

# **Senate Bill 6 180-Day Progress Report**

A Report from

The Department of Family and Protective Services  
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## Executive Summary

Senate Bill 6, passed by the 79<sup>th</sup> Texas Legislature and signed by Governor Rick Perry, laid the groundwork for comprehensive reform of child and adult protective services in Texas, managed by the Department of Family and Protective Services (DFPS). Resources and direction were put in place to transform the programs charged with protecting children and people who are elderly or have disabilities from abuse, neglect, and exploitation. In the two years since Senate Bill 6 came into effect, these sweeping reforms have yielded tremendous improvement in the services that protect the most vulnerable Texans.

Since the legislation's passage, the state has hired more than 5,000 field staff, strengthened training for caseworkers, improved risk assessments, deployed technological innovations to enhance casework in the field, and emphasized effective involvement of both professional and civic communities. Across all DFPS programs, systems have been established to increase accountability for the quality and timeliness of casework and for the desired outcome for clients served.

Significant new resources have gone toward strengthening Child Protective Services (CPS) investigations. As an alternative to paid foster care, CPS has increased kinship placements for children who must be removed from their homes. CPS now offers a comprehensive program that provides financial assistance, child care resources, and additional support to relatives who care for children in the state's conservatorship.

Policy and structural changes have formalized the inclusion of families as critical decision makers regarding child safety and well-being. An innovative managed care model is being developed to deliver quality healthcare services geared to specific needs of children in foster care. Resources are being deployed towards better educational outcomes for children. Youth aging out of foster care are now provided with continuous Medicaid coverage through a single application process up to the age of 21.

*In the two years since Senate Bill 6 came into effect, sweeping reforms have yielded tremendous improvements in the services that protect the most vulnerable Texans.*

Adult Protective Services (APS) implemented all 252 corrective actions identified by the Governor, including a risk assessment tool that more accurately identifies clients' needs during the investigation. APS is assigning complex cases to experts in abuse, neglect and exploitation resulting in more thorough assessments. APS staff is working with special task units in large counties to maximize problem-solving skills and community resources for clients in complex investigations. The guardianship program was successfully transferred from APS to the Department of Aging and Disability Services (DADS), and the infrastructure created for ongoing coordination between the two agencies.

APS is working with other DFPS divisions and external partners to formally evaluate the progress made under reform. To ensure continual improvement in services, APS is fostering closer relationships with partners at the state and local level. This includes projects with state agency partners to examine ways to better serve mutual clients. The 2007 Customer Satisfaction

Survey shows that much progress has been made in engaging community partners—efforts that will receive continued focus in the future.

Tablet personal computers (PCs) were distributed to both CPS and APS caseworkers so they can document investigations from the field and access key case and resource information. This has improved the efficiency of case documentation and allowed field staff to focus more time with clients.

Child Care Licensing (CCL) now conducts random inspections of all foster family and foster group homes, including DFPS foster homes, to ensure they are meeting minimum standards. Background checks into possible criminal history or past abuse or neglect allegations are now required prior to employment at residential child care operations, and drug testing is required of all residential child care employees.

As part of the ongoing legislative oversight, Section 5.01 of Senate Bill 6 requires the Texas Health and Human Services Commission (HHSC) to submit a detailed progress report to legislative leadership every 180 days after the effective date. This report, due September 1, 2007, is the fourth and final progress report.

This report documents the concrete progress DFPS and the Department of Aging and Disability Services (DADS), in partnership with HHSC, have made in implementing Senate Bill 6. A comprehensive reform of this scale would not have been possible without a great deal of external support. DFPS is grateful to State leadership, community stakeholders, providers, and national experts who have provided valuable guidance and input into the planning and implementation of this effort. DFPS is further grateful for the ongoing support of the agency's transformation with legislation, such as SB 758, passed and signed in the 80<sup>th</sup> Legislative session.

## **Summary of Major Achievements in Implementing Senate Bill 6:**

### **Reforms Related to Vulnerable Adults**

- Transferred the APS guardianship program to the Department of Aging and Disability Services. Final rules related to the DADS guardianship program were adopted as of September 1, 2006.
- Implemented a new APS risk assessment tool that improves the evaluation of a client's living condition, medical status, mental status, financial status, and social support system. An independent evaluation of the tool concluded that it is effective in identifying risk.
- Implemented a monthly hiring schedule for additional caseworker positions funded for fiscal year 2007 and successfully recruited staff for open positions.
- Assigned complex cases to subject matter experts in abuse, neglect, and exploitation.
- Developed a performance management system that allows for greatly improved supervisor monitoring and management of case quality, timeliness, and policy compliance and improves accountability throughout the program.
- Implemented new, comprehensive APS training that includes advanced training on mental health and self-neglect and emphasizes working with community organizations, law enforcement, and courts.
- Provided tablet PCs and digital cameras to all direct delivery staff in the APS in-home and facility programs.
- Provided a Mobile Protective Services (MPS) application that allows direct delivery staff to document investigations in the field using the tablet PC regardless of wireless connectivity availability and automatically synchronize to the agency's primary system of record (Information Management Protecting Adults and Children in Texas - IMPACT).
- Launched a four-part, year-round public awareness campaign in fiscal years 2006 and 2007, which included public service announcements and educational materials focused on community-wide efforts to prevent abuse, neglect, and exploitation.
- Hired APS community initiative specialists in each region to make civic connections and mobilize volunteers.
- Made an education stipend available to all APS staff. The stipend encourages caseworkers to attain a higher level of education in APS-related fields and supports workforce retention.
- Developed a comprehensive evaluation plan and began evaluating APS reform policy changes and initiatives to continue improving services to vulnerable Texans. Special Task Units, multi-disciplinary community teams designed to provide added problem-solving support for complex APS cases, were created in 18 counties with populations over 250,000.

## **Reforms Related to Children and Families**

- Hired over 4,700 CPS staff (caseworkers, supervisors and clerical support staff) from September 2005 through July 2007.
- Developed a new investigation model, which includes a stronger risk assessment instrument, new screening procedures for lower priority cases, and training to recognize and respond to high-risk cases.
- As of July 2007, hired 212 special investigators and 49 child safety specialist staff to assist with CPS investigations and training.
- Expanded training for CPS caseworkers to include working with law enforcement, conducting forensic investigations, gathering evidence, upholding fourth amendment rights, drafting affidavits, and testifying in court.
- Implemented new processes to better screen job applicants to assess their ability to perform effectively in CPS caseworker positions.
- Implemented statewide five-day response times for Priority 2 investigations in April 2007 as an interim measure, with final transition to 72-hour response times for Priority 2 investigations statewide effective August 2007. This will greatly increase investigative responsiveness as prior policy allowed a ten-day response time.
- Began 24-hour casework documentation of critical actions and designed reports to monitor accountability down to the individual caseworker and unit levels.
- As an alternative to paid foster care, expanded the statewide kinship program, which provides initial start-up funds and financial assistance to help relative families with child-caring expenses.
- Increased kinship placements since the inception of the family group decision-making model.
- Started pilot programs in Houston, Arlington, Fort Worth, and Austin to address the disproportionate representation of African American children and other children of color in the child protective services system and specifically in foster care.
- Worked with the Health and Human Services Commission to implement continuous Medicaid coverage through a single application process until age 21 for youth who age out of foster care.
- Developed education portfolios for school-aged children in care to improve educational outcomes and to ensure that school records follow each child through placement changes.
- Through a competitive procurement process, HHSC awarded a contract for a comprehensive medical, behavioral health, and dental managed care network for children in foster care. The goal is to ensure better accountability for healthcare outcomes and track children's healthcare as they move from one placement to another.

- Provided tablet personal computers (PCs) and new software to support caseworker mobility to all caseworkers in the CPS investigations and family-based safety services programs to increase field casework time with clients.
- Added resource and external relations specialists in each region to focus on enhanced service and professional community collaborations.

### **Reforms Related to Licensing and Regulation**

- Adopted rules for employees in residential child care operations in December 2005 requiring background checks prior to employment, training on prone restraints, and drug testing.
- Strengthened minimum standards for residential child care facilities and child-placing agencies.
- Provided tablet PCs to all direct delivery staff in the residential child care licensing investigations program.
- Implemented periodic random inspections of foster homes and group foster homes and conducted over 1,700 inspections of foster homes by Residential Child Care Licensing staff between September 2006 and June 2007.
- Trained over 900 providers and staff on the new Residential Child Care Licensing Minimum Standards.

### **Agency-Wide Reforms**

- DFPS has developed and is implementing an agency-wide accountability and performance management system that will impact all programs within the agency when fully deployed. The system includes client-centered outcome measures, job performance standards, case reviews, and improved performance reports for management oversight.
- Case quality and timeliness goals are being consistently integrated into the performance evaluations of all staff.
- Standardized reporting of internal program performance metrics have been developed and are a routine part of executive management's oversight.
- Employed hiring specialists in each region, instituted a pre-screening test for new applicants, and developed a realistic job preview for prospective applicants. This has resulted in attracting and hiring individuals more likely to be successful as a DFPS caseworker.

*The overall implementation of Senate Bill 6 has been highly successful after two and a half years of reform.*

## **Challenges and Next Steps**

All DFPS programs have made substantial progress in implementing the reforms directed by Senate Bill 6. However, there have been some challenges to full implementation. CPS has experienced higher caseloads in the substitute care program due to the increase in the number and quality of abuse and neglect investigations. Other elements of CPS reform, such as the kinship caregiver assistance program, statewide expansion of family group decision-making conferences, and implementation of medical consent for children have also contributed to the challenging workloads for substitute care staff. HHSC and DFPS are working together to develop strategies to address these increased caseloads and other workload demands.

Another challenge has resulted from DFPS' successful efforts to quickly fill new staff positions appropriated by the 79<sup>th</sup> Legislature. DFPS is hiring record numbers of new caseworkers, leading to an increased demand for training resources, office space, information technology and other equipment for all staff members. DFPS has been coordinating with HHSC, the Texas Building and Procurement Commission (TBPC), and necessary technology equipment vendors to address the issues associated with incorporating several thousand new staff.

DFPS has had to address challenges finding adequate and appropriate placements for children in CPS care. The root of this challenge is the fact that the number of foster children has grown faster than the capacity of homes and facilities that care for foster children. Staff retention is critical to improving service delivery and minimizing the costs associated with staff turnover. This remains a challenge.

Despite these challenges, many of which were anticipated in a reform effort of this size and scope, the overall implementation of Senate Bill 6 has been highly successful after two and a half years of reform. HHSC and DFPS established a structure to monitor progress, coordinated with internal and external stakeholders, and ensured the delivery of quality services. DFPS is becoming more accountable to its clients and stakeholders, partnering with communities, leveraging the strength of families, taking advantage of technology to become more responsive, and focusing on staff development and retention.

The safety and well-being of children, families, elderly and disabled Texans are the criteria by which the success of this ongoing reform effort is measured. This effort would not have been possible without strong external support for DFPS. The Department, its clients, staff and stakeholders are all greatly indebted to the Governor and Legislature for their compassion, vision, and shared focus on the needs of the most vulnerable of Texans.



## Introduction

In 2003 and 2004, several abuse and neglect cases ended in tragedy, despite prior involvement by the state's Child Protective Services (CPS) and Adult Protective Services (APS) programs. It was clear that the state's strained protective services system required immediate examination and fundamental reform to better provide for the safety and protection of the clients it serves.

In response to this crisis, Governor Rick Perry issued an executive order directing the Health and Human Services Commission (HHSC) to review and reform APS and CPS, both programs of the Texas Department of Family and Protective Services (DFPS). HHSC initiated an independent review of cases, training procedures, law and policies, management and organizational structure, and more. Detailed recommendations were developed and presented to the Governor, who called upon the Texas Legislature to pass emergency legislation to implement these recommendations. DFPS responded by organizing multiple initiatives to lay the groundwork for reform, while awaiting further direction and funding decisions from the Legislature.

In May 2005, the 79<sup>th</sup> Texas Legislature passed Senate Bill 6 outlining comprehensive reform of DFPS. As part of the ongoing legislative oversight, Section 5.01 of the bill requires HHSC to submit a detailed progress report to state leadership every 180 days after its effective date. This report, due September 1, 2007, is the fourth and final version of those reports.

Senate Bill 6 specifies that each 180-day report address the following elements:

- The status of each major element of reform and each of the performance milestones specified in the act.
- Any significant obstacles encountered by HHSC, DFPS, or the Department of Aging and Disability Services (DADS) in implementing the provisions of the act, and the steps proposed to resolve those obstacles.
- Any provisions of the act that state agencies are unable to fully implement due to insufficient funds.
- Any significant unanticipated fiscal implications associated with the implementation of the act, and recommendations for addressing the fiscal implications in the most cost-effective manner.
- Steps taken to enhance internal and external accountability to improve outcomes for children needing protective services and adults needing protective services or guardianship services.

Following the passage of Senate Bill 6, HHSC and DFPS organized the work of agency reform into 24 distinct projects chartered by DFPS and managed by cross-agency executive level staff. In addition, a joint charter between DFPS and DADS was developed for oversight of the transition of the APS guardianship program. A brief description of each project is included in the appendix. To date, 18 of these original 24 projects are completed.

The HHSC Executive Commissioner, who provides leadership and oversight of all DFPS reform efforts and implementation of Senate Bill 6, is consulted on key issues involving policy or resources, and has final decision-making authority for all reform activities. The DFPS Commissioner works closely with HHSC, has direct responsibility for all reform efforts, and is involved on a daily basis in resolving issues and authorizing agency resources to enable the reform activities to move forward. Both the HHSC Executive Commissioner and the DFPS Commissioner are involved in promoting the organizational culture necessary to effect change of this magnitude.

HHSC and DFPS jointly established an executive steering committee comprised of leadership from each agency to provide guidance, support, and oversight to the 24 DFPS reform initiatives. The steering committee reviews the progress and work plans of the initiatives, resolves issues, identifies risks, and provides direction for project activities.

Senate Bill 6 recognizes the importance of external consultation by supporting DFPS and HHSC's efforts to draw upon the knowledge and expertise of other states, the private sector, service providers, and other stakeholders in the design and implementation of reform initiatives. HHSC procured project management expertise specifically to support DFPS reform. Two consultants were engaged to assess the entire reform effort and assist with development of business processes, risk assessment, and remediation and planning. These consultants brought a broad range of experience in human services, project management, procurement, performance-based contracting, and cost modeling for performance-based contracts.

Stakeholder input has been sought on all major projects, including substitute care outsourcing, development of a medical services network for children in foster care, expansion of abuse and neglect prevention and early intervention services, strengthening child care licensing standards, and boosting the quality of abuse and neglect investigations. The body of this report includes detail of specific efforts to involve stakeholders in the reform process. In addition to these ongoing efforts, DFPS has developed a comprehensive strategic plan to engage stakeholders in support of increased services and solutions for clients that involves staff at all levels and in all divisions. The DFPS strategic plan for agency communications also includes targeted efforts to increase stakeholder and community involvement.

The sections that follow review the major achievements of reform. These sections include a condensed version of achievements from prior reports (March 1, 2006, September 1, 2006, March 1, 2007) as well as a more detailed account of achievements in the most recent 180-day period:

### **Vulnerable Adults**

- Improving Structure and Practice
- Increasing Capacity
- Working Effectively With Community Partners

### **Children and Families**

- Strengthening Investigations

- Supporting Quality Casework
- Improving Services and Child Outcomes
- Building Community Partnerships
- Preventing Maltreatment

### **Licensing and Regulation**

- Ensuring Child Safety
- Regulatory Action

The final sections of the report discuss implementation obstacles, funding issues, and the accountability systems that will impact the ultimate success of Texas' reform effort.

## Achievement Status of Major Reforms: Vulnerable Adults

Senate Bill 6 addressed several areas of reform for the Adult Protective Services (APS) program. The APS program has two main components: one that investigates abuse, neglect and exploitation in community settings, and a smaller division responsible for investigations in state-operated and regulated facilities serving persons with mental illness or mental retardation. Inquiries into APS revealed a program lacking statewide consistency in case practices and in achieving quality outcomes. Resources were scarce, and workers often did not have the background or training needed to accurately assess the difficult client situations they encountered. Field-based technology support was lacking, adding an additional challenge of insufficient and untimely documentation of case actions.

The information in this section indicates that the development of a systematic and comprehensive approach to addressing APS problems has been fully implemented. Senate Bill 6 required a number of changes to strengthen the organizational structure of APS. Policy and programmatic changes were implemented to improve client risk assessments and ensure that complex cases receive targeted attention designed to lower recidivism rates. APS caseworkers are receiving better training, state-of-the-art mobile technology, and incentives to improve.

*By the end of FY 2006, APS had implemented 100 percent of the 252 initiatives required under APS Reform, including all of the mandates required in SB 6.*

Reform has resulted in the APS program becoming more involved with community partners who can assist and reinforce these efforts. This is being accomplished through public awareness campaigns and regional action plans, as well as more formal efforts such as community-sponsored special task units to monitor complex cases. Taken together, the implementation of Senate Bill 6 provisions pertinent to the APS program has reoriented the program toward quality and professionalism that will result in better outcomes for vulnerable adults.

### Improving Structure and Practice

#### **Guardianship Program Transfer**

Section 3.02 and Section 3.03 of Senate Bill 6 amended the Human Resources Code to transfer statutory authority for the Guardianship Program from the Department of Family and Protective Services (DFPS) to the Department of Aging and Disability Services (DADS) on September 1, 2005. Section 3.02 further requires DFPS to refer minors in conservatorship who are at least 16 years of age and unable to care for themselves as well as adults with disabilities or elderly adults believed by DFPS to be incapacitated and in a state of abuse, neglect, or exploitation to DADS.

The transfer of guardianship responsibilities to DADS has reinforced DFPS' primary role of investigating and serving adults in need of protection. DADS' expertise with long-term services and support programs for persons who are older and adults with disabilities makes it the appropriate agency for assuming guardianship responsibilities. Transferring this program removed any appearance of conflict of interest for DFPS staff in assessing and providing services for individuals in need of guardianship. As a result of coordinated DADS and DFPS efforts, the transfer of the guardianship program was completed on September 1, 2005, with no disruption in services to individuals served.

*Previous Achievements/Milestones From September 2005 to March 2007*

- In September 2005, the guardianship program was statutorily transferred to DADS. With the transfer came the establishment of a quality assurance program, a revised handbook, and a new organizational structure, which included the creation of guardianship attorney positions.
- In January 2006, a new Memorandum of Understanding (MOU) between DADS and DFPS was signed, replacing the MOU governing the transition period. Final rules for the DADS guardianship program were published for adoption in September 2006.
- A community outreach plan was implemented to ensure that all ancillary parties to the transfer were aware of legislative requirements. Letters were sent to all judges with probate jurisdiction (statutory probate, county courts, and county courts at law), to all county and district attorneys, and all county clerks. APS regional directors and DADS guardianship supervisors jointly visited most probate courts having significant numbers of guardianship cases to discuss the transition and respond to questions. Letters were sent to all major DADS external stakeholders updating them on the transition.
- On April 27, 2006, approximately 200 people attended a guardianship conference co-sponsored by DADS and the Texas Guardianship Association. An expanded training program for new DADS guardianship staff was implemented. Also developed was a training protocol for new regional supervisors (including classroom instruction and partnering with experienced supervisors), and plans for ongoing refresher training were created.
- In April 2006, an initial version of the DADS data management system was deployed providing staff with information necessary for effective guardianship operation. A new contract payment system to reimburse local contractors was developed and replaces the payment mechanism available through DFPS' automated case management system (IMPACT).
- Twenty-eight guardianship staff became registered guardians through the National Guardianship Foundation. One staff member achieved the designation of Master Guardian, becoming the second Master Guardian in Texas.
- An evaluation of the current assessment process and procedure, as well as a feasibility study of alternatives, was conducted to ensure accurate assessment of a person's need for guardianship.
- The DADS and DFPS Guardianship Executive Steering Committee was chartered in June 2006. The committee has established four workgroups to focus on ongoing efforts in the

following areas: guardianship data collection, responsibility for exploring least restrictive alternatives, interagency guardianship referral staffings, and guidelines for determining acceptance of new guardianship cases.

- A comprehensive quality assurance program was developed and implemented effective January 2007, and training was provided to the contracted providers of guardianship services.

#### *Achievements/Milestones From March 2007 to September 2007*

- Certification applications for 65 DADS guardianship staff were submitted to the Texas Guardianship Certification Board in July 2007. All DADS staff engaged in direct delivery of guardianship services have been certified or provisionally certified.
- The comprehensive guardianship quality assurance plan was implemented statewide. Reviews of the five guardianship contractors were completed in May 2007.
- A comprehensive review and update of the Guardianship Handbook was completed on June and training for all staff occurred over the summer of 2007.
- The DADS and DFPS Guardianship Executive Steering Committee met monthly to address joint initiatives and processes. Sub-committees met to address joint staffing, least restrictive alternatives, review of decisions, data collection, and the referral process. The committee has adopted documents that outline processes for the following case-related activities:
  - Joint staffing for communicating and coordinating across agencies to meet the needs of clients referred to DADS for guardianship;
  - Final appeals process for state office review of cases when DADS and DFPS field offices cannot reach a consensus regarding the need for guardianship;
  - Ensuring that referrals for least restrictive alternatives are utilized when appropriate; and
  - As appropriate, these documents are being incorporated into policy and procedures of both agencies. The Executive Steering Committee continues to work on other policy and process issues.

### **Quality Assurance and Performance Management**

Section 2.04 instructed DFPS to develop and implement a quality assurance program for APS. The statute requires client-centered outcome measures, minimum job performance standards for all APS employees, and procedures for conducting periodic performance reviews to monitor compliance with standards.

The expanded requirements for quality assurance and performance management allow for active monitoring as well as a retrospective quality assurance process through which cases are reviewed based on specific factors to ensure casework was appropriately performed. Effective quality

assurance and performance management functions also enable managers to identify patterns of performance at individual, unit, regional, and statewide program levels.

*Previous Achievements/Milestones From September 2005 to March 2007*

- APS staff developed minimum job performance standards for caseworkers, supervisors, self-neglect and exploitation experts, quality assurance case readers, and regional support staff.
- Client-centered outcome measures were developed using qualitative and quantitative data; and five case readers were hired to measure client case quality. These staff read and score cases using a standardized instrument. Scores are then tabulated and reported to regional and state office management for consultation with local unit supervisors, managers and caseworkers.
- Supervisory review of recidivistic cases was initiated. Supervisors are now responsible for reviewing recidivistic cases and assisting the caseworker with a long-term plan to resolve the issues involved in such cases.
- Quarterly performance reports were submitted to the Governor and legislative leadership every quarter since February 1, 2006.
- APS supervisors were trained on the new APS Performance Management System, which enables supervisors to monitor caseworker performance. The focus of the training was to orient supervisors on how to integrate quantitative data and quality assurance case reading into their management of cases and staff. APS supervisors now have daily reports available online to monitor caseloads and case quality.
- APS state office and regional management initiated efforts to devise a standardized set of management reports that will be utilized to guide decision-making at all levels of the program.
- A comprehensive plan was developed to evaluate the impact of policy and procedural changes made during APS reform. The evaluation will occur in phases. The first phase, examining the impact of community engagement activities, began in November 2006.
- The Mental Health (MH) and Mental Retardation (MR) Investigations Program performance management process was implemented including: designing; testing and activating a MH and MR quality assurance case-reading database; developing a monthly and regional case review schedule; distributing guidelines; and working with state office policy staff to design a case-reading consistency process.
- Beginning September 1, 2006, APS quality assurance specialists began reading cases for all MH and MR caseworkers each month and entering scores into the case-reading database for use by supervisors and managers to measure employee and program performance.
- APS staff developed a process to release new or revised APS policy on a quarterly basis. Supervisors are responsible for presenting new policy to caseworkers in unit meetings using

*Every caseworker in the APS program has a standardized performance plan with uniform expectations of casework quality and timeliness.*

materials that are provided by state office policy staff. The “policy in a box” materials include PowerPoint presentations, discussion questions, and case scenarios that apply the new policy.

#### *Achievements/Milestones From March 2007 to September 2007*

- The comprehensive APS reform evaluation will continue with additional phases and will be completed in the spring of 2009.
- Performance management reports continued to be submitted every quarter to the Governor and legislative leadership.
- Performance management reports and the quality assurance database continue to be developed and refined to measure individual, unit, regional and statewide performance. Timeliness reports can now provide data for each caseworker involved in the case.
- A videoconference workgroup has been established to leverage existing equipment for enhanced training and information sharing in APS.
- APS is incorporating the information from performance management reports and the quality assurance database into a revised process for regional learning and development.

#### **Complex Cases**

Section 2.10 instructs DFPS to develop and implement a system to ensure that, to the greatest extent possible, investigations involving complex issues of abuse, neglect, and/or exploitation of adults are assigned to personnel who have experience and training in those areas.

This provision ensures that cases that are especially difficult to assess are given consideration by appropriate experts or specialists. Accurate assessments early in the process yield more appropriate decisions regarding case disposition and may prevent recidivism.

#### *Previous Achievements/Milestones From September 2005 to March 2007*

- APS instituted policy and procedural changes to ensure complex investigations are assigned to staff with appropriate experience. Each region employed subject matter experts in exploitation, evidence-driven investigations, and self-neglect.
- Exploitation experts have received specialized training on identity theft, and have advanced skills in financial accounting, legal documentation, evidence collection, and forensic investigations. Self-neglect experts have received specialized training on effectively intervening with clients who hoard possessions or animals causing risk of harm, and are proficient in determining when to refer a client for a medical evaluation based on the client’s behavior or physical surroundings.
- In June 2006, subject matter experts attended training provided by national experts, with the goal of developing advanced skills in the areas of exploitation and serious self-neglect.



- APS is identifying cases for a comparison reading of those with subject matter expert involvement, versus those without, to assess client outcomes. Quality assurance specialists are developing plans for incorporating comparison readings into their current schedule given the large sample of cases being read for employee performance evaluations.
- A report on activities performed by subject matter experts during fiscal year 2006 was submitted to APS executive management. The report provided a summary of cases, meetings, and community presentations each subject matter expert participated in over the course of the fiscal year. APS will use this information to begin evaluating the impact of subject matter expert involvement on individual cases.
- APS performance management staff will be including subject matter expert activities in the APS reform evaluation plan. Quality assurance specialists will be reviewing cases involving subject matter experts in order to identify any trends that could inform policy or procedural revisions.

*Achievements/Milestones From March 2007 to September 2007*

- Special Task Units, multi-disciplinary community teams designed to provide added problem-solving support for complex APS cases, have now been created in 18 counties with populations over 250,000.

**Recidivistic Cases**

Section 2.12 requires APS supervisors to review all cases involving clients about whom there have been two previous allegations of abuse, neglect, or exploitation.

Supervisors designate these as recidivistic cases and assist caseworkers in the investigation of the third report and the development of a long-term plan for resolving the client's issues. Though the provision for complex cases is designed to reduce recidivism, this policy addresses recidivistic cases by requiring management review and the creation of a long-term plan to address the needs of clients with multiple or intractable problems.

*Previous Achievements/Milestones From September 2005 to March 2007*

- Policy on recidivistic cases was developed and released to APS staff in January 2006.
- A review of recidivistic cases is included in the APS Reform Evaluation Plan and quality assurance specialists have begun to review recidivistic cases to identify any trends that could inform policy or procedural revisions.

*Achievements/Milestones From March 2007 to September 2007*

- Policy and practice have been fully implemented; no further achievements to report.

## **Risk Assessment**

Section 2.06 directs HHSC to develop and maintain risk assessment criteria for use by DFPS personnel in determining whether an elderly adult or person with a disability is in imminent risk of abuse, neglect, or exploitation, or in a state of abuse, neglect, or exploitation and needs emergency protective services.

Quality risk assessments are essential in determining what actions are needed by APS to mitigate risk identified during the investigation. A comprehensive tool is necessary to ensure that risk factors are accurately analyzed so that appropriate services can be provided.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- A risk assessment tool known as the Client Assessment and Risk Evaluation (CARE) was developed and examines five areas of the client's circumstances: Living Conditions, Financial Status, Physical/Medical Status, Mental Status, and Social Interaction/Support.
- In May 2005, CARE was fully implemented into the DFPS automated case management system (IMPACT) after several regions piloted the paper-based CARE tool. The CARE tool is included on the tablet PC as one of several data entry pages used in the Mobile Protective Services (MPS) application. This application allows APS caseworkers to complete the CARE form in the field and then synchronize the information with IMPACT at a later time.
- DFPS and HHSC contracted with the University of Texas Center for Social Work Research to evaluate the CARE tool and they submitted their final report. The evaluation found that the CARE tool is effective in identifying risk. Additional research was recommended in order to evaluate client outcomes based on service plans derived from the CARE tool.
- DFPS developed a rule establishing the risk assessment criteria. The rule was adopted by the DFPS Council on July 2006, and became effective September 2006.
- Caseworkers were surveyed in October 2006 to elicit feedback regarding the use of the CARE tool.
- Based on recommendations submitted by the University of Texas, the independent evaluator of the CARE tool, and feedback provided by caseworkers, modifications to the CARE tool were implemented in January 2007. The fundamental structure of the CARE tool remained the same. Another option was added to the risk scale in order to capture situations in which a controlled risk factor is identified. Risk factors could put the client at risk of abuse, neglect, or exploitation. *Controlled* risk factors are risks that the client or their caretaker have taken steps to address or control, and therefore do not require any action on the part of the APS caseworker. For example, a client may have several health problems that are all controlled through medical care and medications.

### *Achievements/Milestones From March 2007 to September 2007*

- Further analysis to improve the use of the CARE tool will be conducted as a part of the APS reform evaluation.

## **Emergency Orders for Protective Services**

Section 2.16 expands the list of professionals who may provide reports that support emergency orders for protective services when a physician is unavailable. These reports are used when clients are alleged to be suffering from abuse, neglect, or exploitation that presents a threat to life or physical safety. Under this section, professionals such as nurse practitioners, psychologists and clinical social workers offer the opinion that under the circumstances, a temporary order of emergency services without the person's consent is necessary. If the emergency order is based on a report from someone other than a physician, a physician must provide a written assessment to the court within 72 hours concerning the client's capacity to consent to services. This section also allows emergency protective orders to be extended for 30 days, rather than the 14 days previously allowed. A physician's report must be obtained to request the extension.

By enabling other professionals to assess clients for the purposes of emergency orders, APS can provide emergency protective services faster. Clients facing a threat to life or physical safety and who lack capacity to consent will have a greater pool of professionals able to provide assessments and thus, faster access to services. The ability to extend emergency orders will provide APS caseworkers, as well as medical and mental health professionals, additional opportunity to secure services for clients before a final judicial determination is made regarding their capacity.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- Policy on emergency orders was revised and published in the APS policy handbook in September 2005, for use by workers in the field.

### *Achievements/Milestones From March 2007 to September 2007*

- Policy and practice fully implemented; no further achievements to report.

## Increasing Capacity

### **Staff Qualifications**

Section 2.02 instructs DFPS to hire, as often as possible, APS caseworkers who have professional credentials in fields related to serving and protecting vulnerable adults. DFPS is instructed to hire licensed master social workers and licensed professional counselors whenever possible. DFPS is required to develop a recruitment program designed to attract individuals with the aforementioned credentials provided that funds are available for such a program. DFPS is required to develop an incentive program, subject to available funds, to encourage APS employees to obtain professional credentials described above.

Building the skill level of current staff, encouraging the pursuit of relevant formal education, and hiring new staff with professional credentials related to the protection of vulnerable adults increases the overall effectiveness of the APS program. Incentives encouraging the pursuit of

professional credentials demonstrate the agency's commitment to individual professional development.

*Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS developed a caseworker replacement program and hiring specialists were employed in each region to expedite the hiring process for APS caseworker positions in order to reduce the amount of time a position remains vacant.
- A pre-screening test and a realistic job preview were instituted to ensure that applicants most likely to succeed in a particular position are selected for a standardized interview. From September 2005 through May 2006, there were 371 APS in-home pre-employment screening tests and 107 APS facility pre-employment screening tests conducted.
- An education stipend was made available to all APS staff. Eight staff members were approved for educational stipends. The stipend encourages caseworkers to attain a higher level of education in APS-related fields and promotes workforce retention.
- In February 2006, APS began meeting with the Texas Higher Education Coordinating Board (THECB) to provide a list of the knowledge and skills necessary for successful employment in APS. THECB designed and distributed a survey with this information to all Texas colleges and universities offering degrees in social work and psychology. The THECB survey required universities to indicate if they are currently providing instruction that develops the knowledge and skills identified by APS, and how they will incorporate the necessary skills and knowledge in applicable social work and psychology curriculum, if not currently offered. The overall response rate was 85.2 percent. THECB completed the data entry and analysis of institutional responses to the request for information in compliance with Senate Bill 6. APS mailed letters to the social work and psychology departments that responded to the survey. The letters contained APS recruitment brochures and regional APS contact information.
- A mechanism was developed to prompt and track, at the regional level, the delivery of training on new APS policy to staff.
- APS is funding 12 educational stipends in fiscal year 2007. The stipend program enables APS employees to obtain a higher level of education in APS-related fields.

*Achievements/Milestones From March 2007 to September 2007*

- Of the pre-employment screening tests conducted since the beginning of the fiscal year through June 2007, there have been 1062 APS in-home screening tests and 209 APS facility screening tests completed. These tests were designed to help identify the most qualified candidates to proceed to the interview and selection processes.
- To raise the capacity and professionalism of APS field staff, through FY07 APS spent over \$80,000 to reimburse 16 participants in the educational stipend program.

## **Caseload Reduction Plan**

Section 2.18 directs HHSC to develop, subject to the availability of funds, a caseload management reduction plan to reduce, not later than January 1, 2011, caseloads for APS workers to a level that does not exceed professional caseload standards by more than five cases per caseworker. The first plan was completed on December 31, 2006.

Reasonable caseloads promote quality casework with positive outcomes and assist in the retention of staff. APS will develop a caseload reduction plan in FY 2009 as outlined in Senate Bill 6 in order to support caseworkers in their efforts to serve vulnerable Texans.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- APS hired 94 new staff by December 2005, followed by 277 new staff by June 2006, and 355 new staff by December 2006. Legislative leadership approved 179 additional APS caseworkers for fiscal year 2007 to address growing caseload demands. These new positions were phased in beginning September 2006.
- APS and HHSC worked together to address a significant increase in reports of abuse, neglect, and exploitation received by APS during fiscal year 2005 and the first quarter of fiscal year 2006.
- Updated caseload projections were reported in the fiscal year 2006 DFPS Operating Budget, and a rule for an APS caseload management reduction plan was adopted January 2006.
- DFPS developed a regional tablet PC skilled user training program to assist staff in the best use of the new mobile technology resources to perform casework efficiently.
- HHSC submitted the Caseload Reduction Plan required by Senate Bill 6 to the Governor and legislative offices in December 2006. The plan outlines an average daily caseload per caseworker of 39.2 at the end of fiscal year 2009. This projection is based on maintaining the same number of staff in the 2008-2009 biennium.

### *Achievements/Milestones From March 2007 to September 2007*

- As of June 2007, the YTD average daily caseload for APS In-Home Services was 37.5. The successful reduction of caseloads is due to several factors. The intake growth for FY 2007 is less than projected; regional staff have focused their efforts on reducing the duration of pending cases; and, a high percentage of the additional staff that were allocated in the beginning of FY 2007 have completed training and are now able to maintain a full workload.
- An update to the 2006 Caseload Reduction Plan will be completed in December of 2008.

## **Training for APS**

Section 2.03 instructs DFPS to develop and implement a training program that each new APS employee must complete before initiating an investigation of a report of alleged abuse, neglect,

or exploitation of an elderly person or person with a disability under Chapter 48. New APS employees may not deliver services under Chapter 48 until they have received the required training.

Ensuring that newly hired caseworkers are adequately trained and supervised in the field is essential for preparing workers to effectively address the unique situations they encounter. Support in those initial months is critical so that caseworkers are knowledgeable and confident in their abilities to make decisions to protect clients.

*Previous Achievements/Milestones From September 2005 to March 2007*

- APS initiated the comprehensive Blended Learning for APS In-Home Skills Training (BLAST). BLAST includes web-based, classroom, and on-the-job training and has been expanded from three weeks to 11 weeks. Additional field trainers were hired to provide new employees with intensive coaching during the on-the-job training phase. New employees must complete “shadow” activities by first observing the activities and then performing them under close supervision. New employees receive two weeks of basic classroom training, followed by one week of advanced classroom training which focuses on mental health, self-neglect, and working with community organizations, law enforcement, and courts. Integration of the tablet PC into casework practice is also addressed in this classroom component.
- APS in-home and facility staff completed training in financial exploitation, and developed a mechanism for training in-home workers on local judicial procedures.
- In order to ensure ongoing knowledge and skill development of tenured staff, APS now requires 18 hours per year of continuing education training for all direct delivery staff and supervisors.
- Comprehensive training on risk assessment and mobile technology were provided to address program enhancements as a result of APS reform.
- Regional experts in exploitation and evidence-based investigations and their supervisors received four days of specialized training on these topics in June 2005. In August 2005, regional experts in self-neglect received advanced training. Both groups of experts also received training from nationally recognized professionals on a variety of subjects, including the art of consulting, medications for mental health in later life, chemical dependency in later life, working with law enforcement on exploitation cases, and palliative care.
- Curriculum specific to evaluation of staff judgments and case management was incorporated into the APS supervisor basic skills class.
- APS established a system for tracking the delivery of training on new policy in the regions, as well as training for supervisors on case management.

*Basic skills training for new APS caseworkers has been expanded from three weeks to 11 weeks, with intensive coaching during the on-the-job training phase.*

- A rule was adopted June 2006, that requires DFPS to incorporate examples of actual cases investigated by the agency into its training programs.
- The DFPS Professional Development Division updated and revised the new employee web-based training modules based on feedback from field trainers and policy specialists.
- A Request for Proposals was developed for creating a training module on conducting joint investigations with law enforcement.
- In order to meet the training needs of the additional APS caseworker positions, basic skills training classes were offered at additional sites throughout the state during fiscal year 2007.

*Achievements/Milestones From March 2007 to September 2007*

- Work is continuing on a series of web-based trainings to enhance the field training experience for new facility investigators, which will allow the classroom trainers to spend more time on developing core investigation skills. Web-based training will roll out in early FY 2008.
- A new learning management system was introduced, allowing trainees to receive and complete assignments online during field training. These assignments include the 38 computer-based training modules that introduce the basic principles and techniques of APS casework. The system offers flexibility for developers while providing greater stability for participants.
- Starting in September 2006, APS training increased its capacity and its ability to deliver training outside of Austin, in order to meet the demand created by the increase in In-Home staff. More than 300 trainees have gone through the two-week basic skills development class in FY07, in 24 sessions in five locations throughout the state. These are more than double the FY06 training figures.
- New Advanced Skills Development curriculum is in development to significantly expand content on mental health, mental retardation, substance abuse and suicide.
- To raise the capacity and professionalism of APS field staff, APS has thus far spent over \$80,000 to reimburse 16 participants in the educational stipend program.
- DFPS contracted for a new training, "APS and Law Enforcement," which was delivered in 13 sessions throughout the state. This training will cover the Texas Penal Code as it relates to elder abuse and neglect, how to communicate effectively with law enforcement personnel, the structure and workings of the criminal justice system, and techniques for investigating abuse and neglect. The trainer, a former Chief of Police in South Texas, taught both In-Home and Facility staff on procedures for cooperating with law enforcement in joint investigations, the evidentiary and documentation requirements that must be met to make prosecution possible and successful, the ways in which the goals and techniques of law enforcement investigations differ from those in APS and how they complement one another in reaching positive outcomes for clients.

## APS Technology

Section 2.17 directs HHSC to use technology whenever possible in connection with the APS program to achieve the following: 1) collect automated information necessary to evaluate the program; and, 2) reduce the time that caseworkers and other service providers spend gathering and reporting information necessary for program evaluation.

Through the use of mobile technology, APS investigators can more efficiently assess a client's situation and determine what services are needed. Deployment of appropriate technology to investigators provides useful and accurate information and aids in sound decision-making. Data collection from these tools can also be used to monitor caseworker and manager performance and inform policy decisions.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- All direct delivery staff in the APS in-home and APS facility programs were issued tablet personal computers, digital cameras, and specialized training on how to make the best use of this new technology.
- The Mobile Protective Services (MPS) software was released enabling caseworkers to document case activities into their tablet PCs when in the field. Upon returning to the office or using wireless connectivity, caseworkers can transfer data from their tablet PC into the DFPS automated case management database (IMPACT). In July 2006, APS tablet PC users received faster-speed wireless cards to better facilitate their remote access needs.
- The DFPS automated case management database (IMPACT) now accommodates the new APS risk assessment tool, Client Assessment and Risk Evaluation (CARE).
- Tablet PC users were surveyed to gather information on the strengths and challenges associated with the new technology. Based on the survey results, APS and DFPS information technology staff has developed a cultural change management plan. The plan includes a DFPS intranet site for tablet PCs, web-based training, job aids, as well as identification of skilled users to work with employees on specific training needs.
- In July 2006, management reports on the use of the MPS application by employee, unit, and region became available. These reports assist APS leadership in understanding the current usage pattern of the tablet PC application and will provide guidance on future adjustments.
- The tablet PC and MPS software won the "Business Evolution Through Mobilizing Field Workers" category at the Mobile & Wireless World Conference hosted by Computerworld magazine in May 2006. This is the second award that DFPS has received for their development of the tablet PC and MPS. The mobile technology project was also awarded the

*Through the use of mobile technology, APS caseworkers can more efficiently assess a client's situation and determine what services are needed. This technology allows more time to be spent in the field with clients.*



“Best Application Serving the Public” by the Centers for Digital Government and Education earlier that month.

- Received the Texas Association of State Systems for Computing and Communications (TASSCC) Excellence Award for the Innovative Use of Technology in State Agencies, August 2006.
- Statewide implementation of Virtual Private Network (VPN) services was conducted in September and October of 2006. VPN provides caseworkers access to the DFPS network from home using a high-speed Internet service. VPN enables caseworkers, who could not connect wirelessly from home, to obtain intakes while on-call during the evening hours and on weekends.
- In December 2006, a second annual tablet PC user survey was conducted to identify training needs and improvement areas for APS direct delivery caseworkers. Approximately 85 percent of staff responded and resulting recommendations were identified in March 2007.
- APS began usability testing for tablet PCs and mobile technology as part of on-going technology performance improvements.
- In January 2007, a new contact detail page was released in the automated case management database (IMPACT) and the Mobile Protective Services (MPS) application designed to streamline data entry from the field. This redesign was performed as part of the CPS tablet PC effort, but benefited all programs using mobile technology.
- DFPS developed plans to conduct an evaluation of tablet PCs during the first and second quarters of fiscal year 2007. The evaluation is designed to examine many aspects of tablet PCs including, but not limited to, mobile technology usage, measuring changes in efficiencies, and assessing changes in the quality of documentation. The evaluation is set to begin in spring 2007.
- APS completed a feasibility study in two regions regarding the functionality of telemedicine technology. Caseworkers were trained to use videophone technology and provided tele-consultation (medical and mental health assessments) with medical personnel while in the client's home. The study concluded that while feasible, this approach is not practical due to the lack of available connectivity, the recommendation that medically trained personnel be present at the client's home during the evaluation, and the lack of clarity in the video image.

#### *Achievements/Milestones From March 2007 to September 2007*

- An evaluation of mobile technology was completed in May of 2007. The evaluation focused on answering six key questions regarding the use of tablet PCs by APS staff. APS management staff have developed a plan to implement the recommendations. A link to the full report can be found on the DFPS Renewal website under APS.
- Building on the success of tablet PC deployment, DFPS has begun a more intense Mobile Caseworker Pilot to examine methods for further increasing time with clients, improving timeliness of documentation, ensuring prompt access to supervisor oversight, and building in

greater job flexibility that will improve a caseworker's ability to respond to case needs. The pilot is scheduled to begin in August of 2007.

- DFPS has initiated a Mobile Technology Usability Study in order to assess how mobile technology is being used by caseworkers in each program. The study will aid in the development of best practice materials for use in training. The study in conjunction with the Mobile Caseworker Pilot will continue to explore the best way to use mobile technology in order to improve outcomes for clients served by DFPS.
- Additional functionality was added to the MPS system and IMPACT, providing easier access to the documentation of an investigation or other case activity for APS staff. This included the development of a separate system to store digital photographs related to a case and link them to the electronic case files in IMPACT.

## Working Effectively With Community Partners

### **Public Awareness Campaign**

Section 2.05 requires DFPS to implement a statewide public awareness campaign designed to educate the public regarding the abuse, neglect, and exploitation of the elderly and people with disabilities.

Outcomes for DFPS clients are enhanced by a community's investment and commitment to serving older Texans and those with disabilities. Maintaining a public presence and providing information advances the public's understanding of the APS role, responsibility, and mission, and creates a stronger connection between the community and APS.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS finished production and released the 2006 APS public awareness campaign in May, which is also Elder Abuse Awareness month. The theme of the year-round campaign, "It's Everyone's Business," focuses on community-wide efforts to prevent abuse, neglect, and exploitation. APS community engagement staff continued to work with local community organizations to raise awareness and directly help Texans who are elderly and disabled guard against and cope with summer heat, financial exploitation, homelessness, and mental illness.
- The DFPS communications office engaged local media to ride along with APS caseworkers to further share information with them about the program and raise public awareness and support for APS' mission.
- Articles and news stories were published across the state demonstrating APS' effective use of mobile technologies.
- Resource and external relations specialists collaborated with regional attorneys and field trainers to provide new caseworkers an in-depth training on judicial relations. This training began in December 2006 and continues quarterly as new caseworkers are introduced to the

field. The training focuses on overviews of regional courts and current contacts, how to correctly utilize court documents, and how to testify in the courtroom.

- Community engagement staff members are increasingly asked to participate in presentations to civic and volunteer communities, as well as service providers, law enforcement agencies and faith-based organizations around the state.
- APS continued the introduction of mini-campaigns associated with the year-round public awareness campaign themed "Protecting Vulnerable Adults is Everyone's Business". In addition to the campaign kick off in May 2006, APS focused additional campaigns on the dangers of summer heat and financial exploitation of the elderly. APS completed its fourth mini-campaign focusing on homelessness and mental illness.

#### *Achievements/Milestones From March 2007 to September 2007*

- May is Elder Abuse Prevention Month in the United States. In 2007, APS staff in every region organized and co-sponsored community conferences and special events. Hundreds of participants attended conferences in Dallas, Lubbock, Houston, Fort Worth, and Corpus Christi to learn more about financial exploitation and elder abuse.
- APS continues to develop annual public awareness campaigns that are made up of mini-campaigns focusing on issues related to preventing abuse, neglect or exploitation of persons age 65 and over and adults with disabilities. Topics for the mini-campaigns will vary depending upon the needs identified through community engagement activities.
- APS embarked on the 2<sup>nd</sup> annual "It's Everyone's Business" public awareness campaign, starting with Adult Abuse Awareness in May 2007.
- Working with the DFPS Office of Communications, APS distributed public service announcements to more than 100 television stations.
- The DFPS communications office again engaged local media to ride along with APS caseworkers to further share information with them about APS' work, generate news coverage and raise public awareness and support for APS' mission.
- APS and the Office of Communications began revising some of the content of the 2007 campaign. This year the homelessness/mental illness mini-campaign will be replaced with an autumn mini-campaign on fire safety/falling and injury prevention.

*Several statewide public service campaigns have focused attention on preventing abuse, neglect or exploitation of the elderly and disabled and raised public awareness and support for the APS mission.*

## Special Task Units

Section 2.10 instructs DFPS to work with special task units that will exist in counties with a population of 250,000 or more. The task units will work together with APS regional staff to monitor complex investigations.

The task units are designed to provide additional support for complex APS cases by engaging other disciplines to effectively problem solve, identify resources, make recommendations on cases, and serve as catalysts for additional service delivery from the local community.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS continued working with the Texas Association of Counties to create special task units that will monitor complex investigations for the 19 counties with populations greater than 250,000. Officials in the counties were contacted to initiate the process of developing the special task units.
- A curriculum and manual were developed to assist counties in establishing and operating their special task unit. DFPS community initiatives staff received supporting materials and training in preparation for assisting counties with implementation.
- In January 2006, regional directors and resource and external relations specialists received training on working with counties to implement special task units.
- Commissioners' Courts have formally approved creation of the special task units in 20 counties. Nineteen of the 20 counties mentioned above were required to have special task units due to their size. Members are being selected and initial meetings occurred or were scheduled in many counties.
- Seventeen of the 19 required special task units are operational and meet on a regular basis.
- Special task unit members have been supportive of caseworker actions and have provided a new perspective to complex cases. Staffing cases has strengthened collaborations with community partners, especially with entities providing mental health and mental retardation services.

*Community-based Special Task Units, designed to provide additional support for complex APS cases, are operating in 18 communities. They identify resources, make recommendations on cases, and serve as catalysts for additional service delivery from the local community.*

### *Achievements/Milestones From March 2007 to September 2007*

- Eighteen out of 19 required Special Task Units have formed and almost all of the groups are meeting on a regular basis. Members of the Special Task Units participated in the 2007 Community Satisfaction Survey.
- Special Task Units will be included in the APS reform evaluation.

## **Community Engagement**

Section 2.07 instructs DFPS to develop a community satisfaction survey that solicits information regarding DFPS' performance with respect to providing investigative and adult protective services. The survey will be sent annually to APS stakeholders, protective services agencies, and probate courts, and will build on the survey conducted by HHSC in November 2004.

APS envisions the strategic development and maintenance of community support, thriving local community networks, strong volunteer programs, and productive resource development in the community will benefit APS clients.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- Community initiative staff was hired in each region to focus on the civic and volunteer communities, build the APS volunteer base, and encourage the development of diverse community boards in each region.
- Resource and external relations staff were hired in each region to focus on relationships with the service and provider communities to increase access to services such as home repair and payment assistance for medication and utilities.
- DFPS staff identified priority needs in Texas communities, created regional community action plans to address education and resource development, and completed a statewide community engagement strategic plan. In April 2006, community engagement staff attended a statewide training held in Austin. The training focused on providing information and tools necessary to facilitate community engagement activities.
- DFPS strengthened collaborations with law enforcement entities across the state and created new Extreme Weather Task Forces, financial exploitation education campaigns, and other critical community partnerships.
- As part of DFPS' co-location efforts, the Dallas region is assessing the potential for housing APS staff in local hospitals.
- In May 2006, the new community satisfaction survey was sent to 2,450 stakeholders across the state to solicit feedback on APS services. Undeliverable or duplicate surveys were removed for analysis purposes, netting a total of 2,319 surveys.
- The results of the community satisfaction survey were published in a report released in January 2007. Nineteen percent of individuals surveyed responded. The overall satisfaction with APS increased between the 2004 survey and the 2006 survey.
- APS regional management received evaluation comments and suggestions from fiscal year 2006 survey respondents within their geographic areas and is taking action to follow up with stakeholders.
- Community engagement staff provides technical support to local advisory boards and coalitions in specific communities around the state. Currently, 19 active APS advisory boards in the state have been established, with two in the development stages.

- Resource and external relations specialists continue to collaborate with law enforcement agencies, banking institutions and other service providers in their regions in order to build relationships and increase access to services. Resource and external relations specialists provide training to local law enforcement agencies that cover topics such as APS investigations, indicators of abuse, neglect and exploitation, and how to appropriately report suspected abuse.

*Achievements/Milestones From March 2007 to September 2007*

- The 2007 Customer Satisfaction Survey was sent out in May of 2007. A higher number of responses were received than in previous years. APS regional management are using the survey results to develop regional action plans to improve community engagement efforts. The final report containing the results of the survey was completed in August of 2007.
- The community engagement exploration group, with representatives from local APS boards in every region, held an initial meeting to outline its purpose and scope. An interim committee was selected to develop by-laws and articles of incorporation by FY 2008 for a statewide APS support board.

## Achievement Status of Major Reforms: Children and Families

The reform effort for the Child Protective Services (CPS) program is complex and expansive, changing virtually every aspect of policy, practice, and performance expectations as widespread improvements are implemented to ensure the safety and protection of Texas children. Early reviews revealed key deficiencies, most notably unmanageable caseloads that resulted in poor quality casework. High caseloads and limited resources led to problems, such as staff circumventing policy and procedures, excessive caseworker turnover rates, and burnout among employees who stayed. Crisis management, rather than management focused on outcomes and results, became the norm. In response to the crisis, Governor Perry issued an executive order directing HHSC to review and reform CPS. Senate Bill 6, passed by the 79<sup>th</sup> Texas Legislature and signed by the Governor, laid the groundwork for comprehensive reform of child welfare services in Texas.

HHSC carried out the charge from the State's leadership by first listening to community representatives, families, and other stakeholders to better understand the underlying issues. Those issues are discussed in the section that follows, with an emphasis on quality investigations, improved casework and training, enhanced quality of services to ensure better outcomes, and stronger partnerships in Texas communities. CPS reform also stresses the need to support families and children in ways that will prevent the conditions that lead to abuse and neglect. The actions described below demonstrate solid progress in addressing these multifaceted issues.

### Strengthening Investigations

#### **New Investigations Structure and Forensic Investigation Support**

Section 1.82 of Senate Bill 6 instructs HHSC to establish an Investigations Division to oversee and direct investigative functions of CPS, including the receipt and screening of reports. The Director of Investigations is required to have law enforcement experience and is to be designated by the DFPS Commissioner.

Section 1.28 requires DFPS, subject to the availability of funds, to employ or contract with medical and law enforcement professionals who can provide support and assistance to caseworkers with assessment and intervention activities, employ or contract with subject matter experts to serve as consultants to caseworkers, and designate persons to act as liaisons within DFPS to work with law enforcement and the courts.

The CPS Investigations Division ensures that policy and practice methods incorporate the use of forensic investigations techniques into CPS investigations, solicits the expertise of medical and law enforcement professionals when feasible, and improves working relationships with law enforcement entities throughout the state.

*Previous Achievements/Milestones From September 2005 to March 2007*

- Law enforcement liaisons, substance abuse specialists, and nurse positions were created for each region. The Director of Investigations was hired in June 2005 and participated in the revision of the new CPS caseworker investigation training.
- Regional law enforcement liaison positions were created and filled, reporting directly to the Investigations Division rather than regional administration. Regional law enforcement liaisons are specialized staff whose primary functions are to increase the quality and number of joint investigations and improve CPS' relationship with local law enforcement agencies.
- Special investigator positions were created and filled statewide. Special investigators are required to have a law enforcement background in abuse/neglect investigations. These positions are designed to help support investigation caseworkers in interviewing victims and suspected perpetrators, evidence gathering, and coordination of criminal and civil case actions.
- Modifications were made to the automated case management system (IMPACT) related to the CPS investigation conclusion. This change requires investigators to document whether Priority 1 physical abuse or sexual abuse cases are investigated jointly with law enforcement as required by statute. The modification allows the collection of data indicating the frequency of joint investigations with law enforcement, as mandated by law, as well as the rationale if a joint investigation is not conducted.
- Six out of 10 regional law enforcement liaisons were hired as of December 2006.
- Law enforcement liaisons met with law enforcement agencies in 107 counties across the state. In general, the law enforcement agencies were eager to participate in joint training with CPS and to improve joint investigations. Law enforcement agencies reacted positively to having a law enforcement liaison from CPS who has a background in law enforcement and understands law enforcement issues.
- As of December 31, 2006, there were 198 special investigators on staff statewide.
- Law enforcement liaisons participate in quarterly special investigator/supervisor meetings.

*To increase the quality and frequency of joint investigations and improve relationships with local law enforcement agencies, regional CPS law enforcement liaison positions have been created statewide.*

*Achievements/Milestones From March 2007 to September 2007*

- Nine out of 10 regional law enforcement liaisons have been hired as of July 2007.
- As of July 2007, there are 212 special investigators on staff statewide.



## **Child Safety Specialists**

Section 1.29 requires a child safety specialist in each of the DFPS administrative regions. The duties of the child safety specialists include conducting evaluations of cases determined to involve a high risk to the health or safety of a child, ensuring the risk assessment tools are fully and correctly used, and reviewing cases with multiple abuse or neglect referrals involving the same family, child or alleged perpetrator.

Child safety specialists provide expertise for the risk assessment process and are available for expert consultation on court cases, child removals from the home, reunification, safety planning, and as otherwise needed. They meet a critical need for specialized assistance on questions of child safety in complex and high-risk cases.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS hired all seven lead child safety specialist positions. These positions supervise 43 child safety specialists, who were also hired and trained.
- From September 2005 to June 2006, a statewide Drug Endangered Child training was delivered with the assistance of child safety specialists, and in collaboration with the Texas Alliance on Drug Endangered Children.
- Training modules and a centralized webpage were developed regarding risk and safety assessment, development of safety plans, use of safety determinations, assessment of substance abuse dynamics and other topics. Risk and safety assessment training was delivered statewide to CPS caseworkers who completed their basic skills training prior to September 2005.
- A risk and safety committee, comprised of state office and regional staff, recommended modifications to the current risk assessment tool to more completely address risk and safety. The tool was refined and enhanced by reviewing the risk assessment tools used in other states, researching the literature, obtaining feedback from medical experts in the field of risk assessment instrument development, updating definitions of the risk items based on medical expert consultation, and developing definitions for scales of concern used to rate elements contained in the risk assessment tool.
- Integration of the risk assessment tool into the automated case management system (IMPACT) will roll out with the Mobile Protective Services (MPS) program for use on the tablet PC in mid-2007. MPS will enable caseworkers to document case activities into their tablet PCs when in the field.
- All supervisors and program directors were trained to better recognize and more effectively respond to high-risk cases during summer 2005. Beginning in September 2005, newly hired caseworkers received enhanced training in these risk and safety concepts.
- Improved reports and processes were developed to better identify systemic trends and patterns to improve staff proficiencies and control of risk issues.

- Child safety specialist staff continue to develop and deliver training based on trends and patterns identified during case reviews as well as in response to requests from regional administrators. Training modules are posted on the child safety specialist staff website and risk-based supervision has been implemented widely as a method by which new CPS supervisors can receive supplemental training and mentoring by child safety specialist staff.
- Child safety specialist staff saw an increase in requests for case consultations and reviews by workers and supervisors assigned to ongoing cases, especially around potential reunification decisions.
- In October 2006, statewide child safety specialist staff met to conduct strategic planning and to establish goals for fiscal year 2007. One of the top priority goals for 2007 is to use training and staff development to improve quality of work resulting in fewer multiple referrals, a decrease in recidivism, improved quality risk assessments, and improved decision-making in all stages of service.

#### *Achievements/Milestones From March 2007 to September 2007*

- While policy has been in effect, the percentage of cases being reviewed by child safety specialists was not meeting Departmental expectations. In response, significant efforts were made to increase compliance with the child safety specialist policy on second approval for case closure. A plan was developed and includes short-term strategies, followed by an automation enhancement in August 2007 that ensures staff compliance with legislatively mandated requirements for second approver for case closure.
- The changes to the automated case management system (IMPACT) completed August 2007 automatically assign appropriate investigations requiring secondary approval to a child safety specialist.
- During the summer months, an alternative mechanism using an Internet-based survey tool was implemented to ensure all cases appropriate for review were assigned to a child safety specialist. This mechanism began in June and will remain until the automated process is effectively in place. These new processes have led to 100 percent of high-risk cases now being reviewed, putting practice into full compliance with policy.

### **Improved Screening**

Section 1.19 requires that DFPS make the most effective use of its resources by screening out certain cases if DFPS determines, after contacting a professional or other credible source, that the child's safety can be assured without further investigation.

Section 1.20 requires DFPS to develop, in cooperation with local law enforcement and the Commission on State Emergency Communications, a training program for DFPS employees who receive reports of abuse and neglect. The training must include information on proper methods of screening reports, and ways to determine the seriousness of a report, including determining whether the alleged circumstances could result in death or serious harm to a child.

The legislation requires DFPS to utilize highly skilled caseworkers to perform the screening of intakes, develop standardized policy guidelines and accountability measures, and monitor closed cases in order to detect any screening guidelines that need adjustment. Case screening performed by skilled caseworkers, with consultation by other experts as needed, results in more caseworker time spent on cases that need critical attention to ensure the safety of children. Of equal importance is having well-trained, skilled employees to effectively elicit vital information from individuals reporting the alleged abuse or neglect. This skill is crucial in assessing the situation accurately and assigning the case quickly.

*Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS hired screeners located throughout the state. In May 2006, screeners were trained on screening protocol and risk assessment.
- New procedures were developed requiring regional staff responsible for assigning investigations to route Priority 2 investigations to screeners for review. Screeners were made responsible for reviewing abuse and neglect referrals from Statewide Intake (the statewide abuse/neglect hotline), and determining if a full investigation is warranted. A standardized protocol manual established statewide consistencies regarding which cases are selected for screening and the process by which they are screened. If the alleged victim is under 5 years of age, regardless of the allegation type, or if a case is already open, the case will be referred directly to an investigator.
- DFPS completed the development of the curriculum required by Section 1.20 and sought comment from the Texas Municipal Police Association and the Commission on State Emergency Communications. The Commission on State Emergency Communications approved the training in December 2005, and the Texas Municipal Police Association did so in early January 2006.
- As of June 2006, screeners had reviewed over 24,000 reports of child abuse and neglect. Nearly one quarter of those cases were closed during the screening process.
- Training for new abuse and neglect intake specialists began in May 2006 during basic skills classes. Training for tenured intake staff was completed by December 2006.
- As of December 2006, there were 42 screeners on staff statewide.
- CPS leadership is monitoring the screener program to ensure that appropriate procedures are followed and to make changes as necessary.
- CPS Investigation division and the DFPS Quality and Improvement Research team developed a survey tool to be used by child safety specialist staff during their review of screened cases. This tool will track trends and identify weaknesses and strengths in the screening process.
- In January 2007, child safety specialist staff began reviewing screened and closed cases in an effort to ensure quality decision-making. Child safety specialist staff will review for appropriate risk assessment and proper use of the screening guideline protocol.

*Achievements/Milestones From March 2007 to September 2007*

- Guidelines for the use of screeners were incorporated into the new 72-hour response standards policy for Priority 2 reports in July 2007.
- From September 2006 to May 2007, there were 63,525 reports of child abuse and neglect screened statewide. 13,145 were closed during the screening process.
- A Quality Assurance evaluation and report was completed in April 2007 of the screener positions and roles throughout the state.

*Screeners have reduced workloads for CPS investigative workers. This has resulted in more caseworker time spent on cases that need critical attention to ensure the safety of children.*

**Response Time Reduction**

Section 1.16 directs that, though rules are to be developed if funds are available and no later than September 2007, DFPS must immediately respond to a report that could lead to the death of or severe harm to a child. Highest priority reports must be responded to within 24 hours. All other reports must be responded to within 72 hours.

Responding more quickly to allegations of abuse or neglect ensures that children whose safety may be compromised are given prompt attention. Highest priority, or Priority 1, cases are currently responded to within 24 hours and the current response time for lower priority cases, or Priority 2, is ten days.

*Previous Achievements/Milestones From September 2005 to March 2007*

- Pilot programs involving shift work schedules were completed in every region, providing useful information about response time and scheduling issues. This will assist in planning for the full implementation of the 72-hour response time which will occur when the full complement of additional investigators are hired and trained, but not later than September 2007.
- Dallas/Fort Worth and the surrounding 13 counties began piloting a five-day face-to-face response time with alleged victims in Priority 2 investigations in fall 2005. A plan has been developed to pilot a 72-hour response in a few select units around the state. Formal evaluation of that pilot will provide guidance in rule formulation and procedures for staff prior to full implementation in September 2007.
- A mobile casework pilot to leverage tablet PC hardware began in May 2006. Goals of this pilot included aiding caseworkers in meeting the upcoming response time requirement as well as identifying best practices for field use. Due to the positive results of the pilot, statewide distribution of the tablet PC hardware and accessories occurred from August to October 2006.

- Results from the five-day face-to-face pilot indicate that there were challenges in responding within a shortened time frame. However, more investigation staff has since been deployed and screeners have impacted what is assigned for investigation. Building on the lessons from the initial pilot, a three-month pilot for 72-hour response was implemented.
- In December 2006, a 3-month pilot involving 72-hour response times began in at least 1 unit in 7 regions. A study is underway to examine how often the 72-hour response is achieved and what barriers or issues need to be resolved.
- To aid caseworkers in meeting the response time requirement, tablet PC rollout and training for all existing investigators and family-based safety services workers was completed in October 2006. All newly hired investigation and family-based safety services workers receive their tablet PC upon employment with the agency and receive training on the tablet during basic skills training as a new worker.
- Designed to streamline data entry from the field, a new Contact Detail page in the automated case management system (IMPACT) and the Mobile Protective Services (MPS) application was released in January 2007. Approximately 90 CPS direct delivery workers are piloting the functionality prior to a full CPS release in March 2007.

#### *Achievements/Milestones From March 2007 to September 2007*

- In April 2007, a five-day response to Priority 2 investigations was implemented, as an interim measure.
- CPS Regional Directors developed implementation plans in July 2007 to ensure an appropriate management response to implementing the new timeliness standards.
- Compliance reports have been developed for managers to promote timeliness standards being met.
- In July 2007, new CPS policy incorporating the new timeliness standards was distributed to all staff.
- In August 2007, the transition to a 72-hour response to Priority 2 investigations was implemented.

*Policy has been implemented that reduces the timeframes for face-to-face contact on Priority 2 investigations from ten days to 72 hours. Priority 1 investigations are still initiated within 24 hours.*

#### **Joint Investigations and Training**

Section 1.17 requires DFPS to collaborate with law enforcement agencies to develop guidelines and protocols for joint investigations and to provide joint training for DFPS investigators and law enforcement investigators regarding effective methods for investigating allegations of abuse and neglect, including interviewing techniques, evidence gathering, and testifying in criminal court proceedings, as well as instruction on rights protected under the Fourth Amendment of the U.S. Constitution.

The purpose of this section is for CPS and law enforcement to develop collaborative training to effectively conduct joint investigations. This section will also encourage the development of multidisciplinary teams, which will strengthen the quality of abuse and neglect investigations and help ensure better outcomes for victims.

*Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS, along with representatives from the Department of Public Safety (DPS), Dallas and Seguin Police Departments, and Children's Advocacy Centers of Texas, created a joint investigations manual for local agencies to use when developing protocols and training, forming multidisciplinary teams, and strengthening joint investigations practices. The manual will also be used to develop or update existing joint investigation guidelines and protocols under Section 261.3011 of the Texas Family Code.
- Law enforcement and child advocacy center representatives assisted DFPS in redesigning its training course for new investigative caseworkers. The new curriculum was implemented in September 2005, and included sections on working with law enforcement, forensic investigations, evidence gathering, upholding fourth amendment rights, drafting affidavits, and testifying in court.
- A contract with the Shaken Baby Alliance was executed in June 2006 for advanced training on abuse and neglect investigations. The Shaken Baby Alliance provides advanced training to CPS, Child Care Licensing and law enforcement on effective methods of conducting joint investigations. Three advanced investigation trainings were held in the summer of 2006. Fifty-three CPS staff attended this joint training along with law enforcement.
- Joint investigation guidelines have been disseminated to CPS staff. Children's Advocacy Center of Texas, through their newsletter, has provided each Child Advocacy Center with a copy of the guidelines.
- An additional two-day advanced investigations training has been held. Thirty-eight CPS staff attended this joint training.

*Achievements/Milestones From March 2007 to September 2007*

- Law enforcement liaisons continue to work with local law enforcement agencies and CPS staff to improve joint investigation procedures when a problem has been identified.
- A contract with the Shaken Baby Alliance was executed for 13 advanced trainings on abuse and neglect investigations for fiscal year 2008. The Shaken Baby Alliance provides advanced training to CPS, Child Care Licensing and law enforcement. Thirteen joint training sessions occurred during fiscal year 2007.

**Parental Notification and Failure to Cooperate With an Investigation**

Section 1.21 requires that before transporting children for an interview or investigation, DFPS must attempt to notify the parent or other person having custody of the child. A person commits

an offense if he or she is notified of the time of the transport of a child by DFPS and of the location from which the transport is initiated, and the person attempts to interfere with the DFPS investigation. The offense is a Class B misdemeanor.

Section 1.23 enables DFPS to seek assistance from the appropriate county attorney or district attorney to obtain a court order if a person refuses to cooperate with an investigation of child abuse or neglect and the refusal poses a risk to the child's safety.

These provisions recognize the parent's need to know the whereabouts of their child and the reason the child is being transported by a caseworker. These sections also clarify the legal consequences of interfering with an investigation.

#### *Previous Achievements/Milestones From September 2005 to March 2007*

- New policy was added to the CPS handbook requiring caseworkers to make a good faith effort to notify a parent prior to transporting the child. This includes a call to each telephone number the caseworker has, or can reasonably access, for a parent until contact is made or all numbers have been exhausted. A phone message can be left, or e-mail can be sent if actual contact cannot be made.
- A parental notification form with the caseworker's name and phone number was developed for staff to leave at the child's location, such as the school or day care center, if the caseworker is unable to verbally notify the parent of the intent to transport.
- Policy was developed to outline the situations when staff must seek the input of the attorney representing DFPS to ensure the parent's cooperation and the safety of the child.

#### *Achievements/Milestones From March 2007 to September 2007*

- Policy and practice fully implemented; no further achievements to report.

### **Taping of Child Interviews**

Section 1.21 also requires DFPS to audiotape or videotape any interviews conducted with any child in an investigation.

This section broadened the requirement to audiotape or videotape all children interviewed during an investigation. Previous policy required CPS to tape only interviews with alleged child victims of physical or sexual abuse.

#### *Previous Achievements/Milestones From September 2005 to March 2007*

- New policy was added to the CPS and Child Care Licensing (CCL) division handbooks to require audiotaping or videotaping of all children interviewed.

- In January 2007, digital audio recording software was added to the tablet PCs to more effectively meet this policy and minimize the amount of equipment staff must carry in order to conduct an investigation.

*Achievements/Milestones From March 2007 to September 2007*

- Policy and practice have been fully implemented; no further achievements to report.

### **Child Safety Alert Checklist**

Section 1.22 requires that, subject to the availability of funds, the Texas Department of Public Safety (DPS) shall create a child safety alert checklist as part of the Texas Crime Information Center to help locate a family for purposes of investigating a report of abuse or neglect.

*Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS contacted DPS to initiate planning around the creation of the checklist. DPS determined that sufficient funds exist to move forward on the child safety alert checklist. CPS and DPS staff has shared information regarding the quantity of cases that will involve the checklist and necessary procedures to add and remove cases from the checklist.
- CPS investigation staff is developing new policy regarding the child safety alert checklist.

*Achievements/Milestones From March 2007 to September 2007*

- DFPS and DPS are working together to develop a logical design of the computer application DPS will build on its automated system for the child safety alert checklist.
- DFPS is working with internal stakeholders to ensure collaboration on the development of the logical design and consistency with DFPS policy.

## Supporting Quality Casework

### **Caseworker Replacement Program**

Section 1.83 requires DFPS to develop a caseworker replacement program by December 2005 to ensure caseworker vacancies are filled in a timely manner.

The Legislature, through its passage of Senate Bill 6, recognizes that the ability to quickly replace caseworkers that leave employment is key to ensuring gaps in client services do not occur. High vacancy rates risk child safety as the remaining caseworkers struggle to manage excessively large caseloads.



*Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS allocated “hire-ahead” positions within regions in anticipation of new vacancies. These positions were designed to allow DFPS to have a ready pool of hired and trained caseworkers who can fill impending vacancies. Due to successes in hiring and high numbers of filled positions, DFPS later discontinued the “hire-ahead” positions.
- As of December 31, 2006, DFPS employed 32 hiring specialists to expedite the hiring of newly created and vacant positions. Regional hiring teams (consisting of hiring specialists, a lead and a clerk) were reorganized to ensure a standard and efficient process is used and to maximize resources across all regions.
- DFPS established a streamlined priority hiring process for HHSC eligibility staff at risk of losing employment due to the implementation of the Integrated Eligibility and Enrollment system. DFPS hired more than 600 former HHSC eligibility staff, primarily into direct delivery positions. These tenured and hard-working staff members are assets to DFPS.

*Achievements/Milestones From March 2007 to September 2007*

- As of July 2007, DFPS hired over 5,000 individuals (caseworkers, supervisors, and clerical support staff) into CPS casework units. DFPS has been able to quickly fill pre-CPS reform positions as well as new positions created by the reform effort.

**Staffing and Workload Distribution Plan**

Section 1.87 requires DFPS to create a comprehensive staffing and workload distribution plan for CPS to reduce caseloads, enhance accountability, improve the quality of investigations, eliminate delays in services, and ensure the most efficient and effective use of CPS staff and resources.

In order to improve the quality of casework, workloads must be reduced. Lowering the number of cases assigned to each worker and decreasing the workload associated with those cases can accomplish this reduction. The hiring of specialized workers, such as screeners, casework assistants, and clerical support staff, as well as the addition of more than 800 investigative caseworkers, will result in a more efficient distribution of resources and workload, and a reduction in investigative caseloads from a daily average of 44 to 33, or a 25 percent reduction, by the end of the 2006-2007 biennium.

*Previous Achievements/Milestones From September 2005 to March 2007*

- HHSC and DFPS applied up-to-date workload measurement indices and client service needs data to formulate an equitable allocation of staff and purchased services resources to the regions.
- DFPS developed a standard regional organizational structure to provide an effective framework for the expansion and supervision of large numbers of new staff.

- CPS direct delivery staff was divided into “functional units.” These units apply to investigations, family-based safety services, and conservatorship programs. Each unit consists of five caseworkers and one supervisor, thereby reducing the supervisor’s span of control and increasing the time supervisors can spend with each caseworker teaching and guiding them to make sound casework decisions. Each functional unit also has a casework assistant and clerical support to assist caseworkers in meeting the workload demands of their jobs.
- DFPS strengthened new hire recruitment efforts by focusing on local job fairs, website job announcements and postings, and providing interested applicants with a realistic view of what it takes to be an effective CPS caseworker.
- DFPS designed two new tools to aid in hiring individuals who are likely to be successful, long-term employees. A pre-screening test for job applicants to assess skills and performance characteristics is now administered to all applicants, and a behavioral interview guide, geared to assessing how each candidate would respond to real life work situations, is scored according to responses considered most effective for caseworker positions.

*With new resources, CPS investigation caseloads have become more manageable, decreasing from 43.2 in fiscal year 2005 to 26.2 in the summer of 2007.*

*Achievements/Milestones From March 2007 to September 2007*

- Investigation caseloads have been decreasing with the addition of screeners and more investigative workers. In fiscal year 2005, the daily average investigation caseload was 43.2, and in fiscal year 2006, the daily average investigation caseload was 34.7, representing a 19.7 percent decrease. As of June 30, 2007 the daily average investigation caseload was 26.2.
- CPS has sustained lower pending investigation rates statewide. The timeliness of investigation documentation is connected to accountability, as managers can review actual work done on investigations. This helps support better decision-making and is part of CPS’ plan to improve child safety.
- Between June 2005 and June 2007, there were 9,813 pre-screening tests for job applicants conducted.

**Casework Documentation**

Section 1.22 specifies CPS caseworkers will identify investigative actions that impact child safety and document those actions in the child’s file before the end of the next business day. This section requires management training on how to use workload indicators and other data to monitor case flow and make sound case assignment decisions. It also requires a case tracking system to notify supervisors and managers if cases are not progressing in a timely manner.

Supervisors and caseworkers having access to updated case information is essential to ensuring child safety. Incomplete information, particularly case history, impacts staff’s ability to make

informed decisions about child safety. In addition, supervisors and managers must be able to access case information quickly so case monitoring and supervision can occur on a day-to-day basis.

*Previous Achievements/Milestones From September 2005 to March 2007*

- CPS management identified the critical casework actions that require immediate documentation. These include daily entry of ongoing investigative contacts, completing information on face-to-face contacts in family-based safety services and conservatorship cases, and documentation of placement changes.
- CPS caseworkers continued to use the mobile dictation service. Caseworkers identified this tool as one of their most valuable resources, critical to timely documentation. Caseworkers dictate documentation by phone and receive typed documentation in return via email. The edited documentation is then inserted into the electronic case file. Many caseworkers find this saves time and enables them to stay current with documentation.
- The tablet PC pilot conducted from May 2006 through June 2006 demonstrated the benefits mobile technology has on the timely completion of case documentation.
- DFPS contracted to modify the automated case management system (IMPACT) and develop a CPS version of Mobile Protective Services (MPS) to facilitate documentation both in and out of the office. The MPS application allows staff to directly enter documentation details from the field and later transfer the information into IMPACT. This ensures that supervisors have the most current information available on a case, even if the worker remains in the field. The first phase of this project began on July 5, 2006.
- Pilot programs for 24-hour documentation were conducted in all regions. Investigation and family-based safety services workers received tablet PCs and increased staffing levels. Success in immediate documentation for critical case actions in these stages of service appears achievable when the Mobile Protective Services (MPS) application rolls out in spring 2007. However, pilot results indicate that conservatorship workers face many challenges in meeting the goal of 24-hour documentation. With an average daily caseload of 44.4, as of October 2006, conservatorship workers struggle to input documentation within current policy of seven days.
- Tablet PC rollout and training for all existing investigators and family-based safety services workers was completed October 19, 2006. All newly hired investigation and family-based safety services workers receive their tablet PC upon employment with DFPS.
- To fully leverage the benefits of mobile technology, a group of caseworkers referred to as “Super Skilled Users” began piloting the Mobile Protective Services (MPS) application in January 2007. The pilot will be the foundation of training for all workers and will be completed before the rollout of the MPS application on May 20, 2007.
- Designed to streamline data entry from the field, a new Contact Detail page in the automated case management system (IMPACT) and the Mobile Protective Services (MPS) application was released in January 2007. Approximately 90 CPS direct delivery workers are piloting the functionality prior to a full CPS release in March 2007. Further updates to the Mobile

Protective Services (MPS) application will be released in May 2007 and will include the revised risk and safety assessment tools.

#### *Achievements/Milestones From March 2007 to September 2007*

- An enhancement to the IMPACT system (automated case management system) completed in May 2007 continued enhancements and modifications. The modification included new safety assessment and medical consent pages, contact detail updates, changes to investigation pages, and an education detail page.
- Critical actions needing immediate documentation have been identified and reports are being developed and will be effective September 1, 2007. These reports will enable supervisors to view certain critical actions down to the worker and case level to ensure actions are being taken within required timeframes.
- Automated reports that provide the ability to monitor compliance with documentation requirements have been designed. These reports will be updated weekly or monthly, depending on the critical action. Reports provide the ability to monitor accountability down to the individual unit and caseworker level.
- Documentation requirements for critical actions have been incorporated into performance evaluations for CPS staff. Reports will be routinely reviewed by regional and state office staff to track compliance with the new 72-hour response time.

#### **Training for CPS**

Section 1.27 requires DFPS to add the following components to its training curriculum: forensic interviewing and investigatory techniques, collection of physical evidence, and training on applicable federal laws, including the Adoption and Safe Families Act (ASFA), Child Abuse Prevention and Treatment Act (CAPTA), and subsequent amendments. This section also requires DFPS, in conjunction with the Department of Public Safety (DPS), to provide residential child care licensing investigators with advanced training in investigative techniques and protocols.

Section 1.84 requires DFPS to improve the quality and consistency of CPS training. Specifically DFPS is required to (1) augment classroom training by using computer-based modules, structured field experience, and case simulation to aid in skills development, (2) use a core curriculum for all new caseworkers and specialized training for specific jobs, (3) have caseworkers transferring to new jobs complete the core curriculum and advanced training for the new position before assuming those duties, and (4) centralize accountability and oversight of all training.

Section 1.128 requires HHSC to study the feasibility of providing financial incentives to promote child protective services training. The study must assess the feasibility of a private foundation to solicit and receive funds, the use of stipends, criteria for eligible individuals, an estimated initial and annual cost, and associated costs from improved training. HHSC is required to report the study results no later than September 1, 2006 to the Legislature.

Caseworkers fully trained and equipped to do the job are better prepared to identify child endangerment and make sound casework decisions. Security in knowing what actions to take also results in greater job satisfaction, less job stress, and less turnover. Senate Bill 6 appropriately recognizes the importance of training, with particular emphasis on new forensic techniques that support investigatory best practices.

*Previous Achievements/Milestones From September 2005 to March 2007*

- Effective September 2005, the CPS training function was centralized in the Professional Development Department with the transfer of field instructor positions along with hiring of the new positions.
- Effective September 2005, the basic skills training for new CPS caseworkers expanded from a six-week program to a 12-week program, including a five-week core curriculum, and six weeks of structured field experience. Seven weeks of specialized training is required for caseworkers depending on their chosen stage of service: investigations, conservatorship, or family-based safety services.
- The training for new caseworkers was expanded to strengthen the emphasis on investigatory techniques, collection of physical evidence, state and federal legal requirements, and forensic-style interviewing.
- The legal component of the training curriculum highlights the development of key skills, including the drafting of affidavits to support a removal of a child and testifying in court. Both skills are essential to DFPS' ability to obtain court-ordered protection for a child.
- In September of 2005, DFPS instituted a training track for new supervisors that requires them to take a series of classes on various aspects of unit leadership in order to become certified. At the end of two years, the new supervisor must demonstrate mastery of material covered in the training track by passing a comprehensive written exam. Key elements of the training track:
  - Early introduction to the role of the supervisor and pertinent HR information.
  - Initial classroom training related to administrative supervision, human resources management and positive performance.
  - Program-specific training focused on policies and procedures.
  - A series of classes on working with a diverse workforce, developing staff competency and managing for retention.
- DFPS identified training needs for existing CPS staff, prioritized those needs, and developed an implementation plan for training direct delivery staff in new reform initiatives and practice changes. The implementation plan includes using a blended learning environment,

*Training for new CPS caseworkers was expanded from six weeks to 12 weeks. Half of the expanded training period is now spent in structured field placement.*

as some topics are suitable for computer-based modules, simulation activities, and classroom learning.

- In January 2006, DFPS implemented a new annual caseworker and supervisor training needs assessment process.
- In January 2006, CPS implemented policy changes that require CPS caseworkers transferring from one stage of service to another stage of service to go through the relevant specialized and/or advanced portion of the basic skills training before assuming their new duties.
- The two-day Casey Family Services “Knowing Who You Are” racial/ethnic identity formation training for new caseworkers was implemented, with special emphasis on caseworkers working with children in foster care. The course uses the blended learning methods of video, web-based modules, and classroom experiential exercises to help caseworkers understand and assist children who may be placed or raised in families whose culture is different from the child’s family of origin.
- Web-based kinship program training was implemented for all CPS caseworkers in March 2006.
- DFPS developed a series of up-to-date information sharing audio files featuring various topics and experts. Topics include: medical consent, I-See-You program, kinship program, educational portfolio, centralized placement, tablet PC rollout, Casey Family Services, Children and Pregnant Women Program, the Texas CHIP program, Caseworker Safety, Forensic Assessment Center Network, and Medicaid Eligibility. These audio files are provided in basic skills training and existing staff can access them at any time on the DFPS intranet.
- A report studying the feasibility of creating a private foundation to generate funds that will provide financial incentives to promote child protective services training was submitted to the Legislature on September 1, 2006. The report found that while legal constraints prevent HHSC or DFPS from pursuing the creation of a private foundation, an entity outside of HHSC or DFPS could do so. Initial inquiries to members of the Texas philanthropic professional community indicate that the probability of securing such an endowment is low.
- As of January 2007, DFPS hired 47 new CPS training staff to prepare for the training of new caseworkers.
- Tablet PC rollout and training for all existing investigators and family-based safety services workers was completed October 19, 2006.
- In October 2006, access was expanded to the Casey Family Services’ “Knowing Who You Are” cultural competency training by inviting supervisors and regional management to attend sessions.
- CPS and Professional Development Division staff is conducting ongoing improvements to the cultural competency module, communication module, domestic violence module, family assessment module, and also added tablet PC training in the basic skills training for ongoing caseworkers during spring 2007.

- In the basic skills training for caseworkers, seven new training modules and the Casey Family Services' "Knowing Who You Are" video are planned for inclusion in spring 2007.
- Family Based Safety Services specific information was added to the curriculum to enhance the casework practice portion of the curriculum in spring 2007.
- CPS and Professional Development Division staff developed training for field staff to help them understand changes to the automated case management system (IMPACT) risk assessment process along with changes to the medical consentor and multiple referrals pages in IMPACT. Staff will receive training on the Mobile Protective Services (MPS) application, as well as on how the new safety and risk assessment tool is to be used during May 2007.
- DFPS is providing performance management trainings to CPS supervisors on the use of data to monitor cases and make decisions. This will help supervisors identify critical case actions that impact child safety and utilize a comprehensive set of casework quality indicators. Also, the trainings will teach supervisors to use these reports so they can determine when a case is not progressing in a timely manner. This training began in December 2006 and will be completed in spring 2007 for all supervisors.
- Performance management trainings will be interactive with simulation activities, and classroom learning to help supervisors access the agency's data warehouse and automated human resources system (AccessHR). DFPS integrated performance management training into the CPS basic skills training in January 2007 and is developing performance management computer-based training for CPS supervisors to be available by May 2007.

*Achievements/Milestones From March 2007 to September 2007*

- In March 2007, existing CPS caseworkers participated in computer/web-based training regarding the recent initiatives in Transitional Living Services. The courses dealt with transitional planning, life skills assessment, extended foster care, and Preparation for Adult Living.
- In the spring of 2007, DFPS CPS training began implementing an internal certification process to independently train Casey Family Services "Knowing Who You Are" instructors. Five faculty were certified by Casey and those faculty members have trained an additional 17 instructors.
- DFPS staff have completed trainer requirements in order to be certified as "Knowing Who You Are" trainers. This enables wider distribution of the training to CPS staff.
- To prepare existing CPS staff for future changes, staff participated in an overview of the new Foster Care Healthcare Model via computer/web-based training during May-June of 2007.
- As a result of growing needs, identified CPS staff participated in web-based training on de-escalation skills during June 2007.

- In response to IMPACT software changes, CPS staff participated in additional computer/web-based training related to kinship, family assessment, medical services (foster healthcare) and second approver training during August 2007.
- Computer/web-based modules were developed for inclusion in the revision of the core portion of basic skills training for new caseworkers during August 2007. The new modules further implement a blended web/classroom delivery along with supplemental case studies and simulation.
- As part of the 2007 training needs assessment, a comprehensive job/task analysis, including direct observation, interviews and surveys, of the CPS caseworker and supervisor positions in all stages of service was completed. The August 2007 report is expected to have a major impact on the next iteration of basic skills training for both new caseworkers and supervisors as well as to identify the need for continuing and ongoing training. Additionally, some of the information may prove useful for recruitment and retention purposes.

## **CPS Technology**

Section 1.80 requires DFPS to explore the strategic use of technology to improve effectiveness of DFPS operations.

DFPS will improve client services through mobile technology designed to speed up caseworker access to family case history and policy, facilitate communication between caseworkers and supervisors, allow timely and accurate recording of information, and reduce workload backlogs. DFPS will also modify the current automated case management system (IMPACT) to improve risk and safety assessment and service plan development.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS conducted a survey of the APS mobile technology users and used the results to address technical and procedural issues. These results helped guide appropriate usage of mobile technologies by CPS.
- Ninety CPS investigation and family based safety services workers were provided tablet PCs in May 2006 to pilot their use and examine potential issues. The pilot showed that tablet PCs could be integrated into CPS casework successfully. Plans were completed to distribute tablet PCs to investigation and family based safety services workers statewide. Implementation occurred from August to October of 2006.
- Approval of the tablet PC pilot and implementation plan was secured from the Federal Administration for Children and Families. This approval was needed to secure the funding match DFPS receives for information technology projects related to the Statewide Automated Child Welfare Information System.
- DFPS posted a procurement solicitation document for the desired technology. A vendor was awarded the contract for development of the CPS Mobile Protective Services (MPS)



application for the tablet PC that enables caseworkers to document case activities into their tablet PCs when in the field.

- Tablet PC rollout and training for all existing investigators and family-based safety services workers was completed October 19, 2006.
- In January 2007, a group of computer-skilled caseworkers began piloting the Mobile Protective Services (MPS) application, the first step in training all staff. Regions will have the training for all workers completed before the rollout of the MPS application on May 20, 2007.
- The development of CPS functionality into the Mobile Protective Services (MPS) application is underway with the first release occurring January 7, 2007. Information entered into MPS will be synchronized with the full case automation system (IMPACT) at a later time to allow for a complete review of the case record. Full implementation of the MPS application will be completed by August 2007.
- Virtual Private Network functionality will be provided to CPS workers as needed throughout the spring of 2007. This allows staff to securely access the DFPS network from their home or other remote location if wireless connectivity is not available.

*All CPS investigators and family-based safety services workers have been provided with tablet personal computers allowing more time in the field with clients and more timely documentation.*

#### *Achievements/Milestones From March 2007 to September 2007*

- The first phase of the CPS Mobile Protection System was rolled out statewide in May 2007. All investigation and family-based safety services caseworkers have been issued tablets and have the MPS application to use for documentation of case activities into their tablet PCs when in the field.
- Additional functionality has been added to MPS and IMPACT to support the CPS program. This includes additional tracking in kinship care and improvements to risk and safety assessments.

## Improving Services and Child Outcomes

### **Outsourcing**

Section 1.123 directed DFPS to outsource all substitute care and case management services statewide by September 1, 2011. Outsourcing was intended to improve services and outcomes for children and families and to strengthen community-based systems of care. DFPS established a project team, in partnership with HHSC and outside consultants, to ensure the project was successfully completed. While DFPS efforts on this project are detailed below, **subsequent**

**legislation in the 80<sup>th</sup> Legislative session removed the requirement to outsource substitute care.**

*Previous Achievements/Milestones From September 2005 to March 2007*

- A website for the DFPS outsourcing initiative was created in October 2005 to ensure that project status and information is readily available and accessible to stakeholders and the public.
- In October 2005, DFPS released both the “Plan for Development of the Outsourcing Transition Plan” and a Request for Information for the independent administrator. Eighteen public comments were received and analyzed to assist in the development of the transition plan and the draft Request for Proposals for the independent administrator.
- The outsourcing project team conducted stakeholder input meetings in San Antonio, Houston, Arlington, Lubbock, and Austin in November 2005. Over 300 stakeholders attended and provided input on a series of questions related to outsourcing. A summary of comments from all meetings was compiled and posted on the DFPS outsourcing website.
- The draft Request for Proposals for the independent administrator was released on February 22, 2006 and 17 public comments were received. The draft Request for Proposals described roles and responsibilities for the independent administrator and DFPS, options for cost models that reward good performance, quality assurance and accountability measures, and contracting and procurement standards.
- The outsourcing transition plan, released March 1, 2006, provided additional detail on the state’s approach to statewide implementation of outsourcing of case management and substitute care services.
- As a result of a comprehensive evaluation of criteria and stakeholder input across all regions of the state, DFPS and HHSC announced on April 19, 2006, that San Antonio and the 28 surrounding counties would be the first region to outsource case management and substitute care services.
- The final Request for Proposals for the independent administrator for the San Antonio region was released on May 2006.
- In May 2006, DFPS conducted a bidder’s conference for potential respondents to the final Request for Proposals for the independent administrator. The purpose was to provide general information about the Request for Proposals, as well as the procurement process, that would help potential respondents prepare and submit effective proposals. Thirty-one individuals attended the conference, representing 25 agencies or companies.
- Also in May 2006, DFPS conducted a second bidder’s conference for potential respondents to the final Request for Proposals for the independent administrator. The purpose of this conference was to provide potential respondents with an overview of the DFPS automated case management system (IMPACT).

- DFPS conducted several meetings with internal and external stakeholders in San Antonio during May 2006, including meetings with DFPS foster homes, providers, community stakeholders, members of the judicial and legal communities, and DFPS staff. The purpose of the meetings was to inform participants about the outsourcing project and to listen to ideas and issues regarding the project.
- In June 2006, DFPS released an addendum to the Request for Proposals for the independent administrator that contained additional information for respondents to use in developing their proposals.
- DFPS formed a regional Outsourcing Transition Advisory Committee in San Antonio to provide DFPS with input and advice from a broad array of community stakeholders and to ensure a successful transition of case management and substitute care services from DFPS to an independent administrator.
- A Request for Proposals for the independent evaluator was drafted and released in October 2006. The independent evaluator will assess the performance of the independent administrator and of DFPS' system of service delivery.
- From July to October 2006, DFPS reviewed proposals and worked toward issuing a tentative award for Independent Administrative Services in San Antonio and the surrounding counties.
- On October 6, 2006, DFPS decided to indefinitely delay issuing a tentative award for Independent Administrator Services for DFPS in San Antonio and the 28 surrounding counties. This delay was due to feedback from the community suggesting the project faced several challenges, which could impact the success of the project. Due to this delay, DFPS also delayed releasing the Request for Proposals for the independent evaluator. DFPS explored contingency plans for the administration of substitute care and case management services and pursued guidance from the 80<sup>th</sup> Texas Legislature.

*Achievements/Milestones From March 2007 to September 2007*

- During this time period, the 80<sup>th</sup> Texas Legislature met and continued to consider Child Protective Services reform initiatives. In 2007, the Legislature passed and the Governor signed Senate Bill 758, which continued the CPS reform process and repealed the outsourcing requirement. The agency also received a significant increase in the number of caseworkers that oversee children in substitute care and work with families so children can safely remain in their homes. Therefore, DFPS will be implementing the new reforms to improve foster care and strengthen families and will soon notify respondents, stakeholders and agency staff about the cancellation of the procurement.

*The 80<sup>th</sup> Texas Legislature passed and the Governor signed Senate Bill 758, which continued the CPS reform process and repealed the requirement to outsource all substitute care and case management services.*

## **Child Placement**

Section 1.15 directs DFPS to provide relatives or caregivers with whom a child is placed, any information necessary to ensure the caregiver is prepared to meet the needs of the child, including information related to the abuse or neglect of the child.

Section 1.34 specifies that upon a child's removal from the home, DFPS must make every effort to identify and locate a non-custodial parent, relative, or other kinship caregiver willing and suitable to care for the child.

Section 1.26 requires DFPS to develop a manual that provides resource and contact information for a parent or person with custody of a child who is the subject of an abuse or neglect investigation and for a person selected to be the child's caregiver.

Section 1.62 requires DFPS to develop a Relative and Other Designated Caregiver Program that promotes continuity and stability for children for whom DFPS is the managing conservator by placing those children with relatives or other designated caregivers, and facilitate such placements by providing assistance and services in accordance with rules adopted by the Executive Commissioner. Section 1.62 further requires that rules be adopted for eligibility criteria for assistance and services.

Section 1.33 requires DFPS to, before the full adversary hearing, perform a background and criminal history check on relatives or other potential caregivers designated on the child placement resources form, evaluate each person to ascertain who is likely to be the most appropriate substitute caregiver, and complete a home study on that individual.

Section 1.37 requires that the court require each parent, alleged father, or relative of the child present to submit the placement resources form at the status hearing if the form has not already been submitted.

The emphasis placed on kinship care involves prioritizing placement with relatives or other adults significant in the child's life whenever possible to help maintain family, cultural, and community connections. Kinship placement enhances the child's sense of stability, identity, and belonging. Kinship caregivers are provided with a kinship care information guide and work closely with DFPS to ensure the safety of and best outcomes for the children in their care. Expedited background checks and home studies help speed up the placement of children with relatives and other significant caregivers thereby diverting them from the foster care system.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- In October 2005, the development of the child placement resources process was completed and included a required DFPS abuse/neglect database check. The process also includes informing parents that CPS will share information about the case with the potential caregivers, making them aware of the child's history and better preparing them to meet the needs of the child.
- If a parent completes the child placement resource form at the time of the child's removal from the home, a written home assessment is completed by the date of the adversary court hearing, or approximately 14 days after the child's removal from their home.

- Rules were effective in December 2005, which outline eligibility requirements for the kinship care program. The program provides initial start-up funds of \$1000 per sibling group, and annual recurring assistance of up to \$500 per child, per year and for up to three years after the caregiver becomes permanent managing conservator or when the child reaches age 18, whichever comes first. These funds are provided to qualified kinship caregivers, to assist them in providing for the child's essential needs including bedding, clothing, and school supplies. Support services became available to kinship caregivers, including childcare for those who qualify, in March 2006.
- Statewide implementation of the DFPS kinship program began in March 2006. Kinship workers are available in every region in the state, providing support and services to kinship caregivers. In counties where there are no kinship workers, conservatorship workers provide the needed support and services to kinship caregivers.
- A kinship care manual was originally made available in November 2005. A revised version was made available in March 2006, to incorporate the new financial support, day care, support group, and community resource information available to kinship caregivers throughout the state. The kinship care manual and brochure are available electronically on the DFPS website in both English and Spanish.
- DFPS implemented an online training for staff regarding the new kinship program services and supports. The DFPS web-based training offers information about the kinship program, including service information, policy, and rules, as well as the kinship manual and brochure.
- Between March 2006 and March 2007, over \$4.2 million has been distributed to kinship caregivers to assist them in providing for the essential needs of children in kinship care.
- The Kinship Manual was printed in Vietnamese and became available in February 2007.

*More children are being placed with family instead of entering the foster care system.*

*The number of children living in kinship homes has risen from 6,859 in December 2005 to 8,891 in June 2007.*

#### *Achievements/Milestones From March 2007 to September 2007*

- The number of children living in kinship homes has risen from 6,859 in December 2005 to 8,891 by June of 2007.
- From September 2006 through July 2007 over \$5 million has been distributed to kinship caregivers for flexible support and integration payments.

### **Cultural Awareness and Disproportionality**

Section 1.54 specifies DFPS' responsibility to mitigate the disproportionate representation of minority races and ethnicities in all phases of child welfare services delivery by:

- Delivering cultural competency training to all service delivery staff.
- Increasing targeted recruitment for foster and adoptive families.
- Targeting hiring recruitment efforts to ensure diversity among DFPS staff.
- Developing partnerships with community groups to provide culturally competent services to children and families.

Section 1.54 also requires HHSC and DFPS to analyze removal rates and other enforcement actions to determine whether disproportionality exists, taking into account other factors, such as poverty, single-parent families, and young-parent families, and to report the results to the Legislature. The legislation also requires a follow-up report to address the problems identified in the first report by July 2006. Enforcement actions are defined as actions taken by CPS that are supported by legal court proceedings and regularly reviewed by the courts, including:

- Removal of a child from the home.
- Court order to participate in services prior to removal of a child or parent.
- Placement of the child while in custody.
- Adoption of the child, or any other outcome that results in permanent placement and dismissal of the state's legal case.
- Decision to offer or not offer services that might prevent any of the above.

HHSC and DFPS are committed to eliminating the disproportionality that exists in the CPS system and to ensure all children and families are afforded equitable opportunities for positive outcomes. The two agencies are working with committed community partners on multiple fronts to ensure the success of these efforts.

*Previous Achievements/Milestones From September 2005 to March 2007*

- On January 2, 2006, HHSC and DFPS submitted the initial disproportionality report to the Legislature. Major findings of the report include: (1) African American children spend more time in foster care or other substitute care, are less likely to be reunified with their families, are less likely to receive in-home family services to prevent removal in some areas of the state, and wait longer for adoption, and (2) Poverty was a strong predictor of whether a child would be removed from the home, with more than 60 percent of child removals in Texas occurring in families with annual incomes of about \$10,000 or less.
- Major efforts were made to increase CPS training on disproportionality. This includes the aforementioned "Knowing Who You Are" cultural awareness video (a three-part series that helps staff develop awareness, knowledge and skills related to supporting the racial and ethnic identity development of youth in foster care) produced by Casey Family Services and new CPS foster-adopt caseworkers participated in a two-day specialized training on cultural/ethnic issues termed "Racial Ethnic Identity Formation."

- “Undoing Racism” training was provided to all CPS management, and the training is now offered to staff.
- Partnerships with communities to address the problem of disproportionality began in Houston, Arlington, and Fort Worth. The work includes convening a Community Advisory Committee of people from the local area, attending “Undoing Racism” training, selecting pilot sites, testing practice improvements, and replicating successes for families statewide.
- Disproportionality specialists were hired in Houston, Dallas, Fort Worth, and Beaumont/Port Arthur to support the community’s work on disproportionality and to serve as resources to CPS staff. The disproportionality specialists are successfully engaging the community and building awareness around disproportionality through focus groups, town hall meetings, and presentations.
- The Disproportionality Policy Evaluation and Remediation Plan were submitted to the Legislature in June 2006. (The initial report and subsequent policy evaluation and remediation plan are both available to the public on the DFPS website at: <http://www.dfps.state.tx.us/About/Renewal/disproportionality.html>)
- A grant was received from the Child Welfare League of America to support children and families impacted by Hurricane Rita and is attached to Project HOPE (Helping Our People Excel). The Port Arthur HOPE Center is a 501(c) (3) community-developed initiative that addresses disproportionality through prevention.
- A grant was received from the Amon Carter Foundation to support disproportionality work in Tarrant County. This grant is designed to address racial disproportionality in the child welfare system, specifically in Tarrant County. The goal is to reduce racial disproportionality, and to sustain this reduction through preventive, community-based services by funding family group conferences and kinship placement home studies, and developing a community resource group.
- Texas’ efforts continued to receive national recognition. DFPS staff was invited to present on the disproportionality policy evaluation and remediation efforts, resulting in multiple state and national presentations.
- Through additional training of current staff on the “Knowing Who You Are” curriculum, DFPS has increased the number and diversity of trainers available to CPS, and is closer to achieving its goal of training all CPS service delivery staff in this curriculum.
- DFPS completed the Rider 29 reporting requirement in October 2006. This DFPS appropriations rider requires that DFPS report, by October 1 of each year of the biennium, to the House Appropriations Committee, the Senate Finance Committee, the Legislative Budget Board, and the Governor, the number of children removed from their homes by CPS and the

*HHSC and DFPS are committed to eliminating the disproportionality that exists in the CPS system and to ensuring all children and families are afforded equitable opportunities for positive outcomes.*

number of children investigated, by ethnic group, in the seven largest urban regions of the state during the preceding fiscal year.

- The Austin disproportionality pilot site was implemented in October 2006 to sustain disproportionality reduction through preventive, community-based services and improved child welfare services. This pilot site opened with broad community representation, including legislative representation, and signals the beginning of expanding this work statewide.
- The DFPS staff participated in the Minority Adoption Leadership Development Institute (MALDI), in October 2006, in Washington, DC. MALDI is a national program sponsored by the National Child Welfare Resource Center for Adoption examining the causes and solutions for the disproportionate representation of African American families and children in the child welfare system.
- Houston-based staff and the Houston Disproportionality Committee collaborated with a faith-based community and Texas Southern University to hold a town hall meeting and focus groups on November 8, 2006, in Houston, Texas. The Town Hall meeting and focus groups were designed to build awareness, collaborations, and determine community needs. There was a large turnout from various segments of the community. The information will be shared with the committee in order to build capacity and develop resources for the pilot site.
- In November 2006, a disproportionality meeting was held in Austin, Texas, in order to build awareness and cross-systems collaborations. Community partners from HHSC, Juvenile Probation, and others were present. A panel of young adults who aged out of the CPS system, and parents with CPS history shared their experiences. This collaborative approach helps ensure responsive, sustainable change impacting disproportionality.

*Achievements/Milestones From March 2007 to September 2007*

- Additional “Undoing Racism” training has been provided. All Texas CPS leadership including administrators down to the Program Administrator level statewide and Program Directors, supervisors and workers in the pilot sites, have gone through “Undoing Racism” training.
- When data is reviewed, ethnic breakdown is included wherever possible so that the phenomenon can be better understood and addressed.
- Training has been enhanced for service delivery staff and management, including certifying trainers for “Knowing Who You Are” training.
- Approximately ten universities offered resources and participated in the evaluation plans currently underway.



## **Family Group Decision-Making**

Section 1.52 specifies that DFPS may collaborate with courts and appropriate local entities to develop and implement family group conferencing as a strategy to promote family preservation and permanency for children.

Family Group Decision-Making (FGDM), an umbrella term used to describe a variety of related models, is the process used to engage families in decision-making and development of a service plan for use at various times throughout the case. The process involves recognition of family strengths during service plan development for meeting safety, well-being, and permanency goals for the child. FGDM is more inclusive of family and significant others in the planning process. Evaluation of this program found increased family satisfaction, reduced child anxiety after a conference, and more individualized service planning.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS has worked with judges, attorneys, and child advocates to address concerns and eliminate barriers to the success of FGDM. Meetings have also been held at statewide judicial conferences and at the local level between DFPS and members of the judiciary to provide an opportunity to exchange ideas about challenges and possible solutions.
- In August 2005, a preliminary evaluation of FGDM was completed and positive outcomes for children were shown with regard to satisfaction and increased relative participation.
- Family group decision-making staff is partnering with disproportionality staff to better understand the cultural needs of families served. Disproportionality staff, along with new family group decision-making coordinators/facilitators, is being trained to conduct FGDM conferences.
- Beginning family group decision-making on a small scale and securing technical assistance from others allowed for more creativity and system improvement as the Texas program expanded. Based on practice and evaluation results, Texas has refined its model and is developing statewide policy for further implementation.
- Plans are underway to incorporate the FGDM model in certain cases prior to the removal of children from their parents or caregivers.
- All youth in foster care over the age of 16 are being offered a form of family group decision-making termed "Circles of Support." These meetings are designed to enhance the youth's sense of connection to an ongoing support system that will be with them after transitioning to independent living.
- In June 2006, the National American Humane Conference on Family Group Decision-Making was held in San Antonio and 68 DFPS staff attended. While at the conference, DFPS staff presented preliminary FGDM evaluation results. Following the conference, a national expert in family group decision-making conducted a workshop specifically designed for Texas participants. The meeting resulted in decisions for overall best practice and operational recommendations for the Texas FGDM model.

- In August 2006, technical assistance sessions were provided by Dr. Roque Gerald and his staff from Washington, D.C. Child and Family Services and were attended by DFPS state and regional level staff, including agency directors. Dr. Gerald presented an overview of the Family Team Model of family group decision-making and how it is implemented in the investigation stage of service in their locale. Additionally, recommendations for how Texas could implement the Family Team Model were provided during the sessions.
- The final evaluation of the Texas Family Group Decision-Making program was completed in October 2006 and publicized on the DFPS web site. The final evaluation revealed:

Between March 2004 and August 2006, a total of 4,166 conferences were conducted throughout the state, of which 1,091 were circles of support meetings.

Early in the implementation process, comparisons were made between the living arrangements of children prior to the family's participation in FGDM and their living arrangements afterward. It was found that for those who participated in a conference since the programs inception:

Foster care placements fell from 1035 (54 percent) to 733 (38 percent)

Relative placements increased from 550 (29 percent) to 850 (45 percent)

- By June 2006, more children whose families participated in at least one FGDM conference had exited care (48 percent) compared to those who did not participate (33 percent). Of those who exited care:

Thirty-one percent of the children whose families participated in at least one FGDM conference returned home compared to 14 percent of those experiencing traditional case services.

Slightly fewer children whose families participated in an FGDM conference (14 percent compared to 16 percent) were living permanently with relatives.

Children who exited care and whose families participated in FGDM experienced shorter lengths of stay in care by just over one month.

- Although improvements were evident for all children, these findings were especially pronounced for African American and Hispanic children for whom exits from care to permanent placements, historically, have been slower than Anglo children:

Thirty two percent of African American children whose families attended an FGDM conference returned home, compared to 14 percent who received traditional services.

Thirty-nine percent of Hispanic children from families participating in FGDM returned home compared to 13 percent participating in traditional services.

*Family Group Decision Making (FGDM) has been shown to significantly decrease the need for foster care placement and increase the likelihood of placement with relatives for families who participate.*

*The FGDM model has been expanded throughout the state.*

The increase in rates for Anglo children who returned home was notable as well: 22 percent compared to 11 percent for the FGDM and traditional groups respectively. The rates of placements with relatives between the two groups did not differ.

- DFPS staff, in partnership with Casey Family programs, has created a workgroup to explore the training needs and recommend components of a training curriculum for internal FGDM staff and contractors providing FGDM conferences. The plan is to offer training to the existing FGDM and newly hired staff and contractors in summer 2007.

#### *Achievements/Milestones From March 2007 to September 2007*

- Casey Family Programs has partnered with the American Humane Association in order to provide technical assistance to CPS resulting in a formalized Texas curriculum for FGDM, including Family Team Meetings and Circles of Support. Initial training of this curriculum is scheduled for late August 2007.
- A Parent Program Specialist, a professional who has experienced CPS services previously, was hired at State Office to represent the parent voice, influencing policy and practice and expanding Statewide and Regional Parent Collaboration Groups.
- During fiscal year 2007, a total of 2,948 conferences were conducted throughout the state, of which 1,342 were circles of support meetings. This brings the total number of conferences completed since March 2004 to 7,114 with 2,433 being circles of support meetings.
- Expansion of Family Group Decision-Making functionality into the Investigations and Family-Based Safety Services stages of service in the automated case management system (IMPACT) are in progress and were released in August 2007.

### **Court Reports**

Section 1.38 specifies that the court report provided by DFPS must include information regarding progress on the service plan, and review whether the parties have acquired or learned any specific skills or knowledge stated in the service plan.

Section 1.41 specifies that the court report provided by DFPS must evaluate whether the child's current educational placement is appropriate for meeting the child's academic needs, include a discharge plan for youth age 16 and over, address Preparation for Adult Living (PAL) activities, and report on efforts that have been made to identify an adoptive placement for the child.

Families and children are best served when the child protection legal system has comprehensive information about specific progress being made to achieve permanency for children in the state's care.

*Previous Achievements/Milestones From September 2005 to March 2007*

- Court report templates incorporating these new requirements were implemented on September 1, 2005, and caseworkers use this new format to provide the court with specific information about the child and family's needs and progress.
- Template questions were revised or added to include asking for information on educational placement, discharge plans, PAL, and potential adoptive placements.

*Achievements/Milestones From March 2007 to September 2007*

- Policy and practice have been fully implemented; no further achievements to report.

**Attorney Ad Litem**

Section 1.04 adds duties for an attorney ad litem appointed to represent a child in a CPS suit, including minimum continuing legal education requirements, meeting the child before each court hearing if the child is four years of age or older, or visiting the caretaker if the child is younger than four years of age, unless the court finds the attorney ad litem has shown good cause why compliance is not feasible or in the child's best interest.

Section 1.06 requires the court to appoint an attorney ad litem for an indigent parent responding in opposition to a suit filed by DFPS for temporary managing conservatorship of a child.

These provisions improve the expertise of an attorney ad litem appointed to represent a child in a CPS suit, and clarify the frequency of contact between attorneys and the children or parents they serve. If an indigent parent responds in opposition to the suit, DFPS will now be able to begin working with attorney ad litem for the parents earlier in the case.

*Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS amended legal forms to include the appointment of an attorney ad litem for the parent at the first hearing and all subsequent hearings should the judge determine that the parent is indigent and in opposition to the suit. All CPS regional attorneys and CPS staff received information and training about this new requirement in August 2005.
- DFPS provided explanations and sample language for orders to county and district attorneys' offices.
- Policy regarding these sections was published in the CPS handbook in September 2005.

*Achievements/Milestones From March 2007 to September 2007*

- Policy and practice have been fully implemented; no further achievements to report.

## Family Plans of Service

Section 1.38 requires that DFPS write service plans for families in a language that the parents understand or make it otherwise available, identify child education issues for the child's parents to address, review parents' progress in addressing their child's education issues, and to identify the knowledge, skills, and abilities the parent must acquire to achieve the goal of the plan.

Service planning is a cooperative endeavor, between families and DFPS, designed to specify what steps are needed to reduce risk of abuse or neglect, meet the specific needs of the child, and achieve permanency for the child. Service plans which are written in a manner that is easily understood by parents, combined with an additional focus on child education issues, enhances the service planning partnership and generates better results for children.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS policy was implemented on August 29, 2005. Service plans now specify what skills or knowledge are required and any behavioral changes that parents must make, including what a parent must do to ensure a child attends school and complies with academic requirements.
- Structural changes are being made to the family plan of service document so that it is more easily understood by parents and has a stronger focus on child education issues.
- The contracted technology vendor began work with DFPS in July 2006 to enhance the automated case management system (IMPACT) related to CPS reform. These enhancements will incorporate changes to the Family Plan of Service that better synchronize documentation of the plan with Family Group Decision-Making.
- Changes in the family plan of service to meet the requirements discussed above are scheduled for release in August 2007.

*Family plans of service are now more comprehensive and written in more accessible, family-friendly language.*

### *Achievements/Milestones From March 2007 to September 2007*

- IMPACT changes were implemented in August 2007. These changes incorporate changes to the Family Plan of Service that better synchronize documentation of the plan with FGDM.

## Initial Assessments

Section 1.49 directs that upon removal of a child from the child's home, DFPS shall use assessment services provided by a child care facility, a child-placing agency, or the child's medical home during the initial substitute care placement, and that these services may be used to determine the most appropriate substitute care placement for the child, if needed. As soon as possible after a child begins receiving foster care, DFPS shall assess whether a child has a developmental disability or mental retardation, and HHSC shall establish the procedures for making assessments, which may include screening by persons with experience in childhood

developmental disabilities or mental retardation, a local mental retardation authority, or a provider in a county with a child welfare board.

Positive placement outcomes for children are promoted when comprehensive assessments are conducted as children enter foster care.

*Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS revised the child's initial assessment plan to include comprehensive questions regarding developmental disabilities and mental retardation. The child's initial assessment plan requires the caseworker and caregiver to observe the child's functioning and obtain additional assessments from the child's healthcare provider if developmental disabilities or mental retardation are suspected. If in doubt, caseworkers are prompted to consult with their regional developmental disability specialist.
- DFPS is working with HHSC to develop a new medical and behavioral health care program for children in foster care. This new system is targeted to be effective September 1, 2007, and includes an initial assessment conducted by medical professionals.
- DFPS staff has continued to meet with HHSC to strengthen the coordination between CPS and the Early Childhood Intervention (ECI) program at the Department of Assistive and Rehabilitative Services (DARS) to secure services available to children and their families.
- A Memorandum of Understanding was signed by ECI and CPS that outlines expectations for communication and coordination issues between ECI and CPS and roles and responsibilities.
- Liaisons from CPS and local ECI providers have been designated to work together at the local level. The liaisons will be responsible for setting up joint training sessions to share information on each other's programs.
- Beginning January 18, 2007, all investigations in which a child under the age of three has been confirmed as a victim of abuse/neglect, and the investigation is closed with no further action, will be automatically sent to ECI by the CPS database. The notification letters sent at the close of the CPS investigation to the parents/caregiver of the child will inform the parent/caregiver that information will be sent to them by ECI.
- Beginning February 28, 2007, all investigations in which a child under the age of three has been confirmed as a victim of abuse/neglect, and the investigation is closed but referred to on-going services, either family-based safety services or legal conservatorship, will be referred to ECI.

*Achievements/Milestones From March 2007 to September 2007*

- Policy and practice have been fully implemented; no further achievements to report.

## Education Passport

Section 1.65 requires an education passport be created for each child in DFPS conservatorship. The passport will become part of DFPS records and will remain with the child while in the care of DFPS. The format of the education passport can be determined by HHSC and DFPS, and can be electronic. If funding and technology are available, the form and content of the passport must be finalized by March 1, 2006.

The education passport is designed to enhance educational outcomes for children in foster care by ensuring school records follow the child, should a placement change occur. The education passport provides further safeguards that children are placed in the correct grade and receive all educational services to which they are entitled.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS education specialists worked closely with representatives from Texas Education Agency, Advocacy Inc., Casey Family Programs, and other partners to develop educational policies to meet the needs of the children served. The education passport is referred to as the Educational Portfolio.
- DFPS policy and procedures were developed to ensure the educational needs of children in care are identified, documented, and met in each school district.
- By June 2006, the materials for the Education Portfolio for every school-aged child in care were delivered to the regional offices. Training for CPS caseworkers was revised to stress the importance of the Education Portfolio, and methods for gathering and maintaining the information.
- Presentations and training on the Educational Portfolio were conducted with Court Appointed Special Advocates (CASA), various school districts throughout the state, the National Foster Parent Association, and CPS staff. Presentations also targeted education service centers and the Texas Foster Parent Association.
- CPS began developing and distributing Education Portfolios to all school-aged children in August 2006 and will be tracking appropriate ongoing use in the automated case management system (IMPACT).
- In September 2006, education specialists presented on the educational needs of youth in out-of-home care and the Education Portfolio at the Texas Foster Parent Conference in San Antonio.
- In October 2006, CPS, in collaboration with Texas Education Agency and Casey Family Programs, held statewide video conferencing training at 20 Education Service Centers and 78 remote sites across the state. The goal of the training was to raise awareness on the educational needs of youth in out-of-home care; and to work together to create a consistent and long-term partnership between CPS and local education administrators and providers.

*Educational portfolios, now in use statewide, are designed to enhance educational outcomes for children in foster care by ensuring school records follow the child.*

- CPS has included the responsibility of creating, updating, and maintaining the Education Portfolio in residential child care contracts.

*Achievements/Milestones From March 2007 to September 2007*

- Data as of May 2007 indicates 83.8 percent of children have an Education Portfolio. CPS is working closely with staff and providers to continue to increase this percentage.
- New education policy is undergoing final review for release in Fall 2007.
- Modifications to the automated case management system (IMPACT) were deployed in August. These changes will enable CPS to better track high school graduation or GED, special education services, and educational needs or services provided.

**Preparation for Adult Living**

Section 1.51 requires DFPS to improve discharge planning, increase the availability of transitional family group decision-making, extend Medicaid coverage to age 21 with a single application, and enter into cooperative agreements with Texas Workforce Commission and local workforce development boards that will benefit foster care youth. This section also requires an annual survey of youth, aged 14 years or older, regarding substitute care services.

Systematic approaches to improving and expanding transition and discharge services for older youth in foster care have been employed by DFPS. A DFPS project team, in partnership with community partners and providers, has been formed to maximize resources and opportunities for youth transitioning to independent living. Youth-driven, strengths-based conferences (Circles of Support) help youth to reconnect with their family, kin or other nurturing adults, who can provide the youth with ongoing encouragement and support throughout adulthood. These conferences result in a transition plan that includes plans for youth to maximize opportunities for successful transition to independent living.

*Previous Achievements/Milestones From September 2005 to March 2007*

- In August 2005, the Houston Transition Center for youth aging out of care was opened. CPS developed guidelines for expanding transition centers and transition service networks to areas where none currently exist. Transition centers are currently operating in Austin, Dallas, Houston, Kerrville and San Antonio. In a transition center, youth can go to one location to complete their GED certification, receive Preparation for Adult Living services, take a community college prep course, talk to the onsite apartment locator service, and receive employment training and placement services. Transition centers also provide an opportunity for youth

*Circles of Support are strengths-based conferences that help youth to develop support systems with nurturing adults, and maximize opportunities for successful transition from foster care to independent living.*

*Since expanding statewide, over 2,400 have been conducted.*



to develop personal and community connections; another important step in transitioning to adulthood.

- Youth aging out of foster care are now provided with continuous Medicaid coverage through a single application process up to the age of 21.
- The Texas Youth Connection website, designed in partnership with youth currently and formerly in foster care, was launched in April 2006. This youth-friendly website provides information to youth, staff, caregivers and providers regarding resources and benefits available to youth transitioning out of the foster care system, and how to access those resources. The website is: <http://www.texasyouthconnection.org>
- CPS continued to expand and provide Circles of Support to youth statewide. Circles of Support are operating in all regions in the state. Between March 2004 and August 2006, a total of 1,091 Circles of Support (COS) conferences were conducted across the state. COS continues to be the preferred method for a youth's support system to help the youth create a transition plan, and attain short and long-term goals toward independence. COS is offered to youth beginning at 16 years of age.
- A Memorandum of Understanding between DFPS and the Texas Workforce Commission was signed. The Memorandum of Understanding ensures there are local cooperative agreements that meet the objectives of the transitional living program. As of August 2006, regional staff, local workforce boards, community partners, and providers entered into cooperative agreements.
- Coastal Bend College of Beeville and DFPS signed a Memorandum of Understanding in June 2006, whereby Coastal Bend College agreed to provide housing assistance for foster care alumni. Beginning in fall 2006, Coastal Bend College agreed to provide two housing scholarships to foster care alumni and a one-day training session for Texas college-bound high school juniors and seniors in foster care.
- Rule changes went into effect in September 2006, to allow youth to stay in extended foster care from age 18 to the end of the month they turn 22, if he or she is enrolled in and regularly attending high school. Previously the youth had to be able to graduate before turning 20. Rule changes also allow youth to remain in extended foster care from age 18 to the end of the month they turn 21, if they are enrolled in a vocational or technical education program. The age limit previously has been up to age 19.
- In October 2006, DFPS completed a random survey of a sample of children from each region of the state who are at least 14 years of age and receive substitute care services. The survey, designed in partnership with youth, included questions regarding the quality of the substitute care services provided to the child; any improvements that could be made to better support the child; and any other factor that DFPS considers relevant to enable the agency to identify potential program enhancements. Analysis of the results were completed in March 2007 and posted on the DFPS website.

*Achievements/Milestones From March 2007 to September 2007*

- Casey Family Programs facilitated a convening with DFPS, advocacy groups, the Texas Workforce Commission, and the Texas Department of Housing and Community Affairs to develop emergency housing services and resources for youth aging out of care.
- Through fiscal year 2007 there have been 2,433 Circles of Support, each resulting in the identification of one or more “caring adults.” These adults commit to sharing and participating in the life of a young adult who has transitioned out of care.
- The guide for supporting local communities in the development of transition centers and transition networks was completed in May 2007. Transition Centers continue to operate in Austin, Dallas, Houston, Kerrville and San Antonio. A “network” of partners in Corpus Christi, without a building to operate collectively, is providing timely, expedient referrals to a broad range of transitional living program services to youth aging out of foster care. A similar network is developing in El Paso.
- In March 2007, the Texas State Strategy of Casey Family Programs convened Texas Transition Centers and Networks from across Texas to explore current best practices as well as identify common areas of potential technical assistance, with particular emphasis on the areas of employment and education. In August 2007, a second convening was held. These convenings have provided opportunities for cross system dialogue and action planning related to housing, education and employment to strengthen and integrate services for young people transitioning out of foster care. The next convening is scheduled for early 2008.
- Transition (discharge) policy and protocol were completed and shared with CPS staff. An on-line Transitional Living Services training for CPS staff was launched June 2007.
- In June 2007, DFPS launched the 2<sup>nd</sup> annual random survey of a sample of children from each region of the state who are at least 14 years of age and receive substitute care services. The survey designed in partnership with youth, includes questions regarding the quality of the substitute care services provided to the child; any improvements that could be made to better support the child; and any other factor that DFPS considers relevant to enable the agency to identify potential program enhancements. The survey process is due for completion in October 2007 and the analysis and report will be completed by March 1, 2008.
- Analysis of the first youth survey indicated that youth are generally satisfied with the quality of all services and benefits made available to them - they simply need more. Looking at the qualitative results, particularly high on their list of preferences are those services offered one-on-one, such as counseling, therapy and mentoring. Youth also expressed they want more of their caseworker’s time and attention and requested that caseloads be lowered so as to accommodate more access to their caseworker.

*Youth aging out of foster care are now provided with continuous Medicaid coverage through a single application process up to the age of 21.*

*Youth can now stay in extended foster care from age 18 until they turn 22, if they are regularly attending high school.*

- Effective September 2007, subject to the availability of an appropriate licensed placement, a former foster youth 18 to 20 years of age may return to foster care if certain eligibility criteria are met to complete high school, a technical or vocational program, or on break from college for one to four months. This provision will ensure that children in DFPS custody until age 18 are given the best possible chance to transition into adulthood as individuals who are capable of achieving economic and personal independence.

## **Medical Services**

Section 1.65 directs the Health and Human Services Commission to develop a statewide healthcare delivery model for children in foster care. Section 1.65 further outlines requirements for the provision of medical consent for a child in foster care, parental notification of significant medical conditions, judicial review of medical care, health passports, and reporting to the Legislature the outcome of a study on the prescribing of psychotropic drugs for children in foster care.

A statewide healthcare delivery model for children in foster care will provide accessible, coordinated, comprehensive, and continuous healthcare in order for each child to achieve optimal physical and mental health. Children's healthcare is further improved by requiring the consent of a DFPS or court-designated individual before medical and behavioral health services are provided to a child. Judicial oversight of children's health status will serve to enhance the medical and behavioral health outcomes for children. The goal of the health passport is to ensure portability of timely medical information and ready availability of comprehensive health information to healthcare providers, DFPS staff, caregivers, courts, and youth. The health passport will contain information pertaining to the child, healthcare providers, diagnosis and treatment, and pertinent administrative documentation essential for continuity of care for children and effective case management.

### *Previous Achievements/Milestones From September 2005 to March 2007*

#### *Medical Consent, Resource and Information Sharing*

- DFPS developed and implemented a medical consent policy, including parental notification requirements, for medical treatment of children in foster care. Medical consent online training for staff was released in August 2006.
- DFPS revised court report documents required at each court hearing to incorporate the summary of medical care provided to children in foster care.
- Most CPS regional nurses were hired. The regional nurse positions will provide medical consultation to regional staff to improve decision-making and child safety.
- Regional interagency teams with representatives from HHSC, DSHS, DFPS, and Texas Access Alliance meet quarterly to coordinate informing foster parents about the services available through Texas Health Steps and to facilitate referrals for medical case management for children in foster care who have serious and complex medical conditions.

- Online medical consent training for youth was posted on the Texas Youth Connection website: <http://www.texasyouthconnection.org>
- Information about medical consent was released in a Medicaid bulletin for healthcare providers and the Texas Health Steps training was integrated into the external medical consent training.
- The online medical consent training became available for external stakeholders in January 2007. DFPS is notifying residential child care providers, DFPS foster homes and kinship caregivers of the availability of and requirement to complete the training by April 30, 2007.
- DFPS increased the number of Texas Health Steps materials provided to foster parents and CPS staff, and is ensuring appropriate distribution to residential child care providers.

### *Forensic Assessment*

- DFPS negotiated a contract with the University of Texas for development of the forensic assessment center network. Initial implementation in a limited area of the state was planned for September 2006. A forensic assessment center – or a “pediatric center of excellence” – is a healthcare facility with expertise in forensic assessment, diagnosis, and treatment of child abuse and neglect. A statewide telemedicine system will be established to link DFPS investigators and caseworkers with the forensic assessment center or other medical experts for consultation.
- DFPS entered into an interagency contract with University of Texas Health Science Center (UTHSC) in Houston to provide forensic medical consultation to CPS staff. Services have been initiated in Arlington, Tyler, Beaumont, Houston, Austin, San Antonio and Edinburg.

*New guidelines for the use of psychotropic medications for children in foster care led to a 29 percent decrease in children taking two or more psychotropic medications.*

### *Psychotropic Medications*

- DFPS and the Department of State Health Services (DSHS) entered into an interagency agreement for the services of a consulting child psychiatrist to access prescribing practices and recommend a process for ongoing clinical reviews of the use of psychotropic medications in the treatment of children in foster care.
- HHSC, DSHS, and DFPS published a report, “Use of Psychoactive Medication in Texas Foster Children State Fiscal Year 2005,” in June 2006. The report noted that in the five months since the release of the guidelines for psychotropic medications for children in foster care, the percentage of children in foster care who were prescribed a psychotropic medication fell 7 percent and there was a 29 percent decrease in children taking two or more psychotropic medications.
- HHSC, DSHS, and DFPS developed interim strategies for ensuring appropriate prescribing of psychotropic medications for children in foster care until the healthcare delivery model is implemented.

- A study mandated by Senate Bill 6 to ascertain whether the service level system creates incentives for prescribing psychotropic medications to children in foster care was completed titled “Examining the Foster Care Reimbursement System and the Impact on the Prescribing of Psychotropic Medication.” Results of the study, along with recommendations for changes, were reported to the legislature in October 2006 and can be found at: [http://www.dfps.state.tx.us/Documents/about/pdf/2006-10-02\\_Psychotropic.pdf](http://www.dfps.state.tx.us/Documents/about/pdf/2006-10-02_Psychotropic.pdf)
- HHSC, DFPS and DSHS continue to implement strategies to ensure appropriate prescribing of psychotropic medications to children in DFPS conservatorship. Focus groups for top physician prescribers and a conference for healthcare providers on the topic of psychotropic medications was held January 19-20, 2007. HHSC has also distributed letters to healthcare providers.
- HHSC established a pilot to enable 135 physicians to view patient medical and prescription drug histories through ACS-Heritage’s Cyber Access web-based system.

*Foster Care Managed Care Model*

- HHSC released a Request for Information on September 2, 2005, to obtain feedback from stakeholders and the vendor community on recommended approaches for delivering healthcare for children in foster care.
- HHSC contracted with a consultant group to assist in the development of a Request for Proposals. On March 1, 2006, HHSC released the draft Request for Proposals and received several hundred public comments. Based on these comments, HHSC substantially revised the Request for Proposals to allow for more types of managed care organizations to bid and to be more responsive to the unique set of needs of children in foster care. A final Request for Proposals was released on July 20, 2006. HHSC completed the Request for Proposals evaluation and scoring for procurement of healthcare services for children in foster care.
- HHSC announced an award of the Comprehensive Health Care for Children in Foster Care to Superior HealthPlan Network. The goal is to ensure better accountability for healthcare outcomes and track children's healthcare as they move from one placement to another.
- HHSC and DFPS have formed a Medical Services Oversight Committee to ensure effective implementation of the new healthcare delivery model.

*Comprehensive Health Care for Children in Foster Care will ensure better accountability for healthcare outcomes and track children's healthcare as they move from one placement to another.*

## *Achievements/Milestones From March 2007 to September 2007*

### *Foster Care Managed Care Model*

- DFPS has been working closely with HHSC and Superior HealthPlan Network to implement the managed care model. A name was selected for the model: Star Health. The managed care model will be fully deployed in the Spring of 2008.
- HHSC, DFPS and Superior HealthPlan Network held a series of presentations across the state for health care, behavioral health and traditional DFPS providers to explain the new foster care healthcare program and to solicit questions and input.
- Information on the Foster Care Healthcare program was posted on the HHSC website (<http://www.hhs.state.tx.us/medicaid/FosterCare.shtml>) and on the DFPS Renewal website (<http://www.dfps.state.tx.us/about/renewal/default.asp>). A Frequently Asked Questions page was also established on the HHSC website at [http://www.hhs.state.tx.us/medicaid/FosterCare\\_FAQ.shtml](http://www.hhs.state.tx.us/medicaid/FosterCare_FAQ.shtml).
- HHSC and DFPS have been working to streamline business and automation processes around Medicaid eligibility and information sharing in advance of the medial care model.
- A component of the managed care model is the creation of a “Health Passport.” While not an electronic medical record, the Health Passport will provide important physical and behavioral health information regarding each child in DFPS conservatorship. A complete description of the Health Passport can be found at: [http://www.hhs.state.tx.us/medicaid/FosterCare\\_FAQ.shtml](http://www.hhs.state.tx.us/medicaid/FosterCare_FAQ.shtml).

### *Forensic Assessment*

- To strengthen the forensic assessment model, DFPS conducted a needs assessment, interviewing CPS staff and healthcare providers at child advocacy centers, local clinics and pediatric hospitals.
- The needs assessment concluded that the current system for accessing medical expertise for the assessment and diagnosis of child abuse and neglect is fragmented and varies widely. The assessment specifically found that pediatric specialty hospitals and medical schools provide some or all of the needed services in urban areas, while services are limited in rural areas of the state.
- The identified priorities for the coming fiscal year are improved to forensic services in rural areas, expert court testimony in civil cases, and staff training.
- These priorities will be the basis for future program development effort with the University of Texas and other partners as will be more detailed reporting on usage of the forensic model.

### *Medical Consent*

- Medical consent policy has been fully implemented and there are no further actions to be reported. Policy around the use of psychotropic medications is being written to inform and guide the development of the medical managed care model.

## Building Community Partnerships

### **Community Engagement and Co-Location**

Section 1.86 charges DFPS with developing a statewide strategy in CPS to build alliances and networks at the local level that support the detection and treatment of child abuse and neglect and enhance the coordination and delivery of services. The strategy should explore opportunities to move DFPS staff into community-based settings and joint offices with children's advocacy centers, law enforcement officials, prosecutors, health care providers, and domestic violence shelters.

Section 1.30 also addresses the co-location of DFPS investigators and local law enforcement, to the extent possible, to improve child abuse investigations.

Building community relationships and partnerships is an integral part of DFPS' work and is critical to providing clients with needed support. CPS, as a part of the DFPS agency-wide community engagement initiative, developed a comprehensive strategic plan to achieve desired outcomes regarding community engagement development and coordination.

In addition, the relocation and co-location of DFPS staff in regional community-based offices as well as in workplaces of local officials and organizations facilitates teamwork, better understanding of roles and expectations, efficient working relationships, and DFPS and law enforcement coordination on immediate response to Priority 1 reports.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- The CPS community engagement plan was developed through collaboration with internal and external stakeholders to support the following: development and maintenance of community participation in CPS service delivery, establishment of thriving local community alliances and networks, enhanced and effective volunteer programs, and ongoing community resource development to benefit CPS children and families.
- CPS placed specialized staff in each region to coordinate community-based and public awareness activities. Community initiative staff focus on civic and service organization relationships to help develop community boards, financial/in-kind resources, and volunteer program services. Resource and external relations staff focus on local judicial, law enforcement, medical, and other provider relationships in order to strengthen the quality of services provided to CPS children and families.
- CPS expanded the community engagement training provided to incoming DFPS staff.

- CPS renewed its commitment to increase engagement of clients, families, providers, officials, and other partners in all aspects of CPS work. CPS community-based initiatives (existing and new) have:
- Incorporated stakeholder best practices to strengthen relationships and increase communication. Held community meetings to gather stakeholder input. Invited stakeholder and community participation on workgroups, the development of policy revisions, and in trainings with staff.
- Created new partnerships and collaborations in support of reform goals and participated on external stakeholder initiatives and projects.
- Expanded the use of volunteers to improve the quality and efficiency of programs and services.
- CPS regional directors conducted stakeholder meetings across the state to provide both internal and external stakeholders an open forum to discuss issues relating to CPS clients, families, and providers. These meetings provide an opportunity for leadership to update key stakeholders about progress in CPS reform and to get input from the community. Meetings were held in all regions by December 2006.
- Town hall meetings were held in the counties of Tarrant, Dallas and Denton. The purpose of these meetings is to build awareness of the issue of disproportionality, engage the community in discussions about their concerns, and invite the community to collaborate with DFPS in the development of solutions. Town hall meetings were also held in Houston and Beaumont/Port Arthur.
- CPS community engagement staff strengthened collaborations with other state agencies to address the needs of children and families.
- A CPS staff member was appointed to the Community Collaboration Group, which was formed to determine the logistics of a state-level proposal to bring funds into specific areas of Texas to address disproportionality.
- As a result of enhancing DFPS programs, the number of volunteers within the CPS program has increased to over 3,700.
- DFPS assessed options for establishing community partnerships through co-location. An assessment tool was used to conduct a cost-benefit analysis and determine the feasibility of co-locating CPS staff with other community services.
- In most regions, CPS is housed with children's advocacy centers. In McAllen, DFPS is co-located with City of McAllen staff and other community services. DFPS assessed options in Travis County and Fort Bend County for future co-location of CPS staff in community-based settings. Dallas/Fort Worth has several CPS staff located at police departments and was working with a school district to locate a unit with that district's police department. In San Antonio, DFPS was

*The number of active volunteers within the CPS program has increased to over 3,700.*



involved in discussions with city officials and other entities regarding the use of a school building as a community service center. These partnerships with community agencies have expanded CPS' visibility and service delivery in neighborhoods and provided much needed office space for staff.

- CPS is strengthening relationships with community partners by participating in organizational committees to coordinate efforts and address overlapping issues that impact children and families such as unplanned pregnancy, particularly in very young parents, as well as child abuse and substance abuse.
- DFPS adopted a Memorandum of Understanding with the Rotary Districts of Texas to build alliance at the local level. The Rotary Districts of Texas will hold an annual foster care picnic to recruit foster parents and provide support services to foster children.
- CPS provided outreach to the Vietnamese community in the Greater Houston area through a guest presentation on a radio talk show for Vietnamese community listeners.
- CPS staff provided technical support and gave presentations at the Texas Council of Child Welfare Board's annual conference and training held in September 2006.

*Achievements/Milestones From March 2007 to September 2007*

- The Neighborhood Place opened in San Antonio, which serves as a site for co-location of CPS, law enforcement and other social service agencies.
- CPS leadership has been meeting with community providers of foster care around the state to gather input for future capacity building efforts. Providers from around the state were also members of an agency workgroup on this issue.
- Meetings around coordination of services have taken place with faith-based organizations in several regions. Blue Sunday activities were conducted at faith-based communities around the state.
- CPS has collaborated with senior citizen organizations to develop additional mentor programs.
- The "Why Not Me Campaign" was released and Texas Heart Gallery exhibit presented at the Texas State Capitol.
- CPS staff have participated in a wide variety of community meetings and conferences statewide including the Child Abuse Coalition meeting of the Jewish Family Service Clinician's meeting, several Heart Gallery openings, conferences on human trafficking issues and domestic violence, and workgroups with special education professionals.

## Preventing Maltreatment

### **Prevention and Early Intervention**

Section 1.53 directs DFPS to administer a grant program to provide funding for community organizations, including counties and faith-based organizations, to respond to lower-priority, less serious cases of abuse and neglect reported to DFPS.

Section 1.64 specifies that DFPS must fund, to the extent funds are appropriated, evidence-based programs provided by community-based organizations for prevention and amelioration of child abuse and neglect; to give priority to programs that target races and ethnicities disproportionately represented in all phases of child welfare services delivery; and to evaluate the effectiveness of such programs.

When a lower-priority case is received and a determination is made that the case can be closed without a full investigation or the results of the investigation determine that abuse/neglect did not occur, the case will be referred to a contracted community-based organization for follow-up and services to enhance the safety of the child's home environment, where services are available. This referral system will allow DFPS to concentrate its investigation and immediate intervention services on more serious cases. Funding evidence-based programs that target races and ethnicities disproportionately represented in child welfare ensures children receive appropriate services to meet their unique needs.

#### *Previous Achievements/Milestones From September 2005 to March 2007*

- An implementation plan was developed to improve referral processes to Prevention and Early Intervention services to ensure that lower-risk families that do not require CPS intervention can access preventive services designed to bolster the family's capacity to care for their child.
- A working definition of "evidence-based services" as services proven effective through evaluation was developed with input from stakeholders.
- Effective April 1, 2006, DFPS contracted a new At-Risk Prevention Service. The contracts were divided into "Youth Resiliency" programs that target juvenile delinquency prevention and "Family Strengthening" programs that focus on abuse and neglect prevention. The procurement process included special consideration for services that target children whose race and ethnicity are disproportionally represented within the CPS system.
- A new service referred to as Innovative Prevention Services became effective April 1, 2006. DFPS funded demonstration projects addressing the same priorities mentioned above and expanded to include promising programs and research-based designs.
- Adoption of rules is required to implement the Community-Based Family Services program, including rules governing the submission and approval of grant requests and the cancellation of grants. The DFPS Council reviewed the proposed rules at the July 2006 Council meeting.

- Rules were adopted in support of the Community-Based Family Services program and became effective December 1, 2006.
- The Request for Proposal to procure the Community-Based Family Services program has been drafted and will be posted on the Electronic State Business Daily in early 2007.

*Achievements/Milestones From March 2007 to September 2007*

- The definition of evidence-based services has been further developed to allow greater flexibility and opportunity within the procurement process.
- The initial procurement for Community Based Family Services was cancelled and re-posted on the Electronic State Business Daily during the summer of 2007, with contracts effective in the fall. This ensures competition for the newly appropriated funds for this program.
- Prevention and Early Intervention Division continues to partner with Child Protective Services to implement improvements in the referral of families to prevention services where appropriate and available.

### **Drug-Related Initiatives**

Section 1.63 describes a family drug court program designed to integrate substance abuse treatment with DFPS family reunification efforts. Essential components include comprehensive case management, early identification of eligible parents, needs assessment, periodic testing, judicial interaction, monitoring and evaluation and interdisciplinary education. County Commissioners are authorized to establish such a program for persons who have had a child removed and are suspected of having a substance abuse problem and shall explore availability of court improvement funds for this purpose as well as federal and state matching funds.

Section 1.89 describes the requirements for DFPS to establish a drug-endangered child initiative for children exposed to methamphetamine or to the chemicals related to illicit drug manufacturing, accept referrals from the Department of Public Safety (DPS) reporting the presence of a child in a location where methamphetamines are manufactured (unless it interferes with a criminal investigation), and maintain a record of such reports and actions taken to protect a child.

Several judicial districts currently have drug court programs that are designed to serve DFPS clients and enhance family reunification outcomes. Drug court programs have a positive influence on the coordination of substance abuse treatment services and help to create an environment for easier access to services for DFPS clients. By creating a drug court program, a county establishes a therapeutic response within the judicial system that governs DFPS cases. Additionally, the drug-endangered child initiative ensures children are safe and protected from the potential harm caused by methamphetamine or other illicit drug use and manufacturing.

*Previous Achievements/Milestones From September 2005 to March 2007*

- The Department of State Health Services (DSHS) received a Technical Assistance grant, beginning in March 2006, from the National Center on Substance Abuse and Child Welfare. DFPS is working collaboratively with DSHS, Court Improvement Project, Court Appointed Special Advocates (CASA) and the Office of Court Administration on systemic changes to improve delivery of substance abuse services in child welfare.
- An advisory committee was formed and participants include staff from DFPS and DSHS, a former CPS client, a former foster youth, a foster parent, Child Advocacy Centers of Texas, substance abuse providers, a representative from Betty Ford Center-Five Star Kids, a parent/child attorney, Texas Court Appointed Special Advocates (CASA), Texas Workforce Commission, a judge, Casey Family Programs, and the Texas District and County Attorneys Association. The committee advises on the coordination of substance abuse and mental health services, policies, protocols and tools for children and families who are involved with the judicial and CPS systems due to substance use/abuse or mental health disorders.
- A Memorandum of Understanding was completed and signed on December 29, 2005, between DFPS and the Department of Public Safety (DPS) establishing a standardized set of protocols. Protocols outlined the responsibilities of DFPS, law enforcement, prosecutors, medical professionals, and mental health providers following identification of a drug-endangered child.
- DFPS incorporated training about methamphetamine and the Drug Endangered Child protocols in the training for new caseworkers. Trainings were also held for community organizations, including child welfare boards, on the dangers to children who reside where methamphetamines are manufactured.
- DFPS now assigns a Priority 1 status to all reports that allege a child is residing in an environment where methamphetamine is being manufactured.
- The Texas Alliance for Drug Endangered Children, through a grant from the Children's Justice Act, conducted ten multidisciplinary regional trainings across the state from October 2005 to August 2006. Presenters at each of the trainings included a narcotics officer, CPS staff, a medical professional, a prosecutor and a social work professional. For each training session, 30 percent of the slots were identified for law enforcement and 30 percent for CPS. Several of the trainings had over 300 participants.
- Modifications were completed to DFPS' automated case management system (IMPACT) to identify cases where the manufacture of methamphetamine was alleged at intake or discovered during the course of an investigation.
- The Court Improvement Project, administered by the Texas Office of Court Administration, facilitated the participation of

*In each region of the state, DFPS has hired specialists with experience and training in substance abuse identification and treatment.*

*DFPS now assigns the highest priority to all reports that allege a child is residing in an environment where methamphetamine is being manufactured.*

a number of family court judges and their staff as well as several CPS staff at the National Association of Drug Court Professionals conference in Seattle, Washington in June 2006. Participating judges have all expressed an interest in beginning family drug court programs in their county.

- DFPS hired substance abuse specialists in each region of the state. These staff have special training or experience working in the area of substance abuse or a related field.
- The Texas Alliance for Drug Endangered Children (TADEC) has been awarded a second grant from the Children's Justice Act for fiscal year 2007. TADEC is in the process of scheduling five regional trainings for fiscal year 2007 with CPS participating. Additionally, TADEC, in partnership with the Shaken Baby Alliance, will host a conference in San Antonio in April 2007.
- DFPS, DSHS, Court Improvement Project, Texas Court Appointed Special Advocates (CASA) and the Office of Court Administration continue to work, along with the advisory committee, on the Technical Assistance grant received from the National Center on Substance Abuse and Child Welfare. Currently work is being done with Judge Jean Boyd, Tarrant County, and Judge Carl Lewis, Nueces County, to develop family drug treatment courts.
- Substance abuse specialists have begun providing training to CPS staff on substance abuse-related issues. They are also working with substance abuse treatment providers to ensure CPS clients' treatment needs are being met.
- DFPS has continued its participation in the Drug Demand Reduction Advisory Committee, which is a multi-agency group created in 2001 whose purpose is to reduce the demand for illegal drugs in Texas. The group is near completion of a report and a set of recommendations for drug demand reduction activities to be presented to the 80<sup>th</sup> Legislature.

*Achievements/Milestones From March 2007 to September 2007*

- CPS provided technical assistance and letters of support for four diverse grant proposals in response to a federal grant that, if received, would expand resources to families who need treatment associated with methamphetamines.
- CPS in partnership with the Texas Alliance for Drug Endangered Children has completed the five regional trainings scheduled for 2007 in Midland/Odessa, Lubbock, Wichita Falls, Tyler and Huntsville.

## Achievement Status of Major Reforms: Licensing and Regulation

The Child Care Licensing program has been in the process of revising minimum standards for residential child care facilities and child-placing agencies. DFPS regulates all facilities that provide care for children in Texas. Completing the update of standards will strengthen the level of protection for all children in out-of-home care while also improving the performance of the residential child care licensing program. The Senate Bill 6 requirements related to the Child Care Licensing program complement the major revision of the minimum standards.

As early as January 2003, Child Care Licensing staff were researching and developing a draft of revisions to the residential and child-placing agency standards. These standards were further discussed in both internal and external stakeholder workgroups. However, the draft revisions were completed before requirements of CPS reform were established. Child Care Licensing has reviewed and adjusted the draft revisions to align with and support a new agency direction as well as eliminate duplicative or conflicting requirements among multiple sets of standards. The effective date for the new minimum standards was January 1, 2007.

*The implementation of Senate Bill 6 provisions related to child care licensing will reduce the risk of harm to children and improve the quality of care.*

The implementation of Senate Bill 6 provisions related to child care licensing will reduce the risk of harm to children and improve the quality of care. In addition, these provisions ensure licensing requirements will be easier to understand, which should encourage voluntary compliance and reduce noncompliance. The public benefit anticipated is that the protection of children will be enhanced and the quality of care provided to children will improve.

### Ensuring Child Safety

#### **Child Care/Child-Placing Administrator License**

Section 1.111-1.122 changes the minimum qualifications for licensed child care administrators and adds the requirement for each child-placing agency to have a licensed child-placing administrator.

Previously, only administrators of residential child care operations were required to be licensed. Passage of Senate Bill 6 requires administrators of child-placing agencies to be licensed as well. This ensures consistency of licensure requirements across all types of 24-hour out-of-home care and enhances the safety of children.

*Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS began accepting applications for licensed child-placing administrators on September 1, 2005. The required exam for licensed child-placing administrators was developed in partnership with university-based experts and testing began in January 2006.
- Both the Licensed Child Placement Administrator exam and the Licensed Child Care Administrator exam have been revised to incorporate changes from the new Minimum Standards for Child-Placing Agencies and for General Residential Operations and Residential Treatment Centers.
- As of December 31, 2006, a total of 281 people had taken the Licensed Child Placement Administrator exam and 81.5 percent passed.

*Achievements/Milestones From March 2007 to September 2007*

- Between January and June 2007, 16 exams for the Licensed Child Care Administrator were given with a 100 percent pass rate. Thirty-seven exams for the Licensed Child Placement Administrator were given with an 86 percent pass rate.

## **Reports of Abuse and Serious Incidents**

Section 1.106 requires the reporting of certain serious incidents involving children in care by residential child care operations to DFPS, including a critical injury to a child; an illness that requires hospitalization of a child; and arrest, abuse, neglect, exploitation, runaway, suicide attempt, or death of a child.

Section 1.31 requires the reporting of child-on-child abuse.

Minimum Standards for residential child care operations and child-placing agencies required the reporting of serious incidents involving children in placement to the Child Care Licensing division. Senate Bill 6 added this requirement to Chapter 42 of the Human Resources Code and defined what is meant by a serious incident as “a suspected or actual incident” that threatens the health, safety, or well-being of a child. Revising these standards strengthens safety outcomes for children in these placements by ensuring all types of abuse and serious incidents are appropriately reported.

*Previous Achievements/Milestones From September 2005 to March 2007*

- Rules to implement these requirements are a part of the revised Minimum Standards for Residential Child Care Operations and Residential Treatment Centers and Minimum Standards for Child-Placing Agencies.
- The Child Care Licensing automated system (CLASS) has been modified to accept and track reports of abuse and serious incidents. Child care licensing management staff was trained on the proposed rule change on January 27, 2006. Residential Child Care Licensing staff was trained on the CLASS enhancements and the new rules on April 19, 2006.

- The rules to implement these requirements are contained in the revised Minimum Standards for General Residential Operations and Residential Treatment Centers and the Minimum Standards for Child-Placing Agencies, which became effective January 1, 2007.

*Achievements/Milestones From March 2007 to September 2007*

- Between January 1 and June 30, 2007, licensed general residential operations, residential treatment centers, and child-placing agencies were given technical assistance on the implementation and application of the new licensing standards, including reporting of serious incidents.

### **Background Checks**

Section 1.103 specifies that background checks in residential child care operations must be requested on all employees, including future employees, who will provide direct care or have direct access to a child in care. This section adds requirements that background checks must be submitted before a person provides direct care or has direct access to a child in a residential child care operation. This section further requires that the background checks must be completed and sent to the residential child care operation within two days or the residential child care operation can do its own background check.

Chapter 42 of the Human Resources Code requires that staff of residential child care operations undergo background checks regarding criminal and child abuse history. Staff with a history of committing certain offenses or a record of child abuse or neglect may not be employed in a residential child care operation. The previous requirement was that background checks be completed on an employee once the person was hired. This section of Senate Bill 6 clarifies the checks must be done prior to employment and completed within a two-day timeframe. Ensuring those entrusted with the care of children are properly screened will enhance child safety outcomes.

The requirements for background checks, in particular FBI fingerprint checks, were given special consideration and review in the 80<sup>th</sup> Legislature. As part of SB 758, day care directors and caregivers will be required to have a fingerprint check as part of the regular background check process. Between June and September 1, 2007, Child Care Licensing has developed processes and policies for these checks, put the information on the DFPS web site, and conducted meetings in each district for providers to inform them of the new requirements.

*Previous Achievements/Milestones From September 2005 to March 2007*

- New rules for conducting background checks in residential child care operations were adopted in December 2005.
- The Residential Child Care Licensing program has implemented a background check unit to handle the requests and facilitate the reporting of results. Reports of findings are being sent via e-mail to child care operators within 24 hours.



- In order to provide more timely feedback to residential child care operators, technology changes were implemented that allow background checks to be run against the Department of Public Safety (DPS) database daily instead of weekly.
- The Child Care Licensing automated system (CLASS) implemented an interface to Identix (a fingerprint identification service) in December 2006. This allows DFPS to provide a list of authorized applicants needing FBI checks in a quick and efficient manner.
- Further system updates will include an automated process to update the CLASS system with the Department of Public Safety (DPS) and FBI results once received from those organizations. This effort is contingent on a new process by DPS, so a specific release date is not available at this time.
- As of October 2006, the Adam Walsh Child Protection and Safety Act requires fingerprint-based criminal history checks for new foster and adoptive applicants and out-of-state registry checks for applicants or other adults in the home who have lived out of state in the past five years.

*Achievements/Milestones From March 2007 to September 2007*

- The administration of the CCL background check unit was transferred to the Chief Operating Officer as of September 1, 2007 in an effort to centralize all the background checks currently being done by DFPS, including background checks on CPS staff and foster and adoptive parents, contractors, and regulated child caregivers.

## **Drug Testing**

Section 1.104 requires a residential child care operation to have a drug testing policy for new and existing employees and to inform DFPS within 24 hours after becoming aware that a person who directly cares for or has access to a child in the operation has abused drugs.

Previously, there were no requirements in minimum standards for drug testing of employees of residential child care operations. The intent of this section was to ensure that children are safely cared for in a residential setting, while also protecting the rights of employees.

*Previous Achievements/Milestones From September 2005 to March 2007*

- Rules for drug testing in residential child care operations were adopted in December 2005, with providers of residential child care required to implement these rules in January 2006.
- Residential child care licensing staff provided technical assistance to operations to implement these rules and began citing for non-compliance in March 2006.

*Achievements/Milestones From March 2007 to September 2007*

- Policy and practice have been fully implemented; no further achievements to report.

## **Behavior Intervention Training**

Section 1.95 requires residential child care operations to provide training approved by DFPS on behavior intervention to their personnel. The training must include the risks associated with prone restraint of children.

This section of Senate Bill 6 is intended to ensure consistency in the type and quality of behavior intervention training being offered in residential child care operations.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- Residential child care operations were notified in August 2005 to revise their pre-service training curriculum on behavior intervention to include information on the risks associated with prone restraints. Licensing staff provided technical assistance on how to meet the standard.
- Rules to implement this requirement were effective in March 2006. Shortly after, Residential Child Care Licensing staff began reviewing child care operations, during regular monitoring visits, for compliance with providing employees with the required behavior intervention training curriculum.

### *Achievements/Milestones From March 2007 to September 2007*

- Policy and practice have been fully implemented; no further achievements to report.

*Licensing staff worked with providers to ensure consistency in the type and quality of behavior intervention training being offered and to raise awareness of the risks associated with prone restraint of children.*

## Regulatory Action

### **Random Inspections**

Section 1.96 requires periodic inspection of a randomly selected sample of foster homes and foster group homes.

This section of Senate Bill 6 serves to address the gap in the ability of DFPS to inspect foster homes outside of a report of abuse or neglect by requiring periodic inspection of randomly selected foster homes. This also allows resources to be directed to these inspections to ensure the foster homes selected are meeting standards and that children are safe.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- Additional Residential Child Care Licensing monitoring specialists were hired, and staff received training on conducting random inspections December 2005 through January 2006.
- Methodology and policy were developed September through December 2005. Limited random sampling began in January 2006 with the full program operational by April 2006. The intent is to randomly sample and monitor 30 percent of all foster homes annually.

- Rules to implement this requirement were effective March 1, 2006.
- Forms and letters have been developed to support sampling of homes for periodic inspection, including letters to notify selected foster parents and child-placing agencies, and forms to capture the information obtained during the foster home visits.
- Changes have been made to the automated licensing management system (CLASS) to include sampling information. The information can be compiled into a report that may be used when evaluating a child-placing agency's compliance with minimum standards.
- As of September 2006, random sampling of foster homes was expanded to all DFPS regions.

*Achievements/Milestones From March 2007 to September 2007*

- Residential Child Care Licensing staff has conducted 1701 inspections of foster homes between September 2006 and June 2007, since the random sampling of foster homes was expanded statewide.
- In March 2007 Residential Child Care Licensing began to request home studies and any amendments from child-placing agencies to review prior to the inspection in foster homes. This has led to more informed inspections.
- For better tracking of compliance history, the CLASS automated system was upgraded to capture violations related to sampling inspections in March 2007.

**Adverse Actions**

Section 1.99 allows DFPS to deny an application for a residential child care operation if there was a revocation of a license in another state or if an applicant is barred from operating a residential child care operation in another state.

Section 1.105 prohibits a residential child care operation from employing, in any capacity, someone who is ineligible to receive a license or someone who has been denied such a license because of out-of-state history.

Section 1.107 prohibits DFPS from issuing a permit to a person for five years after DFPS revokes the person's permit to operate a residential operation or denies the person a permit to operate a residential operation; and prohibits a person from applying for a permit for two years after DFPS has denied or revoked a permit to operate a non-residential operation, such as a day care center or registered family home. It also allows DFPS to deny any license or certification to a person who operated or was a controlling person of a residential operation whose license has been revoked or who voluntarily closed before the license was revoked.

Section 1.108 extends emergency suspensions of residential child care operations from 10 to 30 days.

Section 1.110 allows DFPS to impose an administrative penalty against a residential child care operation or a controlling person of the operation if the operation or person violates a term of a license.

The safety of children served by residential child care operations is advanced with good quality and appropriate licensure. There have been concerns that residential child care operations with adverse actions taken against them in another state were able to apply and be licensed to provide child care in Texas. These sections of Senate Bill 6 allow DFPS to deny or delay an application or license due to such adverse actions.

*Previous Achievements/Milestones From September 2005 to March 2007*

- Rules to adopt these requirements were proposed at the April 2006 DFPS Council meeting and were presented for recommendation to adopt at the October 2006 Council meeting.
- The DFPS child care licensing handbook and related forms were revised to incorporate these requirements and for staff to record findings of compliance or noncompliance on these rules.
- Residential child care licensing management staff was trained on these changes in January 2006.
- Rules were adopted in October 2006 and became effective January 2007.

*Achievements/Milestones From March 2007 to September 2007*

- Policy and practice have been fully implemented; no further achievements to report.

**Exit Conferences**

Section 1.98 requires that upon completion of an inspection of a residential child care operation, the inspector is to have an exit conference with a representative of the inspected operation and to provide the representative a copy of the inspection checklist used by the inspector.

Residential Child Care Licensing staff is required to have an exit interview with the staff of a child care operation at the end of an inspection. This ensures the representative of the child care operation and DFPS have an opportunity to communicate about potential violations. Providing a copy of the inspection results supports the residential child care staff in making necessary corrections or determining what change is needed to meet the licensing requirements.

*Previous Achievements/Milestones From September 2005 to March 2007*

- Forms were developed to allow licensing staff to leave a written report with a copy of the findings of the inspection with the child care operator at the end of an inspection.
- The licensing policy and procedure handbook was updated to include procedures for conducting an exit interview and leaving a written report at the child care operation.

*Achievements/Milestones From March 2007 to September 2007*

Policy and practice have been fully implemented; no further achievements to report.

## Significant Obstacles to Implementation and Steps to Resolve Obstacles

Both the CPS and APS programs have made tremendous progress since the passage of Senate Bill 6. However, these programs have encountered some obstacles to full implementation. DFPS and DADS have addressed some of the obstacles reported in the first three Senate Bill 6 180-Day Progress Reports. APS and HHSC have a plan to reduce APS caseloads, and CPS and HHSC, with guidance from the Legislature, have developed a policy for medical consent. However, retention and workforce stability continues to present challenges as well as adequate resources to meet daily operational needs. An obstacle related to infrastructure continues due to DFPS' successful hiring efforts and the lack of office space. An examination of these obstacles, past and remaining, follows. The growth of the foster care population has outpaced the number of adequate placements and this has led to challenges in finding foster care for youth with significant behavior problems.

### New Obstacles

DFPS has had to address challenges finding adequate and appropriate placements for children in CPS care. The root of this challenge is the fact that the number of foster children is growing faster than the capacity of homes and facilities that care for foster children. In the last five years the number of foster children grew roughly 43 percent, while the number of foster parents and other licensed placements grew only 28 percent. This puts pressure on the entire system.

A symptom of this problem has been children having to spend the night under the supervision of CPS workers. The DFPS Executive Team has been meeting almost daily since January 2007 to work on ways to meet the immediate needs of children without placements. These meetings include daily reports on overnight stays including specific information about each individual child to assist with placement options. These efforts have been successful in bringing the total number of children without placements from a high of 165 in the month of May 2007 down to 56 by August.

DFPS is implementing a number of short-term solutions and exploring long-term solutions for increasing the number and variety of placement options. In the short term, DFPS has authorized a process for field staff to expedite service level changes for children awaiting placement. DFPS has also negotiated with local providers to provide for more appropriate space. The majority of these children are not staying in DFPS offices, but now in shelters under DFPS staff supervision.

Longer term, the goal is to increase systemic substitute care capacity so that all children are quickly matched with placements that meet their individual needs. To accomplish this goal:

- DFPS is working with providers to examine other possibilities, such as expanding capacity for qualified providers, reviewing facilities outside but near the Texas border, and child-specific contracts.

- An interagency panel, led by the Health and Human Services Commission, is exploring placement options with facilities operated by Health and Human Services agencies.
- To increase capacity for residential services, DFPS is pursuing an emergency purchase for residential facilities in Regions 1 and 3 to provide enhanced services to children who are the most difficult to place. The procurement was released in August 2007 and focuses on the behaviors of children rather than on the children's assigned service levels. The resulting contracts will include (1) a No Reject/ No Eject requirements; (2) guaranteed utilization and allowable vacancy rates; and (3) rates that will ensure the needs of all children within the eligible population are met.
- The Legislature approved an average 4.3 percent foster care rate increase that went into effect on September 1, 2007. In addition, a higher payment rate, known as a “step-down rate” for the placement of children immediately after they are discharged from psychiatric hospitals went into effect on September 1, 2007.
- DFPS is working with providers to examine possibilities such as expanding capacity for qualified providers, reviewing facilities outside but near the Texas border, and child-specific contracts.
- DFPS has received 26 waiver/variance requests since January 1, 2007 regarding child-caregiver ratio standards so that individual foster homes can accept additional children. Licensing staff have reviewed those requests to ensure the safety, health, and well-being of the children in question and have approved 19 of the requests.

## Past Obstacles

APS caseloads and CPS medical consent were presented as obstacles in the first report. In the second report, DFPS and HHSC addressed these issues and no longer considered them to be obstacles. The following information is an update on the continued progress in each area since the last report.

### **APS Caseload Reduction Plan**

The total number of intakes for fiscal year 2005 was 80,623 and for fiscal year 2006 was 82,029. In fiscal year 2006, APS intakes increased by 1.7 percent over intakes recorded in fiscal year 2005. The growth rate for intakes in fiscal year 2005 was 15.9 percent. In spite of a significant decline in the growth rate for average monthly intakes between fiscal year 2005 and fiscal year 2006, the rise in the number of investigations being completed by APS caseworkers represents a 29 percent increase over pre-reform years. As a result of the ongoing rise in intakes, the average daily caseload per caseworker was 50.8 for fiscal year 2005 and 51.6 for fiscal year 2006.

In response to the rise in intakes and pending investigations for fiscal year 2005 and fiscal year 2006, APS received 155 additional caseworkers for fiscal year 2007. APS has successfully hired new caseworkers and increased training classes in order to address rising caseloads. Historically APS intakes fluctuate during the year with the fall having lower intake numbers than late spring and summer. The seasonal downturn in intakes combined with the increase in staff has resulted in lower caseloads for the

*APS average daily caseloads have been reduced from 51.6 in FY2006 to 37.5 in FY2007, year to date.*

first two quarters of fiscal year 2007. APS filled all the additional caseworkers positions by April 2007.

On December 31, 2006, HHSC submitted the APS Caseload Reduction Plan to the Governor and legislative leadership. The plan outlines the projected growth rate for APS intakes and the corresponding average daily caseload per caseworker as well as options for reaching caseload targets for fiscal years 2008-2009. Partnering with community organizations to enhance resources available within the community is one option presented in the plan. In addition to working with the community, DFPS requested funding through the Legislative Appropriations Request, which would continue to maintain the 155 additional caseworkers funded for fiscal year 2007. The 155 caseworkers were added to the 24 caseworker positions originally funded through the General Appropriations Act passed by the 79<sup>th</sup> Legislature.

During FY 2007, DFPS focused on reducing the duration of pending cases in combination with effective hiring and training of additional staff. The result has been a significant drop in the average daily caseload for FY 2007. As of July 2007, the year-to-date average daily APS caseload was reduced to 37.5, which is below the annual forecast of 42.3.

### **Medical Consent**

Senate Bill 6, Section 1.39 requires the development of a statewide healthcare delivery model, provision of medical consent for children in foster care, parental notification of significant medical conditions, judicial review of medical care, health passports, and reporting to the Legislature the outcome of a study on the prescribing of psychotropic drugs for children in foster care.

As reported in the second progress report, DFPS encountered some challenges in implementing the medical consent policy as courts, attorneys, and other stakeholders were interpreting various provisions differently. In response to these challenges, legislative leadership convened a multi-disciplinary workgroup to clarify issues and identify solutions. The workgroup identified the individuals DFPS may designate as medical consenters for children in DFPS conservatorship. With input from the participants of the legislative workgroup, DFPS implemented a revised medical consent policy. Additionally, DFPS implemented a web-based training for DFPS staff and an online training for foster youth in fall 2006. A web-based training for external stakeholders became available in January 2007.

### **Remaining Obstacles**

Coordination with other state agencies, retention and workforce stability, CPS conservatorship caseloads, and limited space and infrastructure were presented as obstacles in prior reports, and continue to be issues for DFPS. This section discusses why these areas continue to receive attention and the strategies DFPS is developing to address them.

### **Coordination with Other State Agencies**

To achieve optimal outcomes for clients, DFPS must continue efforts to work with partner state agencies to serve mutual clients. Recent analysis shows that APS has many mutual clients with



DSHS and DADS. Many of the most difficult APS cases require close coordination with other parts of the health and human services delivery system to fully meet the needs of the individual and/or their family. For example, individuals with behavioral health needs and low-income persons not qualifying for Medicaid may need long-term care and require close coordination of services. DFPS has initiated research projects with both DSHS and DADS to examine the characteristics of mutual clients and determine how to better meet their needs. Similarly, determining least restrictive alternatives and the appropriateness of guardianship requires that DADS Guardianship Services and APS work together at the local level on a case-by-case basis to best meet the needs of clients and at the state level to ensure common policy and practice.

### **Retention and Workforce Stability**

Retaining workers remains an ongoing challenge for DFPS due to the nature and volume of the work. DFPS underwent significant changes as a result of increased staffing in the 2006-2007 biennium. While attracting qualified applicants is important, staff retention is critical to improving service delivery and to minimizing the costs associated with staff turnover. A key measure of retention and worker stability is the turnover rate, and both APS and CPS continue to experience caseworker turnover. The APS caseworker turnover rate for fiscal year 2006 was 19.7 percent (compared to the fiscal year 2005 rate of 20.5 percent). The APS caseworker annualized turnover rate for the third quarter of fiscal year 2007 was 20 percent. The CPS caseworker turnover rate for fiscal year 2006 is 29.8 percent (compared to the fiscal year 2005 rate of 29.3 percent). The CPS caseworker annualized turnover rate for the third quarter of fiscal year 2007 was 31.2 percent.

*Staff retention is critical to improving service delivery and minimizing the costs associated with staff turnover. This remains a challenge.*

DFPS continues to perform hiring and training activities designed to improve staff retention and stability. With the approval of new positions by legislative leadership, APS and CPS continue to hire additional staff. Pre-screening tests and behavioral interview guides are being used to assess and hire appropriate applicants for caseworker positions. As a result of the revised selection process and training programs, the number of CPS caseworkers who leave the agency within their first six months of employment has slightly declined. DFPS continues to make available mobile technology, remote computer access, and tablet PCs to identified staff positions to assist with managing caseloads. DFPS also established an executive sponsored cross-program workgroup to examine and make recommendations on retention issues. This workgroup implemented a tenured staff recognition program and is developing mechanisms for improved field staff input into management decisions.

### **CPS Conservatorship Caseloads**

CPS Conservatorship caseloads continue to be a challenge. The total number of children in conservatorship has steadily risen from around 35,000 in fiscal year 2004, to 41,305 in fiscal year 2006, to over 46,000 in 2007 (Note: This is the *total* number of children who were in conservatorship at any point during the year. On any given time, there are around 30,000 children in CPS conservatorship.) This rise has made it a challenge for caseworkers to make timely visits to children in placement. To deal with this challenge, CPS established goals around

timely visits and documentation and developed management tools to support accountability towards these goals.

Congress reauthorized the Promoting Safe and Stable Families Program in October 2006. From this, states were allocated funds to support monthly visits to children in DFPS conservatorship and Texas received \$3.9 million. While this funding cannot be used to hire additional permanent caseworker staff, it can be used in many areas that DFPS believes will assist CPS conservatorship caseworkers, supervisors and support staff who serve children in substitute care.

Funds can be used for a variety of activities; however, each activity must be aimed at directly impacting monthly face-to-face contacts with children. CPS staff identified three major categories for expenditure of these funds:

- Short-term incentive pay based on reaching performance goals for conservatorship caseworkers and supervisors.
- Overtime pay for case aides and administrative assistants.
- Temporary staff, tools, and staff development.

Each region was allocated a portion of these funds to support casework staff in successfully meeting the goals established by the conservatorship workgroup mentioned above.

### **Space and Infrastructure for Program Growth**

DFPS continues to work with HHSC and the Texas Building and Procurement Commission to acquire new leases for office space. In addition, providing adequate support services for the daily operations of the agency has been challenging due to the approximately 25 percent increase in staff size due to reform efforts.

The following was accomplished since the last report:

- Submitted space requests to add on to offices in Haskell, Plano, Commerce, Cleburne, Conroe, Houston, Austin, Killeen, San Marcos, and Bastrop (impacts 211 staff).
- Submitted new lease requests for space in Sweetwater, Plano, Denton, Fort Worth, Carrollton, Pearland, Waco, Lockhart, San Antonio (3 locations), and Laredo (impacts over 900 staff).
- Requested transfer of lease space to DFPS in Levelland, Fort Worth, Grand Prairie, Dallas, Houston, Galveston, Austin, Eagle Pass, and Hondo (impacts 128 staff).
- Construction of new office space already approved will provide space for 320 staff statewide.

## Provisions Unable to Fully Implement

### Community-Based Family Services

As noted in the previous Senate Bill 6 progress reports, Section 1.53 requires DFPS to administer a grant program to provide funding for community organizations, including counties and faith-based organizations, to respond to lower-priority, less serious cases.

A specific appropriation was not granted for this provision during the 79<sup>th</sup> legislative session, and initial DFPS plans to fund the Community-Based Family Services program at a minimum level were revised when new funds were appropriated during the 80<sup>th</sup> legislative session. DFPS was appropriated \$1.6 million for the fiscal 2008-2009 biennium for this purpose. The Request for Proposal will be posted shortly with contracts effective in FY2008.

### Development of Paperless Exchange System with Court System

Senate Bill 6, Section 1.81 requires DFPS to develop and implement a pilot program to allow the paperless exchange of information between DFPS and courts with jurisdiction over CPS cases, subject to the appropriation of funds for this purpose. Section 1.81 also requires DFPS to submit a report on the preliminary results of this pilot program by December 1, 2006.

DFPS did not receive funds for this pilot program and therefore, did not implement this program. As a result, there was no report to submit on December 1, 2006. In November 2006, DFPS notified the Governor's office and respective legislative oversight committees of this decision.

## Unanticipated Fiscal Implications and Cost-Effective Recommendations

### Transfer of Guardianship Program

The number of intakes received by APS continues to steadily increase and the growth is projected to continue as the population of Texas ages. These referrals resulted in the number of active guardianships increasing from 656 in December 2004 to 805 as of May 31, 2006 – an increase of approximately 23 percent. As of November 30, 2006, active guardianships increased to 844, which is an overall growth rate of approximately 29 percent and a 6 percent increase above the previous reporting period. As of June 30, 2007, active guardianships increased to 856, which is an overall growth rate of approximately 30 percent and a 1 percent increase above the previous reporting period.

The number of contracted guardianships increased from 160 to 176 as of November 2006; this represents an increase of 10 percent. As of June 2007, contracted guardianships increased to 213, which is an overall increase of 33 percent and a 23 percent increase since the last reporting period. Growth in contracted guardianships is limited by the availability of funds, and local providers willing to contract with DADS to meet the statewide need for guardianship services. According to the agency, DADS will require additional resources in order to keep pace with APS growth patterns and to ensure quality guardianship services are provided statewide.

### Supporting Mobile Casework

As reported in previous Senate Bill 6 progress reports, DFPS is now experiencing an operations area resource challenge as a result of the mobile casework initiative. The APS, CPS, and Child Care Licensing program mobility efforts, resulting from Senate Bill 6, are a major contributor to the anticipated success of the APS and CPS reform efforts. However, the effort to adequately test, support and respond to users of mobile technologies is significantly higher than it is for desktop PC environments. Some of the key Information Technology and Program Support activities continually associated with mobile casework are:

- Hardware inventory management for large amounts of equipment.
- Development and maintenance of a new computer image based on a different operating system and software than the desktop PC environment.
- New platform needing security patches and updates on a regular basis.
- Implementation and maintenance of a wireless network environment.
- Implementation and maintenance of a virtual private network and dial-up modems to support home network access.

- Large increase in individual user support caused by increased volume of hardware, software, and decentralization of computer use.
- Increased testing needs for additional software application.
- New job functions assigned to existing testing staff to perform field usability testing.
- Minor adjustments have been made within DFPS to reallocate staff to these crucial tasks, but only minimal improvements can be found with the existing FTE allocations. DFPS is also continuing to explore new methods of user support and is leveraging vendor arrangements to address this situation to the extent possible.

## Steps Taken to Enhance External and Internal Accountability for Expending Public Funds and Achieving Favorable Outcomes

### Internal Accountability

Ultimately the success of reform will be determined by improved outcomes for children and adults served by DFPS. An effective system to improve outcomes must include measures of program performance, accountability at all levels of the organization, and internal and external stakeholders' participation in the shared vision of improved outcomes.

#### *Previous Achievements/Milestones From September 2005 to March 2007*

- Performance indicators were developed through a broad effort between HHSC and DFPS management and direct delivery staff.
- Performance expectations were identified that support positive client outcomes, client safety, policy compliance, effective community engagement, and efficient use of agency resources.
- Accountability expectations were strengthened in an employee's annual performance evaluation.
- Performance measures were developed related to the quality and timeliness of data entry in accordance with the Legislature's emphasis on "real time" case management information.
- Regularly updated electronic reports with qualitative and quantitative information were developed allowing supervisors, managers, and caseworkers to assess performance on an ongoing basis.
- A system was implemented to ensure aggregate reporting of regional and statewide performance is analyzed, summarized, and provided to DFPS program staff and executive leadership.
- Performance expectations were redefined for positions statewide. For example, APS caseworkers in one part of the state are held accountable for the same level of performance as caseworkers in another part of the state. These performance expectations are comprised of critical qualitative and quantitative indicators for each DFPS program, and thresholds were established for what constitutes particular performance ratings.
- Thresholds for performance indicators for supervisors, program directors, and regional directors were established.
- DFPS centralized performance management responsibilities.

- DFPS successfully held a “Train the Trainers” performance management session for 30 identified CPS staff in October 2006. DFPS initiated the first of a series of 52 CPS regional performance management training sessions for all supervisory and management staff.
- Quantitative performance reports for DFPS hiring specialist positions have been formally requested from the contracted human resources company (Convergys) and are in the company’s queue for development.
- A DFPS performance management program committee was formed with members from each program area. This group produced a set of performance management guiding principles and is developing a statement of roles and responsibilities for all DFPS staff.
- Computer-based performance management training was completed for use as online “refresher” training by May 2007.
- The Purchased Client Services division developed performance metrics and benchmarks for their program specialists and contract manager positions.
- The DFPS Legal division, with support from the DFPS Information Technology unit, is developing a performance management automated data reporting system.
- The DFPS Statewide Intake division has initiated the process of identifying the most critical investigation data to be collected from a new telephone and call recording system replacing outdated equipment.

*Performance expectations have redefined and standardized statewide. Caseworkers in one part of the state are held accountable for the same level of performance as caseworkers in another part of the state.*

*These performance expectations are comprised of critical qualitative and quantitative indicators for each DFPS program.*

*Achievements/Milestones From March 2007 to September 2007*

- The promising results from the APS and CPS applicant pre-screening process prompted the Child Care Licensing and Statewide Intake programs to pursue development of a similar assessment for their applicants. Potential pre-screening tests are currently being evaluated by focus groups made up of subject matter experts from each program. The process used in APS and CPS has facilitated development efforts and implementation is expected early this fall. Both programs also plan to adopt the behavioral based interview model that has been used in APS and CPS.
- Statewide Intake implemented a new Quality Management System as of April 1, and is in the process of developing new benchmarks for quality intakes based on this data. Data from the Quality Management System will be used to rate workers on the new Performance Management Initiative.
- DFPS completed, on schedule, a series of 52 regional performance management training sessions for all Child Protective Services supervisory and management staff. Regional make-up training sessions were also provided in all CPS Regions in the summer of 2007.

- Performance plans for all major CPS, CCL and PCS positions have been developed.
- Computer-based performance management training was completed on schedule, and is available on the DFPS Intranet for use as online “refresher” training.
- Beginning January 12, 2007, additional on-site regional trainings for APS supervisors and regional management were added to expedite the transition from using paper evaluations to using the automated human resources system (accessHR) for performance plans and evaluations, and to introduce the new user interface to the agency’s data warehouse.
- The “initiative” phase of Performance Management in Adult Protective Services is complete and was formally closed out by the Executive Steering Committee. Performance Management in APS is now an ongoing aspect of the program’s everyday business.
- The first editions of the CPS and APS Mobile Technology Evaluations have been completed and released to internal and external stakeholders. Subsequent editions of these evaluations will be published as future data sets become available.

## Contractor Accountability

DFPS contracts with external organizations for the delivery of a variety of client services. It is essential that contractors are held accountable and that DFPS has access to a solid contracting infrastructure that provides support for effective management of the contract lifecycle. DFPS is dedicated to improving accountability and oversight of agency contracts.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- DFPS identified needed service contract improvements related to specific goals, outcomes, and output measures. These measures became part of future procurements and resulting contracts. Contract monitoring was enhanced to include assessment of the contractor’s ability to meet measures.
- Structure for a centralized client services procurement unit was created and operationalized to ensure uniform and consistent procurement practices.
- Policies, procedures, and tools were developed to strengthen contracting.
- Procurement and contract management staff were provided with technical assistance and training. A conference was held offering training in basic job skills development, proposal review, Title IV-E contracts, performance management, developing performance measures, and overview of the financial process.
- DFPS continued with the conversion of open enrollment to competitive procurement contracting.
- For APS, a multi-year a Purchased Client Services procurement plan is being implemented to competitively procure goods and services for APS clients. In fiscal year 2006, DFPS completed a competitive procurement for claims processing services. In fiscal year 2007,



three competitive procurements were completed for housing repair and modification services. DFPS has identified 11 additional competitive procurements for fiscal years 2007 and 2008, which includes housing repair and modification services, heavy cleaning, and pest control services.

- For Residential Contracts, plans were finalized for the re-procurement of foster care residential services for fiscal year 2008 using competitive procurement processes. In fiscal year 2007, DFPS plans to complete competitive procurements for emergency shelters, independent homes, and therapeutic camp services.
- In fiscal year 2007, DFPS completed nine competitive procurements for CPS services in selected regions. These include permanency conferences, supervised visitations, intake case management, Preparation for Adult Living (PAL) case management, evaluation and treatment, and homemaker services. For CPS, competitive procurements continue to be conducted where market forces allow for competition.
- DFPS increased the depth and scope of monitoring for contractors identified as high risk due to performance issues. This includes issuing provisional contracts to ensure contractors are apprised of areas requiring improvement, engaging in more frequent on-site monitoring of contractors' corrective actions, and documenting procedures to assist with achieving increased consistency in contracting practices.
- An internal DFPS contract improvement workgroup was formed to document contracting roles and responsibilities, develop a contract improvement work plan, and propose structure for an agency Contracting Governance Committee.

#### *Achievements/Milestones From March 2007 to September 2007*

- Procurement staff were provided with technical assistance and training. Four procurement staff attended training on proposal evaluation. During this time period the number of Texas Building and Procurement Commission (TBPC) Certified Texas Procurement Managers (CTPM) within the procurement unit increased to four, as additional procurement staff continue to complete the TBPC training, pass the test, and become certified.
- DFPS continued with the conversion of some open enrollment residential contracts to competitive procurement, specifically emergency shelters, therapeutic camps, and DFPS-contracted foster homes.
- For APS, Purchased Client Services continues to implement competitive procurement of goods and services for APS clients. In FY 2007 two competitive procurements, one for claims processing and one for heavy cleaning, were completed. In FY 2008 additional open enrollment contracts will be procured via competitive means, including housing repair and modification, pest control services, and a procurement for heavy cleaning.
- For Residential Contracts, a Request for Proposals for emergency shelters, independent homes, and therapeutic camp was released and responses are moving to assessment. Contracts resulting from this competitive procurement will be finalized in fiscal year 2008.

- Contract monitoring is further enhanced by the development of tools to be implemented in FY 08 that include gathering and evaluating caseworker and client feedback relevant to consumer satisfaction and the contractor's ability to meet performance measures.
- Purchased Client Services division is developing a contract performance management data system to enhance contractor accountability.
- To increase staff accountability, consistent employee performance standards have been developed and will be implemented as part of the agency's performance management initiative.

## Accountability to the Community

DFPS is improving accountability by engaging external stakeholders and providing meaningful and timely information about reform efforts and other important agency activities.

### *Previous Achievements/Milestones From September 2005 to March 2007*

- A community engagement plan was created that includes stakeholder interaction policies and procedures, outcome measures tied to performance management, and increased community engagement training for staff.
- Outsourcing and DFPS Renewal (Reform) web pages were created, and are used to disseminate the latest information both internally and externally. The renewal pages include information on CPS Medical Services, Disproportionality in CPS, APS Renewal, and Child Care Licensing Renewal. See: <http://www.dfps.state.tx.us/about/renewal/default.asp>.
- A subscription e-mail service was implemented to notify stakeholders when new information is added to DFPS' public website ([www.dfps.state.tx.us](http://www.dfps.state.tx.us)), as well as the renewal and outsourcing pages. Associations and other stakeholders receive direct e-mails about important DFPS developments.
- The DFPS Commissioner's Roundtable was implemented to facilitate open communication and partnership with providers. The intended purpose is to bring to the forefront issues as they evolve and create opportunities for collaboration.
- An informational release was produced for all DFPS program staff, anchored by a video message from the DFPS Commissioner, outlining the major goals and expectations for community engagement success.
- Monthly meetings, facilitated by Texans Care for Children: Partners in CPS Reform, were attended. During these meetings, information on DFPS reform efforts is shared and feedback is received from stakeholders to include advocates, providers, and legislative staff.
- DFPS participated in a workgroup to obtain input on implementation and procedures for the random sampling inspections of foster homes conducted by Residential Child Care Licensing staff. Stakeholder membership consists of child-placing agency representatives, foster parent association representatives, and representatives of the Texas Alliance.

- A committee was formed to determine the steps needed to implement the revised minimum standards for general residential operations and child-placing agencies. Committee membership includes residential child care and child-placing agencies as well as DFPS staff from the protection, licensing, and technology program areas.
- A series of stakeholder meetings were held in San Antonio, the first selected region for the outsourcing of substitute care and case management services.
- Stakeholder access to the DFPS Council was increased through enhanced public participation processes and the addition of an advance public testimony registration feature on the DFPS public website.
- The Professional Development Division now examines all training development, whether new curriculum or an update, for opportunities to include Community Engagement best practices and tips related to the curriculum topic.
- The Office of Volunteer and Community Engagement is including major stakeholders in the planning and development of ongoing Community Engagement policy revisions.

*Achievements/Milestones From March 2007 to September 2007*

- APS regional management are using the 2007 APS Customer Satisfaction Survey results to develop regional action plans to improve community engagement efforts. The final report containing the results of the survey was completed in August of 2007 and the results incorporated into future planning efforts.
- Throughout the summer of 2007, the DFPS Commissioner has been traveling around the state meeting with providers of foster care services to directly hear and respond to questions and concerns about their relationships with DFPS and ways to improve the quality of foster care services.

## Conclusion

The Department of Family and Protective Services is a fundamentally changed organization since the passage and implementation of Senate Bill 6. At all levels of the organization, there is a commitment to better serving vulnerable Texans. The transformation of DFPS is bolstered by additional resources to address the tasks at hand, innovative use of new tools and techniques, and policy that better reflects the realities of field casework. Underlying these changes is a philosophical shift that views families and communities as having shared interests with the Department and its clients. This philosophy also holds that organization performance cannot be separated from individual accountability.

What has emerged from these changes at DFPS is an organization with a clear purpose, with each member of the organization knowing their individual role and how it supports a desired outcome for a Texan in need. The results can already be seen on the ground. The quality of investigative work has risen. More children are placed with family and diverted from foster care and institutional settings than at any time in the past. Employees spend more time with their clients and make decisions with consistency and clarity. The Department has reached across program divisions to develop more integrated responses to regulated child care. The expertise of law enforcement and the medical community is increasingly leveraged for better results in all programs. Information is used more effectively and managers have a range of new tools to continually assess how their programs are working and to clearly identify areas of risk to clients. Clients, children, parents and families are engaged as active participants in their interactions with the Department. Systems are in place to ensure clients receive consistent and appropriate medical care, maximize educational opportunities, and fully transition from DFPS care to independence.

The dramatic changes prompted by Senate Bill 6 required new policy, new agency philosophy, new tools, and new rules for conducting business. DFPS is proud of the achievements of its staff in embracing the comprehensive, systemic changes brought about by reform. Employees at all levels of the organization have provided valuable input and learned new strategies for conducting the work of protecting vulnerable Texans. DFPS staff embraced the agency's focus on individual and organizational accountability, increasingly accepted community partners as integral to developing solutions, and supported one another through a time of dramatic change – all while continuing to deliver services throughout. The staff of DFPS, DADS, and HHSC are the foundation without which none of the planned improvements would be able to impact the lives of Texans in need.

The implementation of Senate Bill 6 was a beginning. The work completed thus far is not viewed as the completion of an externally driven plan, but as an essential foundation for the future of the agency. The leadership and staff of the Department of Family and Protective Services and the Health and Human Service Commission are especially appreciative of the ongoing support and

*The implementation of Senate Bill 6 was a beginning.*

*The work completed thus far is not viewed as the completion of an externally driven plan, but as an essential foundation for the future of DFPS.*

guidance of the Governor and Legislature. Their commitment and leadership has allowed DFPS to focus on its core mission while improving and expanding with expert counsel, vision, and resources to accomplish the agency's goals.

## Appendix: DFPS Reform Initiatives

### Summary of DFPS Reform Initiatives

#### 1 CPS Investigations

**Program:** Child Protective Services

**Purpose:** The CPS Investigations Initiative will create an Office of Investigations, develop a new model for investigations that will incorporate forensic techniques, and revise and enhance training for investigative staff. A number of other issues will be addressed, including contact timelines, Early Childhood Intervention (ECI) referrals, family location, engaging families, and working with uncooperative families.

#### 2 CPS Risk and Safety Assessment

**Program:** Child Protective Services

**Purpose:** The CPS Risk and Safety Assessment Initiative will identify activities to ensure the risk assessment instrument and philosophy are fully integrated and consistently applied in daily practice at every stage of service with particular focus on investigations. A safety assessment process will be developed and integrated into the risk assessment protocol.

#### 3 Supporting Quality Casework

**Program:** Child Protective Services

**Purpose:** The Supporting Quality Casework Initiative will focus on strengthening the structures of unit management and regional management to improve outcomes for clients. Embedding subject matter experts into units also will increase casework knowledge and lead to improved outcomes. Increasing mobile technology for casework support and improving court relations through use of technology are critical components of the initiative.

#### 4 Family Focus

**Program:** Child Protective Services

**Purpose:** The Family Focus Initiative will enhance the safety, permanency, and well-being of children through the provision of direct and support services to their caretakers. This initiative is designed to improve the services delivered to families receiving Family-Based Safety Services as well as parents, children and extended

family members involved in the foster care system. The Family Focus Initiative will also enhance and expand the Family Group Decision-Making process and Kinship Care.

#### 5 Medical Services for CPS Children

**Program:** Child Protective Services

**Purpose:** The Medical Services Initiative will ensure that each foster child receives accessible, coordinated, comprehensive, and continuous healthcare through establishing medical homes for foster children, improving management of psychotropic drugs, providing medical passports for foster children, and establishing Centers for Forensic Assessments for the forensic diagnosis and treatment of abuse and neglect.

#### 6 Educational Services for CPS Children

**Program:** Child Protective Services

**Purpose:** The Education Initiative will develop and implement an educational passport to enhance educational outcomes for children in foster care and to ensure education records follow the children to their next placement. It also will ensure that a child in care is placed in the correct grade and receives identified educational services for which the child is eligible.

#### 7 Transitional Living Services

**Program:** Child Protective Services

**Purpose:** The Transitional Living Services Initiative will improve and expand transition and discharge services for older youth in foster care. Services and support will also be improved and expanded for youth who have aged out of foster care, during their young adult years. Community partnerships with public and private agencies will be strengthened to expand transition services. This initiative will also ensure that federal funding for this population of youth is fully leveraged, with match from existing community resources.

#### 8 Disproportionality

**Program:** Child Protective Services

**Purpose:** The Disproportionality Initiative will identify practice improvements that will address disproportionate representation and disparate outcomes for African-American children, other children of color, and their families within the CPS system. In addition to examining disproportionate rates of children entering the CPS system,

other issues will be examined such as the equity with which children of color and their families receive access to available services and the disparate outcomes for African-American children, and other children of color, once they are engaged in the child welfare system. This initiative will promote parity and improve outcomes for all children and families in Texas.

#### 9 Outsourcing CPS Services

**Program:** Child Protective Services and Purchased Client Services

**Purpose:** The Outsourcing CPS Services Initiative will ensure the transition of substitute care and case management services from DFPS to private sector agencies and will continue to convert the agency to competitively procured, performance-based contracting practices to achieve desired client outcomes.

#### 10 Prevention and Early Intervention

**Program:** Prevention and Early Intervention

**Purpose:** The Prevention and Early Intervention Initiative will support CPS reform efforts to strengthen the parent-child relationship and improve family functioning of at-risk families. This will be accomplished through development of community resources and provision of a continuum of evidence-based prevention and early intervention services to families, with particular focus on those at-risk families who do not qualify for state-mandated intervention.

#### 11 APS Intake, Investigation and Service Delivery

**Program:** Adult Protective Services

**Purpose:** The APS Intake-Investigation-Service Delivery Initiative will plan, develop and implement new policies and procedures for these three areas of APS operations. The goal of this initiative is to ensure that investigation and service delivery functions will be performed in a manner that maximizes client safety and well-being. This will include a review of existing policies and procedures for modification and improvement, as well as implementation of new practices. All policy changes will be incorporated into a more user-friendly APS In-Home handbook for staff.

#### 12 APS Risk Assessment

**Program:** Adult Protective Services



**Purpose:** The APS Risk Assessment Initiative will develop and implement a risk assessment tool (CARE) to replace the capacity questions used by APS staff to assess a client's decision-making capacity. This initiative includes: development and testing of the tool; design and testing of the instrument for mobile technology; risk assessment policy development; risk assessment training; and evaluation of the risk assessment tool by an outside entity.

### 13 Guardianship

**Program:** Adult Protective Services

**Purpose:** The Guardianship Initiative will address transition issues associated with the transfer of guardianship services from DFPS to the Department of Aging and Disability Services (DADS). Clients will be transferred in the least disruptive method with emphasis on client safety and care. Transition issues to be addressed include automation security, space, equipment, referrals, invoicing, and dispute resolution. The initiative will also include development of a new Memorandum of Understanding for ongoing coordination and collaboration between the agencies and a transition of Guardianship staff training responsibility to DADS.

### 14 APS Case Profiling

**Program:** Adult Protective Services

**Purpose:** The Case Profiling Initiative will focus on developing a method for profiling APS cases in terms of their complexity and demand for APS resources. The goal is to use regional case characteristics indicative of risk, need, and severity of alleged and actual abuse, neglect, and/or exploitation to inform management decision-making on how to best allocate resources to address APS cases.

### 15 APS Training Innovation

**Program:** Adult Protective Services

**Purpose:** The APS Training Innovation Initiative will improve services to APS clients by equipping APS staff with the knowledge and skills required for their positions. Activities in the initiative will include designing and implementing training programs for new and experienced APS staff that address new policies and procedures resulting from APS reform. The initiative also involves training APS staff in how to use new tools such as risk assessment (CARE) and mobile technology. The scope of the initiative includes all APS training delivered by agency staff or a contractor, with the exception of the APS conference.

## 16 Performance Management

**Program:** All DFPS Programs

**Purpose:** The Performance Management Initiative will implement a consistent, integrated performance management structure that identifies key measures of program performance and establishes individual and program accountability for successful client outcomes through quality casework.

## 17 Resource/Funding Allocation

**Program:** All DFPS Programs

**Purpose:** The Resource/Funding Allocation Initiative will ensure the model for allocating resources to regions (Equity of Service Statement, or ESS) reflects current agency priorities, incorporates appropriate information and equitably allocates resources.

## 18 Community Engagement

**Program:** All DFPS Programs

**Purpose:** The Community Engagement Initiative will develop a comprehensive and consistent approach for more effective community collaboration and participation at all levels and in all programs and divisions. The goals of the initiative are increased access to services through professional collaborations, and more civic and volunteer support for priority needs and initiatives.

## 19 Communications

**Program:** All DFPS Programs

**Purpose:** The Communications Initiative will develop and implement a comprehensive communications plan for DFPS that fosters consistent communication both internally and externally, fosters a cultural shift within the agency, as well as an understanding of the agency's mission by the public, providers and other stakeholders. The initiative is also charged with consolidating public information functions and developing public awareness plans for both APS and CPS.

## 20 CPS Training Innovation

**Program:** Child Protective Services

**Purpose:** The CPS Training Innovation Initiative will improve services to CPS clients by equipping CPS staff with the knowledge and skills required for their positions. Activities in the initiative include designing and implementing training programs for new and experienced CPS staff to address new policies and procedures

recommended in CPS reform. The scope of the initiative includes a complete re-write and expansion of CPS Basic Skills Training and advanced training and re-training in areas including Joint First Responder Training with law enforcement, advanced forensic investigations, and other training needs defined by supervisors and caseworkers.

## 21 Human Capital

**Program:** All DFPS Programs

**Purpose:** The Human Capital Initiative will develop screening and selection processes to improve the retention of quality staff. Initiative objectives include increasing the pool of qualified applicants, and increasing DFPS' hiring capacity and efficiency. The initiative will also implement efforts to improve the retention and tenure of staff.

## 22 Records Management

**Program:** All DFPS Programs

**Purpose:** The Records Management Initiative will eradicate backlogged records and develop an improved system of technology, personnel, policy and procedure to ensure ongoing efficient management of agency records.

## 23 IMPACT Modifications

**Program:** Adult Protective Services

**Purpose:** The IMPACT Modifications Initiative, which focuses the DFPS automated case management system, will address the technological issues to include the use of mobile technology to support access to policies when caseworkers are in the field. The initiative will develop and implement a risk assessment tool, revise program policies related to merging of cases, and address other IMPACT enhancements to assist APS in achieving improved services to clients as well as new methodologies for monitoring quality assurance.

## 24 Revising Licensing Standards

**Program:** Residential Child Care Licensing

**Purpose:** The Revising Licensing Standards Initiative will revise minimum standards for residential child care facilities and child-placing agencies. The revision will involve the consolidation of 10 sets of minimum standards for 24-hour Residential Child Care facilities into four sets, which will eliminate duplicative and conflicting requirements among standards. The revision will provide the opportunity

to design a system that assigns a numerical score or weight to individual minimum standards based on the relative risk to children.