438-3291

Phone: 512-438-4989

Fax: 512-339-5927

Fax: 512-339-5927

E-mail: [elizabeth.kromrei@dfps.state.tx.us](mailto:elizabeth.kromrei@dfps.state.tx.us)

E-mail: [julie.shores@dfps.state.tx.us](mailto:julie.shores@dfps.state.tx.us)

## Statewide Assessment Participants

Provide the names and affiliations of the individuals who participated in the statewide assessment process; please also note their roles in the process.

### Texas DFPS Response:

Note: The appendix contains documents with additional stakeholders whose contributions were used in the Texas DFPS response.

The Honorable Judge John J. Specia, Jr., Commissioner for DFPS

Jennifer Sims, Deputy Commissioner for DFPS

Trevor Woodruff, DFPS General Counsel

Audrey Carmical, DFPS Associate General Counsel for Policy and Program Support

Anna Ford, DFPS Director of Regional Litigation

Lisa Black, CPS Assistant Commissioner

George Cannata, CPS Deputy Assistant Commissioner

Liz Kromrei, CPS Director of Services

Jane Burstain, CPS Director of Systems Improvement

Colleen McCall, CPS Director of Field

Angela Goodwin, CPS Director of Investigations & Family Based Safety Services

Camille Gilliam, CPS Director of Permanency

Debra Emerson, CPS Director of Policy/Family Youth Services

Lee Williams, CPS Director of Purchased Client Services

Sheila Bell, CPS Director of Residential Contracts

Jean Shaw, Residential Child Care Licensing Director

Sasha Rasco, DFPS Director of Prevention and Early Intervention

Jackie Hubbard, CPS Division Administrator for Foster and Adoption Home Development

Julie Shores, CPS Division Administrator for Accountability

Cindy Roberts, CPS Child and Family Services Review Program Specialist

Rita O'Brien, CPS Quality Assurance Leader

Terri Ochoa-Young, CPS Quality Assurance Leader

Bernita Hagan, CPS Quality Assurance Leader

Annette Hodges-Brothers, CPS Quality Assurance Leader

Phyllis Coleman, CPS Quality Assurance Specialist

Damon Treadway, CPS Quality Assurance Specialist

Todd Etheredge, CPS Quality Assurance Specialist  
Christi Martindale, CPS Quality Assurance Specialist  
Jeff Mastick, CPS Quality Assurance Specialist  
Hans McClure, CPS Quality Assurance Specialist  
Pam Morris, CPS Quality Assurance Specialist  
LaFara Walker-Gilchrist, CPS Quality Assurance Specialist  
Bridget York-Briscoe, CPS Quality Assurance Specialist  
Chris Montgomery, CPS Quality Assurance Specialist  
Evelyn LeBlanc, CPS Quality Assurance Specialist  
Courtney Willmann, CPS Quality Assurance Specialist  
Noemi Maldonado, CPS Quality Assurance Specialist  
Pablo Rivera, CPS Quality Assurance Specialist  
Tracy Becerra, CPS Quality Assurance Specialist  
Claudia Escobar, CPS Quality Assurance Specialist  
Libby Bryars, CPS Quality Assurance Specialist  
Edward Mandujano, CPS Quality Assurance Specialist  
Katherine Humphrey, CPS Family Group Decision Making Specialist  
Cristina Guerrero, CPS Trauma Informed Care Specialist  
The Honorable F. Scott McCown, Clinical Professor and Director of the Children's Rights Clinic  
at The University of Texas School of Law  
Tina Amberboy, Executive Director, Supreme Court of Texas Children's Commission  
Tiffany Roper, Assistant Director, Supreme Court of Texas Children's Commission  
Jamie Bernstein, Staff Attorney, Supreme Court of Texas Children's Commission  
Kristi Taylor, Staff Attorney, Supreme Court of Texas Children's Commission  
Tim Kennedy, Office of Court Administration  
Denise Askea, Texas Juvenile Justice Department  
Katherine Barrillas, One Voice Texas  
Pam Bell, Meadows Center for Preventing Educational Risk  
Valinda Bolton, DFPS Community Affairs Liaison  
Sarah Bryant, William Wayne Justice Center for Public Interest Law  
Cathy Cockerham, Texas CASA  
Morgan Constantino, Legislative Aide  
Laura Figueroa, the Arbitrage Group, Inc.  
Katy Gallagher Parker, Staff Attorney, 126<sup>th</sup> District Court



Lieutenant Rene Gallegos, San Antonio Police Department  
The Honorable Richard Garcia, Bexar County Children's Court  
Quyona Gregg, DFPS Senior Policy Attorney  
Peter Hajmasy, DFPS Center for Policy, Innovation & Program Coordination  
Ashley Harris, Texans Care for Children  
The Honorable Robert Hofman, 452<sup>nd</sup> District Court  
The Honorable Michael Massengale, Court of Appeals, First District of Texas  
Maggie McGiffert, Texas Council on Family Violence Policy Consultant  
Pamela McPeters on behalf of Texas House of Representatives Member Dawanna Dukes  
Dr. Anu Partap, UT Southwestern Medical Center  
Dr. Heidi Roman, UT Southwestern Medical Center  
The Honorable Judge Robin Sage, Office of Court Administration  
Johana Scot, Parent Guidance Center  
Carol Self, DFPS Lead Permanency Specialist  
Jack Sigman, Sigman and Sigman, LLP  
Wanda Pena, Casey Family Programs  
Heidi Penix, Texas Center for the Judiciary  
Jennifer Rock, DFPS Family Group Decision Making Specialist  
Dr. James Rogers, DFPS Medical Director  
Lee Spiller, Advocate  
Dianna Velasquez, DFPS Director of Special Projects  
Doug Barnes, DFPS Legal Administrative Hearings Attorney  
Tymothy Belseth, DFPS Education and Training Voucher Specialist  
Jason Bouchard, DFPS Division Administrator for Placement  
Denise Cedar, DFPS Interstate Compact for the Placement of Children Lead  
Irene Clements, Foster Care Consultant  
David Cross, Ph. D., Texas Christian University, Associate Director of the Institute of Child Development  
Amanda DeMars, DFPS Manager of Centralized Background Check Unit  
Heather Dooley, Social Worker, Travis County Office of Child Representation  
Laura Figueroa, the Arbitrage Group  
Annie Flores, Program Coordinator at Children's Medical Center of Dallas  
Lisa Kanne, DFPS Director of Support Services  
Sandra Hachem, Senior Assistant County Attorney, Harris County

Diana Martinez, Director of Public Policy and Education  
Karen Miller, Texas Legal Services Center  
Tanya Oestrick, DFPS Foster Care and Adoption Lead  
Patel Dimple, TexProtects CPS Research Specialist  
Ashley Payne, Foster Care Alumni  
Mary Christine Reed, Director at Texas Foster Youth Justice Project  
Kaysie Reinhardt, CPS Director of Foster Care Redesign  
Tanya Rollins, CPS State Disproportionality Manager  
Amanda Toohey, Program Director at Texas Office for Prevention of Developmental Disabilities  
Luanne Southern, Senior Director of Texas Strategic Consulting  
Elaina Fowler on behalf of Texas House of Representatives Member Helen Giddings  
Neo Baepi on behalf of Texas House of Representatives Member Helen Giddings  
Ralph Almaguer, Texas Juvenile Justice Department  
DeShaun Ealoms, DFPS Parent Program Specialist  
Karen Rogers, Cenpatico  
Maria Galloway, CPS Program Administrator  
Gwen Gray, CPS Division Administrator for Investigations and Alternative Response  
Christina Green, Director of Public Affairs for the Children's Advocacy Center of Texas  
Michelle Hansford, Parent Advocate  
Dr. Angela Hobbs-Lopez, Department of State Health Services Manager  
Dr. David Harmon, Chief Medical Director at Superior HealthPlan  
Claire Hall, DFPS Program Specialist  
Jemila Lea, Policy Fellow at the Hogg Foundation  
Maricela Morales, Bexar County Juvenile Department  
Laura Losinger, Southwestern Medical Center Research Coordinator  
Dana McGrath, Director of Policy and Support, Early Childhood Intervention  
Shannon Ramsey, CPS Transitioning Youth Team Lead  
Kenneth Thompson, CPS Fatherhood Specialist  
Aaron Turner, Parent Advocate  
Kim Wedel, Department of Assistive and Rehabilitative Services, Early Childhood Intervention  
Mike Foster, former Director for Pathways Youth and Family Services  
Scott Abel, former DFPS Policy Innovation Program Specialist  
Gail Gonzalez, former DFPS Director of Placement, Foster Care and Adoption and Interstate Compact for the Placement of Children

Daniel Capouch, former DFPS Director of Services

Beth Page, former DFPS Director of Program Litigation

## Section II: Safety and Permanency Data State Data Profile

CFSR 3 Data Profile

Submissions as of 08-19-15 (AFCARS) and 09-25-15 (NCANDS)

### CFSR Statewide Data Indicator Performance & PIP Status

	12 month period	Data Used	Observed Performance			Risk-Standardized Performance (RSP) & National Standard (NS)					Performance Improvement Plan (PIP)			
			Denominator	Numerator	Percentage or Rate	Lower RSP	RSP	Upper RSP	NS	Performance related to NS	Primary Indicator		Companion Indicator (if applicable)	
											Baseline	Goal	Baseline	Threshold
Permanency in 12 months (entries)	12B13A	12B-15A	16,242	5,829	35.9%	36.2%	36.9%	37.7%	40.5%	Not met	35.9%	37.4%	3.1%	3.4%
Permanency in 12 months (12-23 mos)	14B15A	14B-15A	7,225	4,112	56.9%	52.3%	53.4%	54.4%	43.6%	Met				
Permanency in 12 months (24+ mos)	14B15A	14B-15A	6,671	2,102	31.5%	28.6%	29.6%	30.6%	30.3%	No dif				
Re-entry to care in 12 months	12B13A	12B-15A	5,664	176	3.1%	3.8%	4.4%	5.1%	8.3%	Met				
Placement stability	14B15A	14B-15A	3,088,677	12,068	3.91	4.00	4.07	4.14	4.12	No dif				
Maltreatment in foster care	14A14B	14A, 14B, FY14	10,723,951	678	6.32	8.08	8.72	9.40	8.50	No dif				
Recurrence of maltreatment	FY13	FY13, FY14	63,532	3,688	5.8%	7.1%	7.3%	7.6%	9.1%	Met				

### Table Notes

**12 month period:** The 12-month period described in the denominator for this indicator (see Data Dictionary). "FY" (e.g., FY13) refers to NCANDS data which span Oct 1st - Sept 30th. All others refer to AFCARS data: 'A' refers to Oct 1st - Mar 31st; 'B' refers to Apr 1st - Sep 30th. The two digit year refers to the calendar year in which the period ends (e.g., 13A = 10/1/12 - 3/31/13; FY13 = 10/1/12 - 9/30/13).

**Data Used:** Refers to the initial 12-month period and the period(s) of data needed to follow the children to observe their outcome.

#### Observed Performance

Denominator: For Placement stability and Maltreatment in foster care - Number of days in care. For all other indicators - Number of children.

Numerator: For Placement stability - Number of moves. For Maltreatment in foster care - Number of victimizations. For all other indicators - Number of children.

Percentage or rate: For Placement stability - Moves per 1,000 days in care. For Maltreatment in foster care - Victimizations per 100,000 days in care. For all other indicators - Percentage of children experiencing the outcome.

#### Risk-Standardized Performance (RSP) & National Standard (NS)

RSP: Risk-standardized performance. The RSP is derived from a multi-level model and reflects the state's performance relative to states with similar children and takes into account the number of children the state served, the age distribution of these children, and, for some indicators, the state's entry rate.

Lower RSP and Upper RSP: 95% interval estimate around the RSP. Reflects the amount of uncertainty associated with the RSP. For example, the CB is 95% confident that the true value of the RSP is between the lower and upper limit of the interval.

NS: National standard. The observed performance for the nation as described in the Federal Register notice.

Performance related to NS: Indicates whether the state's 95% interval showed that the state met, did not meet, or was no different than the NS. "No Dif" means the interval includes the NS. For the permanency in 12 months indicators, "Met" is used when the entire interval is above the NS; "Not Met" is used when the entire interval is below the NS. For the remaining indicators, "Met" is used when the entire interval is below the NS; "Not Met" is used when the entire interval is above the NS. "No Dif" and "Met" do not require PIP inclusion of the indicator.

#### Performance Improvement Plan (PIP)

Baseline: A preliminary PIP baseline derived from the state's observed performance for the indicator using the most recent 12-month period of available data. At the time the state's PIP is due, the baseline is specified and will remain the same with the exception of certain situations when the state resubmits data for the baseline period.

Threshold: If the state must include permanency in 12 months (entries) in its PIP, the state must also not go above the threshold shown for re-entry to foster care. If the state must include re-entry to foster care in its PIP, the state must not go below the threshold shown for permanency in 12 months (entries).

Statewide Assessment Instrument Section I: General Information

CFSR 3 Data Profile

Submissions as of 08-19-15 (AFCARS) and 09-25-15 (NCANDS)

**Data Quality:** These checks are used when estimating state performance against the national standards and calculating PIP baselines, targets, and companion measure thresholds. Values in bold indicate that the percentage of problem cases exceeded the data quality limit. Blank cells indicate the check is not applicable. To determine if a data quality problem prevented estimating state performance against national standards, calculating PIP values, or both, see the table on page 1. Percentages below have been rounded for purposes of presentation. Data quality limits are applied to unrounded values.

**AFCARS Data Quality Checks**

MFC = Maltreatment in foster care

Perm = Permanency in 12 months for children entering care, Permanency in 12 months for children in care 12-23 months, Permanency in 12 months for children in care 24 months or more, and Re-entry to care in 12 months.

PS = Placement stability

	Limit	MFC	Perm	PS	6 month periods									
					10B	11A	11B	12A	12B	13A	13B	14A	14B	15A
AFCARS IDs don't match from one period to next	> 40%	✓	✓	✓	18.5	20.4	21.1	22.2	22.1	22.9	21.5	21.9	21.5	
Age at discharge greater than 21	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Age at entry is greater than 21	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Date of birth after date of entry	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Date of birth after date of exit	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Dropped records	> 10%	✓	✓	✓	0.1	0.1	0.1	0.2	0.1	0.2	0.2	0.2	0.2	
Enters and exits care the same day	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Exit date is prior to removal date	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
In foster care more than 21 yrs	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Missing date of birth	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Missing date of latest removal	> 5%	✓	✓	✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Missing discharge reason (exit date exists)	> 5%		✓		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Missing number of placement settings	> 5%			✓	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Percentage of children on 1st removal	> 95%	✓	✓	✓	89.0	84.6	84.4	83.9	88.5	88.2	87.6	87.5	87.5	

**NCANDS Data Quality Checks**

MFC = Maltreatment in foster care, RM = Recurrence of maltreatment

	Limit	MFC	RM	Fiscal Years							
				2011-12	2012-13	2013-14	2011	2012	2013	2014	
Child IDs for victims match across years	< 1%		✓	2.9	2.9	3.0					
Child IDs for victims match across years, but DOB and sex do not match	> 5%		✓	0.4	0.4	0.3					
Missing age for victims	> 5%	✓	✓				0.1	0.2	0.2	0.1	
Some victims should have AFCARS IDs in child file	< 1%	✓					100.0	100.0	100.0	100.0	
Some victims with AFCARS IDs should match IDs in AFCARS files	No	✓					Yes	Yes	Yes	Yes	

### **Section III: Assessment of Child and Family Outcomes and Performance on National Standards**

The Texas Department of Family and Protective Services (DFPS) submits this Statewide Assessment as part of the federal Child and Family Services Review for the Texas child welfare system. Information contained within this document comes from several key sources.

With support of the Supreme Court of Texas Children's Commission, Child Protective Services (CPS) hosted a series of meetings with statewide stakeholders in late 2014 and early 2015. The Honorable F. Scott McCown, Clinical Professor and Director of the Children's Rights Clinic of the University Of Texas School Of Law, facilitated the meetings. Participants were asked to share their opinions and provide input to federal questions required to be addressed in this Statewide Assessment.

During 2014 and 2015, there have been a variety of comprehensive statewide analyses of the Texas child welfare system. DFPS utilized this valuable stakeholder information and analysis instead of replicating the process. Content from these assessments is referenced throughout this Statewide Assessment and included in the Appendices. DFPS also developed responses to identified issues and provided regular reports on the status of changes and improvements. Content from these responses is also referenced throughout and included in the Appendices.

A "crosswalk to change" within the Texas child welfare system is shared to provide context.

In 2014, DFPS hired an experienced outside consulting firm (The Stephen Group) to conduct a top-to-bottom review of CPS. This review, based largely on extensive input from front-line CPS staff across Texas, yielded a set of recommendations (CPS Operational Review)<sup>1</sup> in June 2014. In that same timeframe, the Sunset Advisory Commission<sup>2</sup> released its recommendations for DFPS and Casey Family Programs provided CPS with recommendations on improving foster care in Harris County<sup>3</sup>.

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<sup>1</sup> *DFPS CPS Operational Review*

<sup>2</sup> *Sunset Advisory Commission: Staff Report with Commission Decisions August 2014*

<sup>3</sup> *Casey Family Programs: Assessment of Foster Care Lengths of Stay and Permanency Outcomes in Harris County, Texas; A Report to the Texas Department of Family and Protective Services April, 2014*

The following summary is from the Sunset Advisory Commission report on CPS:

Aside from law enforcement, no other government agency is more directly involved in life-and-death decisions affecting Texans than the Department of Family and Protective Services (DFPS). Its responsibility to protect society's most vulnerable — children, elderly, and persons with disabilities — is as immensely challenging as it is important.

Child Protective Services (CPS), by far the largest and most visible DFPS program, operates in an uncertain, chaotic environment in which child deaths and other tragic events unfortunately happen. Caseworkers, many of them young and recently out of CPS training, balance the often competing pressures of ensuring child safety while respecting parents' rights and keeping families together. They are also expected to exert a measure of control in these cases, even as child abuse and neglect is often a symptom of larger social problems with no easy answers or quick fixes, such as poverty and substance abuse. Despite the inherent difficulty of its protective mission, DFPS is expected to answer for every bad outcome. As a result, the agency frequently finds itself on the defensive and in a constant state of putting out fires and responding to crisis and criticism, creating a continual cycle of both legislative and self-imposed change in which outside pressures dominate its agenda.

What DFPS sorely needs is a timeout to breathe and a chance to regroup after being in near constant transition for so long. The agency needs to roll up its sleeves and get down to the mundane business of effective management, long lost in a culture of addressing every problem that pops up with a new policy or initiative. The agency is already getting this message, having identified it repeatedly through its own internal efforts, yet distractions persist. While it may not be catchy or exciting, DFPS simply needs to do a better job of planning, communicating, listening, and managing its people so that it can carry out its critical mission more effectively. Even the greatest ideas for change fall short if DFPS lacks the processes and tools to effectively implement them, and measure and communicate their impact. Better management is crucial to allowing the agency to move forward and be better equipped to withstand the harsh media spotlight and successfully contend with the fishbowl environment in which it operates.

Given the unique nature of this agency and its history of continual change and reform, the Sunset review focused on identifying management improvements and opportunities to

streamline operations to help DFPS better focus on the day-to-day aspects of its difficult work. Chief among these improvements is correcting poor management practices that contribute to high CPS caseworker turnover. Past efforts to retain caseworkers have primarily focused on reducing caseloads, increasing pay, and massive hiring efforts, but they have not addressed work environment issues that motivate many caseworkers to leave the agency. Other recommendations are aimed at improving planning, policy making and implementation, data analysis, and performance management; simplifying policies and procedures; mitigating the risks of reforming Texas' foster care system; strengthening enforcement of child care regulations to better protect children in care, including foster care; and finally, developing a more thoughtful approach to its prevention efforts and providing a more robust continuum of services for children and families.

Though Sunset staff concluded that the need for the agency's functions remains unquestioned, this report does not address continuation of DFPS as a standalone agency. The Legislature made DFPS part of the health and human services system through the 2003 consolidation, and DFPS operates within this system that has not been comprehensively reassessed in the 11 years since its formation. All of the health and human services agencies are under Sunset review this interim, providing the opportunity to evaluate the system overall. This review will be complete in fall 2014, allowing Sunset staff to base its recommendations on the most complete information.<sup>4</sup>

The Harris County assessment was undertaken at the request of Texas Department of Family and Protective Services (DFPS) Commissioner John Specia in order to identify potential policy and practice improvements within the Harris County, TX DFPS Child Protective Services (CPS) division which could reduce lengths of stay in foster care and increase successful transitions to safe, permanent homes ("permanency") for children who enter foster care in Harris County. Data summarized in a DFPS presentation to Casey staff in October 2013 indicated that Harris County had a low rate of children entering foster care (1.7 per 1,000) compared to the entry rate for Texas statewide (2.4 per 1,000). Preliminary analyses performed by Casey staff in January, 2014 indicated that Harris County maintains low rates of children reentering care (5% compared to 20% nationally) and leaving within 30 days of entry (less than 1% compared to 10-11%

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<sup>4</sup> Sunset Advisory Commission: Staff Report with Commission Decisions August 2014



nationally). An October 2013 DFPS presentation to Casey staff also indicated, however, that children who enter foster care in Harris County tended to stay in care significantly longer (29 months) than the Texas statewide average (22 months), and were less likely to be reunified with their families (22% in Harris County compared with 32% for Texas statewide).

The assessment project described here was approved by the Casey Human Subjects Review Committee, and utilized multiple approaches including focus groups, interviews and online surveys to gather input from more than 200 professionals and child welfare stakeholders throughout Harris County. Focus group and interview participants and survey respondents included former foster youth; parents and caregivers of children and youth in or formerly in foster care; DFPS-CPS caseworkers, supervisors and managers; judges, guardians ad litem, and attorneys; and service providers in the Harris County child welfare system. We are grateful and indebted to the many DFPS staff members and other stakeholders who provided input and information for this assessment. This report has also been informed by a review of several recent prior reports related to the Harris County child welfare system, and by analyses of quantitative data provided by DFPS and from other sources.<sup>5</sup>

Transformation brings together all three sets of recommendations, and entrusts much of their implementation to the frontline field staff whose insights are fueling the effort.

These important steps are making CPS a better place to work and more effective for our clients. DFPS developed a comprehensive plan that details priorities for the year and outlines a definitive path for CPS Transformation. Below are examples of our accomplishments so far related to the key priorities of CPS Transformation.

### **Develop a Professional and Stable Workforce**

To help build a high-quality, stable workforce we recently:

- Increased recruiting efforts at military bases, colleges and universities.
- Began collaborating with universities to promote CPS as a profession.

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<sup>5</sup> Casey Family Programs: *Assessment of Foster Care Lengths of Stay and Permanency Outcomes in Harris County, Texas; A Report to the Texas Department of Family and Protective Services April, 2014*

- Improved screening and hiring processes and realigned the roles of CPS supervisors, DFPS hiring specialists, and human services contractors.
- Tested a new caseworker mentoring program in Region 8 and will be expanded to the rest of the state from May through October 2015.
- Redesigned both CPS' basic training (professional development) and specialty training, established core competencies (skills and capabilities staff need to be case assignable), and tested a field-based delivery model.
- Began testing a new learning model that combines mentoring, the new CPS professional development training, and specialty training in the San Antonio area (Region 8).
- Began Strengths-Based Supervision training for all CPS leadership and supervisors statewide.
- Updated job descriptions for frontline positions.
- Revised performance evaluations for CPS caseworkers.

### **Ensure Child Safety, Permanency, and Well-being**

Transformation includes many initiatives to better protect children and improve their outcomes. Here are some of our accomplishments so far:

- Created a Structured Decision Making (SDM) safety assessment tool<sup>6</sup> that went live March 30, 2015.
- Established a new comprehensive CPS practice model<sup>7</sup> that is the basis for practice guides that have been rolled out throughout the state beginning in May 2015.
- Tested several process and practice improvements in Investigations, Family-Based Safety Services (FBSS) and Conservatorship (CVS) stages of services in select areas of the state and made plans for statewide roll out.
- Harris County moved 288 children into permanent homes. These children were in care more than two years and adoption was the goal for most of them.

### **Establish Effective Organizations and Operations**

CPS put all non-critical activities on hold and refocused its efforts on Transformation. We reorganized our state office (headquarters) to better align with the people we serve. We are also

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<sup>6</sup> SDM Safety and Risk Assessment Procedure and Reference Manual August 2015

<sup>7</sup> Child Protective Services Practice Model

looking to break down barriers that get in the way of serving children and families effectively. Some of our accomplishments include:

- Streamlined Investigations and FBSS policy.
- Created a new Workforce Management and Support Division within DFPS to give better support to CPS staff.
- Hired a permanency director to provide leadership for the divisions that oversee Foster Care Redesign, placement services, and the conservatorship stage of service.
- Put new processes in place for developing and communicating policy and practice.
- Started using predictive analytics to anticipate high-risk events, making it possible to make real-time interventions in all stages of service.

Four Transformation Reports, dated October 20, 2014<sup>8</sup>, February 10, 2015<sup>9</sup>, April 30, 2015<sup>10</sup>, and October 21, 2015<sup>11</sup> have been submitted to the Sunset Commission of the Texas Legislature and have been published to date. These reports have been utilized in this Statewide Assessment, are available on the agency public website, and are contained within the Appendix. An agency Business Plan was also published on October 21, 2015<sup>12</sup>. The Stephen Group also analyzed how the Texas child welfare system meets the needs of children and youth with high levels of need, published November 2015<sup>13</sup>. A CPS Permanency Strategic Plan<sup>14</sup> has been developed, with individual regional plans and action items, using regional and statewide data and targeting a region-specific approach to improving positive permanency for children and youth in DFPS conservatorship. This strategic plan is also referenced throughout the Statewide Assessment.

CPS Transformation, although well underway, is not yet complete. However, significant progress is ensuring the change and improvement needed for the Texas child welfare system.

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<sup>8</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

<sup>9</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation February 2015

<sup>10</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation April 2015

<sup>11</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2015

<sup>12</sup> Child Protective Services Business Plan Fiscal Year 2016

<sup>13</sup> Meeting the Needs of High Needs Children in the Texas Child Welfare System November 2015

<sup>14</sup> Child Protective Services Permanency Strategic Plan October 2015

## A. Safety

### Safety Outcomes 1 and 2

Safety outcomes include: (A) children are first and foremost, protected from abuse and neglect; and (B) children are safely maintained in their own homes whenever possible and appropriate.

- For each of the two safety outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the two federal safety indicators, relevant case record review data, and key available data from the state information system (such as data on timeliness of investigation).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the safety indicators.

### Texas DFPS Response:

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 15 - 18 of the 2015-2019 Child and Family Services Review Plan<sup>15</sup>.

The CPS mission and mandate is to protect children from abuse and neglect; provide services so children can live with their families when possible or in another permanent setting; and ensure the health and well-being of children in the state's care. Ensuring positive outcomes for children and families requires giving caseworkers the right tools and consistent training to aid in judgment and decision-making from beginning to end of a case. In addition, a signature goal of transformation is to improve operational efficiency to give staff more time to spend with the children and families they serve. Meeting this goal is essential to retaining staff and providing quality services<sup>16</sup>.

Accomplishments during 2015 related to child safety<sup>17</sup> include the following:

- Established new comprehensive CPS practice model framework and trained statewide leadership team – January 6, 2015
- Launched new automated Structured Decision Making (SDM) safety assessment statewide – March 29, 2015

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<sup>15</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

<sup>16</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

<sup>17</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

- Trained staff in all regions on “triaging” cases using administrative closures and abbreviated investigations to safely close more cases – July 2015
- Launched SDM risk assessment statewide – August 23, 2015
- Implemented a plan to use predictive analytics to anticipate high-risk events and allow staff to make real-time interventions beginning with a new case reading process for Family Based Safety Services cases – October 1, 2014
- Completed streamlining of Investigations and Family Based Safety Services policy – December 11, 2014

### **Goals, Objectives and Strategies**

The goal of CPS is to achieve safety, permanency and well-being for the children it serves. To evaluate whether CPS is meeting its goals, it has identified standardized metrics for measuring safety, permanency and well-being.

For its initial business plan, CPS examined historical trends for safety, permanency, well-being, and workforce metrics to identify those that have been improving and those that have been declining. Historical trends over time allow CPS to understand where it has been, where it currently stands, and where it is headed if trends continue. This helps CPS to proactively and more effectively identify and target strategies to build on areas of strength and improve areas of weakness. The specific strategies CPS is implementing are discussed in detail in the sections on Safety (Goal 1), Permanency (Goal 2), and Well-Being (Goal 3)<sup>18</sup> that are outlined respectively in the Safety, Permanency and Well-Being Sections below.

For each metric on safety, permanency, and well-being, CPS has identified short-term goals for fiscal year 16 and "stretch" goals to mark further desired achievement.

- For metrics that are close to 100%, the fiscal year 16 goal is maintenance and the "stretch" goal is 100%.
- For metrics that are not close to 100% but where the trends over time show improvement, the fiscal year 16 goal is further continuation of the positive trend and the "stretch" goal is a more substantive improvement in the trend. (10% improvement)

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<sup>18</sup> Child Protective Services Business Plan Fiscal Year 2016

- For metrics that have been declining over time, the fiscal year 16 goal is to slow the negative trend (5% improvement) with the "stretch" goal identified as turning the trend positive. (15% improvement)

In its business plan for each succeeding year, CPS will identify how its actual performance compared to its fiscal year targets and "stretch" goals and use that information to develop and adjust its plan and strategies moving forward. The historical trends, fiscal year 16 targets and "stretch" goals are detailed in the table below.<sup>19</sup>

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<sup>19</sup> *Child Protective Services Business Plan Fiscal Year 2016*

Section III: Assessment of Child and Family Outcomes and Performance on National Standards

	FY12	FY13	FY14	FY15 YTD	FY 16 Target	Stretch Goal
<b>Safety</b>						
Recidivism for Alternative Response*	-	-	-	-	-	-
Recidivism for Investigations	7.0%	7.1%	7.5%	7.7%	7.55%	6.76%
Recidivism for Family Based Safety Services	7.0%	7.2%	7.8%	7.6%	7.60%	6.80%
Recidivism for Conservatorship	11.0%	11.6%	11.6%	12.1%	11.78%	10.54%
<b>Permanency</b>						
Time to positive permanency (reunification, permanency placement with relative, adoption)	18.5	18.9	18.8	18.4	17.6	15.8
Visiting with Parents and Siblings in Foster Care	-	-	-	-	-	-
Children in substitute care placed with relatives	39%	40%	41%	42%	43%	47%
Average number of placements for children in foster care	3.4	3.4	3.2	3.2	3.1	2.8
<b>Well-Being</b>						
Educational Needs of the Child	97%	97%	96%	98%	98%	100%
Physical Health of the Child	93%	89%	91%	87%	86%	95%
Mental/Behavioral Health of the Child	94%	92%	91%	88%	87%	95%
Youth completing PAL	75%	76%	76%	71%	72%	79%
Youth 18 and older living in foster care***	602	634	615	683	683	710
Siblings in substitute care placed together	63%	66%	66%	65%	67%	73.15%

\*Preliminary data for Alternative Response will be available in fiscal year 2016.

\*\*Visitation in foster care is a new well-being data measure for Round 3 of the Child and Family Services review. Data for fiscal year 2015 is based on the 3rd and 4<sup>th</sup> quarter. No target is set this year as we continue to gather baseline data.

\*\*\* CPS initially wants to increase the number of youth who stay in extended care if they do not achieve permanency before 18 in order to provide supports and readiness before full independence. Over time, CPS will adjust targets to reflect the desired increase in the number of you reaching permanency before they are 18 and therefore an overall decline in this metric.

Definitions for key measures of Safety, Permanency and Well-Being<sup>20</sup> are as follows:

### **Safety**

- Recidivism for Alternative Response – percentage of children in an Alternative Response case that is closed with no ongoing services that have a subsequent confirmed allegation for abuse or neglect or a case opened for Family Based Safety Services or Conservatorship Services within 12 months of case closure.
- Recidivism for Investigations – percentage of alleged victims in a traditional investigation that is closed with no ongoing services that have a subsequent confirmed allegation for abuse or neglect or a case opened for Family Based Safety Services or Conservatorship Services within 12 months of case closure.
- Recidivism for Family Based Safety Services – percentage of children in Family Based Safety Services case that is closed with no further ongoing services that have a subsequent confirmed allegation for abuse or neglect or a case opened for Family Based Safety Services or Conservatorship Services within 12 months of case closure.
- Recidivism for Conservatorship – percentage of children who exit conservatorship to reunification that have a subsequent confirmed allegation for abuse or neglect or a case opened for Family Based Safety Services or Conservatorship Services within 12 months of case closure.

### **Permanency**

- Time to permanency – average number of months from removal to exit to one of the following: reunification, relative as a permanent managing conservator, relative adoption, or non-relative adoption.
- Visiting with parents and siblings in foster care – percentage of children in Child and Family Services Review case read that visited with their parents and siblings.
- Children in substitute care placed with relatives – percentage of children in DFPS conservatorship on August 31 that were placed with a relative.
- Average number of placements for children in foster care – for children age 17 or younger in foster care on August 31, average number of placements.

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<sup>20</sup> Child Protective Services Business Plan Fiscal Year 2016



## **Well-Being**

- Educational needs of the child are met – percentage of children in Child and Family Services Review case read that had educational needs met.
- Physical health needs of the Child are met – percentage of children in Child and Family Services Review case read that had their physical health needs met.
- Mental/Behavioral Health of the Child – percentage of children in Child and Family Services Review case read that had mental and behavioral needs met.
- Youth completing Preparation for Adult Living (PAL) – percentage of youth age 18 or older who completed PAL classes required to receive PAL funding at time youth left substitute care.
- Siblings in substitute care placed together – percentage of siblings groups in substitute care on August 31 with all siblings in the same placement.

The Division of Accountability reviews cases from all 11 regions. These cases are included in the randomly selected samples for each of the following types of reviews: Child and Family Services Reviews (CFSR), Title IV-E, Investigations, Screened Intakes and Alternative Response reviews. Individual case review guides are used for each type of case review. Each quarter the Division of Accountability reads 180 cases using the federal Onsite Review Instrument. Ninety of these are foster care cases and 90 are in-homes cases. Any investigations or alternative response cases open during the period under review for those cases are also a part of the review. For the Round 3 Federal CFSR Onsite Review that will occur April - September 2016, the 180 Child and Family Services Review cases will be reviewed over the period of two quarters. The team reads 600 screened intakes per quarter to evaluate for child safety and to determine if reports screened out at the Intake stage were accurately assessed for closure. Approximately 400 investigation cases are reviewed quarterly to assess for safety, policy and best practice casework. Beginning in Quarter 1 of Federal Fiscal Year 2016 the team began sampling in 20% of Alternative Response cases to make up the total Investigation sample. Twenty-two Title IV-E files are reviewed quarterly to ensure children who are eligible for IV-E funding are certified correctly for foster care funding. As a result 1198 case reviews of various types are conducted per quarter, 4792 case reviews are conducted annually.

The Division of Accountability and the newly created Division of Regional Systems Improvement, which includes regional Systems Improvement Specialists, plan to work jointly together in presenting data and trend information to the regions and identifying plans for

ongoing improvement. The Division Administrator for Regional Systems Improvement has invited the Division Administrator for Accountability to initial team meetings as the new team forms. The Division of Accountability will share all quarterly and fiscal year data and trend information reports by region and at the statewide level with the Regional Systems Improvement team. The two Division Administrators will keep in close contact with each other on the work being done within the two teams to ensure the teams complement each other while working with the regions on continuous quality improvement.

During the last two quarters of FY 2015 the Accountability team began reviewing cases with the CFSR Round 3 onsite reading instrument. The following is the data from the Safety Outcomes.

<b>CFSR Outcome/Item/Data Indicator</b>	<b>Standard</b>	<b>Q3-15</b>	<b>Q4-15</b>
Item 1 Timeliness of Initiating Investigations of Reports of Maltreatment	90%	65.5%	85.5%
<b>Safety 1 First and foremost protected from abuse/neglect</b>	<b>95%</b>	<b>65.5%</b>	<b>82.5%</b>
Item 2 Services to Family to Protect Children in Home and Prevent Removal or Re-Entry into Foster Care	90%	97.6%	97.7%
Item 3 Risk and Safety Assessment Management	90%	85.6%	88.3%
<b>Safety 2 Children are safely maintained in their homes whenever possible and appropriate</b>	<b>95%</b>	<b>85.0%</b>	<b>87.8%</b>

(Source: CFSR Quarterly Case Reviews)

In analysis of the raw data for CFSR Item 1, it is noted there were fewer applicable cases for Item 1 in Quarter 4 of Fiscal Year 2015. Within that randomly selected smaller sample size there was a higher amount of cases that met priority level timeframes for initiating an intake and making timely face-to-face contact with all alleged victim children. Quarter 3 of Fiscal Year 2015 had a high number of cases in the sample that did not have the required follow-up action plans documented when first attempts to initiate the case and make face-to-face contact with all alleged victim children were unsuccessful.

<b>Timeliness of Investigation Initiations</b>	<b>FY 2014</b>	<b>FY 2015</b>
P1 Investigations Initiated Timely	93.8%	93.2%
P2 Investigations Initiated Timely	87.1%	86.9%

(Source: DFPS Monthly Executive Dashboard)

## **Practice Model**

CPS developed a practice model that defines the organization, its values, and approach to serving children and families. As of December 2014, the practice model concepts were integrated into all transformation-related initiatives, such as Structured Decision Making, performance evaluation tools, strengths-based supervision, mentoring, and the core competencies created for the training model. The alignment between the practice model and other transformation initiatives is the most critical piece of implementation and what brings the practice model to life in the daily work of child protection.

CPS is implementing an innovative model known as Signs of Safety<sup>21</sup>, a relationship-grounded, safety-organized child protection framework designed to help families build real and lasting safety for children. In March 2015, CPS began rollout to early adopter units in Region 8 (a total of seven Family Based Safety Services units). In July 2015, Signs of Safety was implemented in four FBSS units in Region 11. In October, Regions 8 and 11 added three early adopter units in the Investigations stage.<sup>22</sup>

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<sup>21</sup> *Child Protective Services Business Plan Fiscal Year 2016*

<sup>22</sup> *Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014*

Initiative	Implementation	
	Status	Comments
Implement a practice model, including a consistent framework for the standards, approaches, and methods that define the essential elements of how CPS interacts with children and families, as well as expectations of the child/family's experience with CPS.	<b>In Progress</b>	<ul style="list-style-type: none"> <li>• October 14, 2014 – Finalized the practice model framework document and communication strategy. Published framework document November 15, 2014.</li> <li>• January 6, 2015 – Trained regional directors, program administrators, and state office leadership on the practice model at the quarterly leadership meeting.</li> <li>• March 2015 – Signs of Safety implemented in the first early adopter units (seven Family Based Safety Services units in Region 8). Since March, Signs of Safety has been implemented in additional FBSS units in Region 11 and in Investigations units in both Regions 8 and 11, for a total of 16 early adopter units.</li> <li>• Throughout 2015 – Complete practice guides and staff desk references regarding substance abuse, domestic violence and mental health.</li> <li>• December 31, 2015 – Provide webinars and face-to-face training in each region on the practice model application of the core competencies in all stages of service.</li> </ul>

### **Structured Decision Making Safety and Risk Assessment**

CPS implemented safety and risk assessment instruments that guide and support caseworker decision-making in a manner consistent with the agency's mission of protecting children. While many states have safety and risk assessment tools, Texas has become a national leader by adopting a 24-hour safety assessment tool and integrating the tool with its Practice Model.

CPS worked with the National Council on Crime and Delinquency (NCCD) to adapt their Structured Decision Making (SDM) safety assessment tool for use in Texas and develop a training plan and curriculum. Early adopters began using the new tool on January 26, 2015, and the tool rolled out to all investigators on March 29, 2015.

CPS also developed a risk-assessment tool to help caseworkers determine the likelihood of future abuse and neglect. This is an actuarial tool that categorizes situations as very high, high, moderate, or low risk for future maltreatment. Early adopters began using the tool in May 2015 and CPS implemented it statewide August 23, 2015.<sup>23</sup>

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<sup>23</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

Initiative	Implementation	
	Status	Comments
<p><b><u>Safety Assessment</u></b></p> <p>Implement a 24-hour safety assessment to be used during initial contact with the child or children. Aspects of the safety assessment tool can be completed on site, with additional factors being completed within 24 hours.</p>	<p><b>Complete</b></p>	<p>December 1, 2014 – Finalized 24-hour safety assessment tool. Development included rigorous “inter-rater reliability” testing of tools to determine consistency of rating of test cases by users.</p> <p>January 26, 2015 – Began rollout of SDM safety assessment training to early adopter units.</p> <p>March 29, 2015 – Deployed statewide.</p>
<p><b><u>Risk Assessment</u></b></p> <p>Implement a new risk assessment for use within 30 days from the start of the case. This new tool will be more objective and based on actuarial principles that have been scientifically accepted and adapted for Texas.</p>	<p><b>In Progress</b></p>	<p>December 18, 2014 – CPS completed the first draft of the risk assessment tool.</p> <p>February 6 - 27, 2015 – CPS and NCCD adjusted the SDM tool to incorporate Texas’ unique case information.</p> <p>May 7, 2015 – Deployed SDM risk assessment to early adopter units</p> <p>August 23, 2015 – Deployed statewide.</p> <p>June 2016 – Data analysis showing actual performance of the new risk assessment tool nine months from implementation.</p>

**Investigation and Family Based Safety Services (FBSS)**

The CPS operational review identified process, practice, organizational, and technology issues that were obstacles for investigations and Family Based Safety Services caseworkers. These issues ranged from minor inconveniences to major time-consuming activities. Subsequent to the operational review, two regional leaders organized a team with field staff from every region and state office subject experts to generate solutions.

The team prioritized ideas into three groups: those that could be implemented immediately, those that needed testing and evaluation before implementation, and those that required technology changes and could be considered for future IMPACT modernization efforts.

From fall 2014 to early spring 2015, the team oversaw the development and implementation of its initiatives in early adopter regions. The team provided technical assistance and training to additional regions as these initiatives rolled out statewide. In fall 2015, the team shifted focus to the FBSS stage of service and will continue to develop new initiatives for statewide rollout.<sup>24</sup>

Initiative	Implementation	
	Status	Comments
<p>Decrease time spent on activities that can be eliminated or handled by other staff and adopt practice improvements increasing the amount of time spent with families, and getting families needed and tailored services faster while maintaining a priority focus on child safety.</p> <p>The team generated 320 process and practice changes and prioritized those for immediate implementation or pilot testing in the regions. The four initiatives included:                      Triage (use of administrative closures and abbreviated investigations)                      Investigations/FBSS case transfer                      Timeliness – require 90 percent of investigations to be submitted for supervisor approval within 45 days                      Caseworker support centers</p>	<p><b>In Progress</b></p>	<p>October 2014 – Implemented immediate solutions. Began testing select process and practice changes in specific areas. Between November 2014 and January 2015, pilots expanded to additional regions.</p> <p>December 2014 - January 2015 – CPS evaluated the pilots using focus groups, surveys, and data.</p> <p>January 8, 2015 – Developed statewide rollout schedule to implement successful pilots as practice.</p> <p>March - July 2015 – Regional staff trained on how to triage cases.</p> <p>May – November 2015 – Regions implementing INV/FBSS case transfer initiative.</p> <p>January 1, 2016 – New timeliness standard will be implemented statewide.</p>

<sup>24</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

### **Evaluation of Investigations / Family Based Safety Services Initiatives**

Child Protective Services created two teams of field and state office staff to identify program and process improvements in response to The Stephen Group's Operational Review finding that staff spends limited time working directly with children and families. One team focused on Investigations and Family Based Safety Services. The team generated hundreds of process and practice changes and ultimately prioritized four initiatives. The table below defines each initiative and summarizes anticipated outcomes.<sup>25</sup>

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<sup>25</sup> *Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014*



<b>Initiative</b>	<b>Increase Time with Families</b>	<b>Increase Safety</b>	<b>Expedite Service Provision</b>	<b>Increase Staff Collaboration</b>
<p><b>Timeliness</b> Implements statewide standard that 90 percent of investigations must be submitted to a supervisor within 45 days of assignment.</p>	✓	✓		
<p><b>Triaging</b> Improves “triaging” and assessment of cases before assignment to an investigator to allow CPS to focus on high risk cases. Helps identify situations that fit policy standards for abbreviated investigations and administrative closures, and tries to bring regional practice in line with the policy.</p>	✓	✓		
<p><b>INV / FBSS case transfer</b> Pairs Investigations and FBSS units to accelerate service provision. Requires investigations to involve FBSS within 10 days of the start of the investigation if the caseworker determines the family needs services.</p>	✓		✓	✓
<p><b>Caseworker Support Center</b> Create a one-stop/one-call pool of administrative resources to support caseworkers.</p>	✓			✓

**Timeliness**

In practice, many obstacles prevent timely case closure. This initiative refers to the speed at which investigations are closed and seeks to align actual performance with targets established in policy (workers submit investigations to their supervisors within 45 days, to enable case closure by 60 days). An investigation should be thorough enough to consider input from the alleged victim, other family members, teachers, medical professionals, and the alleged perpetrator (as appropriate) but completed quickly enough so the caseworker can reach a decision in a case and take action to ensure child safety.

In April 2015, CPS communicated the new timeliness standard to the regions and gave them through January 2016 to comply. Between May and August 2015, the statewide rate of investigations submitted for approval within 45 days has ranged from 47.6 percent to 53.9 percent. To provide additional technical assistance to the regions, CPS collected best practices from strong-performing regional staff and shared them statewide.

### Triaging

Since 2011, policy allows for both an abbreviated investigation and an administrative closure of an investigation and defines the specific circumstances for their use. In an abbreviated investigation, the worker gathers enough information to rule out the allegations or determines a parent has taken actions to protect the alleged victims from any identified danger. Administrative closures occur when the worker determines CPS does not have jurisdiction to investigate the allegations or if the allegations do not meet the definition of abuse and neglect. The challenge is overcoming fear and a misperception that it is better to delay closing the case rather than to follow the policy and focus resources on families that demonstrate need. The INV/FBSS Team has provided training in each region and this initiative has been implemented fully. The regions continue to use data on their rates of abbreviated investigations and administrative closures to identify if additional coaching is needed.

Data from Region 10 showed that during a three-month pilot period, workers were able to identify cases that did not need full investigations and this initiative provided them with tools to manage the workload. As a result of the increase in abbreviated investigations, the region's average length of an investigation decreased by 7.8 days. The region also did not experience an increase in recidivism, suggesting that workers and supervisors made sound decisions in closing cases.

Statewide data shows an increase in the use of these methods of case closure when comparing the month of August 2014 with August 2015.

	August 2014	August 2015
Administrative Closure	1,048	1,051
Abbreviated Investigations	2,119	1,711
Completed Investigations	13,930	12,301

Source: DFPS Data Warehouse.

Note: Abbreviated investigations are a subset of completed investigations.

Staff participating in regional focus groups identified the following positive outcomes of the initiative.

- The initiative is helpful for managing caseload / reducing caseloads.
- Staff feel it is positive for CPS to not get involved with families when they should not be.

Worker enthusiasm for this initiative is summed up in a comment from one worker: “It reduces our caseload and we can focus on real cases. I like not dragging the family through a full investigation if I know it will be an administrative closure. This is long overdue!”

Still, work remains in implementing this change. Some workers and management are resistant to using these strategies out of fear that they will make a mistake; these attitudes take time to overcome.<sup>26</sup>

### Transformation Metrics

#### Average Time to Case Closure

Time to Closure	FY 14	FY 15
Average time to investigation closure (in days)	52.9	48.2
Average time to FBSS closure (in months)	7.1	7.0
Average time to conservatorship closure (in months)	21.3	20.9

#### Office of Child Safety

Abuse/neglect fatalities and near-fatal events occur in every program within DFPS. Historically, CPS, Adult Protective Services (APS), and Child Care Licensing (CCL) have been independently responsible for identifying and addressing issues relating to fatalities affecting persons served in their programs. There has not been a centralized mechanism for ensuring an independent case review, coordination of efforts, development of an agency perspective of systemic issues, or for targeting prevention efforts to reduce fatalities. This has resulted in fragmented responses from the agency and a perception that the agency is unable to provide unbiased reviews of its own work. The new Office of Child Safety (OCS) provides a laser-focus and objective approach to research systemic problems, identify areas of prevention and intervention, initiate enhancements to practice, and bolster collaboration opportunities among DFPS, Department of State Health Services (DSHS), other agencies, and stakeholders. With

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<sup>26</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

this new office, Texas is a model for other states and a national leader in addressing child fatalities and serious injury.<sup>27</sup>

Initiative	Implementation	
	Status	Comments
<p>Establish Office of Child Safety to house the child fatality review process within the Prevention and Early Intervention Division. This office will support independent data analysis, identification of systematic issues, and support cross-program (CPS, APS, CCL) initiatives to address preventable child fatalities, serious injuries and increase overall child safety. Policies and procedures for both investigations and reviews will be centralized and made available to all staff and the general public.</p>	<p><b>Complete</b></p>	<p>September 1, 2014 – DFPS created the Office of Child Safety and staffed first positions as of January 6, 2015.</p> <p>December 2014 – Ongoing – DFPS participates in the <i>Forum on Improving Safety and Preventing Child Fatalities: Application of Predictive Risk Modeling</i> along with the Department of State Health Services, Health and Human Services Commission, and the Honorable Judge Karen Sage. DFPS also continues to work with the Protect Our Kids Commission to address child fatalities. The Commission’s final report will be published in December 2015.</p> <p>January 2015 – OCS began conducting case reviews for child fatalities that are suspected to be abuse/neglect-related and where the family is involved with CPS. In April 2015, OCS started its online data and information webpage, which includes the publicly releasable reports prepared by OCS and data related to ongoing work of the Office.</p> <p>March 2015 – DFPS produced a DFPS/DSHS strategic plan to reduce abuse/neglect fatalities using public health data. Texas is leading the national effort to use public health data to address child fatalities, as more than half of families are not known to</p>

<sup>27</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

		<p>CPS before the fatality.</p> <p>March 2015 – DFPS produced an analysis of child abuse and neglect fatalities from FY 2010 – 2013, which was released in parallel with the strategic plan.</p> <p>September 2, 2015 – DFPS participated in DSHS’ training seminars/”Grand Rounds” for Texas physicians on the OCS DFPS/DSHS Strategic Plan to Reduce Child Abuse and Neglect Fatalities and the risk factors identified by the DSHS/DFPS research.</p>
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### Parental Child Safety Placements

A Parental Child Safety Placement is a temporary out-of-home placement a parent can make when CPS determines that the child is not safe remaining in his or her own home. CPS may offer the parents the option of placing the child out of the home rather than CPS petitioning for court-ordered removal of the child. Parental Child Safety Placements are short term and temporary, lasting no more than 90 days.

If CPS is no longer providing services to the parent, and the caseworker is closing a case or a stage of service, and the child is remaining with a Parental Child Safety Placement caregiver who does not have legal custody, the caseworker must document that:

- no parent is cooperating with DFPS, continuing to work services, or complying with the Family Plan and/or Safety Plan;
- the current Parental Child Safety Placement caregiver is unable or unwilling to seek legal custody; and
- an attorney for DFPS has determined that no legal intervention is available or sought legal intervention that was denied.

Before closing the case or stage, the caseworker must:

- document the basis for determining that the child can safely remain with the caregiver;
- ensure and document that the caregiver is willing to continue the Parental Child Safety Placement without CPS involvement;
- ensure and document there is a workable plan for making sure the child’s needs are met after CPS is no longer in the case;

- ensure and document the child is aware of the plan to close the case and that the caregiver's, parent's and child's questions have been answered;
- get supervisor and program director approval; and
- complete and sign the Voluntary Caregiver's Case Closure and get signatures of the caregiver, a supervisor and, if possible, the parent. The program director must either sign the form, or the caseworker must document the program director's verbal approval in a contact narrative.

Parental Child Safety Placements help prevent removals, promote placement stability, are safe and help minimize trauma of being placed outside the home. There were 32,975 Parental Child Safety Placements utilized in FY 2015.

**Child Protective Services  
Parent Child Safety Placements**

Fiscal Year: 2015

Region	PCSP		PCSP Ended During Fiscal Year													PCSP Continued			
	Total #	Started During FY	Total #	CVS Removal			During Stage of Service					At Case Closure			Other	Total #	To FBSS CTF	No CVS PCN	Other
				Total #	PBK Kinship	PNK Non Kinship	RNF	CRF	RPH	RRC	PEP	COC	NOC	UOC					
001	1,955	1,246	1,380	193	143	50	126	14	483	71	138	108	124	46	77	575	343	80	152
002	1,135	702	808	70	43	27	59	14	272	35	117	83	88	57	33	327	213	43	71
003	8,243	5,685	6,089	691	488	203	654	91	2,278	453	550	409	441	273	229	2,174	1,159	269	746
004	2,180	1,638	1,712	436	316	120	193	36	507	180	167	96	35	36	26	448	252	54	142
005	901	763	734	125	81	44	64	16	237	63	115	16	47	37	14	167	87	16	64
006	6,853	4,578	4,360	620	395	225	375	93	1,635	305	510	144	276	190	212	2,493	1,669	392	432
007	3,423	2,688	2,756	752	628	124	222	52	852	396	224	107	68	34	49	667	360	83	224
008	4,256	2,856	3,172	788	584	184	222	45	1,110	171	292	95	228	123	115	1,084	578	186	320
009	782	542	599	88	73	15	47	7	167	42	72	28	72	46	30	183	127	7	49
010	620	449	508	53	37	16	57	3	228	34	82	6	21	8	16	112	54	20	38
011	2,499	1,786	1,893	290	208	82	195	39	768	112	188	27	98	102	74	596	350	125	121
Other	158	135	113	19	17	2	10	0	48	16	11	2	4	3	0	45	24	0	21
<b>State:</b>	<b>32,975</b>	<b>23,068</b>	<b>24,104</b>	<b>4,105</b>	<b>3,013</b>	<b>1,092</b>	<b>2,224</b>	<b>410</b>	<b>8,585</b>	<b>1,878</b>	<b>2,466</b>	<b>1,101</b>	<b>1,502</b>	<b>955</b>	<b>878</b>	<b>8,871</b>	<b>5,216</b>	<b>1,275</b>	<b>2,380</b>

**Status**

- PCSP ended during stage of service
- PCSP ended during stage of service
- PCSP ended during stage of service
- PCSP ended during stage of service
- PCSP ended during stage of service
- DFPS took CVS of child - PCSP ended
- DFPS took CVS of child - PCSP ended
- Child is in PCSP at case closure
- Child is in PCSP at case closure
- Child is in PCSP at case closure
- Child is in PCSP - case is transferred to FBSS
- DFPS did not take CVS of child - PCSP contd.

**End Reason**

- RNF Caregiver request (Not due to finances)
- CRF Caregiver request (due to finances)
- RPH Child returned to a parent's home
- RRC Parent removed child from PCSP at DFPS request
- PEP Parent ended PCSP on his or her own initiative
- PBK DFPS took CVS, PCSP became kinship placement
- PNK DFPS took CVS, PCSP did not become kinship placement
- COC Caregiver obtained CVS
- NOC Caregiver cannot obtain CVS (due to finances)
- UOC Caregiver unwilling to obtain CVS (not due to finances)
- CTF Child is in PCSP - case is transferred to FBSS
- PCN DFPS did not take CVS of child - PCSP continues

(Source: Data Warehouse pcsp\_01)

Strategies to address child safety are further identified and initiated as outlined in the following excerpts from the CPS Business Plan.

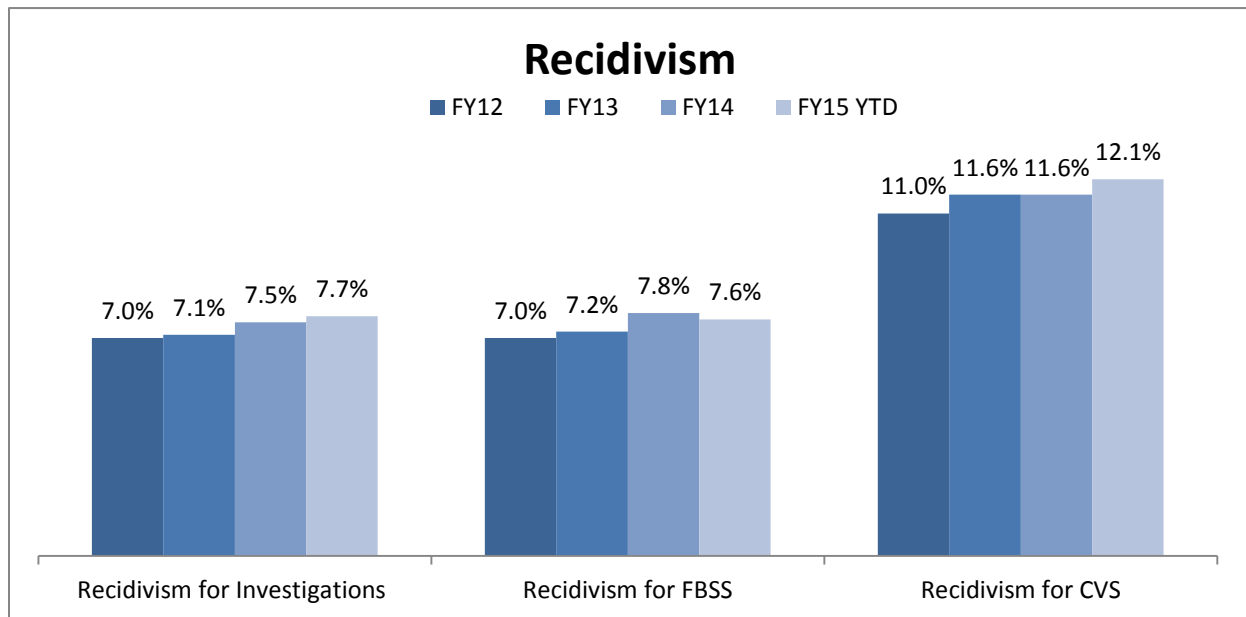
**Goal 1: Maximize the safety of children and youth who are served by the CPS system<sup>28</sup>**

**Outcome Measures**

- Reduced recidivism after an investigation is closed without services
- Reduced recidivism after termination of Family Based Safety Services
- Reduced recidivism after exiting state custody to reunification

At its core, CPS works to create safety for children and families. The ultimate measure of safety for children is when CPS decides that a child will be safe without ongoing CPS intervention and supervision and the child actually remains safe. CPS measures whether a child remains safe by whether a child in a case closed by CPS has a subsequent confirmed investigation or a family preservation or substitute care case, which is also referred to as recidivism. CPS looks at recidivism for 12 months (the period of time used by the federal government in the Child and Family Services Review) after CPS supervision ends.

Recidivism over the last several years in each stage of service has generally increased.



By the data as of September 1, 2015, recidivism is increasing even as staff turnover is decreasing. CPS remains committed to decreasing turnover as a means of improving client

<sup>28</sup> Child Protective Services Business Plan Fiscal Year 2016

outcomes. This shows, however, that the focus must be more than retention of staff. CPS must continue to strengthen staff skills to work effectively with families to develop safety for children.

The rest of this section discusses the key strategies CPS will continue to implement over the next year to further improve decision making and services to families and, thereby, reduce recidivism. CPS will continue to develop and implement Safety Decision Making support tools for caseworkers in all stages of service, roll out the new Alternative Response stage of service to work with families to keep children safe in their homes, and strengthen clinical practice through the practice model and expansion of Signs of Safety.



**Objective 1.1: Improve Safety Decision Making<sup>29</sup>**

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<p>Make structured decision support assessments available in every stage of service to ensure consistency and accuracy of decision making.</p>	<p><b>As of September 2015</b>, CPS implemented a new structured risk assessment to help investigators identify families at greatest risk of repeat maltreatment. In spring 2015, CPS implemented a 24-hour initial safety assessment to help identify danger and make safety decisions.</p> <p><b>In fiscal year 2016</b>, CPS will develop and implement a safety assessment for use in the conservatorship (substitute care) stage of service, an assessment tool to aid in case planning, a reunification assessment, and a risk reassessment to guide decisions about closing a case.</p>	<p>Lead: CPS Investigations / Alternative Response / Family Based Safety Services Division CPS Regional Management, Supervisors and Caseworkers DFPS Center for Learning and Organizational Excellence DFPS Information Resource Management</p>
<p>Develop staff competencies around investigations and safety decision making so that caseworkers have the knowledge and skill to effectively identify safety concerns and determine steps needed to create safety for children now and in the future.</p>	<p><b>On September 1, 2015</b>, CPS will make Advanced Interviewing Skills for Investigators training available to all tenured staff. CPS incorporated the training into Investigations Specialty track professional development training for new protégé's in June.</p> <p><b>In fiscal year 2016</b>, CPS will continue to strengthen the role of Special Investigators to assist in complex investigations and high-profile cases.</p> <p><b>In September 2015</b>, CPS will begin training staff on new disposition guidelines for domestic violence cases. The guidelines mark a cultural shift in how CPS handles domestic violence cases and are the culmination of work between CPS and domestic violence stakeholders as a result of SB 434.</p>	<p>Lead: CPS Investigations / Alternative Response / Family Based Safety Services Division CPS Special Investigators CPS Regional Management, Supervisors and Investigators Domestic Violence stakeholders</p> <p>DFPS Center for Learning and Organizational Excellence</p>

<sup>29</sup> Child Protective Services Business Plan Fiscal Year 2016

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
	<p><b>In January 2016</b>, CPS will begin piloting Signs of Safety in Investigations to build investigator skills in engaging families and safety networks in decision-making. (Regions 3, 7, 8, and 11)</p>	
<p>Ensure consistency and structure around Parental Child Safety Placement (PCSP) decisions and follow up with the caregiver, the children, and the parents so that children are returned to their parents' care when possible.</p>	<p><b>In August-October, 2015</b>, Early Adopters will use a newly developed assessment tool for Parental Child Safety Placements. Feedback from the Early Adopters will be incorporated into the tool and training in preparation for statewide implementation in October.</p> <p><b>By January, 2016</b>, the new tool will be available in IMPACT.</p> <p><b>In fiscal year 2016</b>, CPS will pilot the use of 18 dedicated PCSP staff in Region 3 and five state office state to cover the rest of the state. These staff will, among other things, do "check-ins" on cases that were closed with a child still in a PCSP where the caregiver did not have legal custody. The Region 3 staff will do face-to-face "check ins" while the state office state will do telephone "check ins"</p>	<p>Lead: CPS Investigations / Alternative Response / Family Based Safety Services Division Parental Child Safety Placement staff in pilot regions. CPS regional management, supervisors and caseworkers CPS Evaluation and Analytics team DFPS Data and Decision Support Division Funding from Office of the Governor</p>
<p>Target limited case review resources to cases that data show are at a higher risk of serious recidivism. Conduct "real-time" case reads relatively early in a case using a structured case reading tool to identify critical safety issues, and communicate and address concerns.</p>	<p><b>By September 2015</b>, Family Based Safety Services real-time case reads will be fully implemented statewide.</p> <p><b>In fiscal year 2016</b>, Child Safety Specialist staff will continue to provide real-time feedback on safety issues, including Structured Decision Making concepts and assessment s using a structured investigations case reading guide.</p>	<p>Lead: CPS Investigations, Alternative Response and Family Based Safety Services Division CPS Family Based Safety Services real time case read team. Child Safety Specialist team CPS Evaluation and Analytics team</p>

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
Use a Risk Assessment Instrument to prioritize contracts for monitoring. Quarterly reports about contractor performance will also inform contract monitoring decisions...	<b>By September 1, 2015</b> , CPS will implement targeted Residential Childcare Contract monitoring and interventions to help identify high-risk contracts and support quality improvement.	Lead: CPS Purchased Client Services DFPS Information Resource Management DFPS Contract Oversight and Support

**Objective 1.2: Prevent Removal and Work with Families to Keep Children Safe in Their Homes<sup>30</sup>**

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
Continue to implement Alternative Response to respond to certain lower-risk abuse and neglect reports. Alternative Response is a family engagement approach designed to keep children and families safe and together whenever possible. CPS does not identify alleged perpetrators or give case disposition (finding of abuse/neglect).	<p><b>In fiscal year 2016</b>, CPS will implement Alternative Response in four new regions (Regions 3, 7, 8, and 9) for a total of six regions. (Regions 1 and 11 will have completed implementation by 9/1)</p> <p><b>In fiscal year 2016</b>, CPS will procure or otherwise secure services to help meet the needs of families served by Alternative Response with additional dollars allocated for the biennium.</p> <p><b>In fiscal year 2016</b>, CPS will continue to evaluate the implementation of Alternative Response and early outcomes. The evaluation will include the race and ethnicity of population served to assess the strategy's impact on disproportionate representation of children of color in child welfare. CPS will continue to collect Family Satisfaction Surveys during implementation and report results in December of 2015.</p>	<p>Lead: CPS Investigations / Alternative Response / Family Based Safety Services Division with support from the Kempe Foundation, a national expert in Alternative Response and project management support from Casey Family Programs.</p> <p>CPS Investigation Supervisors and Alternative Response staff dually trained in Alternative Response and Investigations.</p> <p>License to Texas Connector an online, interactive mapping tool that helps Alternative Response staff find community services for families</p> <p>DFPS Prevention and Early Intervention Program</p> <p>CPS Evaluation and Analytics team</p> <p>DFPS Management Reporting and Statistics</p>

<sup>30</sup> Child Protective Services Business Plan Fiscal Year 2016

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
Initiate family preservation services early on during an investigation to more urgently serve families when they are most in crisis and likely to engage.	<b>By January 2016</b> , CPS will complete statewide rollout of new case transfer process from Investigations to Family Based Safety Services. The process involves pairing investigations and Family Based Safety Services units, involving Family Based Safety Services within 10 days of the start of the investigation, and conducting joint visits.	Lead: CPS Transformation Regional Champions CPS Transformation Investigations - Family Based Safety Services field-driven team leads rollout and provides individualized technical support to every region CPS Investigations / Alternative Response / Family Based Safety Services state office and regional staff
Develop staff competencies around family engagement and preservation so caseworkers have the knowledge and skills to partner effectively with families to create safety and permanency for children.	<b>In fiscal year 2016</b> , CPS will roll out new practice guides and training for the six core competencies (Engaging, Assessing, Teaming, Planning, Intervention, and Evaluation).  <b>In fiscal year 2016</b> , CPS will continue implementation of Signs of Safety (Regions 3, 7, 8, and 11)	Lead: CPS Division of Practice Excellence Investigation, Alternative Response and Family Based Safety Services Division Signs of Safety consultant and internal CPS trainers CPS Disproportionality Team CPS regional management and supervisors
Ensure quality of contracted services for parents and make sure caseworkers know how and when to use purchased services to support changes in family behaviors.	<b>By February 2016</b> , CPS will train on new subject matter guides on Domestic Violence and Mental Health and Substance Abuse, including how and when to access services.	Lead: CPS Purchased Client Services and Family Based Safety Services state office staff CPS Division of Practice Excellence - Domestic Violence, Substance Abuse and Mental Health Program Specialists CPS Conservatorship and Family Based Safety Services staff CPS Disproportionality Team CPS Contracted Service providers DFPS Center for Learning and Organizational Excellence DFPS Contract Oversight and Support

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
	<b>During fiscal year 2015,</b> CPS will develop new quality requirements for re-procurement of evaluation and treatment service contractors and establish new contract monitoring processes that focus on equitable and quality outcomes.	

## **B. Permanency**

### **Permanency Outcomes 1 and 2**

Permanency outcomes include: (A) children have permanency and stability in their living situations; and (B) the continuity of family relationships is preserved for children.

- For each of the two permanency outcomes, include the most recent available data demonstrating the state's performance. Data must include state performance on the four federal permanency indicators and relevant available case record review data.
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2, including an analysis of the state's performance on the national standards for the permanency indicators.

### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 18 - 20 of the 2015-2019 Child and Family Services Review Plan.<sup>31</sup>

Child Protective Services is increasing its emphasis on finding permanent families for children in foster care. Accomplishments related to Permanency<sup>32</sup> during 2015 include the following:

- Realignment of Kinship/Conservatorship staff implemented in all regions – April 2015
- Implemented earlier assignment of Conservatorship worker in all regions – April 2015
- Harris County moved to permanency 375 children in care more than two years, most of whom had a goal of adoption – July 31, 2015
- Implemented initiative to hold the Family Group Conference within 30 days of removal and make other improvements in all regions – August 2015
- Established a work plan to shift residential contracts monitoring to performance-based monitoring approach, including design of the demonstration program – August 24, 2015
- Accelerated Family Reunification initiative rolled out in all regions – September 2015

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<sup>31</sup> *The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019*

<sup>32</sup> *Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014*

- Faith-based Collaboration – 276 faith-based organizations have signed on to support care portals

The Accountability Division identifies trends related to permanency for children in foster care through quarterly Child and Family Services case reviews. The trends are shared with regional management where plans can be developed as needed to address areas of concern. The most recent data from the case reviews related to Permanency include:

<b>CFSR Outcome/Item</b>	<b>Standard</b>	<b>Q3-15</b>	<b>Q4-15</b>
Item 4 Stability of Foster Care Placement	90%	80%	81.1%
Item 5 Permanency Goal for Child	90%	81.1%	82%
Item 6 Achieving Reunification, Guardianship, Adoption or Other Planned Permanent Living Arrangement	90%	60%	57.8%
<b>Permanency 1 Children Have Permanency and Stability in Their Living Situations</b>	<b>95%</b>	<b>47.8%</b>	<b>46.7%</b>
Item 7 Placement with Siblings	90%	92.5%	92.6%
Item 8 Visiting with Parents and Siblings in Foster Care	90%	83.1%	76.5%
Item 9 Preserving Connections	90%	90%	92.2%
Item 10 Relative Placement	90%	91.3%	85.7%
Item 11 Relationship of Child in Care with Parents	90%	62.7%	63.3%
<b>Permanency 2 The Continuity of Family Relationships and Connections is Preserved for Children</b>	<b>95%</b>	<b>84.4%</b>	<b>81.1%</b>

(Source: CFSR Case Reviews)

### **Reunification and Permanency**

CPS believes that all children deserve a lifelong connection to a family and it is CPS' responsibility to find safe, permanent, family relationships for each child and youth in foster care. Because of this, DFPS is dedicated to creating a practice that supports developing family connections for children and youth, and quickly exiting children and youth to positive permanency. Towards this goal, two regional leaders organized a cross-functional team with field staff from every region and state office subject matter experts to identify CPS system improvements to move children more quickly to permanency. The group targeted agency

practices that inadvertently delay reunification and other exits to positive permanency. The team also focused on field-driven ideas to reduce time spent on activities that could be eliminated or streamlined to allow workers more time for critical casework. Together, these efforts seek to improve time to permanency for children and increase caseworker morale and retention.

The team prioritized ideas into three groups: those that could be implemented immediately, those that needed to be tested and evaluated before implementation, and those that required technology changes and could be considered for future IMPACT modernization efforts.

From fall 2014 to early spring 2015, the team oversaw the development and implementation of its initiatives in early adopter regions. The team provided technical assistance and training to additional regions as these initiatives began statewide.<sup>33</sup>

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<sup>33</sup> *Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014*



Initiative	Implementation	
	Status	Comments
<p>Increase the average number of children who can be reunified with their families in less than a year, and reduce the average time to permanency by involving field staff in identifying immediate solutions.</p> <p>The team generated 95 process and practice changes and prioritized 17 ideas for immediate solutions that can be implemented statewide and practice changes for testing and replication. Ideas prioritized for implementation include:</p> <ul style="list-style-type: none"> <li>Visitation Matters training</li> <li>Realignment of Kinship/CVS Staff</li> <li>Accelerated family reunification</li> <li>CVS Worker Assignment</li> <li>Family Group Conference (FGC) Improvements</li> <li>Single Child Plan</li> </ul>	<p><b>In Progress</b></p>	<p>October 2014 – Began testing select process and practice changes in specific areas. Between November 2014 and January 2015, pilots expanded to more regions.</p> <p>December 2014 - January 2015 – CPS evaluated the pilots using focus groups, surveys, and data.</p> <p>January 8, 2015 – Developed statewide rollout schedule to implement successful pilots as practice.</p> <p>March 31, 2015 – Visitation Matters training rolled out in all regions.</p> <p>January - April 2015 – Realignment of Kinship/CVS Staff rolled out in the regions.</p> <p>January - April 2015 – CVS Worker Assignment rolled out in areas where it was not standard practice.</p> <p>January - August 2015 – FGC improvements implemented in the regions.</p> <p>January - September 2015 – Accelerated Family Reunification rolled out in the regions.</p> <p>April - present – Regions continue to work with child placing agencies on implementation of the single child plan initiative.</p>

### Evaluation of Reunification and Permanency Team Initiatives

The second field and state office staff team focused on improving permanency outcomes in the Conservatorship stage of service. Like the INV/FBSS Team, the team identified many process and practice changes, but prioritized six for implementation. They are summarized below.<sup>34</sup>

	Increase Time with Families	Increase Permanency	Expedite Service Provision	Increase Staff Collaboration	Increase External Collaboration
<p><b>Visitation Matters</b>                      Training for frontline workers on how to coach parents during supervised visitations and progress parents from supervised to unsupervised visits. Research correlates positive, frequent visits to more likelihood of reunification.</p>		✓			
<p><b>Realignment of Kinship/ CVS Staff</b>                      Pairs Kinship workers with conservatorship caseworker units.</p>	✓	✓	✓	✓	
<p><b>Accelerated Family Reunification</b>                      Identifies cases appropriate for early family reunification using established criteria.</p>		✓			

<sup>34</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

<p><b>CVS Worker Assignment</b> Assigns the CVS worker within 72 hours of a removal.</p>	✓	✓	✓	✓	
<p><b>Family Group Conference (FGC) Improvements</b> Expedites service planning and provision by holding the FGC within 30 days of removal, accelerating creation of the Family Plan of Services.</p>		✓	✓		
<p><b>Single Child Plan</b> CPS workers collaborate with child placement agencies (CPAs) in developing the Child Plan of Service.</p>		✓	✓		✓

**Accelerated Family Reunification**

Texas law provides parents with one year before their parental rights can be terminated. That law was designed to protect the parent and give them time to make positive change to reunify with their children. The unintended consequence of this is that CPS sometimes uses the 12 months as a standard, which can delay reunification unnecessarily. This initiative was designed to accelerate reunification for certain cases that meet strict criteria. All regions have implemented this initiative.

Evaluation of the pilot considered descriptive statistics of how many accelerated reunifications occurred (long-term, there is a need to look at recidivism data to ensure children are being reunified safely). While the number of applicable cases varies by region, some regions have capitalized on the opportunity this initiative provides. For example, Region 6B (counties surrounding Harris County) reports that, between March and July 2015, caseworkers staffed 208 cases; 43 cases were approved for accelerated reunification and 113 children have been returned home.

Another metric used was whether the average time in days from removal to trial home visit decreased during the evaluation period. In the Region 8 pilot, the average decrease across three pilot units was 58 days; one unit saw an increase.

This initiative has encouraged staff to think creatively to reunify families. For example, in one Region 9 case involving a 4-year old boy, accelerated reunification was proposed early in the life of the case (at only 64 days). The rationale for the reunification was that a strong safety and support network was in place to support the mother and child. The mother was residing in the home of a couple whom CPS originally studied to be a fictive kin placement. Once reunified, the mother and child would continue to reside in their home. All parties agreed with the plan.

Frontline staff responded positively in the focus groups, noting the following benefits.

- This initiative has put reunification at the forefront and allowed staff to consider this option earlier. One staff member noted, “[I] like the fact that we don’t have to wait a year to reunify. Six months down the road [we] can look at reunification if safety allows.”
- Early reunification is good for families and staff. One staff member noted, “This is good because it’s less traumatizing for the families and gets cases off of your caseload.”

Concerns raised about this initiative included the following comments.

- Only a limited number of cases meet the criteria. One worker noted a need to “select cases carefully.” Many cases, such as those involving substance abuse or domestic violence, cannot be resolved quickly.
- This change represents a cultural shift for CPS. Some staff and external stakeholders have not yet embraced this initiative.<sup>35</sup>

### **Permanency Strategic Plan**

Safe, permanent placement of children with forever families has always been a priority for Child Protective Services (CPS). Over the years, numerous program enhancements have occurred to support this goal and, while Texas efforts lead the nation in many areas, CPS is always looking for ways to improve. Specifically, despite the fact that approximately 92% of Texas children in

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<sup>35</sup> *Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014*

foster care exit to positive permanency, CPS is concerned about the remaining 8% of foster children who do not. Additionally, efforts are underway to identify methods to decrease the length of time it takes for children to achieve permanency.<sup>36</sup>

As part of CPS Transformation, the Reunification and Permanency (RAP) group was formed to target agency practices regarding positive permanency. This group identified 95 process and practice changes to improve upon current success. Several of these changes have been implemented statewide. The Harris County plan focused on moving 600 children in substitute care to permanency, creating a culture of permanency in the organization, and organizing Texas Harris County operations geographically to reduce staff travel and logistical problems. Organizationally, DFPS Leadership made the decision to centralize this work under the direction of a Director of Permanency. One of the responsibilities of this position is to create a statewide permanency strategic plan to define and focus CPS's efforts to reunify children with their parents, transfer custody to relatives, or achieve legal adoption, which Texas defines as *positive permanency*.

The goals of the Permanency Strategic Plan are to:

1. Safely reduce the average time to achieve positive permanency by 25% by 2020
2. Achieve positive permanency for children under six years old who have been in DFPS conservatorship for more than two years
3. Reduce the number of youth exiting care without a permanent home
4. Create a culture in which staff and stakeholders value and demonstrate a sense of urgency to achieve positive permanency

To achieve these goals, CPS will execute a series of action plans. The work starts with a Call to Action to alert internal staff and external stakeholders of the importance of acting with a sense of urgency. Each region held a permanency summit designed to raise awareness of the critical nature of the work and the agency's commitment to positive permanency. The summits were sponsored by CPS and supported by Casey Family Programs (CFP). CFP is the nation's largest operating foundation focused on safely reducing the need for foster care. CFP is partnering with child welfare systems, including Texas, to support practices and policies that safely reduce the need for foster care by fifty percent by the year 2020. CPS recognizes that

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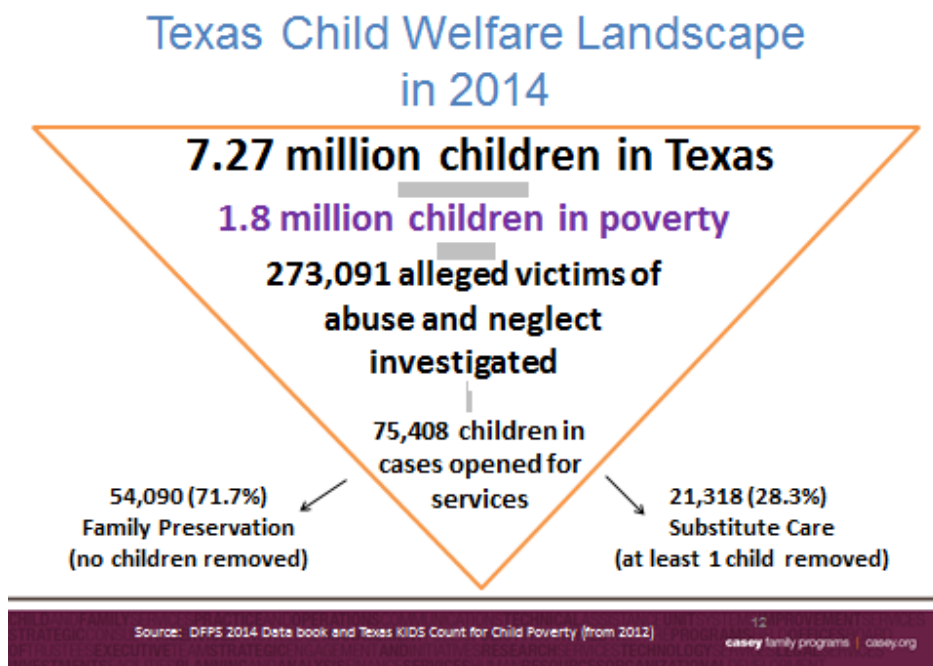
<sup>36</sup> Child Protective Services Permanency Strategic Plan October 2015

each region has unique characteristics and faces different challenges, and consequently, CPS has focused this effort on regionally driven plans. Each region analyzed its data, conducted a root cause analysis, and identified its areas of focus to improve positive permanency. In addition to the IVE State Plan filed annually with the Administration for Children and Families, there are statewide permanency action plans for Legal Staff, for the Faith Based Community, for the Child Placing Agencies, and for Residential Contracting and Capacity Building. All the plans are supported by a Stakeholder Awareness and Communication campaign.

The strategic plan will be updated and adjusted over the next five years to reflect any changes to strategies and goals developed as the work progresses within the regions and across the state.<sup>37</sup>

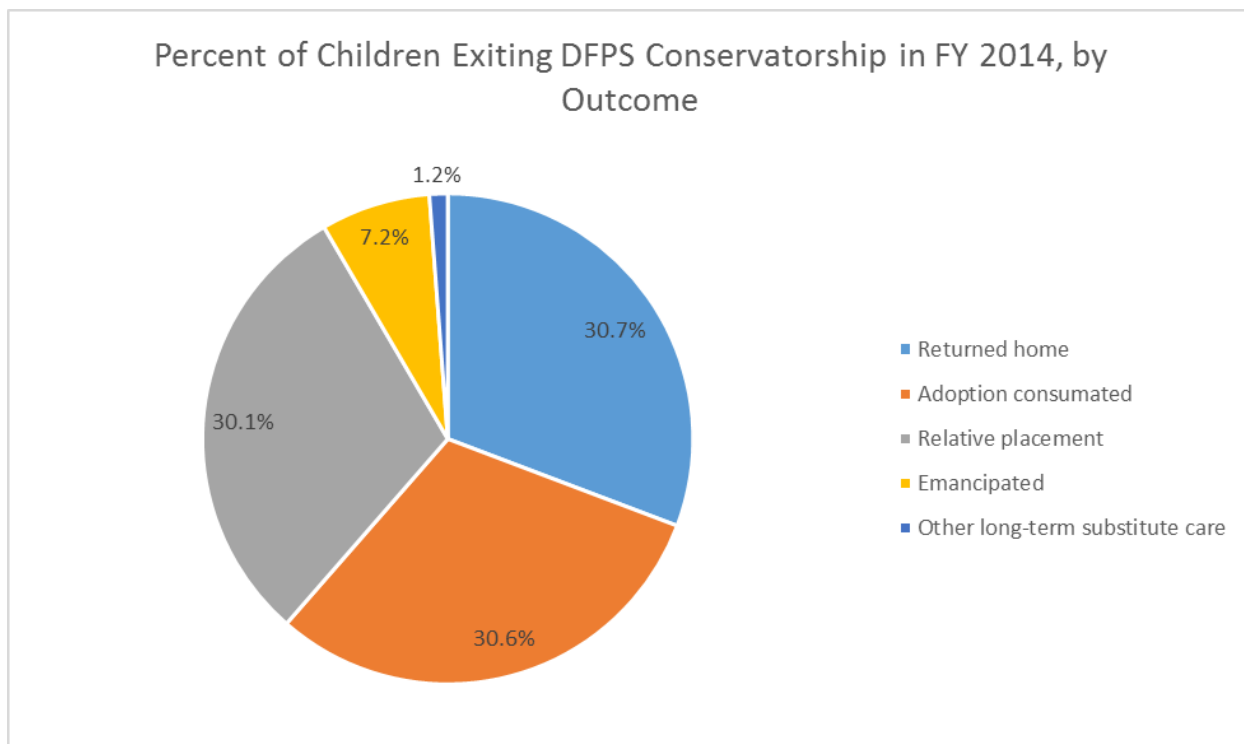
### Starting Point for the CPS Permanency Strategic Plan

Of the 7 million children in Texas, there are 273,091 that are alleged victims of abuse and neglect. CPS investigates these cases. In less than 8% of the cases investigated, CPS assesses safety concerns to be serious enough to merit removing the child from his or her home.



<sup>37</sup> Child Protective Services Permanency Strategic Plan October 2015

In 2014, approximately 30% of children who exited substitute care were able to return to their original home, 30% were adopted, and 30% were placed with a relative. An additional 7% of the youth aged out of the system without finding positive permanency, and 1.2% remained in other long-term substitute care.<sup>38</sup>



The majority of children in DFPS conservatorship achieve positive permanency and do not age out of care. Both the number and percent of youth aging out of care has steadily declined from 1789 children (13%) in FY2010 to 1639 (10%) in FY2011 to 1577 (9%) in FY2012 to 1526 (9%) in FY13 and finally, to 1456 (9%) in FY2014. That means 91% of the children and youth exited from care to a permanent home through reunification, relative PMC, or adoption. It should be noted that Texas does better than the national average for children and youth aging out of foster care. The national average is 10%.

The average length of time children in Texas spend in substitute care, also known as the time to permanency was 18.8 months in FY2014. The average child spent 13.2 months in care before

<sup>38</sup> Child Protective Services Permanency Strategic Plan October 2015

returning home, 13.1 months in care before custody is given to a relative without Permanency Care Assistance (PCA), 24.2 months in care before custody is given to a relative with PCA, 26.6 months in care before an adoption is consummated by relatives, 30.8 months in care before an adoption is consummated by non-relatives and 54 months in care before emancipation.

When CPS challenged each of the regions to begin work on the Permanency Strategic Plan, December 2014 data was provided as a starting point for their planning process. At that time, CPS had 573 children under the age of six who had been in care two or more years. Of these children, 7 had been in care five or more years, 39 had been in care 4 or more years, 97 had been in care 3 or more years, and 430 had been in care two or more years. From the point of view of a six-year old, this time in care represents a huge percentage of his or her lifetime.<sup>39</sup>

### **Permanency Goals**

While CPS has made progress in achieving positive permanency for many youth, there is still more work to be done. As a result of the extensive data and root cause analysis, CPS identified a number of goals for the Permanency Strategic Plan.<sup>40</sup>

#### **1. Safely reduce the time to achieve positive permanency by 25% by 2020.**

Based on the data analysis outlined in the previous section, the overarching permanency goal in the strategic plan is to safely reduce the average time for children in substitute care to achieve positive permanency by 25% by the year 2020. Currently the average time to permanency is 18.8 months. By 2020, the average time to permanency will be approximately 14 months, which will place Texas as one of the leaders in the nation.

The 25% reduction will occur over a five year period. Each year, regions will be assigned their own annual reduction targets. The regional targets are based on current performance. Regions with longer times to permanency are expected to show greater improvements. For 2016, the regional targets are as follows:

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<sup>39</sup> Child Protective Services Permanency Strategic Plan October 2015

<sup>40</sup> Child Protective Services Permanency Strategic Plan October 2015



**Regional targets for 2016**

<b>Region</b>	<b>Current Average Time to Permanency</b>	<b>Target Average Time to Permanency</b>	<b>Target Improvement (in months)</b>
Region 01	21.7	19.7	2
Region 02	19.8	18.8	1
Region 03	17.5	16.8	.75
Region 04	15.9	15.3	.6
Region 05	16.9	16.4	.6
Region 06	21.7	19.7	2
Region 07	17.5	16.8	.7
Region 08	20.2	19.2	1
Region 09	21.1	19.6	1.5
Region 10	17.8	17.0	.7
Region 11	15.9	15.4	.5

Statewide, the 2016 regional targets will result in a reduction of the average time to permanency of one month. In FY2014, 15,456 children achieved permanency in Texas. A reduction of one month in that year would have resulted in these children spending 463,680 fewer days in state custody; this equates to a savings of approximately \$12M dollars. More importantly, the children would have achieved permanency more quickly. This will be a significant accomplishment.

**2. Achieve positive permanency for children under six years old who have been in DFPS conservatorship for more than two years.**

For young children, spending two or more years in substitute care constitutes a huge percentage of their lifetime. DFPS is committed to making more rapid progress to find positive permanency for this age group. The goals for this group are extremely aggressive – to reduce the number of children in this category statewide to zero by the end of fiscal year 2016. The regional starting points are shown below. All regions share the same target of zero children by August 2016.

**Regional Target – Number of Children under Six Who Have Been in Care Two Years or More**

Region	Number of Children Meeting Criteria	Target August 2016
Region 01	34	0
Region 02	23	0
Region 03	127	0
Region 04	10	0
Region 05	13	0
Region 06	108	0
Region 07	32	0
Region 08	100	0
Region 09	18	0
Region 10	7	0
Region 11	101	0
Statewide	573	0

**3. Reduce the number of youth exiting care without a permanent home**

DFPS believes everyone in substitute care deserves a permanent family regardless of age. This goal aims to dramatically reduce the number of youth exiting without that permanency. The statewide target for FY2016 is to reduce the number of youth in this category to 750. Each

region is expected to contribute a pro rata share towards the overall goal based on the number of children in care between 16-17 years of age in each region (as of May 2015).

**Regional Target – Number of Youth Aging Out of Care  
Without Positive Permanency**

<b>Region</b>	<b>Current Number of 16 &amp; 17 Year Old Youth in Care</b>	<b>Target August 2016</b>
Region 01	150	44
Region 02	88	26
Region 03	519	151
Region 04	171	50
Region 05	64	19
Region 06	514	150
Region 07	292	85
Region 08	414	121
Region 09	92	27
Region 10	53	15
Region 11	218	63
Statewide	2575	750

**4. Create a culture in which staff and stakeholders value and demonstrate a sense of urgency to achieve positive permanency.**

The rationale for this goal lies in the realization that any practice changes to achieve the three goals above must be supported by creating a broader, sustained culture of permanency that permeates the entire DFPS enterprise. This culture of permanency emphasizes the importance

of permanency and the urgency to achieve it for children and youth. In other words, we have no time to lose. Even a month without permanency may seem like a lifetime to a young child. The five-year time frame of the Strategic Plan reinforces the long term commitment of DFPS to this effort. The time frame recognizes the substantial time period required to achieve a culture change evidenced in the behavior of staff and stakeholders and reflected in hiring practices, training, performance reviews, policy, QA processes, data reports, resource allocation, and leadership. Over the course of the strategic plan, these system components will be examined and modified to support a culture of permanency. A focus on culture shift begins with the regional summits described earlier.

### **Outcome Evaluation**

Our practice secures positive and consistent results for the children, youth, and families we serve. The intended outcomes resulting from the Permanency Strategic Plan include the specific measures outlined in our goals as well as a number of other achievements. DFPS will monitor progress on small steps that contribute to the longer term goals. DFPS will also monitor for unintended consequences including abuse, neglect, the rate of recidivism, and the rate children return to DFPS care. Child safety will remain foremost in any decision about permanency.

The key outcome measures tie directly to the goals outlined in this Strategic Plan:

- Number of exits to positive permanency
- Time in care is reduced by shortening the time to achieve relative non PCA, relative PCA and relative adoptions
- Number of children under six years old in care two or more years
- Number of youth aging out

There are a number of supporting measures that act as leading indicators of whether staff and partners are taking necessary actions to lead to greater positive permanency. Each of these metrics alone does not guarantee that positive permanency will occur. They allow CPS to see whether the culture of urgency is taking hold in every location. These include:

- Timely Kinship Home Screening requests
- Increased timeliness of services
- Increased visitations between children and parents

- Increased participation by kinship development worker and Kinship caregivers in permanency planning meetings and legal proceedings
- Increased participation by external stakeholders.
- Providing immediate support to Kinship Placements
- Decreased time to issue financial payments
- Timely Day Care services arranged
- Increased frequency of parent/child visits
- Improved time to foster home verification for Permanency Care Assistance (PCA) referrals
- Improved collaboration and decision making between CVS and Kinship

This is a five-year strategic plan. Measurement will continue over the duration of this plan. Actions will be modified based on feedback from our stakeholders and the data observed over the course of the plan.<sup>41</sup>

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<sup>41</sup> Child Protective Services Permanency Strategic Plan October 2015

**Regional Areas of Focus<sup>42</sup>**



Region	Reunification	Relatives/Kin	Adoption
1/9		✓	
2		✓	
3	✓		
4/5		✓	
6a	✓		
6b			✓
7	✓		
8	✓		
10			✓
11			✓

<sup>42</sup> Child Protective Services Permanency Strategic Plan October 2015

### **Regional Monitoring**

Each region is paired with a liaison from State Office. Once a month, the region reports to State Office the progress they have made towards their plan. Together, they assess progress and barriers. They share ideas and lessons learned from other regions.

On a quarterly basis, the State Office Permanency team will pull data across all regions and assess progress towards each of the goals. They will update the plans, as needed, to continue to make steady progress.

### **State Monitoring**

With the assistance of the State Office CPS Systems Improvement Division, CPS will use data analytics to identify which children are at a higher risk of not achieving permanency and implement a process to review cases involving such children shortly after they enter conservatorship to ensure needed actions that promote permanency have been completed.<sup>43</sup>

### **Statewide Legal Plan**

CPS regional attorneys will educate the county and district attorneys who represent Child Protective Services on transformation and permanency initiatives. This includes a plan to meet individually with those attorneys in order to build relationships and share information. Managing attorneys have begun the process of working collaboratively with CPS by participating in and arranging "brown bag" lunches where updated statistics regarding children in foster care are shared. Both managing and regional attorneys are participating in regular "judge's meetings" where barriers to permanency are discussed with a view toward improving case outcomes. Managing attorneys will attend Permanency Summits in their areas and regional attorneys are attending trainings offered by CPS program.

Regional litigation will be sending out bi-monthly letters that provide information about the various offices of the services and support that the regional legal offices can provide, including specialized trainings and expertise in areas such as immigration, ICWA and appellate matters. Included in the letters will be contact information for the regional managing attorneys, a link to

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<sup>43</sup> Child Protective Services Permanency Strategic Plan October 2015

DFPS' Practice Guide, information about our monthly CLE training, and information on how to obtain CPS case records.

CPS will continue to use the scholarship program to allow attorneys to attend specialized training as it relates to Permanency. Examples of this training include “Implicit Bias” as presented by Dr. Jeffrey Rachlinski at the New Judges Conference in January 2015; “Our Children’s Well-Being” as presented by Judge Scott McCown at the Child Welfare Judges Conference in August 2015; and Judges Chris Oldner's and Meca Walker's presentation at the Cross-Systems Summit by the Center for Elimination of Disproportionality and Disparities in August 2015. Additionally, the Child Protection Law Bench Book was updated and released in August 2015 and included an updated chapter on Disproportionality.

### **Faith Based Community Plans**

DFPS uses Faith-Based efforts in child welfare work, specifically the use of Faith-Based recruitment. Two pieces of legislation provide guidance regarding these efforts. HB 2468 (1995, Section 162.309, ratified in 1997 in the Texas Family Code) established the Advisory Committee on Promoting Adoption of Minority Children; and SB 1489 (2003, Section 264.113 of the Texas Family Code), which addressed the needs of children removed by engaging congregations of faith within the community where the child resides. This legislation was removed from statute by the 84<sup>th</sup> legislative session but is under review to determine if it needs to be placed in rule.<sup>44</sup>

During February 2015 a survey was sent out to the 96 churches statewide that are currently providing services in the faith-based initiative. A total of 37 churches responded to the survey, a 39% response rate.

- Overall churches state their collaborations(s) with CPS are very positive.
  - Churches state they understand the mission and vision of CPS.
  - They feel the communication channels are reasonable.
  - They are satisfied with the CPS staff they work with.
- Over half of the respondents report that CPS does not maximize the use of all services their church provides.
- The most common services provided are:

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<sup>44</sup> Child Protective Services Permanency Strategic Plan October 2015



- Support to foster families via wrap around services, appreciation, or ministry services.
- Foster and adoptive family recruitment.
- Parent training/mentoring.
- Clothing, school supplies and daycare for children.

### **Permanency Call to Action**

In February 2015, CPS launched a Permanency “Call to Action” in partnership with Casey Family Programs. A statewide permanency summit with state office staff, regional directors, and conservatorship program administrators focused staff on the statewide goal of safely achieving positive permanency for more children and youth. Positive permanency is achieved when a child leaving DFPS’ care exits into a permanent setting, which involves a legal relationship to a family. Reunification with parents, transfer of custody to a relative or extended family member, and adoption are all examples of positive permanency outcomes.

In April, a second statewide summit engaged more regional staff about the importance of permanency. Each region began reviewing data to identify their unique challenges. Regions focused on reunification, exits to relatives, or adoption. They also began planning on how to engage their local stakeholders in preparation for their regional permanency summits held between June and November 2015.<sup>45</sup>

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<sup>45</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

Initiative	Implementation	
	Status	Comments
<p>Goals of the Permanency initiative include:</p> <p>Safely reduce the average time to achieve positive permanency by 25 percent by 2020.</p> <p>Achieve positive permanency for children under six years old who have been in DFPS conservatorship for more than two years.</p> <p>Reduce the number of youth exiting care without a permanent home.</p> <p>Create a culture in which staff and stakeholders value and demonstrate a sense of urgency to achieve positive permanency.</p>	<b>In Progress</b>	<p>February 20, 2015 – Permanency Summit kicked-off Permanency Call to Action.</p> <p>April 29 - 30, 2015 – Statewide program director Call to Action meeting.</p> <p>September 1, 2015 – Statewide Permanency Strategic Plan established statewide goals for FY 2016 and accompanying targets for each region.</p> <p>June - November 2015 – Regions engage local stakeholders through regional Permanency summits.</p>

### Harris County Transformation

Transformation is a statewide effort. However, with a child population of over one million and a monthly average of almost 4,500 children in CPS care, Harris County’s challenges are especially acute. Children living in Harris County remain in foster care longer than the statewide average (29 months compared to 24 months) and are less likely to reunite with their families (22 percent compared to 32 percent statewide). Recognizing the specific needs of this urban area, CPS requested that Casey Family Programs assess the issues in Harris County and make recommendations. Casey Family Programs recommended a targeted permanency campaign and structured effort toward making long-term practice improvements.

Over the past six months, CPS has worked toward moving to permanency a targeted group of 600 children who have been in care for more than two years, most of whom have a goal of adoption. During this process, CPS continued to develop a deeper understanding of barriers to permanency and engaged staff in taking ownership of the work needed to affect internal change. Harris County has now implemented a change management structure that includes the state transformation efforts in this plan along with initiatives specific to Harris County. This governance structure facilitates the region’s ability to develop, lead, track, and evaluate efforts designed to improve child welfare practice, increase the professional skills of the workforce,

improve operational efficiencies, and effectively communicate a permanency-based vision within the agency and throughout the community. Strategies under development include initiatives to reunify children and families earlier, improve child and family visitations, engage families and services more quickly, prevent children from staying in state care for extended periods of time, and draw on the strengths of community stakeholders as partners in permanency for children in Harris County.<sup>46</sup>

Initiative	Implementation	
	Status	Comments
<p><b><u>IV-E Demonstration Waiver</u></b>                      Implement five-year child welfare demonstration project in Harris County. The project allows DFPS to waive certain IV-E requirements to use funding more flexibly on new service approaches.                      For the target population, CPS will implement the Child and Adolescent Needs and Strength (CANS) assessment tool, and provide coaching on how to develop effective service plans and identify interventions that meet the specific needs of the child and family.</p>	<p><b>In Progress</b></p>	<p>October 1, 2014 – The U.S. Department of Health and Human Services granted DFPS a Title IV-E waiver. Casey Family Programs and Chapin Hall at the University of Chicago will help the state plan and implement the waiver project.</p> <p>January 2015 – Secured an external evaluator to conduct the initial process evaluation, annual outcome evaluation reports upon implementation per federal requirements, and cost analysis. Subsequently, CPS negotiated the scope of work and research design with the U.S. Department of Health and Human Services.</p> <p>September 2015 – The Texas Comprehensive CANS assessment tool was finalized. This tool includes behavioral health and child welfare assessment information. Region 6A staff provided input in the development of this tool in conjunction with Harris County Protective Services and state partners.</p>

<sup>46</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

<p><b>Harris County Transformation</b></p> <p>Move a targeted group of 600 children who have been in care for more than two years, most of whom have a goal of adoption, to successful permanency by December 31, 2014.</p> <p>Reduce the length of stay in foster care and the time to permanency in Harris County by identifying key barriers and making practice improvements.</p> <p>Implement geographically driven case distribution. Harris County was divided into four quadrants (north, south, east and west).</p>		<p>September 1, 2014 – Began geographically assigning cases.</p> <p>December 31, 2014 – At the end of July 2015, CPS had moved 375 of the original group of 600 children into permanency. As of August 2015, CPS has moved 375 of these children to permanency. CPS continues to work to move “long-stayers” to permanency but has also increased work to prevent “long-stayers.”</p> <p>January 9, 2015 – Completed an analysis of the barriers to moving “long stayers” to permanency. Because many of the barriers identified were legal barriers, CPS began working with its legal partners to address these issues.</p> <p>February 6, 2015 - Ongoing – The external stakeholder committee formed to engage key stakeholders in the process. The committee includes CASA, the Harris County Attorney’s Office, and education, health, and mental health representatives, and meets quarterly.</p> <p>Spring 2015 – Region 6A began conducting quarterly town hall meetings led by the regional director on transformation and permanency-related topics.</p>
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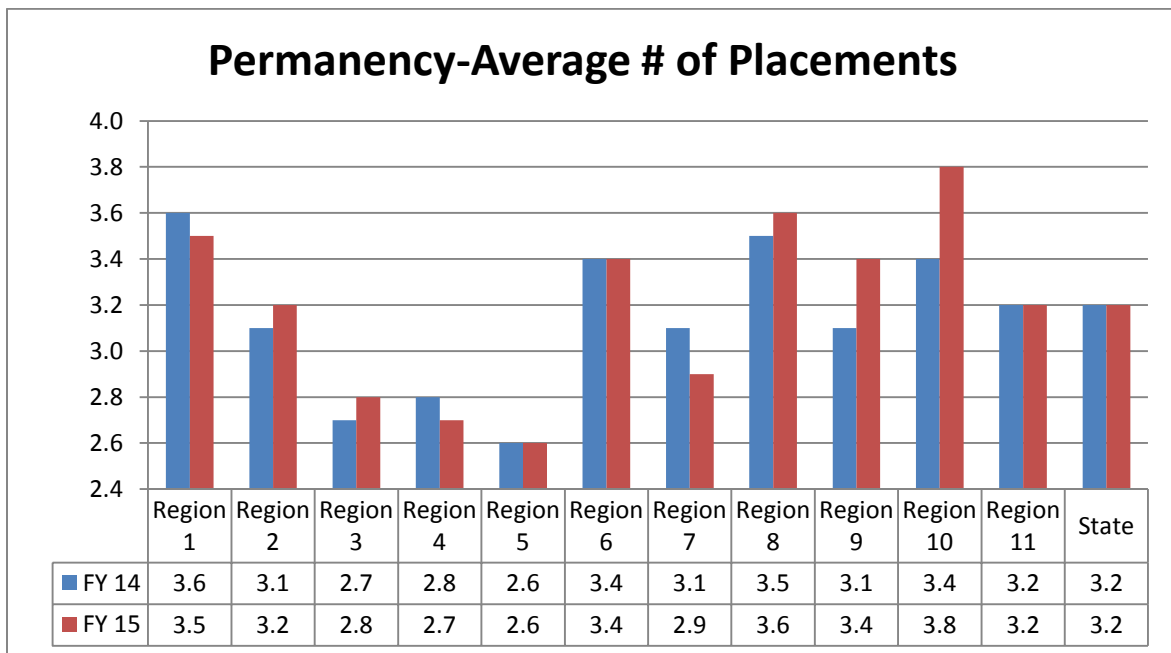
### Purchased Family Preservation and Reunification Services

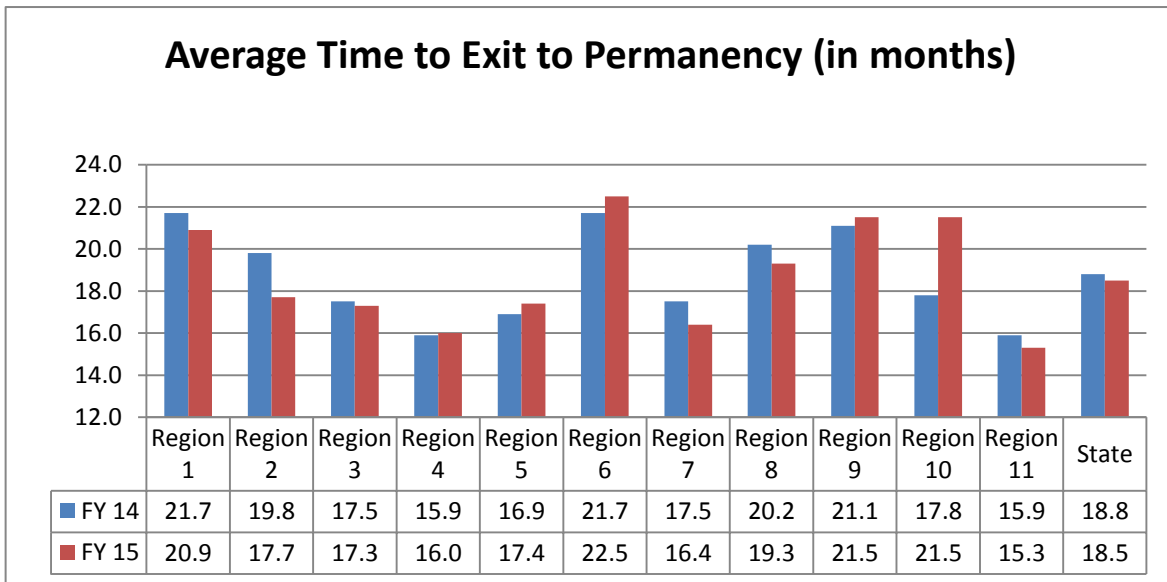
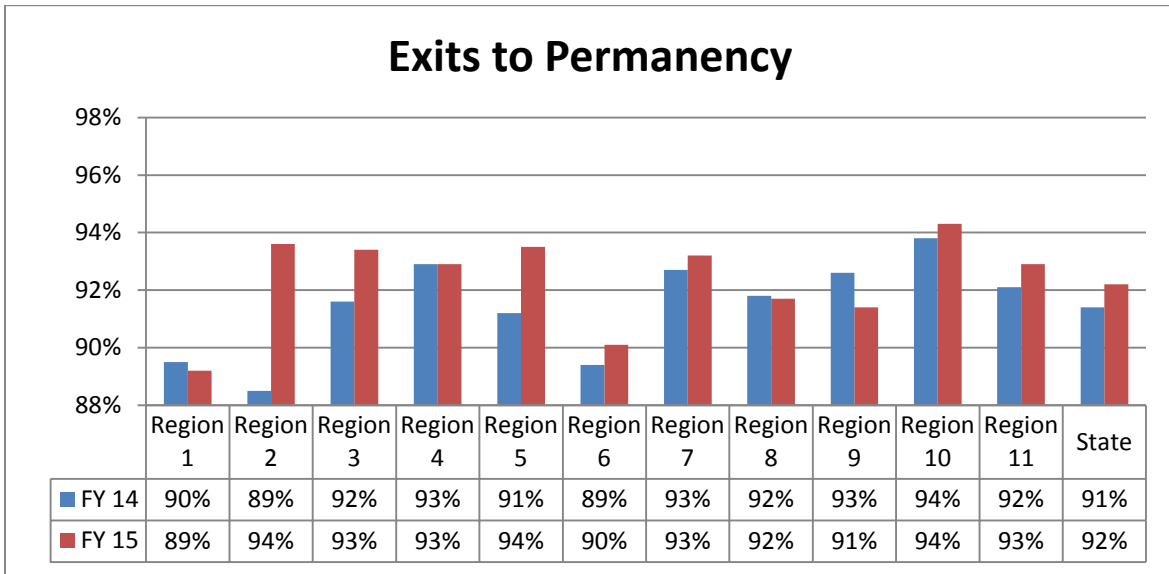
CPS purchases a number of family preservation and reunification services such as counseling, substance abuse, and mental health treatment. In response to Sunset Advisory Commission concerns about the need to track outcomes of these services, CPS has begun using data to better drive contracting and referral decision-making. CPS will use data to identify the most-effective types of services, the providers with the best outcomes, and service capacity needs. To improve services and client outcomes, CPS intends to strengthen training, communication and access to information for all parties involved in the contracting, referral, and delivery of these services, including CPS management and workers, CPS contract monitoring staff, and providers.<sup>47</sup>

Initiative	Implementation	
	Status	Comments
<p>Develop a method to assess the efficacy of services using data on removals from FBSS and client recidivism at the region, unit, and provider level.</p> <p>Implement strategies to improve service delivery including the quality and array of services available and families' completion of services.</p> <p>Implement strategies to improve communication and partnership among program, contract, budget, and provider staff.</p>	<b>In Progress</b>	<p>December 1, 2014 – Completed analysis of existing data available in the DFPS data warehouse, from contract management staff, and through quality assurance processes. Identified correlation between low service completion rates and poor client outcomes. Conducted focus groups in December 2014, to get more information in select regions based on data analysis.</p> <p>December 31, 2014 – Recommended practice, contract and communication improvements, including continued need for data analysis.</p> <p>July 1, 2015 – Incorporated provider communication and performance items into quality assurance case reads ensuring that it informs CPS program and contract management decisions.</p>

<sup>47</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

		<p>September 2015 – Conducted provider fair in Regions 2 and 10 to identify best practices in improving communication between providers, contracts, and caseworkers and educating caseworkers about providers in their area. Developed a provider fair toolkit for regions. Regions will be expected to hold fairs in the fall and spring each year.</p> <p>September 2015 – Drafted revised scope of work for purchased client services provider contracts, which include clearer provider expectations related to performance. Will continue to gather internal and external input to finalize by April 2016 for FY 17 procurement.</p>
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Strategies to address permanency for children in foster care are further identified and initiated as outlined in the following excerpts from the CPS Business Plan.

<sup>48</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

**Goal 2: Maximize permanency for children/youth served by CPS.<sup>49</sup>**

**Outcome Measures**

- Average number of placements in foster care
- Increased placement of children in substitute care with relatives
- Increased visitation with parents and siblings for children in foster care
- Reduced time to positive permanency (placement with relatives, reunification, adoption) -
- Increased exits to positive permanency for African American children Increased placement stability
- Expand faith-based supports. Number of counties with care portals - short term goal of 100 and long term goal of 254

Once CPS removes a child from their home and takes legal custody, the agency has a responsibility to keep the child in a safe and stable placement close to home and with their family, whenever possible. But a safe, stable placement, even if it is close to home and with family, is a temporary solution. CPS must ensure the child finds a safe, forever family as soon as possible.

With respect to a child's placement while in foster care, stability has improved as children have fewer placements and children in substitute care overall are more likely to live with relatives.

	FY 12	FY 13	FY 14	FYTD 15
Average number of placements in foster care	3.4	3.4	3.2	3.2
Children in substitute care placed with relatives	39%	40%	41%	42%

Positive permanency is reunification, permanent placement with relatives or adoption. Aging out of care is not positive permanency. With respect to quickly moving children out of CPS custody, time to positive permanency has remained relatively unchanged. CPS has, however, improved in finding permanency for children in care two or more years, although there is still much work to be done. In FY 15, two out of three children who, at the beginning of the year had been in care two or more years, remained in CPS custody, had aged out or had some other non-permanent exit by the end of the year.

	FY12	FY13	FY14	FY15 YTD
Time to positive permanency (average months)	18.5	18.9	18.8	18.4

<sup>49</sup> Child Protective Services Business Plan Fiscal Year 2016



CPS remains committed to examining race and ethnicity data to determine outcome disparities for children of color. CPS data continues to show that African American children are less likely to reunify than Anglo and Hispanic children; are more likely to emancipate from child welfare; and experience longer periods of time to adoption. CPS acknowledges that an examination of data related to these outcomes is essential to develop and implement strategies.

	FY12	FY13	FY14	FY15YTD
<b>Exits to reunification</b>				
African American	27%	27%	26%	26%
Anglo	33%	31%	32%	31%
Hispanic	36%	36%	32%	31%
Native American	33%	5%	23%	21%
Other	34%	33%	30%	33%
<b>Exits to Relatives</b>				
African American	62%	65%	63%	65%
Anglo	63%	63%	63%	65%
Hispanic	65%	66%	68%	68%
Native American	64%	30%	50%	53%
Other	62%	60%	65%	67%
<b>Adopted w/in 12 months of termination of parental rights</b>				
African American	39%	57%	55%	56%
Anglo	54%	75%	77%	71%
Hispanic	49%	66%	69%	70%
Native American	0%	0%	67%	0%
Other	60%	73%	72%	68%

The rest of this section discusses the key strategies CPS will continue to implement over the next year to further improve permanency. In 2015, CPS launched its permanency initiative in partnership with external stakeholders to establish a culture of permanency and improve key outcomes for children and youth. The goal of the initiative is to reduce the time to positive permanency for all children, with special focus on children under age six who have been in care for two or more years and youth aging out of the foster care system. A statewide Permanency Strategic Plan outlines these goals, which align with the first three outcome measures above, as well as the statewide and regional strategies for improvement. DFPS Commissioner John

Specia called on CPS to set aggressive targets in meeting these goals. Each region drafted a strategic plan, organized a permanency summit, and used data to identify their particular challenges and barriers to moving children to positive permanency. In addition to reducing the length of time children are in foster care, CPS is working to improve the quality and stability of the foster care experience for children and youth.

**Objective 2.1 When Children Cannot Safely Live at Home, Maximize Placements with Kinship Families<sup>50</sup>**

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
Identify potential kinship resource placements early and throughout a case to increase permanency options.	<b>In fiscal year 2016</b> , CPS will provide targeted training and support to statewide intake, investigations, Family Based Safety Services, and Conservatorship staff on available resources to find relatives and absent parents. CPS will continue to examine data on race and ethnicity as it relates to kinship caregivers and barriers to kinship placements.	Lead: CPS Permanency Division CPS field staff CPS Disproportionality Team Court Appointed Special Advocates
Assign Kinship caseworkers to conservatorship units to ensure effective internal communication and the ability to more quickly provide support to kinship caregivers so that children can maintain connections with families.	<b>As of September 1, 2015</b> , all CPS regions have implemented this practice as part of CPS transformation. CPS will continue to support the practice and evaluate its impact.	Lead: CPS Regional Champions Regional Kinship staff Reunification and Permanency Transformation team
Provide direct services and supports to relatives and kinship caregivers to improve their capacity to care for children and prevent children from entering foster care.	<b>In fiscal year 2016</b> , CPS will continue to implement Kids to Kinship (K2K) to identify children waiting to be permanently placed with relatives whose cases could be expedited with more support completing the outstanding requirements.  <b>In fiscal year 2016</b> , CPS will develop and implement a “post permanency support” program for relatives who assume permanent custody of children through Permanent Managing Conservatorship (PMC) or Adoptions. The program will provide monetary support for items such as case management and therapy.	CPS state office Kinship specialist and regional kinship staff CPS Foster and Adoption Development Division
Ensure agency resources to support the use of placements across state lines to keep children with families and support permanency.	<b>In fiscal year 2016</b> , CPS will continue to support timely out of state relative / kinship homes studies and placements.	Lead: CPS Interstate Compact for the Placement of Children staff

<sup>50</sup> Child Protective Services Business Plan Fiscal Year 2016

**Objective 2.2: When Children are placed in Substitute Care, Ensure Positive Permanency through Reunification, Permanent Placement with Relatives or Adoption<sup>51</sup>**

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
Develop staff competencies around permanency so caseworkers have the knowledge and skill to partner effectively with families and communities while considering their unique needs to create positive permanency for children.	<p><b>In fiscal year 2016</b>, CPS will continue to provide permanency values training as part of certification requirements. This training emphasizes putting permanency at the forefront of actions and decisions by caseworkers and managers.</p> <p><b>In fiscal year 2016</b>, CPS will roll out new practice guides and training for the six core competencies (Engaging, Assessing, Teaming, Planning, Intervention, and Evaluation).</p> <p><b>In fiscal year 2016</b>, CPS will develop and implement permanency proficiencies for Conservatorship staff and managers. Proficiencies help evaluate caseworker performance as they develop practice experience.</p> <p><b>In fiscal year 2016</b>, CPS will implement Signs of Safety (early adopters in conservatorship stage of service for Regions 3, 7, 8, 11).</p>	<p>Lead: CPS Permanency Division</p> <p>CPS Division of Practice Excellence</p> <p>CPS Disproportionality Team</p> <p>CPS regional staff</p>
Team with children, youth, families, communities, and professionals to work toward positive permanency for children and youth.	<p><b>By September, 2015</b>, All CPS regions will hold Family Group Conference meetings within 30 days of removal to identify permanency resources, develop the family plan of service and the family visitation plan.</p> <p><b>In fiscal year 2016</b>, CPS will use current Transition Plan meetings and Circles of Support to identify resources for older youth to achieve positive permanency before age 18.</p>	<p>Lead: CPS Permanency Division</p> <p>CPS Regional Family Group Decision Making coordinators</p> <p>Reunification and Permanency Transformation Team</p> <p>CPS Disproportionality Team</p> <p>Court Appointed Special Advocates</p>

<sup>51</sup> Child Protective Services Business Plan Fiscal Year 2016

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
		Parent Advocates Youth Alumnae Residential care and service contractors DFPS Information Resource Management
Identify statewide and regional barriers to positive permanency and implement solutions to break down barriers and build a culture of permanency.	<p><b>In fiscal year 2016</b>, CPS set statewide permanency goals and targets for improving outcomes. Every region identified region-specific barriers to permanency and developed strategic plans to work toward outcomes in fiscal year 2016. In addition, CPS developed permanency action plans for legal staff, the Faith-Based Community, Child Placing Agencies, and Residential Contracting and Capacity-building</p> <p><b>By November, 2015</b>, CPS will have held permanency summits in every region to raise awareness of the work and the agency’s commitment to positive permanency for every child. The summits bring together CPS staff and community partners to work toward goals.</p> <p><b>As of September 1, 2015</b>, DFPS has begun tracking data generated by permanency roundtables, including data on race and ethnicity, in the CPS automated case management system to identify trends and barriers to permanency regionally and statewide.</p>	Lead: Permanency Division CPS Regional leadership CPS Permanency Practitioners CPS Reunification and Permanency Transformation team Casey Family Programs Court Appointed Special Advocates Supreme Court Children’s Commission Residential care contractors Faith communities Parents and parent advocates CPS Evaluation and Analytics staff

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<p>Focus foster care recruitment efforts on children with historically longer stays in foster care, for example sibling groups, older youth, children of color, and children with special physical needs.</p>	<p><b>On September 1, 2015</b>, CPS began implementing regional adoption recruitment plans developed in coordination with regional permanency strategic plans.</p> <p><b>By December 31, 2015</b>, CPS will add Facebook to our current social media tools for featured posting of this population, which includes The Texas Adoption Resource Exchange web-based photo listing recruitment tool and YouTube.</p>	<p>Lead: Foster Care and Adoption Development Division and Regional points of contact. Regional Texas Adoption Resource Exchange coordinators. CPS Disproportionality Team DFPS Communications</p>
<p>Target Harris County barriers to positive permanency for the 4,500 children in the care of CPS in Harris County on average each month. Implement program and practice improvement changes that can be shared across the region and state.</p>	<p><b>In fiscal year 2016</b>, CPS in Harris County will continue targeted efforts to move children currently in care for two years or more to permanency and work to prevent more children from lengthy stays in child welfare, working in partnership with stakeholders.</p> <p><b>In October 2016</b>, CPS in Harris County will implement the Child Assessment of Needs and Strengths (CANS) introduced statewide to develop more effective case plans for children while continuing to work collaboratively with the county to assess the comprehensive needs of children and their families. The model includes direct involvement of the caseworker in engaging and assessing families.</p> <p><b>In January, 2016</b>, Harris County will deliver new interventions to families based on needs identified through the CANS assessment and other data gathered as part of a Title IV-E waiver demonstration, which will fund the services.</p>	<p>Lead: CPS Region 6a Regional Director and leadership team Harris County Protective Services Stakeholder advisory group Dedicated CPS project manager Casey Family Programs Chapin Hall CPS Disproportionality Team</p>

**Objective 2.3: Partner with Advocates, Communities and Contractors for Services and Supports that Help Achieve Positive Permanency for Children and Families<sup>52</sup>**

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<p>Continue Texas' faith-based initiative by supporting churches developing "orphan care" ministries for children and families served by CPS, increasing the capacity of communities to respond to the needs of children and families.</p>	<p><b>By December 31, 2016</b>, CPS will identify dedicated staff to support faith-based work in every region.</p> <p><b>In fiscal year 2016</b>, CPS will continue to expand to faith communities/congregations and expand the number of counties with care portals, an online church engagement tool that provides a platform for CPS staff to request church support to meet needs of children and families.</p> <p><b>In fiscal year 2016</b>, CPS will hold four adoption forums in areas of Texas where a disproportionate number of children of color have longer stays waiting for an adoption.</p>	<p>Lead: Foster Care and Adoption Development division                      Faith-based Program Specialists                      Advisory Council for Promoting the Adoption of Minority Children                      Faith communities                      CPS Evaluations and Analytics team                      DFPS Communications</p>
<p>Partner with Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families and Texas Court Appointed Special Advocates to develop trainings for judges and advocates</p>	<p><b>In fiscal year 2015</b>, CPS will continue collaborate with the Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families to examine practices that can improve permanency outcomes. Past work has resulted in improvements to court reports, court practices, notice to families and stakeholders, improved visitation practices, and consistency across the state.</p> <p><b>In Fiscal year 2016</b>, DFPS will partner with Texas CASA to develop a model for family finding and intensive trainings for both CPS employees and CASA.</p>	<p>CPS Division of Services                      CPS Permanency Division                      Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families</p>

<sup>52</sup> Child Protective Services Business Plan Fiscal Year 2016

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<p>Implement Foster Care Redesign to promote a community-based approach to service coordination and delivery, increase capacity, ensure quality, and improve outcomes for children and families.</p>	<p><b>By December 2015</b>, CPS will expand to stage 2 in Region 3 counties served by the Single Source Continuum Contractor (SSCC). The SSCC provides the full continuum of contracted client services including treatment services for parents.</p> <p><b>In fall 2015</b>, CPS will procure for an SSCC in the next Foster Care</p>	<p>Lead: CPS Foster Care Redesign Director and division staff in state office                      CPS Public Private Partnership                      CPS Regional FCR project lead                      Single Source Continuum Contractor                      Purchased Client Services                      DFPS Information Resource Management                      Center for Learning and Organizational Excellence                      STAR Health                      HHSC Forecasting</p>
<p>Increase capacity and quality of residential foster care contractors to keep children safe, close to home or connected to relatives and communities, and support permanency.</p>	<p><b>In fiscal year 2016</b>, CPS will expand residential contracted services to include sub-acute inpatient treatment</p> <p><b>In fall 2015</b>, CPS will conduct a gap assessment, and develop a plan for building residential childcare quality and capacity in key areas of need across the state including evidence-based treatment programs that serve children in the least restrictive settings.</p> <p><b>In fiscal year 2016</b>, CPS will develop, test, and implement updates to Residential Foster Care Contracts including performance outcomes.</p> <p><b>In fiscal year 2016</b>, CPS will continue to work with child placing agencies to collaborate in developing a single Child Plan of Service to reduce duplication, improve service provision.</p>	<p>Purchased Client Services Division                      Foster Care Redesign Division                      CPS statewide Capacity-Building Coordinator                      CPS Placement Services                      CPS Permanency Division                      CPS Reunification and Permanency Transformation Team                      DFPS Management Reporting and Statistics                      Purchased Client Services Performance Measures Workgroup (CPS-stakeholder partnership)                      Committee for Advancing Residential Practices (CPS-stakeholder partnership)</p>



<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<p>Continue to provide Adoption Support Services including adoption assistance, post-adoption services and college educational assistance to support successful adoption of children and youth in foster care.</p>	<p><b>In fiscal year 2016</b>, CPS updated the post-adoption services contract as part of the fiscal year 2016 procurement to provide more clarification and guidance to providers on DFPS expectations for meeting family's needs.</p> <p><b>In fiscal year 2016</b>, CPS is conducting research on adoption dissolutions to identify factors contributing to dissolutions which will in turn affect our policy and practice related to adoption services.</p>	<p>Lead: Foster Care and Adoption Development division                      CPS Regional Adoption Specialists                      CPS Adoption Service Contact Providers</p>

## C. Well-Being

### Well-Being Outcomes 1, 2, and 3

Well-being outcomes include: (A) families have enhanced capacity to provide for their children's needs; (B) children receive appropriate services to meet their educational needs; and (C) children receive adequate services to meet their physical and mental health needs.

- For each of the three well-being outcomes, include the most recent available data demonstrating the state's performance. Data must include relevant available case record review data and relevant data from the state information system (such as information on caseworker visits with parents and children).
- Based on these data and input from stakeholders, Tribes, and courts, include a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2, and 3.

### Texas DFPS Response:

Note: This response is a supplement to Annual Progress and Services Report content related to topic, located on pages 21 - 26 of the 2015-2019 Child and Family Services Review Plan.<sup>53</sup>

Accomplishments during 2015 related to Well-Being<sup>54</sup> include the following:

- Visitation Matters training delivered in all regions – March 31, 2015
- Realignment of Kinship/Conservatorship staff implemented in all regions – April 2015
- Implemented earlier assignment of Conservatorship worker in all regions – April 2015
- Implemented initiative to hold the Family Group Conference within 30 days of removal and make other improvements in all regions – August 2015
- Established a work plan to shift residential contracts monitoring to performance-based monitoring approach, including design of the demonstration program – August 24, 2015

The Accountability Division identifies trends related to child and family well-being through quarterly Child and Family Services case reviews. The trends are shared with regional

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<sup>53</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

<sup>54</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

management where plans can be developed as needed to address areas of concern. The most recent results from the case reviews related to Well-Being include the following:

<b>Outcome/Item/Data Indicator</b>	<b>Standard</b>	<b>Q3-15</b>	<b>Q4-15</b>
Item 12 Needs and Services of Child, Parents and Foster Parent	90%	81.7%	73.3%
Item 13 Child and Family Involvement in Case Planning	90%	82.1%	81%
Item 14 Caseworker Visits with Child	90%	87.8%	95.6%
Item 15 Caseworker Visits with Parents	90%	65.1%	63.9%
<b>Well Being 1 Families Have Enhanced Capacity to Provide for their Children's Needs</b>	<b>95%</b>	<b>74.4%</b>	<b>70%</b>
Item 16 Educational Needs of the Child	90%	96.4%	98.1%
<b>Well Being 2 Children Receive Appropriate Services to Meet their Educational Needs</b>	<b>95%</b>	<b>96.4%</b>	<b>98.1%</b>
Item 17 Physical Health of the Child	90%	91.7%	84.5%
Item 18 Mental/Behavioral Health of the Child	90%	88.2%	95.1%
<b>Well Being 3 Children Receive Adequate Services to Meet their Physical and Mental Health Needs</b>	<b>95%</b>	<b>87.6%</b>	<b>84.8%</b>

(Source: CFSR Case Reviews)

Beginning in July 2015 and moving forward, the Accountability Team added additional program specific questions that may change each quarter. Each type of review produces case specific reports as well as aggregated data and trend reports sent to those involved in the case and regional and statewide management. These reports share specific needs and strengths of each case, as well as identifying system-wide positive trends and areas to improve upon.

In the 4<sup>th</sup> Quarter Fiscal Year 2015 the team read for questions related to "Normalcy" for children in foster care and contracted services. These questions were asked due to recent changes in policy contract requirements. The results are as follows:

### **Normalcy**

Normalcy questions were reviewed for school aged children only. School age children who could not participate in normalcy activities due to severe developmental disabilities were not rated. Of the 90 foster care cases read, 39 children were applicable for review according to these criteria. Information was gathered through case documentation and interviews with case-specific stakeholders.

Of the 39 children reviewed, 97.4% (or 38 children) were participating in normalcy activities. Common normalcy activities identified were:

- Extracurricular activities such as sports, band or choir
- Clubs such as Camp Fire Girls, Boy Scouts, Boys and Girls Clubs and YMCA
- Church attendance/reading the Bible
- Foster family outings to include shopping and watching movies
- Cell phones, social media access and getting together with friends

For the one child who was not participating in normalcy activities, barriers to participation were identified and efforts were being made to eliminate the identified barriers.

### **Contracted Services**

The team reviewed four Contracted Services questions in both foster care and in-home cases for the 180 CFSR cases read during the 4<sup>th</sup> Quarter Fiscal Year 2015.

Reviewers were instructed to rate only for purchased/contracted services. In foster care cases, purchased services were defined as "contracted services through the 2054 process for parents." This did not include Preparation for Adult Living (PAL) or any contracted service for a child. For in-home cases, contracted services extended to parents and children. Information was gathered through case documentation and interviews with stakeholders.

Of the 180 cases reviewed, 110 cases were applicable for Question 1. Question 1 asked if evidence was found that the worker communicated to each provider CPS concerns about harm and danger to the children and behavioral changes needed by parents to increase child safety. In 97 (88.2%) of the applicable cases this question was answered as yes.

Question 2 asked if reviewers found progress notes from the provider(s) in the case file. This was answered yes in 70.3% of applicable cases. Note that applicable cases for this question may not match up with the number of applicable cases in Question 1. If the worker communicated with the provider on Question 1 and the parent never attended services, Question 1 may have been applicable whereas Question 2 was not rated because the parent did not attend services.

Question 3 asked of those cases with progress notes in the file, were the notes were of good quality, detailing the services provided and progress by the parents. This was answered yes in 92.4% of cases.

Question 4 asked based on the progress notes and the worker's contact with the child and parent(s), did the purchased services support progress toward the service goals identified in the family plan of service or identify barriers that needed to be addressed? Reviewers indicated in 91.8% of applicable cases, there was evidence the services provided supported progress towards case goals or barriers were identified.

### Face to Face Contact with Children

Beginning in March 2015 in an effort to meet the federal requirement of 95% face to face contact with children, State Office required every region to develop a sustainable plan for ensuring that the target was met. The accountability team monitored the regional progress. CPS exceeded the 95% federal benchmark for children in foster care being seen by their caseworker on a monthly basis for Federal Fiscal Year 15. The amount of visits in the child's home continues to surpass the 50% or greater benchmark.

**ACF Monthly Caseworker Visits and Percent Occurring in the Residence of the Child  
Federal Fiscal Year: 2015  
October 2014 To September 2015**

Federal Period	Month Year	Month	Children in Foster Care	Visited by Caseworker	% Visited by Caseworker	Visits in Child's Residence	% Visits in Child's Residence
A	10/2014	October	28,746	27,473	95.6%	23,376	85.1%
	11/2014	November	28,358	26,846	94.7%	23,041	85.8%
	12/2014	December	28,080	26,599	94.7%	23,084	86.8%
	1/2015	January	28,153	26,836	95.3%	22,833	85.1%
	2/2015	February	28,165	26,654	94.6%	22,626	84.9%
	3/2015	March	27,861	27,007	96.9%	23,703	87.8%
	<b>Period Sum:</b>			<b>169,363</b>	<b>161,415</b>	<b>95.3%</b>	<b>138,663</b>
B	4/2015	April	28,013	27,025	96.5%	23,345	86.4%
	5/2015	May	28,060	27,056	96.4%	23,388	86.4%
	6/2015	June	28,059	27,108	96.6%	24,161	89.1%
	7/2015	July	28,141	27,157	96.5%	24,286	89.4%
	8/2015	August	28,340	26,852	94.7%	23,549	87.7%
	<b>Period Sum:</b>			<b>140,613</b>	<b>135,198</b>	<b>96.1%</b>	<b>118,729</b>
<b>Sum:</b>			<b>309,976</b>	<b>296,613</b>	<b>95.7%</b>	<b>257,392</b>	<b>86.8%</b>

Aggregate Number of Children in Foster Care	42,511
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(Source: Data Warehouse af\_01sfy)

**Face To Face Contacts For Children in Conservatorship in an Open SUB/ADO Stage (12 Month Summary)  
For Children 0-17**

September 2014 To August 2015

Period	Month	Total Children Needing Contact	A FTF Contact Was Made During The Report Month		FTF Contact For Month Was Recorded In IMPACT Timely		Overall FTF Compliance	
			#	%	#	%	#	%
1st 6 Mos	9-2014	28,521	26,950	94.5%	24,403	90.5%	24,403	85.6%
	10-2014	28,587	27,139	94.9%	24,492	90.2%	24,492	85.7%
	11-2014	28,198	26,575	94.2%	23,238	87.4%	23,238	82.4%
	12-2014	27,914	26,362	94.4%	22,584	85.7%	22,584	80.9%
	1-2015	27,980	26,682	95.4%	24,090	90.3%	24,090	86.1%
	2-2015	27,990	26,594	95.0%	24,120	90.7%	24,120	86.2%
	<b>Total:</b>	<b>169,190</b>	<b>160,302</b>	<b>94.7%</b>	<b>142,927</b>	<b>89.2%</b>	<b>142,927</b>	<b>84.5%</b>
2nd 6 Mos	3-2015	27,716	27,017	97.5%	24,636	91.2%	24,636	88.9%
	4-2015	27,816	27,009	97.1%	24,908	92.2%	24,908	89.5%
	5-2015	27,863	27,032	97.0%	24,855	91.9%	24,855	89.2%
	6-2015	27,847	27,091	97.3%	24,829	91.7%	24,829	89.2%
	7-2015	27,979	27,171	97.1%	25,020	92.1%	25,020	89.4%
	8-2015	28,228	26,838	95.1%	25,284	94.2%	25,284	89.6%
	<b>Total:</b>	<b>167,449</b>	<b>162,158</b>	<b>96.8%</b>	<b>149,532</b>	<b>92.2%</b>	<b>149,532</b>	<b>89.3%</b>
<b>Statewide Total:</b>	<b>336,639</b>	<b>322,460</b>	<b>95.8%</b>	<b>292,459</b>	<b>90.7%</b>	<b>292,459</b>	<b>86.9%</b>	

(Source: Data Warehouse sa\_42sy)

**INV/FBSS Case Transfer**

This initiative pairs Investigations and FBSS units to improve communication and collaboration between CPS staff and accelerate the involvement of the FBSS caseworker in the case to start services sooner for the family. The progression of a case from Investigations to FBSS involves various handoff issues between staff that can delay services to families. National research has shown that the sooner services are started, the more receptive the family is to the services and the more likely they are to complete the desired services.

CPS piloted this initiative in Regions 3 and 10. Additional regions began rolling this out in mid-2015. Full implementation will be complete in November 2015.

Data from the pilot regions indicates that services started an average of 20.3 days sooner (64 percent improvement), from the point at which the case was opened to FBSS.

Additional feedback from regional focus groups illustrates staff support for the initiative. Staff identified the following benefits of the approach:

- Investigations and FBSS units are working well together, including conducting visits together and discussing cases. Staff like the sister unit concept. Transfers of cases are going more smoothly. An Investigator noted that whereas before there would be disagreements about

whether a case should move to FBSS, joint early involvement supports the transition: “Now we are more cohesive, working better together.”

- For families, the benefit is FBSS services initiated closer to the point of crisis and quicker access to services. One FBSS worker stated, “We are getting cases faster, and can start services sooner for families.” A supervisor noted the difference in the experience families have with CPS, noting, “Another family had been through the process before and commented on the difference.”

The effort has involved some challenges, including some information from the investigation not yet available to FBSS and additional time requirements for the FBSS caseworker. But the overall assessment is that this change has been positive for staff and families.<sup>55</sup>

### **Visitation Matters**

CPS implemented this training for all Conservatorship and Kinship caseworkers. The University of Texas developed the content after academic research and feedback from external stakeholders. The theory is based on the following concepts.

- 1) CPS owes parents immediate feedback on any issues that occur during a supervised visit with their child rather than hearing about it months later in court.
- 2) The supervised visit is an opportunity to coach the parent on improving their parenting skills.
- 3) It will be motivating to parents to move from highly supervised visits to unsupervised visits as they demonstrate improvement in their skills. The feedback on the visits will help enable this progression.

Workers liked the philosophical shift that parental visitation with their children is a right, not a reward for good behavior; however, they had logistical concerns with the implementation. This work will continue to be reinforced through the practice model and in collaboration with CPS’ partners.

### **Realignment of Kinship/ CVS Staff**

In situations where a child is placed with a relative, the kinship worker is the advocate for that family member, assisting with day care renewals and paperwork to get financial compensation.

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<sup>55</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

In the past, in some regions, kinship workers were assigned by geography. This created difficulties when large sibling groups were placed with different relatives. There could be multiple kinship workers involved in a case, as well as the conservatorship worker. This Transformation initiative changed the alignment and assignment of kinship workers so they are paired to one conservatorship unit. The intent of the pairing is to increase collaboration between conservatorship and kinship staff and improve coordination of the support to the kinship placement(s) in a family's case. All of the regions have implemented this change.

Staff response to this initiative in focus groups was overwhelmingly positive and cited the following benefits.

- The initiative has improved communication between conservatorship and kinship staff. Kinship staff are more integrated than they were before and receive more information about court hearings and other meetings. One CVS worker noted: "I meet monthly with our unit's Kinship worker about our caseloads. This never happened in the past."
- Kinship workers are helpful to conservatorship workers.
- Involving kinship workers sooner is good for families – it expedites service delivery and the referral to Fostering Connections. One staff member noted, "This is benefiting the family by helping put cases on track sooner."

As anticipated, the additional travel required of kinship workers who are no longer geographically-based is a challenge. Building relationships between personnel also takes time. Overall, the effort has proven worthwhile and welcomed by staff.<sup>56</sup>

### **Family Group Conference within 30 Days**

The Family Group Conference (FGC) is a meeting of CPS staff, parents and extended family members, and other stakeholders who agree to a service plan. This is a critical step in getting the buy-in from the parents on what they must do to regain custody of their children and to engage other persons who can hold the parents accountable to the plan. A worker noted in the focus groups, "FGC can be the fulcrum and make a difference for parents who are in the middle between highly motivated and not involved."

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<sup>56</sup> *Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014*



The concept of this initiative is to ensure the conferences happen within the first 30 days of a case (faster than current practice) and to improve their effectiveness by ensuring that the family plan is completed at the FGC and that parents leave the meeting with their service referrals. All regions have implemented this initiative.

Focus group feedback from staff members about this initiative indicated that many staff view the FGC meeting positively but areas to strengthen the family-focused feel of the meetings remain.<sup>57</sup>

Strategies to address child and family well-being are further identified and initiated as outlined in the following excerpt from the CPS Business Plan.

**Goal 3: Maximize the Well-Being of Children/Youth served by CPS<sup>58</sup>**

***Outcome Measures***

- Children receive adequate services to meet their health needs
- Children receive adequate services to meet their behavioral health needs
- Children's educational needs are met (Reduced school moves and education disruptions, Reduced absences, Increased grade promotion)
- Youth completing Preparation for Adult Living services

Ensuring a child is safe and finds a forever home promotes well-being. For children receiving CPS services, CPS must also ensure that their education, health and other needs are being met. To truly understand well-being, we need to comprehend the quality of the services we provide to children. As part of our federal Child and Family Services Review, CPS reads hundreds of cases every year with a structured case review tool to examine if we are meeting the needs of the children we serve.

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<sup>57</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

<sup>58</sup> Child Protective Services Business Plan Fiscal Year 2016

Looking at trends in the past few years, we continue to do a good job in meeting children's basic education needs. As the chart below illustrates, however, we have work to do on meeting children's physical and behavioral health needs.

	FY12	FY13	FY14	FY15 Q2
Educational Needs of the Child (CF SR Item 16) -	97%	97%	96%	98%
Physical Health of the Child (CF SR Item 17)	93%	89%	91%	87%
Mental/Behavioral Health of the Child (CF SR Item 18)	94%	92%	91%	88%

(Note: Data from Round 2 - began using Round 3 OSRI in Q3-15)

CF SR items are measured through a case review process using the federal Child and Families Services Review On-Site Review Instrument (CF SR OSRI). The above items are reviewed to see if the child was adequately assessed for needs in each area of education and physical and mental health. If needs are present, the reviewer checks to see if the child was then provided with appropriately matched services. The process includes a review of the case file in IMPACT, the hard copy of the case file and interviews with case-specific stakeholders. The Division of Accountability reviews 180 cases per quarter with the OSRI.

While finding a forever family for every child we serve and reducing the number of children who “age out” is our goal, positive permanency (return home, exit to a relative or adoption) is not always possible or appropriate. For youth who age out of CPS custody, CPS works to provide them with the skills and support to successfully transition to living on their own. One way CPS provides support is through its Preparation for Adult Living (PAL) classes. Through PAL, youth not only learn how to successfully live on their own, they can complete certain required components and receive financial support after they age out. About three in four youth who leave substitute care at age 18 or older have completed the PAL classes required to receive financial support, and that rate has been even lower in the past year.

However, the number of youth remaining in foster care after age 18 has grown, which is a positive trend. Youth now have the option to stay in care beyond the age of 18 to receive additional supports as they prepare for independence. By staying in foster care even after becoming a legal adult, these youth have a stable place to stay and a caseworker to arrange for needed services and provide ongoing support.

	FY12	FY13	FY14	FY15 YTD
Youth completing PAL	75%	76%	76%	71%
Youth 18 and older living in foster care	602	634	615	683

**Objective 3.1: Ensure Children's Physical and Behavioral Health Needs are met<sup>59</sup>**

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
Ensure statewide, comprehensive health and mental health services for eligible foster care and former foster care youth.	<b>For fiscal year 2016</b> , train stakeholders, including CPS staff, providers, caregivers, and youth on new health insurance benefits for children in CPS conservatorship as a result of a new contract for STAR Health, administered by Superior Health Plan effective September 1, 2015. Enhanced services include expanded value-added and case-by-case benefits. Stakeholders will be trained on how to more efficiently access the health insurance benefits.	Lead: CPS Medical Services team Kinship and Foster Care and Adoption Development divisions CPS Purchased Client Services DFPS Medical Director Health and Human Services Commission STAR Health / Superior Health Plan / Cenpatico
Collaborate with HHSC and STAR Health to carefully monitor use of psychotropic medications to ensure that a psychotropic medication prescription is in the best interest of the child.	<b>During Fiscal Year 2016</b> , CPS will continue to oversee the Psychotropic Medication Utilization Review process.	Lead: CPS Medical Services team DFPS Medical Director Health and Human Services Commission STAR Health
Continue focus on Trauma Informed Care knowledge and practices so CPS leadership, caseworkers and stakeholders act with an understanding of the influence of trauma, both from the child's family history as well as from removal.	<b>In November 2015</b> , CPS will begin rollout of a curriculum created specifically for DFPS related to trauma-informed care and secondary trauma for caseworkers. The curriculum will also include information about primary trauma.	Lead: CPS state office Trauma Informed Care Specialist Trauma Informed Care Secondary Traumatic Stress Workgroup CPS training liaison Dr. Karen Purvis, Dr. David Cross and staff from Texas Christian University DFPS Center for Learning and Organizational Excellence

<sup>59</sup> Child Protective Services Business Plan Fiscal Year 2016

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<p>Require a developmentally appropriate comprehensive assessment with a screening for trauma no later than 45 days after the date a child enters conservatorship.</p>	<p><b>During fiscal year 2016</b>, CPS will adapt the Child and Adolescent Needs and Strengths assessment (CANS) to agency needs and implement the new tool, including training super-skills users, such as CPS well-being specialists.</p>	<p>Lead: Medical Services                      CPS management                      CPS Disproportionality Team                      Coordination with IV-E waiver                      Health and Human Services Commission                      Department of State Health Services                      STAR Health/Cenpatico, managed care contractor                      Dr. John Lyons, Chapin Hall                      SB 125 committee of internal and external providers                      Contracted Residential care providers</p>

**Objective 3.2: Ensure Children’s Education Needs are met<sup>60</sup>**

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<p>Ensure children in care receive services to meet their education goals by collaborating with internal and external stakeholders to identify and resolve critical barriers to meeting children’s education needs.</p>	<p><b>By August 2016</b>, CPS will establish a minimum of one education consortium in every region. Education consortia are internal and external stakeholders, including education partners, child welfare staff, contracted providers and other community supports, invested in resolving area-specific challenges to providing for the needs of students in foster care.</p>	<p>Lead: CPS Permanency Division and Education Specialist                      CPS Regional Leadership                      CPS Regional Education Specialists                      School District Foster Care Liaisons and staff                      Supreme Court Children’s Commission                      Texas Education Agency                      Faith Communities                      Residential Providers                      Kinship Caregivers                      Other providers and community partners</p>
<p>Continue to collaborate with the Texas Education Agency and The Children’s Commission to improve education outcomes for students in foster care.</p>	<p><b>In fiscal year 2016</b>, CPS will continue to serve on the Children’s Commission Education Task Force. The goals for the task force are to improve post-secondary education outcomes, data exchange and analysis, community partnerships, and services to students receiving special education services. DFPS will participate in all subgroups.</p> <p><b>In fiscal year 2016</b>, CPS will collaborate with the Texas Education Agency to develop an Endless Dreams curriculum for Texas educators. This will be an adaptation of the nationally recognized Endless Dreams curriculum created by Casey Family Programs.</p>	<p>CPS Permanency Division                      CPS Education Specialists                      CPS Transition Living Services and ETV Program Specialist                      Texas Education Agency                      The Children’s Commission                      Casey Family Programs</p>

<sup>60</sup> Child Protective Services Business Plan Fiscal Year 2016

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
	<p><b>In fiscal year 2016</b>, CPS will continue to collaborate with the Texas Education Agency to develop and improve trainings and supports for CPS Education Specialists and School District Foster Care Liaisons.</p> <p><b>In fiscal year 2016</b>, CPS will develop practice guides for education specialists and CPS staff to identify strategies to improve school stability, troubleshooting school enrolment and withdrawals, and increase communication between caseworkers and education specialists.</p>	

**Objective 3.3: Ensure Children’s Other Well-being Needs are met<sup>61</sup>**

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
Work collaboratively with residential childcare contractors to support normalcy activities for children and youth in DFPS conservatorship. Normalcy refers to age and developmentally appropriate activities (similar to activities that children outside of foster care experience).	<p><b>By September 2015</b>, CPS will update residential childcare contracts to include normalcy expectations.</p> <p><b>By September 2016</b>, CPS will establish expectations for coordinated service plan meetings among residential providers, CPS and the child to help facilitate planning for children’s participation in normal activities.</p>	<p>Lead: CPS Permanency Division</p> <p>CPS Purchased Client Services</p> <p>Court Appointed Special Advocates</p> <p>CPS Residential Childcare Contractors Child Placing Agencies</p> <p>Attorneys</p> <p>Parents</p> <p>Youth</p>

<sup>61</sup> Child Protective Services Business Plan Fiscal Year 2016

<b>Key Strategies</b>	<b>Action Plan</b>	<b>Resources</b>
<p>Provide services and supports to youth aging out of foster care, including youth in extended foster care to help them achieve self-sufficiency.</p>	<p><b>In fiscal year 2016</b>, CPS will incorporate the youth's transition plan into the IMPACT system and formally connect it to the child's service plan.</p> <p><b>In November 2015</b>, CPS' data submission to the National Youth in Transition Database will include outcomes data for 21 year olds who were part of the baseline survey at age 17. This data submission concludes data collection for the first complete cohort of youth surveyed at age 17, 19, and 21. This data reflects outcomes of youth in foster care and system wide plans for improvement are addressed throughout this plan.</p> <p><b>During fiscal year 2016</b>, CPS will engage youth through Youth Leadership Councils and Teen Conferences to voice their needs and how to meet them.</p>	<p>Lead: CPS Preparation for Independent Living (PAL) state office and regional staff</p> <p>CPS State office and regional Youth Specialists</p> <p>Federal Chafee Foster Care Independence Program</p> <p>CPS Purchased Client Services</p> <p>Supervised Independent Living Contractors</p> <p>DFPS Information Resource Management</p>
	<p><b>By September, 2015</b>, CPS will establish contracts with new Supervised Independent Living providers as a result of a competitive procurement in spring 2015. The program helps youth work toward independence while residing in a less restrictive, non-traditional living arrangement.</p>	

<p>Continue implementation of the Prevent Sex Trafficking and Strengthening families Act (HR 4980) to protect children and youth at risk of sex trafficking</p>	<p><b>In fiscal year 2016</b>, CPS will continue collaboration with the Department of Public Safety, the Center for Missing and Exploited Children, the Federal Bureau of Investigations, and local law enforcement agencies, as well as leverage internal resources such as the Special Investigators to find missing children.</p> <p><b>In fiscal year 2016</b>, CPS will continue collaboration with state and community resources to provide human trafficking and internet safety training to youth participating in services to support a successful transition to adulthood (Preparation for Adult Living).</p> <p><b>In fiscal year 2016</b>, CPS will continue Implementation of IMPACT changes to meet Title IV-E requirements for identifying, reporting and providing services to victims of sex trafficking.</p>	<p>Lead: CPS Investigations. Alternative Response, and Family Based Safety Services Division and CPS Permanency Division Special Investigators DFPS Information Resource Management for new federal data collection requirements Texas Chapter of the Center for Missing and Exploited children Texas Department of Public Safety Law enforcement</p>
<p>Develop staff competencies around racial and ethnic identity formation to ensure that children develop a healthy racial and ethnic identity.</p>	<p><b>In fiscal year 2016</b>, continue to train new and existing staff on racial and ethnic identity utilizing the Knowing Who You Are model.</p>	<p>Lead: CPS Disproportionality Team DFPS Center for Learning and Organizational Excellence</p>



## **Section IV: Assessment of Systemic Factors**

### **Introduction of Systemic Factors:**

The statewide assessment information for systemic factors is used in determining ratings for substantial conformity. Therefore, it is imperative that the statewide assessment team ensures that information in this section speaks to how well each systemic factor requirement functions across the state.

The systemic factor items begin with #19 instead of #1 because items #1 through 18 are outcome-related items covered in the onsite review instrument used during the onsite review. Items related to the systemic factors are items #19 through 36.

For each of the federal systemic factors, the federal questions and instructions are quoted prior to the Texas DFPS response.

## **A. Statewide Information System**

### **Item 19: Statewide Information System**

How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Please provide relevant quantitative/qualitative data or information that show the statewide information system requirements are being met statewide.

### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 26-30 of the 2015 - 2019 Child and Family Services Plan.<sup>62</sup>

The Texas Statewide Automated Child Welfare Information System is known as IMPACT (Information Management Protecting Adults and Children in Texas). IMPACT is the automated system in which CPS staff record casework related activities. This system is functional statewide and is used by all CPS staff. The IMPACT system meets the federal requirements for a Statewide Automated Child Welfare Information System and is functioning as the case entry system for all case documentation. According to the most recent federal Texas Data Profile (November 2015), the Texas Statewide Automated Child Welfare Information System data reported is complete and of sufficient quality to have less than a 2% error rate in all areas. The same federal data profile for Texas indicates its National Child Abuse and Neglect Data System data is complete and performing above federal thresholds for accuracy. Please refer to the data profile in Section II of this document for more information.

IMPACT is designed so that any DFPS employee with access can readily identify the status of each case through conducting a person search, a case search and viewing the case summary. While cases can be viewed by authorized staff statewide, only the assigned primary or secondary workers, supervisors and others with the appropriate security profile (i.e. chain of command) can alter data entry.

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<sup>62</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

All staff receives formal training on IMPACT when they are hired into their positions. Supervisors are responsible for ensuring their caseworkers are completing accurate data entry. Supervisors are constantly reviewing their caseworkers' information in IMPACT during case staffing, case readings and case approvals. All critical casework documentation by caseworkers requires supervisory review and documented approval of that review in IMPACT.

Live case reviews occur in Investigation cases through Child Safety Specialist reviews and also through the use of predictive analytics to focus on high-risk in-homes cases. These "live reads" add another layer of accountability in ensuring accurate and timely data-entry. The staff involved in these case reviews has direct interaction with the staff working the cases and doing the data entry. Case reviews done by the Division of Accountability to include Child and Family Services Reviews, Title IV-E, Investigation, Alternative Response and Screened Intake reviews also add accountability to ensure data entry is correct and up-to-date.

Upon completion of case related tasks, employees submit IMPACT documentation for supervisory approval. After the supervisor reviews and approves submitted documentation automation design prevents further editing. If there is determination that an error has been entered and must be corrected, staff contacts the Support Operations and Applications Permissions Unit. This team is able to correct data entry error. It helps ensure accuracy in IMPACT by providing guidance to staff regarding common functions, processing data correction requests, and, upon request by Program management, resolving more complex data integrity issues. This unit also manages application security and user permissions, merges, and client role removal when approved. The unit provides guidance in correctly documenting casework actions in IMPACT, and researches opportunities to improve the systems to reduce errors. The unit is comprised of 10 Applications Security Administrators, 2 Role Removal/Redaction Specialist, 4 Merge Specialists, an Application Security Tech, a State Office Program Specialist, 2 Team Leads and a manager.

As a supplement to the Support Operations and Applications Permissions unit the state has 30 regional staff identified as Fixers. Fixers are people in the regions who can correct some data problems in IMPACT without going through the Support Operations and Applications Permissions unit. Minor changes to service authorizations, legal status or actions, or placements and other foster care payment concerns can be corrected by a Regional Fixer. The

IMPACT Data Corrections online feature allows for staff to create online tickets to resolve IMPACT data errors that cannot be corrected regionally and require IT or other specialized assistance. Corrections can be requested quickly and directly through the "Make Your Own Ticket" online application. Merge Specialists perform appropriate person merges to eliminate duplicate person records in IMPACT, which improves IMPACT accuracy and staff ability to locate case history. This team and their procedures allow for data corrections to occur when needed, but also ensure an overall accountability process for correcting data that has already been approved by a supervisor.

When an abuse/neglect referral is received at Statewide Intake, an Intake stage is created in IMPACT. During the intake process, if known to the reporter, the worker gathers family information to include person identifiers such dates of birth, Social Security numbers, addresses, and other demographic data. This information, along with the reason for the call, is recorded in the intake. In the Intake stage (see Intake Stage screenshot below), an employee can review CPS case history or family tree information (Case Summary tab), review the referral information (Record/Review Call tab), document or view contacts made in this stage (Contacts/Summaries tab), run background checks (TLETS tab) or perform Case Management tasks such as recording the reason for closing the intake without assignment (Case Management tab). Intakes that receive a Priority 1 or Priority 2 designation are routed directly to regional staff for assignment or to regional screeners for additional information gathering.



Upon gathering additional information regarding the family, a regional screener determines if intakes with an original Priority 2 assignment is appropriate for Alternative Response, for a Traditional Investigation or for closure without assignment. Any additional stages opened as a result of the intake remain in the same Case ID and stay attached for case history purposes. All stages in the Case ID can be viewed from the Case Summary tab. Additional history for any principal case member, including other Case IDs, can be viewed on the Principal Case History

page in the Case Summary. Every stage of service in the IMPACT system has a Case Summary page which functions in the same manner.

If the regional screener determines the intake meets criteria for a non-traditional response, an Alternative Response stage is opened and assigned to local staff. The assigned worker meets with the family and records interactions in the Alternative Response stage. In IMPACT (see Alternative Response Stage screen shot below), employees can view the reason for involvement (Review Intake tab), update person identifiers (Person tab), add or view contacts made with the family (Contacts/Summaries tab), record assessments made (Safety and Family Needs Assessment tab), document resources offered to the family (Services/Referrals tab), record legal actions (Legal tab) and medical assessments (Medical tab) which occurred during the case, and perform case closure tasks such as actions taken to ensure child safety during the Alternative Response Stage (Case Management tab).



When an intake is routed to a Traditional Investigation either directly after intake or after review by the regional screener, an Investigation stage is opened. The intake stage is closed and all investigative actions are documented in the investigation. From the Investigation stage (see the Investigation Stage screenshot below), employees can view the reason for involvement (Review Intake tab), update person identifiers (Person tab) as well as add or view contacts made with the family (Contacts/Summaries tab). Actions taken to initiate the investigation and interview all alleged victim children are recorded in Contact/Summaries as related to CFSR Item 1. Initial allegations, as well as those added during in the investigation, are recorded on the allegation page (Allegation tab). Prior to stage closure, the assigned work inputs severity and disposition for each allegation. When services are authorized and paid for through CPS contractors, paperwork to record and approval payment are entered under Service Authorizations. Through this stage, employees can view legal actions taken (Legal tab), risk and safety assessments conducted (Safety/Risk tab), medical assessments made (Medical tab), and removal of the

child(ren) from the home (Conservatorship Removal tab). In the Case Management section, employees can view or record the investigation conclusion including the overall disposition and recommended action, services and referrals provided, whether or not a Family Team Meeting occurred, Emergency Assistance eligibility determination, child sex/labor trafficking information, and parental child safety placements which occurred during the investigation.

### Investigation Stage

When assessments indicate ongoing services are needed to protect the child without legal removal, an In-Homes or Family Based Safety Services stage is opened. From the Family Based Safety Services stage (see Family Based Safety Services/In-Homes stage screenshot below), employees are able to review the reason for involvement and decision to open for ongoing services (Review Investigation tab), update person identifiers (Person tab) as well as add or view contacts made with the family (Contacts/Summaries tab), and record legal actions (Legal tab) and medical assessments (Medical tab) which occurred during the case. Per policy, a family plan of service is developed with the family and recorded in IMPACT (Family Plan tab). In this tab, subsequent plans are updated and a running list of when plans were completed is displayed. If safety issues indicate it is necessary to remove the child(ren), the legal removal of the child(ren) is recorded on the Conservatorship Removal page. Reason for stage closure is recorded in the Case Management section.

### Family Based Safety Services/In-Homes Stage

When a child's removal is entered in either the Investigation or Family Based Safety Services stage, a foster care/substitute care stage is opened for each child and a family stage is opened for the case. All conservatorship actions for each child are entered in the stage specific to that

child. Each substitute care stage has various tabs for caseworkers to use for data-entry (see the Foster Care Stage screenshot).



Each child in foster care entered into IMPACT includes specific demographic information. Some of this information is entered by the Statewide Intake Specialist during the initial report of abuse or neglect. The Investigation caseworker continues to enter this information while working the case. Data-entry occurs anywhere from immediately on their Tablet PC through the end of their investigation stage. IMPACT is designed so that the entry of key demographic information such as name, date of birth and gender is required before the caseworker can move on to other parts of the system. The supervisor is ultimately responsible for ensuring the key information is entered before approving the stage closure. If ongoing in-homes or foster care case are opened the information follows the principals from stage to stage, stemming from the unique Person ID number IMPACT assigns to each data-entry of a person. The state's compliance with *Adoption and Foster Care Analysis and Reporting System* and *National Child Abuse and Neglect Data System* data shows staff is entering all the needed information on principals in IMPACT. DFPS has been commended by the Administration for Children and Families in recent federal data profiles regarding the accuracy of the data in IMPACT, noting that no issues were found that surpassed the 3% threshold and Texas demonstrates ongoing commitment to ensuring high data quality. The Data Warehouse also has report SA\_04, Demographics of Children in Foster Care, to show the demographics of children in foster care, including the age, sex, race/ethnicity and any child characteristics, and can be pulled to the worker level. This report can be pulled by region, county or unit level and includes the unit number, the total number of children with an open case, the child's gender, race and ethnicity, and if there are person characters selected for the child. It is the supervisors' responsibility to use this report to monitor that caseworkers are ensuring the demographic information in IMPACT is correct and up-to-date.

The demographic information captured in IMPACT includes:

- Date of birth
- Gender
- Language
- Address at time of removal and subsequent addresses through the life of the case
- Race/Ethnicity
- Person Characteristics
- Name history
- Income/resources
- Educational information
- Placement log

In the IMPACT system each child's individual substitute care stage includes a tab for Legal Status and Legal Actions. Legal Status allows the caseworker to enter in a log of all the child's legal statuses, as they occur, to include temporary managing conservatorship, permanent managing conservatorship with or without termination or parental rights, adoption consummation and DFPS Legal Responsibility Terminated. All substitute care stages also include a "Legal Status for Case" tab, which allows the user to see all legal status entries for any siblings associated with the same case ID number. The Legal Action tab allows caseworkers to enter in all hearings and court orders associated with the child's case, and there is a comment section to let the caseworker include any special information from the hearing, including when the next hearing was set. In Texas it is common practice for Judges in CPS cases to give verbal notice in court of the next hearing, and that information is usually incorporated in the court order for that hearing. All substitute care stages also have a "Legal Action for Case" tab, which allows the user to see all legal actions for any sibling associated with the same case ID number.

Each child in foster care has a tab for Child's Plans of Service. The child's plan includes the identified permanency goal for the child in care. IMPACT keeps a log of all Child's Plans completed for the child during the foster care episode. A second tab entitled "Child's Service Plans for Case List" will pull a listing of all Child's Plans associated with the overall case ID, to include any plans of service for siblings also in foster care. This list includes the date the plan was entered, the approval status of the plan, the type of child's plan with a date the plan was completed and the child's name for whom the plan was completed.



Each child in foster care across the state has a Placement tab, where all placements for the foster care episode are listed in chronological order. Placement information includes who the child is placed with, what type of placement it is, the physical address and phone number for the placement, a discussion of the child's understanding of the placement, and a discussion of placement issues to include appropriateness of the placement, least restrictiveness, close proximity, and educational issues. If a child leaves that placement an end date and a reason for the ending is documented. Policy requires that the caseworker worker enters information about the placement into the IMPACT system on the day of the placement or by 7 p.m. on the next calendar day. Policy requires that the placement is approved by a Supervisor level or above within 7 days of data entry. Additional quality assurance checks are built in to IMPACT to ensure correct placement data entry which includes the mailing of the child's Medicaid card to the placement and the foster-care reimbursement payments that foster parents receive for children in their care, based on the placement logs in IMPACT.

Additional tabs for children in foster care include a medical/dental log, foster care eligibility and options for data entry on Permanency Care Assistance and Interstate Compact for the Placement of Children out-of-state, should those apply. The medical/dental log can be cross-checked with the information entered into the child's STAR Health Passport on the Superior Network portal. DFPS passed its most recent Title IV-E Foster Care Eligibility federal audit, indicating children in DFPS conservatorship are certified correctly using the IMPACT system.

During the foster care case, the worker also records family information the Family Substitute Care stage (screenshot below). Data specific to the parents or family can be entered in this stage, including the Family Plan of Service. Like the Child Plan, the Family Plan is entered and approved in IMPACT, including plans developed as part of Family Group Conference. The Family Plan tab contains a listing for each plan of service created for all parents involved in the foster care case.

### Family Substitute Care and Family Reunification Stages



If the child returns to the care of a parent, a Family Reunification stage is opened. This stage contains the same data entry tabs as the family substitute care stage but is utilized when the child is on a monitored return or placed with a non-custodial parent. All stages are closed when CPS no longer has conservatorship of any child related in the Case ID.

If the child does not return home and parental rights are terminated, the open family stages are closed but the substitute care stage remains open. Upon selection of a prospective adoptive family, an adoption stage is opened (see the Adoption Stage screenshot below). As with the substitute care stage, adoption stages are child specific but remain within the original Case ID. In the adoption stage, employees can view or record all substitute care activities as they can in the substitute care stage. Additionally, applications for adoption assistance subsidies and Interstate Compact on the Placement of Children requests are documented through the adoption stage. The adoption stage is closed when the adoption is consummated and the Department is dismissed from legal custody of the child.

### Adoption Stage

The screenshot displays the IMPACT system interface for the Adoption Stage. At the top, there are buttons for 'Log Off', a help icon, and a version indicator '2-1-1'. Below this is a navigation bar with tabs for 'My Tasks', 'Case', 'Search', 'Intake', 'Financial', 'Reports', and 'Resources'. The 'Case' tab is selected, revealing a sub-menu with options: 'Case Summary', 'Person', 'Contacts/Summaries', 'Service Authorization', 'Adoption Assistance', 'Legal', 'Child Plans', 'Placement', 'History', 'Medical', 'Case Management', and 'ICPC'. The 'Case Summary' sub-tab is active, showing a 'Case Name:' input field and a 'Case Summary' section. A legend at the bottom right explains the field requirements: a red asterisk (\*) for 'required field' and a green dagger (‡) for 'conditionally required field'.

In Fiscal Year 2015 the Division of Accountability reviewed 360 foster care cases using the federal Child and Family Services Review instrument. Although statistics on data are not kept on notifications of needed data corrections, it is the practice of the team to immediately notify regional staff when a data error is identified through any case review process. In general, it is rare to find a case in which a needed data correction is found, especially in the area of the child's status, demographic characteristics, location and goals for placement of every child in foster care.

Data from IMPACT is now routinely being published on the DFPS public website ([http://www.dfps.state.tx.us/PCS/Regional\\_Statistics/default.asp](http://www.dfps.state.tx.us/PCS/Regional_Statistics/default.asp)), enabling "real time" public

scrutiny of the data by external stakeholders to be done. Regular exposure to DFPS data has provided an opportunity for external review of the data. Accountability Division staff conducting case reviews have an opportunity to compare data within IMPACT to information received during case specific stakeholder interviews.

A daily file with demographic information is transmitted through an electronic portal to the Health and Human Services Commission, sharing IMPACT data and allowing data sharing with the Medicaid and benefits records TIERS system. Data that does not match for information such as dates of birth, social security numbers, names, Medicaid numbers or other demographic information are returned to staff within the CPS Federal and State Support Division to resolve errors. The number of staff providing that error resolution has been substantially decreased since the electronic interface was created. Initially, there were two divisions resolving exceptions and discrepancies. Data accuracy has substantially improved since 2008. A reduction of staff was enabled due to a reduction in data errors and the development of more effective business processes to support data error research and resolution efforts. One division of 13 employees was eliminated and a small team of 6 staff within the CPS Federal and State Support Services Division continues to perform this resolution function.

Several data warehouse reports are monitored by regional and state office staff to ensure timely data entry and monitor missing information. These reports are available from the state level to the unit level, down to a weekly frequency for appropriate monitoring.

Data Warehouse Reports to Monitor Contacts:

- Data warehouse report Inv\_CPS\_31 measures every face-to-face contact for every alleged victim in an open investigation.
- Data warehouse report Wk\_INV\_CPS\_02 measures missing initial contacts in open investigation stages. This report lists the Priority 1 and Priority 2 investigations that are missing the first contact and the initial contact is overdue

Because Alternative Response is new to Texas, data and reports are still being developed at this time. As Alternative Response is implemented further across the State and a larger number of cases are worked through an Alternative Response, more information will become available that will be useful for research and analysis.

Regular reports measure the amount of face-to-face contacts between a child in foster care and the caseworker, and measures what percentage of the contacts took place in the child's residence:

- Data warehouse report AF 01: Contacts - AFCARS Foster Care Children (Federal FY2012 Forward)
- Data warehouse report AF 02: Contacts - AFCARS Foster Care Children (State FY 2012 Forward)
- Data warehouse report AF 03: Contacts - AFCARS Foster Care Children (Prior ACF Submissions FFY 2007 - FFY 2011)

Data Warehouse Reports also monitor Permanency Reviews: (*Adoption and Foster Care Analysis and Reporting System Foster Care Element #5*)

- Data warehouse report AF 12: AFCARS Children Needing Legal Action Recorded or Corrected
- Data warehouse report PP 09: TMC/PMC - Legal Action

### **IMPACT Modernization**

IMPACT Modernization is a large project and will take several years to complete in order to address updates needed in any computer-based system. Key milestones include:

#### **Fiscal Year 2014/2015 Milestones**

- IMPACT access for Court-Appointed Special Advocates
- Data on Demand – interactive reports for the public
- Improved case intake process
- Investigation process analysis and structured safety assessment
- Better Medicaid eligibility and payment system

#### **Fiscal Year 2016/2017 Milestones**

- Investigation process enhancements
- Case management data reports
- Expanded access for Court-Appointed Special Advocates to allow for entering case notes and data
- Access for more external stakeholders and partners

- Enhancements for other stages of service (Family-Based Safety Services, Conservatorship, Kinship Care, etc.)
- Additional data on demand reports and other data tools

For more information on IMPACT modernization please follow this link:

[https://www.dfps.state.tx.us/PCS/impact\\_mod/plan\\_timeline.asp](https://www.dfps.state.tx.us/PCS/impact_mod/plan_timeline.asp)

## **B. Case Review System**

### **Item 20: Written Case Plan**

How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Please provide relevant quantitative/qualitative data or information that shows each child has a written case plan as required that is developed jointly with the child's parent(s) that includes the required provisions.

### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 30-44 of the 2015 - 2019 Child and Family Services Plan.<sup>63</sup>

When children are removed from their parents and placed in substitute care, (DFPS conservatorship), CPS develops a Case Plan consisting of a Family Service Plan and a Child's Service Plan. Each child removed has a separate Child's Service Plan. The Initial Child's Plan of Service must be completed by the caseworker and approved by the supervisor by the 45th day after the date of the child's removal. If the child is in temporary managing conservatorship, the caseworker must review the plan during the fifth month and ninth month from the date of the initial plan and then every four months thereafter. For permanent managing conservatorship and Basic service level needs, the caseworker must review the plan six months from the date of the initial plan and every six months thereafter. For permanent managing conservatorship and service level needs *Moderate* or above the caseworker must review the plan three months from the date of the initial plan and every three months thereafter.

In IMPACT each child in foster care has their own substitute care stage. The substitute care stages are attached to the parent's family stage. These stages stay attached to each other even if parental rights are ultimately terminated, for case history. Each substitute care stage

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<sup>63</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

Section IV: Assessment of Systemic Factors

has various tabs for caseworkers to use for data-entry, including a tab for Child's Plan of Service. IMPACT keeps a log of all Child's Plans completed for the child during the foster care episode. This list includes the date each plan was entered, the approval status of the plan, the type of child's plan with a date the plan was completed and the child's name for whom the plan was completed. A second tab entitled "Child's Service Plans for Case List" will pull a similar listing, but includes all Child's Plans associated with the overall case ID, to include any plans of service for siblings also in foster care.

DFPS performs well in the area of completing the Child's Plan of Service. The following report shows that in Fiscal Year 2014 92.5% of Initial Child's Plans of Services due were completed timely, and this increased to 94.1% compliance in Fiscal Year 2015.

Initial Child Plan for Children in Open Substitute Care  
From September 2013 to August 2014

Period	Month	From All Open Substitute Care					Due This Month	Due This Month and Completed		Due This Month and Completed in 45 Days	
		Required	Completed		Not Completed			#	%	#	%
			#	%	#	%					
1st 6 Mos	9-2013	23,528	22,177	94.3%	1,351	5.7%	1,344	837	62.3%	681	50.7%
	10-2013	23,646	22,282	94.2%	1,364	5.8%	1,298	887	68.3%	717	55.2%
	11-2013	23,370	21,890	93.7%	1,480	6.3%	1,466	841	57.4%	733	50.0%
	12-2013	23,227	21,671	93.3%	1,556	6.7%	1,308	700	53.5%	593	45.3%
	1-2014	23,433	21,838	93.2%	1,595	6.8%	1,234	755	61.2%	548	44.4%
	2-2014	23,424	21,804	93.1%	1,620	6.9%	838	509	60.7%	393	46.9%
	<b>Total:</b>	<b>140,628</b>	<b>131,662</b>	<b>93.6%</b>	<b>8,966</b>	<b>6.4%</b>	<b>7,488</b>	<b>4,529</b>	<b>60.5%</b>	<b>3,665</b>	<b>48.9%</b>
2nd 6 Mos	3-2014	23,677	21,961	92.8%	1,716	7.2%	1,349	842	62.4%	692	51.3%
	4-2014	23,976	22,165	92.4%	1,811	7.6%	1,266	834	65.9%	703	55.5%
	5-2014	24,286	22,291	91.8%	1,995	8.2%	1,638	1,048	64.0%	864	52.7%
	6-2014	24,306	22,210	91.4%	2,096	8.6%	1,450	928	64.0%	741	51.1%
	7-2014	24,632	22,276	90.4%	2,356	9.6%	1,450	875	60.3%	729	50.3%
	8-2014	24,560	21,927	89.3%	2,633	10.7%	1,426	829	58.1%	681	47.8%
	<b>Total:</b>	<b>145,437</b>	<b>132,830</b>	<b>91.3%</b>	<b>12,607</b>	<b>8.7%</b>	<b>8,579</b>	<b>5,356</b>	<b>62.4%</b>	<b>4,410</b>	<b>51.4%</b>
<b>Total:</b>	<b>286,065</b>	<b>264,492</b>	<b>92.5%</b>	<b>21,573</b>	<b>7.5%</b>	<b>16,067</b>	<b>9,885</b>	<b>61.5%</b>	<b>8,075</b>	<b>50.3%</b>	

(Source: Data Warehouse Report SA\_52)

Section IV: Assessment of Systemic Factors

Initial Child Plan for Children in Open Substitute Care

From September 2014 to August 2015

Period	Month	From All Open Substitute Care					Due This Month	Due This Month and Completed		Due This Month and Completed in 45 Days	
		Required	Completed		Not Completed			#	%	#	%
			#	%	#	%					
1st 6 Mos	9-2014	23,750	22,630	95.3%	1,120	4.7%	1,461	988	67.6%	782	53.5%
	10-2014	24,166	23,029	95.3%	1,137	4.7%	1,434	982	68.5%	795	55.4%
	11-2014	23,840	22,668	95.1%	1,172	4.9%	1,474	874	59.3%	736	49.9%
	12-2014	23,655	22,476	95.0%	1,179	5.0%	1,207	737	61.1%	615	51.0%
	1-2015	23,963	22,722	94.8%	1,241	5.2%	1,339	840	62.7%	666	49.7%
	2-2015	24,003	22,752	94.8%	1,251	5.2%	817	565	69.2%	464	56.8%
	<b>Total:</b>	<b>143,377</b>	<b>136,277</b>	<b>95.0%</b>	<b>7,100</b>	<b>5.0%</b>	<b>7,732</b>	<b>4,986</b>	<b>64.5%</b>	<b>4,058</b>	<b>52.5%</b>
2nd 6 Mos	3-2015	24,064	22,780	94.7%	1,284	5.3%	1,306	881	67.5%	743	56.9%
	4-2015	24,368	22,970	94.3%	1,398	5.7%	1,195	829	69.4%	701	58.7%
	5-2015	24,634	23,106	93.8%	1,528	6.2%	1,468	1,034	70.4%	864	58.9%
	6-2015	24,396	22,715	93.1%	1,681	6.9%	1,481	974	65.8%	856	57.8%
	7-2015	24,467	22,559	92.2%	1,908	7.8%	1,400	867	61.9%	722	51.6%
	8-2015	24,429	22,138	90.6%	2,291	9.4%	1,527	884	57.9%	756	49.5%
	<b>Total:</b>	<b>146,358</b>	<b>136,268</b>	<b>93.1%</b>	<b>10,090</b>	<b>6.9%</b>	<b>8,377</b>	<b>5,469</b>	<b>65.3%</b>	<b>4,642</b>	<b>55.4%</b>
<b>Total:</b>	<b>289,735</b>	<b>272,545</b>	<b>94.1%</b>	<b>17,190</b>	<b>5.9%</b>	<b>16,109</b>	<b>10,455</b>	<b>64.9%</b>	<b>8,700</b>	<b>54.0%</b>	

(Source: Data Warehouse Report SA\_52)

The Division of Accountability team reviews 90 Foster Care cases each quarter using the federal Child and Family Services Review (CFSR) Onsite Review Instrument. The CFSR case review data for Item 5, selecting an appropriate permanency goal for a child in a timely manner, shows the state performs well in this area:

CFSR Outcome/Item/Data Indicator	Standard	Q3-15	Q4-15
Item 5: Permanency Goal for Child	90%	81.1%	82.0%

DFPS continues to utilize the Family Group Decision Making process as a way to complete service plans while engaging the family and people the family considers as support systems to them. The following data shows the number of different types of Family Group Decision Making meetings that were held across the state in Fiscal Year 2015:



Section IV: Assessment of Systemic Factors

Family Group Decision Making Fiscal Year to Date: 2015

Region	Family Group Conferences	Family Team Meetings	Circle of Supports	Total
001	373	546	69	988
002	609	461	81	1,151
003	1,167	1,803	602	3,572
004	695	891	200	1,786
005	353	451	89	893
006	1,072	1,178	825	3,075
007	859	1,456	353	2,668
008	1,387	1,547	379	3,313
009	392	295	46	733
010	179	140	57	376
011	1,605	1,160	210	2,975
<b>State:</b>	<b>8,691</b>	<b>9,928</b>	<b>2,911</b>	<b>21,530</b>

(Source: Data warehouse report: fgdm\_01-s4)

DFPS and residential service providers are in the process of jointly developing a single Child's Plan of Service to meet requirements for both CPS and Child Placing Agencies, thereby eliminating duplicate paperwork for the same child. This will also decrease any confusion to the child, caregivers and parents by only having one Child's Plan of Service document for the child. A workgroup of both internal and external stakeholders including legal, licensing, contracts, Child Placing Agencies, Residential Treatment Centers and other service providers has been collaborating on this joint project. Three subgroups have been formed to work on:

- Policy and Documentation
- Contract, Legal and Minimum Standards
- Training

Although the process is not complete, the goal is to have a service plan meeting that will be attended by CPS and the child's placement/Child Placing Agency to develop the single case plan. The Initial Child's Plan of Service will be due by the child's 45<sup>th</sup> day in care, and reviews will be due every 90 days thereafter. Part of this process includes revisions to current policy, minimum standards and contracts prior to implementing the single Child's Plan of Service.

This initiative seeks to increase collaboration between CPS and the Child Placing Agency (CPA) on the child's plan of service. In the current system, CPS and the CPA create their own plans at separate points in time. The intent is that the joint planning will result in a better coordination of services for the child and will help both entities work toward achieving permanency for the child.

There are over 300 CPAs in Texas. The success of this initiative depends on the CPAs working with CPS. The initiative is being implemented both at the State Office level through a work group with the largest CPAs, and at the individual regional level where regions are working with their local CPAs. Many are piloting the approach in a defined area with a defined number of providers. Only Regions 2 and 9 have implemented this initiative fully.

Feedback on this initiative has been limited due to the measured pace of rollout. In one region, staff provided feedback in the focus group that the initiative is positive in its reduction of duplication in planning at CPS and the CPA and in eliminating the preparation of reports.

A provider in Region 6B cited several benefits of the initiative, including that “It helps us to coordinate services better as well as work together as one team instead of each entity having their own goals instead of collective goals. It also forces us to plan and organize better so that we can incorporate all the team members into meeting together. It allows for input on every side and that includes the biological parent. If the child is old enough, this allows them to see all of the team members work together toward the same goal.”<sup>64</sup>

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<sup>64</sup> *Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014*

## Item 21: Periodic Reviews

How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

Please provide relevant quantitative/qualitative data or information that show a periodic review occurs as required for each child no less frequently than once every 6 months, either by a court or by administrative review.

### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 30 - 44 of the 2015 - 2019 Child and Family Services Plan.<sup>65</sup>

DFPS uses permanency review hearings to ensure periodic reviews are held for children in foster care in Texas. The following charts show the median time to Permanency Review Hearings Before and After Final Order for the last three fiscal years. The data shows periodic reviews are held no less frequently than once per every six months between the two types of hearings, thereby meeting the federal requirement for periodic hearings.

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<sup>65</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

**Median Time to Permanency Review Hearings Before Final Order  
(in months)**

	2013	2014	2015
Initial	5.3	5.3	5.3
2 <sup>nd</sup>	3.5	3.5	3.5
3 <sup>rd</sup>	3.0	3.1	3.0
4 <sup>th</sup>	2.8	3.0	3.0
5 <sup>th</sup>	2.5	2.4	2.4
6 <sup>th</sup>	1.8	2.1	2.2
7 <sup>th</sup>	1.8	1.8	2.1

Total number of applicable children: 23,817

(Source: Special data request # 76033)

**Median Time to Placement Review Hearings After Final Order  
(in months)**

	2013	2014	2015
Initial	2.8	2.8	2.8
2 <sup>nd</sup>	5.1	5.2	5.1
3 <sup>rd</sup>	5.1	5.1	5.2
4 <sup>th</sup>	4.8	5.1	5.1
5 <sup>th</sup>		7.4	9.0
6 <sup>th</sup>		4.8	4.1
7 <sup>th</sup>		3.7	4.0

Total number of applicable children: 13,510

(Source: Special data request # 76033)

Chapter 263 of the Texas Family Code requires that permanency review hearings are held with enough frequency to ensure that the federal requirements are met. This includes a mandate to have a periodic review at least once every six months and a permanency review (or placement review) hearing at least once every 12 months. The Texas Family Code requires that the initial permanency hearing be held no later than the 180th day after the date the court renders a temporary order appointing the department as temporary managing conservator of a child. Subsequent permanency hearings must be held no later than the 120th day after the date of the last permanency hearing in the suit. If the department has been named as a child's managing conservator in a final order that does not include termination of parental rights, the court is required to conduct a permanency hearing after the final order is rendered at least once every six months until the department is no longer the child's managing conservator.

In the IMPACT system each child's individual substitute care stage includes a tab for Legal Status and Legal Actions. Legal Status allows the caseworker to enter in a log all the child's

legal statuses, as they occur, to include temporary managing conservatorship, permanent managing conservatorship with or without termination or parental rights, adoption consummation and DFPS Legal Responsibility Terminated. All substitute care stages also include a "Legal Status for Case" tab, which allows the user to see all legal status entries for any siblings associated with the same case ID number. The Legal Action tab allows caseworkers to enter in all hearings and court orders associated with the child's case, and there is a comment section to let the caseworker include any special information from the hearing, including when the next hearing was set. In Texas it is common practice for Judges in CPS cases to give verbal notice in court of the next hearing, and that information is usually incorporated in the court order for that hearing. All substitute care stages also have a "Legal Action for Case" tab, which allows the user to see all legal actions for any sibling associated with the same case ID number.

If DFPS has been named in a final court order as a child's permanent managing conservator, the court must hold a permanency hearing to review DFPS's permanent managing conservatorship every six months until DFPS is no longer the permanent managing conservator (either because the child is adopted, leaves DFPS conservatorship for the managing conservatorship of another individual, or becomes an adult).

If all parental rights have been terminated, the first permanency hearing regarding DFPS's permanent managing conservatorship must take place no later than 90 days after the court appoints DFPS as the permanent managing conservator. Subsequent reviews are held every six months thereafter, as they are in cases in which parental rights have not been terminated.

**Item 22: Permanency Hearings**

How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

Please provide relevant quantitative/qualitative data or information that show a permanency hearing as required for each child in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

**Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 30 - 44 of the 2015 - 2019 Child and Family Services Plan.<sup>66</sup>

The following chart shows the median time to Permanency Review Hearings for children in foster care in Texas. The data was compiled internally for the last three fiscal years. The data shows permanency review hearings occur no less frequently that every 12 months, as required.

**Median Time to Permanency Review Hearings  
(in months)**

	2013	2014	2015
Initial	5.3	5.3	5.3
2nd	3.5	3.5	3.5
3rd	3.0	3.1	3.0
4th	2.8	3.0	3.0
5th	2.5	2.4	2.4
6th	1.8	2.1	2.2
7th	1.8	1.8	2.1

Total number of applicable children: 23,817

(Source: Special data request # 76033)

<sup>66</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

If a child remains in foster care after 12 months (and possibly including a one-time court ordered six month extension) the child's permanency status will change from Temporary Managing Conservatorship to Permanent Managing Conservatorship, while the agency continues to work on achieving positive permanency for the child. At that point the court begins holding permanency review hearings that were previously referred to as placement review hearings. If all parental rights have been terminated, the first permanency hearing of DFPS's permanent managing conservatorship of the child must take place no later than 90 days after the court appoints DFPS as the managing conservator. Subsequent reviews are held every six months thereafter, as they are in cases in which parental rights have not been terminated.

The following chart shows the median time to placement review hearings for children in foster care in Texas. The data was compiled internally for the last three fiscal years. The data shows placement review hearings (as they were called at the time of this data) occur no less frequently than every 12 months, as required.

**Median Time to Placement Review Hearings  
(in months)**

	2013	2014	2015
Initial	2.8	2.8	2.8
2nd	5.1	5.2	5.1
3rd	5.1	5.1	5.2
4th	4.8	5.1	5.1
5th		7.4	9.0
6th		4.8	4.1
7th		3.7	4.0

Total number of applicable children: 13,510

(Source: Special data request # 76033)

### **Item 23: Termination of Parental Rights**

How well is the case review system functioning statewide to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

Please provide relevant quantitative/qualitative data or information showing that filing of TPR proceedings occurs in accordance with the law.

#### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 30 - 44 of the 2015 - 2019 Child and Family Services Plan.<sup>67</sup>

Federal law requires that DFPS request termination of parental rights if a child has been in foster care for 15 of the last 22 months, unless certain exceptions apply.

In Texas, the DFPS practice is called "pleading in the alternative." This practice is to request termination of parental rights as an alternative in the original petition filed at the time of removal. This puts the parents on notice from the beginning of the case that if the problems that lead to removal are not resolved, DFPS may ask the court to terminate parental rights. Therefore, Texas meets the federal requirement for filing a petition to terminate parental rights when a child meets the 15 of 22 months in care requirement by filing a joint termination to include the possibility of termination at the onset of the case. DFPS does consider the special exceptions to filing a petition to terminate parental rights on a case by case basis.

Texas adopted the practice of pleading in the alternative in part due to the large volume of cases statewide. At the beginning of a case it is more likely you will have all parents available to provide with legal service and this prevents potential barriers that may occur if the agency waits until later in the case to file the termination petition. A single case may experience changes in caseworkers and attorneys from the time of removal to the time the agency makes the decision to pursue termination, which could lead to time barriers at the time the agency

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<sup>67</sup> *The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019*



decides to pursue termination if the alternative language had not been included in the original petition. This practice is intended to eliminate any potential barriers and decrease the amount of time a child has to be in the agency's conservatorship. To be clear, DFPS only moves forward with setting a termination hearing when and if it becomes evident that adoption is the most appropriate permanency goal for the child.

DFPS' practice of filing a joint petition to include language to terminate parental rights at the time of removal operates under the following principals:

- Although the federal provision on point is not about requiring a concurrent petition there is nothing to prohibit it. The congressional intent surrounding the provision was clearly to ensure that children do not languish in foster care. There is no indication Texas' practice is inconsistent with that in any way.
- To argue that the statute precludes filing for termination because doing so fails to take into account the specifically enumerated exceptions is to invert the purpose of the statute. The purpose of the statute is to ensure that in cases of a long foster care stay, the state makes active efforts to achieve permanency by terminating parental rights, unless certain circumstances exist. There is nothing to prohibit the state from seeking termination because the child is being cared for by a relative. If termination is not in a child's best interest, the agency would not pursue it. Similarly, the agency could not obtain termination prior to making reasonable efforts to reunify. The agency does not pursue termination simply because it is printed on the petition. The agency pursues termination when it makes a careful determination based on the circumstances in the case that it is the appropriate goal for the child.
- State statutory schemes and the progress of litigation through the system vary widely. In Texas the practice is generally to plead in the alternative. It is common in litigation to plead in the alternative and then depending on the progression of the case, focus on a particular type of relief sought. Simply because termination is listed as a possibility does not mean that the state is actively pursuing it. This decision comes when the agency sets a termination hearing after deciding adoption is the most appropriate permanency goal for the child.

- The Texas Rules of Civil Procedure, Chapter 48, states: "A party may set forth two or more statements of a claim or defense alternatively or hypothetically, either in one count or defense or in separate counts or defenses. When two or statements are made in the alternative and one of them if made independently would be sufficient, the pleading is not made insufficient by the insufficiency of one or more of the alternative statements. A party may also state as many separate claims or defenses as he has regardless of consistency and whether based upon legal or equitable grounds or both."
- Indeed the data indicates that there is nothing anomalous about Texas pleading in the alternative. If Texas were an outlier and attempted to terminate at the beginning of the case this would be reflected in the data. However, the data chart on page 38 from the Permanency Strategic Plan showing Fiscal Year 2014 exits of children leaving conservatorship shows 30.7% of children returned home to a parent, 30.1% were permanently placed with relatives, 30.6% were legally adopted, 1.2% remained in other long-term substitute care and 7.2% emancipated.
- Simply by filing a joint petition to include termination language at removal does not mean termination will occur. DFPS remains subject to the requirement that there must not only be a ground for termination but that the court must determine termination is in the child's best interest.
- Texas took great strides in advancing permanency by instituting a mandatory dismissal in statute. DFPS feels by jointly filing a petition at removal which includes termination language we are removing potential time barriers later in the case when it becomes evident that adoption is the most appropriate permanency plan for the child.

The following chart contains three fiscal years of data by legal status for children in DFPS conservatorship, showing both the count and the percentage.

**Legal Status of Children in DFPS Legal Responsibility on August 31, by Fiscal Year**

Legal Status	2012 Count	2012 Percent	2013 Count	2013 Percent	2014 Count	2014 Percent
Care, Custody & Control*	49	0.2%	65	0.2%	55	0.2%
Temporary Managing Conservatorship**	17,332	58.2%	17,572	59.5%	18,214	60.4%
Permanent Managing Conservatorship *** Parental Rights Not Terminated	2,863	9.6%	2,732	9.3%	2,829	9.4%
Permanent Managing Conservatorship *** Parental Rights Terminated (ALL)	9,105	30.6%	8,772	29.7%	8,695	28.8%
Permanent Managing Conservatorship *** Parental Rights Terminated (One Parent)	400	1.3%	366	1.2%	341	1.1%
Possessory Conservatorship****	26	0.1%	16	0.1%	19	0.1%
<b>Total</b>	<b>29,775</b>	<b>100%</b>	<b>29,523</b>	<b>100%</b>	<b>30,153</b>	<b>100%</b>

\* Care, Custody and Control - In some counties in Texas, this type of custody is given at an Ex Parte Hearing 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.

\*\* Temporary Managing Conservatorship (TMC) - is a court-ordered legal relationship between a child and a parent or nonparent. If a judge appoints DFPS as temporary managing conservator, the court will order DFPS to exercise specific rights and duties, which include but are not limited to the right to have physical possession of the child, the duty of care, control, and protection of the child, the right to designate the primary residence of the child, and the right to make decisions concerning the child's health-care and education. Generally, TMC continues for up to 12 to 18 months at which time the judge issues a final order returning the child home, appointing an individual or DFPS as a Permanent Managing Conservator, and/or terminating parental rights thereby making the child eligible for adoption.

\*\*\* Permanent Managing Conservatorship (PMC) - is the status a court awards to DFPS in a final order. DFPS can be awarded PMC with or without termination of the rights of the child's parents. The rights and duties of a PMC are typically the same as those of the TMC; however, as the PMC, DFPS continues to exercise those rights until the child is adopted, until PMC is transferred to a suitable individual, or the child becomes a legal adult at age 18.

\*\*\*\* Possessory Conservatorship - Although uncommon, DFPS may be appointed Possessory Conservator (PC) in certain situations. As Possessory Conservator, DFPS has more limited rights and duties with respect to the child, as enumerated in the court's order naming DFPS as possessory conservator.

(Source: 2014 DFPS Data Book)

In cases where a petition to terminate was filed jointly at removal the agency ultimately makes a decision to move forward with setting a termination hearing if the agency decides to pursue adoption for the child. This occurs after the agency determines family reunification or guardianship is not the best permanency plan for the child. The plan to terminate rights is an ongoing discussion throughout the court hearings, permanency conferences and meetings with the parents. The timeframe for setting the hearing is decided on through permanency meetings with the caseworker, supervisor, county attorney and attorney ad-litem, based on what grounds for termination are present in the case. At times, the Judge makes the decision to set a termination hearing before the agency does, based on the parents failure to comply with services. If a termination hearing is set the parents will be assigned attorneys if they do not

already have legal representation. The parents' attorneys will notify the court if the parents want a jury or non-jury trial.

Termination of parental rights is a serious outcome in a CPS case. Following termination, the parent and child no longer have a legal relationship. Conversely, terminating parental rights is a prerequisite to adoption and broadens the array of permanency outcomes available to the child. Whether termination is voluntary or involuntary, it is weighed seriously for each parent and child. In general, if DFPS pursues termination, it does so with both parents.

In rare circumstances, after conferring with the attorney representing DFPS, DFPS may determine that termination on only one parent is appropriate because one parent is such a danger to the health and safety of the child that legal avenues to the child must be closed.

In assessing best interest, caseworkers always bear in mind the emotional effect that termination may have on a child.

Ultimately, if the parent's performance in establishing a safe home for the child is inadequate, DFPS may consider asking the court to set a final hearing at which DFPS seeks termination of parental rights.

If termination of one or both parent's rights is a permanency goal, it is essential that the caseworker confer with the attorney representing DFPS to assess whether there is sufficient evidence to support termination.

In addition to evidence that termination is in the child's best interest, there must be evidence of at least one ground for termination. Grounds for involuntary termination of parental rights are listed in the Texas Family Code, Chapter 161; Termination of the Parent-Child Relationship. The attorney representing DFPS decides which of the many grounds for termination of parental rights to use in each specific case. While only one termination ground is necessary, lawyers typically plead and prove more than one ground to increase the likelihood of success at trial or on appeal.

Because Texas files for termination of parental rights at the same time it files for removal from the home, the Court Improvement Project data in the chart below was calculated using the date

that adoption is identified as the primary permanency goal (and reunification is no longer the goal) prior to the final order date. The date used as the date the child was free for adoption in data below is:

For children who had parental rights terminated and had a primary plan of adoption in temporary managing conservatorship:

Date 1: date on which adoption became primary plan in temporary managing conservatorship

Date 2: date on which parental rights terminated

	Baseline Measure (FY 2013)	FY 2014	FY 2015	CIP Projects Targeting Measures (if applicable)
<b>Required Timeliness Measures</b>				
Median Time to First Permanency Hearing	5.3 mo.	5.3 mo.	5.3 mo.	The median time is the statewide median.
Time to Termination of Parental Rights Petition	6.3 mo.	6.0 mo.	6.0 mo.	For <b>FY2015</b> , the median time to from the date that adoption was identified as the permanency goal (meaning that reunification had failed, and termination or relinquishment followed) and a final order was issued.

Total number of applicable children with an Adoption plan identified to final order: 4,014

(Source: Special data request # 76033)

## **Item 24: Notice of Hearings and Reviews to Caregivers**

How well is the case review system functioning statewide to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review or hearing held with respect to the child?

Please provide relevant quantitative/qualitative data or information that show foster parents, pre-adoptive parents, and relative caregivers of children in foster care (1) are receiving notification of any review or hearing held with respect to the child and (2) have a right to be heard in any review or hearing held with respect to the child.

### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 30 - 44 of the 2015 - 2019 Child and Family Services Plan.<sup>68</sup>

DFPS works closely with the Children's Commission and the Texas Office of Court Administration in making improvements to the child welfare court system, in collaboration with the Court Improvement Project. In Fiscal Year 2015 the Texas Office of Court Administration reported on the following outcomes and outputs to work being done around notice of hearings and reviews to caregivers. DFPS notes that currently statewide data around notification is not collected due to the variety of ways notification can occur. The child's attendance in court via video conferencing continues to grow in Texas. The overall goal of the project is to increase the number of residential treatment facilities, courts and children attending hearings remotely. The following are the list of evaluation methods that the Texas Office of Court Administration uses within the video conferencing project:

- Video links are tested with each endpoint where a child is in placement, immediately prior to scheduled call with the court. (Qualitative)
- Number of hearings using system. (Quantitative)
- Number of courts enabled. (Quantitative)
- Number of placement facilities enabled. (Quantitative)

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<sup>68</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

- Number of children attending hearings remotely. (Quantitative)

Outputs by Office of Court Administration for video conferencing include the following:

- Hosted and supported the hardware and software to facilitate video conferencing between the courts and the service provider placement facilities.
- Maintained a directory of Residential Treatment Centers, General Residential Operation facilities and Emergency Shelters with video conferencing capability.
- Maintained a directory of courts that have video conferencing capability.
- Scheduled video conference hearings for CPS cases.
- Verified connectivity prior to the start of hearings.
- Maintained a log of all hearings conducted, including date, time, participating court, type of hearing, participating placement, length of hearing, any problems with the transmission quality or technological barriers.

Data for video conferencing use in Fiscal Years 2014 and 2015 as follows shows that the process is growing in Texas:

<b>Video Conferencing</b>	<b>Fiscal Year 2014</b>	<b>Fiscal Year 2015</b>
Number of hearings using system	321	365
Number of courts enabled	14	27
Number of placement facilities enabled	56	70
Number of children attending hearings remotely	260	302

(Source: Office of Court Administration)

Another goal of video conferencing is to enhance and improve party engagement in the Child Protection Court hearings. Office of Court Administration evaluates their success in this area through the following ways:

- Number and type of users are tracked. (Quantitative)
- Numbers of notifications sent are tracked. (Quantitative)
- Numbers of hearings are tracked. (Quantitative)

Outputs by Office of Court Administration for notice and engagement include the following:

- Maintained web screens built in Fiscal Year 2013 and Fiscal Year 2014.
- Populated hearing data once the user chose cases from the search tool.
- Created a “Report Issue” form tool that allows users to report issues/problems with the Notice and Engagement application to the Office of Court Administration service desk.
- Verified that interested persons received an email alert in advance of the hearing. The alert contained the date, cause number, style, hearing type, county and court.
- Tracked the information needed to perform the quantitative evaluation methods.

Data for using the Notice and Engagement System for Fiscal Years 2014 and 2015 shows that although the total number of users went down, both the number of notifications sent and the number of hearings involved increased between the two years:

<b>Notice and Engagement</b>	<b>Fiscal Year 2014</b>	<b>Fiscal Year 2015</b>
Number of users	144	99
Number of notifications sent	314	1445
Number of hearings involved	275	1031

(Source: Office of Court Administration)

DFPS continues to focus on ensuring proper notifications are sent in a timely manner. The following persons are entitled to at least 10 days' notice of a hearing per the Texas Family Code, Sec. 263.002, and are entitled to present evidence and be heard at the hearing:

(a) Notice of a hearing under this chapter shall be given to all persons entitled to notice of the hearing.

(b) The following persons are entitled to at least 10 days' notice of a hearing under this chapter and are entitled to present evidence and be heard at the hearing:

- (1) the department;
- (2) the foster parent, pre-adoptive parent, relative of the child providing care, or director or director's designee of the group home or general residential operation where the child is residing;
- (3) each parent of the child;
- (4) the managing conservator or guardian of the child;
- (5) an attorney ad litem appointed for the child under Chapter 107, if the appointment was not dismissed in the final order;



(6) a guardian ad litem appointed for the child under Chapter 107, if the appointment was not dismissed in the final order;

(7) a volunteer advocate appointed for the child under Chapter 107, if the appointment was not dismissed in the final order;

(8) the child if:

(A) the child is 10 years of age or older; or

(B) the court determines it is appropriate for the child to receive notice;

and

(9) any other person or agency named by the court to have an interest in the child's welfare.

(c) Notice of a hearing under this chapter may be given:

(1) as provided by Rule 21a, Texas Rules of Civil Procedure;

(2) in a temporary order following a full adversary hearing;

(3) in an order following a hearing under this chapter;

(4) in open court; or

(5) in any manner that would provide actual notice to a person entitled to notice.

(d) The licensed administrator of the child-placing agency responsible for placing the child or the licensed administrator's designee is entitled to at least 10 days' notice of a permanency hearing after final order.

Because the person responsible for providing notice varies across jurisdictions, it is the caseworker's responsibility to either:

- send the notice; or
- consult with the attorney representing DFPS, if the caseworker is not certain whether who is responsible for providing notice.

It is common practice in Texas courts for Judges to pre-set the next hearing date verbally in the court room before the conclusion of each child protection hearing. The dates of the next hearing are then incorporated into the actual text of the court order, of which all parties receive a copy.

## C. Quality Assurance System

### Item 25: Quality Assurance System

How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Please provide relevant quantitative/qualitative data or information showing that the specified quality assurance requirements are occurring statewide.

### Texas DFPS Response:

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 44 - 51 and Section V, Program Support, Quality Assurance, of the 2015 - 2019 Child and Family Services Plan.<sup>69</sup> This response is also a supplement to the Texas CPS Quality Assurance Manual<sup>70</sup> from November 2015 and the Accountability Training Curriculum<sup>71</sup> from September 2015, contained in the appendix.

The Division of Accountability team has 18 Quality Assurance Specialists, who are stationed in each of the 11 CPS regions in Texas. Cases from all 11 regions are included in the randomly selected samples for each of the various reviews: Child and Family Services Reviews, Title IV-E, Investigations, Screened Intakes and Alternative Response cases. Each of the eleven regions has a Quality Assurance Leader assigned, with a total of 4 Quality Assurance Leaders. The Quality Assurance Leaders provide direct supervision to the Quality Assurance Specialists in those regions, analyze data and trend information from the case reviews and provide both verbal and written feedback to the regions they serve.

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<sup>69</sup> *The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019*

<sup>70</sup> *Appendix B: Texas CPS CFPSR Accountability Team QA Manual*

<sup>71</sup> *Appendix C: Texas Child and Family Services Review Accountability Training Curriculum Round 3*

Individual case review guides are used for each type of case review. The federal onsite review instrument is used for the CFSR reviews. The federal Title IV-E Foster Care Eligibility Review Guide is used for the IV-E ongoing reviews. An Investigation case review guide based on child safety, policy and best practice is used for the Investigation quality assurance reviews. A Screened Intake review guide based on child safety, policy and best practice is used for the Screened Intake reviews. An Alternative Response review guide based on Alternative Response principals, policy and best practice is used for the Alternative Response reviews. The entire Accountability Division is provided with training and ongoing inter-rater reliability support through written instruction manuals, up-to-date data bases for data entry and report production, first and second level quality assurance checks, formal inter-rater reliability trainings, ongoing discussions via email and team calls, and updated versions of "frequently asked question" documents for each guide.

Each quarter the Division of Accountability reads 180 cases using the onsite review instrument. Ninety of these are foster care cases and 90 are in-homes cases. Any investigations or alternative response cases that were open during the period under review for those cases are also a part of the review. The team reads 600 screened intakes per quarter. Beginning in Quarter 1 of Federal Fiscal Year 2016 the team began sampling in 20% of Alternative Response cases to make up the total Investigation sample, and developed an Alternative Response reading guide for those cases. The total Investigation sample including Alternative Response cases is approximately 396 cases per quarter. Twenty-two Title IV-E files are reviewed each quarter for eligibility standards. This totals 1198 case reviews of various types per quarter, equaling 4792 case reviews per year. Specific case review data for the Child and Family Services Reviews and Investigations can be found in Section III, Safety, Permanency and Well-Being of this assessment.

Beginning in Q1-16 the Division of Accountability has had the ability to supplement the instrument with additional program-specific case review questions and enter results into our internal CFSR database. This is a way for CPS Program to further investigate an area with data for continuous quality improvement. The results and data are pulled separately from the Child and Family Services Reviews data and information. Each type of review produces case specific reports and uses aggregated data. Trend reports are sent to those involved in each case, as well as regional and statewide management. These reports share specific needs and strengths of each case, and identify system-wide positive trends and areas to improve upon. Information

about the feedback loop provided to regional staff in quarterly debriefings for CFSR cases are described in both the Annual Progress and Services Report<sup>72</sup> on pages 300, 301 and 378 and the Texas CPS Quality Assurance Manual.<sup>73</sup>

In Q1-16 CPS Program requested additional questions on the topics of normalcy for school-aged children in foster care and questions on the quality of contracted provided services. The results, which have recently been provided to the individual programs that requested the information, are as follows:

Sub-Category: Normalcy  
 Region: All  
 Reading Period: FY15 4th Quarter (07/01/2014 - 06/30/2015)  
 Case Type: Foster Care

<b>Is the child participating in activities that promote normalcy (such as participation in extracurricular school groups &amp; events, visiting with friends, being employed, any other activity which promotes healthy social development, etc.)? If the child cannot participate in normalization activities due to developmental or medical conditions, please select NA.</b>				
Region	Yes	No	N/A	Compliance
001	1	0	9	100.0%
002	4	0	1	100.0%
003	4	0	6	100.0%
004	4	0	1	100.0%
005	1	0	4	100.0%
006	5	0	5	100.0%
007	5	1	4	83.3%
008	6	0	4	100.0%
009	1	0	4	100.0%
010	5	0	5	100.0%
011	2	0	8	100.0%
STATE	38	1	51	97.4%

<sup>72</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019  
<sup>73</sup> Appendix B: Texas CPS CFSR Accountability Team QA Manual

<b>If the child is not participating in normalcy activities, have barriers to participation been identified?</b>				
Region	Yes	No	N/A	Compliance
001	0	0	10	0.0%
002	0	0	5	0.0%
003	0	0	10	0.0%
004	0	0	5	0.0%
005	0	0	5	0.0%
006	0	0	10	0.0%
007	1	0	9	100.0%
008	0	0	10	0.0%
009	0	0	5	0.0%
010	0	0	10	0.0%
011	0	0	10	0.0%
STATE	1	0	89	100.0%

<b>If barriers to normalcy have been identified, are efforts being made to eliminate the noted barriers?</b>				
Region	Yes	No	N/A	Compliance
001	0	0	10	0.0%
002	0	0	5	0.0%
003	0	0	10	0.0%
004	0	0	5	0.0%
005	0	0	5	0.0%
006	0	0	10	0.0%
007	1	0	9	100.0%
008	0	0	10	0.0%
009	0	0	5	0.0%
010	0	0	10	0.0%
011	0	0	10	0.0%
STATE	1	0	89	100.0%

Section IV: Assessment of Systemic Factors

Sub-Category: Contracted Services

Region: All

Reading Period: FY15 4th Quarter (07/01/2014 - 06/30/2015)

Case Type: All

**If the family was referred for purchased evaluation and treatment services:  
Is there evidence the worker communicated to each provider CPS' worries about harm  
and danger to the children and behavioral changes needed by parents to increase child  
safety? (via documentation and interviews)**

Region	Yes	No	N/A	Compliance
001	13	3	4	81.3%
002	4	1	5	80.0%
003	11	0	9	100.0%
004	5	0	5	100.0%
005	7	0	3	100.0%
006	11	5	4	68.8%
007	12	2	6	85.7%
008	6	1	13	85.7%
009	5	1	4	83.3%
010	7	0	13	100.0%
011	16	0	4	100.0%
STATE	97	13	70	88.2%

**Are there progress notes from the provider(s) in the case file?**

Region	Yes	No	N/A	Compliance
001	11	4	5	73.3%
002	3	1	6	75.0%
003	9	1	10	90.0%
004	5	0	5	100.0%
005	5	0	5	100.0%
006	9	7	4	56.3%
007	8	5	7	61.5%
008	4	2	14	66.7%
009	2	4	4	33.3%
010	3	3	14	50.0%
011	12	3	5	80.0%
STATE	71	30	79	70.3%

Section IV: Assessment of Systemic Factors

**If there are progress notes, are they of good quality, detailing the services provided and progress by the parents?**

Region	Yes	No	N/A	Compliance
001	12	0	8	100.0%
002	3	0	7	100.0%
003	6	3	11	66.7%
004	5	0	5	100.0%
005	5	0	5	100.0%
006	10	0	10	100.0%
007	8	1	11	88.9%
008	5	0	15	100.0%
009	3	0	7	100.0%
010	4	1	15	80.0%
011	12	1	7	92.3%
STATE	73	6	101	92.4%

**Based on the progress notes and the worker's contact with the child and parent(s), did the purchased services support progress toward the service goals identified in the family plan of service or identify barriers that needed to be addressed? (via documentation and interviews)**

Region	Yes	No	N/A	Compliance
001	14	0	6	100.0%
002	3	2	5	60.0%
003	8	3	9	72.7%
004	5	0	5	100.0%
005	4	0	6	100.0%
006	13	2	5	86.7%
007	12	1	7	92.3%
008	7	0	13	100.0%
009	2	0	7	100.0%
010	6	0	14	100.0%
011	15	0	5	100.0%
STATE	89	8	82	91.8%

Section IV: Assessment of Systemic Factors

The following is the composite question data for the Title IV-E Foster Care reviews from the last two available quarters:

	3rd Quarter FY2015	4th Quarter FY2015
<b>G. Removal Pursuant to a Court Order</b>		
<b>12. Removal Pursuant to a Court Order</b>	100.00%	100.00%
<b>13. Judicial Determination - Contrary to the Welfare/Best Interest</b>	100.00%	100.00%
<b>14. Judicial Determination - Reasonable Efforts to Prevent Removal</b>	100.00%	100.00%
<b>J. Ongoing Judicial Activity</b>		
<b>19f. Did the child meet the "Reasonable Efforts to Finalize the Child's Permanency Plan" requirement?</b>	95.24%	100.00%
<b>K. AFDC Eligibility</b>		
<b>18. Removal from the Home of a Parent or other Specified Relative</b>	100.00%	100.00%
<b>20. Live with a Parent or Specified Relative</b>	100.00%	100.00%
<b>22. Was the child "Living With" and "Removed From" from the same person?</b>	100.00%	100.00%
<b>23. Was the child's AFDC determination based on the home of the person whom the child was "Living With" and "Removed"</b>	100.00%	100.00%
<b>24a. Financial Need</b>	100.00%	95.45%
<b>24b. Parental Deprivation</b>	100.00%	100.00%
<b>M. State Agency Responsibility for Placement and Care</b>		
<b>27. Responsibility for the child's Placement and Care</b>	100.00%	100.00%
<b>N. Placement in a Licensed Foster Care Facility</b>		
<b>33a. Licensure - Was the Foster Home licensed/verified or was the residential provider licensed during the placement?</b>	100.00%	100.00%
<b>O. Safety Requirements for Provider</b>		
<b>Background Checks - Were background checks completed according to requirements for the type(s) of placement?</b>	100.00%	100.00%
<b>36. Foster Family or Group Home placement - "If there was a "match" for criminal history, was the match not a Minimum Standards Violation or if it was a Minimum Standards Violation was it approved through a Risk Evaluation</b>	100.00%	100.00%
<b>Were background checks completed on the prospective foster parent(s) before the child was placed in the home?</b>	100.00%	100.00%
<b>Were background checks appropriately renewed if due during the child's placement?</b>	100.00%	100.00%
<b>Were background checks appropriately renewed if due during the child's placement?</b>	100.00%	100.00%



<b>37. Childcare Institution placement - "If there was a "match" for criminal history, was the match not a Minimum Standards Violation or if it was a Minimum Standards Violation was it approved through a Risk Evaluation</b>	NA	NA
<b>Were background checks completed on appropriate staff before the child was placed into the facility?</b>	NA	NA
<b>Were background checks appropriately renewed if due during the child's placement?</b>	NA	NA

The information from the Screened Intake Reviews is provided to the CPS Division Administrator for Investigations, who supervises the Screeners. This report was built with the Division Administrator's input and allows her to address any developmental training needs with her team. It allows her to know where they are doing well, which is again an example of continuous quality improvement efforts between the Division of Accountability and CPS Program. The following information is from the most recent report for Quarter 4 of Fiscal Year 2015, in which a total of 585 intakes were reviewed from screened intakes received statewide in May, June and July 2015. Cases reviewed were selected at random out of the 4,585 Priority 2 intakes which were identified as having been formally screened and closed without stage progression to investigation:

Four intakes were pulled (where available) for each screener per month. Case Distribution by Screener Supervisor is as follows:

Screener Supervisor	Regions Covered	Cases Reviewed
De-identified	1, 2, 7 & 9	132
De-identified	4, 5 & 6	149
De-identified	3	153
De-identified	8, 10, & 11	151

There were a total of 53 screener/screener supervisors closing cases. Forty-seven of fifty-three (88.7%) had at least 95% of cases closed in less than 72 hours. Six had cases where less than 95% of cases closed in 72 hours. For intake questions reviewed there are ten intake questions rated on compliance. Six of the questions (60%) were rated as 90% compliance or above. Four questions (40%) fell below 90% compliance.

Information about the Organizational Effectiveness team's use of the DAPIM model (Define, Assess, Plan, Implement and Monitor) to drill down through the use of root cause analysis of an identified gap is also detailed in the Child and Family Services Plan<sup>74</sup> on pages 301, 302, 380 and 381. Organizational Effectiveness requests are commonly centered on gaps identified through case review results, which illustrates another way the Division of Accountability works with CPS Program on Continuous Quality Improvement.

In addition to qualitative case reviews, DFPS has a variety of data warehouse reports used to identify the quality of current performance. The following information is from the most recent CPS Transformation report and is used to illustrate how CPS uses data to inform decision-making and improve outcomes for children and families.

### ***Using Data to Improve Outcomes for Children and Families***

DFPS maintains hundreds of data reports along with data and information gathered through the regional investigation and Child and Family Services Review (CFSR) case reads. To effectively use this information to improve outcomes, CPS must create a continuous quality improvement (CQI) structure. To do so, CPS must (1) integrate and analyze the data and information in a way that supports field and state office in effectively using it to manage staff and implement improvements; and (2) train staff to use the integrated data and information to inform decisions and ensure a continual and strategic transformation and improvement process.

CPS started this process through its original state office restructure as part of Transformation. As recommended by The Stephen Group (TSG) operational review, CPS organized state office into two operational groups, as follows.

- Functional Support divisions focusing on field and state office operations. The Deputy CPS Assistant Commissioner and the Functional Support divisions report directly to the CPS Assistant Commissioner and include: Investigations and FBSS, Permanency, Purchased Client Services, Field, Disproportionality, Communications and Community Affairs.
- Systems Support divisions focus on systemic change and improvement and report to the Deputy CPS Assistant Commissioner and include Systems Improvement, Special Projects,

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<sup>74</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

Legislative Coordination, Federal and State Support, Accountability and Practice Excellence.

Consolidating the Systems Support divisions under the Deputy Assistant Commissioner for CPS was an important first step in creating a strong CQI structure. Operating within CPS but outside of the day-to-day operations, the Deputy Assistant Commissioner for CPS can maintain the objectivity needed to ensure accountability while keeping critical connections to the work CPS field and state office are doing. The Deputy Assistant Commissioner for CPS works along with the Functional Support Directors to help the Assistant Commissioner for CPS set, track and implement the strategic vision and plan for CPS.

To extend the CQI structure into the field to help sustain Transformation, CPS is creating a CPS Regional CQI or Systems Improvement Team, which will be part of the Systems Support under the Deputy Assistant Commissioner for CPS. This team will work with CPS leadership to proactively and strategically make needed changes to further build an experienced and tenured workforce and improve safety, permanency, and well-being for the children and families CPS serves. Using integrated data and reports, the team will help regional leadership identify for each stage of service what parts of the system are working well and areas to target for improvement. Working with regional staff and, when appropriate, external stakeholders, the team will brainstorm solutions, help implement plans, and track and report on progress.<sup>75</sup>

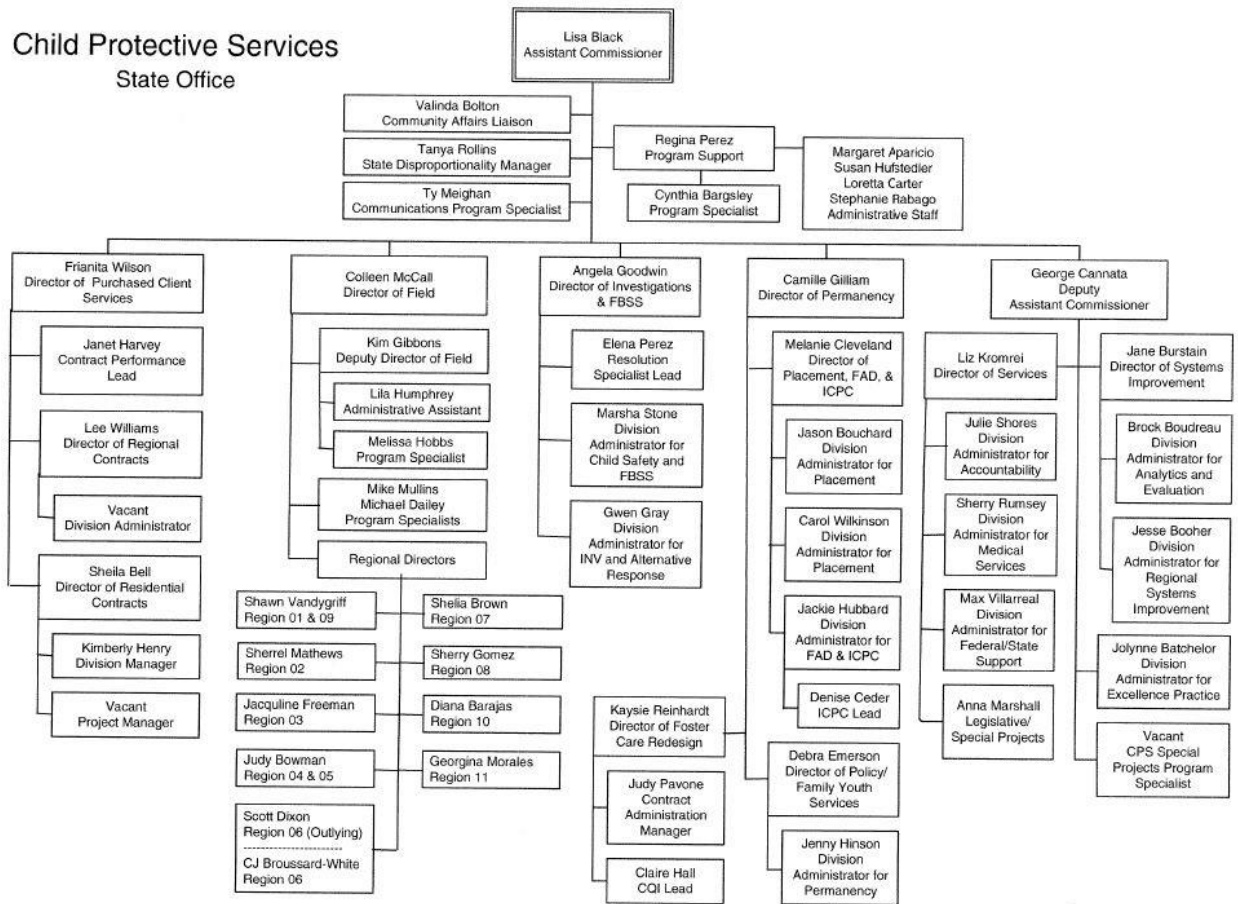
As of January 2016 the Division Administrator of the Systems Improvement team and 11 Regional Continuous Quality Improvement Specialists have been hired for their positions. The CPS Organizational Chart below shows how both the Division Administrator for Accountability and the Division Administrator for Regional Systems Improvement ultimately report up to the same Deputy Assistant Commissioner, and their Directors are on the same management team. The two Division Administrators will work together to ensure the work of their two teams complement each other in providing data, trend information and direction to regional staff for ongoing continuous quality improvement. A key difference between the two teams is that the Regional Continuous Quality Improvement Specialists will not be reviewing cases as a part of their primary job function. They will be using data and information, including from the Division of

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<sup>75</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

Section IV: Assessment of Systemic Factors

Accountability team's work products, to work closely with regional management and staff on making improvements.



In fiscal year 2016, CPS will also begin an annual planning process looking at key outcome measures at the state and regional levels. This effort will inform decisions about changes needed to CPS' business plan for fiscal year 2017.<sup>76</sup>

<sup>76</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

Section IV: Assessment of Systemic Factors

Initiative	Implementation	
	Status	Comments
<p>Coordinate and align investigation CFSR quality assurance case reads. Integrate information and data gathered through investigation and CFSR quality assurance case reads, data analysis, predictive analytics, and program evaluation. Dedicate staff to support field and state office in strategically using the integrated information for planning and decision-making. Expand the use of data analysis and predictive analytics to identify emerging problems and high-risk cases. Support evaluation of CPS Transformation efforts through short-term analysis that allows CPS to make adjustments during the course of implementation and evaluation of outcome data over time.</p>	<p><b>In Progress</b></p>	<p>July 2015 – Complete inventory of all information and data gathered through various case reads and identify gaps and areas of overlap.</p> <p>July 2015 – Created Regional Systems Improvement Division to extend the CQI structure into the field to help sustain Transformation. The Division Administrator has been hired and CPS is in the process of hiring 11 specialist positions.</p> <p>July 2015 – Family Based Safety Services Real-Time Case Reads rolled out statewide.</p> <p>August 2015 – Develop structured case reading tool for Child Safety Specialist reviews.</p> <p>August 2015 – Completed initial evaluations of all key Transformation initiatives and pilots.</p>

## D. Staff and Provider Training

### Item 26: Initial Staff Training

How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

*Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.*

Please provide relevant quantitative/qualitative data or information that show:

- staff receive training pursuant to the established curriculum and time frames for the provision of initial training; and
- how well the initial training addresses basic skills and knowledge needed by staff to carry out their duties.

### Texas DFPS Response:

Note: This response is a supplement to the DFPS Annual Progress and Services Report related to topic, located on pages 51-56, and Section XI, The Training Plan, of the 2015 - 2019 Child and Family Services Plan.<sup>77</sup>

Developing a Professional and Stable Workforce is Priority A of CPS Transformation. Improving quality outcomes for children and families depends on CPS' ability to build a high-quality, professional, and stable workforce. CPS caseworkers help Texas' children in complex environments through work that demands specialized intellectual and behavioral skills, appropriate and effective training, and ongoing support. DFPS started a comprehensive initiative that includes redesigning recruiting and hiring practices, overhauling the current learning model for workers, and providing additional support through mentoring, strengthened management, and improved employee performance evaluation and recognition. A better

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<sup>77</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

understanding of the characteristics of high-performing workers and the essential competencies needed for job success now informs activities from recruitment and hiring to training and retention.<sup>78</sup>

Accomplishments during 2015 related to Priority A<sup>79</sup> include the following:

- Implemented new employee evaluations for caseworkers – March 2015
- Implemented DFPS-specific behavioral assessment tool – March 1, 2015
- Provided Strengths-Based Supervision training to CPS statewide leadership and to supervisors in every region – March 31, 2015
- Implemented new hiring process – April 1, 2015
- Developed recommendations to strengthen and evaluate the Title IV-E Training Program – August 2015
- Designed and implemented new statewide worker training model – January 1 - October 1, 2015

### *Continuous Learning*

As part of transformation, CPS redesigned caseworker training. The new model begins on the new caseworker's (called a protégé) first day and extends over the first nine months of his or her career. The model includes using mentors, revised classroom training (now known as CPS Professional Development) and increased time spent on field-based specialty training (for the Investigations, Family Based Safety Services, and Conservatorship stages of service). This figure shows the integration of classroom and field experience over a protégé's first 12 to 13 weeks of training.



While the current model was largely classroom-based, the new model provides more field-based training. In addition, the training model has shifted from task-focused to core practice model competencies. New caseworkers receive a customized plan for their training and development over their first nine months on the job. The individualized plan allows for additional time to help the caseworker develop competencies if needed or less time in situations where

<sup>78</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

<sup>79</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

they may develop more quickly (or if they have prior child welfare experience). Supervisors assess whether their staff are “case assignable” based on demonstration of competencies, instead of the prior approach to testing workers at the end of basic skills development using two simulated cases.

CPS has implemented the new training model statewide. Before this rollout, CPS tested, evaluated, and modified the approach to design the most effective statewide program. This included the following components.

- Mentoring – In fall 2014, CPS piloted four mentoring programs in Regions 1, 3, 4/5, and 8. These pilots tested different features of mentoring programs. CPS combined the best features into the statewide program.
- Specialty Training – From November 3, 2014, to December 15, 2014, CPS piloted the field-based specialty training component of the new model for 18 investigators in Region 7. The pilot tested use of individualized training plans, coordination and training delivered by field staff (as opposed to professional trainers), and case assignability based on achieved competencies.
- Combined Model – On January 1, 2015, Region 8 launched the new combined training model.<sup>80</sup>

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<sup>80</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014



Initiative	Implementation	
	Status	Comments
<p>Overhaul the CPS core and specialty training program and curriculum. Change delivery of specialty training to be primarily field-based, delivered by staff with field experience. Implement the revised training model and new mentoring program as one program.</p> <p>Evaluate the program at key stages of implementation to address barriers and make practice improvements for successful implementation.</p>	<p><b>Complete with evaluation in progress</b></p>	<p>November 3, 2014 - December 15, 2014 – Conducted pilot for investigator specialty training in Region 7.</p> <p>January 1, 2015 – Launched new CPS professional development program in Region 8.</p> <p>May - October 2015 – Completed statewide rollout.</p> <p>December 31, 2015 – Conclude one-year evaluation.</p>

**Internal Evaluation of Training Model**

Throughout implementation of the new training model, the CPS Analytics and Evaluation Team conducted an internal evaluation of CPS Professional Development, including reviewing the rollout process for fidelity to the model and collecting staff feedback through surveys and focus groups. The findings are below. DFPS has also contracted with the University of Texas at Austin Child and Family Research Partnership to evaluate the model, including its outcomes. This evaluation will occur in FY 2016, with feedback provided on an ongoing basis. The final report is due in December 2016.

The CPS Analytics and Evaluation Team analyzed information from the first group in each region where the model was implemented.

**Region 8 Roll-Out Summary**

- Fifteen protégés in Region 8 completed CPS Professional Development over the approximate time period of January – March 2015.
- All 15 protégé’s completed specialty and were deemed as case assignable based on the Individual Training Plan and Ongoing Competency Evaluation.
- CPS administered a survey to protégés, mentors and supervisors. Staff members rated most aspects of the CPS Professional Development and mentor process highly. Mentors

and supervisors reported that protégés were better prepared and had more advanced knowledge under the new model compared to trainees in the old model.

### **Improvement Actions Taken from Region 8 CPS Professional Development Roll-out**

Recommendations from the analysis of the rollout in Region 8 informed model design and rollout in subsequent regions. Changes that were incorporated into the model for implementation in the next group of regions (Regions 4/5, 7, and 11) include:

- a contingency plan was put in place in the event no mentors are available;
- weekly calls to guide supervisors and mentors about when to have the protégés complete tasks on their own to relieve the mentor's workload;
- pre roll-out orientation with supervisors, PDs and PAs increased from two meetings to 10 meetings;.
- DFPS is reviewing current trainings and curricula in other states to identify the best solution to provide coaching, development and assessment training for mentors and supervisors; and
- ensure timely completion of the redesigned Center for Learning and Organizational Excellence (CLOE) Learning Management System module to improve tracking, assessment and analysis of the CPS Professional Development process.

### **Implementation in Regions 4/5, 7, and 11**

The first group trained in Regions 4-5, 7 and 11 completed the 12 to 13 week program in August 2015. Of these protégés, 88 percent (40 persons) completed the training. The breakout by region is shown:

- Region 4-5: Six protégés complete training (4 resigned);
- Region 7: 20 protégés complete training (3 resigned); and
- Region 11: 14 protégés complete training (1 resigned).

The University of Texas at Austin Child and Family Research Partnership will administer surveys and conduct focus groups to collect additional data in Regions 4/5, 7, and 11. The CPS Analytics and Evaluation Team will analyze results from the first group to complete the program in Regions 1/9, 2, and 10 in September.

### **Additional Feedback Collected**

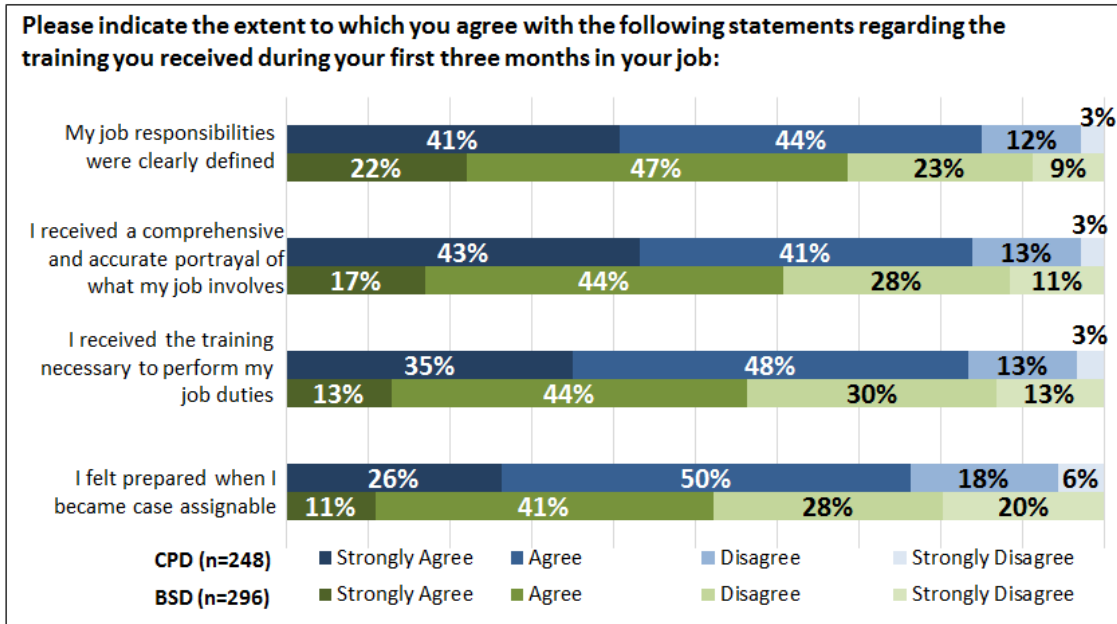
A series of focus groups on CPS Transformation were conducted in four regions in June 2015. These focus groups included supervisors, caseworkers, and, in some cases, program directors. Focus group feedback of the new training model is summarized below.

- Supervisors appreciate the experience the new workers are getting quickly. Four weeks in, the new workers have experienced overtime, two removals, positive client contacts and difficult parents (serves as a realistic job preview).
- Great movement in the right direction to reduce classroom time and have faster feedback for the new employee on what life in the field is like.
- Like the less structured approach with emphasis on shadowing caseworkers.
- A lot of responsibility falls on the supervisor.
- The model works best when the mentor and protégé are in the same unit. Protégés are much more prepared to do the job.
- New protégés bond better with their units.
- Like the adjustable timeline of training (so workers can get extra help if needed).
- Weekly conferences are beneficial to work through problems immediately (not at end of training as in the previous model).
- It is beneficial that workers are learning from real cases.
- Workers get more out of classroom training due to their field experience.
- Shorter classroom time and immediate time in the field builds on new worker's enthusiasm.
- Mentor supply is an issue in some areas.

In January 2016 the Child and Family Research Partnership of the LBJ School of Public Affairs at the University of Texas in Austin conducted a satisfaction survey of the new CPS Professional Development (CPD) training program versus the former Basic Skills Development (BSD) training program.

The following chart shows that new caseworkers surveyed strongly agreed or agreed at a much higher level that the CPD model was more effective in the four areas listed below as compared to the BSD model.

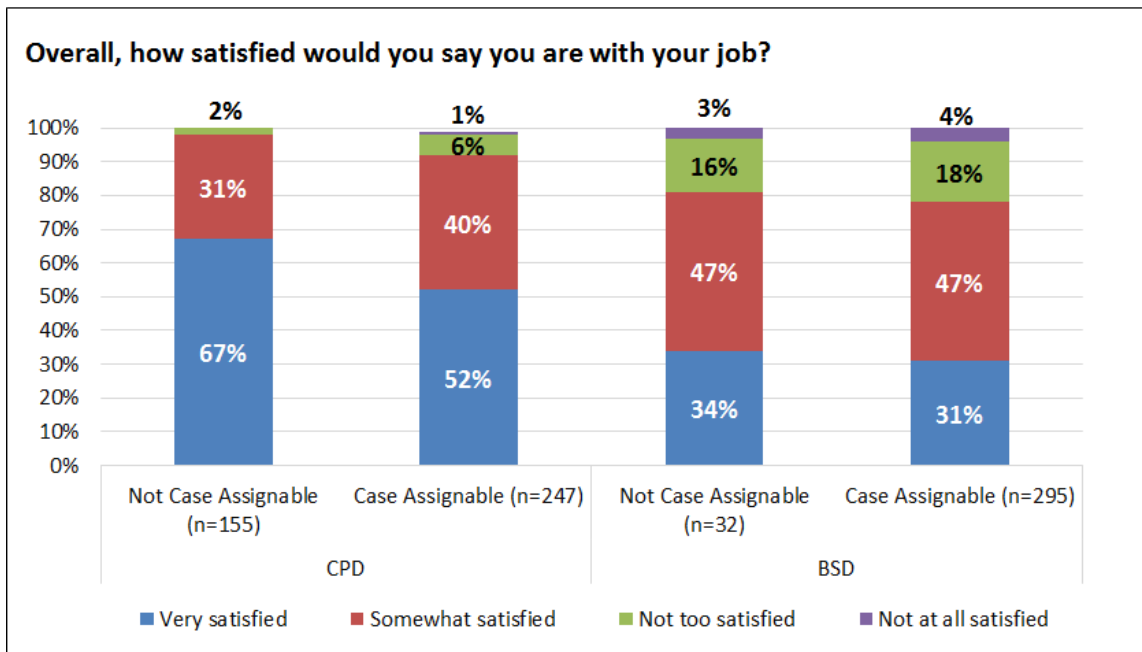
### New Caseworkers' Perceptions of Training, CPD vs. BSD



Source: Statewide Survey, November 2015.  
 Notes: Limited to caseworkers who are case assignable.

The same survey found that new caseworker's satisfaction levels with their jobs are higher after completing the CPS Professional Development model as compared to those who completed Basic Skills Development. Please see the chart below for the results.

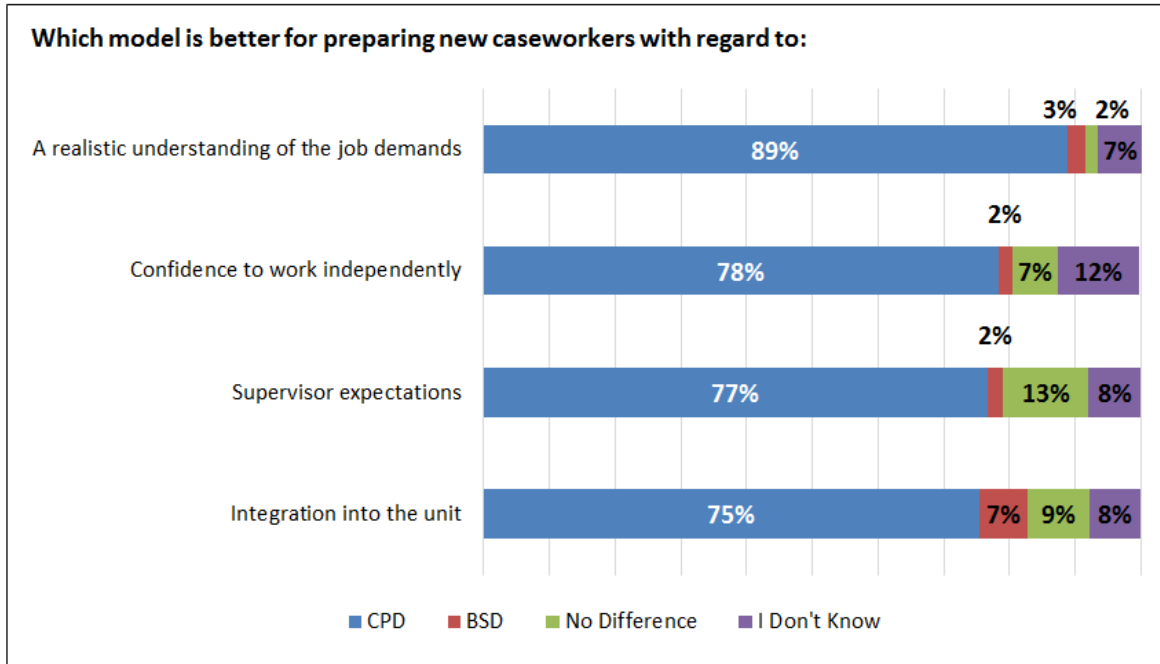
### New Caseworkers' Self-Reported Job Satisfaction, CPD vs. BSD



Source: Statewide Survey, November 2015.

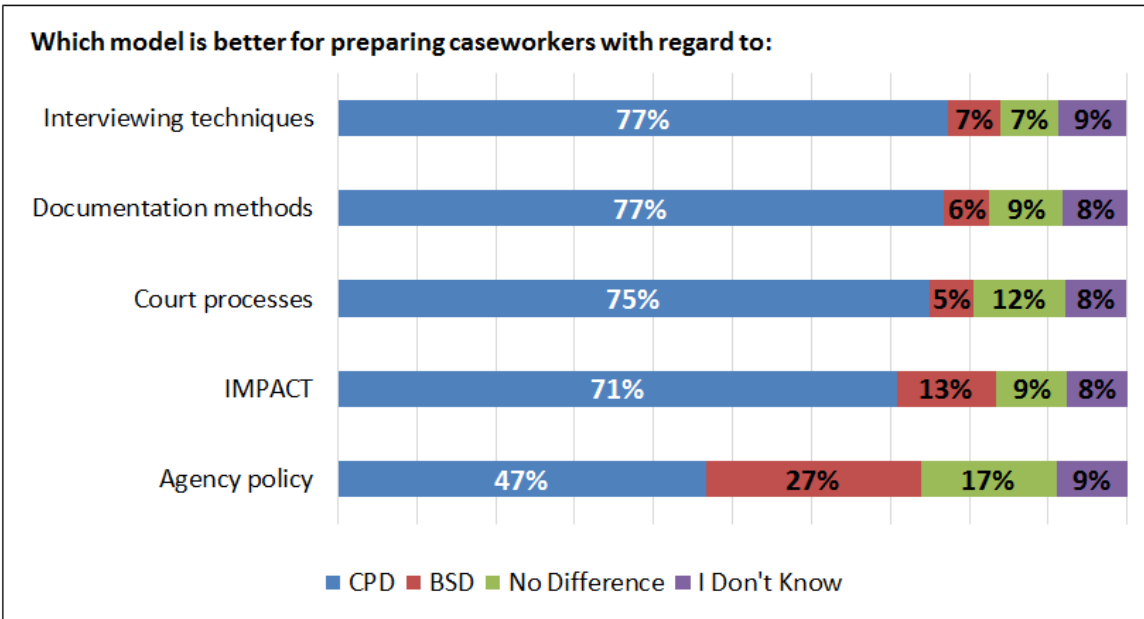
Additionally this survey found those caseworkers who completed CPS Professional Development felt more prepared for their jobs as compared to those who went through Basic Skills Development, as demonstrated in the following two slides:

**Supervisors' Perceptions of New Caseworkers' Integration, CPD vs. BSD (n=365)**



Source: Statewide Survey, November 2015.

**Supervisors' Perceptions of New Caseworkers' Skill Development, CPD vs. BSD (n=365)**



Source: Statewide Survey, November 2015.

**Mentoring**

CPS implemented a statewide mentoring program to ensure protégés receive technical and personal support throughout their training. CPS tested different features of mentoring programs in four pilots (Regions 1, 3, 4/5, and 8) from September 1, 2014, to November 30, 2014. CPS finalized the design of the statewide mentoring program and combined mentoring with the revised training components. The new continuous learning model began January 1, 2015 in Region 8 and has now been rolled out in all CPS regions.

Initiative	Implementation	
	Status	Comments
Implement a statewide mentoring program. Key features of the program include: A one-to-one pairing of mentor and protégé, beginning on the protégé's first day. A shared caseload, where the protégé works real cases and gradually assumes more responsibility.	<b>Complete with Evaluation In Progress</b>	August 27, 2014 – November 30, 2014 Conducted and evaluated pilot mentoring programs in Regions 1, 3, 4/5, and 8.  January 1, 2015 – Implemented new continuous learning model (combined mentoring, CPS professional development and specialty training) in Region 8.

Section IV: Assessment of Systemic Factors

<p>A realistic job preview, where the protégé adopts the same on-call schedule as the mentor. Mentors are compensated with a monthly stipend (began September 1, 2015).</p>		<p>May - October 2015 – Completed statewide rollout.  December 31, 2015 – Conclude one-year evaluation.</p>
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**Management Training**

Transformation’s success depends heavily on supervisors’ ability to become proficient in their new responsibilities, including an increased level of decision-making, moving towards a field-based learning model for staff training, and new safety and risk assessment tools. Effective supervisors are also critical to improving staff retention. DFPS selected Strengths-Based Supervision (SBS) as the first initiative to strengthen the skills of supervisors. Through a combination of classroom sessions and group coaching led by management (program directors and program administrators), the curriculum provides practical and emotional support and highlights the importance of clinical supervision essential to child welfare work.

Regional focus group feedback on the group coaching sessions has been positive, especially from new supervisors. An internal process evaluation completed by CPS found 68 percent of supervisors active in June 2015 have completed the SBS training. This suggests that given the changing composition of the CPS workforce, there may be a need to continue to offer trainings to ensure all supervisors are trained. CLOE continues to offer the Strengths-based Supervision course in all regions to address this need.

Initiative	Implementation	
	Status	Comments
<p>Implement Strengths-Based Supervision training model statewide to improve management and supervisor capabilities in three essential areas: critical thinking and analysis; guidance and support; and administrative responsibilities.</p>	<p><b>Complete</b></p>	<p>September 24, 2014 – Launched SBS training for more than 100 frontline supervisors in Harris County (Region 6).  November 14, 2014 – Completed delivery of SBS training to all CPS management staff statewide.  December 9-10, 2014 – Trained selected CPS program directors to</p>

Section IV: Assessment of Systemic Factors

		deliver SBS training statewide.  December 11, 2014 – Launched SBS training for management and supervisors in Region 8 in anticipation of new continuous learning model rolled out to new staff in Region 8 on January 5, 2015.  March 31, 2015 – Completed rollout of SBS training in all regions.
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*Performance Evaluation and Recognition*

Improving performance evaluation, increasing feedback, and expanding recognition efforts are part of the broader objectives of elevating the professionalism of CPS’ workforce and improving the agency’s culture, work environment, and staff retention.

In March 2015, CPS implemented a statewide employee recognition and appreciation program based on a successful pilot in Region 2. The “e-Rewards program” allows supervisors to recognize employees for their contributions to CPS and award privileges such as administrative leave or wearing blue jeans to work. CPS awarded a total of 3,197 e-Rewards between March and July 2015.

DFPS also implemented the Commissioner’s employee recognition program, DFPS Stars, statewide for all staff. Employees are nominated for statewide recognition by the Commissioner for outstanding performance.

Following a recommendation of the operational review, CPS tested “360-degree” performance feedback as one method to continue the development of management staff, including regional directors, program administrators, regional operations support administrators (ROSAs), and service program administrators (SPAs). CPS worked with Health and Human Services Commission staff to develop a tool for CPS. In February 2015, 61 managers were identified for participation. Of the 128 persons responding to a survey assessing the usefulness of the process, only 35 percent found the resulting Individual Development Plan and feedback useful. Given the resources required to complete and compile the results for staff evaluated, CPS has decided not to continue the effort at this time.



DFPS is developing new performance evaluations for all staff. CPS tested new caseworker evaluations in Regions 2 and 6 (excluding Harris County) in all stages of service. The revised evaluation measures tasks for quality as well as completion and incorporates practice model components and structured decision-making requirements. Supervisors unanimously agreed that the redesigned evaluation was more useful toward developing and training caseworkers on critical thinking, outcomes and quality. CPS is developing new evaluations for direct delivery staff, subject matter experts, administrative staff, supervisors and managers. In addition, Regional leadership made a sustained effort to bring outstanding performance evaluations current. Between September 2014 and September 2015, CPS increased the completion rate of employee evaluations from 54 percent to 78.3 percent.<sup>81</sup>

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<sup>81</sup> *Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014*

Initiative	Implementation	
	Status	Comments
<p>Evaluate successful regional recognition campaigns for expansion statewide.</p> <p>Implement 360-degree performance feedback for CPS regional management.</p> <p>Revise performance evaluation tools for all caseworkers that incorporate qualitative and quantitative indicators and correspond to new job descriptions, competencies established in training, and practice model guidelines.</p>	<b>In Progress</b>	<p>November 5, 2014 – Implemented “DFPS Stars” employee recognition program.</p> <p>March 2015 – CPS Regions implemented e-Rewards recognition programs.</p> <p>February 1, 2015 – Conducted 360-degree performance feedback with regional directors, program administrators, and ROSAs/SPAs.</p> <p>March 1, 2015 – Launched new performance evaluations for investigation, FBSS, and CVS caseworkers to align with new training model. Staged rollout for all other staff continues throughout 2015.</p>

## Item 27: Ongoing Staff Training

How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Staff, for purposes of assessing this item, includes all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Staff, for purposes of assessing this item, also include direct supervisors of all contracted/non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the state's CFSP.

Please provide relevant quantitative/qualitative data or information that show:

- that staff receive training pursuant to the established annual/bi-annual hour/continuing education requirement and time frames for the provision of ongoing training; and
- how well the ongoing training addresses skills and knowledge needed by staff to carry out their duties with regard to the services included in the CFSP.

### **Texas DFPS Response:**

Note: This response is a supplement to the DFPS Annual Progress and Services Report related to topic, located on pages 51-56, and Section XI, The Training Plan, of the 2015 - 2019 Child and Family Services Plan.<sup>82</sup>

The following two charts contain Fiscal Year 2015 DFPS training data that shows the amount of new staff trained from the previous Basic Skills Development Model, as well as those who went through the new CPS Professional Development Model. This model is further described below as a part of CPS Transformation.

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<sup>82</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

<b>Fiscal Year 2015 CPS Basic Skills Development (BSD) Model</b>	
CPS BSD Core Redesign	950
CPS BSD Specialty Investigation	655
CPS BSD Specialty Family Based Safety Services	245
CPS BSD Specialty Conservatorship	392
Trauma Informed Care for CPS Basic Skills Development	1278
Knowing Who You Are eLearning	1167
CPS and The 4th Amendment: Respecting the Rights of Families	1311

(Source: DFPS Center for Learning Organizational Excellence training data)

<b>Fiscal Year 2015 CPS Professional Development New Model</b>	
CPS Professional Development CORE	198

(Source: DFPS Center for Learning Organizational Excellence training data)

***Practice Model***

CPS developed a practice model that defines the organization, its values, and approach to serving children and families. As of December 2014, the practice model concepts were integrated into all transformation-related initiatives, such as Structured Decision Making, performance evaluation tools, strengths-based supervision, mentoring, and the core competencies created for the training model. The alignment between the practice model and other transformation initiatives is the most critical piece of implementation and what brings the practice model to life in the daily work of child protection.

CPS is using a multi-pronged approach to build staff core practice competencies. First, the CPS Division of Best Practice is developing tools and providing training for all workers and supervisors. Practice guides and critical-thinking tools address core practice model competencies: engaging, assessing, teaming, and planning, intervening, and evaluating. Training seminars on these guides and tools began in January 2015 and continues through December 2015 including webinars and regional face to face training.. Work has begun on reference guides in areas such as working with cases of domestic violence, substance abuse, and mental health issues.

CPS is also implementing an innovative model known as Signs of Safety, a relationship-grounded, safety-organized child protection framework designed to help families build real and lasting safety for children. In March 2015, CPS began rollout to early adopter units in Region 8

(a total of seven Family Based Safety Services units). In July 2015, Signs of Safety was implemented in four FBSS units in Region 11. In October, Regions 8 and 11 added three early adopter units in the Investigations stage.<sup>83</sup>

Initiative	Implementation	
	Status	Comments
Implement a practice model, including a consistent framework for the standards, approaches, and methods that define the essential elements of how CPS interacts with children and families, as well as expectations of the child/family's experience with CPS.	<b>In Progress</b>	<p>October 14, 2014 – Finalized the practice model framework document and communication strategy. Published framework document November 15, 2014.</p> <p>January 6, 2015 – Trained regional directors, program administrators, and state office leadership on the practice model at the quarterly leadership meeting.</p> <p>March 2015 – Signs of Safety implemented in the first early adopter units (seven Family Based Safety Services units in Region 8). Since March, Signs of Safety has been implemented in additional FBSS units in Region 11 and in Investigations units in both Regions 8 and 11, for a total of 16 early adopter units.</p> <p>Throughout 2015 – Complete practice guides and staff desk references regarding substance abuse, domestic violence and mental health.</p> <p>December 31, 2015 – Provide webinars and face-to-face training in each region on the practice model application of the core competencies in all stages of service.</p>

<sup>83</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

**Strengths Based Supervision**

**August 2015**

**Purpose**

To satisfactorily train DFPS direct delivery supervisors on a refined model of supervision that will support staff in implementing Family-Centered Practice.

**Background**

Between December 2014 and March 2015, DFPS direct delivery supervisors statewide received training in Strength Based Supervision. In order to receive a certificate for completing the training, supervisors must complete a pre-training knowledge assessment, attend the initial class, attend the follow-up class and then complete the post-training knowledge assessment.

**Analysis Summary**

- In June 2015, 68% of CPS supervisors, or 598 supervisors, have completed the Strengths Based Supervision training.
- This increased to 79% or 668 supervisors by September 2015.

Strengths Based Supervision Training Certificates Issued for Active Supervisors

	<b>SBS Training Certificate</b>	<b>% Completed Training</b>	<b>No SBS Training Certificate</b>	<b>% Not Yet Trained</b>	<b>Total</b>
Active CPS Sup in June 2015	598	68%	276	32%	874
Active CPS Sup in Sept 2015	668	79%	179	21%	847
Not Active CPS Sup in June 2015	298	95%	15	5%	313

**Next Steps**

- Coordinate training for active CPS supervisors that have not completed the Strengths Based Supervision training.
- Trainings are scheduled for the remaining supervisors and on an ongoing basis through August of 2016.

The State Fiscal Year 2016 Business Plan emphasizes building core competencies and strengthening support of staff to improve overall retention. The following goals and objectives directly respond to the requirement DFPS strengthen the core competencies of staff beyond initial professional development strategies.

**Objective 4.2: Ensure Staff Are Adequately Trained and Prepared to do Their Job<sup>84</sup>**

**Lead: Continuous Learning Team (CPS and DFPS Center for Learning and Organizational Excellence training coordination team)**

DFPS Resources: CPS Division for Practice Excellence, CPS Regional Operations Support Administrators, DFPS Workforce Development Division, DFPS Leads (Leadership, Excellence, Advancement, Distinction and Support), DFPS Office of Volunteer and Community Engagement.

Stakeholder Resources: University of Texas at Austin Child and Family Research Partnership (evaluation consultant).

**Action Item**

**On October 1, 2015**, CPS completed statewide implementation of the redesigned training model for new caseworkers and mentoring program. The new model combines traditional classroom training with field-based training and mentoring, using a competency-based model to adequately prepare new caseworkers for their duties and reduce new hire turnover rates.

**In the fall of 2015**, DFPS will continue to strengthen the new mentor program by implementing a stipend program (up to \$300 per month) effective September 2015. CPS will also develop the coaching and teaching skills of CPS mentors and field-based trainers through new training.

**In December 2015**, DFPS will receive the first of three evaluation reports from the University of Texas, contracted to evaluate the new training model and its impact on producing better-trained caseworkers. Throughout the year, the Continuous Learning Team will meet with the evaluators to respond to findings and make adjustments to the model.

**By February 2016**, DFPS Center for Learning and Organizational Excellence will use a newly revised competency-based classroom curriculum for caseworkers aligned with the CPS practice model.

**By March, 2016**, the Continuous Learning Team will perform a gap analysis to identify supervisor training and development needs. Based on the findings, the team will redesign the model of supervisor training and development and create a pilot of the new model, with full statewide implementation to begin in fiscal year 2017.

**Throughout fiscal year 2016**, DFPS Center for Learning and Organizational Excellence and CPS will continue to strengthen supervisors' skills through Strengths-Based Supervision training to new supervisors and group supervision sessions for supervisors to ensure that new and existing supervisors are adequately trained to effectively support and lead their teams.

**Throughout fiscal year 2016**, DFPS will continue to provide advanced leadership skills training to CPS supervisors and managers.

<sup>84</sup> Child Protective Services Business Plan Fiscal Year 2016

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

**Objective 4.3: Leverage Technology and Operational Supports<sup>85</sup>**

**Leads: CPS Field, DFPS Chief Operating Officer**

DFPS Resources: CPS Systems Improvement, DFPS Operational Support Services, DFPS Information Resource Management, and DFPS Data and Decision Support Division.

**Action Plan**

**In December 2015**, CPS will complete the streamlining of all policy related to the conservatorship stage of service as part of the effort to clarify all policy content to focus on tasks critical to improving safety, permanency, and well-being.

**In the spring of 2016**, DFPS will issue new mobile iPhones to frontline workers and management. The rollout will include deployment of the iPhone SafetySignal app (zero button alert system).

**In the spring of 2016**, DFPS will upgrade the reporting and data management technology for IMPACT to improve efficiency, accountability, and decision-making. Data reports will help alert program staff in each stage of service about critical tasks (e.g., plans of service and face to face contacts), including tasks that are coming due and tasks overdue. There will also be reports with workload information and geographic visualization of case distribution that will help supervisors manage assignments. Finally, a new online, interactive data book will be available to staff and stakeholders for the first time.

**In fiscal year 2016**, CPS will implement casework support centers in Region 3 and 7. Casework support centers pool administrative staff currently housed in individual units in an effort to create efficiencies and provide caseworkers consistent, readily accessible support. Additional center locations will be identified during the fiscal year and implementation will continue across the state based on successful implementation in the initial regions.

**Throughout fiscal year 2016**, CPS state office and field staff will participate in planning and design for enhancements to IMPACT. The changes will be made as part of IMPACT modernization, a multi-year effort to update the system to today's technology. The enhancements will support CPS transformation and other key initiatives and deliver time savings to CPS caseworkers.

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<sup>85</sup> Child Protective Services Business Plan Fiscal Year 2016



**Objective 4.4: Create an Environment That Promotes Retention<sup>86</sup>**

**Lead: DFPS Workforce Development Division**

DFPS Resources: CPS Director of Field, CPS Systems Improvement, CPS Division of Practice Excellence, CPS Regional leadership teams, DFPS Information Resource Management, DFPS Data Decision and Support, DFPS Executive Team, DFPS Office of Finance, DFPS Office of Communications, and DFPS Office of External Relations.

Stakeholder Resources: college and university partners.

**Action Plan**

**Each month during fiscal year 2016**, CPS regional leadership will continue to personally contact workers with six-24 month tenure.

**By October 2015**, DFPS will develop a plan to establish a confidential employee feedback system to capture employee-driven solutions for organizational improvement as well as informal employee grievances.

**By spring 2016**, DFPS will complete a salary study and assess correlation between compensation and retention rates compared to like industries.

**In fiscal year 2016**, CPS will continue to deploy Master Investigators and new Master Conservatorship workers to understaffed areas of the state to support workload and build capacity.

**In fiscal year 2016**, DFPS will use predictive analytics to forecast expected average tenure, promotion rates, terminations, resignations, retirements, and requisite training per position to identify typical career path timelines. DFPS will use the information to more actively guide employee expectations about career path opportunities and anticipate turnover and position changes within the agency.

**In fiscal year 2016**, DFPS will continue to develop and expand a succession planning strategy to prepare for impending retirements and provide opportunities to emerging leaders within the workforce.

**In fiscal year 2016**, DFPS will develop an agency action plan to reduce barriers to career path opportunities for existing employees, such as negotiation restrictions for agency employees applying for DFPS vacancies and lack of incentives to pursue continuing education in non-social work degree plans (to achieve parity with the IV-E incentive). DFPS will also support an enterprise-wide strategic vision for long-term career potential.

**In fiscal year 2016**, DFPS will conduct virtual town hall meetings with state office executive staff to engage with employees and report results of staff surveys and other efforts to gather staff feedback and action taken.

**In fiscal year 2016**, DFPS will use a monthly reporting map of turnover “hot spots” at the supervisor and business-unit levels as actionable data to focus retention efforts and leadership intervention.

<sup>86</sup> Child Protective Services Business Plan Fiscal Year 2016

## Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under title IV-E) that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Please provide relevant quantitative/qualitative data or information with respect to the above-referenced current and prospective caregivers and staff of state licensed or approved facilities, that care for children receiving foster care or adoption assistance under title IV-E, that show:

- that they receive training pursuant to the established annual/bi-annual hourly/continuing education requirement and time frames for the provision of initial and ongoing training.
- how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

### **Texas DFPS Response:**

Note: his response is a supplement to the DFPS Annual Progress and Services Report related to topic, located on pages 51-56, and Section XI, The Training Plan, of the 2015 - 2019 Child and Family Services Plan.<sup>87</sup>

DFPS continues to use the Parent Resource for Information, Development and Education, or PRIDE curriculum, as its model for pre-service training curriculum for prospective foster/adoptive parents and in-service training for verified foster parents. DFPS is now in the early stages of evaluating for using the new PRIDE Hybrid Model, which was developed in part by the Child Welfare League of America. Because the evaluation is in its early stages, there is no timeframe for potential implementation at this time. The model is described on the Child Welfare League of America's website (<http://www.cwla.org/pride-training/>) as follows:

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<sup>87</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

"New Generation *PRIDE Model of Practice*

CWLA and FosterParentCollege.com have partnered to bring a New Generation *PRIDE Model of Practice* to agencies and families. The New Generation *PRIDE* integrates the strengths of in-person group sessions, family assessment (home study) consultations, and online self-paced training to meet the needs of diverse families and agency resources.

This 14-step model of practice to develop and support foster and adoptive families as team members in child protection and trauma-informed care of children is designed to strengthen the quality of family foster care and adoption services by:

- Clarifying the role of resource families in support of your agency's vision and mission and as integral members of your agency's team
  - Educating communities about the importance of resource families
  - Recruiting families based on a strengths/needs, comprehensive plan
  - Providing hybrid in-person/online, pre-service training with information and skill building around Five Core Competencies
  - Integrating pre-service training as an essential component of the mutual family assessment (home study) process
  - Selecting resource families based on the Five Core Competencies
  - Matching children with licensed (approved, certified, verified) resource families
  - Creating family development plans to guide ongoing professional development of foster parents
  - Providing in-service training and other essential supports
  - Ending relationships with resource families using a strengths based approach and a quality assurance process

Implementing the *PRIDE Model of Practice* provides your agency with the opportunity to ensure that your staff and resource families commit to your agency's vision, mission, and values; have complementary competency-based roles; use strengths-based language; implement culturally responsive best practices; and work to achieve outcomes that support safety, well-being, and permanency for the children in your care.

### **Five Core Competencies**

The *PRIDE Model of Practice* is built upon five core competency categories developed through comprehensive role analysis:

- Protecting and nurturing children;
  - Meeting children's developmental needs and addressing their delays;
  - Supporting relationships with birth families;
  - Connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and
  - Working as a member of a professional team."

House Bill 781 became law on September 1, 2015 and requires all Child Placing Agencies to increase the number of pre-service training hours of foster parents to 35 hours of pre-service training. Competency-based pre-training on birth family connections was brought up by one parent-advocate in a stakeholder meeting on foster parent training in 2014 as a concern. Implementation of the new legislation addresses the concerns. The Residential Contract division of DFPS has updated all contracts with Child Placing Agencies to meet the new legislative requirements.

DFPS is currently analyzing whether or not basic DFPS foster home parents need a full 8 hours of annual trauma-informed care training and will be making a recommendation to the DFPS Commissioner regarding the issue. This will match the amount of trauma-informed care training Child Placing Agencies are requiring of their foster parents. Residential Child-Care Contractors were sent a memo prior to the start of Fiscal Year 2015 to inform them of the increase in Trauma Informed Care training hours. They were also advised that Trauma Informed Care Training should provide practical information that prepares the Caregiver to put into practice what they have learned. Training must include at least one of the DFPS approved Trauma Informed Care Trainings, a component on Adverse Child Experiences (ACEs) and resources related to prevention and management of Secondary Traumatic Stress (Compassion Fatigue).

Contractors were also advised in the memo that foster parent providers must ensure the completion of an annual refresher Trauma Informed Care Training. This training must be at least two-hours and providers can use the approved DFPS online training; however they are encouraged to use their own curriculum/model to build upon the training they've already received. The memo also included a list of Trauma Informed Care training resources. Any decision made on the amount of hours of Trauma Informed Care training needed for DFPS foster homes will become part of the eventual PRIDE revision. Each family's ongoing training

hours are monitored by the assigned home development caseworker or Child Placing Agency case manager.

The Contract Oversight and Support Division works to maintain an infrastructure for effective contract management through developing policies and tools; training contract management staff; overseeing risk management and contract data reporting and tracking; and conducting quality assurance reviews.

Specifically, the Contract Oversight and Support Quality Assurance team performs data analyses and examines contract documentation to promote and identify:

- Adherence to specific Contract Handbook policies and procedures;
- Management and mitigation of contracting risk;
- Data integrity;
- Need for policy changes, enhancements, or training; and
- Effective contracting decisions.

Child Care Licensing Minimum Standards stakeholder meetings are held every six years to provide stakeholders the opportunity to provide input regarding minimum standards with stakeholders attending each meeting. DFPS incorporates the public review in standards' updates. Child Care Licensing is currently drafting rules to be presented at the April 2016 council meeting.

In May - June of 2015, the Contract Oversight and Support Quality Assurance Team assessed contracting activities in order to determine agency compliance with current policies and procedures and to identify contracting policy gaps. The Contract Oversight and Support Quality Assurance Team is responsible for setting protocols for an agency monitoring plan to ensure that Residential Contracts is doing what is required per policy and standards.

Contract Oversight and Support sampled and reviewed a total of 144 contract files from Fiscal Year 15. The table below provides specific details of the contract files reviewed for each region, which is the information monitored for qualitative data and information.

Contracts Reviewed

	Division Area	Region 12 /Statewide	Region 3	Region 6	Region 8	Region 11	Total by Division
<b>Client Services</b>	RCC		8	9	10		27

(Source: Contract Oversight and Support Quality Assurance data)

Overall Compliance Scores

	Division Area	Region 12 /Statewide	Region 3	Region 6	Region 8	Region 11	Overall Compliance Score
<b>Client Services</b>	RCC	-	98.50%	98.22%	97.10%	-	97.89%

(Source: Contract Oversight and Support Quality Assurance data)

The following are the key findings from the Residential Child Care Contracts reviews:

- File organization was excellent and easy to follow;
- 23 files reviewed scored 95% and above;
- 27 (92%) files reviewed had conducted the required criminal background checks in a timely manner;
- 27 (92%) files reviewed contained Form 4732 (Determination of Ability to Contract); and
- There was great documentation of contractor performance letters.

DFPS has a statewide monitoring plan that determines which contracts will be sampled and reviewed for minimum standards, of which training is included. The sample is based on high and medium risk contracts. In Fiscal Year 2015 70 of 323 contracts were monitored either in full monitoring or targeted monitoring, which equals 21.6% of all contracts. Of those contracts that were monitored only 13 were put on corrective actions plans, and training was not identified as a deficiency in any of the contracts.

Individual foster and adoptive parent monitoring occurs through each foster parent family being assigned an individual CPS caseworker or Child Placing Agency case manager. The caseworkers and case managers provide the foster/adoptive parents with support, ongoing monitoring and facilitate ongoing development.

## E. Service Array and Resource Development

### Item 29: Array of Services

How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

- Services that assess the strengths and needs of children and families and determine other service needs;
- Services that address the needs of families in addition to individual children in order to create a safe home environment;
- Services that enable children to remain safely with their parents when reasonable; and
- Services that help children in foster and adoptive placements achieve permanency.

Please provide relevant quantitative/qualitative data or information that show:

- The state has all the above-referenced services in each political jurisdiction covered by the CFSP;
- Any gaps in the above-referenced array of services in terms of accessibility of such services across all political jurisdictions covered by the CFSP.

### Texas DFPS Response:

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 56 - 65 of the 2015-2019 Child and Family Services Review Plan.<sup>88</sup>

DFPS received increased appropriations and, as a result, purchased increased services for children and families served. This is reflected in the following annual information over three recent fiscal years.

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<sup>88</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

**CPS Expenditures\***

	<b>FY2012</b>	<b>FY2013</b>	<b>FY2014</b>
<b>CPS Staff</b>	\$451,810,639	\$468,990,287	\$525,145,929
<b>Purchased Client Services</b>	\$85,858,415	\$97,853,338	\$102,420,898
<b>Foster Care Payments</b>	\$381,819,486 \$381,819,486	\$366,435,555 \$366,435,555	\$399,426,761
<b>Adoption Subsidy Payments</b>	\$191,923,319	\$204,998,209	\$218,382,136
<b>Permanency Care Assistance</b>	\$2,030,974	\$4,734,429	\$7,097,917
<b>Relative/Other Designated Caregiver Reimbursement Program</b>	\$7,859,926	\$9,455,500	\$10,124,858
<b>Other Client Services</b>	\$3,937,447	\$4,690,855	\$6,893,494
<b>Total CPS Expenditures</b>	\$1,125,240,206	\$1,157,158,173	\$1,269,491,993

(Source: DFPS Data Books and Annual Reports, Fiscal Years 2012, 2013, 2014)

Annual Reports and Data Books at the link below reflect detailed increases in purchased services. For example, on page 117 of the 2014 DFPS Data Book, expenditures for CPS Texas Procurement and Support Services Drug Testing increased to \$3,880,679.63 in 2014 from \$2,311,106.94 in 2012. In the same time period, purchased Evaluation and Treatment services (assessment, evaluation, treatment planning, treatment, individual, group, and family therapy) increased to \$17,220,696.16 in 2014 from \$15,389,480.73 in 2012. Likewise, on page 119 of the 2014 Data Book, the total Residential Child Care expenditures increased to \$366,027,892.68 in 2014 from \$357,936,029.81 in 2012.



[http://www.dfps.state.tx.us/About\\_DFPS/Data\\_Books\\_and\\_Annual\\_Reports/default.asp](http://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/default.asp)

Accomplishments during 2015 related to child safety<sup>89</sup> include the following:

- Transformation teams identified and tested organizational changes in the field to better align stages of service and expedite services to clients – October 2014 - January 2015

In addition to reducing the length of time children remain in foster care, CPS is improving the quality and stability of the foster care experience. CPS must thoroughly assess children's needs as they enter care to ensure their physical and mental health needs are met. In fiscal year 2016, CPS will implement the Child and Adolescent Needs and Strengths (CANS) assessment, a result of the work of Senate Bill 125 passed during the 84<sup>th</sup> legislative session which mandates a standard assessment process. CANS is a developmentally appropriate, comprehensive evaluation that includes a screening for trauma. STAR Health, the Medicaid health plan for children in state custody, will administer the assessment. Enhancements to this health plan contract will also provide better coordination of services for all children and decrease the need for higher-end services for children with more intensive medical and behavioral needs. For example, STAR Health will increase psychiatric hospital diversion services and provide mobile crisis outreach services to more urban areas.<sup>90</sup>

### **Investigation and Family Based Safety Services (FBSS)**

The CPS operational review identified process, practice, organizational, and technology issues that were obstacles for investigations and Family Based Safety Services caseworkers. These issues ranged from minor inconveniences to major time-consuming activities. Subsequent to the operational review, two regional leaders organized a team with field staff from every region and state office subject experts to generate solutions.

The team prioritized ideas into three groups: those that could be implemented immediately, those that needed testing and evaluation before implementation, and those that required technology changes and could be considered for future IMPACT modernization efforts.

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<sup>89</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

<sup>90</sup> Child Protective Services Business Plan Fiscal Year 2016

From fall 2014 to early spring 2015, the team oversaw the development and implementation of its initiatives in early adopter regions. The team provided technical assistance and training to additional regions as these initiatives rolled out statewide. In fall 2015, the team shifted focus to the FBSS stage of service and will continue to develop new initiatives for statewide rollout.

Initiative	Implementation	
	Status	Comments
<p>Decrease time spent on activities that can be eliminated or handled by other staff and adopt practice improvements increasing the amount of time spent with families, and getting families needed and tailored services faster while maintaining a priority focus on child safety.</p> <p>The team generated 320 process and practice changes and prioritized those for immediate implementation or pilot testing in the regions. The four initiatives included:                      Triaging (use of administrative closures and abbreviated investigations)                      Investigations/FBSS case transfer                      Timeliness – require 90 percent of investigations to be submitted for supervisor approval within 45 days                      Caseworker support centers</p>	<b>In Progress</b>	<p>October 2014 – Implemented immediate solutions. Began testing select process and practice changes in specific areas. Between November 2014 and January 2015, pilots expanded to additional regions (See chart next page).</p> <p>December 2014 - January 2015 – CPS evaluated the pilots using focus groups, surveys, and data.</p> <p>January 8, 2015 – Developed statewide rollout schedule to implement successful pilots as practice.</p> <p>March - July 2015 – Regional staff trained on how to triage cases.</p> <p>May – November 2015 – Regions implementing INV/FBSS case transfer initiative.</p> <p>January 1, 2016 – New timeliness standard will be implemented statewide.</p>

**Evaluation of Investigations / Family Based Safety Services Initiatives**

Child Protective Services created two teams of field and state office staff to identify program and process improvements in response to The Stephen Group’s Operational Review finding that staff spend limited time working directly with children and families. One team focused on Investigations and Family Based Safety Services. The team generated hundreds of process and practice changes and ultimately prioritized four initiatives. The table below defines each initiative and summarizes anticipated outcomes.

<b>Initiative</b>	<b>Increase Time with Families</b>	<b>Increase Safety</b>	<b>Expedite Service Provision</b>	<b>Increase Staff Collaboration</b>
<b>Timeliness</b> Implements statewide standard that 90 percent of investigations must be submitted to a supervisor within 45 days of assignment.	✓	✓		
<b>Triaging</b> Improves “triaging” and assessment of cases before assignment to an investigator to allow CPS to focus on high risk cases. Helps identify situations that fit policy standards for abbreviated investigations and administrative closures, and tries to bring regional practice in line with the policy.	✓	✓		
<b>INV / FBSS case transfer</b> Pairs Investigations and FBSS units to accelerate service provision. Requires investigations to involve FBSS within 10 days of the start of the investigation if the caseworker determines the family needs services.	✓		✓	✓
<b>Caseworker Support Center</b> Create a one-stop/one-call pool of administrative resources to support caseworkers.	✓			✓

**Timeliness**

In practice, many obstacles prevent timely case closure. This initiative refers to the speed at which investigations are closed and seeks to align actual performance with targets established in policy (workers submit investigations to their supervisors within 45 days, to enable case closure by 60 days). An investigation should be thorough enough to consider input from the alleged victim, other family members, teachers, medical professionals, and the alleged perpetrator (as appropriate) but completed quickly enough so the caseworker can reach a decision in a case and take action to ensure child safety.

In April 2015, CPS communicated the new timeliness standard to the regions and gave them through January 2016 to comply. Between May and August 2015, the statewide rate of

investigations submitted for approval within 45 days has ranged from 47.6 percent to 53.9 percent. To provide additional technical assistance to the regions, CPS collected best practices from strong-performing regional staff and shared them statewide.

### Triaging

Since 2011, policy allows for both an abbreviated investigation and an administrative closure of an investigation and defines the specific circumstances for their use. In an abbreviated investigation, the worker gathers enough information to rule out the allegations or determines a parent has taken actions to protect the alleged victims from any identified danger. Administrative closures occur when the worker determines CPS does not have jurisdiction to investigate the allegations or if the allegations do not meet the definition of abuse and neglect. The challenge is overcoming fear and a misperception that it is better to delay closing the case rather than to follow the policy and focus resources on families that demonstrate need. The INV/FBSS Team has provided training in each region and this initiative has been implemented fully. The regions continue to use data on their rates of abbreviated investigations and administrative closures to identify if additional coaching is needed.

Data from Region 10 showed that during a three-month pilot period, workers were able to identify cases that did not need full investigations and this initiative provided them with tools to manage the workload. As a result of the increase in abbreviated investigations, the region's average length of an investigation decreased by 7.8 days. The region also did not experience an increase in recidivism, suggesting that workers and supervisors made sound decisions in closing cases.

Statewide data shows an increase in the use of these methods of case closure when comparing the month of August 2014 with August 2015.

	<b>August 2014</b>	<b>August 2015</b>
Administrative Closure	1,048	1,051
Abbreviated Investigations	2,119	1,711
Completed Investigations	13,930	12,301

Source: DFPS Data Warehouse

Note: Abbreviated investigations are a subset of completed investigations.

Staff participating in regional focus groups identified the following positive outcomes of the initiative.

- The initiative is helpful for managing caseload / reducing caseloads.
- Staff feel it is positive for CPS to not get involved with families when they should not be.

Worker enthusiasm for this initiative is summed up in a comment from one worker: “It reduces our caseload and we can focus on real cases. I like not dragging the family through a full investigation if I know it will be an administrative closure. This is long overdue!”

Still, work remains in implementing this change. Some workers and management are resistant to using these strategies out of fear that they will make a mistake; these attitudes take time to overcome.

### **INV/FBSS Case Transfer**

This initiative pairs Investigations and FBSS units to improve communication and collaboration between CPS staff and accelerate the involvement of the FBSS caseworker in the case to start services sooner for the family. The progression of a case from Investigations to FBSS involves various handoff issues between staff that can delay services to families. National research has shown that the sooner services are started, the more receptive the family is to the services and the more likely they are to complete the desired services.

CPS piloted this initiative in Regions 3 and 10. Additional regions began rolling this out in mid-2015. Full implementation will be complete in November 2015.

Data from the pilot regions indicates that services started an average of 20.3 days sooner (64 percent improvement), from the point at which the case was opened to FBSS.

Additional feedback from regional focus groups illustrates staff support for the initiative. Staff identified the following benefits of the approach:

- Investigations and FBSS units are working well together, including conducting visits together and discussing cases. Staff like the sister unit concept. Transfers of cases are going more smoothly. An Investigator noted that whereas before there would be disagreements about

whether a case should move to FBSS, joint early involvement supports the transition: “Now we are more cohesive, working better together.”

- For families, the benefit is FBSS services initiated closer to the point of crisis and quicker access to services. One FBSS worker stated, “We are getting cases faster, and can start services sooner for families.” A supervisor noted the difference in the experience families have with CPS, noting, “Another family had been through the process before and commented on the difference.”

The effort has involved some challenges, including some information from the investigation not yet available to FBSS and additional time requirements for the FBSS caseworker. But the overall assessment is that this change has been positive for staff and families.

### **Casework Support Center**

DFPS designed the casework support center to be a convenient way for mobile caseworkers to accomplish scanning of documents and common administrative support requests, and to provide a physical workspace for collaboration with their peers. Eight units from Region 7 served as the pilot site and tested the concept from December 2014 to May 2015.

Focus group feedback identified concerns with the original model related to a lack of cross training of administrative staff across stages of service, an imbalance between the ratio of support staff to the frontline staff they supported, and technology limitations with the scan-as-you-go technology. As a result of this feedback, CPS modified the concept’s design in a number of ways to prepare for a successful rollout in other areas. The centers will focus on the most successful aspect of the model (pooling of administrative resources) and over time, they may take on other support functions. The 84th Legislature provided \$1.8 million (All Funds) for expansion of this model and CPS is planning to open seven new centers in FY 2016.<sup>91</sup>

### **Purchased Family Preservation and Reunification Services**

CPS purchases a number of family preservation and reunification services such as counseling, substance abuse, and mental health treatment. In response to Sunset Advisory Commission concerns about the need to track outcomes of these services, CPS has begun using data to better drive contracting and referral decision-making. CPS will use data to identify the most-

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<sup>91</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

effective types of services, the providers with the best outcomes, and service capacity needs. To improve services and client outcomes, CPS intends to strengthen training, communication and access to information for all parties involved in the contracting, referral, and delivery of these services, including CPS management and workers, CPS contract monitoring staff, and providers.<sup>92</sup>

Initiative	Implementation	
	Status	Comments
<p>Develop a method to assess the efficacy of services using data on removals from FBSS and client recidivism at the region, unit, and provider level.</p> <p>Implement strategies to improve service delivery including the quality and array of services available and families' completion of services.</p> <p>Implement strategies to improve communication and partnership among program, contract, budget, and provider staff.</p>	<p><b>In Progress</b></p>	<p>December 1, 2014 – Completed analysis of existing data available in the DFPS data warehouse, from contract management staff, and through quality assurance processes. Identified correlation between low service completion rates and poor client outcomes. Conducted focus groups in December 2014, to get more information in select regions based on data analysis.</p> <p>December 31, 2014 – Recommended practice, contract and communication improvements, including continued need for data analysis.</p> <p>July 1, 2015 – Incorporated provider communication and performance items into quality assurance case reads ensuring that it informs CPS program and contract management decisions.</p> <p>September 2015 – Conducted provider fair in Regions 2 and 10 to identify best practices in improving communication between providers, contracts, and caseworkers and educating caseworkers about providers in their area. Developed a provider fair toolkit for regions. Regions will be expected to hold fairs in the fall and spring each year.</p> <p>September 2015 – Drafted revised scope of work for purchased client services provider contracts, which include clearer provider expectations related to performance. Will continue to gather internal and external input to finalize by April 2016 for FY 17 procurement.</p>

<sup>92</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

Section IV: Assessment of Systemic Factors

The following charts show average number of families receiving in-home preservation and reunification services through CPS for FY15.

Average Number of Families Receiving In-Home Direct Delivery Services per Month

Source: IMPACT Data Warehouse

	State	Reg 01	Reg 02	Reg 03	Reg 04	Reg 05	Reg 06	Reg 07	Reg 08	Reg 09	Reg 10	Reg 11	Other
SEP 2014	12,321	739	610	2,200	634	233	2,587	862	1,990	243	512	1,710	1
OCT 2014	12,361	732	610	2,239	642	240	2,624	875	1,958	245	492	1,703	1
NOV 2014	11,958	713	587	2,173	627	230	2,583	870	1,779	232	473	1,690	1
DEC 2014	12,351	733	593	2,308	652	266	2,667	907	1,760	249	453	1,761	2
JAN 2015	12,554	710	589	2,368	653	280	2,709	938	1,761	241	457	1,846	2
FEB 2015	12,795	710	597	2,364	650	293	2,710	969	1,786	250	434	2,030	2
MAR 2015	12,945	683	618	2,345	643	271	2,712	1,009	1,822	253	440	2,147	2
APR 2015	13,061	670	631	2,353	673	269	2,788	1,060	1,770	235	428	2,182	2
MAY 2015	13,013	607	595	2,421	596	259	2,827	1,056	1,785	230	406	2,228	3
JUN 2015	13,158	576	590	2,501	632	270	2,858	1,080	1,746	238	405	2,259	3
JUL 2015	13,299	580	623	2,564	624	290	2,916	1,118	1,704	242	416	2,220	2
AUG 2015	13,167	575	618	2,582	616	297	2,898	1,147	1,613	240	433	2,146	2
<b>Average:</b>	<b>12,749</b>	<b>669</b>	<b>605</b>	<b>2,368</b>	<b>637</b>	<b>267</b>	<b>2,740</b>	<b>991</b>	<b>1,790</b>	<b>242</b>	<b>446</b>	<b>1,994</b>	<b>2</b>
<b>% of State:</b>	<b>100.0%</b>	<b>5.2%</b>	<b>4.7%</b>	<b>18.6%</b>	<b>5.0%</b>	<b>2.1%</b>	<b>21.5%</b>	<b>7.8%</b>	<b>14.0%</b>	<b>1.9%</b>	<b>3.5%</b>	<b>15.6%</b>	<b>.0%</b>

(Source: Data Warehouse: FPS\_FAM\_21s)

Average Number of Families Receiving IFP/IFR Services per Month - TOTAL

Source: IMPACT Data Warehouse

	State	Reg 01	Reg 02	Reg 03	Reg 04	Reg 05	Reg 06	Reg 07	Reg 08	Reg 09	Reg 10	Reg 11	Other
SEP 2014	2,318	152	105	918	10	10	286	255	29	156	51	346	0
OCT 2014	2,308	149	100	905	11	11	282	245	31	160	50	364	0
NOV 2014	2,257	140	101	886	9	10	279	243	27	154	50	358	0
DEC 2014	2,302	138	111	897	10	11	281	250	26	154	48	376	0
JAN 2015	2,237	142	106	846	7	10	272	252	25	152	45	380	0
FEB 2015	2,012	139	100	815	3	9	255	249	15	142	44	241	0
MAR 2015	1,857	128	95	783	3	9	224	235	16	127	39	198	0
APR 2015	1,696	111	89	732	3	14	210	203	15	119	33	167	0
MAY 2015	1,509	105	78	665	4	12	190	183	12	100	25	135	0
JUN 2015	1,368	100	63	618	8	10	176	159	16	87	23	108	0
JUL 2015	1,259	95	66	581	10	10	159	144	10	81	20	83	0
AUG 2015	1,157	82	61	515	7	8	160	149	12	72	17	74	0
<b>Average:</b>	<b>1,857</b>	<b>123</b>	<b>90</b>	<b>763</b>	<b>7</b>	<b>10</b>	<b>231</b>	<b>214</b>	<b>20</b>	<b>125</b>	<b>37</b>	<b>236</b>	<b>0</b>
<b>% of State:</b>	<b>100.0%</b>	<b>6.6%</b>	<b>4.8%</b>	<b>41.1%</b>	<b>.4%</b>	<b>.6%</b>	<b>12.5%</b>	<b>11.5%</b>	<b>1.1%</b>	<b>6.8%</b>	<b>2.0%</b>	<b>12.7%</b>	<b>.0%</b>

*Includes families receiving intensive family preservation/reunification, contracted intensive family preservation/reunification, moderate family preservation/reunification, contracted moderate family preservation/reunification services.*

(Source: Data Warehouse: FPS\_FAM\_14s)

### Prevention and Early Intervention

The Sunset Advisory Commission recommended prioritizing prevention programming at DFPS, which until recently has been a contracting function within CPS Purchased Client Services. Elevating Prevention and Early Intervention (PEI) to report directly to the Commissioner allows prevention to administer programs that maintain a connection to both the agency’s critical child welfare function and with community and public health partners who participate in broader prevention efforts. PEI will benefit from data and research provided by the Office of Child Safety.



Better use of data and partner involvement in the agency's prevention strategy will improve programs serving at-risk families.<sup>93</sup>

Initiative	Implementation	
	Status	Comments
<p>Reorganize DFPS' organizational structure to elevate Prevention and Early Intervention efforts as a direct-report to the Commissioner.</p> <p>Better use existing data to focus on programmatic outcomes, and develop a comprehensive strategic plan for PEI programs.</p>	<p><b>Complete</b></p>	<p>October 1, 2014 – Executed contract with UT Austin Center for Social Work Research for the HOPES program. As part of this contract, UT conducted a literature review of best evaluation methods for prevention program effectiveness in January 2015. In addition, UT assessed current data measure collection and developed an evaluation plan in May 2015. The final evaluation is due August 31, 2017.</p> <p>October 31, 2014 – Developed a plan for five-year strategic planning including stakeholder participation. DFPS has established the Texas Prevention Network as a structure for gathering input and prioritizing issues for the strategic plan, which is due October 1, 2016.</p> <p>November 1, 2014 – Reorganized PEI Office to report directly to the DFPS Executive Commissioner.</p> <p>May 2015 – The 84th Legislature provided DFPS PEI with increased funding to grow the HOPES and Community Youth and Development programs, to pilot a family support for military families, and to fund a safe babies initiative to prevent incidence of shaken baby syndrome. In addition, as a result of Sunset recommendations, the Texas Home Visitation Program (currently housed at HHSC), will be consolidated into the PEI Division at DFPS.</p>

<sup>93</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

Prevention and Early Intervention funds community-based programs throughout the state that support almost 50,000 at-risk families. Prevention and Early Intervention works contracts with community-based programs and agencies to provide a variety of services that help prevent abuse, neglect, delinquency, and truancy of Texas children that include:

- Community Meetings
- Community Based Child Abuse Prevention
- Community Based Family Services
- Community Youth Development
- Services to At Risk Youth
- Texas Families: Together and Safe
- Special Initiatives
- Project Healthy Outcomes through Prevention and Early Support

More information about these programs can be found in detail at:

[https://www.dfps.state.tx.us/prevention\\_and\\_early\\_intervention/about\\_prevention\\_and\\_early\\_intervention/programs.asp](https://www.dfps.state.tx.us/prevention_and_early_intervention/about_prevention_and_early_intervention/programs.asp)

### **Faith-Based Programs**

DFPS collaborates with faith-based organizations and community partners across the state to serve children and families involved with or at risk of involvement with the CPS system. In the Texas faith-based model, faith organizations conduct outreach to churches and faith leaders within their same faith community, while DFPS provides technical assistance. Local churches receive data specific to the needs of children, youth, and families in their area that help determine the type of ministry they are called to develop from “prevention to permanency.” DFPS is chronicling the effort, which is receiving national attention for its success in galvanizing the resources of faith-based communities.

One opportunity for faith communities to support children and families is through a web-based engagement tool – Care Portal – that allows CPS staff to connect with the faith community. CPS staff use the portal to request church support for children and families’ needs. The portal launched on August 1, 2014, in Bell, Williamson and Travis Counties. It has since expanded to nine other counties in Regions 2, 4, 7, 9, 10 and 11.

The faith-based community’s response has been positive. In February 2015, CPS surveyed participating churches. Thirty-seven of 96 churches surveyed responded (39 percent). They indicated that overall collaborations with CPS were very positive. They stated they understand the mission and vision of CPS. They feel communication channels are reasonable. They are satisfied with the CPS staff they work with. Over half felt that CPS does not maximize the use of all the services their church provides, suggesting there is opportunity for expansion of this initiative.<sup>94</sup>

Initiative	Implementation	
	Status	Comments
<p>Increase the number of churches establishing ministries to serve children and families involved with the child welfare system. Recent faith-based expansion efforts include the following. CPS has identified staff in each region to support the growth in the number of faith-based organizations willing to partner with CPS.</p> <p>Continue the work of the Advisory Committee for the Promotion of Adoption of Minority Children (ACPAMC) to support faith-based work.</p>	<p><b>In Process</b></p>	<p>August 1, 2014 – Launched the Care Portal. To date, 276 faith-based organizations have signed on to participate in the portal.</p> <p>November 20, 2014 – ACPAMC approved proposal to expand its ability to collaborate with faith-based organizations and extend its work beyond adoption to all stages of service from prevention to permanency.</p> <p>December 31, 2014 – Completed a chronicle of the evolution of the Texas faith-based model and collaborative work underway between churches and the state child welfare system. The document will be published in October 2015 as a national resource.</p> <p>August 26, 2015 – Completed an evaluation of faith-based collaboration and portal in initial target sites.</p>

Strategies to increase Service Array have been identified and initiated, as outlined in the following excerpts from the CPS Business Plan.

<sup>94</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

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**Goal 1: Maximize the Safety of Children and Youth Served by the CPS System<sup>95</sup>**

**Objective 1.2: Engage Families and Safety Networks to Keep Children Safe**

**Leads: CPS Investigations/Alternative Response/Family Based Safety Services Division and CPS Permanency Division**

DFPS Resources: CPS Investigation/Family Based Safety Services Transformation Team, CPS Division of Practice Excellence, CPS Systems Improvement, CPS Disproportionality Team, DFPS Management Reporting and Statistics, and DFPS Center for Learning and Organizational Excellence.

Stakeholder Resources: Texas Department of State Health Services, Texas Council on Family Violence, Kempe Foundation, and Casey Family Programs, and purchased client services contractors.

**Action Plan**

**In December 2016**, CPS will complete statewide rollout of a new case transfer process from Investigations to Family Based Safety Services that seeks to initiate family preservation services early on in an investigation to more urgently serve families while they are in crisis. The process pairs Investigations and Family Based Safety Services units, initiates Family Based Safety Services within 10 days of the start of the investigation, and includes joint visits with families.

**By March 2016**, CPS, the Texas Council on Family Violence, and the Department of State Health Services will begin training new subject matter guides on Domestic Violence, Mental Health and Substance Abuse. The training will help caseworkers with how and when to access community and purchased services to support changes in family behaviors.

**In spring 2016**, in tandem with roll out of the Structured Decision Making® safety assessment and family strengths and needs assessment to Family Based Safety Services and Conservatorship staff, CPS will train on strategies and tools for engaging families and safety networks in partnerships that support the co-creation of rigorous, immediate and long-term safety plans for children. The training will build on core practice competency training delivered in fiscal year 2015. These trainings support emerging practice competencies and lay the foundation statewide for implementation of Signs of Safety, which is about deepening clinical practice. See Appendix C for the core practice competencies and levels of skill acquisition (emergent, accomplished, and distinguished).

**In fiscal year 2016**, CPS will roll out Signs of Safety training to Investigations, Family Based Safety Services, and Conservatorship early adopter units in Regions 3, 7, 8, and 11. Signs of Safety is an effective child protection approach that is organized around creating safety for children in partnership with families, communities, and safety networks. The model has helped other child welfare systems decrease out of home placement, improve time to case closure, increase reunification rates, and decrease recidivism<sup>96</sup>. CPS piloted the effort, which involves intensive clinical training and coaching of staff and supervisors (practice residencies), in Regions 3 and 11 Family Based Safety Services units with positive preliminary results.

**In fiscal year 2016**, CPS will implement Alternative Response in four new regions (Regions 3, 7, 8, and 9) for a total of six regions. Regions 1 and 11 rolled out in fiscal year 2015. Alternative Response is a family engagement approach used to respond to certain low risk cases. CPS does not identify alleged perpetrators or give case disposition (finding of abuse/neglect). Alternative Response and Signs of Safety use similar tools for engaging children, families, and safety networks.

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<sup>95</sup> Child Protective Services Business Plan Fiscal Year 2016

<sup>96</sup> Wilder Foundation, Casey Family Programs

**Goal 2: Maximize Permanency for Children/Youth Served by CPS<sup>97</sup>**

**Objective 2.4: Contract for Services and Supports to Help Achieve Permanency for Children and Families**

**Leads: CPS Permanency Division, CPS Purchased Client Services Division**

Internal Resources: CPS Placement Division, CPS Foster Care Redesign Division, CPS Systems Improvement, CPS Reunification and Permanency Transformation Team, DFPS Prevention and Early Intervention, DFPS Management Reporting and Statistics.

Stakeholders Resources: HHSC Forecasting, CPS Public Private Partnership, Single Source Continuum Contractors, Purchased Client Services Performance Measures Workgroup, Committee for Advancing Residential Practices, and residential child care contractors.

**Action Plan**

**As of September 1, 2015**, CPS updated the post-adoption services contract as part of the fiscal year 2016 procurement to provide more clarification and guidance to providers on DFPS expectations for meeting family's needs. For example, the contract requires more face to face contact with families and 24 hour crisis support.

**In fall 2015**, CPS will conduct a gap assessment and develop a plan for building residential child care quality and capacity in key areas of need across the state, including seeking evidence-based treatment programs that serve children in the least restrictive settings.

**In fall 2016**, CPS will continue to implement Foster Care Redesign to promote a community-based approach to service coordination and delivery, increase capacity, ensure quality, and improve outcomes for children and families. CPS will procure for a Single Source Continuum Contractor (SSCC) in Region 2. CPS will also expand to stage 2 in Region 3 counties served by the SSCC. In stage 2, the SSCC provides the full continuum of contracted client services including treatment services for parents.

**In January 2016**, CPS will launch a demonstration program to test an effort to improve the quality of residential foster care through the use of new performance measures. The demonstration will also use data to identify providers at risk of poor outcomes to enhance monitoring and enable CPS staff to provide technical assistance before problems occur.

**In January 2016**, CPS will implement a Title IV-E demonstration waiver in Harris County to contract for new interventions for families based on needs identified through the Child and Adolescent Needs and Strengths (CANS) assessment (see page 20) and a comprehensive family assessment specific to Harris County where caseworkers team with families and clinicians to assess needs and plan services.

**In fiscal year 2016**, CPS will expand residential contracted services to include sub-acute inpatient treatment.

**In fiscal year 2016**, CPS will continue to collaborate with child placing agencies to develop a single Child Plan of Service to reduce duplication and improve service provision.

**In fiscal year 2016**, CPS will conduct research on adoption dissolutions to identify factors contributing to dissolutions which will inform policy and practice related to adoption services including purchased services.

**In fiscal year 2016**, CPS will develop new quality requirements for re-procurement of evaluation and treatment services and establish new contract monitoring processes that focus on quality outcomes for families.

<sup>97</sup> Child Protective Services Business Plan Fiscal Year 2016

**Leads: CPS Permanency Division, CPS Purchased Client Services Division**

**In fiscal year 2016**, CPS will collaborate with DFPS Prevention and Early Intervention and plan for use of new purchased services dollars to serve Alternative Response families.

**Goal 3: Maximize the Well-Being of Children and Youth Served by CPS<sup>98</sup>**

**Outcome Measures to meet their health needs**

Children receive adequate services to meet their behavioral health needs.

Children receive adequate services to meet their physical health needs.

Children receive adequate services to meet their educational needs.

More youth complete Preparation for Adult Living services.

Ensuring a child is safe and finds a forever home is essential to children's well-being. For children receiving CPS services, CPS must also ensure that their education, health and other needs are being met. To truly understand well-being, we need to comprehend the quality of the services we provide to children. As part of our federal Child and Family Services Review, CPS reads hundreds of cases every year with a structured case review tool to examine if we are meeting the needs of the children we serve. CPS reviews cases to see if the child was adequately assessed for needs in each area of education, and physical and mental health. If needs are present, the reviewer checks to see if the child was then provided with appropriately matched services. The process includes a review of the case file in IMPACT, the hard copy of the case file, and interviews with case-specific stakeholders. The CPS Division of Accountability reviews 180 cases per quarter.

Looking at trends in the past few years, although CPS continues to do a good job meeting children's basic educational needs, we have work to do on meeting children's physical and behavioral health needs.

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<sup>98</sup> *Child Protective Services Business Plan Fiscal Year 2016*

Section IV: Assessment of Systemic Factors

	FY 12	FY 13	FY 14	FY 15 To Date*
Educational Needs of the Child (CFSR Item 16) -	97%	97%	96%	98%
Physical Health of the Child (CFSR Item 17)	93%	89%	91%	87%
Mental/Behavioral Health of the Child (CFSR Item 18)	94%	92%	91%	88%

\*Child and Family Service Review quarter 4 data not available at the date of this report.

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

One way CPS provides support is through its Preparation for Adult Living (PAL) classes. Through PAL, youth not only learn how to successfully live on their own, they can complete certain required components and receive financial support after they age out. Roughly 75 percent of children who leave substitute care at age 18 or older complete the PAL classes required to receive financial support, although that rate dipped slightly lower in the past year.

Youth now have the option to stay in care beyond the age of 18 to receive additional supports as they prepare for independence. As a result, the number of youth remaining in foster care after age 18 has grown, which is a positive. By staying in foster care even after becoming a legal adult, these youth have a stable place to stay and a caseworker to arrange for needed services and provide ongoing support.

	FY 12	FY 13	FY 14	FY 15
Youth completing Preparation for Adult Living	75%	76%	76%	72%
Youth 18 and older living in foster care	602	634	615	683

### Objective 3.1: Support Children’s Physical and Behavioral Health<sup>99</sup>

#### Lead: CPS Medical Services Division

DFPS Resources: CPS Trauma Informed Care Secondary Traumatic Stress Workgroup, CPS Purchased Client Services, CPS Disproportionality Team, DFPS Medical Director, and DFPS Center for Learning and Organizational Excellence.

Stakeholder Resources: Health and Human Services Commission (HHSC), Department of State Health Services, STAR Health / Superior Health Plan / Cenpatico, Dr. Karen Purvis and Dr. David Cross and staff from Texas Christian University (trauma-informed care), Dr. John Lyons, Chapin Hall (CANS), Senate Bill 125 committee of internal and external stakeholders, contracted residential child care and contracted residential care providers.

#### Action Plan

**In fall 2016**, CPS will coordinate with HHSC enterprise partners to adapt the Child and Adolescent Needs and Strengths assessment (CANS), a developmentally appropriate comprehensive assessment with a screening for trauma, to agency needs. CPS will implement the new tool as early as March including training of super-skills users, such as CPS medical and other subject matter specialists. CPS will align the assessment with the new Structured Decision Making® family strengths and needs assessment that will be developed in spring 2016 and coordinate release of these two tools and training to the field. Together, these tools will provide a more comprehensive assessment of children and families at the start of the case to identify issues quickly and support effective case planning.

**In fiscal year 2015**, CPS will continue to focus on Trauma Informed Care knowledge and practices so CPS leadership, caseworkers, and stakeholders act with an understanding of the influence of trauma, both from the child’s family history as well as from removal. CPS will begin rollout of a curriculum created specifically for DFPS related to trauma-informed care and secondary trauma for caseworkers. The curriculum will also include information about primary trauma.

**In fiscal year 2016**, CPS will train stakeholders, including CPS staff, providers, caregivers, and youth on new health insurance benefits for children in CPS conservatorship as a result of a new contract for STAR Health, administered by Superior Health Plan effective September 1, 2015. Enhanced services include expanded value-added and case-by-case benefits. Stakeholders will be trained on how to more efficiently access the health insurance benefits.

**In fiscal year 2016**, CPS will continue to oversee the Psychotropic Medication Utilization Review process to carefully monitor use of psychotropic medications to ensure that a psychotropic medication prescription is in the best interest of the child.

As referenced in the 2016 Annual Progress and Services Report<sup>100</sup>, Child and Family Services Review case reviews are conducted quarterly by the CPS Accountability Division and findings are entered into the Child and Family Services Review online database that mirrors the federal onsite review instrument. The sample size is currently 180 cases each quarter; 90 foster care and 90 in-home cases. The Accountability Division began using the Child and Family Services

<sup>99</sup> Child Protective Services Business Plan Fiscal Year 2016

<sup>100</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019



*Section IV: Assessment of Systemic Factors*

Review Round 3 onsite review instrument in the 3<sup>rd</sup> quarter of FY15. The following is current data from the 3<sup>rd</sup> and 4<sup>th</sup> Quarters of FY15 in regards to CFSR Items related to service delivery to children, families and caregivers.

	<b>Item 2 - Services to family to protect children in the home and prevent removal</b>	<b>Item 12A - Needs Assessment of Children</b>	<b>Item 12B - Needs Assessment of Parents</b>	<b>Item 12C - Needs Assessment of Foster Parents/ Caregivers</b>	<b>Item 16 - Educational Needs of the Child</b>	<b>Item 17 - Physical Health of the Child</b>	<b>Item 18 - Mental/Behavioral Health of the Child</b>
Q3 FY15 (4/1/14-3/31/15)	97.6%	94.4%	83.9%	97.6%	96.4%	91.7%	88.2%
Q4 FY15 (7/1/14-6/30/15)	97.7%	98.3%	71.6%	97.6%	98.1%	84.5%	95.1%

Data shows that Texas does well in providing services to children and caregivers but typically needs improvement in services to parents.

**STAR Health**

Children in DFPS conservatorship receive medical care through Medicaid, and most of these services are provided through a statewide, comprehensive healthcare system known as STAR Health, administered by Superior HealthPlan. Most information about STAR Health and CPS medical services is found on the [public websites for DFPS](#) and [Superior HealthPlan](#).

Star Health services are offered statewide to children in foster care who qualify for the Star Health Program. Services are usually accessible to all children in care within a 75 mile radius of the child's placement. Each child in foster care eligible for the Star Health Program has access to their own medical providers, pharmacies, therapies, durable medical equipment and supplies and mental health services. Services are limited in some areas such as mental health in Region 5 and there are also a lack of Physical Therapists, Occupational Therapists and Speech Therapists in some urban/rural areas. Psychiatrist and orthodontists are lacking across the

state. Services in rural areas of the state are sparser, and are not always within the 75 mile radius. Services to children through STAR Health are as follows:

**Services that assess the strengths and needs of children and families and determine other service needs;**

- Texas Health Steps (free children’s medical checkups and vaccines)
- Health Screenings through Star Health's Service Management Team;
- Behavioral Health/Mental Health Services (inpatient services, intensive outpatient, day treatment, observation, rehabilitative services, outpatient therapy, telemedicine, disease management (intellectual Developmental Disabilities, complex case management)
- Doctor visits (for well child care and preventive care for children and adults (former foster youth), as well as when a teen parent in foster care and their child are sick
- Initial Early Childhood Intervention screening
- Dental services
- Eye exams and eyeglasses for children and adults
- Primary Medical Needs Staffings/Medical Staffings to include Star Health
- Family planning – includes birth control, supplies, Service Management, and education
- Pregnancy care
- Disease Management (Diabetes, Asthma, etc...)
- Health Passport, electronic health record

**Services that address the needs of families in addition to individual children in order to create a safe home environment;**

- Service Coordination/Service Management to identify needs, develop a service plan, ensure services are received timely, and ensure a choice of providers and access to covered services and to coordinate Star Health covered services with social and community support services.
- Start Smart for Your Baby - program designed to help answer questions about childbirth, newborn care and eating habits. Star Health hosts special Baby Showers in many areas to teach the mother about their pregnancy and the new baby
- Case Management for Children and Pregnant Women - This is for children, teens and young adults (birth through 20) and pregnant women who get Medicaid and have health problems or are at high risk of getting health problems.

- Interpreter Services
- Post-Hospitalization Follow-up from Star Health
- Doctor visits (for well child care and preventive care for adults, as well as care when you/your child is sick)
- Hospital care (inpatient and outpatient)
- Behavioral Health/Mental Health Services (inpatient services, intensive outpatient, day treatment, observation, rehabilitative services, outpatient therapy, telemedicine, disease management (intellectual Developmental Disabilities, complex case management)
- Prescriptions
- Emergency care
- Nurse Wise Hotline - 24/7 hotline
- Family planning – includes birth control, supplies, and education
- Physical therapy
- Speech therapy
- Occupational therapy
- Pregnancy care
- Women’s health services
- Transplant services
- Alcohol and substance abuse care for members 21 years of age and younger
- Personal Care Services - bathing, cleaning, getting dressed, making food, etc...
- Women, Infants and Children services
- Development of Plans of Care with Doctors to ensure special needs are met
- Community First Choice - for people with Intellectual and Developmental Disabilities
- Primary Medical Needs Staffings/Medical Staffings to include Star Health
- Telemedicine

**Services that enable children to remain safely with their parents when reasonable; and**

- Service Coordination/Service Management (until child is no longer in foster care) to identify needs, develop a service plan, ensure services are received timely, ensure a choice of providers and access to covered services and to coordinate Star Health covered services with social and community support services.
- Medical Transportation Program - helps with non-emergency transportation to healthcare appointments for eligible Medicaid clients who have no other transportation options.
- Home health care (requires a referral)

- Behavioral Health/Mental Health Services (inpatient services, intensive outpatient, day treatment, observation, rehabilitative services, outpatient therapy, telemedicine, disease management (intellectual Developmental Disabilities, complex case management,))
- Prescriptions
- Emergency care
- Nurse Wise Hotline - 24/7 hotline
- Specialist visits (some might require a referral)
- Women's health services
- Personal Care Services - bathing, cleaning, getting dressed, making food, etc...
- Alcohol and substance abuse care for members 21 years of age and younger
- Women, Infants and Children services
- Durable Medical Equipment & Supplies
- Primary Medical Needs Staffings/Medical Staffings to include Star Health
- Health Education Classes offered by Star Health and other community resources for pregnant women, diabetes, asthma, nutrition, CPR and healthy diet classes
- Trauma Informed Care Training

**Services that help children in foster and adoptive placements achieve permanency.**

- Primary Medical Needs Staffings/Medical Staffings to include Star Health
- Continuity of Services from Star Health to Traditional Medicaid
- Behavioral Health/Mental Health Services (inpatient services, intensive outpatient, day treatment, observation, rehabilitative services, outpatient therapy, telemedicine, disease management (intellectual Developmental Disabilities, complex case management))
- Initial Early Childhood Intervention Services
- Personal Care Services - bathing, cleaning, getting dressed, making food, etc...
- Health Education Classes offered by Star Health and other community resources for pregnant women, diabetes, asthma, nutrition, CPR and healthy diet classes
- Other Medicaid Waiver Programs & Services - Women, Infant Children, Medically Dependent Children Program, Community Living Assistance Support Services, Texas Home Living Program, Home and Community-Based Services
- Trauma Informed Care Training

### **Trauma Informed Care**

Senate Bill (SB) 125 was passed during the 84th legislative session. This new law requires that no later than the 45th day after the date a child enters the conservatorship of DFPS; the child shall receive a developmentally appropriate comprehensive assessment. The assessment must include: 1) a screening for trauma; and 2) interviews with the individuals who have knowledge of the child's needs 3) the Department shall develop guidelines regarding the contents of an assessment report.

The Child and Adolescent Needs and Strengths is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. A mental health version of the Child and Adolescent Needs and Strengths is already in use by multiple providers in Texas developed by the Department of State Health Services. DFPS has coordinated with the Department of State Health Services, Harris County's IV-E waiver program and Chapin Hall to develop a single Child and Adolescent Needs and Strengths version to be used for all children/youth in DFPS conservatorship for initial and ongoing Child and Adolescent Needs and Strengths CANS assessments. The Texas Child Welfare Child and Adolescent Needs and Strengths version has been completed and approved by Dr. John Lyons of Chapin Hall. The manual is currently in final stages of review by Dr. Lyons. The DFPS Steering Committee for the Child and Adolescent Needs and Strengths implementation consists of members from DFPS, the Department of State Health Services, Health and Human Service, Harris County and STAR Health.

DFPS plan going forward is to have STAR Health providers administer the Child and Adolescent Needs and Strengths assessment to all youth ages 3-17 as they enter care. There is one exception of a pilot unit in Harris County in which the CPS caseworker will administer the Child and Adolescent Needs and Strengths assessment. DFPS expects the Child and Adolescent Needs and Strengths assessment to:

- Communicate information about needs and strengths
- Assist in case planning
- Inform placement decisions
- Decrease the number of assessments
- Inform service level determination
- Provide recommendations for further evaluation/services

DFPS is also partnering with External Stakeholders to ensure we are working together on Implementation. DFPS has invited stakeholders to a meeting in January to share information regarding the Child and Adolescent Needs and Strengths. Additionally, the Child and Adolescent Needs and Strengths lead team is coordinating efforts with DFPS Transformation efforts such as the Family Strengths and Needs Assessment and Single Case Plan to ensure these initiatives complement each other. DFPS will hold four Super User training's across the state in San Antonio, Houston, Dallas, and Lubbock in February 2016. These "Super Users" will include CPS staff, STAR Health staff and external stakeholders who will provide support to others on how to use the Child and Adolescent Needs and Strengths for service planning. Additionally, all substitute care caseworkers will complete an online certification for the Child and Adolescent Needs and Strengths to better understand how the tool works and how best to use it.

#### Training Requirements for Trauma Informed Care

##### CPS Staff:

- All caseworkers and supervisors must complete and initial four hour Trauma Informed Care training. This is typically provided in person through Cenpatico during Basic Skills Development training. Between 9/1/14 and 8/31/15 1,350 CPS Staff completed the Trauma Informed Care training.
- All caseworkers and supervisors must complete two hour annual refresher training via online webinar. Between 9/1/14 and 8/31/15 1,558 CPS Staff completed the Trauma Informed Care Refresher Training.

##### Providers and Caregivers:

- Effective September 1, 2015 eight hours of training is required to be completed prior to any caregiver being alone with a youth in DFPS conservatorship.
- Trauma Informed Care training should provide practical information that prepares the caregiver to put into practice what they have learned. Training should include at least one of the DFPS approved Trauma Informed Care trainings, a component on Adverse Child Experiences and resources related to prevention and management of Secondary Traumatic Stress (Compassion Fatigue).
- Caregivers must also complete the two hour annual refresher training.

Kinship:

- The October 2014 Kinship Quarterly newsletter provided information on Trauma Informed Care and was published on the DFPS Kinship web page so that Kinship providers could access it.

[https://www.dfps.state.tx.us/AdoptionandFoster\\_Care/Kinship\\_Care/](https://www.dfps.state.tx.us/AdoptionandFoster_Care/Kinship_Care/)

- Additional resources such as online training has also been made available to Kinship providers

STAR Health:

- STAR Health (through Cenpatico) provides face to face and/or webinar training on Trauma Informed Care to CPS caseworkers, and residential providers at no cost.
- They are also providing training to STAR Health credentialed, Behavioral Health providers on Trauma Focused Cognitive Behavioral Therapy free of charge across the state.
- There is an identifier on the STAR Health webpage that allows you to search specifically for a Trauma Informed Care provider

Secondary Traumatic Stress:

- DFPS is working with Dr. Karen Purvis at Texas Christian University to develop Secondary Traumatic Stress training for DFPS. The curriculum is being finalized with plans to hold the initial "train the trainer" at the end of January 2016. The training schedule has not yet been determined.

In the next fiscal year, CPS will implement a new screening assessment for children, access enhanced managed health care services, work with education and community partners to improve education outcomes, and continue to expand and improve services for older youth.<sup>101</sup>

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<sup>101</sup> Child Protective Services Business Plan Fiscal Year 2016

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**Objective 3.2 Support Children’s Education Outcomes**<sup>102</sup>

**Lead: CPS Permanency Division**

DFPS Resources: CPS Division of Practice Excellence

Stakeholder Resources: Texas Education Agency; School District Foster Care Liaisons and staff; Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families; Casey Family Programs; faith communities; residential child care providers; kinship caregivers; and other providers and community partners.

**Action Plan**

**In fiscal year 2016**, to ensure children in care receive services to meet their education goals, CPS will establish a minimum of one education consortium in every region. Education consortia are groups of internal and external stakeholders, including education partners, child welfare staff, contracted providers and other community supports, invested in resolving area-specific, system-level challenges to providing for the needs of students in foster care. Bringing multiple systems together recognizes that education outcomes cannot be looked at in isolation from other issues such as mental health.

**In fiscal year 2016**, CPS will develop practice guides with strategies for education specialists and CPS staff to help improve school stability, troubleshoot school enrollment and withdrawal issues, and increase communication between caseworkers and education specialists.

**In fiscal year 2016**, CPS will collaborate with the Texas Education Agency to adapt the nationally recognized “Endless Dreams” curriculum created by Casey Family Programs for Texas. The curriculum provides training to education and child welfare professionals and advocates on the impact of the foster care experience on academic achievement.

**In fiscal year 2016**, CPS will continue to serve on the Children's Commission Education Task Force. The goals for the task force are to improve post-secondary education outcomes, data exchange and analysis, community partnerships, and services to students receiving special education services. CPS will participate in all subgroups.

**In fiscal year 2016**, CPS will collaborate with the Texas Education Agency to develop and improve trainings and supports for CPS Education Specialists and School District Foster Care Liaisons.

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<sup>102</sup> Child Protective Services Business Plan Fiscal Year 2016



**Objective 3.3: Safeguard Children’s Other Well-being Needs<sup>103</sup>**

**Leads: CPS Permanency Division, CPS Investigations/Alternative Response/Family Based Safety Services Division.**

DFPS Resources: CPS Youth Specialists, CPS Disproportionality Team, CPS Purchased Client Services, CPS Special Investigators, DFPS Information Resource Management, and DFPS Center for Learning and Organizational Excellence, DFPS Internal Audit

Stakeholder Resources: Texas Chapter of the Center for Missing and Exploited Children, Texas Department of Public Safety, law enforcement, Court Appointed Special Advocates, CPS residential child care Contractors, Supervised Independent Living contractors, attorneys, parents, and youth.

**Action Plan**

**In September 2015**, CPS established contracts with newly procured Supervised Independent Living providers. The program helps youth work toward independence while residing in a less restrictive, non-traditional living arrangement.

**In October 2015**, CPS will hold a statewide meeting of PAL staff to address program improvements related to: PAL completion, additional PAL activities to support youth, funding for more teen conferences, and continued efforts to support youth opportunities for normalcy.

**In Spring 2016**, CPS will collaborate with colleges and trade schools to hold a post-secondary education conference showcasing opportunities for youth to use Education and Training Vouchers to develop a broad range of vocational and technical skills.

**In fiscal year 2016**, CPS will engage youth in voicing their needs through Youth Leadership Councils and use newly received funding to hold more teen conferences.

**In fiscal year 2016**, CPS will continue to train on racial and ethnic identity to promote competencies around healthy racial and ethnic identity formation for children and youth

**In fiscal year 2016**, CPS will establish expectations for coordinated service plan meetings among residential providers, CPS, and the child to help facilitate planning around normalcy. Normalcy refers to the ability for children and youth to participate in age and developmentally appropriate activities similar to activities that children outside of foster care experience. Normalcy is not a new concept, but one CPS and providers have struggled with as they balance the need to keep children and youth safe. This effort includes tracking of service plans in IMPACT to better monitor and ensure accountability for following through on plans.

**In fiscal year 2016**, DFPS will make changes to IMPACT to meet Title IV-E requirements for identifying, reporting and providing services to victims of sex trafficking.

**In fiscal year 2016**, CPS will implement the Prevent Sex Trafficking and Strengthening families Act (HR 4980) to protect children and youth at risk of sex trafficking. CPS will continue collaboration with the Department of Public Safety, the Center for Missing and Exploited Children, the Federal Bureau of Investigations, and local law enforcement agencies, as well as leverage internal resources such as the Special Investigators, to find missing children.

**In fiscal year 2016**, CPS will continue collaboration with state and community resources to provide human trafficking and internet safety training to youth participating in services to support a successful transition to adulthood (Preparation for Adult Living).

<sup>103</sup> Child Protective Services Business Plan Fiscal Year 2016

### **Collaborative Case Planning Work Group**

In March 2015, CPS launched a workgroup of internal staff and key leaders from Child Placing Agencies to focus on a new, more collaborative approach to planning services for children and families. The group created a vision for the future on how CPS and CPAs can work together better. The vision centered around seeing the family as one unit, supporting the parents as well as the children with services, getting everyone to the table, and sharing more information with foster families, providers and biological parents, thus prioritizing the sequence of services. This will enable the caregiver to learn from the parents the child's normal routines and allow for less disruption in the child's life. It will allow the caregiver to know all the medical history and the child's triggers. It will support better normalcy for the child in activities like sports, as well as more contact between the child and their parents. The parents will have more hope and motivation and a plan for moving forward.

The Work Group identified a number of barriers to achieving the vision and created three sub-groups to focus on the important activities in each area. Each of these consists of CPS and CPA personnel responsible for the outcomes. They are:

- Documentation and Policy Sub-Committee – This group is responsible for reviewing and updating the existing policy as it relates to child service planning. They are looking at the current practices regarding the timing and participation at the service planning meetings held by child placing agencies and CPS and working towards making recommendations on how to create a plan that serves both CPS and the CPA.
- Training Sub-Committee – This group is responsible for reviewing and updating the existing training materials, curriculum, and training audience. They will recommend and make necessary changes to support the new comprehensive plan.
- Contracts/Legal/Minimum Standards Sub-Committee – This group will examine the existing contracts, minimum standards, and legal requirements and make recommendations for necessary changes to align with the requirements of the Comprehensive Plan practice.

The entire Work Group meets quarterly to monitor progress.<sup>104</sup>

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<sup>104</sup> Child Protective Services Permanency Strategic Plan October 2015

In 2015, the Internal Audit Division completed its Audit of Quality of Services in CPS Regional Contracts<sup>105</sup>. It noted that, Child Protective Services Regional Contracts' current processes for evaluating contractor performance could be improved to help ensure quality of services provided and contractor accountability. The current contract monitoring approach focuses primarily on readily measurable requirements in the statements of work instead of outcomes resulting from service quality. A shift to a focus on quality indicators, including outcomes, provides CPS with an opportunity to collaborate with contractors to correct performance deficiencies and ensure positive outcomes for children.

### **Background**

The Department of Family and Protective Services enters into regional service contracts to provide clients with additional protective services and to support and expand DFPS's capacity to serve the community. During Fiscal Year (FY) 2014, DFPS procured over \$55,530,000 in client services through 1,543 regional client services contracts. Through these contracts, the agency details (a) services to be provided, (b) specific performance expectations and requirements, and (c) reporting requirements. Child Protective Services Regional Contracts, a division within the CPS Purchased Client Services Division, is responsible for the following:

- Establishing contracts
- Managing and monitoring contracts according to the terms of each contract
- Supporting caseworkers and other DFPS staff to help resolve performance issues or concerns

In addition to duties listed above, CPS regional contracts staff also rely on program personnel to provide feedback on contractor performance because they often work hand-in-hand with the contractors to ensure services are provided to DFPS clients and their families.

The audit scope included four different categories of purchased client services, including evaluation and treatment, post-adoption, family group decision making (FGDM), and assessment services. See Table 1 on the next page for a description of these services and the total FY 2014 expenditures associated with each service.

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<sup>105</sup> Department of Family and Protective Services Audit of Quality of Services in CPS Regional Contracts August 2015, Report Number 2015-04

Table 1 includes expenditures for all evaluation and treatment services and assessment services; however, the audit focused specifically on psychological and treatment services and kinship caregiver home assessments within these categories. Throughout the remainder of the report, the psychological and treatment services will be referenced as evaluation and treatment services, and kinship caregiver home assessments will be referenced as kinship assessments.<sup>106</sup>

**Table 1: FY 2014 Purchased Client Expenditures by Services (Unaudited)**

<b>Service</b>	<b>Service Description</b>	<b>Expenditures Paid to Date (as of 12/30/2014)</b>
Evaluation and Treatment Services	Services include the following: <ul style="list-style-type: none"> <li>• Assessment and evaluation</li> <li>• Psychiatric and psychological testing</li> <li>• Individual, group, and family counseling</li> </ul>	\$ 17,220,696.16
Post-Adoption Services	Services include the following: <ul style="list-style-type: none"> <li>• Outreach, referral, and service authorization</li> <li>• Casework and service planning</li> <li>• Crisis intervention</li> <li>• Support groups</li> <li>• Parent training</li> <li>• Post-adoption counseling</li> <li>• Day treatment services</li> <li>• Therapeutic or specialized camp</li> <li>• Intermittent alternate care (respite)</li> <li>• Residential therapeutic care</li> <li>• Other DFPS-approved services</li> </ul>	\$ 3,144,037.01
Family Group Decision Making	Services include the following: <ul style="list-style-type: none"> <li>• Family group conferences</li> <li>• Permanency conferences</li> </ul>	\$ 1,113,696.06
Assessment Services (Home Studies)	Services include the following: <ul style="list-style-type: none"> <li>• Foster/adopt home screenings</li> <li>• Kinship caregiver home assessments</li> <li>• Health, social, educational, and genetic history reports (HSEGH and adoption readiness reports)</li> </ul>	\$ 4,883,178.75

<sup>106</sup> Department of Family and Protective Services Audit of Quality of Services in CPS Regional Contracts August 2015, Report Number 2015-04

**Overall Conclusion**

Child Protective Services (CPS) Regional Contracts' current processes for evaluating contractor performance could be improved to help ensure quality of services provided and contractor accountability. The current contract monitoring approach focuses primarily on readily measureable requirements in the statements of work instead of outcomes resulting from service quality. A shift to a focus on quality indicators, including outcomes, provides CPS with an opportunity to collaborate with contractors to correct performance deficiencies and ensure positive outcomes for children.

To assist management in better assessing contractor performance, we have identified what we consider to be the top quality indicators for the services listed below that should be considered for inclusion in future statements of work:

<b>Indicators of Quality</b>
<b>Kinship Assessments</b>
<ul style="list-style-type: none"> <li>• CPS Program acceptance rates</li> <li>• Placement sustainability</li> </ul>
<b>Evaluation and Treatment Services (Specifically Psychological)</b>
<ul style="list-style-type: none"> <li>• Reunification rates</li> <li>• Recidivism rates</li> <li>• Removal rates</li> <li>• Client satisfaction feedback</li> </ul>
<b>Post-adoption Services</b>
<ul style="list-style-type: none"> <li>• Permanency and dissolution rates</li> <li>• Utilization rates for all services, including community resources</li> <li>• Youth satisfaction feedback</li> </ul>
<b>Family Group Decision Making</b>
<ul style="list-style-type: none"> <li>• Reunification rates</li> <li>• Permanency rates</li> </ul>

Internal Audit identified other areas of CPS Regional Contract monitoring that could be improved:

- Self-reported data used to calculate performance measures may not be validated for accuracy and completeness
- Corrective action plans may not be consistently implemented across regions
- Complainants may not be notified of the resolution of complaints

### **Key Recommendations**

To strengthen the CPS Regional Contracts monitoring function, we offer recommendations that will enhance the agency's ability to (a) define quality services expectations, (b) assess contractor performance, and (c) hold contractors accountable. These positive outcomes can be achieved through the following:

- Inclusion of quality outcome measures in the performance measures section of future statements of work
- Transition to a collaborative contract monitoring approach that focuses on service outcomes
- Establishment of scorecards to benchmark contractors
- Development of training and deployment to Regional Contracts staff to address the transition to outcome goals
- Consistent validation of self-reported performance measures
- Establishment of guidelines to indicate the minimum circumstances under which a corrective action plan or termination must be implemented
- Notification to complainants of complaint resolution

Additional observations noted during the audit work that were not included in the scope or did not merit inclusion as audit findings for this report are included for management's consideration.

### **Item 30: Individualizing Services**

How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Please provide relevant quantitative/qualitative data or information that show whether the services in item 29 are individualized to meet the unique needs of children and families served by the agency.

- Services that are developmentally and/or culturally appropriate (including linguistically competent), responsive to disability and special needs, or accessed through flexible funding are examples of how the unique needs of children and families are met by the agency.

#### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 56 - 65 of the 2015-2019 Child and Family Services Review Plan.<sup>107</sup>

DFPS directed The Stephen Group (TSG) to explore issues affecting high needs children across Child Protective Services (CPS) programs, out of recognition that children in investigations and family based safety services could eventually come into DFPS care. However, the focus of this assessment was on high needs children in DFPS conservatorship. TSG focused primarily on how CPS and Child Placing Agencies (CPAs) work with high needs children, support the placement process, and coordinate services. Given the interconnection of the different actors in the Texas child welfare system, this analysis also includes additional findings and recommendations for entities in addition to CPS and the CPAs.<sup>108</sup>

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<sup>107</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

<sup>108</sup> Meeting the Needs of High Needs Children in the Texas Child Welfare System November 2015

**Current System’s Approach to Meeting the Needs of High Needs Children**

Meeting the needs of children with high needs is a collaborative effort involving CPS and many external partners, as outlined below.<sup>109</sup>

**Entities Involved in Meeting Needs of High Needs Children**

Entity	Role
CPS	Legal responsibility for children in conservatorship, coordinating and arranging for placement and care while in state’s conservatorship. CPS “acts as the parent” when dealing with medical issues and shares information with providers and caregivers to allow them to meet the child’s needs.
<p>Child Placing Agency</p> <p>CPAs contract with various placement settings including foster homes, therapeutic foster homes, group homes, and Residential Treatment Centers.</p>	<p>Contracts with DFPS; places children in a variety of settings (contracting with homes and providers); responsible for care delivery to the children under their agency’s placement; responsible for the majority of children in DFPS conservatorship.</p> <p>Each child has a case manager.</p>
STAR Health (Superior HealthPlan)	<p>Medicaid managed care program for children in foster care. Vendor provides primary, behavioral, dental, and vision care by contracting with a network of providers across the state. STAR Health Liaisons, 7 regionally located, designated MCO staff, serve as the point-of-contact to answer questions and resolve issues with DFPS regarding STAR Health.</p>
Local Mental Health Authority	<p>Local government entity that contracts with the Department of State Health Services to provide community-based mental health services.</p>

**Texas Comprehensive Child and Adolescent Needs and Strengths Assessment**

In the future, caseworkers will have even better information about the needs of the children due to implementation of the Texas Comprehensive Child and Adolescent Needs and Strengths Assessment (CANS). Senate Bill 125 (Eighty-fourth Legislature) mandates that all children in foster care receive an evidence-based, developmentally appropriate comprehensive assessment within the first 45 days in DFPS conservatorship and again every 12 months forward.

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<sup>109</sup> Meeting the Needs of High Needs Children in the Texas Child Welfare System November 2015



DFPS is working with DSHS to design the new tool. It is based on the CANS assessment that has already been in use by LMHAs. DFPS worked to add a child welfare module that includes trauma-informed questions, caregiver questions, and other appropriate questions for this population.

When completed, a single, comprehensive CANS will be used statewide. For foster youth, STAR Health providers will administer the CANS in every region except Region 6A (Harris County), where CPS staff will administer it. The CANS will provide a uniform tool to evaluate the needs of children in foster care and will identify when and if additional screenings for IDD, behavioral health, or other issues are appropriate. CPS is working with a vendor to design the tool and the output of the tool (what information the caseworker will receive) so that the worker can use the tool findings to inform next steps in the case. Final decisions have not yet been made on what form the output of the tool will take. CPS anticipates needing to train staff and CPAs on how to use the CANS assessment to inform service planning.

Consensus from field and state office staff was that assessment was not the issue; the gap falls between the caseworker's assessment of the need and their ability to access assistance or services on behalf of the child.<sup>110</sup>

## **Recommendations**

### **Build on what is working**

In conducting a comprehensive assessment of the Texas child welfare system, TSG uncovered several STAR Health design features that make Texas a national leader, best practices already in place in some regions of the state, and areas where CPS is aware of gaps and is taking steps to address them. TSG notes these throughout the preceding sections of this report and summarizes them below to show that Texas has all of the elements to create the improved, integrated system TSG recommends.<sup>111</sup>

- **Elevation of Mental Health Policy** – The Texas Legislature created a position at the Health and Human Services Commission to oversee and coordinate mental health policy and programs among health and human services agencies. This office has championed local

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<sup>110</sup> *Meeting the Needs of High Needs Children in the Texas Child Welfare System November 2015*

<sup>111</sup> *Meeting the Needs of High Needs Children in the Texas Child Welfare System November 2015*

collaboration among all the entities involved in caring for the behavioral health needs of foster children.

- Elevation of the specialized needs of foster children – DFPS and other health and human services agencies created the Starfish process to bring attention to the specialized needs of children in care. Not only has it allowed for resolution of barriers in individual cases, but it has allowed CPS to identify broader system issues that affect many additional children. It provided the impetus for more in-depth research and problem solving in the area of meeting the needs of high needs foster children. It has also fostered collaboration among DFPS and other state agencies, CPAs, the STAR Health vendor which has many spillover benefits into other areas.
- STAR Health design – Texas is a national leader in terms of the healthcare program available to foster children. In addition to the previous benefit structure, many new enhancements were added to the most recent contract that will provide substantial benefits for foster children, especially those with high needs. Texas has significant experience with Medicaid managed care, including contract oversight. Texas foster children have had the benefit of service coordination and service management through STAR Health, while many other states continue to use fee-for-service for the foster child population. The STAR Health vendor is held accountable for healthcare access statewide. There are TCM and rehabilitative service providers in every CPS region.
- Texas System of Care – Texas uses national best practice training as provided through the University of Texas for its providers of TCM and rehabilitative services. Legislative authority exists for CPAs to move forward in becoming providers and being trained under this best practice model.
- Best practices – Several localities in Texas have demonstrated use of best practices related to psychiatric hospital diversion, how to support placements, and reintegrating youth after they have received more intensive interventions. These practices can be replicated in more parts of the state.
- Collaboration with STAR Health to increase CPS caseworker awareness about STAR Health benefits.
- Concentrated knowledge in a number of subject matter experts across the CPS system. Well-being specialists, nurses, developmental disability specialists, and special immigrant juvenile specialists have been able to make the difference in supporting caseworkers and helping high needs children when engaged in the process.

- Efforts to build provider capacity – CPS is aware of its capacity challenges and is working to address many of them.
- Robust data – STAR Health and child welfare data is already available to inform and support a more accountable system.

### **Fill in the gaps**

Despite these system strengths, TSG also identified a number of gaps (identified above) that should be immediately addressed to meet the needs of these children. TSG offers the following eight recommendations that provide a way to meet the needs of the highest needs children in foster care, and to prevent others from joining this group:<sup>112</sup>

- Develop a uniform standard definition of children with “High Needs.”
- Identify a clear identifying mechanism for specific interventions to ensure the correct process is followed while a child is in care.
- Build an integrated and accountable case management system and process that results in an integrated model of care that holds a single entity responsible for connecting case management functions and ensuring behavioral health needs are met.
- Use prevention strategies to stabilize high needs children who are not yet in crisis situations.
- CPS organizational improvements that will ensure quality outcomes when working with this high needs population.
- Improve caregiver training and outreach.
- Focus on high intensity in-home supports that provide the continuity for essential services to reduce the risk of recidivism.
- Continue with Starfish process as a way to evaluate system reforms and identify continued gaps in process.

In 2014, the Sunset Advisory Commission recommended the following of CPS:

- CPS is to ensure Family Based Safety Services and conservatorship caseworkers are making referrals to the right family preservation and reunification services for families.

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<sup>112</sup> Meeting the Needs of High Needs Children in the Texas Child Welfare System November 2015

- CPS is to track the efficacy of contracted services and service providers in producing outcomes.

In August 2014, a Transformation Workgroup, Family Based Safety Services and conservatorship Purchased Client Services, was formed to address the recommendations. A review of purchased client services data associated with recidivism prompted focus groups to be held in Regions 2, 6, and 10. Focus group participants included Family Based Safety Services, conservatorship, Contracts staff and contracted providers. A shared theme from all three regions included:

- The need for better communication and collaboration between providers and frontline staff.
- Frontline staff is not well-informed of services within their area and which providers would best meet CPS families' needs. In addition, some providers are unfamiliar with the demographics and unique needs of CPS families.
- To build better collaboration, semi-annual provider resource fairs will be implemented, to include specifically designed regional planning teams, allowing CPS staff the opportunity to meet providers face-to-face and become more familiar with services, catchment areas, etc.

CPS continues to find innovative and exciting ways to improve communication between contracts, staff and providers. Two successful fairs have been held in Region 2. These purposefully organized fairs allow CPS program to meet providers face-to-face to become more familiar with the actual services, catchment areas and any specifics regarding expertise, languages spoken, gender of therapists, etc. During the focus groups, providers and staff emphasized the need to work as a team to facilitate change within the family and enhance success.

The objectives of the Resource Fairs are to:

- Strengthen our CPS community through collaborative relationships
- Increase CPS staff knowledge of available contracted and community resources
- Meet the needs of children and families served by CPS through better targeted service referrals
- Work as a team to facilitate change with families to achieve child safety, permanence and well-being

Regional Community Initiative Specialists are designated to lead this effort, while working closely with program and contracts staff. Fairs are expected to occur in the spring and fall of 2016, consequently updating staff of provider/services changes.

Transitional Living Services, programs, and benefits help foster care youth and young adults make the transition to adulthood smoother and help them identify and achieve long-term education, career, and life goals. Transitional Living Services begin at age 14 and may continue until age 23.

### **Youth Transitioning to a Successful Adulthood**

Preparing youth for successful transition into adulthood is every parent's responsibility, including DFPS. While achieving positive permanency is the ultimate goal, providing knowledge and skills is done concurrently while preparing youth for permanency. To assist in this process, DFPS has a division dedicated to transitional services to support youth as well as young adults who participate in extended foster care, and those youth formally in foster care.

Beginning at age 16, all youth in DFPS conservatorship participate in Preparation for Adult Living (PAL) classes; however, Preparing youth for adulthood involves much more than teaching youth how to find a job, balance a checkbook and sign a lease. Transitional services include involvement in programs aimed at improving youths' self-esteem and improving their ability to make responsible decisions. Transitional Living Services include, but not limited to:<sup>113</sup>

- Experiential Life Skills Training for Youth Ages 14 and Older;
- Opportunities for youth to participate in regional and statewide conferences and councils;
- Ongoing provision of information and support through Texas Youth Hotline, Texas Youth Connection website and Facebook Page;

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<sup>113</sup> Child Protective Services Permanency Strategic Plan October 2015

- Access to Post-Secondary Education Resources:
  - o The Education and Training Voucher (ETV) Program
  - o State College Tuition and Fee waiver
  - o Temporary Housing Assistance Between Academic Terms
  
- Access to medical coverage after the age of 18, and;
  
- Access to ongoing case management and housing through the age of 21 for youth who are finishing high school, completing college or vocational/technical training, working at least 80 hours a month, or if disabled and not able to complete education or employment related goals.

Transitional Living Services are further described in detail through the Chafee Foster Care Independence Program and Education and Training Vouchers Program on pages 404 - 454 of the 2015-2019 Child and Family Services Review Plan.<sup>114</sup>

### **Alternative Response**

Alternative Response is a new stage of service that responds differently than traditional investigations to reports of abuse/neglect. It allows for a more flexible, family engaging approach while still focusing on the safety of the children. Alternative Response allows screened-in reports of low to moderate risk to be diverted from a traditional investigation and serviced through an alternative family centered assessment track. There will be no change in the number or type of clients served but some will be served in a different manner. Generally, the Alternative Response track will serve accepted child abuse and neglect cases that do not allege serious harm. Alternative Response cases will differ from traditional investigations cases in that there will be no substantiation of allegations, no entry of perpetrators into the Central Registry (a repository for reports of child abuse and neglect), and there will be a heightened focus on guiding the family to plan for safety in a way that works for them and therefore sustains the safety.

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<sup>114</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

Beginning in November, 2014, Alternative Response was initially implemented in portions of Regions 1, 3, and 11 to begin practicing Alternative Response and to develop experience and expertise. Implementation was staggered to allow for planning and training. Region 1 completed region-wide implementation in May 2015, followed by Region 11 in July, 2015, and Region 3 in November, 2015. Currently Region 7 is preparing for implementation in February, 2016, and work is beginning with Region 9, which will implement Alternative Response in May, 2016. Implementation will then continue by adding a region approximately every three months until rollout is complete across the State. Regions 7, 8, 9, and 10 are expected to implement Alternative Response in 2016. State-wide implementation is expected to be complete by December 31, 2017.

Extensive training is provided to caseworkers and supervisors prior to transition to their roles as Alternative Response caseworkers. Further support is provided through case consultations, and coaching and technical assistance sessions that include role-playing, assessment of engagement techniques, case-mapping, and shadowing.

As Alternative Response is new to Texas, current data is limited and would yield little useful information. As Alternative Response is implemented further across the State and a larger number of cases are worked in Alternative Response, more information will become available that will be useful for research and analysis.

## **F. Agency Responsiveness to the Community**

### **Item 31: State Engagement and Consultation With Stakeholders Pursuant to CFSP and APSR**

How well is the agency responsiveness to the community system functioning statewide to ensure that in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

Please provide relevant quantitative/qualitative data or information that show that in implementing the provisions of the CFSP and related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 65 - 84 of the 2015 - 2019 Child and Family Services Plan.<sup>115</sup>

DFPS actively engages with community partners to increase communication, understanding, and collaboration strategies across service systems to strengthen families as well as to enrich communities. As referenced in the Child and Family Services Review Plan, Child and Family Services Collaboration, building community relationships and partnerships is an integral part of CPS work and is critical to providing clients with needed support. CPS has worked diligently to build and strengthen alliances and networks at all levels. DFPS continues to utilize all available community support to provide for the safety, well-being, and permanency of Texas children and to help to ensure the successful implementation of the goals, objectives and strategies listed in the 2015-2019 Child and Family Services Plan. The 2015-2019 Child and Family Services

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<sup>115</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019



Review Plan lists specific strategies that will be employed to actively seek collaboration and support for the successful implementation of the Child and Family Services Review Plan in the next five years. The agency's ongoing efforts to work toward implementing and completing 2015-2019 Child and Family Services Review Plan goals and activities, assessing outcomes, and developing strategic plans to increase the safety, permanency, and well-being of children in the child welfare system will continue in the collaborative efforts identified in the Child and Family Services Review Plan as well as other such collaborative activities noted below.

Along with the Children's Commission, DFPS co-hosted a series of three internal and external stakeholder sessions in 2014 and 2015. The first session was held on 11/14/15 on the topic of Case Review. Along with internal stakeholders the session included two attorneys, four Judges, nine community service providers or child welfare partners, one Juvenile Justice partner, one CASA representative, two Legislative aides, one foster parent advocate, one parent advocate, one domestic violence partner, two medical partners, one law enforcement partner, one education advocate and two representatives from ACF.

The second session was held on 12/19/15 on the topics of Service Array and Agency Responsiveness to the Community. Along with internal stakeholders the session included two attorneys, two Judges, seven community service providers or child welfare partners, three Juvenile Justice partners, one CASA representative, two foster parent advocates, three parent advocates, one domestic violence partner, one medical partner, one law enforcement partner, one Children's Advocacy Center representative, one mental health provider, three representatives from Early Childhood Intervention and two representatives from ACF.

The third session was held on 1/23/16 on the topic of Foster and Adoptive Parent Licensing, Recruitment and Retention. Along with internal stakeholders the session included four attorneys, two Judges, five community service providers or child welfare partners, one Juvenile Justice partner, one CASA representative, four Legislative aides, three foster parent advocate/Child Placing Agency representatives, one parent advocate, one law enforcement partner, two education advocates, one former foster youth and one representative from ACF.

Strategies to increase communication and collaboration towards a better child welfare system in Texas have been identified and initiated, as outlined in the following excerpt from the CPS Business Plan.

**Objective 2.3: Partner with Advocates and Communities to Help Achieve Positive Permanency for Children and Families**<sup>116</sup>

**Lead: CPS Permanency Division**

DFPS Resources: CPS Systems Improvement, CPS Foster and Adoption Development Division.

Stakeholder Resources: Advisory Council for Promoting the Adoption of Minority Children; Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families; Faith Communities; and Court Appointed Special Advocates; CPS Parent Collaboration Groups.

**Action Plan**

**By December 2016**, CPS will identify dedicated staff to support faith-based work in every region.

**In fiscal year 2016**, CPS will continue to expand Texas' faith-based initiative by supporting churches developing "orphan care" ministries for children and families served by CPS, increasing the capacity of communities to respond to the needs of children and families.

**In fiscal year 2016**, CPS will expand the number of counties with care portals, an online church engagement tool that provides a platform for CPS staff to request church support to meet needs of children and families.

**In fiscal year 2016**, DFPS will partner with Texas Court Appointed Special Advocates to develop a model for family finding and intensive trainings for both CPS employees and Court Appointed Special Advocates staff and volunteers.

**In fiscal year 2016**, CPS will continue to work with CASA to support frequent and consistent visitation between parents and children including training on practices for establishing visit expectations and providing feedback to parents.

**In fiscal year 2016**, CPS will continue to collaborate with the Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families to examine practices that can improve permanency outcomes. Past work has resulted in improvements to court reports, court practices, notice to families and stakeholders, improved visitation practices, and consistency across the state.

**In fiscal year 2016**, CPS will continue seek engagement of statewide and regional Parent Collaboration Groups on improvements to practice, policy and service provision.

Accomplishments during 2015 related to Agency Responsiveness to the Community include the following:

<sup>116</sup> Child Protective Services Business Plan Fiscal Year 2016

## **Transformation**

Transformation is a rigorous self-improvement process that Child Protective Services began in 2014 to transform itself into a better place to work and the most effective program possible. It's a bottom-up effort built on the knowledge and insights of front-line staff and led by both regional and state office staff. Transformation will improve child safety, build community collaboration, create a stable workforce, and build leadership.

In an effort to communicate transformation efforts to internal and external stakeholders, CPS completed the following activities:

- September 2014 - January 23, 2015 – Held 11 regional staff meetings and 13 stakeholder meetings and webinars.
- October 2014 - January 2015 – Released four CPS “Meeting in a Box” to implement change in the field through supervisor led communication and training.
- October 31, 2014 – Inventoried and prioritized form letters for revision.
- May 2015 – Revise priority form letters. The Parent Collaborative Group, a statewide group of parents who have successfully navigated the CPS system, will support the review.

Beginning in November 2014, monthly Transformation webinars have been held to educate stakeholders on the status of CPS Transformation progress and process changes. As of October 2015, 529 attendees have participated in the webinars. Upcoming and archived webinars can be found at this link:

[http://www.dfps.state.tx.us/Child\\_Protection/About\\_Child\\_Protective\\_Services/transformation/webinars.asp](http://www.dfps.state.tx.us/Child_Protection/About_Child_Protective_Services/transformation/webinars.asp)

The CPS Transformation Plan Progress Report can be found at the following link:

[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2015/2015-10-21\\_CPS\\_Transformation\\_Progress\\_Report\\_Sunset.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-10-21_CPS_Transformation_Progress_Report_Sunset.pdf)

## **Faith-Based Programs**

DFPS collaborates with faith-based organizations and community partners across the state to serve children and families involved with or at risk of involvement with the CPS system. In the Texas faith-based model, faith organizations conduct outreach to churches and faith leaders within their same faith community, while DFPS provides technical assistance. Local churches

receive data specific to the needs of children, youth, and families in their area that help determine the type of ministry they are called to develop from “prevention to permanency.” DFPS is chronicling the effort, which is receiving national attention for its success in galvanizing the resources of faith-based communities.

One opportunity for faith communities to support children and families is through a web-based engagement tool – Care Portal – that allows CPS staff to connect with the faith community. CPS staff use the portal to request church support for children and families’ needs. The portal launched on August 1, 2014, in Bell, Williamson and Travis Counties. It has since expanded to nine other counties in Regions 2, 4, 7, 9, 10 and 11.

The faith-based community’s response has been positive. In February 2015, CPS surveyed participating churches. Thirty-seven of 96 churches surveyed responded (39 percent). They indicated that overall collaborations with CPS were very positive. They stated they understand the mission and vision of CPS. They feel communication channels are reasonable. They are satisfied with the CPS staff they work with. Over half felt that CPS does not maximize the use of all the services their church provides, suggesting there is opportunity for expansion of this initiative.<sup>117</sup>

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<sup>117</sup> *Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014*

Section IV: Assessment of Systemic Factors

Initiative	Implementation	
	Status	Comments
<p>Increase the number of churches establishing ministries to serve children and families involved with the child welfare system. Recent faith-based expansion efforts include the following. CPS has identified staff in each region to support the growth in the number of faith-based organizations willing to partner with CPS.</p> <p>Continue the work of the Advisory Committee for the Promotion of Adoption of Minority Children (ACPAMC) to support faith-based work.</p>	<p><b>In Process</b></p>	<p>August 1, 2014 – Launched the Care Portal. To date, 276 faith-based organizations have signed on to participate in the portal.</p> <p>November 20, 2014 – ACPAMC approved proposal to expand its ability to collaborate with faith-based organizations and extend its work beyond adoption to all stages of service from prevention to permanency.</p> <p>December 31, 2014 – Completed a chronicle of the evolution of the Texas faith-based model and collaborative work underway between churches and the state child welfare system. The document will be published in October 2015 as a national resource.</p> <p>August 26, 2015 – Completed an evaluation of faith-based collaboration and portal in initial target sites.</p>

The Advisory Committee on Promoting Adoption of Minority Children was established legislatively in 1997 to advise Child Protective Services on policies and practices that affect services for children from prevention to permanency. Specifically, the Committee is charged with studying, developing and evaluating programs and projects that will promote the adoption of and provision of services to minority children through consulting with churches and other cultural and civic organizations. The Committee membership was legislatively required to consist of 12 members with at least 6 members being ordained members of the clergy.

In 2015, the Committee has taken an active role in partnering with CPS to be part of the solution for improvements in the system serving the children and families of Texas. The Committee believes the partnership of the faith community and state is imperative in bringing about the desired changes in services to children and families and that CPS cannot and should not be expected to do this important work in isolation from the faith based community. This Committee has worked with CPS to spread knowledge across Texas and to invite the faith community to join with the state in caring for the children and families of Texas.

During 2015, the Committee, in partnership with CPS and the local faith community, held four adoption forums. Adoption forums are the entry point of the Committee with local faith leaders to educate them on the needs of the children and families involved with CPS and to invite the faith leaders to implement an orphan ministry and be a support for children and families in their communities. This year, forums were held in College Station, two in Dallas, and Grand Prairie. More than 20 people attended each forum and included pastors, youth pastors, judges, CPS staff, foster and adoptive families, youth and leaders of the community. All sites expressed interest in working with CPS, and thus follow up meetings to equip the churches in an Orphan care ministry is in process.

Adoption forums from previous years continue to produce fruit. More than 300 faith organizations including two mosques have been inspired to participate in faith based collaboration with CPS, resulting, to date, in an increase in verified foster to adoptive homes. Many concrete items continue to be donated to ministries that have arisen as a result of the work of this Committee.

The Care Portal is an online faith community engagement tool that connects the State (CPS Workers) to the faith community. When a CPS worker identifies a need they go to the Care Portal online and submit a request for help. The faith community is informed of the need and given the opportunity to answer the call. In the past year 313 faith organizations throughout the state of Texas have enrolled in the Care Portal. Approximately one hundred requests have been met through the care portal over the past year. The Care Portal is active in the 7 regions and 18 counties as the result of this committee:

A Clergy Community Advisory Board has formed in San Antonio. The Board collaborates with the Texas Department of Family and Protective Services Region 8. The Board has no legislative, administrative or programmatic authority. This past year the local Board has expanded to include the following faith community and organizations in Bexar County, Texas:

- Joshua House of Worship
- True Believers Household of Faith
- Christian Family Church San Antonio
- No More Bondage Family Life Center
- New Direction Church

- Christ Coalition
- Solid Faith Church
- Guided Light Regional Transition Center
- Mayor Susan DeLeon-Balcones Heights, TX
- Honorable Judge Peter Sakai

Other efforts in which the Clergy Community Advisory Board and/or its members have sponsored include;

- Orphan Sunday
- Mosaic Ministry Foster Parents Education class

The work of this Committee was accepted for presentation at the National Child Welfare League of America conference this past spring. With the funding support of Casey Family Programs, two member of the committee were able to attend and showcase the success in Texas on this national stage. Additionally, members of the executive leadership of the Child Welfare League traveled to Texas to meet with select members of the committee and other faith leaders engaged in project to provide support to families and children.

A forum was held in November 2014 in El Paso, Texas. As a result of this forum the committee gained a new committee member, Pastor Eric Hallback with the Rock Faith Center. The Rock Faith Center has also started the "iCare ministry". Under the iCare ministry the following has happened:

- The Rock Faith Center has answered 47% of the care portal requests for the El Paso area.
- Ten families have begun the foster/adopt verification process.
- Hosted the Foster Parent Associations Christmas Party and provided over 1000 toys each year for our children.
- Hosted the World For Children Christmas Party, and provided an additional 1000 toys for that event as well.
- The Rock Faith Center hosted the Teen Conference June 2015

The Committee continues to be supportive of the following activities. Members have also, participated in and promoted various public forums and social media including:

- “Justice Sunday” in January.
- “Blue Sunday” and Child Abuse Awareness month in April.
- Foster Care Appreciation month in May.
- National Adoption Awareness month and “Orphan Sunday” in November.
- Heart Galleries at churches and in the Adoption Forums.

The partnership between the faith community and state has continued to flourish in Texas and beyond, thanks, in a large part, to the work of the Committee and its partnership with CPS. This partnership continues to require much time and effort on the part of the Committee members, the faith communities, and CPS staff both at state office and locally. The work continues to include all areas of CPS from safely preventing children from entering foster care to assisting in permanency for children and supported transitioning for youth gaining out of care. The efforts continue to support biological families, kinship families, and foster/adoptive families.

In all of its work, the Committee will partner with CPS, both at the state and local level. In this partnership, it is anticipated that the following will occur in 2016:

The Committee will continue hosting Forums around the state to engage pastors in local communities and educate them regarding the needs in their community. The Committee, through partnership with "The Keep" (an Orphan Care Ministry of the North Texas District of the Assemblies of God Church), will provide services to local churches and faith communities to engage, equip and empower them to care for orphans and spread orphan ministries to other churches.

- With the continued assistance of the Global Orphan Project, "The Keep" will provide support for the Care Portal.
- The Committee will provide technical assistance to communities seeking to form community based community action groups that will replicate the model and work of the Committee at the local level.
- The Committee members will serve as consultants in assisting local communities in addressing the disproportional representation of minorities in child welfare and the implementation of any services from prevention to permanency that churches are called to offer.
- If requested, Committee members will present to legislators, judges, church leaders, community leaders and CPS staff to present the model of church-state partnership to benefit



the children and families in Texas.

- As invited, Committee members will travel to other parts of Texas to present on the state-church partnership and spread orphan care ministries.

### **Juvenile Justice**

Texas Juvenile justice liaisons have quarterly calls to discuss issues with representatives from the Texas Juvenile Justice Department. DFPS also serves on the Texas Juvenile Justice Department Advisory Committee that meets 3-4 times a year.

Regarding youth in DFPS conservatorship, on average at any given time there are:

- 35 to 40 who have been adjudicated and placed in a Texas Juvenile Justice Department secure facility or who are now placed back with DFPS on Texas Juvenile Justice Department parole; and
- 95 to 100 who have been adjudicated and placed in a local/county secure facility or who are placed back with DFPS on probation.

The Texas Juvenile Justice Department data has been confirmed by the once a month batch data exchange between the agencies. There is no similar data exchange regarding the local/county probation data, as the 168 local/county probation departments have different automation systems. Texas Juvenile Justice Department has been encouraging them to use one system, but a number of them prefer to use their own.

### **Parent Collaboration**

Ten regions have at least one Parent Collaboration Group and monthly parent support groups are held for parents involved in open CPS foster care and in-home cases. The main objective is to clarify, engage, empower, support, and help parents with teaming, planning and assessing the CPS process and assist them in understanding the system. In addition, CPS will have a better understanding from the parents' perspective of how to improve services for children and families.

In FY 2015 CPS representatives and/or parent liaisons participated in the following:

- Gave input to CPS Safety Plans; Visitation and Policy
- Presented at the 11<sup>th</sup> Annual Strengthening Youth & Families Conference

- 3 parent liaisons were trained in the CPS Practice Model and Signs of Safety
- Attended and presented at the CPS Leadership Meeting
- Gave input and presented on Best Practices
- One parent liaison participates on the Single Service Plan Workgroup for Minimum Standards/Legal Subcommittee
- One parent liaison is hired as a Parent Partner with the University of Texas at El Paso
- One parent liaison participates on the Trauma Informed Care Advisory Committee
- Parent liaison will be participating on Negotiated Rulemaking

The goal of the Texas Fatherhood Initiative is to build greater capacity within CPS to serve fathers by shedding light on effective models of service that engage fathers - even if those fathers do not currently live in the homes of their children, or are not actively involved in their children's lives. In FY 2015 the Texas Fatherhood Initiative completed the following:

#### **FY2015**

#### **1. Community Fatherhood Engagement (Roundtable)**

- Gardner-Betts Juvenile Detention Facility
  - Teen Fathers
- Texas State Teen Conference
  - All Male workshop

#### **2. Father's Making contact**

- 21 year-to-date

#### **3. Fatherhood Groups**

- Fatherhood Knowledge & Expertise
- Fathers & Families Coalition
- Austin/Travis County Re-entry Committee
  - Nominations- Chair
- Texas State Fatherhood Coalition

#### **4. Community Engagement**

- Travis County Court Appointed Special Advocates Engaging Fathers blog-featuring Kenneth Thompson
- Facilitated Town Hall Meeting
  - Judge Darlene Byrne (Disproportionality court)

**5. Fatherhood Training**

- Developed award winner -Engaging Father's video
- Silver Medal Winner (World Fest - Social/economic issues)
- Basic Skills Development (new-supervisors)
- Monthly Presentation

**6. Fatherhood Unit Created**

- Region II (Unit 94)

**7. Webinar – Office of Minority Health**

- A Father's Value

**8. Texas Children's Commission's**

- Parent Resource Guide workgroup
- Legal representation workgroup

**9. Parent Collaboration Group - Chair**

- Father Elected Chair

**10. Unit meetings attended = 4 year-to-date**

**Resource Fairs**

In August 2014, a Transformation Workgroup, Family Based Safety Services and Foster Care Purchased Client Services, reviewed purchased client services data associated with recidivism which prompted focus groups to be held in Dallas, Abilene and El Paso in November and December 2014. There were approximately 10 providers at each of the focus groups that included family based safety services, conservatorship and contracts staff. The shared message from the focus groups was the need for better communication and collaboration between providers and frontline staff.

The objectives of the Resource Fairs are to:

- Strengthen our CPS community through collaborative relationships
- Increase CPS staff knowledge of available contracted and community resources
- Meet the needs of children and families served by CPS through better targeted service referrals
- Work as a team to facilitate change with families to achieve child safety, permanence and well-being

Regional Community Initiative Specialists are designated to lead this effort, while working closely with program and contracts staff. The first regional Resource Fairs will occur in the spring of 2016 with the expectation of holding two fairs per region, per year moving forward.

### **Efforts to Address Disproportionality**

In addition to its internal work on disproportionality and work to increase relative placements, CPS partners with other organizations to address disproportionality more globally. CPS collaborates with the Health and Human Services Commission Center for Elimination of Disproportionality and Disparities to ensure coordination across the Health and Human Services Commission enterprise. To help increase adoptions for children of color who cannot safely return home or exit to a relative, CPS works with the legislatively established Advisory Committee on Promoting Adoption of Minority Children. The committee also partners with the Health and Human Services Commission, faith-based communities and Casey Family Programs and recently has hosted disproportionality focused community adoption forums in Houston, Abilene, San Antonio, Austin, and Dallas.

CPS Leadership and feedback from external stakeholders within the communities have determined the best way to monitor efforts and keep the work as a priority would be to monitor major decision points within the Texas CPS system by race/ethnicity. As a result, these decision points are monitored quarterly through the CPS Placemat.

The data placemats below provide a snapshot at different decision points within CPS and confirm that the race and ethnicity of children in care are equal however; the placemats do not show the disproportionality and disparities as compared to the child population. The bar charts created by the Center for Elimination of Disproportionality and Disparities show FY12 - FY14 trends.

In FY12 - FY14 for African American children, percentage-wise, there has been a reduction in, children being removed as well as children awaiting adoption over the last 3 years. With that said, there has been an increase in their percentages of alleged and confirmed victims, and they are still over-represented compared to their child population in the state. In each year, however, their percentage of confirmed victims is lower than that of alleged victims. As for Anglo children, there has been an increase in their percentages with regards to confirmed victims and children being removed, however they are not disproportionate to their child population in the state. The

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numbers for Hispanic children have essentially stayed the same and they are under-represented compared to their state child population on all measures. Statistics regarding Native American children has seen no change.

Disproportionality: Major decision points in CPS system								
Measure Description	Current Month	Qtr 2 2015	Qtr 3 2015	Qtr 4 2015	Qtr 1 2016	FY 2014	FY 2015	FY 2016
Completed investigations that are confirmed (%)	24%	23%	21%	22%	24%	28%	27%	24%
African American	23%	22%	21%	21%	23%	27%	25%	23%
Anglo	26%	25%	23%	24%	26%	27%	29%	26%
Hispanic	24%	23%	20%	21%	24%	29%	26%	24%
Native American	17%	14%	31%	28%	17%	32%	53%	17%
Other	20%	19%	17%	17%	20%	21%	22%	20%
Confirmed investigations with at least one removal (%)	19%	16%	18%	20%	19%	18%	19%	19%
African American	23%	17%	19%	22%	23%	22%	21%	23%
Anglo	24%	18%	21%	23%	24%	20%	20%	24%
Hispanic	13%	13%	14%	15%	13%	16%	16%	13%
Native American	50%	0%	32%	40%	50%	17%	30%	50%
Other	17%	14%	17%	19%	17%	12%	11%	17%

Disproportionality: Major decision points in CPS system								
Measure Description	Current Month	Qtr 2 2015	Qtr 3 2015	Qtr 4 2015	Qtr 1 2016	FY 2014	FY 2015	FY 2016
Completed investigations transferred to FPR (%)	11%	11%	11%	10%	11%	13%	12%	11%
African American	10%	10%	9%	9%	10%	10%	9%	10%
Anglo	11%	11%	10%	10%	11%	11%	11%	11%
Hispanic	13%	13%	12%	12%	13%	16%	14%	13%
Native American	17%	12%	11%	8%	17%	16%	32%	17%
Other	8%	8%	8%	8%	8%	12%	8%	8%
FPR stages with at least one removal (%)	7%	6%	7%	7%	7%	7%	7%	7%
African American	7%	6%	6%	7%	7%	8%	6%	7%
Anglo	7%	7%	7%	7%	7%	8%	7%	7%
Hispanic	6%	6%	6%	6%	6%	7%	6%	6%
Native American	11%	6%	4%	9%	11%	11%	2%	11%
Other	5%	5%	5%	5%	5%	6%	6%	5%

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Disproportionality: Major decision points in CPS system								
Measure Description	Current Month	Qtr 2 2015	Qtr 3 2015	Qtr 4 2015	Qtr 1 2016	FY 2014	FY 2015	FY 2016
Exits to reunification (%)	29%	31%	31%	32%	29%	31%	31%	29%
African American	27%	27%	27%	30%	27%	28%	20%	27%
Anglo	30%	32%	33%	28%	30%	33%	34%	30%
Hispanic	29%	31%	30%	35%	29%	31%	32%	29%
Native American	0%	25%	0%	33%	0%	0%	0%	0%
Other	34%	38%	33%	33%	34%	27%	43%	34%
Of exits that are not reunification, exit to relatives (%)	70%	68%	68%	64%	70%	68%	65%	70%
African American	70%	65%	67%	59%	70%	67%	64%	70%
Anglo	65%	70%	66%	66%	65%	63%	60%	65%
Hispanic	73%	69%	68%	66%	73%	70%	68%	73%
Native American	0%	100%	50%	50%	0%	0%	0%	0%
Other	76%	65%	74%	60%	76%	77%	71%	76%

Disproportionality: Major decision points in CPS system								
Measure Description	Current Month	Qtr 2 2015	Qtr 3 2015	Qtr 4 2015	Qtr 1 2016	FY 2014	FY 2015	FY 2016
Children with TPR that are adopted within 12 months of termination (%)	52%	50%	67%	52%	52%	51%	51%	52%
African American	44%	42%	56%	44%	44%	41%	40%	44%
Anglo	55%	53%	71%	55%	55%	57%	55%	55%
Hispanic	53%	52%	70%	53%	53%	51%	53%	53%
Native American	33%	20%	0%	33%	33%	25%	50%	33%
Other	52%	48%	68%	52%	52%	54%	52%	52%

(Data Source: Data Warehouse Report cps\_pmat\_01s)

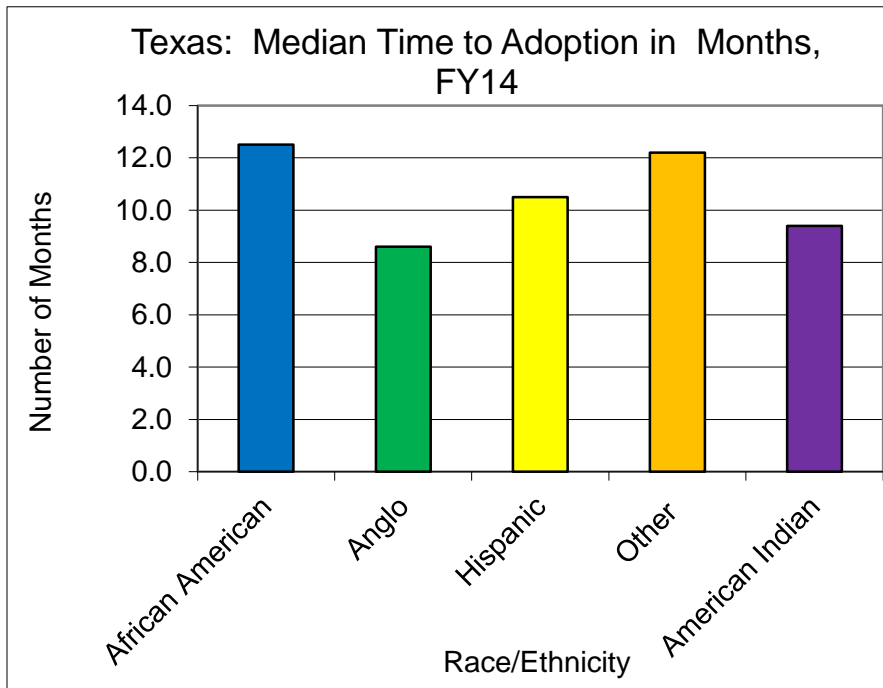
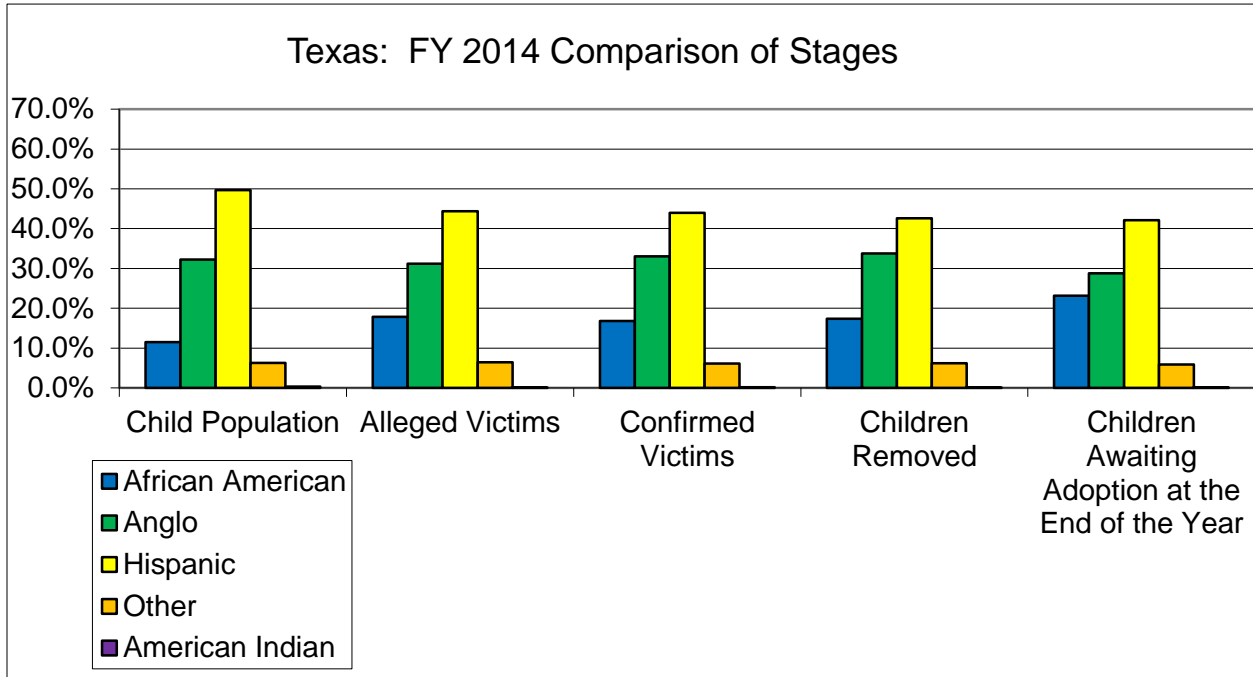
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	Total	African American	Anglo	Hispanic	Other**	American Indian
<b>***Child Population</b>	7,266,760	835,497	2,343,432	3,610,544	456,787	20,500
<b>Alleged Victims</b>	273,091	48,792	85,222	121,269	17,491	317
<b>Confirmed Victims</b>	66,572	11,180	21,978	29,266	4,061	87
<b>Children Removed</b>	17,378	3,021	5,864	7,403	1,071	19
<b>Children Awaiting Adoption at the End of the Year</b>	6,595	1,527	1,899	2,779	385	5
<b>Median Time to Adoption in Months</b>	10.5	12.5	8.6	10.5	12.2	9.4

(Data Source: 2014 Data Book)

	African American	Anglo	Hispanic	Other	American Indian
<b>Child Population</b>	11.5%	32.2%	49.7%	6.3%	0.3%
<b>Alleged Victims</b>	17.9%	31.2%	44.4%	6.4%	0.1%
<b>Confirmed Victims</b>	16.8%	33.0%	44.0%	6.1%	0.1%
<b>Children Removed</b>	17.4%	33.7%	42.6%	6.2%	0.1%
<b>Children Awaiting Adoption at the End of the Year</b>	23.2%	28.8%	42.1%	5.8%	0.1%
	African American	Anglo	Hispanic	Other	American Indian
<b>Median Time to Adoption in Months</b>	12.5	8.6	10.5	12.2	9.4

(Data Sources: 2014 Data Book)



(Data Source: 2014 Data Book)



### **Texas Department of Family and Protective Services Council**

The DFPS Council was created in 2004 as part of the Health and Human Services Transformation and meets quarterly. DFPS and the Council place a high value on public input and participation. The public testimony portion of a meeting provides a regular and reliable opportunity for citizens to address the Council. Council members provide updates on the work they have done in their own communities in the interim. For instance, they may have attended a DFPS meeting, toured a residential treatment center or attended a board meeting. Meeting agendas and minutes can be found at the following link:

[https://www.dfps.state.tx.us/About\\_DFPS/council/](https://www.dfps.state.tx.us/About_DFPS/council/)

### **CPS Communications Channel**

DFPS has identified a number of communication channels to strengthen dialogue to and from external stakeholders in a manner that strengthens and informs participants in the child welfare system, and allows opportunities for feedback and input. Examples from FY 2015 include the following.

- DFPS Public Website - provides a broad range of information and services and received 2,868,356 hits in 2015
- Gov Delivery - a subscription email service that provides agency related information on a target bases with 38,389 subscribers
- Social Media that includes six Facebook pages, Twitter, You Tube and Story Press that educates, engages and promotes the agency mission and initiatives and received 15,000 - 20,000 hits on the social media venues
- The Public Private Partnership holds public meetings with stakeholders to identify systemic barriers and provides recommendations to DFPS on improving Foster Care system in Texas averaging 50 participants per quarterly meeting
- Committee for Advancing Residential Practices includes residential child care contractors and DFPS representatives who meet to strengthen our partnership and improve communication focusing on enhanced safety, permanency and well-being for children and averages 20-40 contractors per quarterly meeting
- Youth Leadership Council consists of two current or former foster care youth from each region who give input and a youth perspective for developing policy and programs. Regional and State quarterly meetings are held with 25-100 attendees between those meetings.

- Preparation for Adult Living Conferences and Youth Seminars are State and Regional conferences available to all youth in care ages 14-23 that provide a systemic integrated approach in transition planning and the provision of transitional services to benefit older youth. Each region holds two or more teen conferences and over the year, several hundred youth attend these conferences.
- Child Care Licensing Minimum Standards stakeholder meetings are held every six years to provide stakeholders the opportunity to provide input regarding minimum standards with 2-75 stakeholders attending each meeting. DFPS incorporates the public review in standards' updates
- DFPS shares a quarterly newsletter with 150-200 Legislators and legislative staff to inform partners of agency news and events
- Prevention and Early Intervention held eleven community meetings across the state in June 2015 to discuss a potential expansion of the Healthy Outcomes through Prevention and Early Support Program as well as a new Military Families Initiative.
- Prevention and Early Intervention Partners in Prevention Conference is held annually to bring Prevention and Early Intervention contractors, Health and Human Services Commission Home Visiting Contracts, state agency partners and community organizations to collaborate and learn best practices and hosts approximately 550 attendees
- Prevention and Early Intervention Provider Meetings are held annually with 100+ attendees to bring together Prevention and Early Intervention contractors to give program specific training and policy clarifications
- Texas Family Violence Interagency Council meets monthly for interagency coordination and collaboration on family violence issues and services
- The Community Resource Collaboration Group is a statewide group that meets monthly for the coordination of county based Community Resource Collaboration meetings. Community Resource Collaboration Groups include members from DFPS, the Department of State Health Services, Health and Human Services Commission, the Texas Juvenile Justice Department and the Texas Workforce Commission
- The Texas Council of Child Welfare Boards meets three times a year hosting 20 participants to further communication between the statewide organization and local child welfare boards
- The Project Safe panel meets 3-4 times a year to coordinate training and planning on family violence issues and hosts 30 participants

**DFPS Public Website Data Overview**

The DFPS website performs well as a communications tool for the public. It is used by millions of people, half of them return for more information, and they spend a long time on the website. Anything over a minute is considered good because bounces drive down this average. When 38 percent of sessions do not stay on the site, the other 62 percent are staying a lot longer than 5 minutes on average. Those who stay are consuming a fair amount of information and are visiting an average of three additional pages after the one they started on.

The FY15 data indicates that 2,868,356 people visited the website 5,407,713 times and viewed 27,225,299 individual pages. The average time of each session (or visit) was 5 minutes and 4 seconds. The DFPS bounce rate of 39 percent is very low and is the best of any of the HHS agency websites.

- A session is a unique visit from a specific person.
- A user is an individual who visited the website.
- A page view is a visit to an individual page.

	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
<b>Sessions</b>	4,118,825	5,031,900	5,407,713
<b>Users</b>	2,070,774	2,604,390	2,868,356
<b>Page Views</b>	20,671,617	23,713,626	27,225,299
<b>Pages/Session</b>	5.02	4.71	5.03
<b>Average Session Duration</b>	0:05:35	0:05:19	0:05:04
<b>Bounce Rate</b>	34.60%	37.88%	39.27%
<b>% New Sessions</b>	47.89%	49.42%	50.88%

(Source: DFPS IT Data)

The DFPS subscription email service is connected to the public website. In FY 2015, DFPS sent 1,369 messages to 140,816 people. Not every message was sent to every subscriber, since the subscriber determines which of the 26 topics they are interested in. Some of these messages are self-contained but most direct the user to more information on the website. This data shows how many people were signed up for each topic and how many messages were sent to each group.

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Topic Name	Visibility	Total Subscriptions To Date	New Subscriptions To Date	New Subscriptions This Period	Deleted Subscriptions To Date	Deleted Subscriptions This Period	Bulletins Sent This Period	Total Bulletins Sent To Date
DFPS Volunteer Activities and Opportunities	Listed	8,250	14,352	2,112	6,026	1,292	3	21
Prevention and Early Intervention Strategic Planning	Listed	372	783	422	177	50	4	4
Child Abuse and Neglect Prevention	Listed	346	773	392	166	46	6	6
CPS Transformation	Listed	1,522	2,250	1,593	555	378	21	22
DFPS Case Connection	Listed	8,077	9,889	1,369	1,785	1,399	3	3
DFPS Child Care Licensing 24-Hour Residential Care	Unlisted	596	17,919	6,184	17,329	6,171	15	61
DFPS Child Care Licensing Day Care	Unlisted	15,036	213,173	33,329	198,232	31,861	19	60
DFPS YouTube	Listed	4,219	7,587	1,659	3,267	847	8	30
DFPS Regional Stakeholder Meetings	Listed	4,019	7,747	1,252	3,636	745	3	38
DFPS Texas Youth Connection	Listed	6,092	11,251	1,434	5,064	997	3	37
DFPS Latest Child Care Regulations	Listed	7,898	13,815	1,657	5,827	1,134	7	62
DFPS Prevention and Early Intervention Providers	Listed	4,371	8,596	1,165	4,143	778	12	67
DFPS Latest Forms for Child Care Providers	Listed	6,997	12,405	1,522	5,328	1,024	3	28
DFPS News Features	Listed	5,736	10,761	1,358	4,929	933	5	65

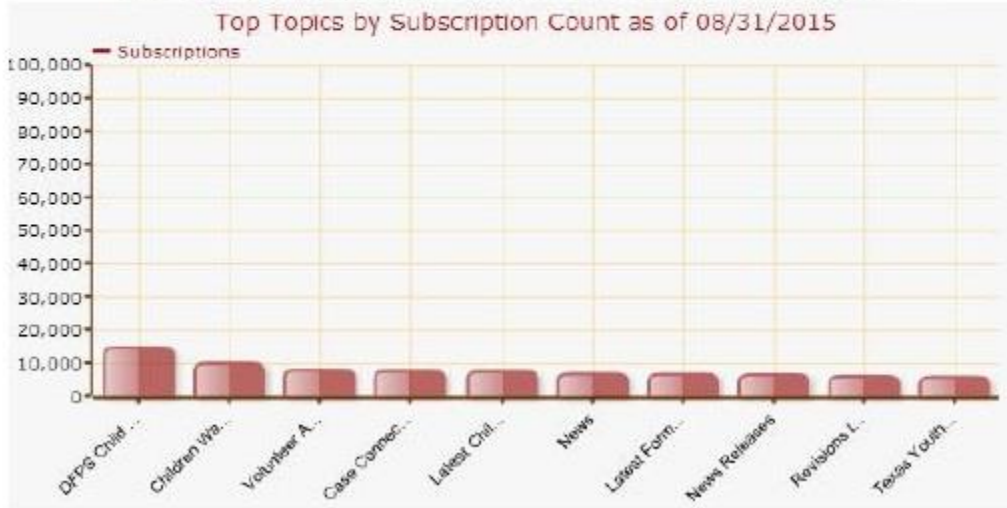
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Topic Name	Visibility	Total Subscriptions To Date	New Subscriptions To Date	New Subscriptions This Period	Deleted Subscriptions To Date	Deleted Subscriptions This Period	Bulletins Sent This Period	Total Bulletins Sent To Date
DFPS News	Listed	7,219	13,057	1,617	5,737	1,129	30	123
DFPS Council	Listed	5,031	9,640	1,260	4,535	857	5	58
DFPS Children Waiting for Adoption	Listed	10,344	17,630	2,237	7,197	1,499	32	133
DFPS Stakeholder Forum	Listed	4,500	8,734	1,218	4,150	796	6	44
DFPS Procurements for Client Services	Listed	4,911	9,352	1,296	4,349	831	3	67
DFPS News for Foster Care and Residential Care Providers	Listed	639	14,466	2,722	13,659	3,063	8	77
DFPS Revisions to CPS Handbook	Listed	6,061	11,232	1,446	5,073	988	11	82
DFPS Revisions to APS In-Home Handbook	Listed	4,777	9,289	1,227	4,418	837	5	47
DFPS Revisions to APS Facility Handbook	Listed	4,676	9,133	1,206	4,369	835	5	46
DFPS Revisions to Licensing Handbook	Listed	6,339	11,523	1,433	5,100	991	7	62
DFPS News Releases	Listed	6,913	12,670	1,603	5,671	1,115	11	76
DFPS Foster Care Redesign	Listed	5,875	10,847	1,379	4,891	941	9	50

(Source: DFPS IT Data)

## Texas Health and Human Services Commission - Topic/Category Summary Report

For the period 09/01/2014 through 08/31/2015



(Source: Health and Human Services Commission)

### Volunteers

Volunteers play an important role in helping DFPS accomplish its mission to protect the unprotected. The Office of Volunteer and Community Engagement facilitates public and private relationships with DFPS. The Office of Volunteer and Community Engagement team is available to assist any division in the agency with activities involving community support or resource development. Community Engagement at DFPS is organized around building and strengthening connections with two basic communities:

- Service and Professional Community (service providers, law enforcement, judicial/courts, schools, etc.); and
- Civic and Volunteer Community (community boards, volunteers, civic groups, churches, businesses, elected officials).

In CPS, Community Initiatives Specialists are responsible for both civic and professional collaborations and interactions within each region. Opportunities involving direct access to clients or confidential information require a thorough background check. Volunteers are asked to provide information and authorization in order to complete the background check. Between September 2014 and August 2015 there were 2,230 background checks completed for DFPS volunteers.

### **CPS Policy Handbook**

CPS wants to ensure that the general public understands what critical actions caseworkers are required to perform and why. To further this understanding, CPS has set up a policy e-mail box for the general public: [CPSPolicyQuestions@dfps.state.tx.us](mailto:CPSPolicyQuestions@dfps.state.tx.us).

### **Texas Court Appointed Special Advocate (CASA)**

Texas CASA, Inc., advocates for abused and neglected children in the court system through the development, growth and support of local CASA programs in Texas. Texas CASA also advocates in the Texas and U.S. Capitols for foster children and improvements to the child protection system. In Texas, there are 72 local CASA programs with nearly 8,500 volunteers serving nearly 26,000 foster children in 211 counties. Texas CASA reports a growth of 5 - 6% for children served each year. In FY 2014 CASA programs statewide had 8,066 volunteers who advocated on behalf of 24,746 children and youth in state care. In FY 2015, 8,476 volunteers worked with 25,947 children in state custody.

### **Item 32: Coordination of CFSP Services With Other Federal Programs**

How well is the agency responsiveness to the community system functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

Please provide relevant quantitative/qualitative data or information that show the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population.

#### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 65 - 84 of the 2015 - 2019 Child and Family Services Plan.<sup>118</sup>

DFPS is one of the five agencies under the Texas Health and Human Services Commission. The Health and Human Services Commission is the state's Medicaid agency and runs the state's Medicaid system called Texas Integrated Eligibility Redesign System. DFPS staff certify children placed into foster care for foster care assistance benefits which include Medicaid. The DFPS system, IMPACT, sends the Texas Integrated Eligibility Redesign System automated referrals to open foster care Medicaid cases for these children. Through the duration of the child's foster care case, IMPACT continues to send automated information to update the child's Medicaid case in Texas Integrated Eligibility Redesign System. When the child leaves foster care IMPACT sends an automated update to close out the child's foster care Medicaid case. When a young adult ages out of foster care the automated update provides information for the Health and Human Services Commission to open a former foster care type of Medicaid in the Texas Integrated Eligibility Redesign System to allow continued Medicaid coverage for these young adults.

DFPS further coordinates with services or benefits of other federal or federally assisted programs serving the same populations through the following activities:

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<sup>118</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019



- The Children's Commission works to include tribal judges and attorneys in all relevant legal trainings. Six tribal judges attended the 2015 Annual Child Welfare Judges Conference for the first time on August 17, 2015.
- The Commission hosts tribal/state meetings with DFPS and the social services representatives from each of the three federally-recognized tribes three times a year.
- The Children's Commission hosts monthly Tribal/State Connection calls with key stakeholders
- The Children's Commission hosts bi-weekly Court Improvement Program and Office of Court Administration calls where the Commission and DFPS provide updates on current issues
- DFPS and the Department of State Health Services holds a standing quarterly interagency meeting whose purpose is to share information on Texas Health Steps program activity updates, policy changes or updates, and ensure that any written materials in DFPS agency handbooks that contain information about Texas Health Steps and used by DFPS staff to provide information to clients about Texas Health Steps are accurate and up-to-date.

## **G. Foster and Adoptive Parent Licensing, Recruitment, and Retention**

### **Item 33: Standards Applied Equally**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Please provide relevant quantitative/qualitative data or information that show the state's standards are applied equally to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds.

### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on pages 84 - 98 of the State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015 - 2019.<sup>119</sup>

### **Minimum Standards**

Chapter 42 of the Texas Human Resources Code requires the Texas Department of Family & Protective Services to regulate child care and child-placing activities in Texas, to investigate alleged abuse/neglect in child-care facilities, and to create and enforce minimum standards.

Charged with this task, the Child Care Licensing division of DFPS develops rules for child-care in Texas. Once proposed, reviewed, and adopted, these rules become part of the Texas Administrative Code (Child Care Licensing Rules). Each set of Minimum Standards is based on a particular chapter of the Texas Administrative Code and the corresponding child-care operation permit type(s). The Minimum Standards are designed to mitigate risk for children in out-of-home care settings by outlining basic requirements to protect the health, safety, and well-being of children in care.

Each of the Child Care Licensing Minimum Standards in Texas has been assigned a weight (High, Medium High, Medium, Medium Low, or Low) based on the risk that a violation of that standard presents to children. Assigning weights to the Minimum Standards takes into account the relative importance of standard violations and helps facilitate a clear and common

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<sup>119</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

understanding of risk among providers, consumers, and Licensing staff. When child-care providers and Licensing staff have the same understanding regarding the risk associated with each standard deficiency, they can use this information as a guide in correcting deficiencies and setting priorities when making corrections.

Child Care Licensing conducts reviews of all the rules and minimum standards every six years and as a part of this review holds public meetings throughout the state and gather input through stakeholder meetings. The following meetings are scheduled for 2015.

**Child Care Licensing 2015 Residential Child Care Licensing Stakeholder Meeting Schedule**

<b>Residential Child Care Licensing Stakeholder Meeting Schedule Date</b>	<b>City</b>	<b>Operation Type</b>	<b>Time</b>	<b>Language</b>	<b>Location</b>
9/14/15	El Paso	CPA	9-12pm	English	HHSC 2300 E. Yandell El Paso, TX 79903
9/14/15	El Paso	GRO	2-5pm	English	HHSC 2300 E. Yandell El Paso, TX 79903
9/22/15	Austin	GRO	9-12pm	English	Center for Child Protection, 8509 FM 969 Austin
9/22/15	Austin	CPA	2-5pm	English	Center for Child Protection, 8509 FM 969 Austin
9/23/15	Dallas	GRO	9-12pm	English	Center for Community Cooperation, 2900 Live Oak Dallas
9/23/15	Dallas	CPA	2-5pm	English	Center for Community Cooperation, 2900 Live Oak Dallas
9/30/15	Houston	GRO	9-12pm	English	DFPS Office, 2525 Murworth Houston 77054
9/30/15	Houston	CPA	2-5pm	English	DFPS Office, 2525 Murworth Houston 77054
10/1/15	Houston	GRO	9-12pm	English	DFPS Office, 2525 Murworth Houston 77054

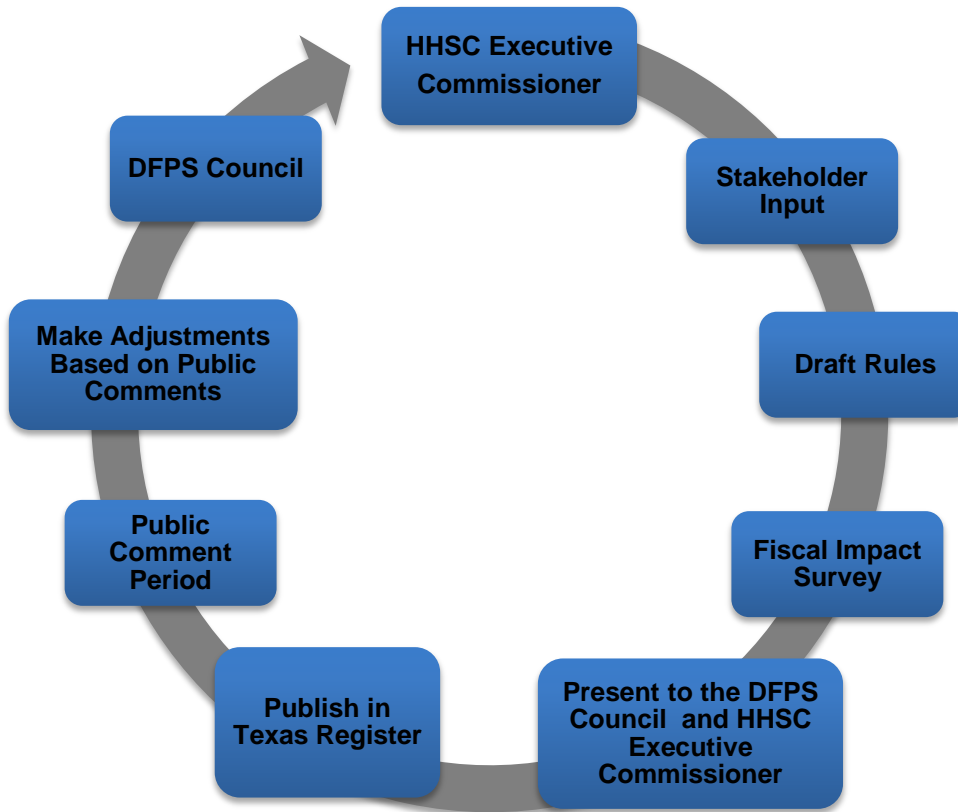
Section IV: Assessment of Systemic Factors

10/1/15	Houston	CPA	2-5pm	English	DFPS Office, 2525 Murworth Houston 77054
10/1/15	Dallas/Ft. Worth	CPA	9-12pm	English	TXDOT Training CTR, 5501 McCart Ave, FT Worth,
10/1/15	Dallas/Ft. Worth	GRO	2-5pm	English	TXDOT Training CTR, 5501 McCart Ave, FT Worth,
10/7/15	San Antonio	CPA	9-12pm	English	DFPS Office, 3635 SE Military Dr, San Antonio
10/7/15	San Antonio	GRO	2-5pm	English	DFPS Office, 3635 SE Military Dr, San Antonio
10/13/15	Lubbock	CPA	9-12pm	English	Lubbock Baptist Temple Church, 6011 Hawtford Ave, Lubbock
10/13/15	Lubbock	GRO	2-5pm	English	Lubbock Baptist Temple Church, 6011 Hawtford Ave, Lubbock
10/13/15	Tyler	CPA	9-12pm	English	DFPS Office, 302 E Rieck Rd Tyler, 75703
10/13/15	Tyler	GRO	2-5pm	English	DFPS Office, 302 E Rieck Rd Tyler, 75703
10/14/15	Corpus Christi	CPA	9-12pm	English	DFPS Office, 4201 Greenwood Dr, Conf Rm B1/B2
10/14/15	Corpus Christi	GRO	2-5pm	English	DFPS Office, 4201 Greenwood Dr, Conf Rm B1/B2
10/22/15	Houston-Administrator Conference	CPA/GRO	TBA	English	Westin Galleria, 5060 West Alabama, Houston
11/5/15	Edinburg	CPA	9-12pm	English	DFPS Office, 2520 N Closner Blvd, Conf Rm1B,
11/5/15	Edinburg	GRO	2-5pm	English	DFPS Office, 2520 N Closner Blvd, Conf Rm1B,

### **Rule Making Process**

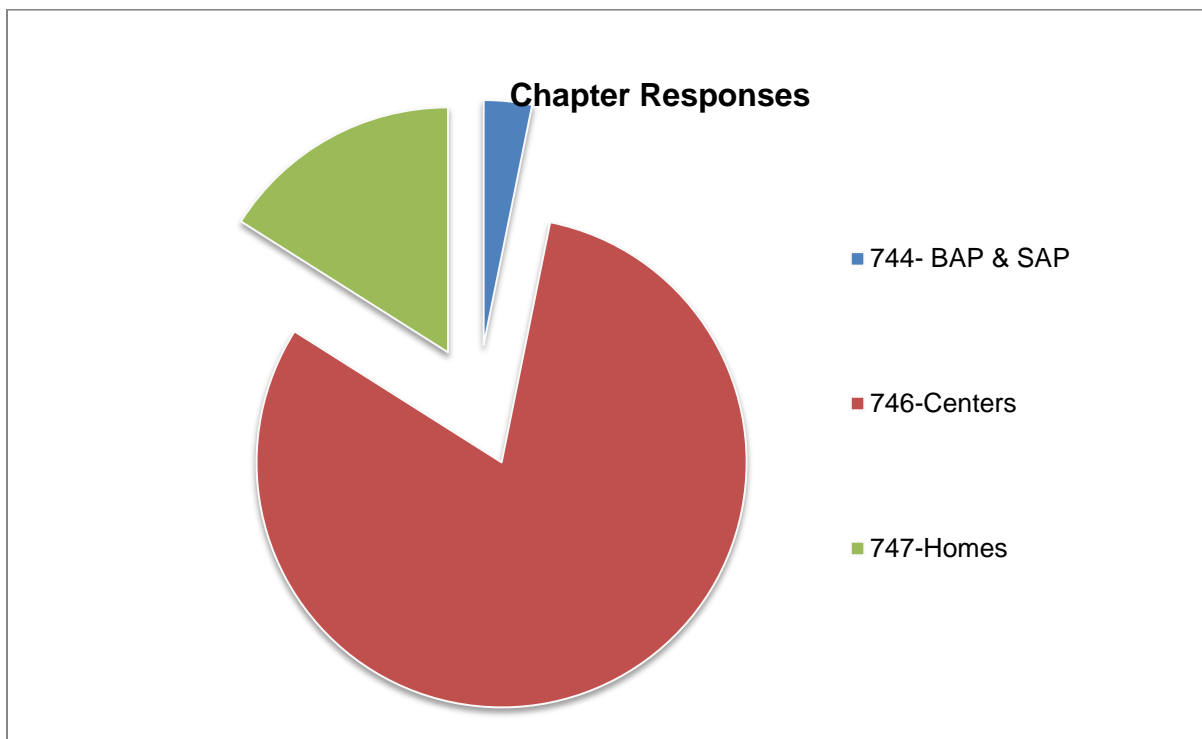
The Licensing law, Chapter 42 requires Texas to make rules to carry out regulatory responsibilities. The process for developing rules is outlined in the Texas government code and all state agencies must use this rule making process.

- In developing minimum standard rules, the agency utilizes various methods to gather stakeholder input (surveys, stakeholder meetings, email box, letters, phone calls) on an ongoing basis
- Residential Child Care Licensing uses stakeholder input and current research to draft proposed changes to the minimum standard rules
- Once there is a draft of proposed rule changes, the agency conducts a fiscal impact survey of providers to help understand the impact the proposed rule changes could have on the availability and affordability of care.
- Proposed rules are adjusted based on the fiscal impact survey and then presented to the DFPS Council and onto the Executive Commissioner for approval to publish in the Texas Register
- When proposed rules to the standards are published in the Texas Register, child care providers are notified via email, and the link will be posted on the DFPS website
- The public comment period is 30 days and provides another opportunity for stakeholders to make comments
- Licensing reviews all comments received and makes adjustments as needed to proposed rules
- Licensing takes proposed rules (with the addition of any changes) back to the DFPS Council and recommends the adoption of the proposed rules
- Once the council has approved the rules for adoption, they are routed to the HHSC Executive Commissioner for final approval



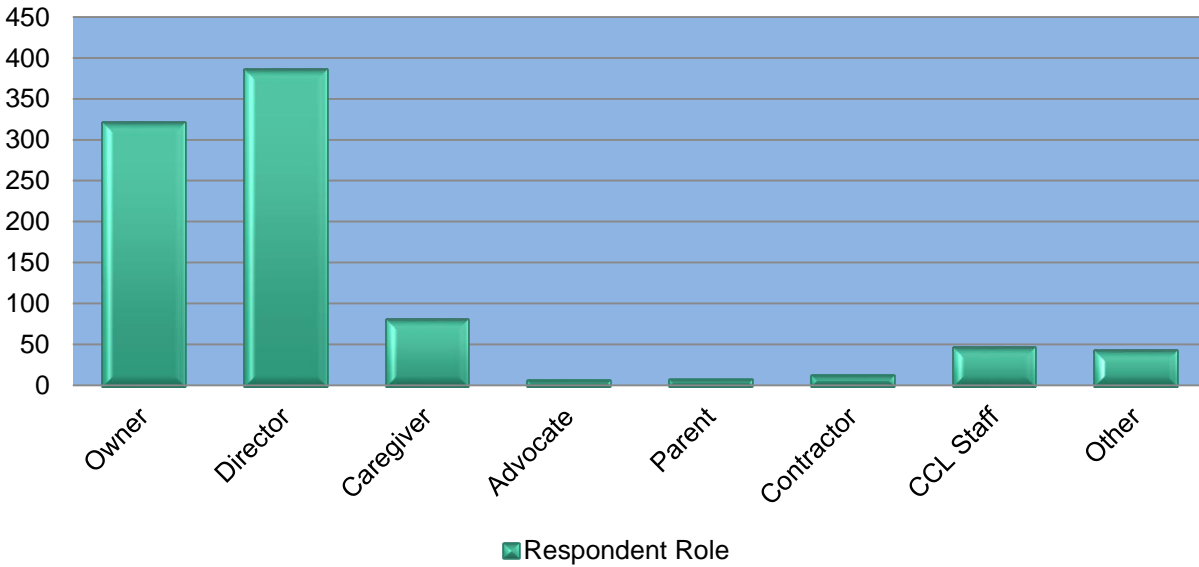
The first step in the review process was to conduct a provider online survey open to permit holders, caregivers, advocates, and others interested in commenting on the standards. Respondents could choose to comment on any of the subchapters.

- Over 3597 survey responses were received
- Of those, 755 provided feedback regarding a specific minimum standard; the largest number (610) commenting on Chapter 746, Centers
- There were 121 comments received for Chapter 747, Licensed and Registered Homes and;
- 24 comments for Chapter 744, Before and After School Programs/School Age Programs.
- Directors and owners had the highest response rate.



(Data Source: DFPS Public Website/Child Care Standards and Regulations)

## Respondent Role



(Data Source: DFPS Public Website/Child Care Standards and Regulations)

Next Steps:

- Local stakeholder meetings were conducted throughout the state in September and November 2015
- Temporary workgroup representing diverse geographic regions of the state are conducted to provide feedback on the proposed standards, as required by statute, in January and February 2016
- Followed by a fiscal impact survey which will help measure the impact proposed changes may have on the availability and affordability of care
- Proposal of any changes at July 2016 DFPS Council meeting
- Proposed changes will be published in the Texas Register, August 2016
- All stakeholders will be notified of the proposed changes and have an opportunity to provide input during the public comment period
- Providers will be notified of the changes in rule-email link on the DFPS website.
- Licensing will offer training and a period of technical assistance
- Adopted rule changes are scheduled to become effective in 2017

The DFPS public website provides a Technical Assistance Library available to child care providers. Technical Assistance is the provision of information, advice, training and consultation provided to a child care operation to help comply with, maintain, and/or more effectively meet minimum standards and achieve program excellence. This page holds a collection of resources commonly used by Child Care Licensing staff to provide Technical Assistance. The resource can be found at:

[http://www.dfps.state.tx.us/Child\\_Care/Search\\_Texas\\_Child\\_Care/CCLNET/Source/TALibrary/TechnicalAssistance.aspx](http://www.dfps.state.tx.us/Child_Care/Search_Texas_Child_Care/CCLNET/Source/TALibrary/TechnicalAssistance.aspx)



DFPS holds all licensed caregivers and facilities to the same standards. Waiver and variance requests, as well as the number granted and denied, are monitored monthly. The following data chart shows waiver requests ranged from a low of 21 requests for one month to a high of 65 in another month during Fiscal Year 2015, as well as showing how many waivers were granted or denied.

**Child Care Licensing  
Status Totals for Waiver and Variance Requests in Residential Care Operations  
From Sep-2014 To Aug-2015**

Period	Month	Granted	Denied	Undetermined	Total
1st 6 Mos	9-2014	49	0	1	50
	10-2014	48	1	3	52
	11-2014	17	1	3	21
	12-2014	57	0	0	57
	1-2015	54	0	1	55
	2-2015	35	0	2	37
	<b>Total:</b>		<b>260</b>	<b>2</b>	<b>10</b>
2nd 6 Mos	3-2015	51	1	2	54
	4-2015	38	0	4	42
	5-2015	45	0	7	52
	6-2015	58	0	6	64
	7-2015	62	0	3	65
	8-2015	45	1	3	49
	<b>Total:</b>		<b>299</b>	<b>2</b>	<b>25</b>
<b>Grand Total:</b>		<b>559</b>	<b>4</b>	<b>35</b>	<b>598</b>

Source: Data warehouse report LIC\_18s2y

**Foster Care**

Foster Care Redesign is the competitive procurement of performance-based contracts with a single provider to create sustainable placement resources in communities and keep children close to home. The Sunset Advisory Commission identified a need for long-range planning for Foster Care Redesign. Planning for statewide rollout (pacing and location) will take place in the larger context of CPS transformation. Sunset also identified the need to develop a consistent approach to measuring and monitoring provider quality in existing residential contracts.<sup>120</sup>

<sup>120</sup> Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2015

Initiative	Implementation	
	Status	Comments
<p><b><u>Foster Care Redesign</u></b></p> <p>Develop a long-range plan for fully implementing foster care redesign informed by thorough evaluation, cost-analysis of redesign to date, and a Request for Information (RFI) to solicit information on procurement and implementation approach. The information will help DFPS prepare Request for Proposals (RFPs) for the Single Source Continuum Contracts (SSCC) in designated catchment areas.</p>	<p><b>Complete</b></p>	<p>January 1, 2014 – DFPS contracted with ACH Child and Family Services in Region 3 to serve as the SSCC for Tarrant, Palo Pinto, Parker, Erath, Johnson, Somervell, and Hood counties. As of August 28, 2015, 1,295 children were being served under ACH’s Our Community-Our Kids model. This represents approximately 94 percent of all children from the catchment area. Evaluation efforts led by Chapin Hall will continue throughout implementation.</p> <p>Fall 2014 – CPS gathered data and other information before the 84th Legislative Session, including a cost analysis completed by Public Consulting Group on September 19, 2014, and information from potential vendors collected in response to an RFI in November 2014.</p> <p>April 2015 – DFPS published a long-range Foster Care Redesign implementation plan.</p> <p>May 2015 – The 84th Legislature funded expansion of foster care redesign into one additional catchment area.</p>

<p><b><u>Other Foster Care Initiatives</u></b>  A July 24, 2014, DFPS Internal Audit report on Residential Foster Care Contract Monitoring recommended shifting from the traditional “one size fits all” monitoring approach to one using predictive analytics to improve how the agency identifies residential childcare providers and foster homes that present the greatest risk to child safety.</p> <p>CPS Purchased Client Services Division is changing from the traditional approach:  reactive;  compliance-focused; and  annual assessment of risk.</p> <p>To an improved approach:  proactive;  outcome focused; and  continuous risk assessment.</p> <p>Three components comprise the new approach to contracts monitoring:  performance-based contracts set expectations for outcomes providers should attain for children in CPS care;  continuous Quality Improvement approach that uses predictive analytics in anticipating safety risks and provide real-time feedback and technical assistance to providers; and  accountability through scorecards.</p>		<p>August 2014 – As an interim measure, CPS updated the current risk assessment tool and oversight practices contract staff use to monitor residential childcare contractors to be more safety-focused and include additional financial reviews to determine providers’ overall operational health.</p> <p>August 31, 2015 – CPS created a detailed work plan to strengthen residential contracts monitoring. This includes improved monitoring of providers, use of real-time data analysis, and identification of performance measures for internal and external use. In September 2015, CPS launched a voluntary demonstration program with select providers to test the use of these strategies.</p>
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The performance of a Single Source Continuum Contractor will be reported after each quarterly or semiannual reporting period using performance dashboards. The dashboards include metrics for which baselines, targets and actual performance have been, or will be, determined. A Single Source Continuum Contractor is contractually obligated to meet or exceed the established performance targets for most of the metrics included in the dashboards. Beginning the second year of the third stage of implementation, the permanency metrics will be used to

assess financial incentives or remedies for a Single Source Continuum Contractor. Until then, DFPS will monitor permanency metrics and require the Single Source Continuum Contractor to maintain or exceed the DFPS permanency rates for that catchment area. The re-entry metric is included in the dashboard to help ensure any improvements to permanency rates are not offset by corresponding increases in re-entry rates.

Strategies to increase foster/adoption licensing, recruitment and retention have been identified and initiated, as outlined in the following excerpt from the CPS Business Plan.

**Objective 3.3: Ensure Children’s Other Well-being Needs are met**<sup>121</sup>

Key Strategies	Action Plan	Resources
<p>Work collaboratively with residential childcare contractors to support normalcy activities for children and youth in DFPS conservatorship. Normalcy refers to age and developmentally appropriate activities (similar to activities that children outside of foster care experience).</p>	<p><b>By September 2015</b>, CPS will update residential childcare contracts to include normalcy expectations.</p> <p><b>By September 2016</b>, CPS will establish expectations for coordinated service plan meetings among residential providers, CPS and the child to help facilitate planning for children’s participation in normal activities.</p>	<p>Lead: CPS Permanency Division                      CPS Purchased Client Services                      Court Appointed Special Advocates                      CPS Residential Childcare Contractors Child Placing Agencies                      Attorneys                      Parents                      Youth</p>
<p>Provide services and supports to youth aging out of foster care, including youth in extended foster care to help them achieve self-sufficiency.</p>	<p><b>In fiscal year 2016</b>, CPS will incorporate the youth’s transition plan into the IMPACT system and formally connect it to the child’s service plan.</p> <p><b>In November 2015</b>, CPS’ data submission to the National Youth in Transition Database will include outcomes data for 21 year olds who were part of the baseline survey at age 17. This data submission concludes data collection for the first complete cohort of youth surveyed at age 17, 19, and 21. This data reflects outcomes of youth in foster care and system wide plans for improvement are addressed throughout this plan.</p> <p><b>During fiscal year 2016</b>, CPS will engage youth through Youth Leadership Councils and Teen Conferences to voice their needs and how to meet them.</p>	<p>Lead: CPS Preparation for Independent Living (PAL) state office and regional staff                      CPS State office and regional Youth Specialists                      Federal Chafee Foster Care Independence Program                      CPS Purchased Client Services                      Supervised Independent Living Contractors                      DFPS Information Resource Management</p>

<sup>121</sup> Child Protective Services Business Plan Fiscal Year 2016

Section IV: Assessment of Systemic Factors

Key Strategies	Action Plan	Resources
	<p><b>By September, 2015</b>, CPS will establish contracts with new Supervised Independent Living providers as a result of a competitive procurement in spring 2015. The program helps youth work toward independence while residing in a less restrictive, non-traditional living arrangement.</p>	
<p>Continue implementation of the Prevent Sex Trafficking and Strengthening families Act (HR 4980) to protect children and youth at risk of sex trafficking</p>	<p><b>In fiscal year 2016</b>, CPS will continue collaboration with the Department of Public Safety, the Center for Missing and Exploited Children, the Federal Bureau of Investigations, and local law enforcement agencies, as well as leverage internal resources such as the Special Investigators to find missing children.</p> <p><b>In fiscal year 2016</b>, CPS will continue collaboration with state and community resources to provide human trafficking and internet safety training to youth participating in services to support a successful transition to adulthood (Preparation for Adult Living).</p> <p><b>In fiscal year 2016</b>, CPS will continue Implementation of IMPACT changes to meet Title IV-E requirements for identifying, reporting and providing services to victims of sex trafficking.</p>	<p>Lead: CPS Investigations. Alternative Response, and Family Based Safety Services Division and CPS Permanency Division</p> <p>Special Investigators DFPS Information Resource Management for new federal data collection requirements</p> <p>Texas Chapter of the Center for Missing and Exploited children Texas Department of Public Safety Law enforcement</p>
<p>Develop staff competencies around racial and ethnic identity formation to ensure that children develop a healthy racial and ethnic identity.</p>	<p><b>In fiscal year 2016</b>, continue to train new and existing staff on racial and ethnic identity utilizing the Knowing Who You Are model.</p>	<p>Lead: CPS Disproportionality Team DFPS Center for Learning and Organizational Excellence</p>

## **Monitoring**

As referenced on pages 86 - 91 of the 2015 - 2019 Child and Family Services Plan<sup>122</sup>, DFPS conducts Random Sampling and inspections of Child Care Licensing Operations. The data referenced is from the DFPS 2014 Data Book and is the most current to-date.

In addition, The CPS State Office Foster and Adoptive Development Program Specialist reviews a random sample of 30 verified home studies to track for patterns or issues. One home per Foster and Adoptive Development unit is reviewed to ensure for compliance with minimum standards and quality of the home study. The results of this review are discussed with the regional Foster and Adoptive Development management to develop systems improvements on an annual basis. To further continue monitoring and improvement in the Foster and Adoptive Development program, follow up discussions are held on a monthly basis through the Foster and Adoptive Development managers scan call.

The Texas Foster and Adoptive Development program has 1,800 verified foster and adoptive homes. In 2014, CPS increased the home visits by a Foster and Adoptive Development caseworker from quarterly to monthly. The CPS Foster and Adoptive Development Program Specialist conducts an annual review of investigations received on the state's Foster and Adoptive Development homes. This review consists of manually reviewing the number of licensing investigations for each region in verified homes to count the number of Priority 1 and Priority 2 investigations received during the year. This aids in determining if the state is decreasing in the number of investigations received on Foster and Adoptive Development homes. In data manually gathered from the Child Care Licensing Automated Support System, Texas has shown improvement through a significant decrease in the number of investigations received from FY14 with 30 Priority 1's and 185 Priority 2's to 12 Priority 1's and 102 Priority 2's in FY 2015.

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<sup>122</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

### **Item 34: Requirements for Criminal Background Checks**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Please provide relevant quantitative/qualitative data or information that show the state is complying with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children.

#### **Texas DFPS Response:**

Note: This response is a supplement to the Texas Annual Progress and Services Report content related to topic, located on page 92 of the State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019.<sup>123</sup> DFPS conducted 99,681 Department of Public Safety and 82,482 FBI background checks for Residential Child Care Licensing Operations. The data referenced is from the DFPS 2014 Data Book and is the most current information to-date.

Since May 31, 2013, The DFPS IMPACT system has automatically launched a Department of Public Safety name based criminal history check on principals in active Foster and Adoptive Development stages when two specific situations occur. This ensures compliance with Minimum Standards as outlined in Appendix A: Background Check Rules, specifically 40 Texas Administrative Code §745.625, and assist in reducing the possibility of the subsequent criminal history checks not being completed timely.

A principal is defined as a person given the role of “Principal” in the person detail who is:

- Age 14 years and older, and
- Has an in-state home address

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<sup>123</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019



The two situations under which IMPACT will automatically launch a Department of Public Safety name based background check are:

- When a principal in the person detail of an active Foster and Adoptive Development home turns 14-years-old. This is the only instance in which IMPACT will automatically launch an initial check. Staff remain responsible for launching all other initial department of public Safty name based criminal history checks as required by the Minimum Standards.
- When a principal in the person detail of an active Foster and Adoptive Development stage is due for their 24 month Department of Public Safety name based criminal history check, IMPACT will automatically launch a request to initiate the check as long as the initial check was previously launched by a worker and there is a prior Department of Public Safety name based criminal history check result in IMPACT.

DFPS has additionally taken several measures over the last few years to ensure continued compliance with federal requirements for background checks for foster and adoptive homes. These measures have included the following:

- The Centralized Background Check Unit has been working closely with DFPS residential childcare contract management staff over the last few years to ensure that background check compliance is accurately assessed for contracted residential childcare providers. The Centralized Background Check Unit reviews a sample of foster/adoptive homes for background check compliance prior to Residential Child Care staff conducting a monitoring review. Any non-compliance can be addressed and resolved at the time of the monitoring visit. In the reviews that have been conducted, the Centralized Background Check Unit has seen a trend of less non-compliance since the time that these reviews were implemented.
- There have also been ongoing data reports which identify specific non-compliances with background check requirements for residential childcare providers, so that these non-compliances can be communicated to providers by Residential Child Care Licensing staff and rectified in a timely manner.
- Residential Child Care Licensing sought and received statutory authority to implement administrative penalties for residential child care providers who fail to meet background

check requirements. These penalties have been implemented and Residential Child Care Licensing staff have been trained on how and when to utilize them.

- Residential Child Care Licensing has implemented a yearly communication with providers about the importance of being in compliance with background check requirements and the possible consequences of being out of compliance.

### **Item 35: Diligent Recruitment of Foster and Adoptive Homes**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide.

#### **Texas DFPS Response:**

##### **Capacity Building**

Research has shown the importance of having the right services in the right place to meet a child and parent's needs. It is important for Texas to have a sufficient number of foster homes to enable placing a child as geographically close to the parent's home as possible. This enables the child to maintain the connection to their school, their friends, their neighbors and many other familiar places. Convenient services enable the parents to take advantage of the services offered by the State and regularly attend parenting classes, therapy sessions or other relevant service commitments. Lengthy drive times, challenging bus schedules, or lack of services in the parent's neighborhood reduce the likelihood of successful participation in the recommended family plan. CPS is committed to identifying the gaps in service capacity at a local level and working with HHSC, legislators, and community leaders to rectify the shortages.<sup>124</sup>

DFPS continually recruits, develops, and maintains foster and adoptive homes for children in DFPS's managing conservatorship. Recruitment is based on an ongoing analysis of requests for placement including the number, characteristics, and geographical location of children needing placement. Public service announcements in the news media, electronic media, staff appearances at civic and community group meetings, and distribution of printed material are

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<sup>124</sup> Child Protective Services Permanency Strategic Plan October 2015

used to stimulate applications for and interest in DFPS's child-care programs. Regional public information officers are used in this effort, as well as foster and adoptive parents and other volunteers who have recruitment experience. DFPS can also contract with parent and community groups such as The Council on Adoptable Children and foster parent associations to recruit and screen potential foster and adoptive parents.

Each DFPS region develops and implements an annual plan for recruiting families to become foster or adoptive parents. The plan establishes the region's recruitment priorities for the year. The ultimate goal is to place as many children in permanent homes as possible.

As part of the process, each region:

- 1) analyzes its data on foster and adoptive homes; and
- 2) routinely discusses the needs specific to foster and adoptive families in a particular geographic area within the region.

The recruitment plan is submitted to the Foster and Adoptive Development division of the DFPS state office no later than August 15<sup>th</sup>, for the upcoming fiscal year.

The plan includes the region's:

- general recruitment goals and activities;
- specific recruitment efforts;
- the population of children for which foster and adoptive families are being recruited;
- goals and activities for faith-based recruitment;
- specific efforts to address capacity (that is, increasing the number of possible placements for foster children). This might include, for example, presentations or information meetings held at public schools);
- participation in specific annual events (such as annual conferences and community fairs);
- specific efforts to reduce disproportionality (the over-representation of African American children in the child welfare system);
- projected number of presentations made to the community and congregations by faith-based recruitment staff;
- projected number of community-based presentations by general recruitment staff; and
- projected number of information meetings scheduled for the year.

As noted above under Item 33: Standards Applied Equally, The work of CPS transformation through Foster Care Redesign remains a strategic long-term effort to partner with foster care

and service providers to improve safety, reduce the time to permanency, increase stability and grow capacity for children in Texas' foster care system, while improving the well-being of the children and families receiving services. This is accomplished by contracting with a Single Source Continuum Contractor to provide a full continuum of services to children and families in designated catchment areas. The redesigned approach to contracting for services for children and families streamlines processes, saves time for workers, improves collaboration with communities and strengthens accountability and contract oversight. DFPS' plan for staged implementation is outlined in the Foster Care Redesign Implementation Plan.<sup>125</sup>

On September 1, 2015, Our Community Our Kids, a division of All Church Home Child and Family Services, reached its one year anniversary of operating a Foster Care Redesign model in Region 3b. As of October 22, 2015, Our Community Our Kids is serving 1,352 children in paid foster care from Region 3b. This represents 95% of all children in paid foster care from Region 3b and 8% of the total number of children in paid foster care across the state. Region 3b includes Erath, Hood, Johnson, Tarrant, Palo Pinto, Somervell and Parker counties. A weekly Data Request Intake and Tracking report is received showing how many children the Single Source Continuum Contract is serving. Percentages are calculated from this weekly report to determine number of children being served through the Single Source Continuum Contract versus children in the Region 3b catchment area who are in legacy paid care placements. The Data Request Intake and Tracking report along with data warehouse report SA\_19, that shows demographics of children new in substitute care for children ages 0-17 across the state, are used to calculate the percentage of children in the Single Source Continuum Contract versus the overall number of children in paid foster care in Texas.

Current data from Our Community Our Kids shows that since beginning in Region 3b over 300 new foster care beds have been added to the catchment area. In addition, 71% of children are staying in the catchment area after removal, as opposed to 43% before Foster Care Redesign began in the area. Of these children, 83% placed in their first placement were placed within 50 miles of the home they were removed from. Ninety-four percent of these children have had 2 or fewer placements over a 12 month timeframe. Overall there are more children placed in family homes than before, at 78.5% for the fourth quarter. And there was only one validated

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<sup>125</sup> *Child Protective Services Business Plan Fiscal Year 2016*

disposition of abuse or neglect for children in care in this catchment area during Fiscal Year 2015. Ninety-eight children were diverted from a psychiatric hospitalization through the STAR Health Turning Point Program.

Over the last year, Our Community Our Kids has implemented many system improvements within its provider network. Children are being placed closer to home and foster home capacity has increased. One example is the improved foster home capacity in Palo Pinto County. When Our Community Our Kids began its model in Region 3b, Palo Pinto County had only 3 foster homes. Through hard work and collaboration with the local United Way, faith community, residential providers, and other community members, Our Community Our Kids is in the process of training and licensing over 20 new foster homes in Palo Pinto County.

The next catchment area for a Single Source Continuum Contract will be in DFPS Region 2 in Northwest Texas. DFPS expects to release a Request for Proposals for this area no earlier than December 2015.

Current demographic information on children and families is being used to establish recruitment targets and track progress. This demographic information is referenced on pages 701 - 708 of the 2016 Texas Annual Progress and Services Report.<sup>126</sup>

Strategies to increase foster/adoption licensing, recruitment and retention have been identified and initiated, as outlined in the following excerpt from the CPS Business Plan.

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<sup>126</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

**Objective 2.3: Partner with Advocates, Communities and Contractors for Services and Supports that Help Achieve Positive Permanency for Children and Families**<sup>127</sup>

Key Strategies	Action Plan	Resources
<p>Continue Texas' faith-based initiative by supporting churches developing "orphan care" ministries for children and families served by CPS, increasing the capacity of communities to respond to the needs of children and families.</p>	<p><b>By December 31, 2016</b>, CPS will identify dedicated staff to support faith-based work in every region.</p> <p><b>In fiscal year 2016</b>, CPS will continue to expand to faith communities/congregations and expand the number of counties with care portals, an online church engagement tool that provides a platform for CPS staff to request church support to meet needs of children and families.</p> <p><b>In fiscal year 2016</b>, CPS will hold four adoption forums in areas of Texas where a disproportionate number of children of color have longer stays waiting for an adoption.</p>	<p>Lead: Foster Care and Adoption Development division                      Faith-based Program Specialists                      Advisory Council for Promoting the Adoption of Minority Children                      Faith communities                      CPS Evaluations and Analytics team                      DFPS Communications</p>
<p>Partner with Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families and Texas Court Appointed Special Advocates to develop trainings for judges and advocates</p>	<p><b>In fiscal year 2015</b>, CPS will continue collaborate with the Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families to examine practices that can improve permanency outcomes. Past work has resulted in improvements to court reports, court practices, notice to families and stakeholders, improved visitation practices, and consistency across the state.</p> <p><b>In Fiscal year 2016</b>, DFPS will partner with Texas CASA to develop a model for family finding and intensive trainings for both CPS employees and CASA.</p>	<p>CPS Division of Services                      CPS Permanency Division                      Supreme Court of Texas                      Permanent Judicial Commission for Children, Youth, and Families</p>

<sup>127</sup> Child Protective Services Business Plan Fiscal Year 2016

Section IV: Assessment of Systemic Factors

Key Strategies	Action Plan	Resources
<p>Implement Foster Care Redesign to promote a community-based approach to service coordination and delivery, increase capacity, ensure quality, and improve outcomes for children and families.</p>	<p><b>By December 2015</b>, CPS will expand to stage 2 in Region 3 counties served by the Single Source Continuum Contractor (SSCC). The SSCC provides the full continuum of contracted client services including treatment services for parents.</p> <p><b>In winter 2016</b>, CPS will procure for an SSCC in the next Foster Care Redesign catchment area in DFPS Region 2.</p>	<p>Lead: CPS Foster Care Redesign Director and division staff in state office            CPS Public Private Partnership            CPS Regional FCR project lead            Single Source Continuum Contractor            Purchased Client Services            DFPS Information Resource Management            Center for Learning and Organizational Excellence            STAR Health            HHSC Forecasting</p>
<p>Increase capacity and quality of residential foster care contractors to keep children safe, close to home or connected to relatives and communities, and support permanency.</p>	<p><b>In fiscal year 2016</b>, CPS will expand residential contracted services to include sub-acute inpatient treatment</p> <p><b>In fall 2015</b>, CPS will conduct a gap assessment, and develop a plan for building residential childcare quality and capacity in key areas of need across the state including evidence-based treatment programs that serve children in the least restrictive settings.</p> <p><b>In fiscal year 2016</b>, CPS will develop, test, and implement updates to Residential Foster Care Contracts including performance outcomes.</p> <p><b>In fiscal year 2016</b>, CPS will continue to work with child placing agencies to collaborate in developing a single Child Plan of Service to reduce duplication, improve service provision.</p>	<p>Purchased Client Services Division            Foster Care Redesign Division            CPS statewide Capacity-Building Coordinator            CPS Placement Services            CPS Permanency Division            CPS Reunification and Permanency Transformation Team            DFPS Management Reporting and Statistics            Purchased Client Services Performance Measures Workgroup (CPS-stakeholder partnership)            Committee for Advancing Residential Practices (CPS-stakeholder partnership)</p>



Section IV: Assessment of Systemic Factors

Key Strategies	Action Plan	Resources
Continue to provide Adoption Support Services including adoption assistance, post-adoption services and college educational assistance to support successful adoption of children and youth in foster care.	<p><b>In fiscal year 2016</b>, CPS updated the post-adoption services contract as part of the fiscal year 2016 procurement to provide more clarification and guidance to providers on DFPS expectations for meeting family's needs.</p> <p><b>In fiscal year 2016</b>, CPS is conducting research on adoption dissolutions to identify factors contributing to dissolutions which will in turn affect our policy and practice related to adoption services.</p>	Lead: Foster Care and Adoption Development division CPS Regional Adoption Specialists CPS Adoption Service Contact Providers

Approaches to address diligent recruitment are further outlined in the State of Texas Title IV-B Child and Family Services Plan for Fiscal Years 2015-2019<sup>128</sup> on the following pages:

- Strategy 2.1d: Continue collaboration with Court Appointed Special Advocates to locate and/or recruit potential permanency resources for children and youth in Permanent Managing Conservatorship. Page 151
- Objective 2.6: The Department will evaluate and improve adoption services provided by the agency with a focus on maximizing permanency for children and youth in the conservatorship of DFPS through adoption. Page 196
- Strategy 2.6a: DFPS will focus on diligent recruitment efforts for children that have historically been harder to place in adoptive homes. Page 197
- Technical Assistance Pages 373 - 375

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<sup>128</sup> The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family Services Plan Fiscal Years 2015-2019

**Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements**

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Please provide relevant quantitative/qualitative data or information that show the state's process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide.

Please include quantitative data that specify what percentage of all home studies received from another state to facilitate a permanent foster or adoptive care placement is completed within 60 days.

**Texas DFPS Response:**

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

The Regional Interstate Compact on the Placement of Children Coordinators track all home study requests involving CPS children, whether they are placed in Texas or in another state. The coordinators also provide local case workers with general information related to Interstate Compact on the Placement of Children, status of home studies, and guidance on completing a request packet.

There are barriers between cross jurisdictional foster and adoptive parent licensing and the timeliness of foster and adoptive or permanent placements for waiting children. The biggest barrier is the time it takes to get approval of the home. The most significant factor that causes delays in the approval of the home is the length of time it takes to complete a foster or adoptive home study. Completion of the home study is contingent upon turnaround on background checks, available staff to conduct home studies and providing foster/adoptive parents with ready

access to the training necessary for certification. Also, the lack of cooperation with a prospective foster/adopt parent can delay the completion of a home study.

To assure that Texas waiting children receive prompt permanent placements, families studied for foster and adoption who live in another state, will be considered for placement on an equal basis with families studied by the agency and living in the same geographic area. The selection of a placement shall be based on the best interests of the child involved.

The Safe and Timely Interstate Placement of Foster Children Act of 2006 contain assurances that the State will make effective use of cross-jurisdictional resources to facilitate timely foster and adoptive or permanent placements for children. This means a state is required to complete a report on foster and adoptive home studies requested by another State within 60 days. An exception to the 60- day requirement is provided if the State's failure to complete the home study within 60 days is due to circumstances beyond the State's control (e.g., delays in receipt of Federal agency background checks). This exception gives the State 15 more days to complete and report on the home study. The parts of the home study involving education and training of prospective foster and adoptive parents do not have to be completed within the same 60- (or 75-) day timeframe.

The Association of Administrators of the Interstate Compact on the Placement of Children Data Form currently tracks how many incoming and outgoing foster and adoptive home studies are received by the Texas Interstate Compact office. Through the Texas data warehouse, Texas tracks children in Open Substitute Care in Out-of-State Placements. The interstate placement requests received through the Texas Interstate Compact Office are separated into three distinct categories: Parent/Relative, Foster Care and Adoption. The data below illustrates the total amount of requests processed for FY 2015 (October 1, 2014 to September 30, 2015):

Type of Request	Texas is the Receiving State	Texas is the Sending State
Adoption	371	487
Relative/Parent	1667	1161
Foster Care	593	453
<b>Total</b>	<b>2631</b>	<b>2101</b>

The Texas Adoption Resource Exchange (TARE) is an online tool that helps match adoptive parents and children awaiting adoption. It allows prospective adoptive parents to quickly and easily give DFPS information their adoption preferences and interest in adopting a child from

Texas. DFPS staff can then look at the family's profile and adoption preferences, including child characteristics, family skills, and whether prospective adoptive parents are willing to parent a child with a disability. Once the family creates a login profile for Texas Adoption Resource Exchange, they can request information about children who are available for adoption. They can also view their status and get updates on inquiries made on children listed in Texas Adoption Resource Exchange.

The Texas Adoption Resource Exchange website provides:

- Steps and requirements for becoming an adoptive parent.
- Lists of upcoming adoption meetings in the area.
- Lists of private adoption agencies in the area.
- The ability to search for children waiting to be adopted.

## Section V: Conclusion

There is much work ahead. New CPS programs and improvements will continue rolling out over the next few months. Some improvements will be quick and others will take more time.

As we put our plans into action, we are looking at how they affect our staff and our clients and will continue to make changes as needed to make Transformation as effective as possible.

As we put our comprehensive plan into action, we are closely comparing the results we get with the outcomes we're hoping to achieve. While some outcomes require time, we are seeing some progress in worker turnover and reducing caseloads. We are also tracking performance data by region and statewide. We report these findings every six months in our Transformation reports.

Children who come into foster care are our number one priority and finding permanent homes for them (what we call permanency) is the best outcome when it is possible. CPS has made extraordinary gains in adopting children in recent years, repeatedly earning special recognition from federal child welfare officials. However, there are still more children than permanent homes.

According to the original CPS Operational Review, bureaucratic burdens and outdated or duplicative state laws and policies keep CPS workers from focusing on the best outcomes for children – in and outside of foster care. The Sunset Advisory Commission report called for more scrutiny and a statewide plan for putting Foster Care Redesign into action. Also, Casey Family Programs studied children in foster care in Harris County and found that they stay in care longer than the state average and are less likely to be reunified with their families. Fulfilling the combination of all these recommendations should significantly reduce those problems.

CPS Transformation means better recruiting and training, mentoring caseworkers and empowering them to make sound decisions, and eliminating bureaucratic clutter to free them to focus on children and families – always keeping the needs of the Texans we serve at the forefront. While DFPS continues to transform and make improvements, we believe that our current status demonstrates that the **Texas child welfare system meets the federal standard for each of the seven CFSR required systemic factors**, as outlined in this Statewide Assessment. Our commitment to continue to strengthen the safety, permanency and well-being of children and families served by CPS remains firm.

## Appendix A: Source Documents

DFPS Operational Review

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2014/Stephens\\_Group\\_Report/Stephens\\_Recommendations\\_All.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2014/Stephens_Group_Report/Stephens_Recommendations_All.pdf)

Sunset Advisory Commission: Staff Report with Commission Decisions August 2014

[http://intranet.dfps.txnet.state.tx.us/CLOE/documents/Sunset\\_DFPS\\_Commission\\_Decisions.pdf](http://intranet.dfps.txnet.state.tx.us/CLOE/documents/Sunset_DFPS_Commission_Decisions.pdf)

Casey Family Programs: Assessment of Foster Care Lengths of Stay and Permanency Outcomes in Harris County, Texas; A Report to the Texas Department of Family and Protective Services April, 2014

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2014/Harris\\_County\\_Assessment/Harris\\_County\\_Assessment\\_Report\\_April\\_2014.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2014/Harris_County_Assessment/Harris_County_Assessment_Report_April_2014.pdf)

SDM Safety and Risk Assessment Procedure and Reference Manual August 2015

[https://www.dfps.state.tx.us/handbooks/CPS/Resource\\_Guides/SDM\\_Safety\\_Assessment\\_Manual.pdf](https://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/SDM_Safety_Assessment_Manual.pdf)

Child Protective Services Practice Model

[https://www.dfps.state.tx.us/Child\\_Protection/About\\_Child\\_Protective\\_Services/transformation/docs/Practice\\_Model\\_Children\\_First.pdf](https://www.dfps.state.tx.us/Child_Protection/About_Child_Protective_Services/transformation/docs/Practice_Model_Children_First.pdf)

Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation October 2014

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2014/2014-10-20\\_CPS\\_Transformation\\_Report.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2014/2014-10-20_CPS_Transformation_Report.pdf)

Texas Department of Family and Protective Services Report to the sunset advisory commission: Child Protective Services Transformation February 2015

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2015/2015-02-10\\_CPS\\_Transformation\\_Progress.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-02-10_CPS_Transformation_Progress.pdf)

Texas Department of Family and Protective Services Report to the sunset advisory commission:  
Child Protective Services Transformation April 2015

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2015/2015-04-30\\_CPS\\_Transformation\\_Metrics.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-04-30_CPS_Transformation_Metrics.pdf)

Texas Department of Family and Protective Services Report to the sunset advisory commission:  
Child Protective Services Transformation October 2015

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2015/2015-10-21\\_CPS\\_Transformation\\_Progress\\_Report\\_Sunset.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-10-21_CPS_Transformation_Progress_Report_Sunset.pdf)

Child Protective Services Business Plan Fiscal Year 2016

<http://www.dfps.state.tx.us/Search/default.asp?q=child+Protective+Services+Business+Plan>

Meeting the Needs of High Needs Children in the Texas Child Welfare System November 2015

<http://www.dfps.state.tx.us/Search/default.asp?q=stephen+group+high+needs+report>

Child Protective Services Permanency Strategic Plan October 2015

[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/2015/2015-11-30\\_Permanency\\_Strategic\\_Plan.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-11-30_Permanency_Strategic_Plan.pdf)

The State of Texas 2016 Annual Progress and Services Report Title IV-B Child and Family  
Services Plan Fiscal Years 2015-2019

[https://www.dfps.state.tx.us/About\\_DFPS/Title\\_IV-B\\_State\\_Plan/2015\\_Progress\\_Report/2015\\_Texas\\_Title\\_IV-B\\_State\\_Plan.pdf](https://www.dfps.state.tx.us/About_DFPS/Title_IV-B_State_Plan/2015_Progress_Report/2015_Texas_Title_IV-B_State_Plan.pdf)

Department of Family and Protective Services Audit of Quality of Services in CPS Regional  
Contracts August 2015, Report Number 2015-04

## Appendix B: Texas CPS CF SR Accountability Team QA Manual

### Texas Child Protective Services CF SR Accountability Team QA Manual

Child Protective Services (CPS) has institutionalized, through its Accountability Division, a statewide quality assurance process that mirrors the case review process used in the Federal Child and Family Services Review (CF SR). The Division is responsible for the review of CPS cases to ensure staff are meeting federal standards as identified by the Administration for Children and Families which provides guidance and funding to states to promote the Safety, Permanency and Well-Being of the families and children served by state's child welfare agencies.

#### CF SR Accountability Division Structure



#### Case Review Sample for CF SR Round 3

The sample for the CF SR Round 3 onsite review is requested from Management, Reporting and Statistics through the Data Request Intake Tracking (DRIT) process and is random and representative of the entire state universe for cases for each DFPS region. The DRIT will reflect the state ratio of foster care and in-home cases, meeting the minimum requirements for both case types. From the 2014 Data Book in-homes cases by family accounted for 40% of all cases and foster care cases by child accounted for 60% of all cases. From the 2014 data book this equaled 30,634 families receiving in-homes services and 46,832 children receiving foster care services. For an own-state onsite review this would equal 72 in-homes cases and 108 foster care cases.

A DRIT request is submitted at least 3 weeks prior to the new quarter. The Sample covers the same time frame as the reading period for that quarter and the reading period reviews the same period of time as the sample period, but goes up until the day the Quality Assurance Specialist is reviewing the case. The DRIT requests Substitute Care (CVS) cases with a start date that reflects the sampling period under review (PUR). The Family Based Safety Services (FBSS) start date is 90 days forward from the CVS cases.



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**Example for ongoing quarterly reviews (non-onsite):**  
**Federal Fiscal Year 2016 Period Under Review (PUR) Schedule**

1<sup>st</sup> Q FFY 16 (Oct, Nov, Dec)  
10/01/2014 – 09/30/2015

2<sup>nd</sup> Q FFY 15 (Jan, Feb Mar)  
01/01/2015 – 12/31/2015

3<sup>rd</sup> Q FFY 15 (Apr, May, June)  
04/01/2015 – 03/31/2016

4<sup>th</sup> Q FFY 15 (July, Aug, Sept)  
07/01/2015 – 06/30/2016

**For April 2016 Onsite Review:**

Sample

- A random, rolling quarterly sample of a total of 180 cases will be reviewed. One sample of 90 cases will be from 4/1/2015 through 9/30/2015, with an additional 45 days for FBSS (In Homes) cases. This would extend the In Homes date to 11/14/2015. The second sample of 90 cases will be from 7/1/2015 through 12/31/2015, with an additional 45 days for FBSS (In Homes) cases. This would extend the In Homes date to 1/13/2016.
- The ratio of cases will be proportionate to the case mixture ratio identified in the most recent annual data (State Fiscal Year 2014), resulting in 40% or 72 In Homes (FBSS) cases and 60% or 108 Foster Care (CVS) cases. With the rolling quarterly sample, 36 In Homes cases and 54 Foster Care cases will be read for both quarterly periods.
- The sample will be stratified through equal distribution among the regions, as is routinely done, in order to ensure none of the 254 counties are eliminated from the universe. Four small regions are combined, due to population size. Equal distribution will be applied to the regions in the following groupings:
  - Region 1; 4 FBSS and 6 CVS per quarter
  - Region 2 and Region 9, divided equally; 2 FBSS and 3 CVS per quarter per region
  - Region 3; 4 FBSS and 6 CVS per quarter
  - Region 4 and Region 5, divided equally; 2 FBSS and 3 CVS per quarter per region
  - Region 6; 4 FBSS and 6 CVS per quarter
  - Region 7; 4 FBSS and 6 CVS per quarter
  - Region 8; 4 FBSS and 6 CVS per quarter
  - Region 10; 4 FBSS and 6 CVS per quarter
  - Region 11; 4 FBSS and 6 CVS per quarter
- 100 CVS and 60 In Homes (FBSS) cases in each regional grouping will be selected for In Homes and Foster Care cases; with the remainder of the cases serving as an oversample should any case be eliminated.

When received from Management, Reporting and Statistics the sample is arranged numerically by the IMPACT Case ID. The State Office Program Specialist sorts the sample by region and then randomizes the cases using a Random Sequence Generator. The case lists are then sent

to the regional Quality Assurance Leaders (QAL) on an Excel worksheet with two workbooks for every region. There is a FBSS workbook and a CVS workbook. Cases will be stratified by region and the number of cases reviewed during the Federal CFSR Round 3 Review will be a total of 180 cases consisting of 108 conservatorship cases and 72 Family Based Safety Services cases, divided (as mentioned above) into rolling quarters.

For the April 2016 Onsite Review, Alternative Response cases open for services 50 days or longer from Regions 1 and 11 will be included in the universe of cases to be randomly selected into the in-homes sample. Five additional days are added due to the role of supervisory review and screening, including collateral contacts made by screeners, prior to determining the intake should be progressed to the Alternative Response stage (Note: due to the implementation schedule, only these two regions have implemented the program sufficiently to be considered). Juvenile Justice cases open for CPS services are included in the universe of cases to be randomly selected into either sample.

The QAL and the Quality Assurance Specialist (QAS), also known as Case Analysts, review the sample and determine how the cases will be assigned to be reviewed. Sensitive cases are screened by the QAL to determine if they need to be reviewed by staff from outside the region. If a QAS or QAL has been previously associated with a case, either personally or in a direct practice role, the case will not be assigned to that QAS or QAL for review, it would be out-assigned to another region for review. The QAS and QALs sign a Conflict of Interest form stating they are aware of and agree to this requirement.

If the case analyst determines a case should be eliminated from the sample they send the request by e-mail to the State Office Program Specialist. The request includes the *spreadsheet number, case id, child's name, person id, stage name, case type CVS/FBSS and well-defined justification for eliminating the case, and the IMPACT open and close dates for each case.*

If the case elimination is approved the case analyst replaces it with the first case from the over sample list.

### **Case Elimination Criteria**

#### Criteria for All Cases

- Cases will be eliminated if more than two cases are from the caseload of a single caseworker. If the second quarter selection yields a case with a repeat caseworker when compared to the first quarter, the case will be reviewed and any elimination due to repeat caseworker issues would be subject to the approval of the federal and state team.
- Cases will be eliminated key participant interviews (face-to-face or telephonic) cannot be arranged or interviewees are not available. All cases must include at least one external stakeholder interview to remain in the sample. See the Stakeholder Interview section below for further details on eliminations due to lack of key interviews.

#### Criteria for CVS Cases

- If the child turns 18 during the PUR the case review and ratings stop at that point, even if the child remained in care after his/her 18<sup>th</sup> birthday and/or still has an open SUB or PAL stage
- A case open fewer than 24 hours during the period under review
- A case in which a child was on a trial home visit during the entire period under review

- A case in which the child was on runaway status for the entire PUR will be considered on an individual basis to see if there is content to review for the CFSR
- A case that was closed according to agency policy before the sample period
- A case open for subsidized adoption payment only and not open to other services
- A case in which the target child turned 18 before the period under review
- A case in which the selected child is or was in the care and responsibility of another State, and the State being reviewed is providing supervision through an Interstate Compact for the Placement of Children (ICPC) agreement
- A case appearing multiple times in the sample, such as a case that involves siblings in foster care in separate cases
- A case in which the child's adoption or guardianship was finalized before the period under review and the child is no longer under the care of the State
- A case in which the child was placed for the entire period under review in a locked juvenile facility or other placement that does not meet the Federal definition of foster care

#### Criteria for FBSS cases

- A case open for fewer than 45 consecutive days during the period under review
- A case in which any child in the family was in foster care for more than 24 hours during the period under review
- A case that was opened more than one time during a sampling period
- A case in which the worker, supervisor and family all considered the case to be closed in a certain month as evidenced by the last narrative, but the case remained open in IMPACT longer than one month from that date during the PUR with no active casework. These are cases that have been approved by a supervisor to be closed and the family has been notified of case closure, but has remained open on the computer system due to the need for the caseworker to complete final documentation tasks for case closure. Note: This does not include cases which are open yet do not have active casework due to lack of effort by the agency; those cases will remain in the sample.

#### **Assigning Cases**

The Quality Assurance Leaders are assigned oversight responsibility for all case reading and related activities for their assigned regions but the Quality Assurance Specialists also share responsibility for screening the cases to determine if they meet criteria for remaining in the sample. The Screener starts at the top of the list and proceeds accordingly and sends all skip requests to the State Office Program Specialist for approval. Cases designated as sensitive are screened by the QAL to determine if they need to be reviewed by staff from outside the Region. Since all QALs supervise at least two regions, the case usually remains within the individual sub-team. Once approved for review, cases are equally divided among the regional Quality Assurance Specialists. Accommodations to the assignments are made for new case analysts by the QALs and can often be managed within the regional grouping. When needed State Office adjusts reading assignments to cover special workload projects, extended illnesses and vacancies within the Accountability Division.

#### **Notifying the Regions**

There are eleven regions in the state with each regionally assigned QAL or QAS having responsibility for notifying regional staff by email of the cases selected for review during the forthcoming quarter. Although there is slight variation as to who sends the notification and the format of the correspondence, the process is parallel for all regions. The notification includes a request that the information be shared with additional staff as needed. The notification includes

information as to how regional staff should prepare for the case review including having documentation and case filing current and the necessity of interviews for caseworkers, supervisors and other stakeholders. Regional staff is notified of the need to send the external case file to the QAS for review or the timeframe in which the reviewer will examine the file in person by going to the local CPS office when travel allows. Though cases are screened prior to the notification of the review, periodically a case must be substituted later in the quarter as a result of further reading and discovery that the case does not meet the criteria for review. In these instances, notification of the change is the same as the original notification process.

### **Case Review Process**

For FBSS cases, there is no target child and information is reviewed for the parents and all children in the home. For CVS cases, the parents' and the target child's record is reviewed. The first step in the review process is to examine the record in IMPACT for all entries including; investigations, contacts, plans of service, legal entries, medical appointments, schools attended and other areas needed to gather pertinent information that occurred for the case during the PUR. Once the review of IMPACT is complete, the QAS reviews the external case file for any documents that are not available for review in the IMPACT system. Examples include; court reports and other legal documents, medical reports, psychological evaluations, caregiver reports, therapist's notes, letters and any other external documentation that was not generated through IMPACT.

### **Stakeholder Interviews**

In preparation for interviews and while working through the case the reviewer develops a list of questions for stakeholders including any issues that may be missing or unclear in the documentation. The interviews begin with an explanation of the purpose of the interview, with the following script to guide the QAS through the introduction and to explain the CFSR process:

"My name is \_\_\_\_\_ and I am a Quality Assurance Specialist with the Child Protective Services, or CPS. I conduct case reviews using a federal review instrument as a part of the Child and Family Services Review process. This process focuses on the Safety, Permanency and Well-being of children and families receiving services through CPS. This is a process that is required by federal law and is done in every state in the US. The purpose of this review is to evaluate and improve the services provided by CPS. Interviews are an important way to learn how well we've been doing this.

Cases are randomly selected for this review. I am interested in what your view is about your experiences. Your input will provide important information for improving the quality and appropriateness of services offered. Your decision to participate in this process is completely voluntary and will not affect your relationship with CPS or the outcome of the case if it is still open.

We appreciate this opportunity to speak with you. Your input is very important and will be used to improve services for children and families all across Texas. Do you have any questions before we get started?"

The interviews start with the QAS asking open-ended, general questions about the case, to get the stakeholder's input about the case situation. Then the QAS begins to narrow down to specific questions needed to rate the review instrument from the review of IMPACT and the case file. The interview concludes with the QAS asking the stakeholder if there is any other information he or she would like to share that wasn't already covered. The QAS interviews

anyone who may provide pertinent information to the case review. Interviews for all case types include but are not limited to:

- Caseworker
- Supervisor
- Parents and step-parents (if parental rights are still intact)
- Primary caregiver with whom the child resides, including; foster/adopt, relatives and parental child safety placements
- Child(ren) if age-appropriate, developmentally able to understand the purpose of the interview, and participating in the interview will not cause the child trepidation. In general, we advise QAS to hold interviews with children age 6 and older, providing the interview will not be detrimental to the child's emotional well-being, and the child's developmental level is appropriate for such an interview. Interviews with children are discussed with the caregivers and caseworker prior to being held.
- Service providers such as therapist, daycare staff, and physicians
- CASA and any other stakeholder who can provide needed information

Interviews are conducted in person or by phone for the onsite review. If, after two phone call attempts with caseworkers, who are mobile and often not easily reached via phone, QAS may send detailed e-mails with specific case questions as their third attempt to interview the caseworker in the stakeholder role. The phone call attempts must be documented if an email interview is successful. Requests for caseworker interviews will be sent directly to the caseworker, not jointly with supervisors. Supervisors may be contacted if a QAS is unsuccessful in reaching a caseworker for assistance in locating the caseworker.

Interviews with family members involved with the cases, including parents and children, are a critical piece of the CFSR process. QAS are expected to make at least three attempts to contact a stakeholder before saying an interview attempt was unsuccessful. Attempts must be made on different days. If it appears that the phone number listed in IMPACT for a stakeholder is not current or it is no longer a working number the QAS will contact the worker or supervisor to see if a current phone number is available. Letters will be mailed requesting an interview if there is a valid address for the family. QAS are expected to work with their QALs during this process to secure stakeholder interviews. If the QAS is ultimately unable to make contact with a needed stakeholder the QAS will analyze available information and staff the case with the Division Administrator for Accountability to determine if there is enough information from other stakeholder interviews and the case file to continue with a review, or if the case should be eliminated. If a case without any key family interviews remains in the sample the QAS will document their attempts to reach any stakeholders that were ultimately unsuccessful as a Case QA Note. For the onsite review period, cases may stay in the samples that have at least two stakeholder interviews, with no more than one interview being with case-specific staff, if concerted efforts have been made to reach key family stakeholders and the case inclusion is approved by the Division Administrator. Cases that are not approved to stay in the sample will be submitted for elimination and an over-sample case will be required.

### **Safety Concerns**

If a QAS identifies a safety concern to a child or family member during the review process that is immediate in nature the QAS is instructed to call the Statewide Intake call center at 1-800-252-5400 to make a report and/or to call 911 if the QAS has discovered an emergency situation. If the QAS does not feel the safety concern is immediate the QAS is instructed to staff the situation with his/her QAL, who will then staff it with the DA. A plan of action is developed that always includes notifying the chain-of-command if the case is still open, with an e-mail detailing

the concerns noted and the reasons for the concern. The QAL will follow-up with the highest level staff person on the e-mail to ensure the e-mail was read and can then also provide any follow-up information needed.

### **Data Entry**

The CPS Division of Accountability has a database that collects quantitative and qualitative data from the statewide case reviews conducted each quarter. The online database is structured in a way that mirrors the federal CF SR onsite review instrument. Information can be pulled and results shared through written reports, data reports and verbal presentations.

The QAS review assigned cases and enter information into the data base at differing levels of the case reading process. Though there are style differences in how reviewers enter data into the database, the basic process remains consistent statewide. For example, some QAS prefer to go through and complete individual items as they discover the information in the review process. Others review the entire case, conduct stakeholder interviews and then enter data the case in its entirety. Primarily, reviewers begin by reading an assigned case, taking notes as they read and entering data into the database as they go along for those items in which they have no questions or concerns. Items in which the reviewer needs additional information are left blank, until such time that the reviewer is able to examine the external file and conduct stakeholder interviews. Pending obtaining needed information to complete a case review, a QAS will begin the review of another case following procedures as noted above.

### **Case Review Quality Assurance**

Every quarter, the QALs, State Office Team Lead and Program Specialist conduct quality assurance reviews of a portion of the cases read by the QAS. Depending on the size of the sample, the QAL will review between 3 to 5 cases per QAS and the Team Lead and Program Specialist each review one case per QAS. During ongoing quarterly reviews the cases for quality assurance review are randomly selected by the QAL and State Office staff.

During the federal onsite review the QALS will provide a quality assurance review of 100% of the cases reviewed. A formal plan to complete quality assurance is sent out by the CF SR Team Lead each quarter, to spread the quality assurance completion among the entire quarter. This will continue during the onsite review.

During the federal onsite review the State Office staff consisting of the Director, the Division Administrator, the CF SR Team Lead and the CF SR Program Specialist will strive to achieve 100% second-level quality assurance reviews of all of the cases. We will begin the first quarter with this goal and will communicate with ACF if we find a need to lower that amount during the review period.

The Division of Accountability has set a goal of having 40% of the cases completed in the first month of each of the two quarters during onsite, 40% of the cases completed in the second month of the quarter, and the remaining 20% of the cases completed in the third month of each quarter. Texas will communicate with ACF if we need to update these goals during the review period.

Both first and second level quality assurance is conducted as follows:

- Each Item is reviewed to ensure that the sub-question answers are correctly calculated into the Item's rating and are supported by the justification.

- Each Outcome is reviewed to ensure that the Items are correctly calculated into the Outcome's rating.
- Every rating justification is reviewed to ensure that it clearly and thoroughly justifies the rating assigned to the Items and is accurately rated based on the rating instructions. This also assesses for any Items that may have been inadvertently assigned a rating that does not match the rating justification, for example a mis-click in the online tool.
- Any Items or Outcomes that are not clearly or fully justified are brought to the attention of the QAS for discussion. E-mail is used for this process, with follow-up phone calls as needed for discussion. The rating is then corrected if it was rated in error or the justification is edited to more accurately or completely justify the rating as needed.
- CFSR State Office Program staff includes the QAL on their e-mail feedback to the QAS to help advance inter-rater reliability.
- Individual case scenarios from quality assurance review may be included on the next monthly Team Call for inter-rater reliability purposes.

The quality assurance process adds to both the confidence in the accuracy of the ratings and inter-rater reliability among the CFSR Accountability Team. In the event that the team cannot come to a conclusion on a rating for a particular case scenario the situation is staffed with the Division Administrator and/or Director for a final decision. Team FAQs are updated as needed following quality assurance review discussions.

### **Providing Results to the Regions**

The Accountability Team presents performance trends to their respective regional management teams on a quarterly basis. The Regional and Statewide Quarterly Reports serve as the source of data and are included in handouts provided. Discussion of program initiatives, trends and noted improvements are shared. The quarterly reviews and presentation of performance information provides ongoing education to CPS regional program staff about the importance of the federal review and its connection to funding, policy development and improved outcomes for children and families.

#### Reports:

- Throughout each quarter QALs track and compile data, trends and patterns through the quality assurance process of reviewed cases.
- The information is reviewed over time to note changes in trends.
- The All Region Item/Outcome Summaries are data reports that show the region and statewide performance for the quarter's structured case review. This report provides the regional data used to update the Statewide PIP At a Glance and is the basis of the historical data collected by the Accountability Division.
- Case reviews, database reports and regional trend reports are compiled into one quarterly report.
- A quarterly report, that is consistent in format, is generated for each region in the state.
- The reports are designed to clearly and concisely report the information for ease of dissemination.
- The reports are sent to each regional director and then cascaded to staff via email. They are also posted to the Division of Accountability's Intranet reports page.
- Regional directors review the information with their administrative teams to determine what Continuous Quality Improvement (CQI) efforts are needed in various areas.

Debriefings:

- Case specific information is shared with caseworkers, supervisors, program directors and program administrators in the form of debriefings.
- Debriefings are held quarterly either in person or by conference call where travel may be restricted.
- The case guides and rating findings for every case reviewed are presented during debriefings.

The following is the guideline that is used during debriefings with staff:

Discussion/Orientation Points of Debriefings

- The guide evaluated the child welfare system and is not intended to spotlight any one caseworker.
- The CFSR is a subjective reading that is based on balance of information from IMPACT, case file and stakeholder interviews.
- Information gained from stakeholder interviews is incorporated into the ratings.

Procedural Points of Debriefings

- Emphasize that this is a learning process.
- QASs go over every item and briefly state the overall purpose of each item, for example Item 1 evaluates timeliness of initiating investigations, along with how the specific case rated and why.
- Approximately 20 minutes is allowed for the review of FBSS cases and 30 minutes for CVS cases.
- All information is presented factually without judgment or opinion.
- Areas needing Improvement are communicated to encourage learning for application in future case work.
- Debriefings are ended on a positive note.
- Staff is encouraged to discuss the ratings and ask any questions regarding the case review guide.
- Staff are provided a copy of the reading guide and instructed to not include it in the case file.
- Texas PIP Tips, policy references and handouts are provided to staff to help reinforce the discussion regarding the expected case practices that would meet the standards.
- Regional participants are provided with a debriefing evaluation to optionally provide feedback of the debriefing process to the Accountability Division.
- QALs and QASs review comments from debriefing evaluations to assist in QAS development and Regional CFSR Development and Training.

**Tenure of Accountability Division**

When fully staffed the CPS Accountability team consists of:

- 1 Division Administrator
- 2 State Office Program Specialists
- 4 Quality Assurance Leaders
- 18 Quality Assurance Specialists

Currently there are 24 members with a total of 497 collective years of experience in child welfare with 481 of those being in the capacity of Child Protective Services. The team has 213 combined years in Quality Assurance roles. The team's newest member has been in the



Quality Assurance Specialist role for 6 months with the most tenured, A Quality Assurance Leader having 23 years of QA experience. The Accountability team has a median of 8 years QA experience.

Of the 24 team members, 8 participated in CFSR Round 1 and 17 participated in Round 2.

The team's other work experience includes:

- CPS generic caseworkers who worked in units prior to specialization and completed all casework duties and specialized conservatorship (CVS), investigation and family based safety services caseworkers (FBSS)
- CPS generic supervisors and specialized CPS supervisors for CVS, Investigations and FBSS
- Placement caseworker
- Family Group Decision Making Specialists
- Adoption caseworker and supervisor as well as foster home developer
- CPS Trainer
- SSI Coordinator
- Kinship caseworker
- CPS Program Director
- Human Services Technician
- Contracts
- Child Care Licensing representative and supervisor
- Legal Relations Specialist
- Statewide Intake
- QA Program Specialists/Team Leads
- QA Division Administrator

### **Training New Quality Assurance Specialists**

The first step in training is to orient the employee about the QAS position and to help the QAS gain an understanding of the Child and Family Services Review process. The QAS is given a Accountability Training Manual that is used as our training curriculum that contains the most recent On Site Review Instrument and tools that have been developed to use in conjunction with the process such as; the Case Rating Summary Rating Criteria, Children's Bureau Child and Family Services Reviews Item-By-Item Quality Assurance Review of the Main Reason for Rating Statement, the Frequently Asked Questions (FAQ) document that has been compiled from previous case readings, Case Reading Process, General Stakeholder Questions, and other emails clarifying case reading questions. The training manual also includes forms created for note-taking while reviewing a case file and other helpful suggestions about the process. The QAS is given time to read through the materials to become familiar with the concepts. It is shared that the purpose is not to commit every item or instruction to memory but that as he or she begins to apply principles, best practice is to always refer to the On Site Review Instrument for guidance and direction when rating. The QAS is informed of the CFSR page on the DFPS intranet which provides resources and to the CFSR online database for examples of case review documentation elements.

After reviewing all curriculum materials, the second part of the training entails the QAL or another tenured QAS meets with the new QAS to go over the On Site Review Instrument in its entirety in an effort to assist in the interpretation of the guide language and share more insight.

The QAS is shown the database, how to enter a review as well as how to generate reports. Our curriculum contains detailed database instructions which are used during this process. The meeting with the QAS includes a discussion about the Period Under Review and case reading process itself, with the QAS being referred to the document "Case Reading Process" to use as a guide until he or she develops a routine that works best. The QAS is also encouraged to talk with other QAS across the state to get tips and feedback. The QAS is informed about access to the Health Passport, the child care licensing computer system and other DFPS systems available for the case reviews.

The QAS is then assigned a CVS case to read independently while the QAL reviews the same case. The QAL completes the case interviews while the QAS observes or will complete and provide the information to the QAS. Once completed the case reading results are compared and reviewed with the QAS. This process is then duplicated with a FBSS case. The process continues until the QAL assesses the QAS is ready to begin reviewing independently. All cases assigned to the new QAS in the first quarter of their tenure are reviewed for quality assurance and debriefed with him or her. This 100% review continues until the QAL determines the QAS no longer needs that level of support. Ongoing curriculum includes notes and documents from the regular all team calls and inter-rater reliability exercises that are described below.

### **Training New Quality Assurance Leaders**

There are four regionally based Quality Assurance Leaders within the CPS Division of Accountability. QALs are knowledgeable of the CFSR Guide, related federal standards, Texas CPS Policy and other related laws and policy. The QALs are responsible for:

- Training and supervision of the assigned Quality Assurance Specialist to ensure reliability and consistency between team member's ratings; the assignment and the accurate rating and completion of the assigned Child and Family Service Review (CFSR) sample.
- Collecting, analyzing and reporting of CFSR case reading results to the Division Administrator of Accountability, Regional and State Office staff and the monitoring of CFSR Program Improvement Plan (PIP) within the Region to support the State's completion of the PIP.
- Assist and respond to regional staff inquiries on CPS Policy interpretations in an effort to broaden staff understanding of CPS Policy, federal standards to result in improved caseworker practices and outcomes to families and children.
- Ongoing training of assigned staff as well as responding to Regional training needs and requests related to CFSR standards.
- Facilitate Organizational Effectiveness meetings using the DAPIM model.
- Support the CFSR Federal Review process.

New QALs are provided direction and feedback from the Division Administrator (DA) of Accountability, as well as the CFSR Team Lead and Program Specialist. Peer QALs are available for support and training. New QAL observations of Peer QAL practices such as Regional Debriefings and CFSR Presentations to Regional Management help strengthen QAL development.

The QAL must be knowledgeable of the 3 Domains (Safety, Permanency and Well-Being) and their relationship to the Outcomes and related Items for the CFSR. They are provided all of the training materials as new QAS are, as described in the section above. Their training on the OSRI is similar to new QAS training, with the exception that they co-read with CFSR State Office staff or peer-QALs.

QALs will participate in ongoing inter-rater reliability (IRR) exercises among team members through All Team Calls and meetings to further develop their knowledge of the OSRI. In addition, QALs will conduct IRRs with their staff individually and within their own team meetings. The DA may appoint the CFSR Team Lead, Program Specialist or a Peer QAL to participate and shadow IRR activities for a period of time as the QALs acclimate to their job duties.

At a minimum during the first full quarter of the QALs tenure in the position, the QAL is mentored or assigned a mentor by the DA while he or she learns the CFSR OSRI and begins to supervise assigned staff and manage the quarterly case reading assignments.

For QALs without prior supervision experience, all Health and Human Services Commission (HHSC) and related CPS Supervisor/Manager Training will be assigned.

### **Quarterly Duties of the Quality Assurance Leader**

- Assigning the sample for screening and case assignments. After the QAL is experienced in assigning the sample, he/she may choose to delegate the assignment of the sample to a tenured regional QAS.
- Scheduling and attending debriefings with regional staff for cases reviewed in the prior quarter.
- Completing quarterly regional reports and sharing them with regional staff. This includes data analysis and identification of trends in practice and outcomes.
- Completing ongoing QA of case reviews and providing developmental assistance to their QAS.
- Completing ongoing supervision tasks such as monitoring leave requests, completing conferences and performance evaluations, and holding individual team calls.
- Monitoring the completion of all cases for the current quarter and working with any QAS who needs assistance in managing quarterly due dates.
- Providing CFSR presentations and trainings to the regions in the interest of continuous quality improvement.
- Completing monthly QAL reports for the DA.
- Facilitating Organizational Effectiveness workgroups using the DAPIM model when requested.

### **Providing Training to the Regions**

Various trainings are administered to the regions by the Quality Assurance Specialists and/or the Quality Assurance Leader.

- The trainings are generally requested by units or in some cases by stage of service program areas.
- Each training session is tailored to meet the needs of the audience.
- A variety of curriculums have been developed to focus on different stages of service while encompassing all of the CFSR Items.
- For smaller groups such as unit trainings, more interactive trainings are presented.
- Interactive trainings can take the form of rating a case as a group or through administering informal quizzes.
- Several power point presentations exist and are generally used for larger audiences.
- As training curriculums are updated and developed they are shared across the state for all of the Accountability division.
- Less formal trainings are also administered to the regions and on a statewide basis.

- The Texas PIP Tips were produced to assist staff with certain sections of the CFSR. They are disseminated statewide and available on the Accountability Team intranet page.
- Various tip sheets and checklists have been produced to help staff with training issues as well.
- All trainings that are requested and given to staff are tracked by the Quality Assurance Leaders on their monthly reports.
- The CFSR Team Lead and CFSR Program Specialist alternate providing training on a monthly basis to Basic Skills Development for Supervisors. An overview of the CFSR is given and the OSRI is presented, with supervisors providing ratings per item on case vignettes.

### **Inter-Rater Reliability**

The Child and Family Services Review Team engage in periodic inter-rater reliability exercises to promote consistent rating across Texas. A formal inter-rater reliability exercise is conducted by the entire team on an annual basis through reading and rating two cases separately and turning in their ratings to the CFSR State Office team for comparison. One case is an in-home case and the second case is a substitute care case. All investigative history for those cases is included, with any investigations occurring during the period under review included in the ratings. The CFSR State Office Program Specialists enter ratings into an Excel document that tabulates how close the team came to 100% consistency on each rating.

Cases used for inter-rater reliability are either mock cases developed by CFSR State Office Program Specialists or actual cases from the quarterly sample that have not been read by an individual QAS. Case file information and stakeholder information is included in either scenario. If the case is a mock case the author provides a summary of what was found in the case file and what information is gained from stakeholder interviews. If the case is an actual case CFSR State Office Program Specialists review the file and share the information found either through a summary or through scanning and e-mailing the file. They also conduct the stakeholder interviews and provide a summary of the information received. The entire team has the opportunity to provide questions for the stakeholders before the interviews take place in this scenario.

After reviewing and scoring the cases individually the team comes together to debrief the cases and discuss any rating differences that may occur. The team uses the On Site Review Instrument definitions and instructions to come to an agreement of how the team will rate similar situations in other cases. The team is informed of how each Item scored on inter-rater reliability agreement. The team often develops new Frequently Asked Questions from the inter-rater reliability trainings.

The inter-rater reliability debriefing usually occurs at the annual team meeting. If a face-to-face team meeting is not possible the debriefing will occur on a team call. A scenario of each case is given and then the CFSR State Office Program Specialists lead the team through each Item and the team shares their ratings.

The team also has monthly calls where inter-rater reliability discussions are held from cases from the current sample. Throughout the quarter QAS and QALs staff and discuss particular case situations and ratings. Frequently the QAL will include CFSR State Office Program Specialists into the discussions for inter-rater reliability consistency. This discussions will often be added to the monthly team call in order to ensure the entire team is aware of the case

scenario and the guidance on how to rate. Team call minutes are produced from each call and distributed to the team. The team FAQ list is updated with these discussions as needed.

Further inter-rater reliability is achieved through the ongoing quality assurance process described earlier in this manual. Ongoing and varied inter-rater reliability exercises provide staff with clarification on how to interpret the federal guide and apply ratings consistently to the cases to measure case Outcomes. They also enhance consistency in rating across all regions of the state.

## Appendix C: Texas Child and Family Services Review Accountability Training Curriculum Round 3

Welcome to the CPS Accountability Division! This Accountability Training Curriculum contains training materials to be used as your orientation and preparation for your new role in our division. The Accountability Division provides continuous quality improvement services to all regions in Texas to support successful outcomes for children and families served by CPS. The Child and Family Services Review (CFSR) Quality Assurance (QA) process uses the federal CFSR Onsite Review Instrument and stakeholder interviews to review outcomes for children and families in the areas of safety, permanency and well-being. The Investigation QA process reviews closed CPS investigations. The purpose of these reviews is to provide ongoing feedback regarding compliance with legislative mandates, investigations policy, and Safety Decision Making principles. Investigation QA also reviews cases closed by screeners to ensure that child safety was not compromised by the intake closure. The Accountability Division provides training and produces regional and statewide data analysis and trend information. The Division also works with the regions on Organizational Effectiveness by facilitating topics aimed at improving outcomes for children and families through recognizing gaps in the system and identifying, implementing and monitoring remedies to the problem.

### Mission

- To assess the extent to which the outcomes related to safety, permanency, and well-being are being achieved for children in care in the State of Texas.
- To identify the practice strengths as well as areas needing improvement in the Texas child welfare system.
- To communicate this information clearly, using high quality tools, to CPS staff and Texas stakeholders.

<b>Team Information</b>
A. QA Staff list by Location B. State Map by Region
<b>Section 1 - QA Manual</b>
A. Texas CPS QA Manual
<b>Section 2 - CFSR Guide</b>
A. CFSR Round 3 OSRI
<b>Section 3 - CFSR FAQs</b>
A. Texas FAQs B. Printed Copy of Federal OSRI FAQs
<b>Section 4 - CFSR Tools</b>
A. Script for Stakeholder Interviews B. INV Case Reading Tool (2 versions) C. Item by Item Chart D. CFSR Contacts & Visits Chart E. Texas CFSR CVS Shell F. Texas CFSR FBSS Shell G. CVS Worksheet Round 3 H. FBSS Worksheet Round 3

<b>Team Information</b>
<b>Section 5 - CFSR References</b>
<ul style="list-style-type: none"> <li>A. CFSR Talking Points</li> <li>B. Case Rating Summary</li> <li>C. CFSR Round 3 Parent Definitions</li> <li>D. What to Expect from a CFSR Case Reading (.ppt)</li> <li>E. CFSR Quick Reference Items List (from CFSR Portal)</li> <li>F. CFSR Reviewer Brief (from CFSR Portal)</li> <li>G. Case-Related Interview Guides and Instructions (from CFSR Portal)</li> <li>H. Accessing CFSR in Google Chrome</li> <li>I. CFSR Database Instructions &amp; Tips v2 Chrome</li> <li>J. CFSR Database Save &amp; Print v2 Chrome</li> <li>K. Health Passport Instructions</li> <li>L. Item 1 - CPS Initiating Priority Timeframes</li> <li>M. Item 1 - CCL Investigation Timeframes</li> </ul>
<b>Section 6 - Texas PIP Tips</b>
<ul style="list-style-type: none"> <li>A. PIP Tip Safety Outcomes 1 &amp; 2</li> <li>B. PIP Tip Permanency Plans: Timeliness &amp; Appropriateness</li> <li>C. PIP Tip Preserving Connections</li> <li>D. PIP Tip Quality Visits with Parents and Children</li> <li>E. PIP Tip Relationship of Child in Care with Parents</li> <li>F. PIP Tip Child and Family Involvement in Case Planning</li> <li>G. PIP Tip Absent Parents</li> </ul>
<b>Section 7 - Alternative Response</b>
<ul style="list-style-type: none"> <li>A. Alternative Response Presentation</li> <li>B. Alternative Response Guide</li> <li>C. Alternative Response FAQs</li> </ul>
<b>Section 8 - Investigations</b>
<ul style="list-style-type: none"> <li>A. Investigation QA Guide</li> <li>B. Screened Intake Guide</li> <li>C. Investigation Readings FAQs</li> <li>D. Screener Staff List</li> </ul>
<b>Section 9 - IV-E Foster Care Eligibility</b>
<ul style="list-style-type: none"> <li>A. IV-E Foster Care Eligibility Guide</li> <li>B. IV-E Foster Care Eligibility FAQs</li> <li>C. IV-E Foster Care Eligibility Database Instructions</li> <li>D. IV-E Eligibility Start Date</li> <li>E. IV-E Living With-Removal From</li> <li>F. IV-E Temporary Absences</li> </ul>
<b>Section 10 - Acknowledgements</b>
<ul style="list-style-type: none"> <li>A. Standards of Conduct</li> <li>G. Conflict of Interest Acknowledgement</li> </ul>