



**TEXAS**  
Department of Family  
and Protective Services

## **The State of Texas**

# **2015-2019 Title IV-B Child and Family Services Plan**

## **Final Report**

Texas Department of Family and Protective Services  
ACYF-CB-PI-19-02



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Department of Family  
and Protective Services

## **The State of Texas**

# **2015-2019 Title IV-B Child and Family Services Plan Final Report**

## **I. General Information**

Texas Department of Family and Protective Services  
ACYF-CB-PI-19-02

# **2015-2019 Title IV –B Child and Family Services Plan Requirements - Final Report**

## **1. General Information**

### **a. State Agency Administering the Plan**

The Texas child welfare system began with the Child Welfare Division created by the Texas Legislature in 1931 as a program within the Texas Board of Control. During the following decades, federal, state and county participation in services to abused and neglected children gradually increased. The Texas Family Code, created in 1974, gave the Texas Department of Public Welfare more responsibility for services to abused, neglected, truant and runaway children. Under the code, the failure to report suspected abuse or neglect of children became a misdemeanor offense.

In 1987, the Texas Legislature enacted statutory definitions of child abuse and child neglect. The definitions were incorporated into the Texas Family Code, amended with subsequent state legislative enactment of law, and serve to identify the jurisdiction for the agency's involvement with families. In 1992, the Texas Legislature formed the Texas Department of Protective and Regulatory Services; and CPS, along with Adult Protective Services and Child Care Licensing, became major programs within the new agency.

DFPS experienced major changes in FY 2018 due to legislation passed by the 85th Texas Legislature and its internal efforts. These changes strengthened the agency's ability to make quick decisions to ensure client safety, improve long-term outcomes for clients, and increase the agency's capacity to train and retain high-quality caseworkers.

House Bill 5 of the 85th Texas Legislature transformed DFPS into an independent state agency. DFPS now reports directly to the Governor. As a result of HB 5, the agency immediately reorganized a core function of the agency, by moving all investigative functions from the Child Protective Services program into the new Child Protective Investigations (CPI) program. The new CPI program includes former CPS investigators and special investigators, as well as investigators from the Child Care Licensing (CCL) program who investigate allegations of abuse and neglect in day care and foster care.

While, CPI continues to work closely with both CPS and CCL the new structure allows for improved quality and effectiveness of child abuse and neglect investigations. It further allows CPS to focus on its core functions of child safety, permanency, well-being, and normalcy.

On September 1, 2017, the regulatory functions of the Child Care Licensing program as well as the Adult Protective Services Provider Investigations program transferred from DFPS to the Health and Human Services Commission (HHSC). The Child Protective Investigations program at DFPS and the Licensing and Regulatory Division at HHSC continue to work together closely to protect the children they jointly serve.

The Texas Department of Family and Protective Services (DFPS) works with communities to promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation. We do this through investigations, services and referrals, and prevention programs.

DFPS does this important work through its five major programs:

- Statewide Intake
- Adult Protective Services
- Child Protective Investigations
- Child Protective Services
- Prevention and Early Intervention

The DFPS commissioner oversees more than 12,000 employees in 316 local offices located in 11 regions and a state headquarters in Austin. More about the agency is available at its public website: [www.DFPS.state.tx.us](http://www.DFPS.state.tx.us).

DFPS is the designated agency to administer Title IV-B, subparts 1 and 2, CAPTA Title I, and Title IV-E programs in Texas. DFPS is the single agency designated by the Governor of Texas and by state statute that has the authority to administer child protective services consistent with the Texas Family Code section [264.007](#) and the Texas Human Resource Code at HRC [40.002](#).

Organizational charts for the Department of Family and Protective Services and Child Protective Services are provided at the end of this document. The most current approved Title IV-B Child and Family Services Plan can be found at: [http://www.dfps.state.tx.us/About\\_DFPS/Title\\_IV-B\\_State\\_Plan/default.asp](http://www.dfps.state.tx.us/About_DFPS/Title_IV-B_State_Plan/default.asp).

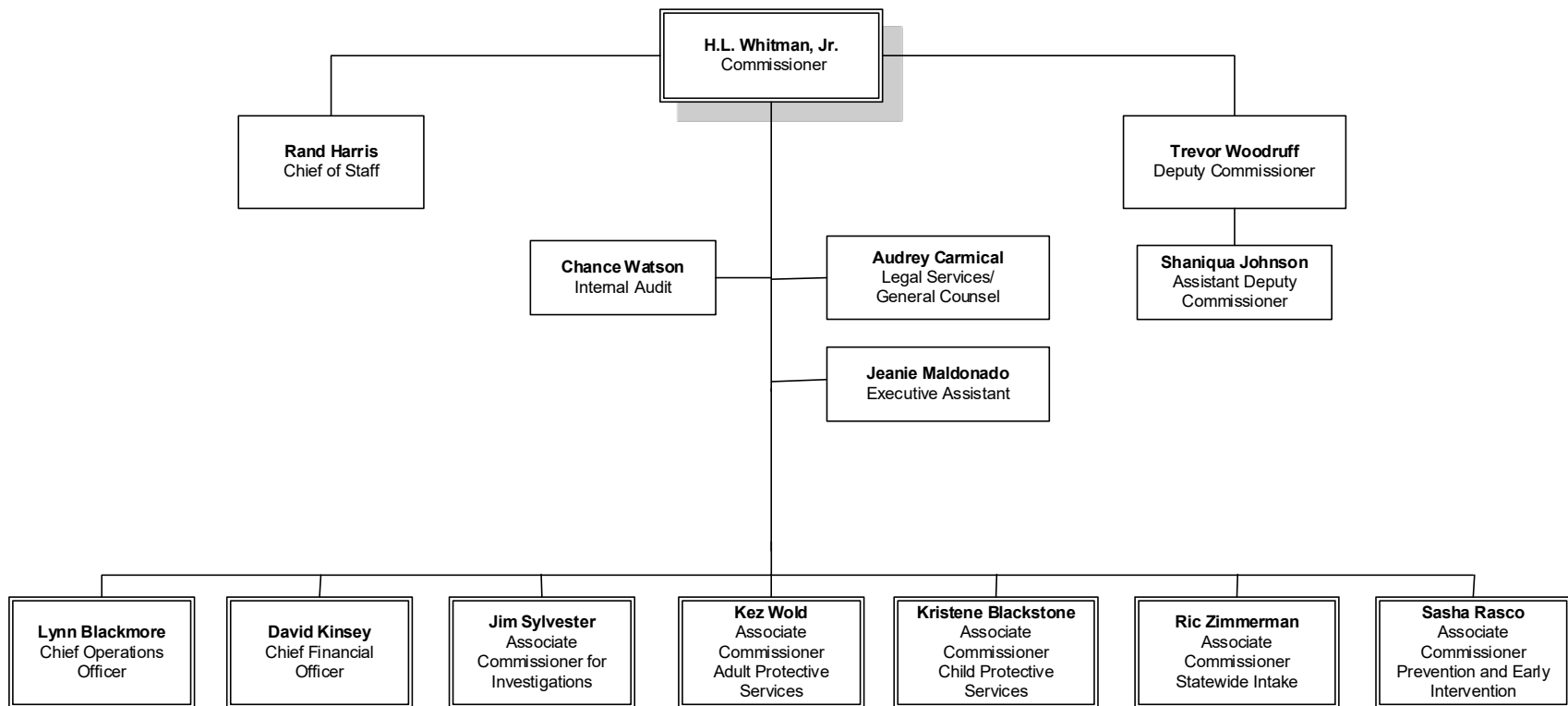
**Note:** Max Villarreal, Division Administrator for Federal/State Support Unit, is the state point of contact for the 2019 APSR. Phone Number: (512) 919-7868  
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# 2015-2019 Title IV –B Child and Family Services Plan Requirements - Final Report

## I. General Information

### b. Organizational Charts

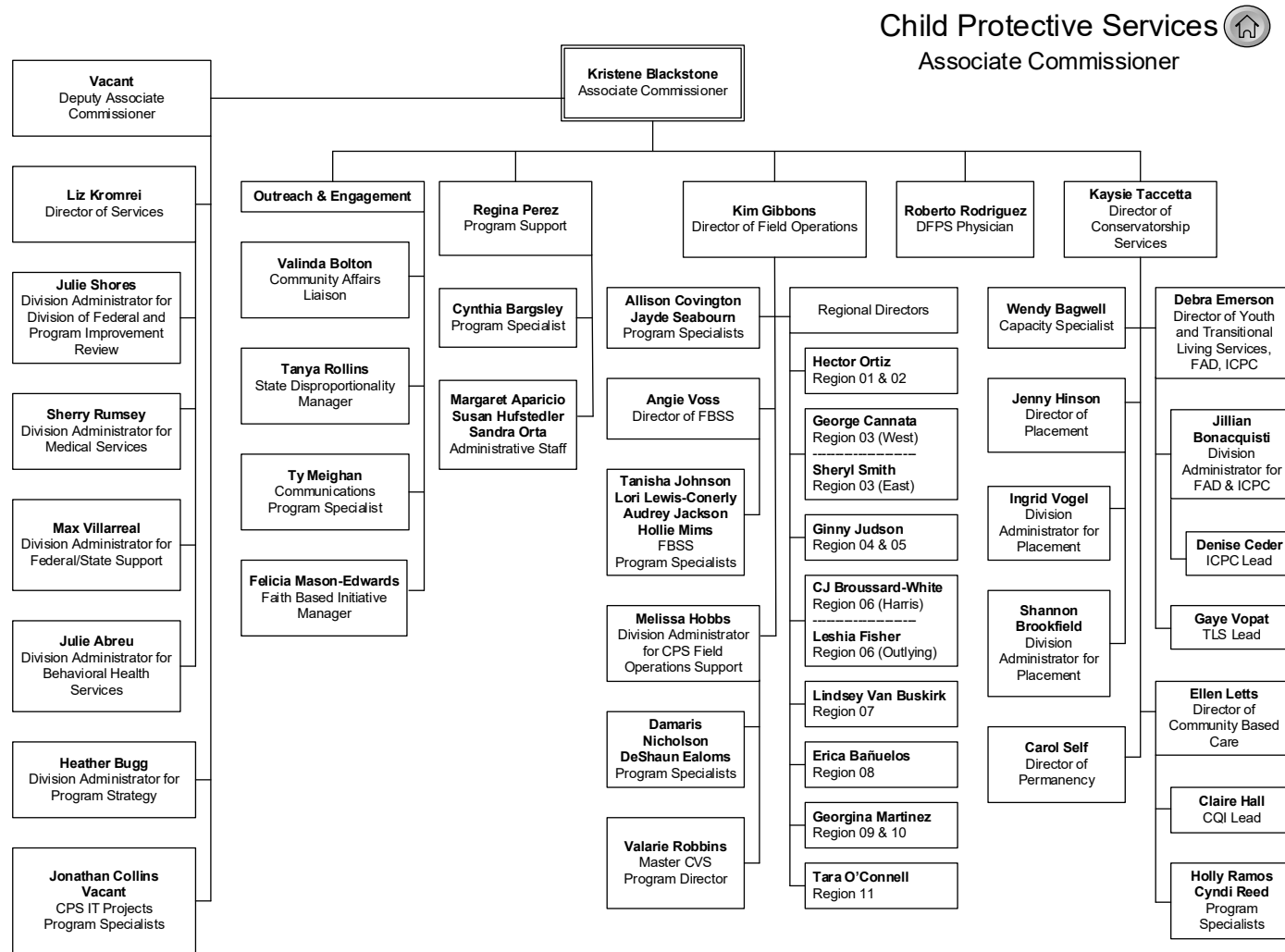
#### Department of Family and Protective Services



# 2015-2019 Title IV –B Child and Family Services Plan Requirements - Final Report

## 1. General Information

### Organizational Charts

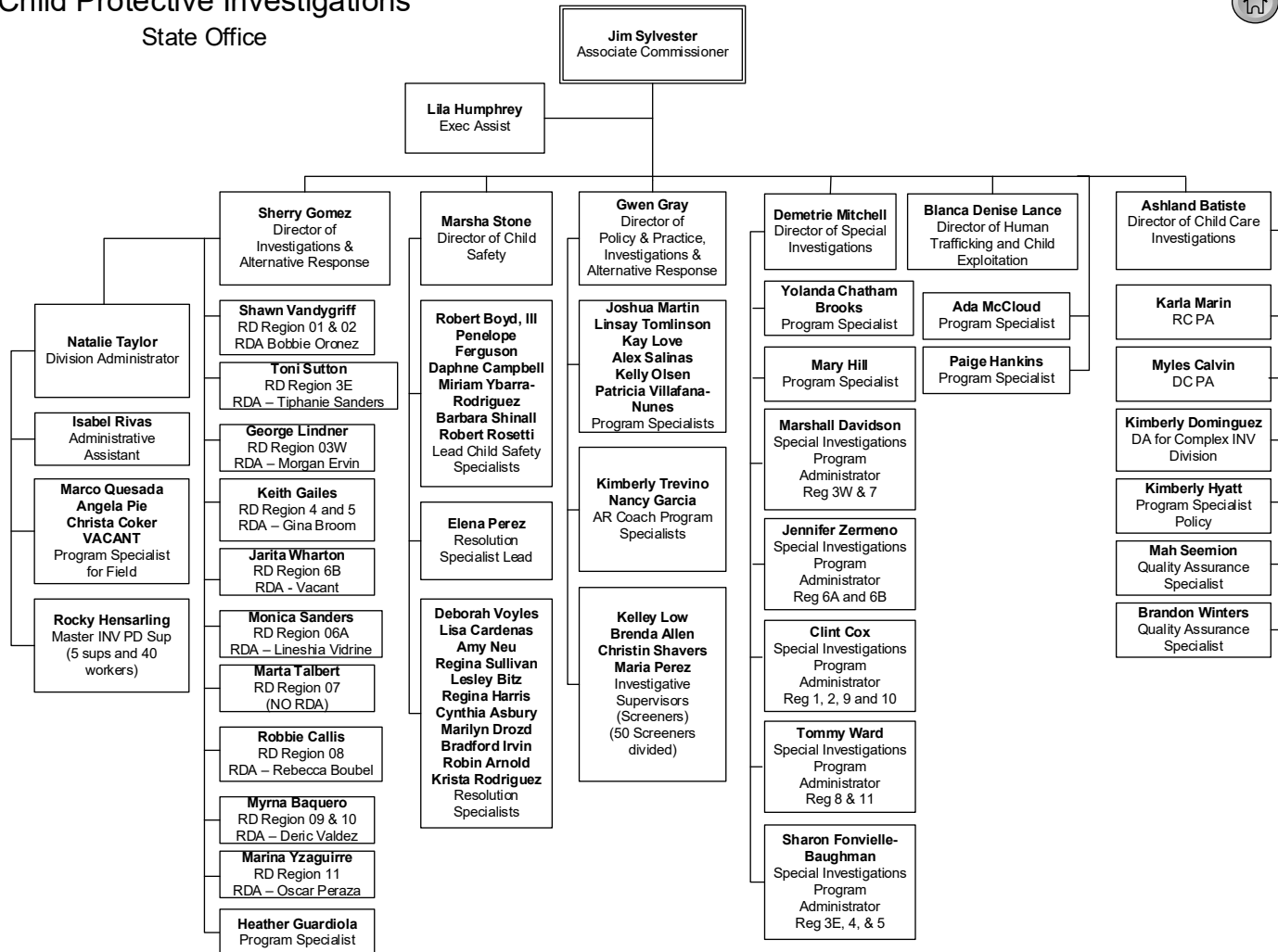


# 2015-2019 Title IV -B Child and Family Services Plan Requirements - Final Report

## 1. General Information

### Organizational Charts

#### Child Protective Investigations State Office









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## **The State of Texas**

# **Title IV-B Child and Family Services Plan 2015-2019 Final Report**

## **B. Collaboration**

Texas Department of Family and Protective Services  
ACYF-CB-PI-19-02

# **2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements**

## **A. Child and Family Services Collaboration**

► *Provide an update on how the state has engaged in substantial, ongoing and meaningful collaboration in the accomplishment of the 2015- 2019 CFSP goals and objectives and the development of the 2015-2019 Final Report.*

Building community relationships and partnerships is an integral part of DFPS work and is critical to providing clients with needed support. DFPS has worked diligently to build and strengthen alliances and networks at all levels. DFPS continues to utilize all available community support to provide for the safety, well-being, and permanency of Texas children and to help to ensure the successful implementation of the goals, objectives and strategies listed in the 2015-2019 Child and Family Services Plan (CFSP). The 2015-2019 CFSP lists specific strategies that were employed to actively seek collaboration and support for the successful implementation of the CFSP within the 2015-2019 timeframe. The agency's ongoing efforts to work toward implementing and completing 2015-2019 CFSP goals and activities, assessing outcomes, and developing strategic plans to increase the safety, permanency, and well-being of children in the child welfare system will continue in the collaborative efforts identified in the CFSP as well as other such collaborative activities noted below.

### **Supreme Court Permanent Judicial Commission for Children, Youth and Families (Children's Commission)**

The Children's Commission's mission is to strengthen courts for children, youth and families in the Texas child protection system and thereby improve the safety, permanency, and well-being of children. The Children's Commission exists to improve the judicial handling of child protection cases systemically through improvements in technology, attorney and judicial training, and court improvement pilot projects. It has no authority over state agencies or their operational details and does not discuss or consider specific, active cases. The Children's Commission seeks information about systemic improvement through the Children's Commission's Collaborative Council and other interested parties.

The Children's Commission administers the federal Court Improvement Program for Texas. The formal Children's Commission is composed of an executive level group of judges, officials from CPS as well as other divisions of DFPS, non-profit foundations, State Bar leaders, private attorneys, legislators, parents, tribal, and mental health representatives. There are four standing committees: Data and Technology, Training, Basic Projects, and Foster Care and Education.

The Children's Commission links to the larger stakeholder community through the almost 45-member Collaborative Council, whose members include former foster youth, foster families, attorneys, Court Appointed Special Advocates, and parent advocates. Representatives from institutions of juvenile justice, mental health and education are also

included, as well as representatives from the private provider community, children's advocacy centers and many other child protection and child and family advocacy groups. Judge Dean Rucker, a retired district judge and regional presiding judge assists with judicial leadership initiatives, attorney and judicial training, legislative and policy matters, and Jurist in Residence letters. The Children's Commission's inclusive, collaborative structure and broad, high level membership generates and supports energy and enhances visibility of, the state's court improvement efforts, and helps facilitate collaboration among high level child protection stakeholders throughout the state.

The Children's Commission and DFPS continue to work together toward developing and achieving shared goals and activities detailed in the Children's Commission Strategic Plan. This partnership supports institutional and infrastructural change that result in clearly defined, measurable outcomes for children and families. The Children's Commission is actively involved in child welfare strategic planning and program development, working closely with the agency on the federal requirements such as the Child and Family Services Review program improvement plan and annual IV-B state planning and reporting.

Texas has a strong record of Children's Commission and DFPS collaboration. DFPS and the Children's Commission review policy and procedures, share data and case analysis information, and explore opportunities to sponsor joint training activities at quarterly Children's Commission meetings, bi-weekly collaborative calls, joint workgroups and committees, conferences and other joint efforts involving DFPS staff at multiple levels, stakeholders for the Texas child welfare system in multiple regions, and Children's Commission and Collaborative Council members. DFPS and the Children's Commission collaborate on Roundtables that address key topics related to safety, permanency, and well-being.

### **Community-Based Care (*Formerly Foster Care Redesign*)**

Since 2010, DFPS has been engaged in an effort to redesign the foster care system to expand the role of community providers, to take responsibility for placement services, capacity/network development, community engagement and the coordination and delivery of services to children in foster care and their families under a Single Source Continuum Contract. In 2017, DFPS was directed by the 85<sup>th</sup> Texas Legislature to purchase case management and services to relative / kinship placements from the Single Source Continuum Contractor. The new model became known as Community-Based Care.

Stakeholder involvement is paramount to the development and success of a redesigned foster care system in Texas. The project team has ensured comprehensive and extensive stakeholder involvement throughout the implementation of Community-Based Care. In October 2009, DFPS created the Texas Public Private Partnership. The Partnership is a collaborative endeavor among DFPS staff, former foster youth, parent partners, private providers, advocates, trade associations and judges. The Public Private Partnership continues to serve as the guiding body and to provide recommendations for Community-Based Care.

Building off of the Foster Care Redesign Communication Plan, DFPS developed a State Community-Based Care (CBC) Communications Plan. The State CBC Communications Plan emphasizes full engagement of internal and external stakeholders during the transition and implementation of each stage of Community-Based Care. The plan includes state level communication activities and provides guidelines and expectations for locally-developed Communications Plans.

DFPS maintains a public webpage to serve as a general communication venue for project updates and notices, CBC marketing messages, and content of interest to DFPS staff and providers of foster care services and other providers impacted by CBC.

The webpage includes the development and posting of Frequently Asked Questions (FAQ) to answer CPS staff' and other stakeholders' questions and ensure staff receive information as it becomes available. Additional communication activities in Community-Based Care sites include:

- Public forums in the catchment with time for questions and discussions
- Facilitated meetings between CPS staff and SSCC
- SSCC/DFPS (jointly facilitated) meetings with Courts, Court Appointed Special Advocates (CASA), Child Welfare Boards and other key stakeholders.

In previous years, DFPS has solicited public comment through formally posted Requests For Information to inform the model, procurement and implementation of Community-Based Care. DFPS will release another Request For Information in June 2019 to solicit public comment on the current Community-Based Care catchment boundaries.

### **Disproportionality**

DFPS is committed to continually addressing disproportionality in the Texas child welfare system to ensure all children and families are afforded equitable opportunities for positive outcomes. DFPS has a responsibility to mitigate disparity in all phases of child welfare services delivery by:

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

Partnerships with communities to address the problem of disproportionality exist in most regions statewide. Most regions have convened a Community Advisory Committee of people from the local area, including parents and youth alumni. However while there are currently five active committees in the state, there are numerous partnerships between DFPS and the community across the state that are crucial in the work to improve the Texas child welfare system, strengthen its services, and eliminate disproportionality.

### **Parent Collaboration Group**

The Parent Collaboration Group is a partnership between CPS and parents who have been recipients of services from CPS. The Parent Collaboration Group provides a mechanism to include biological parents in the design, implementation and evaluation of the CPS program. Parents provide feedback to CPS that assists in the analysis of current policy and the evaluation of service delivery strategies. Each region has at least two

parent representatives (referred to as Parent Liaison) and a CPS representative in the state Parent Collaboration Group. There is at least one group in each region. The CPS Parent Program Specialist serves as a liaison to the statewide Parent Collaboration Group. A web page on the DFPS Internet Web site has been dedicated to the Parent Collaboration Group Initiative. The CPS Parent Program Specialist is a member of the Children's Commission Collaborative Council and a Regional Parent Liaison serves on the Children's Commission. The Parent Program Specialist and a Parent Liaison are members of the Texas Family Voice Network.

### **Youth Leadership Council**

The State and Regional Youth Leadership councils were created in the 1990s but were formalized in 2005. During the 84<sup>th</sup> Legislature (2015), the Youth Leadership Council was formally adopted into law. The Statewide Youth Leadership Council includes two elected or appointed youth or young adults (ages 16 to 21) from each region's Youth Leadership Council. Councils identify issues and make recommendations for improving services to children and youth in care, review policies and program initiatives, and give feedback to DFPS that is reviewed and incorporated into the IV-B annual report, State Plan, best practices or other program initiatives. DFPS also utilizes the Youth Leadership Council to seek input on the development of policy to ensure that input is received from children and youth involved with CPS to accurately meet the needs of this population. All youth and young adults who participated in these meetings were between the ages of 16-21 and lived in a variety of placement settings, including foster homes, congregate care facilities, kinship placements, and Supervised Independent Living.

### **Texas Foster Families Association**

Texas State Foster Parents, Inc., also known as the Texas Foster Family Association (TFFA), recruits and provides training opportunities to Texas foster families to promote the well-being of children in foster care. This non-profit organization holds two annual training conferences, provides information to members via online newsletter several times per year, and has a presence on social media (a public website, [www.tffa.org](http://www.tffa.org) and TFFA Facebook page, as well as regional foster parent Facebook pages).

The Texas Foster Family Association Board is made up of foster parents, agency staff from DFPS, private child-placing agencies, as well as former foster parents who serve on the Executive Committee and head other committees. The full board holds two-day meetings three times per year to ensure goals are set, communication between participants occurs, and to increase productive relationships between foster families and staff. Regional DFPS staff, foster parents, and private-agency staff review proposed policy and make recommendations to improve foster family recruitment and retention and services to children in foster care. Input is incorporated into the agency's strategic and programmatic planning process.

### **Kinship Collaboration Group**

The Kinship Collaboration Group provides a mechanism to include kinship caregivers in the design, implementation and evaluation of the CPS program. This initiative encourages collaboration with kinship caregivers who are affected by the CPS service delivery system

and provides a unique perspective on how to improve services to kinship caregivers and children.

Kinship caregivers involved in the DFPS system have an opportunity for input into system improvement and a chance to understand that they are not alone in trying to care for their relative or kin children. The Kinship Collaboration Group process consists of regional Kinship Support Groups, which meet at least quarterly and sometimes as frequently as monthly, and a statewide Kinship Collaboration Group that meets four times a year. These groups help educate kinship caregivers on the foster care system, develop tools and strategies to improve kinship care, and serve as a conduit process for new ideas. Their involvement provides kinship development workers with information needed to have a sense of urgency for achieving positive permanency.

### **Child Fatality Review Teams**

Child Fatality Review Teams are multi-disciplinary, multi-agency panels that regularly review child deaths, regardless of the cause, in order to understand risk to children and to reduce the number of preventable child deaths. These teams are uniquely qualified to understand what no single agency or group working alone can: how and why children are dying in their communities. By sharing information, team members discover the circumstances surrounding a child's death and utilize the information to make recommendations that may inform CPS policies and practices.

Regional Child Death Review Committees review cases in which the death is determined to be the result of abuse or neglect and the family was previously known to CPS. This review occurs at the regional or local level and involves agency staff as well as local stakeholders to identify any systemic issues that may have impacted service provision to the family. The recommendations from these reviews are shared internally with regional management for consideration. The recommendations are also forwarded to State Office to review for statewide implications and incorporation into strategic and programmatic planning.

The Child Safety Review Committee is comprised of State Office staff and representatives of other disciplines with whom CPS routinely interacts such as Domestic Violence stakeholders, physicians, Texas Department of State Health Services, and State Child Fatality Review Team. This committee reviews the recommendations from the Regional Child Death Review Committees as well as data relating to child fatalities. The committee identifies issues that appear to be occurring statewide and makes recommendations to CPS to address the issues and incorporation into strategic and programmatic planning.

### **Citizen Review Teams**

Citizen Review Teams are citizen-based panels established to evaluate DFPS casework and decision-making related to investigating and providing services to abused and neglected children. Membership includes community representatives and private citizens residing in the area for which the team is established. The five CAPTA teams are required to meet at least quarterly to address a wide range of CPS issues from intake to adoption, and must produce an annual report of their activities to inform the Title IV-B State Plan.

Citizen Review Teams currently focus on CPS cases that involve near-fatalities in order to improve policy, practice and outcomes for such cases.

### **Texas Council on Adoptable Children**

The Texas Council on Adoptable Children is a statewide organization that promotes adoption and services to adoptive families in Texas. This support is provided through a Texas Council on Adoptable Children State Board and regional branches throughout the state. The State Board plans to meet two times a year with a liaison from DFPS to review current policies and provide feedback on the needs of adoptive families. Members of the organization often advocate and share information with DFPS regarding issues of concern to adoptive parents and their families.

### **Interstate Compact on Adoption and Medical Assistance (ICAMA)**

DFPS is a member of the Interstate Compact on Adoption and Medical Assistance (ICAMA), the interstate compact that protects the interests of children with special needs who have been adopted and placed or move interjurisdictionally. In addition DFPS sends at least one staff person each year to the annual AAICAMA National Conference. This conference provides training and supports DFPS in the proper and efficient administration of the state's Title IV-E program for adoption assistance.

### **Texas Council of Child Welfare Boards**

The Texas Council of Child Welfare Boards is a statewide network of local and county board volunteers who are concerned with the welfare of children, especially children suffering from abuse and neglect, who are involved with DFPS. Representatives of these local county boards serve eleven DFPS regional councils that, in turn, provide representation on a state level to the Texas Council of Child Welfare Boards. The Texas Council Executive Director, officers and members work with CPS staff on programs that meet children's needs, network with other organizations to provide care for abused and neglected children, and strengthen families through public information and education. The Texas Council reviews the IV-B State Plan annually, providing input and recommendations to DFPS on behalf of local county boards from every region.

### **Committee for Advancing Residential Practices**

The Committee for Advancing Residential Practices includes residential providers, residential provider associations, advocacy groups, stakeholders, HHSC Residential Child Care Licensing and DFPS representatives from Residential Contracts and Child Protective Services who meet quarterly in an effort to strengthen the partnership, improve communication, provide a venue for focusing on advancements to residential practices that support enhanced safety, permanency and well-being for children, and incorporate input into strategic and programmatic planning

### **Early Childhood Systems Integration Group**

The Early Childhood Systems Integration Group is a collaboration of Texas state agencies working together to identify, coordinate and implement cross-sector initiatives for young children and their families. The work group addresses issues and opportunities related to service delivery, systems design and data coordination. Members include representatives of DFPS, Health and Human Services, Department of State Health

Services, Texas Education Agency, Texas Workforce Commission, and Office of the Attorney General. The group shares information about services and trends, which are incorporated into strategic and programmatic planning.

### **Prevention Task Force**

The Prevention Taskforce, established in 2015, submitted its legislatively required report making recommendations to the Commissioner of DFPS regarding changes to law, policy and practice pertaining to the prevention of child abuse and neglect, the implementation of the changes in law made by House Bill 1549, 85<sup>th</sup> Texas Legislature, and the implementation of the five year strategic plan for PEI. Members represent fatality review teams, pediatricians, judges, prosecutors who specialize in child abuse and neglect, medical examiners, DFPS service providers and policy experts in child abuse and neglect prevention, community advocacy or related fields.

### **Rider 17.10 Juvenile Justice Prevention Group**

DFPS, the Texas Juvenile Justice Department, the Texas Education Agency, and the Texas Military Department work together to coordinate the delivery of juvenile delinquency prevention, dropout prevention, and intervention services aimed at preventing academic failure, failure on state assessments, dropout, juvenile delinquency, truancy, runaways, and children living in family conflict. The group meets to learn about one another's programming; to identify key considerations in the coordination, planning and delivery of services; and to identify opportunities to enhance the coordination, planning and delivery of prevention and intervention services.





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## **2. Assessment of Performance**

Texas Department of Family and Protective Services  
ACYF-CB-PI-19-02

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## 2. Assessment of Performance

The Department of Family and Protective Services has made progress and continues to work toward the goals to improve child and family outcomes set out in the 2015-2019 Child and Family Services Plan (CFSP). DFPS collaborates with the Administration for Children and Families, internal stakeholders, and external stakeholders on an ongoing basis to address trends identified in the 2016 Child and Family Services Review Final Report. Ongoing work for improving outcomes for children and families in Texas has been integrated in the state's Program Improvement Plan and will be further addressed in the 2020-2024 CFSP.

► *Assessment of the state's performance on child and family outcomes and agency systemic factors, including relevant and reliable data on its performance on each of the seven CFSR child and family outcomes and each of the seven CFSR systemic factors.*

### **Safety, Permanency and Well-Being Outcomes**

The CPS Division of Federal and Program Improvement Review (formerly the Accountability Division) conducts a quarterly case review of Family Based Safety Services, Alternative Response, and Conservatorship cases using the federal Child and Family Services Review (CFSR) process and instrument. The reviews are referred to in this section as CFSR case reviews and occur quarterly. The following information is excerpted from the CPS Federal and Program Improvement Review procedures manual.

The sample for the CFSR quarterly case review is requested from the DFPS Forecast and Planning Division and is random and representative of the entire state universe for cases for each DFPS region. The data request reflects the state ratio of foster care and in-home cases, meeting the minimum requirements for both case types.

The data request is submitted at least 3 weeks prior to the new quarter. Prior to the second quarter of Federal Fiscal Year 2018, the Sample covered the same period of time as the federal Onsite CFSR six month sample period and rolled forward three months every quarter. The sample period was six months for the foster care sample and six months plus fifteen days for the in-homes sample. Alternative Response cases were included in the in-homes sample.

Hurricane Harvey landed on shore of the Texas coast in late August 2017, causing catastrophic damage in Texas coastal regions which includes the largest metropolitan area of Harris County. Due to state and federal concerns about DFPS performance after the effects of Hurricane Harvey, the decision was made for DFPS to utilize a prospective baseline review to establish new baselines for the Texas CFSR Program Improvement Plan Measurement Period. For the baseline period, DFPS reverted to an eleven month sample period, which was utilized by the state prior to the 2016 Onsite Review. The sample period is eleven months for both foster care and the in-homes samples, and rolls

forward three months every quarter. Also, the state realigned their ongoing quarterly reviews to reflect new regional management splits moving the state from 11 to 13 regional designations. The baseline period occurred during the second and third quarters of Federal Fiscal Year 2018.

The reading period starts on the same date as the sample period start date, but continues through the date when the Quality Assurance Specialist finishes the case review (Case Review Date). Conservatorship cases must be open for at least 24 hours during the review period. Family Based Safety Services cases must be open for 45 consecutive days during the review period. For Alternative Response cases, five additional days are added due to the role of supervisory review and screening, including collateral contacts made by screeners, prior to determining the intake should be progressed to the Alternative Response stage. Juvenile Justice cases open for DFPS services are included in the universe of cases to be randomly selected into either sample.

Texas experienced its federal Round 3 CFSR during the second half of federal Fiscal Year 2016. The cases were reviewed during the Onsite Review component of the federal process for Round 3. The CFSR Federal Onsite Review occurred between April and September of 2016. The Review included 72 in-homes cases and 108 foster care cases, divided into rolling quarters. DFPS received its Final Report from ACF in December 2016. The Texas Round 3 CFSR Program Improvement Plan was negotiated between DFPS and the Administration for Children and Families and was approved effective October 1, 2018.

The Texas sample process continues to mirror the Federal Onsite Review process. Quality Assurance specialists review 100 cases each quarter, 40 cases are FBSS/Alternative Response (in-homes) cases and 60 are cases of children in DFPS conservatorship (foster care) cases. The Texas case review process also follows the federal Round 3 CFSR Case Review Criteria for case elimination. The case review results from the quarterly CFSR reviews continue to be used to analyze current performance and are combined with other case reviews and/or data to best assess outcomes.

### **Safety Outcome Data**

Safety Outcomes: (1) Children are first and foremost, protected from abuse and neglect; and (2) Children are safely maintained in their own homes whenever possible and appropriate.

Below is a summary of the data used to assess Texas performance on child safety. There are three types of data. The first table contains performance in the Federal Onsite Review (April-September 2016), the Prospective Baseline Period (January-June 2018), and the last four completed Texas CFSR quarterly case reviews. The data reflects performance on cases selected for review through the sample. The second table contains statewide data submitted to the Children's Bureau through the National Child Abuse and Neglect Data System and the Adoption and Foster Care Automated Reporting System. The Children's Bureau compares Texas data to other states for federally determined data indicators and standards. In Round 3, the Administration for Children and Families suspended the use of every state's performance on national standards for the 7 statewide data indicators in conformity decisions, but provided it for contextual information. The third

table contains statewide data regarding timeliness obtained from the DFPS Monthly Executive Dashboard. This dashboard is available monthly, stored within the agency's Data Warehouse, and based on documentation contained within IMPACT.

CFSR Outcome/Item	Standard	Overall Onsite Score	Prospective Baseline	PIP Target	Q2-18	Q3-18	Q4-18	Q1-19
Item 1 Timeliness of initial contacts	95%	63.0%	80.2%	84.9 %	79.0%	81.5 %	83.6%	77.0%
<b>Safety 1 First and foremost protected from abuse/neglect</b>	<b>95%</b>	<b>63.0%</b>	NA	NA	79.0%	81.5 %	83.6%	77.0%
Item 2 Services in home to prevent removal	90%	60.0%	60.6%	66.2 %	58.3%	63.6 %	67%	54.8%
Item 3 Risk of harm to children	90%	78.0%	80.5%	84.1 %	82.0%	79.0 %	79.0%	72.0%
<b>Safety 2 Safe in home when possible and appropriate</b>	<b>95%</b>	<b>69.0%</b>	80.2%	84.9 %	79.0%	81.5 %	83.6%	77.0%

(CPS Division of Federal and Program Improvement Review)

CFSR Round 3 Statewide Data Indicators (lower number is desired)	National Standard	Texas Performance
Recurrence of Maltreatment	9.5%	5.4%
Maltreatment in Foster Care	9.67	7.61

(Data from CFSR Round 3 Statewide Data Profile – January 2019)

Timeliness of Investigation Initiations	FY 2017	FY 2018	FY 2019 to date (through February 2019)
P1 Investigations Initiated Timely	92.5%	96.2%	96.6%
P2 Investigations Initiated Timely	89.6%	95.2%	95.7%

(Data from DFPS Monthly Executive Dashboard exd1\_03)

CFSR case reviews findings are entered into an online database that mirrors the Federal Onsite Review Instrument. Safety, Permanency and Well-Being data are gathered through the database. Based on the above listed Safety Outcomes data, the following is a brief assessment of strengths and concerns regarding Safety Outcomes 1 and 2.

**Strengths:**

- DFPS employs Child Safety Specialists to conduct staff reviews and evaluations of cases determined to involve high risk, monitor cases with multiple referrals, and approve decisions and assessments related to investigations that involve a high risk to the health or safety of a child.

- DFPS is improving its performance in meeting investigation initiation timeframes, especially Priority 1 investigations. Priority 1 reports must be responded to immediately when circumstances indicate the child could suffer substantial bodily harm or die unless CPS immediately intervenes, or within 24 hours of the date and time that Statewide Intake received the intake, in all other circumstances.
- DFPS utilizes a Multidisciplinary Team approach to investigating child abuse which helps to lessen the trauma to the victim and brings together the various professions involved in a child abuse case. It allows professionals from different entities to develop strategies. The meetings help to coordinate investigations between law enforcement and DFPS as well as victim's advocates and prosecutors.
- DFPS completes investigations jointly with law enforcement when there is a report that alleges that a child has been or may be the victim of conduct that constitutes a criminal offense and that poses an immediate risk of physical or sexual abuse of a child that could result in the death of or serious harm to the child. DFPS has written guidelines and protocols that were developed through a collaborative effort with DFPS, law enforcement agencies and Children's Advocacy Centers of Texas.
- Caseworkers have access to the Forensic Assessment Center Network which provides consultations for DFPS Investigative and Family Based Safety Services workers in cases of suspected child abuse and neglect. Forensic Assessment Center Network physicians also provide ongoing training to caseworkers about issues surrounding child abuse and neglect.
- DFPS is advancing its Alternative Response program, which is a shift in how CPS responds to certain cases of alleged abuse and neglect while still keeping children safe. Alternative Response allows CPS to handle less serious allegations of abuse or neglect in a more flexible way – engaging families while still focusing on the safety of the children. CPS provides services and support to help families resolve safety issues and reduce future involvement with CPS.
- Family Based Safety Services (FBSS) and Conservatorship staff use the Family Strengths and Needs Assessment tool, which is one of the agency's Safety Decision Making Tools, in all cases new to FBSS and Conservatorship. This assessment helps caseworkers determine the parent's needs and strengths to identify services to address the safety and risk factors in the home. The assessment guides decisions regarding goals and tasks on the Family Plan of Service. It is updated before every Family Plan of Service or Family Plan of Service Evaluation. This tool helps caseworkers determine if they have identified risk factors in previous stages of service, including throughout the conservatorship case, and adequately addressed them to ensure the safety of children reuniting with their families.

Concerns:

- For Safety Outcome 1 through CFSR quarterly case reviews, the principal concern was inconsistency in following policy for Priority 2 reports when face-to-face contact was not made with alleged victims within timeframes. Policy includes the consultation with a supervisor to develop and document an action plan or follow through with the action plan. For Priority 2 intakes not screened by a regional screener, reports must be initiated within 72 hours of the date and time that

Statewide Intake received the report. For those screened by the regional screener, initiation must occur within 72 hours of the date and time the intake stage was progressed to investigation.

- For Safety Outcome 2 through CFSR quarterly case reviews, the foremost concern noted in cases that did not score a strength rating was inconsistency in maintaining ongoing face-to-face contact with children and families in order to adequately assess and manage safety and risk. The gap most often occurred when the Investigation stage remained open for long periods of time or during the transfer from the Investigation to Family Based Safety Services stage. An additional gap in time between identifying a safety need and providing appropriately matched services was also concerning.

This information was provided to regional staff at the quarterly CFSR case debriefings where each case reviewed was discussed with regional staff and management involved. Case-specific information is provided to the casework staff involved once a case review is completed.

The following Program Improvement Plan goals address Safety outcomes:

- **Goal 1: DFPS will reduce turnover and reduce the number of backlogged investigations statewide. (Safety Outcome 1 & 2: Item 1, Item 2, Item 3)**
- **Goal 2: DFPS will sustain the practice changes that have led to the appropriate, safe use of Parental Child Safety Placements in all regions. (Safety Outcome 2: Item 2, Item 3)**

### **Permanency Outcome Data**

Permanency Outcomes: (1) Children have permanency and stability in their living situations; and (2) The continuity of family relationships and connections is preserved for children.

Below is a summary of the data used to assess Texas performance related to children in DFPS conservatorship achieving permanency. There are three types of data. The first table contains performance in the federal Onsite Review (April-September 2016), the Prospective Baseline Period (January-June 2018), and the last four completed Texas CFSR case reviews. The data reflects performance on conservatorship cases selected for review through the sample. As children are not removed to DFPS conservatorship in the Family Based Safety Services sample, those cases are not assessed for permanency outcomes.

The second table contains statewide data submitted through the federal Adoption and Foster Care Automated Reporting System, which provides the opportunity to compare Texas data to other states on federally determined data indicators and standards. The Administration for Children and Families not only sets a standard, but also compares states which are comparable in demographic measures to set an acceptable range for the state. In the most recent federal data, Texas performance falls outside of the acceptable range in two measures: Permanency in 12 months for children entering foster

care (The range Texas must exceed is 36.9% to 38.2%; Texas Risk Standardized Performance is 37.5%.) and Placement stability (The range Texas must exceed is 4.55 to 4.7 moves; Texas Risk Standardized Performance is 4.63 moves.). Performance in Texas is included below as contextual information, due to the above-mentioned federal decision to suspend the use of data for conformity decisions in Round 3.

CFSR Outcome/Item	Standard	Overall Onsite Score	Prospective Baseline	PIP Target	Q2-18	Q3-18	Q4-18	Q1-19
Item 4 Stability of foster care placement	90%	77.0%	71.7%	76.9%	70.0%	73.3%	76.7%	80.0%
Item 5 Permanency goal for the child	90%	48.0%	62.5%	68.2%	53.3%	71.7%	61.7%	63.3%
Item 6 Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	90%	42.0%	60.0%	65.7%	65.0%	55.0%	60.0%	61.7%
<b>Permanency 1 Children have permanency and stability</b>	<b>95%</b>	<b>22.0%</b>	<b>N/A</b>	<b>N/A</b>	<b>33.3%</b>	<b>40.0%</b>	<b>35.0%</b>	<b>31.7%</b>
Item 7 Placement with siblings	90%	85.0%	N/A	N/A	85.7%	73.5%	86.5%	87.5%
Item 8 Visits with parents and siblings in foster care	90%	54.0%	N/A	N/A	50.0%	51.0%	48.0%	45.8%
Item 9 Preserving connections	90%	78.0%	N/A	N/A	78.3%	71.7%	78.3%	71.2%
Item 10 Relative placement	90%	86.0%	N/A	N/A	86.2%	84.7%	86.7%	84.7%
Item 11 Child's relationship with parents	90%	64.0%	N/A	N/A	37.5%	64.5%	50.0%	40.5%
<b>Permanency 2 Continuity/Family Connections</b>	<b>95%</b>	<b>71.0%</b>	<b>N/A</b>	<b>N/A</b>	<b>56.7%</b>	<b>65.0%</b>	<b>66.7%</b>	<b>57.6%</b>

(CPS Division of Federal and Program Improvement Review)

CFSR Round 3 Statewide Data Indicators	National Standard	Texas Performance
Permanency in 12 months for children entering foster care	42.1%	37.5%
Permanency in 12 months for children in care 12-23 months	45.9%	63.5%
Permanency in 12 months for children in care 24 months or more	31.8%	34.8%
Re-entry to foster care in 12 months	8.1%	4.0%
Placement Stability	4.44	4.26

(Data from CFSR Round 3 Statewide Data Profile – January 2019)

Based on the above listed Permanency Outcomes data from the CFSR online database, the following is a brief assessment of strengths and concerns regarding Permanency Outcomes 1 and 2.

Strengths:

- Texas consistently has a low rate of foster care re-entries for children who have exited substitute care.
- Through case reviews it is determined that CPS does score well in placing siblings together.
- Young adults who are not ready or may not choose to leave foster care at age 18 may stay in Extended Foster Care, if certain requirements are met.
- Young adults in extended foster care agreements can participate in the Supervised Independent Living program, which is a type of placement where they can reside in a less restrictive, non-traditional living arrangement while continuing to receive casework and support services to help them become independent and self-sufficient.
- Permanency Care Assistance improves the lives of children and youth in foster care and increases the likelihood that they will be able to leave the foster care system to live permanently with kinship caregivers.

Concerns:

- Children's permanency goals noted in the Child's Plan of Service and reports to the court are sometimes not appropriate for the child's situation or not being updated in a timely manner when the child's circumstances change.
- Staff do not consistently make concerted efforts to search for absent parents on an ongoing basis throughout the life of the case. In Permanency Outcome 2, this impacted Item 8: Visits with Parents and Siblings in Foster Care and Item 11: Relationship of Child in Care with Parents.
- When staff locate absent parents they do not always make concerted efforts to actively engage them in case planning and case activities.
- The length of time for kinship caregivers to complete the federal requirements for Permanency Care Assistance can be a barrier to achieving timely permanency for children whose goal is Permanent Placement with Relatives.

The following Program Improvement Plan goals address Permanency outcomes:

- **Goal 5: Strengthen the use of appropriate permanency goals and the Legal case review process to help children and youth more quickly achieve positive permanency in all regions. (Permanency Outcome 1: Item 5, Item 6, Item 7, and Permanency Outcome 2: Item 8, Item 9, Item 10, Item 11)**
- **Goal 6: Strengthen resource capacity and service array to better meet the needs of children, youth and families. (Permanency Outcome 1: Item 4, Item 6)**



## **Well-Being Outcome Data**

Well-Being Outcomes: (1) Families have enhanced capacity to provide for their children's needs; (2) Children receive appropriate services to meet their educational needs; and (3) Children receive adequate services to meet their physical and mental health needs.

Below is a summary of the data used to assess Texas performance on child and family well-being. The first table contains performance in the Federal Onsite Review (April-September 2016), the Prospective Baseline Period (January-June 2018), and the last four completed Texas CFSR quarterly case reviews and reflects performance on cases selected for review through the sample. The remaining tables illustrating data associated with monthly face-to-face contacts reflect data submitted to the Administration for Children and Families (Children's Bureau). This data is available monthly and annually and is stored within the agency's Data Warehouse. It reflects statewide data (not a sample of cases) and is based on documentation contained within IMPACT.

<b>CFSR Outcome/Item</b>	<b>Standard</b>	<b>Overall Onsite Score</b>	<b>Prospective Baseline</b>	<b>PIP Target</b>	<b>Q2-18</b>	<b>Q3-18</b>	<b>Q4-18</b>	<b>Q1-19</b>
Item 12 Needs and Services of child, parents and foster parent	90%	58.0%	53.0%	57.5 %	56.0%	50.0 %	51.0%	49.0%
Item 13 Child and family involvement in case plan	90%	64.0%	62.4%	66.8 %	60.6%	64.2 %	54.1%	59.6%
Item 14 Caseworker visits with child	90%	88.0%	86.0%	89.1 %	86.0%	86.0 %	90.0%	85.0%
Item 15 Caseworker visits with parents	90%	47.0%	37.4%	42.1 %	36.3%	38.6 %	41.8%	34.4%
<b>Well Being 1 Families have enhanced capacity</b>	<b>95%</b>	<b>57.0%</b>	NA	NA	51.0%	48.0 %	46.0%	45.0%
Item 16 Educational needs of the child	95%	91.0%	NA	NA	92.3%	85.7 %	88.6%	84.6%
<b>Well Being 2 Services to meet educational needs</b>	<b>95%</b>	<b>91.0%</b>	NA	NA	92.3%	85.7 %	88.6%	84.6%
Item 17 Physical health needs of the child	90%	88.0%	NA	NA	79.4%	78.1 %	63.2%	77.1%
Item 18 Mental Health needs of the child	90%	79.0%	NA	NA	80.0%	81.6 %	84.5%	88.0%
<b>Well Being 3 Services to meet physical and mental health needs</b>	<b>95%</b>	<b>80.0%</b>	NA	NA	72.9%	74.7 %	65.9%	74.4%

(CPS Division of Federal and Program Improvement Review)

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

**October 2017 To September 2018**

Period	Month	Total Children Needing Contact	A FTF Contact Was Made During The Report Month		FTF Contact For Month Was Recorded In IMPACT Timely		Overall FTF Compliance	
			#	%	#	%	#	%
1st 6 Mos	10-2017	30,218	29,917	99.0%	28,312	94.6%	28,312	93.7%
	11-2017	30,064	29,745	98.9%	27,989	94.1%	27,989	93.1%
	12-2017	30,382	29,975	98.7%	27,924	93.2%	27,924	91.9%
	1-2018	30,288	30,010	99.1%	28,416	94.7%	28,416	93.8%
	2-2018	30,385	30,067	99.0%	28,464	94.7%	28,464	93.7%
	3-2018	30,276	29,997	99.1%	28,325	94.4%	28,325	93.6%
	<b>Total:</b>	<b>181,613</b>	<b>179,711</b>	<b>99.0%</b>	<b>169,430</b>	<b>94.3%</b>	<b>169,430</b>	<b>93.3%</b>
2nd 6 Mos	4-2018	30,427	30,172	99.2%	28,616	94.8%	28,616	94.0%
	5-2018	30,513	30,198	99.0%	28,398	94.0%	28,398	93.1%
	6-2018	30,801	30,484	99.0%	28,791	94.4%	28,791	93.5%
	7-2018	30,882	30,604	99.1%	28,918	94.5%	28,918	93.6%
	8-2018	30,668	30,358	99.0%	28,497	93.9%	28,497	92.9%
	9-2018	30,992	30,638	98.9%	28,954	94.5%	28,954	93.4%
	<b>Total:</b>	<b>184,283</b>	<b>182,454</b>	<b>99.0%</b>	<b>172,174</b>	<b>94.4%</b>	<b>172,174</b>	<b>93.4%</b>
<b>Statewide Total:</b>	<b>365,896</b>	<b>362,165</b>	<b>99.0%</b>	<b>341,604</b>	<b>94.3%</b>	<b>341,604</b>	<b>93.4%</b>	

(Agency Data Warehouse - Report Number: SA\_42sy)

Texas has a statewide, comprehensive healthcare system that was designed to better coordinate and improve access to health care (STAR Health). STAR Health serves children as soon as they enter state conservatorship and continues to serve them in these transition categories. STAR Health members receive medical, dental, vision, and behavioral health benefits, including prescription medications. The program includes access to an electronic health record called the Health Passport, which contains a history of each child's demographics, doctor visits, immunizations, prescriptions, and other pertinent health-related information. STAR Health is contractually required to conduct ongoing oversight of the psychotropic medication regimens of children to ensure the medication practices are in compliance with the Psychotropic Medication Utilization Parameters for Foster Children. The current version can be found at the following URL: [https://www.dfps.state.tx.us/Child\\_Protection/Medical\\_Services/guide-psychotropic.asp](https://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-psychotropic.asp)

Psychotropic prescribing of all types has significantly decreased since the release of the Parameters in early 2005, both in terms of the percentage of foster care children receiving them and in the overall percentage of children receiving medication regimens outside of the recommended criteria of the best practice Parameters.

In 2018, with the help of DFPS's medical partners and caregivers of children in foster care, DFPS launched "3 in 30". 3 in 30 combines three critical tools for assessing the medical, behavioral, and developmental strengths and needs of children and youth entering DFPS custody.

- **3-day Medical Exam** - Within 3 business days, children entering DFPS care must see a doctor to be checked for injuries or illnesses and get any treatments they need. After a phased roll out, the exam was implemented statewide by October 2018.

- **Child and Adolescent Needs and Strengths (CANS) Assessment** - Within 30 days of entering DFPS care, children (ages 3-17) must get a CANS assessment to help inform the service planning and placement processes. The assessment is an evaluation that helps DFPS understand the impact of trauma a child has been through, and how they are doing. The CANS Assessment identifies services that may help the child, such as counseling, as well as existing strengths to build on, such as positive relationships.
- **Texas Health Steps Medical Checkup** - Within 30 days of entering DFPS care, children must see a doctor for a comprehensive check-up with lab work. This ensures:
  - DFPS addresses medical issues early.
  - Children are growing and developing as expected.
  - Caregivers know how to support strong growth and development.

DFPS is monitoring compliance for completion of the 3-Day Exam through data entered by casework staff. Statewide compliance has been increasing since full implementation in October 2018. A statutorily required report regarding implementation of the 3-Day Exam is required by December 2019.

Health and Human Services, DFPS and Superior have been monitoring compliance with obtaining Texas Health Steps checkups within the first 30 days of a foster care episode. Data available through Health and Human Services is based on billing codes submitted through claims to Medicaid. Because of contract claims filing time lines and the challenges of quality assurance efforts for claims data, quarterly Texas Health Steps data is not timely and takes at least eight months for finalization. The most recent data (FY2018, 4<sup>th</sup> Quarter) shows a 66.2% compliance rate. This compliance rate is up from 54.9% (FY2017, 4<sup>th</sup> Quarter). This improvement coincides with implementation of the 3 in 30. Case reviews, anecdotal information, and review for evidence of Texas Health Step completion reflect significantly higher results. Data provided by HHSC, from claims evidence, indicate that 91% of children in conservatorship, as indicated in FY2017, saw a medical professional for an acute care appointment and/or a Texas Health Steps (EPSDT checkup) within the first 30 days.

Analysis of data available to monitor CANS completion rates is accessible much more quickly, due to storage of all completed assessments in the eCANS portal hosted by Chapin Hall. The barriers to full compliance, evidenced by data and anecdotal information from residential providers and staff, appears to be associated with CANS provider capacity. Either there are insufficient CANS providers in an area, CANS providers do not have sufficient capacity to provide a timely appointment, geographic location is a challenge for transportation, or times offered for appointments do not suit the child or family (such as a conflict with school hours or a caregiver's work schedule). As of second quarter FY2019 (most recent data available, 47% of children newly removed had the CANS completed within the statutorily required time of 45 days. Of these children, those most likely to get a CANS were placed in an Emergency Shelter; children placed in Kinship settings or in Residential Treatment Centers were least likely (excluding hospitals) to obtain a timely CANS assessment. While not sufficient for compliance, the trend has shown steady improvement since the 3 in 30 approach was implemented

statewide in October 2018. Children not assessed with CANS received a CANS outside of the 45 day range (within 60 days of removal, 79% of children received the CANS assessment), a psychological evaluation, or other assessment processes to determine their needs.

CPS, Health and Human Services, and STAR Health representatives are piloting the use of telehealth to improve access during a three month period for Region 9. As a face to face CANS is the first option and the Region is an area with low removal numbers, there was insufficient usage of telehealth during the three month pilot (February through April, 2019). As a result, the pilot is being expanded to Region 3W in areas outside of the SSCC catchment area (Denton, Wise, and Cook counties), where stakeholders have indicated concern about CANS assessor accessibility. The pilot includes options to have a CANS completed by STAR Health medical provider via telehealth for children and youth 10 years of age and older, with the child assessed in a home setting. After review of telehealth pilot results, the use of telehealth will be expanded statewide if it demonstrates assessment quality is not compromised. More information on the developmental, behavioral health and medical assessment tools can be found on the DFPS website at: [https://www.dfps.state.tx.us/Child\\_Protection/Medical\\_Services/guide-3-in-30.asp](https://www.dfps.state.tx.us/Child_Protection/Medical_Services/guide-3-in-30.asp)

Based on the above listed Well-Being Outcomes data from the CFSR online database, the following is a brief assessment of strengths and concerns regarding Well-Being Outcomes 1, 2 and 3:

#### Strengths:

- DFPS staff do well assessing children and caregivers for needs and providing appropriately matched services to the child and to support caregivers.
- DFPS staff do well in assessing children for educational needs and ensuring all needed services are provided.
- Children in DFPS conservatorship receive medical care through Medicaid. Most of these services are provided through a statewide, comprehensive managed healthcare system known as STAR Health, administered by Superior Health Plan, which delivers medical, behavioral and dental services. Children in DFPS conservatorship receiving STAR Health are equipped with an on-line secure Health Passport that contains all of their important medical information and log of their appointments, based on claims data.
- The agency has developed specialized positions to help meet children's well-being needs, including Well-Being Specialists, Developmental Disability Specialists, Mental Health Specialist, Trauma Informed Care Specialist, Nurse Consultants, Education Specialists, Substance Use Specialists, and others.
- Caseworkers see the children on their caseloads regularly; the majority of these visits take place in the child's residence and are quality visits.
- Agency efforts to strengthen the trauma-informed system of care to enhance services to children and families are well underway.
- DFPS has a strong collaborative relationship with the Children's Commission, which launched and supports an Education Blueprint action plan in partnership

with DFPS, the Texas Education Agency, and many stakeholders to improve educational outcomes for children in care.

- Each case reviewed is debriefed with regional staff involved in the cases. Regional Systems Improvement Specialists receive case review results and are invited to participate in regional debriefings. This process increases staff awareness of the Safety, Permanency and Well-Being outcomes for children and families and allows staff to take what they have learned from cases already reviewed and apply it to casework practices in their other cases.
- DFPS uses the Organizational Effectiveness process to identify the root causes of barriers that may prevent positive outcomes and develop remedies and ongoing monitoring of the improvement process.
- The DFPS Office of Child Safety independently analyzes both individual child abuse and neglect fatalities, near fatalities and serious injuries, as well as patterns and the systemic issues involved. It reviews state and national trends regarding child fatalities, near fatalities, and serious injuries in DFPS cases and in the general population, in addition to strategies that can be deployed by DFPS programs and by other state agencies and local communities. This program has an overarching goal to support implementation of prevention and intervention strategies to address and reduce fatal and serious child maltreatment.
- STAR Health offers support services to children with primary medical needs. They can provide transportation of a child with primary medical needs in an ambulance or in a car with the support of a nurse during a removal or between placements, as well as disassembly and re-assembly of durable medical equipment by a qualified provider during the transition.

#### Concerns:

- The case review results show ongoing need to make concerted efforts to search for absent parents throughout the life of the case. When staff do locate absent parents, they can improve concerted efforts to actively engage them in case planning and case activities.
- Although the state scores well on the CFSR educational item and outcome, it does not always translate to good educational outcomes for children in care, especially youth aging out of the foster care system. DFPS has developed and distributed a tip sheet to provide caseworkers with important information on assessing children for educational needs and ensuring appropriate service coordination occurs.
- Concerns regarding limitations with some services (described below) also affect Well-being outcomes.

The following Program Improvement Plan goals address Well-Being outcomes:

- **Goal 2: DFPS will sustain the practice changes that have led to the appropriate, safe use of Parental Child Safety Placements in all regions. (Well-being Outcome 1: Item 13, Item 14, Item 15)**
- **Goal 3: DFPS will strengthen the provision of FBSS and practices to engage families across the state in order to better achieve safety and child and family**

**well-being outcomes. (Well-being Outcome 1: Item 12B, Item 13, Item 14, Item 15)**

- **Goal 4: DFPS will strengthen parental engagement in all regions and in all stages. (Well-being Outcome 1: Item 12B, Item 13, Item 14, Item 15)**
- **Goal 5: Strengthen the use of appropriate permanency goals and the Legal case review process to help children and youth more quickly achieve positive permanency in all regions. (Well-Being Outcome 1: Item 12B, Item 13, and Well-being Outcome 3: Item 18)**
- **Goal 6: Strengthen resource capacity and service array to better meet the needs of children, youth and families. (Well-being Outcome 1: Item 12B, Well-being Outcome 2: Item 16, and Well-being Outcome 3: Item 17, Item 18)**

The federal CFSR process also views the Texas child welfare system from the lens of seven "systemic factors". These are discussed below.

### **1. Information System Systemic Factor**

The Texas Statewide Automatic Child Welfare Information System is known as IMPACT (Information Management Protecting Adults and Children in Texas). IMPACT is the automated system in which CPS staff record casework related activities. All of the National Child Abuse and Neglect Data System and Adoption and Foster Care Automated Reporting System data comes from IMPACT. The Administration for Children and Families commended DFPS in recent data profiles received from the Administration for Children and Families on the accuracy of the data in IMPACT, noting that no issues were found that surpassed the federal 3% error threshold and Texas demonstrates ongoing commitment to ensuring high data quality. DFPS regularly instructs regional staff to review data on any Adoption and Foster Care Automated Reporting System (AFCARS) elements that are nearing the 3% threshold. According to the most recent federal Texas Data Profile (January 2019), IMPACT data reported is complete and of sufficient quality to have less than a 2% error rate in all areas.

The same federal data profile for Texas indicates its National Child Abuse and Neglect Data System or NCANDS data is complete and performing above federal thresholds for accuracy. The DFPS AFCARS Foster Care Data Compliance Report for the time period of FY 2016-B/FY 2017-A shows DFPS met AFCARS standards. The Management Reporting and Statistics division tests the efficacy of the data captured in IMPACT for various Data Warehouse Reports and for federal data submission. Information Technology runs the AFCARS extraction file monthly through the federal validation tool. Items that are evaluated as being a concern due to data quality or data entry are addressed on an ongoing basis.

Accurate reporting of data is critical for Texas and it is important that data reports be transparent for both internal and external stakeholders. The system has an excellent tracking and reporting capacity. The Data Warehouse stores information entered into

IMPACT and makes data more manageable and accessible for users to help with decision-making and research. There are sections of the Data Warehouse including, but not limited to, Intake, Investigation, Family Stages, Permanency Planning (Legal Conservatorship), Substitute Care, Adoption, Foster and Adoptive Home Development, and Preparation for Adult Living. Data from IMPACT is now routinely being published on the DFPS public website, enabling "real time" public scrutiny of the data by external stakeholders to be done. Data, including the interactive Data Book, is available to the public at this location: [http://www.dfps.state.tx.us/About\\_DFPS/reports.asp](http://www.dfps.state.tx.us/About_DFPS/reports.asp)

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

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

"Live case reviews", or case reviews of cases while the case is active, have been implemented in multiple stages of service. Live case reviews occur in Investigation cases through Child Safety Specialist reviews. A Parental Child Safety Placement case review team conducts live case reviews on Investigation or Family Based Safety Services cases with a Parental Child Safety Placement. Live case reviews occur in the Family Based Safety Services cases through the Family Based Safety Services Quality Assurance Team. Program Directors in multiple stages of service use the same case review tool to review a sample of open cases on the workloads of staff in their jurisdiction. Live case reviews add another layer of accountability in ensuring accurate and timely data-entry. The staff involved in these case reviews have direct interaction with the staff working the cases and doing the data entry.

The case reviews done by the CPS Division of Federal and Program Improvement Review use samples of cases open in a prior period of review and are not considered "live case reviews" (although some may still be open). These case reviews include quarterly CFSR, Screened Intake, Common Applications and ad hoc case reviews. These case reviews also ensure data entry is correct and up-to-date.

Upon completion of case related tasks, employees submit IMPACT documentation for supervisory approval. After the supervisor reviews and approves submitted documentation, the automation design prevents further editing. If there is a determination that an error has been entered and must be corrected, staff contact the Support Operations and Applications Permissions Unit. This team is able to correct any data entry error. It helps ensure accuracy in IMPACT by providing guidance to staff regarding common functions, processing data correction requests, and, upon request by Program



management, resolving more complex data integrity issues. This unit also manages application security and user permissions, merges, and client role removal when approved. The unit provides guidance in correctly documenting casework actions in IMPACT and researches opportunities to improve the systems to reduce errors.

As a supplement to the Support Operations and Applications Permissions Unit, the state employs 30 regional staff identified as "Fixers". Fixers are specified regional staff who can correct some data problems in IMPACT without going through the Support Operations and Applications Permissions Unit. Minor changes to service authorizations, legal status or actions, placements and other foster care payment concerns can be corrected by a Regional Fixer. The IMPACT Data Corrections online feature, the "Make Your Own Ticket" online application, allows for staff to create quickly and directly online tickets to resolve IMPACT data errors that cannot be corrected regionally and require specialized assistance. Merge Specialists perform appropriate person merges to eliminate duplicate person records in IMPACT, which improves IMPACT accuracy and staff ability to locate case history. This team and its procedures allow for data corrections to occur when needed, but also ensure an overall accountability process for correcting data that has already been approved by a supervisor.

The IMPACT system is set up similarly to a physical case file and has separate tabs for the various stages of work, for example, Investigation, Family Based Safety Services, Conservatorship, Kinship, Adoption, and others. Each CPS worker's homepage within IMPACT displays all of the stages assigned to a worker, including the dates when the stages were opened and assigned. Within each stage of service, there are pages where a worker can document principal people in the life of the case, services provided to families and children, legal actions, and case contacts. The cases include demographic information about the children and families, including placement information for children in foster care, as well as qualitative narrative information on each case. IMPACT also includes demographic information on the populations served by DFPS, including names, dates of birth, races/ethnicities, and person identifiers. Family Plans of Service and Child's Plans of Service with permanency goals are developed in IMPACT. Workers can also view his/her supervisor approvals or rejections, upcoming court dates, medical appointments, and more.

### **Intake Stage**

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

Upon gathering additional information regarding the family, a regional screener determines if intakes with an original Priority 2 assignment is appropriate for Alternative Response, a Traditional Investigation, or closure without assignment. Any additional stages opened as a result of the intake remain in the same case (containing the same case identification number) and stay attached for case history purposes. All stages in the case and any additional history for any principal case member, including other case identification numbers, can be viewed. Every stage of service in the IMPACT system has a Case Summary page that functions in the same manner.

### **Alternative Response Stage**

If the regional screener determines the intake meets criteria for a non-traditional response, an Alternative Response stage is opened and assigned to local staff. The assigned worker meets with the family and records interactions in the Alternative Response stage. In IMPACT, employees can view the reason for involvement, update person identifiers, add or view contacts made with the family, record assessments made, document resources offered to the family, record legal actions and medical assessments which occurred during the case, and perform case closure tasks such as actions taken to ensure child safety during the Alternative Response Stage.

When an intake is routed to a Traditional Investigation, either directly after intake or after review by the regional screener, an Investigation stage is opened. The intake stage is closed and all investigative actions are documented in the investigation. From the Investigation stage, employees can view the reason for involvement, update person identifiers, and add or view contacts made with the family.

Actions taken to initiate the investigation, including interviews of all alleged victim children, are recorded in Contact/Summaries. Initial allegations and any added during the investigation are recorded on the allegation page. Prior to stage closure, the assigned work inputs severity and disposition for each allegation. When services are authorized and paid for through CPS contractors, paperwork to record and approve payment are entered under Service Authorizations.

Through this stage, employees can view legal actions taken, risk and safety assessments conducted, medical assessments made, and removal of the child(ren) from the home. In the Case Management section, employees can view or record the investigation conclusion, including the overall disposition and recommended action, services and referrals provided, whether a Family Team Meeting occurred, Emergency Assistance eligibility determination, child sex/labor trafficking information, and parental child safety placements which occurred during the investigation.

### **Investigation Stage**

When assessments indicate ongoing services are needed to protect the child without the need for legal removal, an In-Homes or Family Based Safety Services stage is opened. From the Family Based Safety Services stage, employees review the reason for involvement and decision to open the case for ongoing services, update person

identifiers, add or view contacts made with the family, and record legal actions and medical assessments which occurred during the case.

Per policy, a Family Plan of Service is developed with the family and recorded in IMPACT. IMPACT allows caseworkers to update subsequent plans and displays a running list of when plans were completed. If safety issues indicate it is necessary to remove the child(ren), the legal removal of the child(ren) is recorded on the Conservatorship Removal page. The reason for stage closure is recorded in the Case Management section.

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

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

### **Foster Care Stage**

Specific demographic information is entered into IMPACT for each child in foster care. Information is entered by the Statewide Intake Specialist during the initial report of abuse or neglect and the Investigation caseworker continues to enter information while working the case through the end of the investigation stage. IMPACT is designed so that the entry of key demographic information such as name, date of birth and gender is required before the caseworker can move on to other parts of the system. The supervisor is ultimately responsible for ensuring that key information is entered before approving the stage closure. If ongoing in-homes or foster care case are opened, the information follows the principals from stage to stage, stemming from the unique Person identification number IMPACT assigns to each data-entry of a person.

The state's compliance with AFCARS and NCANDS data indicates staff is entering all the needed information on principals in IMPACT. Accuracy of DFPS IMPACT data has been noted by the Administration for Children and Families in recent federal data profiles.

The Data Warehouse also has Report SA\_04, Demographics of Children in Foster Care, to show the demographics of children in foster care, including age, gender, race/ethnicity, and any child characteristics. This report can be pulled by region, county or unit and worker level and includes the unit number, the total number of children with an open case, and child characteristics. It is the supervisor's responsibility to use this report to ensure the demographic information entered by caseworkers in IMPACT is correct and up-to-date. The demographic information captured in IMPACT includes:

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

- Income/resources
- Educational information
- Placement log

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

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

Each child in foster care has a Placement tab, where all placements for the foster care episode are listed in chronological order. Placement information includes who the child is placed with; what type of placement it is; the physical address and phone number; a discussion of the child's understanding of the placement; and a discussion of placement issues, including appropriateness of the placement, least restrictiveness, close proximity, and educational issues. If a child leaves that placement, an end date and a reason for the ending is documented. Policy requires the caseworker enter information about the placement into IMPACT on the day of the placement or by 7:00 p.m. the next calendar day. Policy requires the placement be approved by a Supervisor level or above within 7 days of data entry. Additional quality assurance checks are built into IMPACT to ensure correct placement data entry, which includes the mailing of the child's Medicaid card to the placement and the foster-care reimbursement payments that foster parents receive for children in their care, based on the placement logs in IMPACT.

Additional tabs for children in foster care include a medical/dental log, foster care eligibility and options for data entry on Permanency Care Assistance and Interstate Compact for the Placement of Children out-of-state, should those apply. The medical/dental log can be cross-checked with the information entered into the child's STAR Health Passport on the Superior Network portal.

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

### **Kinship Care Stage**

Kinship care is the care of a child by relatives or close family friends, also known as “fictive kin”. Kinship caregivers are the preferred placements for a child who must be removed from their home because it maintains the child's connection with their families and communities. The Kinship Care stage in IMPACT includes a person tab to identify the kinship caregiver's name and the child or children who are placed in the home, a contact and summaries tab for the caseworker to document all contacts with the caregivers or child(ren), and demographic information on the home. There is also a home assessment/addendum tab for information on what the caregivers may need to support the child(ren)'s placement, as well as a developmental plan tab if the need arises to develop a formal plan for the kinship caregivers.

### **Family Substitute Care and Family Reunification Stages**

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

### **Adoption Stage**

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

Regular exposure to DFPS data has provided an opportunity for external review of the data. Federal and Program Improvement Review case review staff have an opportunity to compare data within IMPACT to any information received during case specific stakeholder interviews.

A daily file with demographic information is transmitted through an electronic portal to Health and Human Services, sharing IMPACT data and allowing data sharing with the Medicaid and benefits records Texas Integrated Eligibility Redesign Systems or TIERS. Data that does not match TIERS information, such as dates of birth, social security numbers, names, Medicaid numbers or other demographic information, are

returned to staff within the CPS Federal and State Support Services Division to resolve errors.

Several data warehouse reports are monitored by regional and state office staff to ensure timely data entry and monitor missing information. These reports are available from the state level to the unit level, down to a weekly frequency for appropriate monitoring. Regular reports measure the amount of face-to-face contacts between a child in foster care and the caseworker, and measures what percentage of the contacts took place in the child's residence:

- Data warehouse report AF 02: Contacts - Adoption and Foster Care Automated Reporting System Foster Care Children (State FY 2012 Forward)

Data Warehouse Reports also monitor Permanency Reviews: (AFCARS Foster Care Element #5)

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

Various case reviews assist in ensuring correct data entry and information. Cases can be reviewed by regional management for any reason, all the way up the chain of command. Any questions or discrepancies about the data entered found during formal or informal processes are addressed with the regional staff and corrections made as needed. Billing reports associated with paid foster care placements offer another way to ensure the data entered is correct for children in foster care.

Beginning in September 2014 "Case Connection" was implemented to allow more than 7,000 CASA staff and volunteers to view relevant case data. This transparency helps to increase data integrity and improve services.

DFPS collects service, demographic and outcomes data for the National Youth in Transition Database (NYTD) for youth at age 17 and a random selection of those youth at age 19 and 21. Every third year, the agency collects outcome data on a new cohort of youth or young adults. While DFPS has collected certain data in IMPACT in the past, the NYTD reporting requirements have been a catalyst for making improvements to IMPACT and has helped staff become more efficient and consistent with data entry. In addition, collection of outcome survey results in IMPACT allows DFPS to do comparisons with other data in the system, which can be used as a tool for program improvement.

DFPS was appropriated funding for IMPACT Modernization. The Legislature appropriated additional staff and funds to modernize IMPACT and to grant external access. The funding provided has allowed the agency to progress on a multi-year modernization effort. This initiative is designed to transform an older system into a more modern one. A detailed timeline of the IMPACT Modernization project is located on the DFPS public website: [https://www.dfps.state.tx.us/Doing\\_Business/IMPACT\\_Modernization/default.asp](https://www.dfps.state.tx.us/Doing_Business/IMPACT_Modernization/default.asp)

Stakeholders involved with the systemic factor of IMPACT in addition to DFPS, include Health and Human Services, the Department of Aging and Disability Services, the Office of the Attorney General, the Court Improvement Project, the Department of Public Safety, the FBI, the Department of Assistive and Rehabilitative Services, the Texas Juvenile Justice Department, Youth for Tomorrow, Neabus, Forensic Assessment Center Network, Superior/Health Passport, Chapin Hall, Legislative Budget Board, CASA, and Single Source Continuum Contractors. Additional information about IMPACT and other information systems technologies is detailed in Section V, Program Support.

Based on the above information and input from stakeholders brief assessments of strengths showing the effectiveness of the Information System are below.

#### Strengths:

- IMPACT contains step-by-step instructions and search features found in the "FYI Help" component of the system.
- Staff receive initial training on IMPACT in CPS professional development.
- Quality Assurance staff notify direct delivery staff when an AFCARS data element error is found during a case review with instructions for correction.
- Staff receive training whenever a new functionality is rolled out.
- The system is available to staff and approved private-sector organizations across the state 24 hours a day, 7 days a week.
- The system supports all aspects of casework from intake to post adoption services.
- Tablet PC's are available to field staff and are compatible to IMPACT. Tablet PC's enable caseworkers to do up-to-date, real-time documentation and case consultation while in the field.
- DFPS is currently funded for and implementing IMPACT Modernization.
- The Administration for Children and Families has reported to DFPS that the AFCARS and NCANDS data are reliable for their reporting usage.

#### Concerns:

- As with any computer-based system, IMPACT requires enhancements and updates on an ongoing basis.
- Some staff still struggle with using their mobile tablets at their true capacity to complete tasks while in the field.

DFPS plans to continue training staff both initially and ongoing on how to use IMPACT and how to use their technology as intended, to be efficient as mobile caseworkers. The use of Mentors for new caseworkers assists with this process.

## **2. Case Review Systemic Factor**

When children must be removed from their parents and placed in substitute care, CPS develops a Case Plan consisting of a Family Service Plan and a Child's Service Plan (each child removed has a separate Child's Service Plan). The initial Family Service Plan is due within 30 days from the date the child enters substitute care. This can be extended to 45 days if the family chooses to conduct a family group conference. The initial Child's Service Plan is due within 45 days.

In IMPACT, each child in foster care has his or her own substitute care stage. The substitute care stages are attached to the parent's family stage. These stages stay attached to each other for case history, even if parental rights are ultimately terminated. Each substitute care stage has various tabs for caseworkers to use for data-entry, including a tab for Child's Plan of Service. IMPACT keeps a log of all Child's Plans completed for the child during the foster care episode. This list includes the date each plan was entered, the approval status of the plan, the type of child's plan with a date the plan was completed, and the child's name for whom the plan was completed. A second tab entitled "Child's Service Plans for Case List" will pull a similar listing, but includes all Child's Plans associated with the overall case ID, including any plans of service for siblings also in foster care.

DFPS performs well in the area of completing the Child's Plan of Service. The following report shows that in FY 2017 99.4% of Initial Child's Plans of Services due were completed timely.

### Initial Child Plan for Children in Open Substitute Care From September 2017 to August 2019

Period	Month	From All Open Substitute Care					Due This Month	Due This Month and Completed		Due This Month and Completed in 45 Days	
		Required	Completed		Not Completed			#	%	#	%
			#	%	#	%					
1st 6 Mos	9-2017	25,795	25,624	99.3%	171	0.7%	1,587	1,272	80.2%	1,081	68.1%
	10-2017	26,327	26,170	99.4%	157	0.6%	1,585	1,314	82.9%	1,117	70.5%
	11-2017	26,330	26,166	99.4%	164	0.6%	1,658	1,301	78.5%	1,146	69.1%
	12-2017	26,553	26,393	99.4%	160	0.6%	1,917	1,500	78.2%	1,294	67.5%
	1-2018	26,716	26,567	99.4%	149	0.6%	1,453	1,169	80.5%	997	68.6%
	2-2018	26,656	26,525	99.5%	131	0.5%	1,052	871	82.8%	763	72.5%
	<b>Total:</b>	<b>158,377</b>	<b>157,445</b>	<b>99.4%</b>	<b>932</b>	<b>0.6%</b>	<b>9,252</b>	<b>7,427</b>	<b>80.3%</b>	<b>6,398</b>	<b>69.2%</b>
2nd 6 Mos	3-2018	26,732	26,605	99.5%	127	0.5%	1,640	1,373	83.7%	1,183	72.1%
	4-2018	27,137	27,000	99.5%	137	0.5%	1,558	1,367	87.7%	1,169	75.0%
	5-2018	27,444	27,298	99.5%	146	0.5%	1,567	1,411	90.0%	1,284	81.9%
	6-2018	27,585	27,430	99.4%	155	0.6%	1,819	1,637	90.0%	1,435	78.9%
	7-2018	27,516	27,355	99.4%	161	0.6%	1,588	1,457	91.8%	1,286	81.0%
	8-2018	27,358	27,194	99.4%	164	0.6%	1,529	1,394	91.2%	1,260	82.4%
	<b>Total:</b>	<b>163,772</b>	<b>162,882</b>	<b>99.5%</b>	<b>890</b>	<b>0.5%</b>	<b>9,701</b>	<b>8,639</b>	<b>89.1%</b>	<b>7,617</b>	<b>78.5%</b>
<b>Total:</b>	<b>322,149</b>	<b>320,327</b>	<b>99.4%</b>	<b>1,822</b>	<b>0.6%</b>	<b>18,953</b>	<b>16,066</b>	<b>84.8%</b>	<b>14,015</b>	<b>73.9%</b>	

(Source: Data Warehouse Report SA\_52)

The Division of Federal and Program Improvement Review reviews 60 Foster Care cases each quarter using the federal Child and Family Services (CFSR) Onsite Review Instrument. The CFSR case review instrument, specifically Item 5 (selecting an appropriate permanency goal for a child in a timely manner), shows room for improvement in this area during this reporting period:

CFSR Outcome/Item/Data Indicator	Standard		Q1-18	Q2-18	Q3-18	Q4-18
Item 5: Permanency Goal for Child	90%		65.3%	55.0%	47.2%	54.2%

DFPS continues to utilize the Family Group Decision Making process as a way to complete service plans while engaging the family and people the family considers as



support systems. In Fiscal Year 2018 the state held a total of 23,391 Family Group Decision Making meetings to assist with case planning. This includes 10,579 Family Group Conferences, 10,268 Family Team Meetings and 2,544 Circle of Supports. (Source: fgdm\_01sf data warehouse report.)

DFPS and residential service providers have collaborated on development of a single Child's Plan of Service to meet requirements for both DFPS and Child Placing Agencies that will reduce duplicative paperwork for the same child and decrease any confusion to the child, caregivers and parents. Previously, DFPS and the Child Placing Agency create plans at separate points in time. The intent is that the joint planning will result in a better coordination of services for the child, increase family involvement, and help both entities work toward achieving permanency for the child. For the collaborative work, DFPS used a statewide workgroup of internal and external stakeholders to create a universal child service plan template used by all residential contract providers and a protocol for a single case plan meeting. The joint project includes participation from multiple DFPS divisions, Child Placing Agencies, Residential Treatment Centers, and other service providers.

The Single Case Plan meeting model consists of phases. The first phase involved creation of a uniform child plan of service to be used by all residential providers, completed in April 2017. The development of a meeting model, which creates a DFPS led collaborative meeting with all stakeholders involved with the child, has occurred. The meeting is used to develop the initial child plan of service. The last phase of implementation, joint development of the child's plan by DFPS and the provider through IMPACT, will be achieved once IMPACT changes are complete.

### **Family Service Plan**

The caseworker and parents discuss and create the Family Service Plan (both custodial and non-custodial parents are invited to participate in service planning efforts). The meeting may occur with: 1) the parents only; 2) the parents and any significant individuals the parents invite; or 3) the parents, relatives, extended family, fictive kin, and other significant individuals. The Family Service Plan identifies the permanency goals for the child/children. DFPS uses a Family Group Decision Making model and invites families to participate in service plan development in a format that is ideally chaired by a Family Group Decision Making trained facilitator. Meeting formats include Family Team Meetings, Family Group Conferences, and Permanency Conferences. The focus is to help family members and extended family or kinship members develop a service plan to address the abuse/neglect issues that are identified by those present, including CPS. The results are used as the service plan, provided that the concerns of DFPS (and the court, if involved) are addressed.

### **Child's Service Plan**

A child's unique needs and the means to address those needs are identified in the Child's Service Plan. The Child's Service Plan identifies the permanency goals for the child. The worker involves the child in the development of the plan and the child signs the written plan, if old enough. The worker also involves the child's caretaker, the child's parents (if

parental rights have not been terminated), and other professionals involved with the child in the development of the child's plan and subsequent reviews.

### **Family Service Plan Reviews**

At a minimum, the Family Service Plan is reviewed in the 5<sup>th</sup> month that a child is in care, in the 9<sup>th</sup> month, and every six months thereafter. It is reviewed more frequently as needed and as circumstances change. If the child is returned home, a review is completed that will note any remaining issues that need to be addressed so that DFPS can exit the case. Reviews may be done in one or more of the same formats as noted above. If DFPS is given permanent legal custody (permanent managing conservatorship), and if the permanency goal is no longer family reunification, the open family stage is closed and no further Family Service Plan review is completed. If parental rights were not terminated when DFPS was given permanent managing conservatorship, family service planning continues for an additional six months. After the initial six months of DFPS permanent managing conservatorship, the Family Plan of Service is reviewed and updated every six months. If siblings remain in the home and DFPS either has an active legal case on those children or the parents' request, DFPS may provide services to those children.

### **Child Service Plan reviews**

At a minimum, the Child Service Plan is reviewed in the fifth month that a child is in care, the 9<sup>th</sup> month, and every six months thereafter. If a child is placed in therapeutic foster care, and DFPS has permanent managing conservatorship, the child's plan is reviewed every three months. Since contracted providers (child-placing agencies and residential care facilities) may produce their own service or treatment plans for the child, DFPS may choose to use the contracted provider's document and attach an abbreviated version of the plan from CPS records. In those circumstances, the combined plan is used for the review of the Child Service Plan, provided that the combined plan meets all the requirements for such a review. Within 30 days after transferring a child who is already in substitute care to a new placement, the child's worker must revise those parts of the case plan that relate to the placement.

Court reviews, whether they are permanency hearings held when the child is in temporary managing conservatorship of DFPS or permanency hearings after final order after the child is in permanent managing conservatorship of DFPS, monitor compliance with case plan requirements as discussed in the court reports and court testimony for those hearings. DFPS measures and monitors compliance with completion of these plans within appropriate time frames. DFPS also measures the number of children who do not have an identified goal.

Periodic reviews are conducted through the court review process in Texas: during the initial and subsequent permanency hearings while the case is in temporary legal status, during hearings in which permanent orders are issued naming DFPS as the permanent managing conservator, and during hearings held after final orders are entered. Notices regarding court hearings are given to parents, the caregivers, and children age 10 and older or if the court determines it is appropriate for the child to attend the hearing. Workers encourage these key participants to attend. Children have to be present at court hearings

unless excused by the judge and, if they cannot attend, they are encouraged to write something that can be presented to the court. The court consults with the child in a developmentally appropriate manner regarding the child’s permanency plan, if the child is four years of age or older and if the court determines it is in the best interest of the child.

DFPS works closely with the Children's Commission and the Texas Office of Court Administration (OCA) to increase child and family participation and engagement in court hearings and the court process. The Children's Commission, together with OCA, developed a Notice and Engagement system for Child Protection Courts. The project involves using non-confidential case data to provide notice to parties and interested persons about upcoming hearings distributed via email and/or text message. In response to a user satisfaction survey conducted in FY 2018, OCA modified the systems search criteria to improve results and included an option to have hearing information updates and reminders sent via text message.

In FY 2018, OCA created an application programming interface that will allow Courts to upload their hearing data into the system. The system will extract only non-confidential hearing data from the case management system and convert it into a format that can be used to generate notice. The goal is to expand the hearing notification tool to all courts hearing child protection cases, providing parties with up-to-date hearing information and courts an alternate means of notification free of charge. For FY 2019, the Children’s Commission and the OCA is further improving the system. From September 2017 to date, the number of registered users has increased from 725 to 1,198. The Commission and OCA continue to advertise the availability of the Notice and Engagement tool.

<b>Notice and Engagement</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FYTD 2019</b>
Number of users	725	1,111	1,198
Number of notifications sent	5,743	8,995	5,380
Number of hearings involved	3,614	5,582	3,418
Number of notifications sent by text message	-	78	130

(Source: Office of Court Administration)

Since 2011, the Children’s Commission has funded the collaborative video conferencing project. The Office of Court Administration connects courts presiding over child abuse and neglect cases, DFPS, and the residential placement facilities under contract to the DFPS in order to facilitate communication between children placed in these facilities and the judges overseeing their cases. The primary purpose of the video conferencing project is to enable children involved in CPS cases to participate in their court hearings if they are unable to be physically present in the courtroom. Appearing in person can be difficult due to placement, transportation barriers, school schedules, and the child’s needs.

The type and number of video conferencing endpoints continues to grow in Texas, increasing the number of children participating in court hearings by video conference. The overall goal of the project is to increase the number of residential treatment facilities,

courts, and children attending hearings remotely. The Office of Court Administration completed a Collaborative Video Conferencing web-link that serves as a resource page for video conferencing. The web page includes an up-to-date list of all facilities and participating courts with video conferencing capabilities including their location and contact telephone number.

The video conferencing system was offered to local Texas Court Appointed Special Advocates (CASA) program offices to allow volunteers and staff to communicate with youth. Of the 71 local CASA program offices, 44 are video enabled. The Office of Court Administration started reporting on the non-hearing video conferencing use in FY19. Evaluation of the data elements below indicate a slight increase in video enabled entities and system use. A user satisfaction survey was sent to all registered users in FY 2019. Survey results will be evaluated to determine system enhancements that will increase participation in the project. The following are the list of evaluation methods that OCA uses within the video conferencing project:

<b>Video Conferencing</b>	<b>FY 2017</b>	<b>FY 2018</b>	<b>FYTD 2019</b>
Number of hearings using system	153	159	81
Number of courts enabled	44	46	51
Number of placement facilities enabled	94	109	112
Local CASA program offices enabled	19	44	44
Number of children attending hearings remotely	125	143	94

Permanency hearings are held when a child has been in care six months, and every four months thereafter while the case is in temporary legal status. If a final order is issued in which DFPS receives permanent managing conservatorship, a permanency hearing after final order is held every six months thereafter. If parental rights are terminated, a permanency hearing has to occur within 90 days. At each review hearing, the court inquires as to the progress made since the previous hearing, including the use of any recommended services. Knowing that the judge will ask about progress in addressing the recommendations, orders, and results of the last review requires workers to ensure that the Child Service Plan addresses those issues. Workers, Supervisors and Program Directors are responsible for monitoring the progress of children in substitute care.

For children in the permanent managing conservatorship of DFPS, permanency conferences are held initially after the agency receives permanent conservatorship and annually thereafter if the child is not in a permanent placement. The conferences focus is on the permanency goal, why the child is not in a permanent placement, and what the next steps are to obtain a permanent placement for the child. For youth age 16 and older, regardless of legal status, Circles of Support or Transition Plan Meetings are used to address permanency and the youth's transition from foster care. In FY 2018, a total of 2,544 Circles of Support were completed for youth in DFPS conservatorship. This includes initial and subsequent conferences.

DFPS has a longstanding strong record of collaboration with the Children's Commission, which exists to improve the judicial handling of child protection cases systemically through improvements in technology, attorney and judicial training, and court improvement pilot projects. The Children's Commission links to the larger stakeholder community through its Collaborative Council, whose members include former foster youth, foster families, attorneys, Court Appointed Special Advocates, parent advocates, representatives from institutions of juvenile justice, mental health and education and representatives from the private provider community, children's advocacy centers and many other child protection and child and family advocacy groups.

The Children's Commission collaborates with DFPS on almost every aspect of its work. A few examples of collaboration between DFPS and the Children's Commission include:

- Active Children's Commission membership includes the DFPS Associate Commissioner for CPS, several staff on the Commission's Collaborative Council, and a state level DFPS staff member on every Children's Commission committee.
- The Children's Commission, Texas Education Agency, and DFPS continue to collaborate on numerous recommendations submitted by the Children's Commission Education Committee in the 2012 "Texas Blueprint: Transforming Education Outcomes for Children & Youth in Foster Care," commonly referred to as the Texas Blueprint. Members of the Foster Care and Education committee continue to focus on making improvements in education outcomes in the areas of transition planning, education decision-makers, data and information sharing, and higher education liaison support.
- DFPS maintained robust participation on the Statewide Collaborative on Trauma Informed Care and assisted with developing the recommended strategies in the 2019 report "Building a Trauma-Informed Child Welfare System: A Blueprint". The first of its kind in the nation, the Blueprint is a roadmap to transforming the Texas child welfare system into one that routinely and consistently provides trauma informed care to children and families.
- The Children's Commission hosts a bi-weekly collaborative conference call with child welfare stakeholders and its Collaborative Council, including executive staff of CPS, Office of Court Administration, Court Appointed Special Advocates, and many other stakeholders.
- DFPS and the Children's Commission review policy and procedures, share data and case analysis information, and explore opportunities to sponsor joint training activities at quarterly Children's Commission meetings.
- The Children's Commission's Executive Director has served and will continue to serve on the Texas CFSR Program Improvement Plan Team. The Executive Director also serves as a member of the Public Private Partnership, the Steering Committee that advises DFPS on the rollout of Community-Based Care.
- In April 2019, the Children's Commission created a grant funded data analyst position in partnership with the Texas Alliance of Child and Family Services and DFPS. The analyst will take publicly available DFPS and court data to strengthen the court's continuous quality improvement process in DFPS cases.
- The Children's Commission partners with DFPS on a couple of priority issues for round table meetings every year. The round table discussion includes experts

from around Texas with a focus on identifying barriers and solutions to complex problems. Recent round table topics include normalcy, mediation, education in residential treatment centers, youth participation in court, and Parental Child Safety Placements. Reports and recommendations are made as a result of each roundtable.

- At the annual conference for child welfare judges hosted by the Children's Commission and the Texas Center for the Judiciary, the CPS Associate Commissioner presents information on the high level trends in data across Texas. Regional directors and Systems Improvement staff facilitate small group meetings with additional data to inform judges of local trends in need of attention.
- The Children's Commission manages the Court Improvement Project and has provided attorney scholarships to DFPS attorneys to participate in CPS related trainings. The Children's Commission has covered speaker fees for the annual DFPS Attorney Conference. The Children's Commission and DFPS also collaborate on Trial Skills Training which occurs one to two times annually.
- The Children's Commission includes a Tribal leader to the Commission membership and supports the State/Tribal/Federal meetings held regularly throughout the year.

Permanency efforts in Texas continue to build on successful collaboration between DFPS, the Children's Commission, and other stakeholders. Roundtables, workgroups, collaborative calls all have provided opportunities to strengthen permanency practice. Court reports provided by DFPS now 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. The court report 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 activities, and report on efforts that have been made to identify an adoptive placement for the child.

Based on the above data and input from stakeholders brief assessments of strengths showing the effectiveness of the Case Review system are below.

#### Strengths:

- Policies and procedures are in place to ensure Family and Child Plans of Services are developed and updated timely and contain appropriate information on services and permanency for court review.
- Best practices to improve notification of court hearings were implemented.
- The agency utilizes Family Group Decision Making meetings when possible to enhance family engagement in permanency planning.
- The agency works collaboratively with the Children's Commission to improve processes for children and families within the court system.
- The Children's Commission, in partnership with the Texas Continuing Education Division of the State Bar of Texas, has created more attorney training opportunities on child protection law, procedure, and practice.

- Court report templates for both permanency reviews and placement reviews have been updated to satisfy requirements from all recent legislative sessions.
- DFPS collaborates with the Children's Commission and the Office of Court Administration and designated residential treatment centers to offer youth in those residential treatment centers the opportunity to be video-conferenced in to several courts that have the needed equipment.

Concerns:

- Continued effort is needed to ensure that, where appropriate, all children attend their court hearings. Areas of low staff retention can influence longer times to achieve permanency when cases have to be reassigned and new workers must become familiar with the family and children.
- The streamlined Child's Plan of Service between CPS and Child Placing Agencies has been challenging, but remains crucial.

DFPS plans to continue working in partnership with stakeholders such as The Children's Commission and Texas CASA to increase the number of children who attend their court hearings, to include expanding the use of technology in this area. DFPS will also continue to participate in the annual Judicial Conferences to communicate and share ideas with Judges who hear CPS cases. DFPS will continue to work with the Child Placing Agencies to successfully implement the Single Child's Plan of Service. This includes working with the ever-expanding Community Based Care service providers.

### **3. Quality Assurance System Systemic Factor**

CPS has institutionalized, through its Division of Federal and Program Improvement Review, a statewide quality assurance process that mirrors the case review process used in the federal CFSR process. CFSR Quality Assurance Specialists review cases for other issues related to intake and permanency, including ad hoc reviews as needed. The Division includes Parental Child Safety Placement and Family Based Safety Services Quality Assurance teams. More information on the Quality Assurance team and Continuous Quality Improvement efforts are found in Section V, Program Support, Quality Assurance.

The DFPS Quality Assurance/Continuous Quality Improvement system has the required foundational administrative structure through the Division of Federal and Program Improvement Review. This division conducts quarterly CFSR structured case reviews, screened intake reviews, Parental Child Safety Placement reviews (for open and closed cases), Family Based Safety Services reviews (for open and closed cases), and ad hoc reviews as requested.

According to the federal IM 12-07 Continuous Quality Improvement in Title IV-B and IV-E Programs, there are five functional components of a Continuous Quality Improvement system. DFPS and the federal Children's Bureau analyzed the Texas quality assurance system according to these components. The following is a summary:

Component I: Foundational Administrative Structure. The Texas DFPS is the single agency designated by the Governor and by statute that has the authority to administer

child protective services consistent with Texas Family Code, Title 5, Subtitle E and the Texas Human Resource Code at Texas Human Resource Code § [40.002](#). DFPS has several administrative structures in place to support this component. These include dedicated quality assurance staff for the Child and Family Services Review, Investigations, Family Based Safety Services and Title IV-E reviews. DFPS also has an Organizational Effectiveness team to focus on continuous quality improvement as well as a Regional Systems Improvement Division to support improvement efforts using data to direct decision-making.

DFPS implemented the Regional Systems Improvement Team as a part of the Division of Systems Improvement. The Regional Systems Improvement Team reports to the Deputy Director of Systems Improvement and consists of 11 Regional Systems Improvement Specialists who work directly with regional management to embed continuous quality improvement within regional operations. Each Regional Director is assigned a Regional Systems Improvement specialist, to help regional leadership take the "what" of the data universe, translate it into a useable format, determine "why" issues are occurring, and develop action plans that address "how" to improve. The Regional Systems Improvement Division has 4 strategic goals:

- Use knowledge of systems improvement and regional data to help local leaders strategically improve the functioning of their systems;
- Embed Continuous Quality Improvement into management operations and help leaders sustain changes made;
- Work with regional management to prevent problems from becoming crises and crises from recurring; and
- Work side by side with regional management during crises to ensure mechanisms to address immediate concerns do not create crises for other areas.

Component II: Quality Data Collection. DFPS has a variety of methods to collect data including a DFPS Data and Decision Support Division that serves all DFPS programs. Within this division is the Management and Reporting Statistics team. It is responsible for the non-budget related reporting and statistical requirements of the agency. The team produces reports, analyses and data sets for agency staff and external requestors and produces statistical data for publication in support of the DFPS mission, management, oversight and performance measurement. Management and Reporting Statistics quality assures any data to be published, whether created by MRS or another agency department and is designated as the official source of all DFPS statistical reporting. Management Reporting and Statistics compiles data from the agency's five main Oracle databases (IMPACT, CLASS, DPEI, Reporting and FPS) to produce statistical reports. These reports make the data more accessible to users and help the program areas and other departments with decision-making and research. Additionally, the DFPS IMPACT system, previously described, provides required data to the federal government.

Component III: Case Record Review Data and Process. DFPS performs structured case reviews as described above. Additionally, there are regular case reviews for Title IV-E



eligibility determinations, Child Fatalities and Near Fatalities, and reviews by Supervisor and Program Director direct delivery staff.

Component IV: Analysis and Dissemination of Quality Data. Results from the case reviews are analyzed by dedicated Quality Assurance staff and permanency staff. Trends and data are shared with regional and State Office staff through receipt of completed case review guides, quarterly reports and presentations. When trends indicate the need, coordination occurs with the Offices of Field for Investigation and for CPS. Trainings are developed, communication of reminders to staff are shared, and resource guides created and policies are updated, as needed.

Component V: Feedback to Stakeholders and Decision-makers and Adjustment of Programs and Process. DFPS regularly collaborates with and provides feedback to a variety of internal and external stakeholders. The communication among these stakeholders is considered when reviewing current programs and making needed adjustments. External stakeholders with whom DFPS collaborates, as described in the Collaboration section of this document, are used to exchange feedback, remove barriers, and adjust programs in order to strengthen the Texas child welfare system.

At this time, DFPS does not anticipate needing any additional Training or Technical Assistance from the Children's Bureau or other partners for the areas of Quality Assurance or Continuous Quality Improvement.

DFPS uses both an Executive Dashboard Report and a CPS Placemat Report to consistently and quantitatively measure whether progress regarding safety, permanency and well-being. The executive dashboard is available at the state and regional level; the data placemat is available state, region and unit level. Both monthly reports are accessible to all DFPS staff. The Executive Dashboard contains key measures for each DFPS division and contains workforce data. The Placemat assists in consistent review of key performance measures for each stage of service in order to target strategies for improvement and assess progress over time.

Continuous quality improvement is a foundation to programs within the Texas child welfare system. Dedicated staff are in place to support practice improvement. The Division of Federal and Program Improvement Review consists of 26 Quality Assurance Specialists, five Quality Assurance Leaders, a program specialist, a team lead, and a division administrator, all of whom ultimately report to the CPS Director of Services. The Division is comprised of three different teams; Child and Family Services Review (CFSR), Parental Child Safety Placement, and Family Based Safety Services (FBSS) Quality Assurance teams. The CFSR Quality Assurance team conducts quarterly case reviews using the federal Child and Family Services Review On-Site Review Instrument; Screened Intake reviews based on policy; and special reviews involving children in DFPS conservatorship, as requested by DFPS leadership. Reviews conducted by the Parental Child Safety Placement Quality Assurance team include a sample of newly opened Parental Child Safety Placements and recently closed cases in which a Parental Child Safety Placement remained in place. The FBSS Quality Assurance team conducts weekly

case reviews related to cases that have been open 90-96 days with In-home services (FBSS) and are determined to be high-risk cases.

The Division of Federal and Program Improvement Review helps to evaluate the effectiveness of CPS in providing for the safety, permanency, and well-being of children and families receiving services. This team coordinates with other staff in specific program areas and with program specialists assigned as subject matter experts for all stages of service. The Division contributes to developing, adapting, and continually improving tools for the qualitative and quantitative evaluation of CPS programs. The team also serves as a training resource for CPS.

The CFSR Quality Assurance team uses the most current federal review instrument in the case review process and uses the same process for all Texas regions. The team received training on the federal Round 3 CFSR Onsite Review Instrument and began using it exclusively for CFSR case reviews in 2015. DFPS uses an internal database for the Round 3 reading instrument in which to store ratings for each case, stratify the cases by region and by stage of service, and monitor rating changes over time. There are 100 cases reviewed per quarter, composed of 60 foster care cases and 40 FBSS/Alternative Response cases, for a total of 400 CFSR structured case reviews annually. The reviews mirror the federal process, including the use of interviews with key stakeholders involved in the cases. The staff review, analyze, and evaluate data pertaining to the seven outcomes for Safety, Permanency, and Well-Being for children in Texas.

In the CFSR case review process, Quality Assurance Specialists review case information from IMPACT, review external case file information, and conduct stakeholder interviews. Reviewers must interview or attempt to interview key stakeholders for each case and interview as many stakeholders needed to obtain an accurate view of the case. Reviewers interview parents, children age 6 and above who are developmentally able to understand the process, caseworkers and supervisors, foster parents or kinship caregivers, and anyone else who the reviewer feels may have additional information for the case review process. A minimum of two stakeholder interviews, with no more than one being from internal staff attached to the case, is required to keep the case in the sample. The division administrator must review all cases that do not have sufficient key stakeholder interviews, to approve or deny the case remaining in the sample. During the current Program Improvement Plan, secondary quality assurance review is conducted by the Administration for Children and Families.

Regional and statewide reports containing trend and data information from the CFSR case reviews are compiled quarterly and shared with staff through email, by posting the reports for all staff on the Division of Federal and Program Improvement Review Intranet page, and through presentations to regional staff by the Quality Assurance Leaders. All CFSR cases reviewed are also presented individually to regional staff responsible for the case through case debriefings. The team shares quarterly results with CPS leadership and recommends practice improvement initiatives. Statewide structured case readings, outcome-related data analysis, reports of findings, case debriefings, and periodic focused training activities continue to be key quality improvement activities.

The Division of Federal and Program Improvement Review incorporates continuous quality improvement into the quarterly case review process. As a result of receiving data, trends and information from the case reviews in the form of reports, presentation and production of the Texas Program Improvement Plan Tips, here are examples of how various regions have taken the information and made positive changes to practice to improve outcomes to children and families:

- Requesting Organizational Effectiveness workgroups to focus on gaps identified through case review trends;
- Including CFSR Performance Data in the Regional Business Plans;
- Using CFSR item-specific data to help regional managers develop strategic efforts to improve children's movement towards permanency;
- Using CFSR data to guide staff on importance of increasing face-to-face visits with parents whose parental rights are intact and the child is in permanent managing conservatorship of the agency;
- Using CFSR data to guide staff on importance of requesting courtesy contacts for incarcerated parents located in other regions;
- Conducting ongoing discussions with staff through case-specific debriefings on strategies for case work actions that will lead to improved outcomes;
- Using special ad hoc case reviews in order to gain qualitative information to focus on a particular practice area of concern;
- Developing strategic regional plans to address permanency delays;
- Emphasizing re-evaluation of permanency goals by the time the child has been in care for 5 months and concurrent planning from the beginning of the case;
- Actively engaging kinship staff earlier in cases when relatives are identified as caregivers and are seeing faster time to permanency with goals of guardianship and relative adoption;
- Using the debriefing process with Investigations and FBSS staff to assist with better case transitions between stages to more quickly engage families in safety services;
- Developing a group supervision protocol to empower workers with better critical thinking skills and to help engage families earlier in the case; and
- Incorporating the CFSR case debriefing process in the CPS University phase, to expose new caseworkers to the case review process and the expectations associated with it.

DFPS developed written policy and manuals as training for new Quality Assurance/Continuous Quality Improvement staff as well as to help provide sustainability to the Continuous Quality Improvement process. Many DFPS staff completed the Continuous Quality Improvement Academy sponsored by the federal Children's Bureau prior to this reporting period. DFPS has quality data collection through IMPACT, which allows staff to input, collect and extract data. DFPS has the staff capacity, including staff with the skill set and knowledge base, to collect and report the quantitative data needed for federal reports.

The centralization of data collection and management of the data warehouse contributes to the accuracy and ability produce a data book, dashboards, and ad hoc reports upon request. DFPS has a significant number of data reports and legislative performance measures that have been used historically to analyze performance related to safety, permanency and well-being.

The Data and Decision Support division tests the efficacy of the data captured in IMPACT for various Data Warehouse Reports and for federal data submission. Information Technology runs the AFCARS extraction file monthly through the AFCARS validation tool. Items that are evaluated as being a concern due to data quality or data entry are addressed on an ongoing basis. The Administration for Children and Families has confirmed with DFPS that the AFCARS and NCANDS data are reliable.

The CPS Division of Federal and Program Improvement Review has case review databases for CFSR reviews and Screened Intakes. These databases collect quantitative and qualitative data from the statewide case reviews conducted each quarter. The Division also utilizes Survey Monkey to gather qualitative and quantitative data for the Parental Child Safety Placement and Family Based Safety Services Quality Assurance reviews. These results are shared in written reports, data reports and verbal presentations. Historical information from the case reviews is available to the program. More information is located in the Quality Assurance Narrative. Case review staff participate in inter-rater reliability exercises and procedures on an ongoing basis and before a new structured case review is implemented to ensure the consistency of the review process and data collection.

DFPS uses predictive analytics in its case reviews of Family Based Safety Services cases to reduce recidivism. The Office of Field uses case review results to decide areas of emphasis in order to strengthen FBSS case practice. Regional Improvement Specialists collaborate with regional management to use data and case review results for continuous quality improvement. Continuous quality improvement is incorporated into the quarterly case review process. As a result of receiving data, trends and information from the case reviews in the form of reports, presentation and production of the Texas Program Improvement Plan Tips.

DFPS continued to work on the AFCARS Improvement Plan and consider how progress may be integrated into continuous quality improvement. DFPS looks for ways to utilize the Systems Improvement Division to help collect and analyze qualitative and quantitative data regarding systemic factors (training of staff and resource parents, recruitment and retention of foster parents, functioning of the case review system and service array). DFPS uses data to develop training and evaluation of any new initiatives.

National Youth in Transition Database (NYTD) content is shared with youth and young adults in Aging-out seminars, Youth Leadership Council Meetings and other regional and statewide events and conferences. DFPS seeks feedback from youth and young adults during these venues about data and suggestions for program improvement. DFPS Preparation for Adult Living staff share NYTD information with Preparation for Adult Living

contract providers during regular contractor meetings and caseworkers during regular unit meetings to obtain feedback and suggestions for program improvement. NYTD data has been shared with external partners working with older youth and young adults, including the Texas Workforce Commission, Workforce Solutions Boards, judges, post-secondary institutions of higher learning, state legislators, and in collaborative workgroup meetings with community partners. NYTD Survey data is posted on the DFPS public website and Texas Youth Connection website. NYTD data collection and outcome reporting requirements adhere to federal guidelines and policy language is included in the Preparation for Adult Living staff Performance Evaluation.

DFPS continues to build capacity in the areas of analysis and dissemination of data, including with external stakeholders. DFPS continues to train staff and external stakeholders on the use of data and identify opportunities for stakeholders to be involved in data analysis. Since 2016, DFPS has produced the Interactive Data Book, as described above and as available at the following public link: [http://www.dfps.state.tx.us/About\\_DFPS/Data\\_Book/default.asp](http://www.dfps.state.tx.us/About_DFPS/Data_Book/default.asp).

Data in the Interactive Data Book is updated regularly and allows the general public to search and configure charts and graphs across many years of data. Complete data sets are available on the Texas Open Data Portal and is updated regularly. As DFPS protects the privacy of both victims and perpetrators, there is no personal information contained in the statistics online and all data has been summarized to the state, region and county levels. Information withheld for privacy is with regard to people (victims and perpetrators), not process such as investigations. In some circumstances, the data must be limited to ensure that everyone's privacy is protected. This is usually in sparsely populated counties where the number of people involved is small.

Regional Administration and staff are discussing the FBSS reading tool to help improve FBSS case practice. Staff utilize examples provided in the readings to assist the field in understanding what the expectations are in FBSS case readings and case practice.

The CFSR Quality Assurance team assists in a variety of targeted continuous quality improvement reviews, including Screened Intake Quality Assurance reviews and other special case reviews as requested by CPS program. The team works collaboratively with staff from all program areas to respond to case review requests, develop special reviews, and determine the most effective way to share feedback with regional staff.

The division has the ability to supplement the CFSR instrument with additional program-specific case review questions and enter results into the internal database. This is a way for CPS Program to further investigate an area with data for continuous quality improvement. Examples of targeted reviews during this fiscal year include: whether a recent photograph of the child in conservatorship was contained in the case record, whether visitation plans were developed within 30 days of a child's entry into foster care, whether the Child and Adolescent Needs and Strengths (CANS) Assessment was completed timely, whether Common Applications included information for children who exhibit Sexually Aggressive Behaviors, and whether Texas Health Steps checkup documentation was contained within the child's Health Passport. The results and data

are pulled separately from the CFSR data and information, although each type of review produces case specific reports, uses aggregate data, and involves randomly selected cases. Trend reports are sent to staff involved for each case, as well as regional and statewide management. These reports share specific needs and strengths of each case and identify system-wide positive trends and areas to improve upon.

The Federal and Program Improvement Review Division currently reviews a sample of 500 screened intakes per quarter. These results are sent to the Division Administrator for Investigations, who manages the Screener program. The sample of screened intakes is reviewed the month after they are closed. If the reviewer has concerns that child safety was compromised by the closure decision, the report is immediately forwarded to the appropriate Screener Supervisor for review. The reviewer uses a case reading tool developed specifically for reviewing screened and closed intakes. Information is entered into the Investigation Quality Assurance data base.

Reorganization moved two additional teams to the Division of Federal and Program Improvement Review in September 2017, the Parental Child Safety Placement and Family Based Safety Services Quality Assurance teams. The move enabled a centralized structured case review team for reviews involving all stages of service. The consolidation of the division strengthened the case review process, strengthened continuous quality improvement and provided an opportunity to refine case review tools, inter-rater reliability, tracking of reviews completion and qualitative feedback to the regions.

The Parent Child Safety Placement Quality Assurance team conducts reviews on a sample of newly opened Parental Child Safety Placements (14-21 days after the parent voluntarily places a child in that setting) with at least one child under age 6. The team also reviews a sample of recently closed cases, in which the case was closed with a Parental Child Safety Placement remaining in place. The sample is selected from any case with the appropriate case closure codes closed within the last 30 days. Post-Closure follow up reviews of cases where a Parental Child Safety Placement remains in place are conducted at 6 and 12 months after case closure.

For the Live and Closed Case Reviews, the analysts provide the reading guide results to relevant staff assigned to the case, from the caseworker through to the Program Administrator. These reading guides provide positive feedback regarding the documentation, quality of the PCSP assessments documented and tools completed. Policy violations and safety concerns are further documented with a copy and paste of the related policy and practice expectations documented. These review guides are also copied to the Regional Director for the opportunity to be aware of trends and resolve the identified concerns.

The FBSS Quality Assurance team conducts weekly case reviews related to cases that have been open 90-96 days with In-home services (FBSS) and are determined to be high-risk cases. The team conducts the case review using an instrument, developed in coordination with the Office of Field and Systems Improvement Divisions, for the FBSS

stage of service. The instrument is also used by FBSS program directors to monitor quality of services provided within their FBSS units.

Prior to initiating use of new quality assurances guides, inter-rater reliability exercises were conducted to promote consistent rating across all reviews. The division conducts periodic inter-rater reliability exercises within each team on an ongoing basis. A formal reliability exercise is conducted by the team on an annual basis through reading and rating the same cases separately and turning in their ratings for scoring. The team debriefs the cases and discusses any rating differences that may occur. The team often develops new Frequently Asked Questions from the trainings further support consistent ratings. Inter-rater reliability exercises provide staff with clarification on how to interpret the federal guide and DFPS policy, as well as how to apply ratings to the items and outcomes. The exercises enhance consistency in rating across all regions of the state and allows for cross-training of specialists.

Each Quality Assurance Specialist has a portion of their sample reviewed by both their direct supervisor (Quality Assurance Leader) and State Office Program Specialists for secondary review. The Quality Assurance Leader selects completed case review guides from each Quality Assurance Specialist to read quarterly and provides written feedback to the specialist on the ratings and justifications. The Division's Team Lead and Program Specialist also randomly select one case from each Quality Assurance Specialist, as a third level of review, providing written feedback to the Specialist and their Quality Assurance Leader to ensure consistency of ratings. The Division of Federal and Program Improvement Review team works closely with the Systems Improvement Division. Information from the case reads is shared with the Regional Systems Improvement specialists and the two teams work together to support regional improvement to practice and outcomes. Patterns or trends are noted and used to inform needed training, policy, or practice changes.

All members of the Division provide training as requested for regional and State Office staff on an ongoing basis. These trainings can be specific to a unit or can include helping with program-specific conferences. The Federal and Program Improvement Review Division staff provide Quality Assurance and Continuous Quality Improvement training at each CPS Supervisor Basic Skills Development class. The course takes the class through the CFSR instrument, the Investigation and Alternative Response review instrument, and the overall Quality Assurance system, including reading and rating mock case scenarios together.

Members of the Federal and Program Improvement Review Division and Regional Systems Improvement staff have been trained as Organizational Effectiveness facilitators and work as a team to assist regions in the analysis of data and trends. The DFPS Organizational Effectiveness team provides continuous quality improvement support services to all DFPS programs and divisions to promote successful outcomes for children, adults, and families. Currently, there are 21 Organizational Effectiveness facilitators representing all program areas and divisions. There were 7 facilitations in FFY 2018 through the beginning of FFY 2019. Facilitation topics included team building and

improving communication and conflict resolution skills among staff. Improving Child Watch procedures in Region 10.

#### 4. Staff Training Systemic Factor

DFPS has its own training division: the Center for Learning and Organizational Excellence or CLOE. This division works with DFPS programs and divisions to provide staff with training and professional development for the over 12,000 staff employed by DFPS. The mission of the CLOE is to equip those who "protect the unprotected" and it ensures workers are prepared to competently perform their assigned tasks.

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



CPS Professional Development emphasizes field training and core practice model competencies. New caseworkers receive a customized plan for training and development over their first nine months on the job. The individualized plan allows for additional time to help the caseworker develop competencies if needed or less time in situations where they may develop more quickly (or if they have prior child welfare experience). Supervisors assess whether their staff are "case assignable" based on demonstration of competencies, instead of the prior approach to testing workers at the end of basic skills development using two simulated cases.

In addition to field and classroom training, DFPS has a statewide mentoring program to ensure protégés receive technical and personal support throughout their training. Key features of the program include:

- A one-to-one pairing of mentor and protégé, beginning on the protégé's first day.
- A shared caseload, where the protégé works real cases and gradually assumes more responsibility.
- A realistic job preview, where the protégé adopts the same on-call schedule as the mentor.
- Mentors are compensated with a monthly stipend.

The training model is used statewide and was evaluated by the Lyndon B. Johnson School of Public Affairs at the University of Texas. Satisfaction surveys confirmed the evaluation findings. The evaluation concluded:



- CPS Professional Development trained caseworkers are 18% less likely to leave within their first year than caseworkers trained under the old model. This results in 340 fewer caseworkers leaving the agency and a cost savings of about \$18 million dollars annually.
- CPS Professional Development trained investigators are more likely than their Basic Skills Development counterparts to meet critical casework deadlines.
- Mentors have been implemented statewide in every region. Staff have reported that this model provides them with a better understanding of knowledge and skills.

### **Management Training**

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

### **Certification**

There are three levels of specialist certification: Specialist, Advanced Specialist, and Senior Advanced Specialist. All levels must meet specific requirements for experience, training, and performance within their program. Supervisors must meet specific requirements for experience, training and performance to be eligible for certification. CLOE is equipped with both an online Learning Station and Registrar section. The Learning Station is a site where employees have access to online courses (including webinars), course evaluations and course completion certificates. CLOE Registrars maintain all internal training records for DFPS employees and external training, upon request and per policy.

A measure for on-going training is DFPS Certification: Climb the Ladder. Caseworkers are required at each year of service to attend and successfully complete continuing education courses. Certificates are provided at the time of successful completion of each course. Supervisors then are required to sign off on the certification completion. Additionally, supervisors are required to assess the professional development and growth of their staff throughout the work history and training processes. Data for completion of CPS Professional Development and all on-going training is stored in the CAPPS Systems on each caseworker's Training Transcript.

DFPS makes trainings available to external stakeholders, to include CASA, Faith-based community members, Child Placing Agency staff, members of the Judiciary, and community leaders. DFPS has an agreement in place with the three federally recognized tribes in Texas that allows Tribal representatives to attend trainings across the state. DFPS routinely invites external stakeholders to participate in trainings such as

Undoing Racism, Knowing Who You Are, and Poverty Simulations. External stakeholders may request to attend any training listed in the Center for Learning and Organizational Excellence catalog. DFPS also strives to seek input from external stakeholders when developing curriculum such as “Working with Families Who Are Impoverished,” and “The Inside Scoop on the Indian Child Welfare Act”.

All CPS/CPI training curriculums and web based trainings are reviewed and approved by the relevant program. These trainings meet DFPS accessibility standards and are ADA compliant. Online training is reviewed for functionality and best practices; and tested against accessibility, usability and network/server performance standards. When online training is deployed, CLOE can monitor training completion and update stakeholders with compliance rates. For newly developed classroom training, CLOE hosts Table Top reviews of the training for stakeholders and or State Office, prior to the training being deployed to staff, to ensure quality of curriculum, content and delivery.

Field Training Supervisors monitor newly hired staff completion of assessments and tasks included their basic skills development program. These participants and their supervisors are prompted to attend to incomplete assignments in near real time to ensure timely completion of requirements. Academy Managers monitor and assess the delivery of training on a quarterly basis with each trainer. Results are shared with trainers and CLOE management. These results are used to coach and support training delivery and make improvements to ongoing trainings as needed.

The CLOE Quality Assurance specialist analyzes end of course evaluations and creates reports about overall course and instructor quality. Quality scores created from these reports are monitored for compliance within quality standards. Scores below quality standards trigger additional analysis designed to uncover the cause of the poor scores. The Development Manager and Curriculum developers are enlisted in improving curriculum that is below quality standards. Academy Managers are enlisted in improving instructor performance for those whose scores are below standard.

More detailed information about staff training is contained within the Training Plan (section D10). Based on the above information and input from stakeholders, as well as legislative input for curriculum development, a brief assessment of strengths showing the effectiveness of the Staff Training System are below.

#### Strengths:

- Training is offered in a variety of ways, including an extended period of on-the-job training between the protégée and the mentor, in the classroom and through distance learning.
- Training includes initial training and ongoing training.
- Training includes both program specific and cross-program topics.
- Feedback suggests that the most important aspects of CPS Professional Development training are the experiential activities that provide opportunities to practice skills and apply knowledge to authentic work situations.
- Training is developed collaboratively with agency and external partners.

- Conference training is also supported to build capacity (e.g., the annual Crimes Against Children conferences, annual Child Abuse Summits, and others).

Concerns:

- The new training model puts more tasks on the supervisor.
- It can be difficult to find enough qualified mentors for protégé's.
- Computer-based training could be enhanced to expand practice capabilities in addition to policy compliance.

In 2019, CPS conducted statewide focus groups on the CPS Model. The focus groups were completed in June 2019 and based on that feedback we will utilize our Statewide Training Council to identify which areas we will work on to make improvements. Additionally, CPS will continue to provide support through training for new supervisors and program directors.

The following Program Improvement Plan goal addresses Foster and Adoptive Home Licensing, Recruitment and Retention Systemic Factor:

**Goal 5: Strengthen the use of appropriate permanency goals and the Legal case review process to help children and youth more quickly achieve positive permanency in all regions. (FAD Licensing, Recruitment & Retention-ICPC: Item 36)**

**Foster and Adoptive Parent Training**

DFPS continues to use the Parent Resources for Information, Development, and Education, or PRIDE, curriculum as its model for pre-service training for prospective foster/adoptive parents. Texas PRIDE is currently under review in order to include updates from Minimum Standards for Child Placing Agencies, including normalcy and trauma informed care.

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

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

All child placing agencies are required to provide at least 35 hours of pre-service training, and this requirement is included in the current Residential Child Care Contract.

Child placing agencies require each caregiver to complete a minimum of 8 hours of trauma-informed care training before being the only caregiver responsible for a child.

Training must include at least one of the DFPS approved Trauma-Informed Care Trainings, a component on Adverse Child Experiences (ACEs), and training and resources related to prevention and management of Secondary Traumatic Stress (Compassion Fatigue).

Contractors must ensure the completion of an annual refresher of Trauma-Informed Care Training by their foster parents. This training must be at least two-hours, and providers can use the approved DFPS online training or their own curriculum to build upon the training already received. Each foster family's ongoing training hours are monitored by the assigned home development caseworker or child placing agency case manager. DFPS basic foster family homes are required to complete two hours of pre-service trauma-informed care training and two hours of an annual refresher training.

## **5. Service Array Systemic Factor**

DFPS has a comprehensive service array that extends to all regions and counties across the State.

The State has in place methods that assess the strengths and needs of all children and families to determine the services that are necessary to create a safe home environment, to enable children to remain safely with their parents when reasonable, and help children in foster and adoptive placements achieve permanency. The family focus culture collaborates with families to build on their strengths to develop individualized family plans that include the types of supportive resources they identify as necessary to care for their children within their own homes and communities.

Purchased Client Services is a division within DFPS that assists in purchasing direct services for CPS children and families served by the agency. Purchased Client Services plans for services, assists with the procurement of services, manages and monitors contracts, and resolves contracting issues. Purchased Client Services includes the Regional Contracts, Residential Contracts, Prevention and Early Intervention Contracts, and Contract Performance Divisions. DFPS has a strong collaborative relationship with residential providers that serve children in care that has developed a formal workgroup called the Committee on Advancing Residential Practices that regularly meets to strategize how best to improve outcomes and to discuss service needs.

Regionally, the Commissioners Court of a county may appoint a child welfare board, composed of stakeholders within the community who operate within the local child welfare system to provide services for children and their families and who coordinates with DFPS in the use of federal, state, and local funds for these services. Counties may appropriate local funds for the administration of its county child welfare board.

Texas has a statewide health care delivery model for children in foster care. This program, known as STAR Health, was implemented in April 2008. Under the managed care model, Health and Human Services contracts with managed care organizations, also known as health plans, and pays them a monthly amount to coordinate and reimburse providers for health services for Medicaid members enrolled in their health plan. Each child in DFPS

conservatorship receives Medicaid services through Superior Health Plan, the managed care organization that provides the STAR Health program for medical and behavioral health, dental, vision, and pharmacy benefits.

Health and Human Services provides contract oversight to ensure STAR Health provides access to covered services on a timely basis for children in foster care and monitors performance on quality measures to improve the health outcomes and quality of life for children receiving benefits in the STAR Health program. In compliance with federal regulations, Health and Human Services provides contracts with an External Quality Review Organization to monitor quality of care provided by Medicaid managed care organizations. The reports from the external quality review organization are used to hold the STAR Health program accountable and develop continuous improvement in the quality of care for healthcare provided to children in foster care.

The CPS Medical Services Division will be expanding to include five additional regionally housed Well-Being Specialists and an additional Well-Being Specialist Manager. The additional specialists were appropriated to assist field staff in managing authorizations and denials of healthcare services and will increase the team's ability to troubleshoot complex medical and behavioral health cases.

The DFPS Behavioral Health Services division is providing staff training and education on mental health services and substance use treatment centers available throughout the state. The division also provides contact information for the local mental health authorities and Outreach, Screening, Assessment and Referrals (for substance use disorder) centers who offers a wide array of services, and act as a liaison to services when needed. DFPS assists in service planning for youth with complex mental health needs and/or substance use disorder, individualizing the service plans based on the needs of the individual. Our Mental Health Program Specialist is certified in Mental Health First Aid training and will be offering trainings to staff soon.

In January 2018, DFPS contracted with Pathways Youth and Family Services to assume responsibility for case management and to develop and purchase a full array of services to meet the needs of the children and families. This FBSS Family Services Pilot program includes the following Region 10 counties: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, and Presidio. The purpose of the pilot is to:

- Increase the quality, availability, and effectiveness of family preservation services so more families thrive and avoid future involvement with CPS;
- Improve the safety, permanency, and well-being of children; and
- Test the provision of services through a single entity (family services contractor) that offers case management, a continuum of case oversight, quality community and paid services, and interventions that meet the needs of the families.

To reach the above goals, the contractor develops a new array of services that transform the FBSS program from a loose collection of "purchased client services" to a cohesive continuum of services that meet the specific needs of children and families. It will expand services in areas that historically lack resources. These services are evidence-based,

evidence informed, or promising-practices that align with family-centered practices that can be replicated across the state in diverse populations. The initial project timeline is March 1, 2018 – August 31, 2019. DFPS will evaluate the process and outcomes throughout the life of the project.

The Division of Prevention and Early Intervention (PEI) contracts for services that promote the prevention of child maltreatment and juvenile delinquency. In FY 2018, PEI served 42,372 youth and 45,777 families through evidence based home visiting programs, parent education, counseling and support services. Nearly all (99.7 percent) of children and youth remained safe while enrolled in PEI services, and their parents who were at risk of child abuse and neglect did not become confirmed perpetrators in a DFPS abuse or neglect investigation. PEI programs also provided mentoring, youth-employment programs, career preparation, and alternative recreational activities to prevent delinquency and improve overall youth outcomes. 99% of youth between ages 10 and 16 who were served by PEI-funded programs did not enter the juvenile justice system in FY 2018 (Services to At-Risk Youth & Community Youth Development).

In FY 2016, the PEI Division worked with many stakeholders across the state to develop a five-year strategic plan, required by the Texas Sunset Review law (SB 206, 84th Legislature). The strategic plan outlines the Division's goals and strategies for reducing the risk of child abuse and neglect and other childhood hardships and to promote positive outcomes for children, youth, and families. Input was incorporated into the plan from webinars, think tanks, contractor surveys, regional meetings, conference participation, and staff surveys. The plan continues to guide how the PEI Division conducts its business and provides services across the state. It ensures collaboration with community partners and other stakeholders for decision-making that is informed by data and rooted in best practices. A copy of the plan is located on the DFPS website at:

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/documents/2017/2016\\_09-01\\_PEI\\_Five\\_Year\\_Strategic\\_Plan.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2017/2016_09-01_PEI_Five_Year_Strategic_Plan.pdf)

A Progress Report on Implementation of the PEI Five-Year Strategic Plan was released in 2018 and a copy is located on the DFPS website at:

[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/documents/2018/2018-09-13\\_FY18\\_PEI\\_Strategic\\_Plan\\_Update.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2018/2018-09-13_FY18_PEI_Strategic_Plan_Update.pdf)

A copy of the Fiscal Year 2019 PEI Business plan, specific to services during the current reporting period, is located on the DFPS website at:

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/documents/2018/2018-09-13\\_FY19\\_PEI\\_Business\\_Plan.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2018/2018-09-13_FY19_PEI_Business_Plan.pdf).

**Service Array** is also addressed through the following initiatives and strategies outlined further within this annual report:

- Alternative Response;
- Strengthened Family Based Safety Services;
- Transitional Living Services Program;

- Effective prevention services (See Strategy 1.2b);
- Procurement of services by community based entities (See Objective 2.5);
- Provision of direct services and support to relative or kinship caregivers (See Strategy 2.3a);
- Educational support services (See Strategy 3.2a);
- Child abuse/neglect and juvenile delinquency prevention services to children, youth and families via an array of programs that span the prevention continuum (See Strategy 1.1a);
- Service delivery to families transitioning from conservatorship to family reunification (See Strategy 2.1);
- Service planning and delivery to meet the needs of the complete family (See Strategies 1.6a, 1.6b);
- Collaboration with other Texas agencies whose services promote healthy Texas families and are available to families served by the agency (See Strategy 1.1b);
- Collaboration with other Texas agencies to improve the continuity of care and access to needed medical and behavioral health care for children served by DFPS (See Strategy 3.1c);
- Services and supports to youth aging out of foster care and those that have aged out of foster care to help them to successfully achieve self-sufficiency and permanency (See Strategy 2.4e);
- Continued collaboration with Health and Human Services, STAR Health, managed care contractors, residential providers and staff to monitor and improve appropriate medical services to children in DFPS care (See Strategy 3.1c);
- Substance abuse services provided through a network of service providers through Health and Human Services/Department of State Health Services contracts;
- Behavioral health services provided through a network of Local Mental Health Authorities, provided by the Health and Human Services/Department of State Health Services; and
- Collaborative community partnerships with stakeholder groups and the faith community that increase efforts among service providers to ensure continuity of care for a child or youth while receiving needed services (See Strategy 2.5b).

For Fiscal Year 2018, there were 3,917 DFPS Client Services Contracts, including:

- 17 State Office managed contracts,
- 1,782 CPS managed contracts,
- 1,957 Residential Child Care managed contracts (with 340 distinct residential providers),
- 2 Community-Based Care (formerly known as Foster Care Redesign) Single-Source Continuum Care contract, and
- 163 Prevention and Early Intervention contracts.

**Average Number of Children and Families Receiving Purchased Services per Month Fiscal Year 2018**

Region	Total Clients	Adults	Children	Children Living at Home	Children Living in Substitute Care	Children and Post Adoption
1 Lubbock	2,728.3	1,465.6	1,262.8	663.4	642.9	0.6
2 Abilene	1,553.3	891.5	661.8	354.3	334.5	0.3
3 Arlington	9,227.3	4,723.1	4,504.3	2,720.8	1,827.4	63.5
4 Tyler	2,614.3	1,557.3	1,057.0	719.8	370.8	0
5 Beaumont	1,309.5	780.8	528.7	283.3	255.4	3.1
6 Houston	7,784.0	4,105.8	3,678.3	2,363.8	1,461.8	21.4
7 Austin	5,374.1	3,110.5	2,263.6	1,523.4	793.8	2.3
8 San Antonio	5,694.4	2,672.0	3,022.4	2,023.1	1,076.6	3.1
9 Midland	957.7	578.5	379.2	165.9	223.6	0.6
10 El Paso	859.0	333.3	525.8	406.8	132.3	0.1
11 Edinburg	4,021.8	2,470.3	1,551.6	1,106.1	475.6	3.0
<b>Total</b>	<b>42,123.8</b>	<b>22,688.6</b>	<b>19,435.3</b>	<b>12,330.0</b>	<b>7,594.6</b>	<b>98.0</b>

(Data from DFPS 2018 Data Book)

DFPS further assesses services to families through the quarterly CFSR case reviews: Well-Being Outcomes: (1) families have enhanced capacity to provide for their children's needs; (2) children receive appropriate services to meet their educational needs; and (3) children receive adequate services to meet their physical and mental health needs. CFSR case reviews are described in the systemic factor above. The following is statewide data from the Federal Onsite CFSR (April-September 2016) and the last four completed Texas CFSR case reviews for CFSR Items related to service delivery.

	Item 2- Services to family to protect children in the home and prevent removal	Item 12A - Needs Assessment of Children	Item 12B - Needs Assessment of Parents	Item 12C - Needs Assessment of Foster Parents/Caregivers	Item 16 - Educational Needs of the Child	Item 17 - Physical Health of the Child	Item 18 - Mental/Behavioral Health of the Child
Onsite Review 2016	60.0%	92.0%	53.0%	94.0%	91.0%	88.0%	79.0%
Q1-FY18	60.3%	93.7%	40.0%	92.6%	98.0%	82.3%	80.2%
Q2-FY18	58.3%	93.0%	57.6%	92.7%	92.3%	79.4%	80.0%
Q3-FY18	63.6%	90.0%	49.4%	90.4%	85.7%	78.1%	81.6%
Q4-FY18	67.0%	92.0%	49.5%	96.5%	88.6%	63.2%	84.5%
Q1-FY19	54.8%	86.0%	47.8%	94.7%	84.6%	77.1%	88.0%



CFSR case review data shows that Texas does well in providing services to children and caregivers but typically needs improvement in the area of services to parents, in particular the absent parents. Texas has seen an improvement in the data for the parent-related items and anticipates continued improvement in this area moving forward.

Based on the above data, trends identified through CFSR case reviews and input from stakeholders, brief assessments of strengths showing the effectiveness of the Service Array System are listed below.

#### Strengths:

- CPS incorporates specialist positions that impact and enhance the direct delivery of services to children and families. These include:
  - Family Group Decision Making and Circles of Support Specialists ensure individualized and family-involved case planning.
  - Developmental Disability Specialists identify special medical, mental and physical needs of children in and out of the home.
  - Education Specialists assist with accessing specialized services and meeting the educational needs of children in and out of the home.
  - Well-Being Specialists liaison between the STAR Health representatives and DFPS regional staff for awareness of services and facilitation of access to the medical and behavioral health services to foster children.
  - Kinship specialists support kinship caregivers of children in DFPS conservatorship with help gaining access to community activities, services and resources designed to preserve and strengthen the kinship placement.
  - Nurse Consultants provide consultation, technical assistance and training to staff, foster parents, residential child care providers and other organizations.
  - Youth Specialists raise the voice of youth and advocate for youth in foster care connecting them with resources, services and assisting in their transition out of foster care.
- Community stakeholders, particularly faith-based, support in creative use and provision of community resources has increased;
- STAR Health offers support services, such as safe transportation of children with primary medical needs. The service includes transportation of a child with primary medical needs in an ambulance or in a car with the support of a nurse during a change between placements as well as disassembly and re-assembly of durable medical equipment provider during the transition; and
- DFPS provides daycare services to assist with child protection, socialization, and support of caregivers.

#### Concerns:

- Some regions experience an inadequate number of providers to offer services in languages other than English;
- Some regions experience long waits for substance abuse services, especially programs that treat parents with their children;
- Some rural areas of the state lack services available within close proximity of where the families live;

- Testing for certain substances (such as synthetic marijuana, bath salts, or certain opiates) is cost prohibitive, making accurate assessment of family functioning more difficult;
- Drug treatment with mother and child is not a uniformly available option across the state;
- Some rural areas of the state lack sufficient providers to treat children with a combination of mental health and substance use issues; and
- Resources to address adult mental health issues are needed. DFPS has evaluation and treatment contracts, but currently no contract that would assist with payment for needed prescriptions.

Families involved with CPS are provided direct delivery and purchased services based on the level of risk, their needs and local resources. DFPS continually seeks to expand support services through direct delivery staff, contracted providers and communities.

Please see further information about service array that is contained within this annual report that addresses the services the state offers to children and families within family preservation, family support, family reunification and adoption promotion and support services.

The following Program Improvement Plan goal addresses Service Array Systemic Factor:

**Goal 6: Strengthen resource capacity and service array to better meet the needs of children, youth and families. (Array of Services: Item 29)**

**6. Agency Response to the Community Systemic Factor**

Building community relationships and partnerships is an integral part of the work of DFPS and are critical to providing needed services and supports to the children and families served by DFPS. The agency actively engages with community partners to increase communication, understanding, and collaboration strategies across service systems to strengthen families, as well as to enrich communities.

DFPS works with communities in a unified and comprehensive approach to plan, develop and administer prevention and early intervention services. The agency also supports the development of, and modifications to, new and existing programs designed to improve outcomes for children and their families.

DFPS collaborates with faith-based organizations and community partners statewide to serve children and families who are involved or at risk of becoming involved with the CPS system. DFPS provides local churches with data on the needs of children, youth, and families in their area so these congregations can determine the type of ministry they want to develop. Churches may get involved in a number of ways, ranging from prevention to permanency and a number of counties have begun to use the Care Portal, a web-based tool that allows CPS staff to connect with the faith community to clearly identify child and family needs. Planned activities with faith-based communities include the following:

- In November 2019, the Texas Baptist General Convention is launching an initiative called Faith Fosters Texas: Families of Faith Giving Hope to Children. DFPS is partnering with them and other organizations to equip and help the faith community embrace and support foster families.
- DFPS is partnering with Christian Alliance for Orphans with their Summit scheduled for May 2020. DFPS is providing speakers and support for this national faith-based foster care and adoption Summit with an estimated 2,500 attendees.
- In 2019, planning begins for Shared Hope International's faith-based human trafficking summit which will be held in Texas in 2021.
- DFPS recently launched a partnership with Christian Methodist Episcopal church to encourage all of their churches in certain geographic areas to participate in activities around child welfare.
- DFPS is increasing collaboration efforts in other faith communities including Muslim, Jewish, and LGBTQ affirming congregations.

There are three federally recognized American Indian Tribes in Texas: the Kickapoo Traditional Tribe of Texas, the Ysleta Del Sur Pueblo/Tigua Tribe, and the Alabama-Coushatta Tribe of Texas. DFPS participates in biannual State/Tribal meetings between tribal, state, federal representatives and external stakeholders. Each entity has shared the responsibility for hosting a meeting and the events have been held at multiple locations in Texas. Resources, training, and services are shared. More information is available in the section of the document addressing services to the Tribes.

DFPS has worked diligently to build and strengthen alliances and networks at all levels and continues to utilize all available community support to provide for the safety, well-being, and permanency of Texas children. Over the next year DFPS will conduct a robust stakeholder engagement effort regarding the federal Family First Prevention and Services Act (FFPSA). DFPS will meet with stakeholder groups in communities across the state to explain the legislation and to get community input on the shared vision of improving outcomes for children.

Although many organizations and individuals across the state share a commitment to improving the Texas child welfare system, until the Supreme Court of Texas created the Permanent Judicial Commission for Children, Youth and Families, known as the Children's Commission, no multidisciplinary entity existed at such a high level to coordinate and implement comprehensive efforts to improve child protection courts. The Children's Commission works toward ensuring better outcomes for children and families involved in the Texas child welfare system.

The Children's Commission assists courts with judicial handling of child protection cases systemically through improvements in technology, education, trauma-informed services, attorney and judicial training, and court improvement pilot projects. The Children's Commission also administers the federal Court Improvement Program for Texas. The formal Children's Commission is composed of an executive level group of judges, officials from DFPS and CPS, non-profit foundation and State Bar leaders, private attorneys, and legislators and other elected officials. The Children's Commission links to the larger

stakeholder community through an over 40-member Collaborative Council, whose members include former foster youth, foster families, attorneys, Court Appointed Special Advocates, and parent advocates. Representatives from institutions of juvenile justice, mental health and education are also included, as well as representatives from the private provider community, children's advocacy centers and many other child protection and child and family advocacy groups.

The Children's Justice Act awarded funds to Texas to improve its child welfare system, primarily focused on assessment, investigation and prosecution of child abuse and neglect. Texas maintains a multidisciplinary Children's Justice Act Task Force to oversee program activities, comprised of professionals with knowledge of and experience with the child protection and criminal justice systems and chaired by the director of the Collin County Children's Advocacy Center. At a minimum, the Texas Children's Justice Act Task Force consists of 25 members, including attorneys, CASA, DFPS, parent and victim representatives, mental and physical health professionals, Judges, law enforcement, and professionals experienced working with homeless children and youth and those with developmental disabilities. Every three years, the Task Force conducts a comprehensive review and evaluation of law, policy and the handling of cases of child abuse and neglect and makes policy and training recommendations for systemic improvements. Recipients of grants during this reporting period include Children's Advocacy Centers of Texas, Texas Municipal Police Association, Sam Houston State University, Texas Department of State Health Services, Harris County Institute of Forensic Science, SAFE Alliance, and Texas Legal Service Center.

DFPS enters into a Memorandum of Understanding with a community agency for a variety of purposes, including the exchange of information, sharing of resources, or to interact with a local entity such as a child advocacy center. A Memorandum of Understanding is a non-financial agreement between DFPS and one or more parties for a specific purpose. DFPS has active Memorandums of Understanding with agencies such as Child Advocacy Centers, Court Appointed Special Advocates, Crisis Centers, the Juvenile Justice Department, Universities, and other agencies who serve clients with drug/alcohol, mental health and domestic violence needs.

Agency Response to the community is also being addressed through the following initiatives and strategies outlined further within this annual report:

- Parent Collaboration Group and Regional Parent Support Groups (See Strategy 2.2g);
- Kinship Collaboration Group and Regional Kinship Support Groups (See Strategy 2.3b);
- Locally-based projects that enhance resources and services for families and children through interagency collaboration that strengthens the community's responsibility to support families and prevent abuse and neglect of children (See Strategy 1.2b);
- Fatherhood Initiative (See Strategy 2.2g);
- Coordinated Prevention and Early Intervention and CPS services to enhance effectiveness of prevention efforts (See Strategy 1.1b);

- Services and partnerships that improve outcomes for youth exiting foster care for adult living (See Strategies 2.4e, 2.4f);
- Cross-systems intra-agency reform model to reduce disproportionality in CPS (See Strategy 6.2a);
- Collaboration with faith-based communities for foster and adoptive families and support services for those families (See Strategy 2.6b);
- Collaboration with other state agencies whose services promote healthy Texas families (See Strategy 1.1b);
- Community-Based Care to promote a community based approach to service coordination and delivery to children and families, and enhance opportunities for collaboration between both DFPS and other stakeholders (See Objective 2.5);
- Collaboration with judicial and other stakeholders to reduce barriers to permanency (See Strategy 2.1c);
- Use of feedback from youth who have been involved with CPS to improve policy and service delivery strategies through the Youth Leadership Council, Youth Specialists, and Regional Youth Councils (See Strategy 2.4g);
- Texas Council of Child Welfare Boards, providing a statewide network for Regional and Local Child Welfare Boards to support DFPS efforts to normalize the experience of children in the foster care system and to connect them to their communities.
- Community-Based Family Services program, serving families who are investigated by CPS but allegations are not confirmed by providing home visits, case management, and additional social services to promote a safe and stable home environment.
- Community-Based Child Abuse Prevention program, building community awareness of prevention services, strengthening community and parental involvement in child abuse prevention efforts, and encouraging families to use the services available to them.
- Texas Families: Together and Safe, funding evidence-based, community programs to relieve stress and promote parental skills and behaviors that increase the ability of families to be independent and successfully nurture their children.

Data:

- In FY 2018, there were 147 Rainbow Rooms covering 128 Texas counties. During the year, 76,944 children and youth were served by the Rainbow Rooms. In a few regions, especially Regions 5, 6A, 6B, and 11, several of the Rainbow Rooms were severely impacted due to Hurricane Harvey and some Rainbow Rooms may have been closed for part of FY 2018.
- In FY 2018, 271 families received services through the Community-Based Family Services program.
- In FY 2018, 2,419 families received services through the Texas Families: Together and Safe Program.
- In FY 2018, 910 families received services through the Community-Based Child Abuse Prevention funded programs.
- Each year more than 58,000 children receive critical services at one of the 71 children's advocacy centers in Texas.

Based on the above data and input from stakeholders brief assessments of strengths showing the effectiveness of the system are below.

Strengths:

- CPS has a Community Initiatives Specialist in each region to coordinate community-based and public awareness activities. These staff aid in the development of community boards, identify resources, and collaborate with volunteer programs, local judicial and legal stakeholders, law enforcement, medical entities, and community agencies to strengthen the quality of services provided to CPS children and families. A State Office community affairs liaison works with community initiative specialists to assist in responses to the community.
- CPS engages volunteers from the community to work in offices, with caseworkers, directly with clients, or on community boards or groups. Volunteers are helping clients with clothing and supplies, life skills, transportation, companionship, and other areas as needed.
- DFPS is raising awareness about child abuse, as it provides schools, hospitals, day care facilities and other community organizations with posters to display and practice tip cards to distribute upon request and free of charge. Awareness is also addressed each April during Child Abuse Prevention Month, each May during Foster Care Month, and each November during Adoption Month at events all over Texas.
- Rainbow Rooms are effective in meeting critical needs of abused and neglected children by supplying car seats, clothing, shoes, underwear, baby formula, school supplies, and safety and hygiene items to children entering foster or relative care and children receiving services at home.
- The Adopt-a-Caseworker Program connects CPS caseworkers with individuals, churches, businesses, and organizations to help meet needs of children involved with CPS.
- Ten Texas Heart Galleries help children achieve permanency and are a way to spotlight foster children in protective custody who are waiting for adoptive families through portraits, which reveal the children's spirits and individuality.
- The 18 Transition Centers (supported by the DFPS and the Texas Workforce Commission partnership with other local organizations) support youth who are transitioning or recently transitioned from foster care by serving as a central clearinghouse for the Preparation for Adult Living program, workforce services such as job readiness, job search help, exploring careers, assistance enrolling in college, housing assistance, and some mentoring opportunities. Some serve as a key link with community agencies for substance abuse treatment, mental health counseling, and leadership training.
- Children are diverted from DFPS conservatorship through Health and Human Services residential treatment center beds and access to the YES Waiver Wraparound Program (administered by local mental health authorities). The Legislature appropriated funds for 40 beds during FY 2019. Health and Human Services manages the contracts with private residential treatment centers in as many areas of Texas as possible and referrals come from CPS. Since October

2013, CPS has sent 409 referrals to Health and Human Services for residential treatment center placement as an alternative to DFPS conservatorship. DFPS screens and facilitates referrals to Health and Human Services. Health and Human Services works directly with the local mental health authorities, which in turn complete a Child and Adolescent Needs and Strengths assessment on each child. Children placed in the Diversion Bed Program receive services in a safe, therapeutic environment with 24-hour supervision, while their caregivers maintain conservatorship. Services provided include: individual, group, and family therapy; recreation therapy; psychiatric consultations; and medication.

- The 15 Texas Citizen Review Teams are citizen-based panels that evaluate DFPS casework and decision-making related to investigating and providing services to abused and neglected children. Membership includes community representatives and private citizens residing in the area for which the team is established.
- Children's Advocacy Centers are community-based programs that coordinate the activities of agencies responsible for the investigation and prosecution of child abuse cases, as well as delivery of services to child abuse victims and their families. Built on a partnership that includes representatives from CPS, law enforcement, prosecution, and medical services providers, advocacy centers use a cooperative, multidisciplinary team approach to handling child abuse cases in a child-friendly environment.

#### Concerns:

- Although collaboration and community engagement provides extensive support to the Texas child welfare system, there are still barriers associated with significant population growth, poverty, and diverse needs.
- For each service reflected as a strength and contribution above, there remains a gap when matching the services and resources to the extensive need.

DFPS has increased the communication regarding agency plans, needs, news, initiatives, and changes through a variety of venues. These include a robust and interactive agency public website on which the Title IV-B Five Year Plan and Annual Provision of Services Reports are posted. Key reports and web links are as follows:

- DFPS strategic plan for 2017-2021 which includes information for CPS - [https://www.dfps.state.tx.us/About\\_DFPS/Strategic\\_Plans/default.asp](https://www.dfps.state.tx.us/About_DFPS/Strategic_Plans/default.asp).
- CFSP Final Report and Plan for FY's 2015-2019 - [https://www.dfps.state.tx.us/About\\_DFPS/Title\\_IV-B\\_State\\_Plan/2010-2014\\_State\\_Plan/default.asp](https://www.dfps.state.tx.us/About_DFPS/Title_IV-B_State_Plan/2010-2014_State_Plan/default.asp)
- DFPS Annual Report - [http://www.dfps.state.tx.us/About\\_DFPS/Annual\\_Report/default.asp](http://www.dfps.state.tx.us/About_DFPS/Annual_Report/default.asp)
- Information for DFPS Stakeholders - [http://www.dfps.state.tx.us/About\\_DFPS/Public\\_Meetings/default.asp](http://www.dfps.state.tx.us/About_DFPS/Public_Meetings/default.asp)
- DFPS Council Meetings - [https://www.dfps.state.tx.us/About\\_DFPS/Public\\_Meetings/Council/](https://www.dfps.state.tx.us/About_DFPS/Public_Meetings/Council/)

Please see further information about Agency Response to the Community that is contained within this CFSP that addresses the agency's efforts to coordinate services and partner with community members and organizations to better support children and families being served by DFPS.

## **7. Foster/Adoption Licensing, Recruitment and Retention Systemic Factor**

The state is granted authority to regulate childcare facilities and child placing agencies by the Texas Legislature in Chapter 42 of the Texas Human Resources Code. When children cannot live safely at home and there is no appropriate non-custodial parent, relative, or close family friend willing and/or able to care for them, the court can give temporary legal possession to DFPS. DFPS temporarily places these children in foster care. Foster care settings include:

- Foster family homes
- Foster family group homes
- General Residential Operations
- Facilities overseen by another state agency

Foster care is meant to be temporary until a permanent living arrangement is found. Temporary Managing Conservatorship is a court ordered legal relationship between a child and a parent or nonparent. If a judge appoints DFPS as Temporary Managing Conservator, the court will order DFPS to exercise specific rights and duties, which include but are not limited to the right to have physical possession of the child, the duty of care, control, and protection of the child, the right to designate the primary residence of the child, and the right to make decisions concerning the child's health-care and education.

Generally, Temporary Managing Conservatorship continues for up to 12 months, with the ability to extend an additional six months due to specific circumstances, at which time the judge issues a final order returning the child home, appointing an individual or DFPS as a Permanent Managing Conservator. Permanent Managing Conservatorship is the status a court awards to DFPS or another individual in a final order. DFPS can be awarded Permanent Managing Conservatorship with or without termination of the rights of the child's parents. The rights and duties of a Permanent Managing Conservator are typically the same as those of the Temporary Managing Conservator; however, as the Permanent Managing Conservatorship, DFPS continues to exercise those rights until the child is adopted, until Permanent Managing Conservatorship is transferred to a suitable individual, or the child becomes a legal adult at age 18 and/or terminating parental rights thereby making the child eligible for adoption.

DFPS strives to ensure quality services and stability of placement for children in foster care. There are circumstances when children in foster care may change placements while in foster care due to a variety of factors such as opportunities to move to a relative from a nonrelative caregiver, court rulings, or changes in the foster home or facility.



On September 1, 2017, the Texas Legislature divided the former DFPS Residential Child Care Division. Prior to that date, regulatory and investigation responsibilities were in a single division for residential and day care settings. In FY 2018, the regulatory functions were transferred to Health and Human Services. DFPS retained authority for investigations of abuse and neglect allegations and combined investigation staff with other DFPS Investigation staff.

DFPS verifies foster and adoptive families through its own certified Child Placing Agency to help ensure there are enough foster and adoptive homes for children in DFPS custody. Each DFPS administrative region holds a certificate issued by Residential Child Care Licensing to operate as a child-placing agency. As a child-placing agency, CPS adheres to the same minimum standards and is monitored in the same way as any other child-placing agency. DFPS develops an annual recruitment plan to address the need for homes based on the child population each region serves for children requiring basic childcare services or any regional priority for adoptions. DFPS staff and foster parents work as a team to develop and identify the best permanent home possible for children in substitute care. Foster parents may also become approved as an adoptive home. Additionally, private licensed child-placing agencies verify their foster, adoptive and foster/adopt homes and General Residential Operations and Residential Treatment Centers provide out of home care to children who may have specific needs.

DFPS Foster and Adoptive Home Development staff verify CPS foster homes while private child-placing agencies verify their foster homes. "Child-placing agency" means a person, including an organization, other than the natural parents or guardian of a child who plans for the placement of or places a child in a child-care facility, agency foster home, agency foster group home, or adoptive home. Private child-placing agencies provide all treatment services and foster home care for children in DFPS conservatorship. "Residential child-care facility" means a facility licensed or certified by the department that operates for all of the 24-hour day. The term includes general residential operations, child-placing agencies, foster group homes, foster homes, agency foster group homes, and agency foster homes.

DFPS contracts with over 340 licensed-residential childcare providers to provide substitute care to children in DFPS conservatorship. Through these contracts, DFPS establishes the qualifications, standards, services, expectations, and outcomes for 24-hour child-care facilities and child-placing agencies. DFPS has residential contract managers who assess, monitor, and manage these contracts. Residential contract managers serve as liaisons between DFPS staff and residential providers to improve communication, gather input, and resolve conflicts. They also work closely with a DFPS third party reviewer (Youth for Tomorrow), CPS and the Health and Human Services Child Care Licensing Division to ensure contractors comply with service level requirements, contracts expectations, and licensing standards.

DFPS continues to recognize that diligent recruitment of foster and adoptive homes must generate foster and adoptive families that meet the demographic characteristics of children in care. Demographic data of the characteristics of the children needing foster

and adoptive homes is available to all staff through the Data Warehouse reports that are updated monthly. Current demographic information on children and families is being used to establish recruitment targets and track progress. A statewide [Foster Care Needs Assessment](#) is published annually. Using the completed needs assessments and other available data, DFPS develops [Regional Capacity Strategic Plans](#) to address the substitute care capacity needs in each region. DFPS involves external stakeholders in discussions regarding placements, and their input is included in the development of strategic planning regarding recruitment efforts. DFPS is committed to reaching out to all parts of a community and will work in collaboration with faith-based and community-based organizations to accomplish this goal.

DFPS contracts with the Texas Foster Family Association and the Texas Council on Adoptable Children (COAC) to provide support, training, and resources to foster and adoptive families throughout Texas. The purpose of these organizations is to educate, motivate, and support foster, adoptive, and kinship parents, as well as, to be a united voice in advocating for the needs of those children and families. These organizations focus on the retention of foster and adoptive families for children in DFPS conservatorship.

### **Community-Based Care (*Formerly Foster Care Redesign*)**

Since 2010, DFPS has been engaged in an effort to redesign the foster care system to expand the role of community providers to take responsibility for placement services, capacity/network development, community engagement and the coordination and delivery of services to children in foster care and their families under a Single Source Continuum Contract.

In 2017, the 85th Legislative Session, Senate Bill 11, directed DFPS to expand the redesign effort to include the purchase of case management and substitute care services from the Single Source Continuum Contractor through a model known as Community-Based Care. Substitute care includes both foster care and relative / kinship placements. Purchasing substitute care and case management services from the provider community will allow CPS to focus on child safety by investigating reports of abuse and neglect, providing in-home family-based safety services, and ensuring quality oversight of the foster care system. Ensuring individual children achieve timely permanency will be the responsibility of the Single Source Continuum Contractor. Detailed description of the Community Based Care model is contained within the CAPTA section.

Currently, DFPS has three SSCC contracts. DFPS contracted with ACH Child and Family Services/Our Community Our Kids to provide services in Region 3b (Tarrant and six surrounding counties) beginning fiscal year 2015. DFPS renewed its existing contract with ACH in 3b on September 1, 2018, to include all CBC services. In June 2018, DFPS awarded a contract to 2INgage, a new partnership between Texas Family Initiative LLC and New Horizons Ranch and Center Inc., to serve as the Single Source Continuum Contractor for Region 2 (Abilene/Wichita Falls area). 2INgage implemented Stage I Community Based Care (placement services) on December 1, 2018 after a 6 month start-up stage. In August 2018, DFPS awarded a contract to Family Tapestry/the Children's Shelter of San Antonio to serve as the Single Source Continuum Contractor for Region

8a (San Antonio/Bexar County). Family Tapestry implemented Stage I Community-Based Care (placement services) on February 1, 2018 after a 6 month start-up stage.

DFPS is procuring for two additional Community-Based Care contracts, Region 1 and Region 8b (counties surrounding Bexar County). The department is currently in the procurement phase in each of these areas and SSCC contracts are anticipated to be in place in Region 1 by the early summer 2019 and in 8b by fall 2019.

Stage II roll-out (case management and services to families) in all regions is subject to legislative appropriation and based on readiness. DFPS has requested state resources for additional catchment areas, and to manage implementation, performance and contract oversight, and evaluation. DFPS contracts with Chapin Hall of the University of Chicago for performance evaluation. DFPS has contracted with Texas Tech University for an independent process evaluation for the entire rollout and implementation of Community-Based Care in each established catchment area.

### Performance Measures

The primary performance measures to determine success of Community-Based Care contracts for Single Source Continuum Contractors relate to child safety, permanency, and well-being. DFPS expects additional improvement to occur once a Single Source Continuum Contractor has fully implemented Stage II.

Region 3b is the only area with performance data available at this time. The redesigned service delivery system has shown success in building capacity, increasing community collaborations, and innovations. Our Community Our Kids saw continued performance gains on key contract outcomes for placing children in area, keeping sibling groups together, and least restrictive placement settings in fiscal year 2018 compared to fiscal years 2016 and 2017.

Outcome Measure	FY 2015	FY 2016	FY 2017	FY2018
<b>Safety:</b> Children who do not experience abuse or neglect in placement	99.93%	99.91%	99.83%	99.70%
<b>Placement Proximity:</b> Children placed within 50 miles of their removal location	75.2%	74.7%	73.6%	74.7%
<b>Placement Stability:</b> Foster care placements per child	1.48	1.55	1.50	1.48
<b>Less restrictive placement settings:</b> Foster care days spent in relative and family foster homes	73.1%	74.2%	77.0%	78.4%
<b>Child Participation and Engagement:</b> Children age 5+ participate in developing service plans*	n/a	n/a	n/a	81.9%

<b>Outcome Measure</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY2018</b>
<b>Child Participation and Engagement:</b> Children requested at court hearings attend*	n/a	n/a	n/a	Not yet available
<b>Sibling Contact and Connections:</b> Sibling groups are placed together	58.8%	59.9%	64.0%	65.1%
<b>Youth Preparation for Adulthood:</b> Youth complete PAL life skills training before turning age 18	76.3%	85.5%	95.9%	86.5%
<b>Youth Preparation for Adulthood:</b> Youth age 16 or older have a driver's license or state identification card	40.3%	36.7%	50.3%	51.0%

*Data Source: Rider 21 Report DRIT #92272 3b; PMET Our community Our Kids self-reported data*

*\*Historical data not available on new indicators for self-reported measures.*

As Community Based Care looks toward serving families in stage II, DFPS will begin tracking additional outcomes related to use of kinship placements, permanency outcomes, and workforce stability.

The DFPS Residential Contracts division established a Public Private Partnership advisory committee, by administrative rule, comprised of DFPS and residential provider staff to develop and implement contract performance measures related to residential service provider responsibilities that affect the safety, permanency, and well-being of children in care. The performance measures align with the federal CFPSR measures and the DFPS statewide strategic plan for placement. This is a standing committee, which continues to meet to revise and develop meaningful measures on an ongoing basis. Provider members of this workgroup were a resource to the Community-Based Care project team to identify quality indicators for the new Community-Based Care model.

The Committee for Advancing Residential Practices is also an advisory committee established by administrative rule, dedicated to improving practices in residential and foster care. Residential child care contractors, associations, and DFPS representatives meet quarterly to strengthen our partnership, improve communication, and work to improve the safety, permanency and well-being for children.

On an ongoing basis, demographics of children and needs for enhanced capacity is shared with external stakeholders to continuously develop capacity. Information is shared through a variety of ways:

- Posted child demographic data on the DFPS website that any entity interested in serving foster children can review to make determination on capacity needs
- Regular residential child care licensing Information meetings to the public that includes child demographic information

## **Regular residential provider meetings across the state where DFPS staff share specific regional and local capacity needs for foster children**

Based on the above data and input from stakeholders, brief assessments of strengths showing the effectiveness of the Foster/Adoption Licensing, Recruitment and Retention system are listed below.

### Strengths:

- DFPS utilizes the assistance of local community groups, faith-based organizations, media, brochures and other recruitment materials to recruit potential foster families for children in DFPS conservatorship.
- DFPS participates with other adoption organizations during national recruitment campaigns and promotes children registered on the Texas Adoption Resource Exchange and other websites, including the AdoptUSKids national website.
- DFPS provides Enhanced Adoption Assistance to increase the monthly adoption assistance for families who are adopting a child who would otherwise remain in foster care through age 18 due to their unique needs.
- DFPS approved normalcy standards and emphasizes normalcy for youth in foster care in partnership with residential providers and community stakeholders.
- Permanency Care Assistance helps to maintain kinship care after transfer of permanent managing conservatorship.
- DFPS opted to use the federal supervised independent living program to better support young adults and offers placement options for youth participating in extended foster care (ages 18-21).
- DFPS addresses provider needs through venues such as the Committee for Advancing Residential Practices, regional provider meetings across the state, trade organizations, local associations and coalitions and faith based communities.
- In Community-Based Care, the Single Source Continuum Contractor developed centralized recruitment campaigns.
- The Children's Commission and DFPS work with judges and legal stakeholders regarding the Indian Child Welfare Act and DFPS is in dialogue with the Ysletta del Sur Pueblo/Tigua Tribe regarding a possible Title IV-E Agreement.

### Concerns:

- There is an imbalance in geographic distribution of services and providers.
- There are not enough residential providers with a full continuum of services to meet the need.
- Providing thorough, efficient and timely background check results to over a quarter of a million people each year seeking to work in child care, provide foster care or adopt a child is a challenge.
- Creating standards to protect the health and safety of children in care without affecting the affordability and availability of that care is difficult.
- Licensing requirements may create a sudden financial burden for some kinship caretakers in complying with minimum standards to become foster/adopt homes.
- Finding homes for older youth, or youth with significant behavioral health or physical health needs is difficult and there is a need for strong treatment homes.

- There are not enough African American, Latino or Spanish speaking foster families. DFPS has not been able to target these communities for recruitment as most recruitment campaigns involve donated media air time. DFPS does not have a line item budget for this purpose.
- Recruitment needs to be strengthened in military communities for families who can foster while locally stationed.

During the time a child is in the conservatorship of DFPS, CPS staff work to support the substitute care setting best suited to a particular child's needs. Substitute care placements can include kinship care, foster care, and placement in residential care facilities, adoption, or transition to independent living. Please see further information about Foster/Adoption Licensing, Recruitment and Retention that is contained within this annual report.





**TEXAS**  
Department of Family  
and Protective Services

**The State of Texas**  
Annual Progress and Services Report (APSR)  
**2015 -2019 Final Report**

**Title IV-B Child and Family Services Plan**

**Texas Department of Family and Protective Services**  
**ACYF-CB-PI-19-02**



## **OBJECTIVE LEAD 1.1 – Jenny Baldwin**

### **Strategy Lead 1.1a, 1.1b – Jenny Baldwin**

#### **Goal 1: Maximize the safety of children and youth who are served by the CPS system.**

**Rationale:** The Texas child welfare system, including Texas Department of Family and Protective Services (DFPS) divisions such as Prevention and Early Intervention (PEI), Investigations (INV or Child Protective Investigations (CPI), and Child Protective Services (CPS), have a comprehensive service array that extends to all regions and counties across the State. Texas has in place methods that assess the strengths and needs of children and families to determine the services necessary to create a safe home environment, enable children to remain safely with their parents when possible, and help children in out of home placements achieve permanency. The family focus culture collaborates with families to build on their strengths to develop individualized family plans that include supportive resources necessary to care for children within their own homes and communities.

#### **Objective 1.1 LEAD: Jenny Baldwin**

**Objective 1.1: Provide services to prevent delinquency and child abuse/neglect, while reducing risk factors and increasing protective factors to increase resiliency of Texas children, youth and families.**

**Rationale:** Research has proven there are certain characteristics in children, parents/caregivers and communities, or situations that contribute to an increased probability of child abuse/neglect and/or juvenile delinquency. These are “risk” factors. Conversely, researchers have also confirmed that there are “protective” factors at work. These are characteristics, traits and circumstances that protect children from abuse and neglect (or inhibit youth from engaging in delinquency) by strengthening the child, their family, and surrounding neighborhoods and communities to reduce the likelihood of maltreatment or delinquency.

PEI operates an array of child maltreatment and juvenile delinquency prevention programs to identify both risk and protective factors existing in the individuals and families they serve. Once identified, the programs provide services that build on protective factors and reduce risk factors. This process is intended to strengthen individuals and families, and increase their resiliency in facing personal-level or family-level adversity. By increasing resiliency in children, youth and their families, and equipping them with better decision-making, coping and parenting skills, PEI programs can prevent their entry into the Texas child welfare and juvenile justice systems.

**Expected Outcomes:** By participating in PEI-funded programs, individuals and families will experience both (1) an increase in protective factors and (2) a decrease in risk factors. Children, youth and families will exit these programs strengthened and more resilient than they were upon entry. For people served by these prevention programs, PEI expects the following outcomes:

- Parents and other caregivers who complete a minimum amount of required services will not abuse or neglect their children or other children in their care.
- Children served by PEI-funded providers, or children of parents/caregivers served by PEI-funded providers, will not suffer from abuse or neglect.
- Youth who complete the minimum amount of required services will not engage in juvenile delinquency.

- Parents and other caregivers who complete a minimum amount of required services will experience an increase in at least one protective factor as demonstrated by the results of the pre- and post-protective factors survey (PFS) instruments completed prior to and after receiving services.
- Youth who complete the minimum amount of required services will experience an increase in at least one protective factor as demonstrated by the results of the pre-PFS and post-PFS instruments completed before and after receiving services.

**Outcome Measures:** PEI utilizes three key measures in determining whether contractors are achieving intended outcomes:

- Clients experience an increase in protective factors as demonstrated by their pre-PFS and post-PFS results. (all programs)
- Children remain safe. (child abuse/neglect prevention programs)
- Youth do not engage in delinquent behavior. (juvenile delinquency prevention programs)

**Summary:**

The contracted providers of PEI-funded services enter client and service data into the web-based, DFPS-administered PEI Services database. This allows PEI staff to evaluate contractor performance and determine whether outcome measures are achieved. PEI deployed a new database in FY 2017 for the Texas Home Visiting program and the Texas Nurse Family Partnership program. This new resource will enhance the division's ability to monitor and improve program effectiveness.

To track whether program participants enter the child welfare system or juvenile justice system, PEI periodically receives reports or data files from DFPS and the Texas Juvenile Justice Department that reveal any such involvement during or after the receipt of PEI-funded services. Below are several outcomes that demonstrate positive outcomes in PEI programs. As demonstrated below, involvement in PEI services shows a high likelihood of little to no involvement with juvenile probation. The data also indicates an overwhelming percentage of clients receiving services are not involved with DFPS during the service period. As such, the outcomes suggest the development of a strong family unit to keep children safe. PEI uses the Protective Factors Survey to assess for the presence of caregiver characteristics that have been found to prevent child maltreatment. For all programs below, children determined to be safe are measured by the percentage of clients not having any reported cases of child abuse or neglect among clients served during or immediately after receiving services. PEI also tracks this outcome for up to 3 years after services have been completed.

<b>Community Youth Development (CYD)</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Percent of CYD Youth Not Referred to Juvenile Probation</b>	98.6%	98.3%	98.4%	98.1%

<b>Statewide Youth Service Network (SYSN)</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Percent of SYSN Youth Not Referred to Juvenile Probation</b>	98.6%	98.8%	98.8%	98.9%

<b>Services to At-Risk Youth (STAR)</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Percent of STAR children who remain safe*</b>	99.6%	99.7%	99.8%	99.9%
<b>Percent of STAR youth not referred to Juvenile Probation</b>	94.1%	98.3%	95%	93..8%
<b>Percent of STAR youth with better outcomes 90 days after termination</b>	84.6%	86.3%	83.1%	91.9%

<b>Community-Based Child Abuse Prevention (CBCAP)</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Percent of CBCAP children who remain safe*</b>	100.0%	100%	100%	99.8%

<b>Community-Based Family Services (CBFS)</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Percent of CBFS children who remain safe</b>	98.5%	99%	99%	98.9%

<b>Texas Families: Together and Safe (TFTS)</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Percent of TFTS children who remain safe</b>	99.5%	99.7%	99.8%	99.8%

Helping through Intervention and Prevention	2015	2016	2017	2018
Percent of HIP children who remain safe	100%	100%	99.2%	98.8%

Healthy Outcomes through Prevention and Early Support (HOPES I)	2015	2016	2017	2018
Percent of HOPES I children who remain safe	99.7%	98.8%	99%	99.5%

**Strategy 1.1a Lead: Jenny Baldwin**

**Strategy 1.1a: Provide child abuse/neglect and juvenile delinquency prevention services to children, youth and families via an array of programs that span the prevention continuum, i.e., provide prevention at the primary, secondary and tertiary service levels.**

**Rationale:** As per statute and rule, DFPS is required to operate a division that plans, develops, and administers a comprehensive and unified system of prevention and early intervention services for children and their families in at-risk situations. To meet this requirement, DFPS operates the Prevention and Early Intervention (PEI) Division. PEI is the only unit of state government statutorily charged with providing both child abuse/neglect and juvenile delinquency prevention programs. As such, it must provide services at all three stages of the prevention continuum as described below:

- Primary: prevention efforts and activities are directed to the general population, usually focused on raising the public's awareness of child maltreatment and/or juvenile delinquency.
- Secondary: prevention is focused on specific populations that are considered at-risk for the occurrence of child maltreatment and/or juvenile delinquency. Programs geared toward working with at-risk populations offer services such as parent education and home visiting..
- Tertiary: prevention efforts are aimed at working with families and communities where maltreatment or delinquency has already occurred. In this stage, the focus is on preventing the recurrence of the behavior.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Procure PEI programs according to DFPS and HHSC procurement plans.	Ongoing	In February, 2019, PEI posted a new procurement for Project HOPES. This procurement will close in April, 2019. PEI also posted a procurement for Fatherhood EFFECT in March, 2019, which also closed in June, 2019.	
c. Enroll new providers for the Helping through Intervention and Prevention (HIP) program.	Ongoing	In March, 2019, PEI posted a procurement for HIP. This procurement included a shift from fee for services to cost reimbursement. Currently, there are 10 HIP providers in Texas. This shift was proposed to attract more providers. The procurement closes in June, 2019.	
e. Create and disseminate child abuse prevention awareness calendar.	Ongoing	PEI produced and will distribute approximately 600,000 child abuse prevention calendars across Texas in FY2019. Calendars are available in both English and Spanish and can be ordered via HelpandHope.org.	
f. Promote infant safe sleep to reduce risk of SIDS and other infant sleep-related deaths.	FY 2020	PEI will feature the Room to Breathe ads in its overall Help & Hope campaign in FY19. PEI also held a Safe Sleep week, March 25-29, 2019 where social media content focused on safe sleep practices and several webinars were held on Safe Sleep topics.	
g. Enhance and promote statewide child abuse prevention campaign.	Ongoing	Through a statewide media campaign, PEI continued to normalize the practice of parents asking for help when confronted with challenging or stressful situations. The campaign included television, social media, website redevelopment, instructional videos on a variety of parenting topics, and media relations. In FY 2018, PEI added the topics of early brain development and safe driving for teens to the instructional video topics. In FY19, PEI added the topics of developmental screenings and screen time to its instructional video library.	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
h. Build awareness of Child Abuse Prevention Month to the public and stakeholders.	Annual (April of each year)	In FY19 PEI collected and publicized information about community events focused on child abuse prevention across the state.	
i. Promote agency water safety and hot car safety campaign.	Annual (Summer of each year)	PEI also invited all state DFPS employees to participate in Go Blue Day by wearing blue and participating in a pinwheel planting event. The water safety and hot car safety campaigns will also occur in Summer 2019.	

**Strategy 1.1b Lead: Jenny Baldwin**

**Strategy 1.1b: Coordinate and collaborate with stakeholders, including other state agencies to improve the effectiveness of prevention efforts.**

**Rationale:** Seeking input and involvement from varied partners and stakeholders in the past has proven beneficial for DFPS prevention efforts. Such collaboration has helped to inform the program design process, identify areas or populations in need, improve service delivery, increase client recruitment and retention, enhance provider capacity, and refine program goals. PEI also collaborates with federal and state government partners and other state-level and regional organizations. PEI expects its contracted providers to collaborate with local and regional entities as well.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Participate in workgroup(s) and plan with other agencies providing prevention or early intervention services.	Ongoing	PEI facilitates the Prevention Task Force and the Early Childhood Systems Integration Group.	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Coordinate and collaborate with other agencies to conduct annual training conference that brings together child abuse and neglect, juvenile delinquency prevention and early intervention professionals and service providers.	Ongoing	PEI also works with other agencies through a number of workgroups and collaborations, including Project LAUNCH, Rider 17.10 Juvenile Justice Prevention Group, Adolescent and Young Adult Health Collaborative Innovation and Improvement Network, Texas Perinatal and Infant Oral Health Quality Improvement Expansion Project, Texas Behavioral Health Institute, Cross-Agency Mental Health Liaison Group, Research Roundtable, Health and Human services System Veterans Initiatives, and the Fatherhood Interagency Workgroup.	
e. Utilize input from a program experience survey to inform planning, and decision-making. survey to inform planning, and decision-making.	Ongoing	PEI staff reviewed and analyzed satisfaction survey data to assess program delivery and give feedback to contracted staff. It is required for programs to require satisfaction or discharge/follow-up surveys.	
f. <i>Monitor contractors' administration of program experience survey</i>	Ongoing	PEI staff assessed contractor data with contractors on a quarterly basis as a continuous quality improvement effort.	
g. Share key information on prevention services and topics with CPS investigation workers, including characteristics of an appropriate referral, how to refer a family/youth, and how to determine locally available services.	Ongoing	PEI management staff continued to communicate and collaborate with CPS program directors and share information benefiting both programs. In addition, a CPS regional director serves on the agency's Prevention Roundtable.  PEI's contractors frequently interact with CPS staff by attending unit meetings and participating in	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>community events. Contractors also share information with CPS staff via telephone and email.</p> <p>PEI staff also create and disseminate two newsletters: The Texas Prevention Network (TPN) and Tidbits. These are designed for service providers, such as CPS staff, to keep them up to date on PEI programs and prevention activities in Texas. The TPN has a circulation of over 800 recipients, and Tibits has a circulation of more than 350 recipients.</p> <p>Referrals from CPS for the Helping through Intervention and Prevention (HIP) program, which serves eligible families with a history of CPS involvement and current or former foster youth, have doubled since PEI began promoting the program to CPS staff throughout the state.</p>	
<p>h. Coordinate efforts and share PEI program and public awareness information with Resource and External Relations staff, Community Initiatives Specialists, Fatherhood Specialist, and Disproportionality Specialists</p>	<p>Ongoing</p>	<p>PEI hosts routine briefings for DFPS's executive team and works closely with the DFPS centralized communication and external relations staff to share information internally and externally. A member of CPS staff serves on the agency's Prevention Task Force. DFPS staff are invited to attend and present at the Partners in Prevention conference and PEI Texas Prevention Network distribution list is used to cross-promote agency happenings.</p>	



**Goal 1 Objective 1.1: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Procure new PEI programs according to DFPS and HHSC procurement plans.	Ongoing
Create and disseminate child abuse prevention awareness calendar.	Annual
Promote infant safe sleep to reduce risk of SIDS and other infant sleep-related deaths.	Ongoing
Enhance and promote statewide child abuse prevention campaign.	Ongoing
Build awareness of Child Abuse Prevention Month to the public and stakeholders.	Completed
Promote agency water safety and hot car safety campaign.	Annual-Summer
Participate in workgroups and plan with other agencies providing prevention or early intervention services.	Ongoing
Coordinate and collaborate with other agencies to conduct an annual training conference that brings together child abuse and neglect, juvenile delinquency prevention and early intervention professionals and service providers.	Ongoing
Utilize input from the primary caregiver satisfaction survey to inform planning and decision making.	Ongoing
Monitor contractors' administration of program experience survey.	Ongoing
Share key information on prevention services and topics with DFPS investigation workers, including characteristics of an appropriate referral, how to refer a family/youth and how to determine locally available services.	Ongoing
Coordinate efforts and share PEI program and public awareness information with Resource and External Relations staff, Community Initiatives Specialists, Fatherhood Specialist, and Disproportionality Specialists to ensure effective local relationships.	Ongoing

**Objective 1.2 LEAD: Kathryn Sibley**

**Objective 1.2: Improve services to children who experience abuse and neglect through utilization of data to identify trends and patterns to help increase the use of prevention and intervention strategies both externally and internally within Child Protective Services.**

**Rationale:** Through enhanced, targeted service delivery in the Prevention and Early Intervention (PEI) division of DFPS and direct delivery services available in the Investigation (INV or CPI) and Child Protective Services (CPS) divisions, child safety can be strengthened while engaging the family constellation to ensure caregivers have the skills and protective capacity to ensure long-term care of the child. Data associated with child abuse or neglect fatalities or near fatalities is used to help inform both internal and external services for prevention and intervention with families, DFPS will be able to target specific safety threats and risk factors that contribute to fatal and near fatal child abuse and neglect prior to such occurrences.

**Expected Outcome(s):** With thorough analysis of child fatalities, near fatalities, and risk factor information available across state agencies, overall services can be tailored and recidivism factors addressed prior to DFPS either being involved with a family or while services are underway. This will allow targeted efforts to reduce recidivism of abuse and neglect, including both fatal and near-fatal abuse and neglect.

**Outcome Measures:**

- Decreased number of child victims with subsequent reports of abuse and/or neglect.
- Decreased number of child deaths with previous DFPS history.
- Continued collaboration with the state agencies to ensure improved coordination of information, policies and programs for prevention and early intervention of child abuse and neglect.

**Summary:**

During FY2015, DFPS launched a new practice model and implemented the use of Safety Decision Making risk and safety assessment tools. The practice model and new assessments were designed to support staff in making consistent, accurate, and equitable decisions while partnering with families and communities to produce positive and consistent results for children, youth, and families served by DFPS. This work has led to a decrease in the percentage of child victims with subsequent reports of abuse and/or neglect: in FY2018, 5 percent of victims had a new confirmed reason to believe allegation within 12 months of the end of services or a return to substitute care or new Family Preservation services provided. This is a continued decrease over the past ten fiscal years.

DFPS has been working with the Department of State Health Services (DSHS) and with partners in the community to address child maltreatment fatalities from a public health perspective. Child maltreatment fatalities with prior DFPS involvement have decreased:

	<b>FY2014</b>	<b>FY2015</b>	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>
Of the confirmed maltreatment fatalities, percentage with prior DFPS involvement	50.3%	46.8%	46.8%	48.8%	45.5%

The data over the past few years suggests that partnering with communities in a public health approach is working; child fatalities due to drownings, unsafe sleep, and vehicle-related fatalities continue to drop. Inexplicably, in FY2018, the number of physical abuse fatalities increased significantly, after FY2017 was the lowest year for physical abuse fatalities in more than eight years. Additionally, more than two thirds of physical abuse fatalities

had no prior CPS history. Another finding in FY2018 is that in more than half (54.5 percent) of cases the family had no prior involvement with DFPS. This highlights the critical importance of community in child protection. For children to remain safe, and to thrive, it takes community collaboration, so that support networks, resources, and normalizing a parent's ability to seek help can be built and families engaged before a tragedy strikes.

DFPS and DSHS continue to utilize data resources to proactively address child fatalities across the state. The result of that research is the DFPS/DSHS *Strategic Plan to Reduce Child Abuse and Neglect Fatalities*. DFPS continues to work with DSHS to leverage data from both systems to analyze confirmed child maltreatment over a five-year span to support ongoing prevention and intervention work. This data set will include both confirmed child maltreatment fatalities as well as near fatalities and other serious incidents.

The ultimate goal of the *Strategic Plan to Reduce Child Abuse and Neglect Fatalities* was to link data from both agencies to develop a data-driven plan to reduce abuse and neglect fatalities by providing timely, coordinated, and evidence-based services to families and communities in need. Major findings to date include:

- 53% of all abuse and neglect fatalities had no prior involvement with DFPS.
- Strategies to address and reduce child fatalities should be population-based and involve a coordinated effort between agencies.
- 14.5% of all child fatalities without an underlying medical cause were confirmed child abuse or neglect.

The strategic plan developed by DFPS/DSHS calls for the development and strengthening of programs in the following areas:

- Motor vehicle related fatalities, focusing on hyperthermia in the Dallas/Ft. Worth area and pedestrian fatalities in border counties and statewide.
- Sleep-related fatalities, statewide and focusing on the San Antonio/New Braunfels, Beaumont/Port Arthur, and Midland/Odessa areas.
- Statewide efforts to reduce physical abuse-related fatalities, including strategies to improve screening for intimate partner violence and education of new parents regarding coping with crying and the risks of shaking babies.

Recognizing that the *Strategic Plan to Reduce Child Abuse and Neglect Fatalities* includes training and public awareness campaigns, the actions could actually increase reporting of suspected child abuse, neglect fatalities, and near fatalities. This is especially possible in neglectful supervision cases where a child dies from what may outwardly appear to be an accident but actually involves abuse or neglect.

The work is being integrated into DFPS programs and prevention efforts so that there is sustainability and long lasting impact on these critical issues. For example, safe sleep and vehicle safety messaging continue. Addressing the impact of domestic violence on families requires sustained efforts not only by DFPS but in conjunction with families and partners in the community.

In 2017, the 85th Texas Legislature required PEI to develop a growth strategy to gradually increase the number of families receiving PEI services each year. In response to this PEI partnered with the University of Texas Health Science System to develop a series of tools that utilize risk mapping and geographically-based risk and resiliency models to assist PEI in developing growth strategies focused on how to allocate resources within communities of need. The interactive growth maps allow state administrators, local community coalitions, and individual entities to identify concentrations of high vulnerability in order to best plan for resource deployment and community collaboration.

**Strategy 1.2a Lead: Marsha Stone**

**Strategy 1.2a: Improve system for reviewing, recording and analyzing child abuse and neglect related near-fatalities and fatalities to inform ongoing practice and prevention strategies by creating a continuous quality improvement process regarding child fatalities.**

Rationale: By improving data collection and analysis, various program areas within DFPS can tailor specific policies, practices and available services to ensure ongoing child safety and address specific safety threats and risk factors that lead to recidivism of abuse or neglect, including fatal and near fatal occurrences.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. INV and Office of Child Safety will create a process of full review of near-fatalities to include an internal/external review process.	Ongoing	Using Citizen Review Teams to review the near fatality cases has not proven effective due to the limited number of cases meeting the criteria. Since these cases are also being reviewed during the annual report process, trends and patterns are discussed quarterly, as applicable and then trends documented in the annual report. The Office of Child Safety will continue to review these cases annually and any trends and patterns noted in this review will be forwarded to INV for possible action.	
b. Office of Child Safety will review child fatalities that occur in open stages and provide recommendation INV and CPS.	Ongoing	The review is part of the ongoing work of the Office of Child Safety. Reviews are completed and recommendations are provided to program areas. The recommendations are tracked and monitored for implementation on a state and regional basis. These reviews have been ongoing since FY15.	

**Strategy 1.2b Lead: Kathryn Sibley**

**Strategy 1.2b: Coordinate and collaborate with stakeholders, including other state agencies, to improve the effectiveness of prevention and intervention efforts.**

**Rationale:** By developing mechanisms to routinely share analyses and expertise with stakeholders and other agencies, such as the Department of State Health Services (DSHS), on circumstances surrounding child abuse and neglect fatalities and near fatalities, strategies can be developed for prevention and intervention to reduce overall child abuse and neglect within Texas.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Produce annual report regarding investigated child fatalities and near fatalities. Annual Report will be published on the DFPS Office of Child Safety website.	Annually	The FY2018 report was released on March 1, 2019. FY2019 annual report will be released by March 1, 2020.	
c. DFPS and DSHS will continue data matching and research to extend beyond fatalities and include data matching and	<i>Ongoing</i>	Data matching continues with DSHS, as well as through the PEI Growth Strategy. Both projects assist with identifying and supporting community-based efforts to prevent child maltreatment. Ongoing collaboration on prevention programs continue around the high risk indicators identified through the data match completed in 2015, such as with safe sleep, vehicle safety and water safety.	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
collaborations to address overall child abuse and neglect trends.			

**Goal 1 Objective 1.2: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Standardize a process for collecting and analyzing data relating to child fatalities.	Completed
Standardize a process for developing action plans from the child fatality data analysis.	Completed
Create a robust process for monitoring and evaluating the action plans.	Completed
Develop an ongoing collaboration with DSHS to coordinate review of child fatality data and provide aggregate information to inform prevention and intervention services on a county and statewide scale.	Ongoing
Begin automated tracking and analysis of near fatality cases.	Completed
Explore the creation of a standardized form for public disclosure of abuse/neglect related near fatalities.	Completed
Implement automated tracking of cause and manner of death	Completed

### **Objective 1.3 LEAD: Gwen Gray**

#### **Objective 1.3: Continue to expand the service continuum in investigations (alternative response).**

**Rationale:** Alternative Response practice allows DFPS to utilize multiple responses to address reports of alleged child abuse and neglect that are accepted for investigation. It promotes a more flexible, family-engaging approach while still focusing on child safety. Unlike a traditional investigation, Alternative Response has no final case disposition or designation of a perpetrator of abuse/neglect. Consequently, no person is added to the central registry as a result of the intervention. Without the disposition requirement, families perceive DFPS involvement as less adversarial and more collaborative. Implementing Alternative Response allows DFPS to improve child safety, permanency, and well-being.

#### **Expected Outcome(s):**

- Child safety will increase, as measured by a reduction in the number of families that are re-reported to the DFPS system.
- A long-term reduction of DFPS administrative costs associated with listing designated perpetrators in the Central Registry and responding to families re-reported to DFPS will occur.
- There will be an increase in the collaborative nature of DFPS involvement with families, reducing their perception of DFPS as adversarial.
- Community relationships will improve as community partnerships are increased and enhanced through more engaged and committed family participation in community services.
- Caseworker satisfaction will increase as caseworkers have the opportunity to select the pathway best suited to their strengths and skills, which, over time, may result in a reduction of caseworker turnover.
- The current screening process will be enhanced.

#### **Outcome Measures:**

- An increase in child safety as measured by a reduction in recidivism among families served.
- An increase in customer satisfaction as measured by an increase in satisfaction items on a customer service survey.
- An increase in service usage as measured by an increase in services used as reported on the family customer service survey.

Alternative Response began its initial rollout in Texas on November 4, 2014. Using a phased approach, the intent was to initially implement Alternative Response in limited areas to allow DFPS field staff to develop experience and expertise in practicing Alternative Response while ensuring fidelity to the model and to allow DFPS to make any adjustments to the model of practice and policy that may be needed after initial implementation. After a minimum of 6 months of practice in these limited regions, Alternative Response was implemented throughout the remainder of the region in each initial site. In February, 2019 training began for the final region, 6a. It is anticipated that region 6a will implement Alternative Response in July, 2019, and once complete, the model will be implemented across the entire State.

By strategically staggering the implementation by region, DFPS is able to effectively support implementation. Training is provided to incoming Alternative Response workers. Supervisors and Regional management staff monitor and provide coaching. Technical assistance is provided to regions that have already implemented to ensure the regions are maintaining fidelity to the Alternative Response model. Should the need arise; changes to the schedule will be made.

#### **Strategy 1.3c Lead: Gwen Gray, in coordination with Tanya Rollins**

#### **Strategy 1.3c: Staff Development in Support of Alternative Response**

Rationale: In-depth training for Investigations and Alternative Response supervisors and caseworkers prepares staff to implement and maintain this new stage of service with confidence and skill. Staff identified as critical to the successful implementation of Alternative Response participated in introductory Alternative Response presentations and webinars. Comprehensive training for staff includes training in the Alternative Response model, engagement strategies, and the use of the parallel process in supervision (along with other supervision strategies). DFPS contracted with the Kempe Center, a national expert on Alternative Response, to develop the training curriculum and provide a major portion of the training in the initial implementation sites. The training strategy includes the following components:

- Development of agency trainers for sustainability;
- On-site implementation support in each rollout region;
- Continued rollout support and crisis intervention; and
- Assurance for model fidelity.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Alternative Response-101 (AR-101)	Ongoing	The Kempe Center assisted with creating the initial presentation of Alternative Response-101. Since that time, the presentation has been updated to include information about successes and challenges in initial implementation sites. Before implementation, Alternative Response-101 is offered in each area. Numerous staff are invited, not only those that will be involved in direct services. Most areas choose to send all investigative, family based safety services, and conservatorship staff along with numerous specialty positions such as Family Team Meeting facilitators, Child Safety Specialists, Special Investigators, Master Investigators, and others. This training provides everyone with the basic understanding needed to respond to questions from the community regarding Alternative Response. Alternative Response-101 presentations continue as implementation nears in each of the regions in the state. As of February 2019, Alternative Response-101 presentations were completed in all implemented regions and sessions are currently ongoing for Region 6a.	



		Although CPI contracts with the Kempe Center to continue work in other areas of Alternative Response, curriculum revision, training, and continuing staff development are now supported solely by CPI and the Center for Learning and Organizational Excellence staff.	
b. Alternative Response Caseworker Training	Ongoing	<p>All caseworkers designated as Alternative Response caseworkers and Supervisors attend the trainings prior to implementation. The management chain of command also attended. Caseworker trainings continue as implementation continues across the state. As of February 2019, Alternative Response caseworker trainings have been completed in all implemented regions and planned for Region 6a. Caseworker trainings will continue to be provided to new staff as they are hired. In order to affect this, the caseworker training has been embedded in the Center for Learning and Organizational Excellence (CLOE) Continuous Professional Development training program to train newly-hired investigations staff.</p> <p>A monthly support webinar began in November 2015 to provide Alternative Response Caseworkers and Supervisors additional training and information on topics related to the practice of Alternative Response. In addition, a one-day Advanced Caseworker Training curriculum was developed.</p> <p>As of February 2019, Advanced caseworker trainings have been provided to Alternative Response staff in regions 1, 3, 4, 5, 7, 8, 9, and 11. This advanced curriculum is generally provided approximately six months after a region implements.</p> <p>A training on engaging children was developed and provided to Alternative Response staff in regions 1, 3, 7, 8, 9, and 11. This training helps caseworkers engage children and adolescents and sustains the practice of Alternative</p>	

		<p>Response. This training is generally provided approximately six months after a region implements.</p> <p>Beginning in FY2017, Kempe determined that the Texas training program was self-sustaining and DFPS took over sole responsibility for conducting all Alternative Response related trainings.</p>	
c. Alternative Response Supervisor training	Ongoing	<p>Supervisors responsible for Alternative Response caseworkers, as well as any staff who assist with coverage, attend this training. Management staff in the chain of command also attend this training. Trainings are completed in each region prior to implementation. Supervisor trainings continue with regional implementation across the state. As of February 2019, supervisor trainings have been completed in all implemented regions and are planned for Region 6a.</p> <p>An Advanced Supervisor curriculum has been developed to assist Alternative Response managers in deepening their understanding and strengthening their support. Training of this curriculum is expected to commence soon.</p> <p>Although CPI contracts with the Kempe Center to continue work in other areas of Alternative Response, changes and modifications to curriculum, training, and continuing staff development are now supported solely by CPI and Center for Learning and Organizational Excellence staff.</p>	
d. Coaching and Technical Assistance Meetings	Ongoing	<p>A portion of the sustainability plan involves coaching. Coaching is an essential component of Alternative Response training and practice improvement services. Coaching involves facilitating the exploration of needs, motivations, skills and thought processes to assist the individual or small group in transferring in-classroom learning to everyday practice. Coaching needs are determined by Alternative Response staff using a menu of possible activities</p>	

		<p>customized to the needs of the particular area. Initially, coaches were provided by the Kempe Center under contract with the agency. A sustainability plan was developed for coaching that included the hiring of 'coaching' staff to provide this service as Alternative Response moves across the state. The first coaching and technical assistance session was scheduled for Region 11 in May 2015. Other coaching/technical assistance meetings are scheduled on a regular basis in all areas beginning a few months post implementation. The goal is to allow caseworkers and supervisors time to practice Alternative Response in the field before initiating coaching and technical assistance so they will have the best opportunity to benefit from the sessions. Coaching is currently ongoing in all implemented regions, and is provided approximately 4-6 times per year in each region.</p> <p>CPI, with assistance from Kempe staff begun expanding the number of coaches to meet the growing need around the State using a process designated as 'Adaptive Coaching'. In an effort to sustain support for AR from the top down, upper level managers have been selected to become coaches for their respective regions. This will ensure consistent messaging that upper management supports Alternative Response and is committed to its continuing success. Training for the "Coaches College" was conducted by the Kempe Center and began in June, 2018. It includes ongoing training on coaching for select Investigations managers, select Alternative Response managers and State Office staff.</p> <p>This initiative is designed to assist managers at all levels in addressing issues such as difficult workers, developing team cohesion, and working on strengthening areas of their professional management skills to become a better</p>	
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		<p>manager. Coaches are assigned a “coachee” to work with for as long as needed to achieve their desired results.</p> <p>CPI continues to work with the Kempe Center and the Center for Learning and Organizational Excellence on staff development, curriculum modification and training.</p>	
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**Strategy 1.3d Lead: Gwen Gray**

**Strategy 1.3d: Statewide implementation of Alternative Response through a gradual roll out plan.**

**Rationale:** Using concepts of implementation science, a gradual roll out of the program includes select rural and urban areas. A gradual roll out plan allows

- time for a longer adjustment period for all involved;
- room to test the implementation process for efficiency, effectiveness and model fidelity;
- time to assess and respond to feedback from staff and stakeholders before progressing to the next region;
- time to make any changes/improvements needed before progressing to the next region; and
- time to begin development of regional experts.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
a. Development of Alternative Response implementation timeline	Ongoing	The implementation timeline sets out the date that training begins and provides the actual implementation date for each region. Each region then knows when to expect work to begin in their area. This document is a living document that is updated and adjusted as needs arise.	
g. Statewide Implementation of Alternative Response	Ongoing	Alternative Response will continue implementing region by region until Statewide implementation is complete. The agency temporarily "paused" Alternative Response for several months when almost one-half of the State had been implemented. During the "pause," strategies were put into place to support and further embed Alternative Response processes in areas that had already implemented before continuing implementation for the remainder of the state.	

		Implementation activities resumed in December 2016, and Alternative Response is expected to be implemented statewide in July of 2019.	
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**Goal 1 Objective 1.3: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Staff training and development	Ongoing
Implementation of Alternative Response program (Statewide)	2019
Evaluation	Ongoing

**Objective 1.4 LEAD: Angela Pie**

**Objective 1.4: Improve safety decision making.**

**Rationale:** Child safety remains the priority for Texas and a requirement to reinforce a family-centered approach in all stages of service. This work began in 2009 as Enhanced Family Centered Safety Decision Making, expanding on the risk and safety model already in DFPS investigations in Texas.

**Summary:**

During 2013, DFPS began to draft the agency's overarching practice framework, designed to provide a unifying vision among the work force at all levels that is more specific than the mission, vision, and values. Agency leadership determined that Enhanced Family Centered Safety Decision Making core concepts should be clearly integrated into the practice model, along with other agency efforts such as strengthening family-centered practices and building a trauma-informed care system. In 2014, the practice model was revised to ensure integration with the new Structured Decision Making tools, which began rolling out in the Investigations stage of service through August 2015. Integration of the Structured Decision Making tools in the FBSS and Conservatorship stages of services continues to be underway. All Structured Decision Making tools will be integrated into DFPS data collection system (IMPACT), with completion of the IT updates for the FBSS program scheduled for spring 2019.

**Expected Outcome(s):**

- Staff at all levels will better identify when children are safe vs. unsafe.
- Staff at all levels will better understand the family changes that must occur to keep children safe, resulting in improved matching of appropriate services to children and families.
- Staff at all levels will have an improved understanding of safety as it relates to permanency.
- Staff at all levels will function in a culture that supports family centered values.

**Outcome Measures:**

- Recidivism rates will be lowered.
- Earlier reunification will occur.
- Caseworkers will have improved quality of face to face contacts.
- Timely initial contacts in Family Preservation cases will occur.

**Strategy 1.4a Lead: Audrey Jackson**

**Strategy 1.4a: Development of new assessment and documentation tools.**

**Rationale:** Case transfer between Investigation (INV) and Family Based Safety Services (FBSS) stages of service is a critical decision-making point requiring a seamless continuation of safety intervention between initial assessment and the onset of services. An earlier absence of formal and intentional assessment processes resulted in a lack of clarity regarding safety and risk. Thus, the Family Based Safety Services plans of service did not clearly link protective capacities to safety threats. A more simplified and intuitive safety assessment will better inform decision-making and result

in service delivery with a reduction in duplicative efforts. Supervisors and managers will be better able to understand the basis of decisions and service selections when reviewing cases. The use of the safety assessment in IMPACT is anticipated to have a positive impact on case completion, thus impacting both performance measures listed. A case read process will evaluate the impact.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Implement SDM model in FBSS, if funding is obtained	Ongoing	<p>CPS received funding to implement Structured Decision Making tools in Family Based Safety Services and work began on this project in October 2015. Family Based Safety Services staff have been trained on the Structured Decision Making Safety Assessment, and have been using a paper version of the tool since March 2016. Family Based Safety Services staff started implementing the Family Strengths and Needs Assessment in September 2016, and have been using a paper version of the tool since that time. Staff will use paper versions of these tools until they are automated in IMPACT. CPS is in the process of completing training for the final Structured Decision Making tool for FBSS, the Risk Reassessment. The FSNA and Safety Assessment rolled out in IMPACT in April 2019. IMPACT implementation for the Risk Reassessment began May 1st.</p> <p>Delays in the IMPACT modernization project have resulted in delays in implementation of the SDM tools in FBSS. All of the tools should be automated in April 2019 as part of IMPACT modernization. The Reunification Assessment tool is not appropriate for FBSS.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>b. Evaluate effectiveness of real time case reads on serious recidivism in FBSS cases</p>	<p>Ongoing</p>	<p>DFPS has developed a model used for cases involving a principal on the family plan of service that is younger than age 6 (in an open FBSS case). It is a multiple regression model which involves items which can be pulled from IMPACT, including foster care candidacy, as well as items from the risk and safety assessments. Families are scored on those measures and this model indicates whether a particular family is more or less likely to have recidivism than others in their region.</p> <p>Program Directors in each region are assigned a specific number of cases monthly to review for quality assurance purposes and to rate the case work progress to determine fitness of services to the family. QA staff also review a set number of these cases as well. This is an ongoing effort that occurs monthly. CPS is monitoring the effects of the process on an ongoing basis.</p> <p>Feedback on trends and findings are incorporated into the quarterly case review report by the Federal and Program Improvement Review Division, shared with all regional managers and CPS. Case level feedback is provided to the caseworker and supervisor upon conclusion of each case review.</p>	



**Goal 1 Objective 1.4: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Case Reading Tool	Completed
Safety Assessment (launch pilots)	Completed
Practice Model (completed draft and implementation plan)	Completed
Assess viability of safety assessment in FBSS (or determine another safety assessment tool)	Completed
Statewide implementation of safety assessment in FBSS (requires IMPACT changes)	Completed
Develop infrastructure for implementation of practice model in targeted areas	Completed
Began implementation of practice model (Signs of Safety) in targeted areas	Completed
Achieve statewide implementation	Fiscal Year 2019

## **OBJECTIVE LEAD 1.5 – Marsha Stone**

### **Strategy Lead 1.5a; 1.5c – Marsha Stone**

**Goal 1: Maximize the safety of children and youth who are served by the CPS system.**

#### **Objective 1.5 Lead: Marsha Stone**

#### **Objective 1.5: Promote high quality standards for investigations.**

**Rationale:** Child safety is the central focus of investigative practice. The foundation of quality investigations is centered on the education, development, support and retention of staff. Direct service staff (caseworker, manager, and staff in supporting roles) are the medium through which CPS investigates and serves families.

To assist staff in completing high quality investigations, DFPS provides a host of tools such as technological resources, trainings, supervision support, reporting systems and policies that allow staff to better serve families. Within the investigation program, there is an array of staff including Child Safety Specialists, Risk Managers, Special Investigators and Quality Assurance Specialists that assist caseworkers by developing skills which will improve the quality of their casework. In addition, continuing a family-centered approach, DFPS collaborates with outside agencies that provide feedback on how to continue to improve the quality of investigations.

#### **Expected Outcome(s):**

- Caseworkers will be equipped with a strong foundation in understanding and applying agency policy when working with families.
- Caseworkers will utilize available tools and resources that help increase productivity and time efficiency when completing investigations.
- Caseworkers will exhibit the necessary high-level critical thinking skills with an ability to detect child abuse and neglect to effectively intervene with families to assure child safety.
- Caseworkers will be aware of and utilize support services available through DFPS when needed to help manage secondary stress.

#### **Revised Outcome Measures:**

##### **(New)** Outcome Measures:

- There will be continued reductions in the number of cases open over 60 days.
- Staff turnover will decrease.
- Timely face-to-face contact with children will increase.
- Recidivism will be reduced.
- There will be increased time spent with families and youth.

#### **Summary:**

It is the goal of DFPS to maximize the safety of all children and youth who are served in its system. To achieve this goal, the staff who serve this population must be supported. Caseworkers have been burdened with high turnover of their peers, unwieldy policy, and increasing documentation requirements. There are efforts underway to help caseworkers with tools that increase their efficiency, productivity, and their proficiency. The overarching goal is to increase the time staff spend with families by:

- Promoting high quality standards for investigations;
- Enhancing the basic training that new staff receive;
- Providing staff with decision-making tools to assist them in making the right decision;

- Hiring and developing a strong workforce;
- Utilizing available technology resources to advance investigative casework;
- Utilizing the expertise of the statutorily-created Child Safety Specialist positions in improving responses to repeat maltreatment for the most vulnerable children; and
- Launching investigation resources to areas of critical needs within Texas.
- Streamlining documentation requirements and expectations

**Strategy 1.5a Lead: Marsha Stone**

**Strategy 1.5a: Hire and develop a strong workforce.**

**Rationale:** Staff retention in all areas of the program is critical. It provides for continuity of service for the family and a workforce equipped with tenured staff that have a developed knowledge base to assess for child safety. To increase the quality of investigations, staff must be equipped with a depth and breadth of knowledge, skills and abilities to detect child abuse and neglect and effectively intervene with families to ensure child safety. The continued improvement of training programs, policy, supervisory and technology resources will enable job functions to be more time efficient and completed more easily.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
d. Participation in Strength Based Supervision Training and subsequent Circles	Ongoing	A new version of Strength Based Supervision rolled out October/November 2018 to reflect new course content. Strength Based Supervision Training and subsequent circles are provided on an ongoing basis.	

**Strategy 1.5c Lead: Marsha Stone**

**Strategy 1.5c: Utilize the expertise of Child Safety Specialists in improving response to repeat maltreatment for the most vulnerable children.**

**Rationale:** Child Safety Specialists are tenured staff with expert knowledge about child safety as it relates to maltreatment. Having such staff provide a second level of review and consultation on cases at highest risk of serious injury or fatality improves the agency's ability to respond appropriately to these situations.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
c. Develop a high risk staffing model to better utilize the expertise of the Child Safety Specialists in the case staffing process to facilitate understanding of case dynamics and promote better outcomes on high risk cases.	August 2020	The high risk staffing model has been well received across the state. The 6 month evaluation of the pilot was very favorable. The pilot began expanding to involve more staff and additional Child Safety Specialists in each region effective April 2019. Additional evaluation data will be available in November 2019, and decisions about additional expansion will be made at that time.	
d. Expand the high risk staffing model to all areas of the state.	August 2021	Effective April 2019, the pilot began expanding in each region to include additional field staff and additional Child Safety Specialist.	

**Strategy 1.5d Lead: Sherry Gomez**

**Strategy 1.5d: Launch investigation resources to areas of critical needs within the State.**

**Rationale:** To remain focused on child safety as the paramount concern in each investigation, DFPS maintains a statewide plan for critical response needs. DFPS has developed Special Investigator and Master Investigator positions to address these types of situations. Because critical responses are needed immediately and without much forewarning, continued development of such programs will continue.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>a. The Master Investigator Program has been strengthened and is ongoing</p>	<p>Ongoing</p>	<p>The Master Investigator program reports to the Division Administrator under the Director of Investigations &amp; Alternative Response in the Child Protection Investigation (CPI) Division. The Master Investigator Program consists of a Master Program Director, five Master Investigation Supervisors and 40 Master Investigators.</p> <p>A predictive analytics model was developed to help determine the areas of the state in greatest need of support and identify emerging areas of concern. The model examines such items as vacancy rate, tenure, and the number of intakes received versus the number of cases closed (to determine a net loss or gain in the investigation workload) each month. This model is used in determining where to proactively deploy the Master Investigators. The types of case assignments, number of staff deployed, and length of stay is determined by the needs of the county.</p> <p>The Master Investigator Program assists with case resolution, mentoring, supervision of protégés, supervision of vacant units, training, as well as role modeling and coaching around policy and practice.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>b. Utilize Special Investigator positions (174 current positions) to assist in locating missing children and families.</p>	<p>Ongoing</p>	<p>Special Investigators help the agency search for missing children (including asking local law enforcement to place them on the National Crime Information Center) and un-locatable families (including asking the Texas Department of Public Safety to place them into the Child Safety Check Alert List in the Texas Crime Information Center). A Missing Child Resource Guide and Finding Families Resource Guide were developed to assist staff in locating missing children. Child Safety Check Alert List protocol, flow charts, and training were disseminated to staff. Some regions formed Missing Child Recovery Teams comprised of Special Investigators who look for runaway foster youth. Due to the connection between runaway foster youth and the child sex trafficking industry, a Child Sex Trafficking Special Investigator Liaison was identified in each region so that local law enforcement will know who to contact. The statewide Child Sex Trafficking Special Investigator Liaison list was provided to the Texas Department of Public Safety and other law enforcement agencies. Special Investigators are assigned to work with the human trafficking division to utilize the screening tool to help identify those youth who have been or may be at risk of being trafficked.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
c. Continued use of Special Investigators when working high profile or child fatality cases.	Ongoing	Special Investigators take the lead on handling high-profile and child fatality cases. A Child Fatality Protocol Handbook was published and disseminated to CPS and Special Investigations staff. Special Investigators also take the lead on Child Sex Trafficking cases and Drug Endangered Children cases. Due to an IMPACT change, the SI Program is now able to indicate who is on call. As a result of this change the On-Call Special Investigator Program Director can be identified in IMPACT and is available to provide up to date resources across the state for case consultation and faster coordinated response times related to call outs for any high-profile or child fatality cases.	
d. Special Investigators in limited circumstances will assist in working reassigned caseloads and regional initiatives.	Ongoing	The role of Master Investigator includes assistance with caseloads needing coverage due to abrupt changes in staff related to illness or departure. Special Investigators are also available to assist with regional initiatives when requested.	

**Goal 1 Objective 1.5: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Implementation of the 45-day Reminder in IMPACT	Completed
Completion of streamlining for Investigation Policy	Completed
Deliver newly revised safety plan training to all investigative staff	Completed
Participate in IMPACT Modernization	2015-2019
Participate in the development of Master Investigator Program	Complete
Implementation of Data Placemat on the regional, county, unit and worker levels as a resource to review child safety standards	In progress
Participate in delivery of human trafficking training to investigative staff	Completed
Integration of Alternative Response supervision model into the traditional investigation supervision model	Ongoing
Create Curriculum and Implement Training for Critical Thinking Skills for Field Staff	In Progress
Review and Update the use and application of the Structured Decision Making Model	In Progress



## Objective Lead 2.1 – Carol Self

### Goal 2: Maximize permanency for children/youth served by DFPS.

**Rationale:** The federal Fostering Connections to Success and Increasing Adoptions Act of 2008, or "Fostering Connections," improves the lives of children and youth in foster care and increases the likelihood that they will be able to leave the foster care system to live permanently with relative caregivers or adoptive families. Achieving positive permanency for children is critical for child and family well-being.

#### Objective 2.1 LEAD: Carol Self

##### Objective 2.1: Reduce the number of children in the permanent managing conservatorship of DFPS.

**Rationale:** Exiting children to a permanent family setting improves overall child well-being. DFPS will continue to demonstrate efforts to achieve positive permanency for children. The preferred permanency goals for children consist of exiting a child to a family and transferring legal custody to that individual.

#### Expected Outcome(s):

- More robust clinical practice around the topic of permanency will be increased.
- There will be increased collaboration with families and stakeholders.

#### Outcome Measures:

- There will be a decrease in the number and percentage of children in the permanent managing conservatorship of DFPS, based on data regarding the legal status of children in DFPS conservatorship.

	FY 2015	FY 2016	FY 2017	FY 2018
Number of children in permanent managing conservatorship followed by percentage of all children in DFPS conservatorship on August 31 of the fiscal year.	11,791 (39.7%)	10,969 (36%)	10,990 (34.6%)	11,515 (35%)

- There will be an increase in exits to positive permanency for children and youth in care over fiscal year

Positive Permanency Exit Type	FY2015	FY2016	FY2017	FY 2018
Family Reunification	5,449 (30.4%)	5650 (30.5%)	5690 (30.2%)	6532 (32.7)
Permanent Managing Conservatorship to Guardian	5,580 (31.2%)	5736 (30.7%)	6327 (33.6%)	6347 (31.7)
Adoption	5,495 (30.7%)	5703 (31%)	5413(28.7%)	5678 (28.4)

#### Summary:

When positive permanency (an exit to Family Reunification, Permanent Managing Conservatorship or Adoption) cannot be achieved prior to DFPS being named as permanent managing conservator of a child, then DFPS must ensure that the child achieves positive permanency as quickly as it is safe to do so. In order to achieve this goal and reduce the number of children in its permanent managing conservatorship, DFPS must reduce the amount of time children remain in foster care and reduce the number of youth who age out of foster care. DFPS implemented two strategies focused

on improving these outcomes: Permanency Values Training and Permanency Roundtables. Permanency Values Training is now a required training for all caseworkers. Based on an outcomes evaluation it was determined that Permanency Roundtables were not resulting in desired outcomes. While they continue to be another engagement strategy, DFPS allocated the staff as resources for other efforts. Each region continues to work with regional system improvement staff to analyze data and trends for the region related to permanency outcomes. Business plans in each region identify specific efforts to improve permanency outcomes for children and youth. The goals are meant to increase both the exits to positive permanency and decrease the length of time to exit to positive permanency. There has been a slight increase in the number of children who exit to positive permanency and increasing effort on exiting children who have been in care for two or more years. There has also been a decrease in the number of children who are in the permanent managing conservatorship of DFPS.

DFPS has committed to training all staff with Permanency Values Training, as case actions taken in all stages of service impact permanency for children and youth. This training explores the importance of permanency for a child currently and for the rest of their life. DFPS also provides this training to stakeholders in an effort to align perspectives and raise awareness of the importance of this concept. In order to increase sustainability the training division within DFPS has taken on the responsibility to ensure that the training is offered to staff regularly in each region.

**Strategy 2.1a Lead: Danya Derrick**

**Strategy 2.1a: Enhance Understanding and Awareness of the Importance of Permanency through delivery of Permanency Values Training**

**Rationale:** In order to improve permanency outcomes for children and youth in foster care and improve exits to Family Reunification, Permanent Managing Conservatorship, and Adoption, a clear understanding of the consistent application of the concept of permanency is needed. Providing uniform training to internal and external stakeholders creates a platform for growth and collaborations.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Sustain Permanency Values Training	Ongoing	In order to grow and sustain Permanency Values Training, CPS transferred the delivery of the training to the training division of DFPS, the Center for Learning and Organizational Excellence. A train the trainer session was completed in April 2018. The trainings are now offered regularly through the training division as part of caseworker certification.	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Collaborate with Children's Commission to develop Jurist in Residence Letters and trainings on the topic of permanency	Ongoing	Participation of the judiciary and other legal stakeholders in Permanency Values Training has been replaced with the use of Jurist in Residence Letters, webcasts and permanency-related specialized trainings. See 2.1.c. below for specific details.	

**Strategy 2.1c Lead: Liz Kromrei**

**Strategy 2.1c: Continue collaboration with the Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families.**

**Rationale:** Over the past five years, DFPS has collaborated with the legal community to examine practices that can improve permanency outcomes. This has resulted in improvements to court reports, court practices, notice to families and stakeholders, improved visitation practices, and consistency across the state.

**Summary:** The Texas Supreme Court established the Children's Commission in 2007 with the overall goal of improving the child welfare system by increasing public awareness of challenges facing children and families involved in the child welfare system and bringing attention to this important issue through judicial leadership, reforming judicial practice, and informing policy affecting child welfare. The Children's Commission is a leading collaborative partner in most every aspect of child welfare reform in Texas. The Children's Commission is currently chaired by Justice Eva Guzman. Members include DFPS and CPS executive leadership, non-profit foundation and state bar leaders, private attorneys, legislators, judges, other elected officials, and child welfare stakeholders. The Children's Commission is supported by a 40-plus-member advisory group called the Collaborative Council. Members include child placing agencies, service providers, parent and child advocates, mental health, education, substance abuse, and immigration experts as well as children's advocacy centers and many other child protection child and family advocacy groups. Four standing committees – Basic Projects, Data & Technology, Training, and Foster Care and Education – oversee issue-specific workgroups and projects. The Commission also directs several other ad hoc committees and workgroups. A Children's Commission Attorney Advisory Group has been created to review and provide input into CPS policy and protocol development.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Develop Training and Resources for Attorneys, Judges, Guardians ad Litem, CASA and other stakeholders; attorney scholarships	Ongoing	<p>The “Children’s Commission” held three full commission meetings during this federal fiscal year: September 2018, February 2019, and May 2019; a planned fourth meeting is scheduled for September 2019. Meeting notebooks with full reports regarding training and resources reflecting the Children’s Commission collaboration work are contained within the following link.  <a href="http://texaschildrenscommission.gov/commission-meetings/meeting-notebooks-and-reports/">http://texaschildrenscommission.gov/commission-meetings/meeting-notebooks-and-reports/</a></p> <p>In 2018, the Children’s Commission awarded 20 judicial scholarships for judges to attend the National Council of Juvenile and Family Court Judges annual conference, which took place in July 2018 in Denver. The Commission has offered up to 10 scholarships for attorneys to attend the 2019 conference which will be held in August in Anaheim California. Thirty scholarships were awarded to attorneys for the NACC RedBook online class which is comprised of 7 6-90 minute webinars are is running throughout 2019. The Children’s Commission also provided scholarships to 59 attorneys to attend the Child Abuse and Neglect one day live CLE, held in August 2018, and has offered up to 100 scholarships to attorney who wish to attend the 2019 event also in August</p> <p>The Children’s Commission also provided funding for the 2018 Regional Attorney Conference, which included DFPS Legal Assistants, and was held on November 13-14, 2018 at T Bar M in New Braunfels. The pre-conference Trial Skills Training was held on November 12, 2018. Ninety-seven attorneys attended,</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>along with 75 Legal Assistants. Attendees were educated on current legal issues, DFPS policy, and evidentiary matters. The pre-conference Trial Skills training was attended by 17 attorneys. Post-event survey results indicate that the curriculum was well received.</p> <p>The 2018 Child Welfare Judges Conference was held on November 12-14, 2018 at the Sheraton Austin Georgetown Conference Center. Eighty-three judges from across the state were presented with a curriculum which was based on specific judicial requests for further education on particular topics in a post-event survey following the 2017 CWJC. Using both plenary and break-out sessions, the conference content included a Keynote on secondary judicial trauma; updates on the Statewide Collaborative on Trauma-Informed Care and the Judicial Commission on Mental Health; a panel on cultural competency; a CPS case law update; a presentation on the CC's Legal Representation Study results; judicially-led topics on teen pregnancy and parenting in foster care, normalcy, and addressing human trafficking; updates from DFPS leadership followed by regional breakouts with DFPS Regional Directors; five topics for a "Shift and Share," including children with Intellectual and Developmental Disabilities, the Round Table Report on Education in Residential Settings, procedural fairness, domestic violence in CPS Cases, and how to talk with kids in chambers; along with a presentation on drug tests, substance abuse and resources; and a panel to recognize judicial leadership. Post-event survey results indicate that the</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>curriculum was well received. Plans are underway for the 2019 CWJC.</p> <p>Additionally, on January 15<sup>th</sup>, 2019, the TCJ's annual Family Justice Conference had three afternoon breakouts on the first day of their 2-day conference, for which the CC provides speakers and financial support. This year, the speakers were Justice Michael Massengale on Changes in Procedures for TPR Cases; DFPS representatives Michele Surratt and Marco Quesada on Drug Testing in CPS Cases; and Crystal Leff-Pinon, Managing Attorney at the Family Helpline on "What Judges Need to Know about the Intersection Between Family Law and CPS Cases.". All three breakout sessions were well attended and well received.</p> <p><u>Online Library:</u> A total of 18 webcasts have been archived in the CPS practice area of the Texas Bar CLE's Online Library, the vast majority of which were produced by the Children's Commission in partnership with the SBOT. The topics cover relevant and timely issues of interest to attorneys who work in the area of child welfare. Some or all of the content of these webcasts and archived webinars may be considered in some jurisdictions to satisfy the educational requirements for court-appointed attorneys under Texas Family Code Sections 107.004 and 107.0131.</p> <p><u>In- House Webcasts:</u> Commission staff are preparing to launch a working on setting up a regular series of webcasts which will be about an hour long, over the lunch hour, for child</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>welfare stakeholders across the state. This will supplement the 6 hours a year described above which the CC is grateful to film in partnership with the Bar in their studio. The Commission plans to open with a webcast on updates from this year's Legislative Session in July. The date is TBD and will be announced via a Resource Letter.</p> <p>Texas has a Quality Improvement Center Collaborative Community Court Team (QICCCCT) site in Harris County. The demonstration site is charged with collaboratively addressing the health and substance use disorder treatment needs of infants, young children, and their parents or caregivers. There is an Infant-Toddler Court Project in place and program staff is in the process of determining the responsibilities of individuals and organizations as they relate to the CAPTA / CARA amendments and how the provisions will be implemented locally.</p> <p>In April 2019, the CIP executed an agreement with the Texas Center for Child and Family Services to hire a data analyst to analyze publicly available child welfare data in a manner that facilitates discussions between DFPS and judges about data, judicial processes and practices, and potential systemic improvements. The Center and data analyst also use limited court data to identify and analyze barriers within the purview of the legal system including ensuring children and youth in foster care experience safety while in care, achieve permanency (exiting foster care) as quickly as possible, and maintain personal well-being for the duration of their time in foster care.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>The goals of CIP data analysis project include the Center consulting with judges on methods for capturing and utilizing court specific data, staying current on emerging child welfare and legal trends and best practices, and communicating information that empowers judges to improve their court operations and practices. It is also anticipated that the Center will develop original content (presentations, white papers, analyses, trainings, etc.) on topics relevant to the larger child welfare community. Through this partnership and collaboration, three major components of the child welfare system: the state agency, the foster care provider network, and the courts, will apply their experience with internal CQI processes in a collective manner that will help Texas further improve outcomes for children, youth, and families involved in the child welfare system.</p> <p>The Children’s Commission is collaborating closely with DFPS on the implementation of the federal Family First Act (FFPSA). Texas has elected to delay implementation of certain provisions, in particular, those provisions related to limitations on the use of congregate care, which mandate that Court Improvement Programs provide training and education to judges and other legal system stakeholders on the limitations on funding for use of non-foster family home placements.</p> <p>The Texas CIP is collaborating with Casey Family Programs and other national workgroups on best practices for implementation of all FFPSA provisions, including the development of IV-E prevention programs, court oversight of congregate care placements, and court involvement in developing primary prevention services.</p>	



<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>The Children’s Commission continues to work with child welfare and court stakeholders to build capacity to address trafficking throughout the state. Children’s Commission staff attended a meeting of the Texas Human Trafficking Prevention Task Force on December 17, 2018. Information about the Commission’s efforts to address trafficking were also included in the Texas Human Trafficking Prevention Task Force 2018 Report to the Texas Legislature.</p> <p>The Jurist in Residence (JIR) position was created to foster judicial leadership and promote greater expertise among child protection judges. The JIR develops relationships with retired and sitting judges, acts as a consultant, trainer, and speaker to provide expert and seasoned judicial advice on matters affecting courts and legal system handling of child welfare cases and issues, and publishes informational letters and electronic communiques (“e-blasts”) concerning items of interest, such as changes in policy, law, practice, and training events.</p> <p>The Children’s Commission distribution list has grown to more than 4,000 attorneys, judges, court staff, and stakeholders. The Children’s Commission switched the method of communication to Constant Contact in late FY2018. Communications include attorney resource letters about emerging, pertinent, and changing policy, laws, practice, and training opportunities that are of interest to attorneys handling CPS cases. All distributions are posted on the Children’s Commission’s website.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Trial skills training	Ongoing	<p>The Children's Commission Trial Skills Training (TST) Program will complete its tenth year in July 2019. The most recent program was held in May 2019. There were 60 applicants for 21 trainee spots (7 parent attorneys, 7 attorneys for children, and 7 attorneys who represent DFPS). Qualified applicants are less-experienced attorneys who are currently representing DFPS or taking appointments on the CPS docket, are in good standing with the State Bar of Texas and with their appointing or presiding judge, and receive their judge's support to attend this intense, 3-day, hands-on litigation training. Emphasis included a few critical continuous quality improvement points from the prior TST in July 2018, namely: the need to update the fictional fact pattern which forms the basis of the case materials; additional faculty training on how to give critiques in the students' practice sessions and 1:1 videotaped reviews; and the need for an additional parent therapist to play the role of the therapist witness for the Attorney ad Litem group.</p> <p>The 2018 DFPS Regional Attorney Conference, which included DFPS Legal Assistants, was held in November 2018 and was followed by a pre-conference Trial Skills Training. Ninety-seven DFPS attorneys attended, along with 75 DFPS Legal Assistants. Attendees were educated on current legal issues, DFPS policy, and evidentiary matters. The pre-conference Trial Skills training was attended by 17 attorneys. Post-event survey results indicate that the curriculum was well received.</p>	

<p>c. Raise awareness of disproportionality among judges and key legal system stakeholders.</p>	<p>Ongoing</p>	<p>The Texas Child Protection Law Bench Book was updated in November 2018 and distributed to judges attending the annual Child Welfare Judges Conference. Judges attending the 2019 College for New Judges were also provided the opportunity to request a Bench Book, and additional copies are being distributed to over 40 judges at their request. New content in the 2018 edition included a new bench card on addressing disproportionality. The current version of the CC's Bench Book is maintained online here:  <a href="http://benchbook.texaschildrenscommission.gov/">http://benchbook.texaschildrenscommission.gov/</a></p> <p>In October 2018, the Commission co-sponsored the Judicial Mental Health Summit with the Judicial Commission on Mental Health. The Children and Youth Track included a presentation, "Ensuring Equity in Serving Children and Youth." It was very well received and facilitated helpful conversation. The Children's Commission assisted DFPS in promoting a series of DFPS webinars aimed at educating all child welfare stakeholders on the effects of disproportionality and disparities.</p>	
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<p>d. Educate judges, GALs, lawyers, CASA and others about the importance of ICWA.</p>	<p>Ongoing</p>	<p>The Children’s Commission supports partnering with system stakeholders to promote ongoing knowledge and understanding of the ICWA and its importance. The Children’s Commission works with national ICWA and leading organizations on understanding and implementation of new Federal Rule and Bureau of Indian Affairs (BIA) Guidelines and membership on the Commission includes a tribal judge. The Children’s Commission also partners with DFPS in supporting tribal/state collaborative meetings and collaborates with the National Center for State Courts and the participants of the CIP ICWA Constituency Group.</p> <p>The Children’s Commission issued a JIR in November 2018 informing readers of the U.S. District Court for the Northern District of Texas opinion in Brackeen v. Zinke declaring unconstitutional most of the Indian Child Welfare Act (ICWA). The case is currently pending in the United States Fifth Circuit Court of Appeals. The lower court’s decision has been stayed pending appeal. The Fifth Circuit held oral arguments in March 2019. The Commission continues to monitor this case and update stakeholders on the status.</p>	
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Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
<p>e. Improve Child and Family Well-being with the following sub action steps:</p> <ol style="list-style-type: none"> <li>1. Support &amp; implement Texas Education Blueprint recommendations.</li> <li>2. Continue ongoing mutual relationship with Texas' three federal recognized tribal nations.</li> <li>3. Support systemic shift of DFPS to a trauma-informed care system of partners.</li> </ol>	<p>Ongoing</p>	<p>1. The Foster Care and Education Special Education workgroup identified the need to examine special education services provided to children and youth in residential treatment. The <i>Education of Children &amp; Youth Placed in Residential Treatment Round Table Report</i> was released in September 2018 and documented the conversations from the April 2018 Round Table. The full report can be found here with complete statistics:  <a href="http://texaschildrenscommission.gov/media/83937/rtc-rt-report-final-92818-online.pdf">http://texaschildrenscommission.gov/media/83937/rtc-rt-report-final-92818-online.pdf</a></p> <p>The 2nd Foster Care and Education Summit took place in July 2018. The Summit included over 200 participants sorted into regional teams of judges, attorneys, CASAs, CPS staff, educators, and youth currently or formerly in foster care. David Halpern joined with the Texas Association of School Boards (TASB) and DFPS for a one-hour CLE on Postsecondary Readiness and Opportunities during the Commission's live webcast in September 2018. The Committee's Postsecondary Workgroup, alongside the Higher Education and the Sam Houston State University, created a video for youth and caregivers to highlight the Foster Care Tuition and Fee Waiver program. The video is available online at <a href="https://www.youtube.com/watch?v=xnJynT4gjl0">https://www.youtube.com/watch?v=xnJynT4gjl0</a>.</p> <p>A top priority identified by the Foster Care and Education Committee and its Special Education Workgroup is to continue the work of the Education in Residential Treatment Settings round table meeting. A group of stakeholders with expertise in general and special education, charter schools, foster care, and the legal system convened in December 2018 to identify a project or deliverable to support improved practice in this area.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>The group decided to develop a tool or resource containing the Top 10 things stakeholders need to know about education in RTCs and will convene in Summer 2019 to identify projects for the following 12-18 months.</p> <p>2. The Children’s Commission supports partnering with system stakeholders to promote ongoing knowledge and understanding of the ICWA and its importance. The Children’s Commission also works with national ICWA and leading organizations on understanding and implementation of new Federal Rule and Bureau of Indian Affairs (BIA) Guidelines and membership on the Commission includes a tribal judge.</p> <p>The Children’s Commission also partners with DFPS in supporting tribal/state collaborative meetings. The Commission issued a JIR in November 2018 regarding the U.S. District Court for the Northern District of Texas opinion in Brackeen v. Zinke declaring unconstitutional most of the Indian Child Welfare Act (ICWA). As mentioned above, the Commission continues to monitor this case and update stakeholders on the status.</p> <p>3. In July 2017, the Children’s Commission launched the Statewide Collaborative on Trauma-Informed Care (SCTIC), to elevate trauma-informed policy and practices in the Texas child welfare system by creating a statewide strategy to support system reform, organizational leadership, cross-systems collaboration, and community-led efforts with data-informed initiatives. The SCTIC has four Strategic Workgroups: Child Welfare System Reform, chaired by Andy Homer, Texas CASA; Organizational Leadership, chaired by Renee Calder Encinias, Hope Rising Ministries, Cross-systems Collaboration,</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>chaired by Christine Gendron, TNOYS; and Funding, Data &amp; Evaluation, chaired by Katy Bourgeois, Mission Capital.</p> <p>The SCTIC endeavors to raise awareness about Trauma-Informed Care through training and educational opportunities; lead a Statewide Collaborative on Trauma-informed Care to create a trauma-informed and trauma-responsive child welfare system that better meets the needs of children who have experienced trauma; and partner with other Texas and national trauma-informed workgroups and collaboratives.</p> <p>The Commission co-hosted and co-sponsored the Judicial Summit on Mental Health with the Judicial Commission on Mental Health on October 22-23, 2018 in Houston. The Summit was attended by professionals across criminal and civil justice systems as well as children and youth professionals. Many members of both high courts of Texas attended. The first day of the Summit agenda contained a plenary for all adult and children and youth track attendees focused on overarching mental health concepts. For the second half of the first day, the Commission organized a Children and Youth Track to provide presentations on trauma-informed progress in two of our state agencies (TJJD and DFPS), with additional presentations on preventing suicide, engaging youth voice, and ensuring equity in serving children and youth. On the second day of the Summit, the Commission convened a meeting for SCTIC members and other interested stakeholders. The SCTIC Chair, Judge Byrne, provided an overview of the SCTIC status to-date and each workgroup chair gave more detailed updates on their workgroup's progress and general ideas for the Blueprint on Building a Trauma-Informed Child Welfare</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>System. During the second half of the meeting, SCTIC members held a working session to help draft the guiding principles for the final Blueprint. All four SCTIC workgroups met throughout the year to draft strategies for the trauma-informed Blueprint. The Steering Committee reviewed the strategies put forth by the workgroups and revised them for redundancies and standardized tone. The final report, "Building a Trauma-Informed Child Welfare System: A Blueprint," is now available. The Commission will confer with the SCTIC and other stakeholders on the best path forward on implementation.</p>	
f. Expand and improve use of Technology		<p>Texas has the CPCMS, a case management system that is unique to Child Protection Courts. It has been in use since 2009. The Office of Court Administration (OCA) staffs a CPCMS Advisory Council of CPC judges, OCA staff, and Children's Commission staff to identify and discuss various enhancements and issues. CPCMS is in its ninth year of service and is currently in maintenance mode. User-generated problems and enhancements are routed through an Advisory Council, which also advises on data collection and reporting features of CPCMS. The Children's Commission staff serves on the Advisory Committee and collaborates with OCA regularly on the status of CPCMS' functioning, problems, and enhancements.</p> <p>In January 2019, the OCA released the first major software release for CPCMS which included 7 enhancements. OCA has added the new Dallas Child Protection Court to CPCMS and is working with Dallas County IT staff to aid the new court with its initial set up by creating a case import script which will</p>	



<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>import into CPCMS pertinent case information from the existing case management system.</p> <p>The next major project for CPCMS is automated case import for all courts. The automated case import feature will allow electronic case filings to be imported automatically into CPCMS. This will significantly reduce the amount of time spent on data entry by judges and coordinators. The project will take several months to complete and will be implemented in phases after completion. OCA will conduct two governance meetings to establish priorities for CPCMS enhancements and will report the status of governance activities to the Children's Commission.</p> <p>Based on the CPCMS user survey results, discussion at Child Welfare Judicial Conference, and defined disposition terms agreed upon by the committee, OCA will update user training materials and include required fields that will be necessary to generate reports determined to be most beneficial for judges to review.</p>	
<p>g. Provide judicial Technical Assistance</p> <ol style="list-style-type: none"> <li>1. Convene CFSR Round 3 Systemic Factor Stakeholder Meetings</li> <li>2. Convene Roundtables</li> <li>3. Convene collaborative partner calls</li> </ol>		<ol style="list-style-type: none"> <li>1. Children's Commission Leadership participated in development of the Texas Round 3 CFSR Program Improvement Plan and is involved in some of the strategies and tasks within the PIP that will improve outcomes.</li> <li>2. The Children's Commission held a roundtable discussion on Normalcy in January 2019. Over 40 stakeholders attended the roundtable, including youth currently and formerly in foster care, foster and kin caregivers, child welfare advocates, child placing and residential providers, licensing and standards, attorneys, judges, child welfare boards, and university partners. The discussion covered federal and state law as well as licensing standards, along with a discussion on what is</li> </ol>	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
		<p>Normalcy, the risks of providing it, the barriers and challenges to making it a reality, the key roles and responsibilities of the State, caregivers, judges, advocates, and youth in ensuring youth in care experience it, and resources available to support these efforts. A report on the round table will be issued in May 2019 and will include recommendations and strategies to help guide Texas toward ensuring that Normalcy becomes a reality.</p> <p>3. The Children’s Commission hosts a bi-weekly Stakeholder Collaborative Call, which occurred most scheduled weeks during the fiscal year. All Collaborative Council members are invited and participation regularly results in the sharing of information and the strengthening of stakeholder partnerships.</p>	

**Strategy 2.1d Lead: Danya Derrick**

**Strategy 2.1d: Continue collaboration with CASA to locate and/or recruit potential permanency resources for children and youth in TMC and PMC. (Note: TMC was added to this strategy description.)**

**Rationale:** \*Court Appointed Special Advocates (CASA) organizations partner with DFPS to find permanency resources for children and youth. In those areas of the state, CASA continues to participate in permanency values and present trainings to CASA volunteers on the importance of permanency, how to identify and engage families, and strategies to locate family members. DFPS and CASA completed a federal grant "Diligent Recruitment Grant" focused on targeted recruitment. Based on some successes in that work, DFPS elected to continue in certain areas and CASA received additional state dollars for this work. From what CASA learned from the Texas grant and grantees in other states, there were modifications made, including an emphasis on work at the beginning of the case rather than waiting until permanent managing conservatorship is obtained. There is also a focus in geographical areas where the relationship between local DFPS and local CASA is strong. Due to CASA's unique relationship to the child, there are opportunities to leverage that relationship to discuss permanency and potential permanency resources. \*Rationale description was amended to reflect current efforts.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
c. Collaborate with Texas CASA to develop a Family Finding Model	Ongoing	The Collaborative Family Engagement model was developed and implemented in three counties in January 2016 and has expanded to 29 counties as of February 2019. The initial model focused on children in the Temporary Managing Conservatorship (TMC) of DFPS when they first enter the foster care system in order to focus on increased timely exits from the foster care system. In 2018 the model was expanded to include children in the permanency managing conservatorship (PMC) of DFPS. Collaborative Family Engagement is designed to locate, engage, and connect children with family and other caring adults.	The CFE model has been developed. Collaborate with Texas CASA to sustain the Collaborative Family Engagement Family Finding Model.
d. Expand Collaborative Family Engagement Model to additional sites	Ongoing	Texas CASA and DFPS continue to work together to identify CASA programs in order to expand the model. The goal for Texas CASA is to reach 62% of the statewide CASA network by 2020. Implementation included coordinated work to adjust the model to meet jurisdiction needs, training on the practice and tools of engagement.	

**Goal 2 Objective 2.1: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Add Permanency Values Training as a certification requirement for CPS staff	Completed
Expand trainer capacity for Permanency Values Training	ongoing
Train staff on strategies to effectively discuss permanency based upon child's developmental and age	ongoing
Collaborate with Children's Commission to develop Jurist in Residence Letters and trainings on the topic of permanency	ongoing

**Objective 2.2 LEAD: Carol Self**

**Objective 2.2:** Implement agency practice and services to children in substitute care to facilitate reunification and permanency efforts.

**Rationale:** Reunification is the primary permanency goal in most cases when DFPS has conservatorship of a child. Through enhancing agency practice and services focused on safety, permanency and well-being, reunification will be achieved timely and barriers to achieving reunification will be identified and addressed earlier in the case.

**Expected Outcome:** Through this work there will be an increase in family reunification.

**Outcome Measures:**

- The number of safe and timely exits from Temporary Managing Conservatorship to Family Reunification will increase.
- The number of children in Permanent Managing Conservatorship who exit to Family Reunification will increase.
- There will be a decrease in length of time in care for children.

**Summary:**

When children and youth enter DFPS conservatorship, DFPS must immediately begin the process of planning for positive permanency. Positive permanency is the philosophy which guides DFPS staff in permanency planning for children in DFPS conservatorship. At its most basic, it means that DFPS seeks an outcome in which the child exits DFPS care into a permanent setting, which includes a legal relationship to a family. Every child has the right to a permanent and stable home, preferably with his or her own family. There is no adequate substitute for stable, permanent family ties. Family ties provide the child with a sense of belonging and connection to the larger world. When a child is unable to return home safely, positive permanency underscores the need for DFPS staff to seek another permanent family setting for the child. If DFPS is unable to achieve positive permanency for a child or youth, then it is incumbent upon the agency to identify, develop, and support connections to caring adults who agree to provide support to the youth once the youth ages out of the foster care system.

These strategies will assist DFPS in achieving positive permanency for children by prioritizing family reunification as the optimal goal, ensuring children and youth have meaningful visitation with family and maintain connections to their community, and incorporate family in the service planning process. By aligning all permanency work across the state, DFPS will achieve its goal of safely reducing the number of children and youth in DFPS conservatorship by reducing the time to positive permanency.

Outcome data indicates the time to achieve Family Reunification has decreased from 13.8 months in FY 2017 to 12.7 months in FY 2018. The number of children who achieve permanency after being in care for two or more years has increased from 28% in FY 2012 to 34.0% in FY 2018 and for those children who left DFPS custody through emancipation the time to emancipate decreased from 49.8 months in FY 2017 to 46.9 months in FY 2018.

**Strategy 2.2a Lead: Carol Self**

**Strategy 2.2a:** Develop statewide and regional strategies to improve permanency outcomes for children and youth in DFPS conservatorship.

**Rationale:** In order to achieve optimal permanency outcomes for children in youth in DFPS conservatorship, it is necessary that the state identify specific goals and strategies to improve safe exits to positive permanency, decrease time to exits to positive permanency, and establish a culture that focuses on permanency throughout all interventions. This will be achieved by developing a state strategic plan that is supported by regional

goals and strategies. Taking into consideration that each region has unique strengths and needs, each region should identify goals and develop customized strategies.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
d. Incorporate permanency goals into state business plan	Ongoing	<p>In an effort to streamline the permanency efforts in the state the Permanency Strategic Plan was incorporated into the CPS Business Plan. The Business plan, which was published in September 2018, includes the goal of Maximizing Permanency for Children and Youth Serviced by CPS. The Business plan outlines four objectives to meet that goal.</p> <ul style="list-style-type: none"> <li>• Maximize Placements with Kinship Families</li> <li>• Ensure Permanency Through Reunification, Permanent Placement with Relatives, and Adoption</li> <li>• Partner with Advocates and Communities to Help Achieve Permanency for Children and Families</li> <li>• Contract for Services and Supports that Help Achieve Permanency for Children and Families.</li> </ul> <p>The Business Plan is updated each year and posted on the agency’s website for public access.</p>	
e. Incorporate permanency goals into Regional Business plan	Ongoing	Each region has a business plan which includes regional identified actions to increase permanency for children in care. Regional leadership work with the Regional System Improvement Team to review data and evaluate trends.	

**Strategy 2.2c Lead: Paul Busby**

**Strategy 2.2c:** Enhance Family Group Decision Making model to include more focus on safety and permanency.

**Rationale:** Utilizing the Family Group Decision Making model to support a family centered practice to establish permanency goals and evaluate progress towards identified goals provides a regular review of the identified safety threats which prevent a child from being reunified with their parent. This process allows for adjustment in services to the parent to address the identified safety threats and monitor the identified permanency goals for the child. Any barriers to achieving permanency are identified and addressed through service provision.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
a. <i>Conduct Quarterly meetings with Family Group Decision Making staff (revised)</i>	Ongoing	Meetings occur at least quarterly, with some meetings occurring more frequently. The meetings are used to exchange information with Family Group Decision Making staff and ensure consistency in practice and data collection around the state. The meeting is a time for sharing or discussing successes, best practices, policy clarifications, initiatives and changes, and any barriers to the success of the model.	
b. Review and analyze Family Group Decision Making data	Ongoing	Family Group Decision Making staff complete a monthly report which contains data on all monthly meetings. The information is analyzed to ensure staff are meeting expectations, achieving deliverables and identifying trends.	
d. Continued implementation of Family Group Decision Making training	Ongoing	Family Group Decision Making training is ongoing as new staff join the program. The last Family Group Decision Making training occurred scheduled for Summer 2018. Generalized Family Group Decision Making training is a web-based training offered to new employees in any stage of service.	Family Group Decision Making training did occur in FY18 and there is no training currently scheduled for FY19 due to training being planned for Single Case Plan in FY19.
e. Implementation of the Single Case Plan Initiative	Fiscal Year 2019	CPS has transformed this pilot into the Single Case Plan Initiative, where an initial all-inclusive family, CPS, and stakeholder meeting is facilitated and conducted by Family Group Decision Making staff. The purpose of this is to increase family engagement, increase collaboration, and	Change target completion date to FY2020.  Single Case Plan rollout is expected to occur in FY20

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
		move children toward positive permanency. One region is piloting the meeting model with a rollout planned statewide.	when the new release of the updated Child Plan of Service is available to both DFPS staff and external providers.

**Strategy 2.2d Lead: Carol Self**

**Strategy 2.2d: Utilize expertise of the Conservatorship Program Administrators to identify barriers, opportunities for improvement and best practices.**

**Rationale:** The Program Administrators managing staff within the conservatorship stage of service meet monthly to identify barriers and opportunities for improvement in policy, services provision and practices both at a regional and a state level so that these issues can be addressed through enhancements to policy, collaboration with external stakeholders and service procurement.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
c. <i>Provide input on CVS policy.</i>	Ongoing	The Conservatorship Program Administrators review and provide input on any revisions to conservatorship policy and resource guides.	
d. Provide input on any new conservatorship practice changes.	Ongoing	The Conservatorship Program Administrators provided input on the sibling visitation policy and the updates to the policy regarding the family plan of service and the child plan of service.	



**Strategy 2.2e Lead: Danya Derrick**

**Strategy 2.2e: Ensure Family Reunification (FRE) definition is consistently applied in practice, data collection, and within IMPACT**

**Rationale:** If identification of family reunification as an outcome for an exit is inconsistently applied in practice and IMPACT, it can lead to incorrect data. Ensuring that the definition of family reunification is consistent in policy and that staff understand when to identify an exit as family reunification leads to better data collection, which informs practice.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
d. Develop Guidance and tools for assessing readiness for family reunification	Ongoing	DFPS has continued to collaborate with the National Council on Crime and Delinquency to customize the Structured Decision Making Reunification Assessment tool for Texas. This tool will support staff in assessing safety, risk, and strengths and needs of the family regarding the reunification decision. In 2018, during IMPACT Modernization, the tool was designed and built into IMPACT. The expected date of implementation of the Reunification Assessment is the Summer of 2019.	
e. Update reunification policy	Ongoing	Policy has been updated to require the use of the Reunification Assessment tool 30 days before a permanency hearing when reunification is the primary or secondary permanency goal or when changing the permanency goal. Reunification policy will continue to be strengthened to emphasize the responsibility staff have to work with a sense of urgency as soon as a case is identified for safe reunification. The goal is to ensure that children who may safely return home do so quickly and do not wait because of any procedural issues that are not tied directly to safety in the case.	
<i>f. Create a "Reunification" tool kit to be posted on</i>	Ongoing	DFPS will implement the Reunification Assessment tool in the Summer 2019. There is a CVS Toolkit on the Conservatorship site on the Safety Net. The CVS Toolkit	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
<p><i>the CVS web site. (new action step)</i></p>		<p>section will include reunification documents as they are identified, including the following:</p> <ul style="list-style-type: none"> <li>• Reunification Assessment Procedure and Reference Manual</li> <li>• CVS Program Director case reading guide to ensure and enhance reunification efforts</li> <li>• Suggestions for case presentations (in support of reunification) with partner agency stakeholders and courts.</li> </ul> <p>The reunification tools will be located on the Conservatorship site and will provide quick accessibility to this information for staff and allow for frequent updates as needed. Work continues in conjunction with the CPS Practice Model structure to develop best practices around reunification that allows for, and supports staff in making, reunification decisions based on individual family situations at any point in the life of the case. The Tool kit is expected to be available in Summer 2019.</p>	

**Strategy 2.2g Lead: DeShaun Ealoms**

**Strategy 2.2g: Utilize the parent collaboration groups across the state to identify opportunities for improvement in practice and to provide feedback on policy and services provision to parents.**

**Rationale:** Feedback from the Parent Collaboration Group allows DFPS to ensure the parent voice is incorporated in policy and practice to better serve families whose children are in substitute care.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Participate in trainings to increase skill in contribution to CPS policy and program.	Ongoing	Regional parent liaisons (parents) and the Parent Specialist attended training on Rulemaking, Collaborative Family Engagement and Trauma Informed Care.	
b. Develop and distribute Statewide Parent Collaboration Group Newsletter to share information and resources amongst parents.	Ongoing	A fourth statewide Parent Collaboration Group Newsletter has been distributed. The Parent Specialist is working on the fifth Parent Collaboration Group Newsletter.	
c. Collaborate and participate in community events to raise visibility of parental voice or learn from other professionals working with parents.	Ongoing	<p>Parent Liaison in Region 6A participated at the 2018 Keeping Infants and Toddlers Safe Conference</p> <p>Parent Liaison in Region 6A continues in the position of the National Family Consultant – Capacity Building Center for States “Foster Care Child Well Being” Fairfax, Virginia - Ongoing</p> <p>The Statewide Parent Collaboration Group is a member of the Birth Parent National Network. The Parent Liaison in Region 1 continues to represent parents in the Birth Parent National Network.</p>	
e. Collaborate with other Parents, including increasing regional parent support group efforts.	Ongoing	In FY 2018, Parent Liaison in Region 7 continues to represent the parent voice in the Trauma Informed Care Advisory Committee, Disproportionality Coalition and the regional Parent Support Group.	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		In FY 2019, two new regional Parent Support Group were implemented in Region 4, Henderson and Anderson Counties.	
f. Increase community presentations to highlight importance of parental voice.	Ongoing	<p>In the 2018 DFPS Leadership Conference (Your Leadership, Your Legacy), Parent Liaisons in Region 6A &amp; 7 presented on Engagement;</p> <p>Parent Liaisons from Regions 5, 6A and 8 presented at The University of Texas at Austin Child Welfare Conference;</p> <p>Parent Liaison from Region 7 was the Keynote Speaker at the Texas Building Bridges Initiative Conference;</p> <p>Parent Liaisons in Region 8 participated at the Texas Permanency Outcomes Project Symposium on Family Engagement;</p> <p>Parent Liaison in Region 1 attended the ABA National Conference on Access to Justice for Children and Families in Washington;</p> <p>Parent Liaisons in 6B presented at the 2018 Texas Foster Family Association Training Conference;</p> <p>Parent Liaison in Region 3W presented at the Continuing Legal Information Stakeholders meeting in Collin County;</p> <p>Parent Liaison in Region 10 presented at Stakeholders community events.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>Parent Liaisons in Region 6A &amp; 7 presented at the 2018 Leadership Conference “Your Leadership, Your Legacy” on Engagement;</p> <p>Parent Liaison in Region 6A presented at the 2018 Child Welfare Conference</p> <p>Parent Liaison in Region 1 presented to the Child Protection Court Coordinators</p>	
<p>g. Statewide Parent Collaboration Group will meet regularly to strengthen the role of the parent voice.</p>	<p>Ongoing</p>	<p>The June 2018 Statewide Parent Collaboration Group meeting activities focused on the following:</p> <ul style="list-style-type: none"> <li>• Presentation from Texas Legal Services Center Family Helpline</li> <li>• Presentation from The Texas Supreme Court’s Children’s Commission on Parents/Relatives</li> <li>• Regional Updates</li> </ul> <p>The October 2018 Statewide Parent Collaboration Group Meeting activities focused on the following:</p> <ul style="list-style-type: none"> <li>• Discussion of Parent Support Group PowerPoint</li> <li>• Parent Resource Workgroup planning for a parent representation toolkit/ input and ideas</li> <li>• Parental input – Absent and Non-custodial Parents policy</li> <li>• Parental input – Texans Care (Substance Use)</li> </ul>	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
		<p>The February 2019 Statewide Parent Collaboration Group Meeting activities focused on the following, with technical assistance provided by Casey Family Program.</p> <ul style="list-style-type: none"> <li>• To increase communication and understanding amongst Parent Collaboration Group members</li> <li>• To identify priorities and high-level concerns</li> <li>• To develop an action plan identifying key stakeholders, activities and deliverables to inform strategic plan</li> <li>• Review of Parent Collaboration Group Mission, Vision and Objectives</li> </ul>	
j. Facilitate working relationship with other community partners	Ongoing	<p>Parent Specialist serves on the Texas Building Bridges Initiative is a partnership between Texas System of Care, Health and Human Services, DFPS, and the Texas Institute for Excellence in Mental Health. Building Bridges Initiative is partnering with Texas residential program leaders to explore the use of promising, best, and evidence-informed practices that promote sustained, positive outcomes post-residential discharge for youth and families.</p> <p>Parent Specialist serves on the Texas Family Voice Network is a diverse collaboration of family members, community members, state agency representatives, family run organizations and other stakeholder group, united to provide one common voice to promote successful outcomes for children’s mental and behavioral health.</p>	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
		A Parent Representative is a member of the Children's Commission. The Parent Specialist and the Fatherhood Specialist serve on the Children's Commission Collaborative Council.	
k. Collaboration/Partnership with other child welfare stakeholders will be increased.	Ongoing	Collaboration in FY2019 includes work with CASA of Amarillo; Circle of Parents, Concho Valley Family Alliance; CASA of San Angelo; and CASA of San Antonio.	

**Strategy 2.2h Lead: Kenneth Thompson**

**Strategy 2.2 h: Enhance Fatherhood Engagement**

**Rationale:** Identifying and engaging fathers early in a conservatorship case can lead to increased family reunification outcomes and extended permanency resources through paternal relatives

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>a. <i>Facilitate fatherhood discussions with staff and external stakeholders</i></p>	<p>Ongoing</p>	<p>The Fatherhood Specialist consulted with Region 11's Leadership team to better engage fathers and paternal kin to reduce children entering Child Protective Services case and improve well-being outcomes. A component of the session was to better understand their engagement practices when working with fathers' and to synchronize the services to meet fathers needs and work schedules.</p> <p>The Fatherhood specialist routinely responds to inquiries from caseworkers and fathers on case-specific issues.</p> <p>The Fatherhood Specialist served as moderator for the father's panel at the Casey Family Conference in Austin Texas. The panel consisted of fathers with an encounter with Child Protective Services. The panel focused on services available to fathers, third party relationships and better outcomes for fathers in urban and rural counties.</p> <p>The Fatherhood Specialist attends unit and team meetings across the state to facilitate discussions on best practices to engage fathers and paternal kin.</p> <p>The Fatherhood Specialist participated in two webinars: Fathers Matters and Kinship Care. The Fatherhood Specialist moderated a panel of kinship caregivers to provide caseworkers and staff insight into the voice of Kinship caregivers. A video of the panel discussion was made to be available to staff at a later time.</p>	



Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
b. Target fatherhood roundtables to specific programs and community partners.	Ongoing	<p>The Fatherhood Specialist participated in a series of summits presented by the Texas Fatherhood Summit and PEI University of Texas. The summits are geared toward community engagement and have been instrumental in the creation of two fatherhood communities, one local and one statewide. These communities are providers of services for fathers.</p> <p>The Fatherhood Specialist continues to work with staff, community stakeholders, and children' commission, and regional child welfare boards to establish fatherhood programs and family reunification events across the state.</p>	
c. Community and town hall meeting will be held to increase the father voice.	Ongoing	<p>The Fatherhood Specialist met with staff and stakeholders to plan and strategize on town hall meetings and roundtables to improve child welfare services while reducing disproportionality.</p> <p>The Fatherhood Specialist participated in a series of workgroups that address legal representation for fathers involved with CPS and a member of the reentry population. The Fatherhood Specialist highlighted the needs of the reentry population through open dialogue with the formerly incarcerated parents. While the emphasis is on fathers, it does not discount the value of the mother's role in the process. The Fatherhood Specialist collaborated with staff and stakeholders to update the Working with Incarcerated Parents resource guide.</p>	

**Goal 2 Objective 2.2: Major Benchmarks/Milestones**

Benchmark/Milestone	Targeted Completion Date
Create Visitation Plans, Observations tools and training related to visitation best practices	Completed
Enhance training for Family Group Decision Making staff focused on permanency and permanency conversations with youth	Ongoing
Enhance policy related to visitation and family reunification	Completed
Implement Family Reunification celebrations across the state	Not implemented
Create standardized practice of using the Parent Collaboration Group to review and provide input on policy and practice	Ongoing
Implement Fatherhood engagement training for staff	Complete
Enhance Fatherhood engagement through roundtables and community outreach	Ongoing
Collaborate with the Children’s Commission to develop parent resource guide.	Completed

**Objective 2.3 LEAD: Carol Self**

**Objective 2.3 Increase placements with and legal exits to Kinship families.**

**Rationale:** When children and youth are placed with kinship families, they are able to maintain a closer connection to their family and culture. Kinship care helps to increase placement stability and child wellbeing. Texas steadily increased both the placements of children with kinship caregivers and permanent exits to kinship families. In August 2013 39% of children were placed in either verified or unverified kinship placements. In FY 2018 46% of children in conservatorship exited to Kinship.

**Expected Outcome(s):** Children will remain connected to their families and communities.

**Outcome Measures:**

- The number of children placed with Kinship caregivers will be increased.
- The number of kinship caregivers who become verified as foster parents will be increased.
- There will be increased exits to Permanent Managing Conservatorship to relatives and Adoption to relatives. (Note: outcome measure was refined.)

**Summary:**

Expected outcomes will be met by improving the referral process to ensure a more fluid transfer between stages of services so that Kinship staff may provide support services in a timely manner. Staff and families will have increased access to information with the use of social media and the internet. For those who do not have access to the internet, information is also available through a quarterly newsletter. Education and information will include the benefits of kinship care as well as benefit options available to caregivers.

These continual program improvement strategies will lead to an increase in kinship placements as well as provide support to kinship families in a more efficient and effective manner to ensure that children remain connected to their families and communities. The number of children exiting to

Relative Custody either through adoption or permanent managing conservatorship has increased from 7584 children (43%) in FY 2013 to 9136 (46%) in FY 2018. Additionally, beginning in September 2017, legislative changes allowed DFPS to begin paying a monthly reimbursement to eligible unverified kinship families. The Kinship Monthly Reimbursement payment of \$11.55 a day per child replaces the previous one time integration payment and is expected to assist kinship caregivers that would not otherwise be able to care for a child due to resources, as well as support and maintain existing kinship caregivers. The eligibility criteria for kinship caregivers did not change.

**Strategy 2.3a Lead: Debbie Bouldin**

**Strategy 2.3a: Enhance safety, permanency, and well-being for children through the provision of direct services and support to their relative or kinship caregivers.**

**Rationale:** Children experience better outcomes when they are placed with family members and can maintain connections to their communities. Many times kinship families provide care for large sibling groups. The majority of these kinship caregivers have income below the federal poverty level of 300 percent. Thus, as the Kinship program continues to expand, the support to kinship families must also continue to expand. Below is a chart indicating the Kinship Program's growth over the past four fiscal years.

Fiscal Year	Number of Children residing in Kinship Placement on August 31, the last day of the fiscal year	Number of Children that received Relative and Other Designated Caregiver Program support	Number of Kinship Caregivers who became Verified	Number of Children exiting to permanent managing conservatorship with the support of Permanency Care Assistance to a Relative
2015	10,355	13,192	4771	753
2016	11,209	13,567	4816	744
2017	11,612	13,745	5309	808
2018	12,084	16,872	5642	867

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
b. Continue to explore best practice methods that have the potential for moving children into stable kinship placements quickly and providing support	Ongoing	<p>Kids to Kinship continues to help identify children in the conservatorship of DFPS whose goals are Permanent Managing Conservatorship to a kinship caregiver, but lack a few requirements to achieve permanency.</p> <p>The Kinship Collaboration Group was established on August 2017. The group has been active since Sept 1, 2017. This group provides input on how to improve upon practice and service delivery to families by serving as a link between CPS and all kinship caregivers. The Kinship Collaboration has launched several Kinship Support Groups throughout Texas and 87 support group meetings have been held since September 2017. This is an ongoing project.</p> <p>The Kinship Quarterly Newsletter continues to be published.</p>	
<i>e. IMPACT changes will be developed to automate the Kinship Reimbursement payment</i>	January 2020	The automation of the Kinship Reimbursement Payment has been completed. However, we are currently in the contract warranty period to resolve any identified technology change defects. Target date is January 2020.	

**Strategy 2.3b Lead: Debbie Bouldin**

**Strategy 2.3b: Improve early identification of potential kinship placement resources**

**Rationale:** If children must be separated from their parents, kinship care should be the first placement option explored because of the following reasons:

- The amount of trauma a child may experience is significantly less when the child is placed with caregivers the child does not know.
- Children placed with relatives or kinship caregivers generally maintain connections to extended family, siblings, and community. This continuity is essential to a child's well-being.
- These kinship placement resources may provide additional support to the child.
- The Fostering Connections Act requires DFPS to identify and notify children's grandparents, aunts and uncles, and adult siblings within 30 days after removing children from their home. HR4980 Title II - Improving Adoption Incentives And Extending Family Connection Grants, Subtitle A - Improving Adoption Incentive Payments, Section 209. Encouraging The Placement of Children in Foster Care with Siblings expands on this by also requiring notice to any parents who have current custody of any sibling of the removed child.

Kinship placements also benefit the state's child welfare system because of the following reasons:

- Agency foster care resources can be saved for children who do not have kinship placement resources.
- Children in kinship placements are generally less traumatized than children in non-kinship placements, decreasing the cost of care and resources.
- Kinship placements are less costly than foster care placement expenses.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>a. Continue to explore best practice methods that have the potential for moving children into stable kinship placements quickly.</p>	<p>Ongoing</p>	<p>Permanency Planning Meetings (such as Family Group Conferences, Permanency Conferences, and Circles of Support) continue to be an excellent tool for engaging the family in safety and service planning and for identifying kinship placements when children need to be in substitute care. The Kinship Program Specialist will participate in Family Group Decision Making and Services Program Administrator conference calls to educate staff on the importance of inviting Kinship staff to meetings.</p> <p>DFPS, in collaboration with Texas CASA, is implementing a family finding initiative called Collaborative Family Engagement. This work involves identifying, locating and engaging family members to provide ongoing support to the child in care through providing secure connections which ideally will lead to placement. This work also includes ensuring that any kinship caregiver has the support needed to ensure placement stability.</p> <p>Kinship Training will be updated to reflect the new kinship policy and updates to the Relative and Other Designated Caregiver Program and Permanency Care Assistance.</p> <p>Changes to the Relative and Other Designated Caregiver Assistance Program became effective September 1, 2017. The legislative changes allowed DFPS to reimburse kinship caregivers up to one half the daily cost of basic foster care, per day, per child. The amount is to be paid monthly. The Kinship Reimbursement Payment provides caregivers the financial support needed to provide children with their basic needs. This financial support is provided to eligible caregivers who need increased support and serves to strengthen placement stability.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Continue to train new staff about Kinship Program to ensure timely referrals.	Ongoing	<p>Program specialists attend Supervisor CPS Professional Development Training (CPD) on a regular basis to talk to supervisors about the Kinship Program, as well as to assist with a better understanding of the program and importance of timely referrals. Kinship Conference Calls are held monthly with kinship supervisors, program directors and specific program administrators. The purpose for the call is to share with staff any new policy changes, provide policy clarifications, and determine program improvement needs. Kinship Conference Calls are held quarterly.</p> <p>Conservatorship caseworkers receive training through CPS Continuous Program Development Training, including information on the value of kinship care and how to support caregivers.</p>	
c. Continue training staff on the importance of placing child with kinship families	Ongoing	<p>Permanency Values Training helps staff to develop a better understanding of concurrent planning and how to move children to permanency through family engagement. It also educates staff on the importance of building connections for children and youth in foster care. This training is a requirement for all new staff.</p> <p>The Kinship Quarterly is a newsletter that provides its readers with information regarding the importance of kinship care and resources for caregivers. The newsletter is published quarterly and is available via the intranet.</p> <p>A link to the newsletters is available at the following:  <a href="http://www.dfps.state.tx.us/Adoption_and_Foster_Care/Kinship_Care/default.asp">http://www.dfps.state.tx.us/Adoption_and_Foster_Care/Kinship_Care/default.asp</a></p>	

**Goal 2 Objective 2.3: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Continue to identify effective methods for accessing and assessing kinship families that are able to care for related children in DFPS legal custody.	ongoing
Continue to explore best practice methods that have the potential for moving children into stable kinship placements quickly.	ongoing
Continue to train new staff about Kinship Program to ensure timely referrals.	ongoing
Continue training staff on the importance of placing children with kinship families	ongoing
Continue using Family Team Meetings and community collaborations to identify and engage potential kinship caregivers	ongoing
Continue publishing Kinship Quarterly Newsletter	ongoing
Enhance the Kinship Development Plan and train staff on how to use it more effectively	FY 2019



**OBJECTIVE LEAD 2.4 – CAROL SELF**

**Objective 2.4 LEAD: Carol Self**

**Objective 2.4: Meet the permanency needs of older youth.**

**Rationale:** Older youth in care need to be reconnected with their families or connected with relative or fictive kin families. Young adults in care need to be connected with families or other caring adults. As they prepare for and move into adulthood, young adults need a support system that will be there throughout their ups and downs as they grow and experience life. Young adults need to have and feel connections with people they can trust and with whom they can share things. Whether or not placements are found, the connections are important and necessary for successful outcomes in life.

Part of this effort is helping older youth and young adults take advantage of opportunities to practice life skills learned in Preparation for Adult Living (PAL) classes and engage in social, recreational, community activities to help build those connections. Another effort is to promote the extended foster care program so that a greater percentage of those youth turning 18 in foster care can choose to stay longer to take advantage of the educational or employment-related options of extended foster care.

National data has indicated that a large percentage of young adults who have left foster care at 18 have experienced homelessness or incarceration.

**Expected Outcome(s):** The permanency efforts ensure that youth leaving care are exiting care successfully to go live with families or go into planned independent arrangements with the support of at least one caring adult.

**Outcome Measures:** These will include:

- Exits to Reunification, Relatives, and Adoption will increase.
- Efforts to obtain positive permanency for older youth in care two or more years will increase.
- There will be increased numbers of young adults returning for or remaining in extended foster care.

Other data to be used:

- Report SA18 04: Statewide Extended/Return to Care Population Demographics of Young Adults 18 and Over in Foster Care,
- Report SA18 01: Statewide Demographics of Extended/Return to Care by Authorized Service Level for Young Adults 18 and Over in Foster Care,
- Report SA18 05: Young Adults in Extended/Return to Care Placements by Living Arrangement Categories for Young Adults 18 and Over,
- Report SA 79: Weekly Lists of Young Adults in Supervised Independent Living Arrangements.

**Summary:**

Demographics of Children in Foster Care on August 31 by fiscal year

<b>AGE</b>	<b>FY 2015</b>	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>
Age 14-17	13.5%	16.8%	13.8%	16%
Age 18-21	2.4%	2.3%	3.8%	2%

Exits to Reunification, Permanent Guardianship by Relatives, and Adoption

<b>Exit Type</b>	<b>FY 2015</b>	<b>FY2016</b>	<b>FY2017</b>	<b>FY2018</b>
Exits to Reunification	30.4%	30.5%	30.2%	32.7%
Exits to Relative ( includes relative adoptions)	46%	46%	48%	46%
Exits to Adoption	16%	16%	14.2%	14.4%
Exits to Emancipation	6.6%	6.7%	6.3%	6%

Young Adults in Extended Foster Care

<b>FY 2015 ( August 31, 2015)</b>	<b>FY2016 (August 31, 2016)</b>	<b>FY 2017 ( August 31, 2017)</b>	<b>FY 2018 (August 31, 2018)</b>
656	648	601	597

Achieving Permanency for children who have been in care for two or more years

<b>FY 15</b>	<b>FY16</b>	<b>FY 17</b>	<b>FY 18</b>
31%	33.8%	34.7%	34%

Increasing the number of older foster youth who exit to positive permanency continues to be a high priority for DFPS. Efforts continue to ensure youth are provided with the skills necessary to support successful transition into adulthood before they leave care. Data shows that the number of youth aging out of the foster care system has slightly decreased. The strategies target enhancing resources for youth and young adults and their access to those resources to support transition. FY 2018 shows a slight decrease in the number of young adults who chose to stay in extended foster care. Access to supervised independent living placements have increased options and, as a result, the number of young adults taking advantage of supports available through extended foster care.

Essential to this work is input and feedback from the youth and young adults. The youth input is shared with residential providers, child welfare staff, and stakeholders to improve the child welfare advocates' knowledge of need for services. DFPS has learned there is a need for increased collaboration with Licensing, Residential Contracts, stakeholders, and DFPS staff in order to make the necessary changes to ensure that youth exit to positive permanency and experience the normalcy while in care. The strategies identified seek to support a youth's need for permanency and a successful transition into adulthood.

**Strategy 2.4b Lead: Jose Chapa**

**Strategy 2.4b: Develop information and training on extended foster care**

**Rationale:** Youth need information about extended foster care as they prepare to age out of DFPS conservatorship (what it is, benefits, expectations, consequences). Young adults who have aged out and left care need this information as they consider returning for extended foster care. Staff and providers need information about extended foster care goals and ways to engage and work with young adults.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Develop materials on extended foster care including supervised independent living for youth and young adults, caregivers and staff.	<i>Ongoing</i>	<p>The policy for Extended Foster Care and the Return for Extended Foster Care was simplified and posted in October 2017. The Resource Guides were revised and posted in January 2018.</p> <p>Webinar trainings on Extended Foster Care and on Transitional Living Services that included a section on Extended Foster Care were completed in January 2018.</p> <p>The brochure on Extended Foster Care was updated and is available on the DFPS website and policy sections.</p>	
c. Develop additional housing options for extended foster care.	Ongoing	<p>In order to increase Supervised Independent Living (SIL) placement options, DFPS developed an Open Enrollment request for new providers. Open Enrollment procurement was posted and is open until December 31, 2022. Procurement is being reviewed and amended to clarify language and policy in the procurement and make minor changes. Texas A&amp;M Universities in Corpus Christi and Kingsville signed an Interagency Contract with DFPS to have Supervised Independent Living college dormitory placements that began in August 2018 expanding the number of SIL options. This allows youth to remain in extended care utilizing the tuition and fee waiver, education and training voucher program, assistance from foster care liaison's to support the youth's transition and to help them reach their post-secondary education goals. Work is underway with a number of different Colleges/Universities to expand this program to other college campuses. DFPS anticipates an additional 4 campuses added as SIL settings by August 2019.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
d. Assist regional management with targeted presentations and consultations upon request.	Ongoing	Regional management staff have requested consultation on extended foster care issues. Regional PAL staff are trained and this information is shared at regional youth activities/events, such as Aging Out Seminars and Regional Teen Conferences.	
e. Participate in staffing / consultations as requested to resolve case specific placement and discharge issues.	Ongoing	State office program staff have participated in staffings/consultations to resolve case specific placement and discharge issues.	
f. Track data and reports on young adults in extended foster care.	Ongoing	For FY 2018, 1,455 young adults participated in extended foster care, with the average stay being 16.6 months. As of February 2019, there were 608 young adults in extended foster care. For supervised independent living placements, 237 participated in FY 2018; in March 2019 there were 117 young adults in supervised independent living	
g. Track exits from supervised independent living placements.	Ongoing	A regular warehouse report was requested to assist with tracking exits from supervised independent living placements, but has not yet been produced. Current tracking is limited to data produced from the regular NYTD tracking and reporting.	

**Strategy 2.4c Lead: Jose Chapa**

**Strategy 2.4c: Improve communication and coordination of service planning for DFPS youth involved with the Texas Juvenile Justice Department or with local/county juvenile probation departments.**

**Rationale:** When other agencies are also serving DFPS youth, communication and coordination is needed to ensure that the appropriate services are provided in a timely and cost effective manner for the respective agencies.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>a. Use the CPS regional juvenile justice liaisons to assist staff with case specific issues regarding local county juvenile probation departments or the Texas Juvenile Justice Department; have them consult with state office staff as needed; hold quarterly conference calls to share information and resolve issues.</p>	<p>Ongoing</p>	<p>The CPS regional juvenile justice liaisons have helped staff with information, procedures and communications with the local county juvenile probation departments and the state Texas Juvenile Justice Department secure facility and parole program. Quarterly conference calls with the Regional liaisons were held in August 2018, October 2018, December 2018, February 2019, and April 2019. Representatives from the Texas Juvenile Probation Department and DFPS participated in each call.</p>	
<p>b. Hold management level and other type meetings with the Texas Juvenile Justice Department staff when necessary.</p>	<p>Ongoing</p>	<p>Since 2017, management level meetings between DFPS and the Texas Juvenile Justice Department have been held monthly to develop and monitor protocols for requesting and sharing case information between agencies within 14 days as mandated by statute. The online Web is fully operational and enhancements are made as needed. <a href="https://www.dfps.state.tx.us/policies/Case_Records/juvenile_justice.asp">https://www.dfps.state.tx.us/policies/Case_Records/juvenile_justice.asp</a></p> <p>Current efforts to enhance interagency collaboration and cooperation include the development of a specific DFPS report that would contain the information most desired by Texas Juvenile Justice Department for more efficient information sharing. The meetings focus on ways to</p>	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
		<p>improve how online information requests are processed by DFPS and the local county juvenile probation departments.</p> <p>Ad hoc meetings are held with Texas Juvenile Justice Department management staff as specific placement and service coordination issues arise.</p>	
<p>c. Provide support to local CPS staff engaged with local juvenile probation departments focused on improving and coordinating services.</p>	<p>Ongoing</p>	<p>The former Crossover Effort counties (Bexar, Dallas, Tarrant, Travis, McLennan and El Paso) have continued periodic meetings/discussions between local DFPS staff and the county juvenile probation departments to continue on coordinating services and resolving issues.</p> <p>Similar efforts are underway with in Harris County, looking at case specific situations and management and cross-training issues. The Harris County Dual Status Youth Initiative includes representatives from Harris County Juvenile Probation, DFPS, Harris County Protective Services, academic institutions, philanthropy, and several community based organizations. A consulting group (FSG) is involved, and the initiative has an executive director. The initiative is working with Georgetown University regarding the use of the Crossover Youth Practice Model.</p> <p>The CPS regional and state office juvenile justice liaisons have assisted the juvenile probation departments as needed.</p>	
<p>d. Participate with Texas Juvenile Justice Department and other juvenile justice programs in planning the annual</p>	<p>Ongoing</p>	<p>Coordination between several agencies occurred to organize the 14th Annual Strengthening Youth and Families Conference held in November 2018 in Galveston, TX.</p>	<p>Delete since TJJD announced they will no longer be holding this conference</p>

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
Strengthening Youth and Families Conference.			
e. Expand data sharing efforts between DFPS and the Texas Juvenile Justice Department that will include information on CPS youth involved with local/county juvenile probation departments	Ongoing	Meetings between the two agencies to explore the long-term data sharing needs started in December 2016. Both agencies expressed continued interest in identifying goals for long term data sharing needs. Although there is understanding that the process will be long term, both agencies agreed that a plan needs to be developed. The DFPS Center for Planning, Evaluation and Project Coordination is assisting. Both agencies are working cooperatively to address these needs and work is on-going.	

**Strategy 2.4e Lead: Gaye Vopat**

**Strategy 2.4e: Provide services and supports to youth aging out of foster care and those that have aged out of foster care to help them to successfully achieve self-sufficiency and permanency.**

**Rationale:** For older youth or young adults that do not have a caring adult or other strong support system, DFPS and other community stakeholders may be the only assistance that can be accessed to begin establishing a level of permanency to meet long term life goals.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Maintain and build new community partnerships for youth and young adults to access when they transition to adulthood.	Ongoing	Preparation for Adult Living staff work closely with the Community Engagement Specialist in their region to ensure outreach and engagement with local organizations and other community resources are ongoing to raise awareness of the needs of youth and young adults in and out of foster care. Community partners have provided back to school, prom, graduation, and holiday celebrations for youth in foster care. Statute requires DFPS to present to all of the Community Resource Coordination Groups over the biennium about the Tuition Fee Waiver and other resources available to transitioning youth. Community Engagement Specialists and Preparation for Adult Living Staff have teamed together to accomplish this requirement.	

**Strategy 2.4f Lead: Gaye Vopat**

**Strategy 2.4f: Improve long term outcomes for youth exiting foster care by strengthening support services, creating new partnerships and maintaining existing partnerships.**

**Rationale:** CPS must rely on local, regional, and state partnerships/collaborations to assist youth exiting foster care in accessing and receiving the important long term services and information needed to make a successful transition into adulthood.



<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>a. Expand Statewide and Regional youth conferences and events to help build independent living skills; include 14-15 year olds as appropriate.</p>	<p>Ongoing</p>	<p>Additional state funding was received for FY 2018 to add more teen conferences per region, increase the number of youth who participate in Aging-out seminars, and add an additional statewide vocational/college conference with emphasis on youth that live in Residential Treatment Centers. The Austin Community College Conference was held in August 2018 and another one is planned for June 2019. Regions continue to provide additional teen conferences and Aging-out seminars. Aging-out seminars will be renamed based on feedback received from youth, they will be called Youth Take Flight for Success events and will be updated to include more experiential learning activities.</p> <p>Current Chafee funds limit the provision of services for 14-15 year olds. Older youth (ages 16 and up) are currently a priority for services to help youth prepare for their successful transition to adult living. Additional state funds were received to begin providing Life Skills Assessments to youth at a younger age. Statute now requires DFPS to conduct an independent living skills assessment for youth in DFPS Permanent Managing Conservatorship who are aged 14 and 15 years old.</p> <p>Youth are assessed only one time, which is their preference. DFPS conducts an annual update of the independent living skills the youth learned the preceding year to ensure the youth is being prepared for their successful transition to adulthood. The annual update is conducted through the youth's plan of service in coordination with the youth, the youth's caseworker, PAL staff and youth's caregiver. The annual update should include a review of the original assessment responses and documentation of the youth's progress and continued need in the youth's plan of service.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>b. Strengthen partnership with the Texas Workforce Commission to increase employment and training opportunities for youth and young adults.</p>	<p>Ongoing</p>	<p>The agreement between DFPS and the Texas Workforce Commission was renewed in September 2016 for an additional five years, with an end date August 31, 2021. Local workforce Boards and DFPS entered into similar agreements between December 2016 and April 2017. This long standing partnership is an effort to improve employment outcomes for foster youth and young adults where they can receive various employment and training opportunities provided through the local workforce centers. Data is received from the Texas Workforce Commission via quarterly and annual reports that indicate the number youth receiving Workforce Innovation and Opportunity Act services, in addition to services provided by the Texas Workforce Commission funded Workforce Advocates housed at each Transition Center.</p> <p>The Texas Workforce Commission began a Foster Youth Dropout Prevention and Recovery High School Completion Pilot Program in Summer 2017. The project delivers dropout prevention and recovery services to current and former foster youth for high school completion and provide them with pathways to post-secondary education and work.</p> <p>The Texas Workforce Commission hosted a Foster Youth Conference in September 2018 and another conference is planned for October 2019. Attendees will include representatives from each Transition Center, a CPS Preparation for Adult Living staff from each region, CPS state office staff, representatives from local Workforce Boards and other community advocates.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
d. Report annually on post- secondary education outcomes through an interagency agreement between DFPS and the Texas Higher Education Coordinating Board.	Ongoing	<p>DFPS and the Texas Higher Education Coordinating Board entered into an agreement to exchange information between the two agencies in order for DFPS to evaluate educational outcomes of former foster youth who are enrolled in Texas' higher education institutions.</p> <p>The DFPS Analytics and Evaluation Team continue to analyze the data from the exchange. Reports are generated annually to study continuing efforts to encourage young adults to enroll in college and use the tuition waiver, as well as review efforts being made to retain foster care students while enrolled in college.</p>	
e. Baptist Child and Family Services will outreach and share Education and Training Voucher information with the Federally Recognized Tribes annually and upon request as part of their contract requirements with DFPS.	Ongoing	Baptist Child and Family Services, the Education Training Voucher Contractor, emailed Tribal representatives in July 2018, November 2018, and April 2019. The emails contained information about the programs. No tribal youth were served in the 2017-2018 school year and no tribal youth applied for the Education and Training Voucher in the 2017-2018 school year. DFPS Preparation for Adult Living Staff met with the tribes and informed them of the Education and Training Voucher services and contact information.	

**Strategy 2.4g Lead: Gaye Vopat**

**Strategy 2.4g: Engage and seek input from older youth and young adults on improving services to children and youth in foster care.**

**Rationale:** To improve services for children and youth in foster care, DFPS continuously encourages and seeks input from the youth and young adults on improving services for foster youth. The motto is "Nothing about us without us."

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
<p>a. Seek relevant input from youth and young adults on proposed CPS policy and best practices that affect children and youth in foster care.</p>	<p>Ongoing</p>	<p>DFPS utilizes statewide and regional Youth Leadership Councils to seek input about DFPS policies and best practices and help identify or make recommendations to improve services to children and youth in foster care. Youth Specialists report on regional activities and events and submit this information in quarterly reports to the state Youth Specialist. These reports are used to compile an annual report submitted at the end of the year to the CPS Associate Commissioner to show efforts that Youth Specialists are making to engage and inform youth in foster care about their transitional living services benefits, services, and rights.</p> <p>A draft of rules outlining the purpose of the Youth Leadership Councils was compiled and input received from the state and regional Youth Specialists along with state and regional Preparation for Adult Living staff and the regional Youth Leadership Councils. In February 2016 rule §702.515 was approved which formally established the Youth Leadership Council. By rule, the Youth Leadership Councils are exempt from the "Open Meetings Act" and DFPS is not required to submit names of council members for privacy reasons; the council members are not appointed, but recommended; and consistent participation can be affected by various foster care situations. As a condition of these rules, by-laws were created and approved that continue to guide the Statewide Youth Leadership Council.</p>	

<p>c. Inform children and youth of their bill of rights and the right to normal, age-appropriate activities.</p>	<p>Ongoing</p>	<p>Part of a Youth Specialist job duties is to assist youth in foster care in understanding their Rights. The Foster Care Bill of Rights have been revised to plain language and are grouped into specific categories or domains in the order of importance and age. During regional Youth Leadership Council meetings the Youth Specialists review and discuss these rights along with any issues that youth may be encountering preventing the youth from participation in age-appropriate activities.</p> <p>An updated Foster Care Handbook is available in printed copy and on the Texas Youth Connection and the DFPS Public webpage and in the CPS policy.</p> <p>Foster parents and providers are encouraged to connect youth and young adults to community resources such as post-secondary education; employment opportunities; and vocational/technical school opportunities. Foster parents have been receiving training on normalcy to understand their role in allowing youth to participate in normalcy activities, such as going on outings with friends, going on dates, taking driver's education course, participating in extracurricular activities, and others.</p> <p>The HHSC Ombudsman for Children and Youth Currently in Foster Care is available to take complaints and investigate any rights violations. A toll free number was added to the revised CPS Rights of Children and Youth in Foster Care; placed on the Texas Youth Connection website; and added to the recently updated Foster Care Handbook. Posters with this number are placed in all child care facilities. During FY2018 and in FY2019, the Ombudsman visited and plans to visit statewide and regional PAL events, set up a booth and made presentations at various groups where youth were gathered.</p>	
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Goal 2 Objective 2.4: Major Benchmarks/Milestones

Benchmark/Milestone	Targeted Completion Date
Increase in the numbers of Supervised Independent Living providers serving the different regions in the state	2022
A specific training module completed and provided to the regions	2019
Start and end dates of a pilot in Region 6	Completed
Information materials are developed and posted	Completed
Information is obtained from young adults	2019
Continue support for Crossover efforts between local CPS and Juvenile Probation Departments in Bexar, Dallas, Tarrant, Travis, McLennan and El Paso counties	Completed
Make automation changes to capture juvenile justice information and facilitate data exchange with Texas Juvenile Justice Department	2028
Increase the number of youth and young adults who have at least one Circle of Support	Ongoing
Ensure Aging Out Seminars are conducted at least annually in all the regions	Ongoing
Increase the number new participants in the Education and Training Voucher program each academic year.	Annually through 2019
Increase the number of foster youth and adopted youth that access the tuition and fee waiver each academic year.	Annually through 2019
Increase the number of referred youth and young adults in Preparation for Adult Living and referred to the Workforce Solutions offices that receive a workforce service each calendar year.	Ongoing
Ensure that youth and young adult are consulted, when appropriate on CPS policy and procedures.	Ongoing

## **OBJECTIVE LEAD 2.5 – Judy Pavone**

### **Strategy Lead 2.5a, 2.5b – Judy Pavone**

#### **Objective 2.5 LEAD: Judy Pavone**

**Objective 2.5:** Implement a community-based model where DFPS purchases case management and substitute care services locally from a Single Source Continuum Contractor (SSCC) to meet the individual and unique needs of children, youth and families.

**Rationale:** Since 2010, DFPS has been engaged in an effort known as Foster Care Redesign which further expands the role of community providers to take responsibility for placement services, capacity/network development, community engagement and the coordination and delivery of services to children in foster care and their families under a Single Source Continuum Contract. Foster Care Redesign is a community-based, shared-decision making model that relies on collaboration between DFPS and the Single Source Continuum Contract at the individual case level. While the role of the Single Source Continuum Contract provider is expanded, DFPS maintains case management responsibility under the Foster Care Redesign model.

In 2017, the 85th Legislature directed DFPS to expand the Foster Care Redesign model to include the purchase of case management and substitute care services from a Single Source Continuum Contractor through a model known as Community Based Care. Substitute care includes both foster care and relative / kinship placements. Purchasing substitute care and case management services from the provider community allows DFPS to focus on child safety by investigating reports of abuse and neglect, providing in-home family-based safety services, and ensuring quality oversight of the foster care system. Ensuring individual children achieve timely permanency will be the responsibility of the Single Source Continuum Contractor.

**Expected Outcome(s):** Improvement in outcomes for children and families by creating a sustainable continuum of substitute care, case management and purchased client services in communities that meet the needs of children and youth in substitute care using the least restrictive placement settings. The Single Source Continuum Contractor must develop, operate, oversee, and provide the full continuum of substitute care, case management and purchased client services in a manner that ensures: 1) the least restrictive, most family-like setting appropriate for the child; 2) minimizes the number of moves a child or youth must make while in care; and 3) engages communities to assist children and youth in achieving safety, permanency, and well-being

#### **Guiding Principles:**

- Children and youth are safe from abuse and neglect.
- Children and youth are placed in their home communities.
- Children and youth are appropriately served in the least restrictive environment
- Children and youth have stability in their placements.
- Connections to family and others important to the child are maintained.
- Children and youth are placed with siblings.
- Services respect the child's culture.
- Children and youth are provided opportunities, experiences, and activities similar to those experienced by their peers who are not in foster care.
- Children and youth are provided opportunities to participate in decisions that impact their lives.

- Children and youth are reunified with their biological parents when possible.
- Children and youth are placed with relative or kinship caregivers if reunification is not possible.

**Summary:**

DFPS renewed its existing contract with Our Community Our Kids/ACH Child and Family Services in 3b on September 1, 2018, to include all Community-Based Care services. In June 2018, DFPS awarded a contract to 2Ingage, a new partnership between Texas Family Initiative LLC and New Horizons Ranch and Center Inc., to serve as the Single Source Continuum Contractor for Region 2 (Abilene/Wichita Falls area). 2Ingage implemented Stage I CBC (placement services) on December 1, 2018 after a 6 month start-up period. In August 2018, DFPS awarded a contract to Family Tapestry/the Children’s Shelter of San Antonio to serve as the Single Source Continuum Contractor for Region 8a (San Antonio/Bexar County). Family Tapestry implemented Stage I Community-Based Care (placement services) on February 1, 2018 after a 6 month start-up period. DFPS is procuring for two additional Community-Based Care contracts. In December 2018, DFPS released a Community-Based Care (CBC) Request for Application for Region 1. Contract award is anticipated in May 2019, with Stage I CBC services anticipated to begin in December 2019, after a 6 month start-up period. DFPS will release a Community-Based Care Request for Application for Region 8b (counties surrounding San Antonio/Bexar County) in late spring 2019.

The primary performance measures to determine success of Community-Based Care contracts for Single Source Continuum Contractors relate to child safety, permanency, and well-being. DFPS expects additional improvement to occur once a Single Source Continuum Contractor has fully implemented Stage II.

Region 3b is the only area with performance data available at this time. The redesigned service delivery system has shown success in building capacity, increasing community collaborations, and innovations. OCOK saw continued performance gains on key contract outcomes for placing children in area, keeping sibling groups together, and least restrictive placement settings in fiscal year 2018 compared to fiscal years 2016 and 2017.

Outcome Measure	FY 2015	FY 2016	FY 2017	FY 2018
<b>Safety:</b> Children who do not experience abuse or neglect in placement	99.93%	99.91%	99.83%	99.70%
<b>Placement Proximity:</b> Children placed within 50 miles of their removal location	75.2%	74.7%	73.6%	74.7%
<b>Placement Stability:</b> Foster care placements per child	1.48	1.55	1.50	1.48



Outcome Measure	FY 2015	FY 2016	FY 2017	FY 2018
<b>Less restrictive placement settings:</b> Foster care days spent in relative and family foster homes	73.1%	74.2%	77.0%	78.4%
<b>Child Participation and Engagement:</b> Children age 5+ participate in developing service plans*	n/a	n/a	n/a	81.9%
<b>Child Participation and Engagement:</b> Children requested at court hearings attend*	n/a	n/a	n/a	Not yet available
<b>Sibling Contact and Connections:</b> Sibling groups are placed together	58.8%	59.9%	64.0%	65.1%
<b>Youth Preparation for Adulthood:</b> Youth complete PAL life skills training before turning age 18	76.3%	85.5%	95.9%	86.5%
<b>Youth Preparation for Adulthood:</b> Youth age 16 or older have a driver's license or state identification card	40.3%	36.7%	50.3%	51.0%

The Community Based Care model and new catchment areas have resulted in data challenges for DFPS. DFPS has worked in partnership with the Single Source Continuum Contractor, DFPS Management Reporting and Statistics division, and an external contracted party, Chapin Hall, to refine common population definitions and make improvements to performance measure methodologies and data calculation. New baseline targets are set for fiscal year 2019.

**Strategy 2.5a Lead: Judy Pavone**

**Strategy 2.5a: Increase placement capacity in Community Based Care catchment areas in order for children to stay connected with their home communities.**

**Rationale:** Children and youth are too often placed outside their home communities, leaving behind family, friends, schools, church, etc., making visitation and reunification services difficult. Lack of resources too often results in children and youth being separated from their siblings.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
c. Single Source Continuum Contractor with Our Community Our Kids: Implement and monitor stage 1.	Ongoing	<p>The redesigned service delivery system has shown progress in building capacity, increasing community collaborations and encouraging innovations in Region 3b, including:</p> <ul style="list-style-type: none"> <li>• Addressing barriers to successful recruitment of foster family homes in rural counties;</li> <li>• Community education and targeted efforts to recruit foster homes serving sibling groups;</li> <li>• Concerted efforts to develop therapeutic foster care so high-needs children can be cared for in a family setting rather than an institution that may be farther from home;</li> <li>• Contracted for more residential treatment programs within the catchment for children needing this service.</li> </ul> <p>When isolated to look only at foster homes, 87.2% of children from 3B were placed close to home in FY18.</p> <p>Regions 2 (Abilene) and 8A (San Antonio) are currently in the process of building their provider capacity and transitioning children to their networks</p>	

**Strategy 2.5b Lead: Judy Pavone**

**Strategy 2.5b: Enhance service coordination and delivery to children and families in Community Based Care catchment areas.**

**Rationale:** Children and youth are too often placed outside their home communities, leaving behind family, friends, schools, church, making visitation and reunification services difficult. The service level system ties rate of reimbursement to authorized service level, which is a disincentive

for improving well-being outcomes. Community Based Care provides opportunities to promote a community-based approach to service coordination and delivery to children and families.

Implementation of Community Based Care will occur in three stages in the designated catchment area. Progression from Stage I to Stage II will depend upon the Single Source Continuum Contractor's demonstrated readiness. Progression from Stage II to Stage III will depend upon demonstrated readiness, but will occur no earlier than 18 months from the date DFPS makes the first referral for case management services to the Single Source Continuum Contractor as a part of implementation Stage II.

### **Stage I**

For all children entering paid foster care and referred by DFPS, the Single Source Continuum Contractor must provide the full continuum of paid foster care in a manner that eliminates (to the degree possible and based on the child's individual needs) the necessity for change of placement as service needs evolve to ensure stability and reduce the number of moves a child or youth must make while in care and that provides necessary, individualized services within the child's own community and placement. Additionally, DFPS will refer children from the catchment area placed in paid foster care prior to implementation of redesign to the Single Source Continuum Contractor in the event that they require a change of placement. The Single Source Continuum Contractor must provide Preparation for Adult Living (PAL) Life Skills training, Purchased Adoption Services, and Foster Care Day Care in Stage I for children and youth who are served by the Single Source Continuum Contractor and meet appropriate criteria for these services.

### **Stage II**

In addition to the requirements outlined in Stage I, the Single Source Continuum Contractor must also provide case management services to all referred children, youth and families. The Single Source Continuum Contractor will receive funding to provide (1) case management services for children and youth, relative and kinship caregivers, and families; and (2) family reunification support services provided after a child is returned to the child's family. The Single Source Continuum Contractor will also receive purchased client services funding to provide services for families and other individuals that support the achievement of safety, permanency, and well-being for children in DFPS conservatorship. The Single Source Continuum Contractor must use a portion of the purchased client services funding to provide additional services to children, youth and young adults, including Post-Adoption, PAL Aftercare, and Education Training Voucher resources.

### **Stage III**

The Single Source Continuum Contractor will be responsible for providing the services outlined in Stages I and II. In addition, DFPS will begin to hold the Single Source Continuum Contractor financially accountable through the use of incentives and remedies for the timely achievement of permanency for served children.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
c. Implement Stage 2 of Community Based Care (formerly Foster Care Redesign) in Region 3b.	To be determined, but anticipated in fiscal year 2019.	During FY 2018, DFPS and Our Community Our Kids have continued to prepare for Stage II implementation of Community Based Care in Region 3b, to include all new components of the model. DFPS held meetings in September 2017, November 2017, January 2018, and April 2018 with Our Community Our Kids to negotiate Stage II case management services. Additional negotiation meetings are anticipated in June and July 2018. Funding requests to support moving into Stage II in Region 3b are currently pending the 86 <sup>th</sup> Legislative Session. DFPS anticipates the transition of case management services (Stage 2) in Region 3b to begin in Winter 2019, pending the outcome of Legislative appropriations.	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
d. Determine new Community Based Care catchment areas to be procured over biennium	September 2017: Region 2 and Bexar	<p>In June 2018, DFPS awarded a contract to 2INGage, a new partnership between Texas Family Initiative LLC and New Horizons Ranch and Center Inc., to serve as the Single Source Continuum Contractor for Region 2 (Abilene/Wichita Falls area). 2INGage implemented Stage I CBC (placement services) on December 1, 2018 after a 6 month start-up period. In August 2018, DFPS awarded a contract to Family Tapestry/the Children's Shelter of San Antonio to serve as the Single Source Continuum Contractor for Region 8a (San Antonio/Bexar County). Family Tapestry implemented Stage I Community-Based Care (placement services) on February 1, 2018 after a 6 month start-up period.</p> <p>DFPS is procuring for two additional Community-Based Care contracts. In December 2018, DFPS released a Community-Based Care (CBC) Request for Application for Region 1. Contract award is anticipated in May 2019, with Stage I CBC services anticipated to begin in December 2019, after a 6 month start-up period. DFPS will release a Community-Based Care Request for Application for Region 8b (counties surrounding San Antonio/Bexar County) in late spring 2019.</p>	

**Goal 2 Objective 2.5: Major Benchmarks/Milestones**

Benchmark/Milestone	Targeted Completion Date
Implement stage 2 of Community Based Care in Region 3b.	FY 19
Implement stage 1 of Community Based Care in Region 2 and Bexar County.	Region 2 November 2018 Region 8a Bexar January 2019
Release competitive procurements for 2 additional catchment areas.	FY 19

**OBJECTIVE LEAD 2.6 – Amber Hart**

**STRATEGY LEAD 2.6a, 2.6c – Amber Hart**

**Objective 2.6 LEAD: Amber Hart**

**Objective 2.6: DFPS will evaluate and improve adoption services provided by the agency with a focus on maximizing permanency for children and youth in DFPS conservatorship through adoption.**

**Rationale:** Adoption is the best choice for children and older youth in DFPS care when it is not safe for them to return home and the rights of the child's birth parents are terminated. Adoption benefits children and older youth by:

- Giving the child a stable and permanent home and family as well as lifelong support;
- Providing the adoptive family the same legal rights as birth parents;
- Giving the child a sense of belonging and security now and into adulthood; and
- Giving a child or older youth a place to call home and a place to grow and become a healthy, productive adult.

**Expected Outcome(s):**

- The number of children and youth in DFPS conservatorship will be safely reduced by decreasing the time to achieve positive permanency.
- Regional goals and strategies toward those goals will be developed
- Agency workforce and partners will be inspired and expected to act with a sense of urgency to achieve positive permanency for all children and youth.
- The number of consummated adoptions will be increased.

**Summary:**

DFPS continues to enhance permanency efforts through all stages of service. Regional leadership has received training to increase the sense of urgency within the culture and practices of the agency. Permanency efforts include an emphasis on outcomes specific to adoption. Each region has a regional plan that contains a focus on achieving permanency. The plan is reviewed quarterly and the regions work with their regional improvement specialists to help track and identify trends through the use of data. Regional plans have been shared with regional staff and further planning has

been completed in each region in partnership with external stakeholders. DFPS is taking a collaborative approach to ensuring performance measures are met.

DFPS continues to partner with 1,600 faith based partners statewide. To date there have been numerous outreach events that have highlighted the need for adoptive families. Several of our faith partners have created foster/adoption ministries to help decrease the number of children waiting for loving homes. An example is Fielder Church in Arlington, Texas has a mission to get 1,000 children out of the foster care system many through adoption by the year 2026. Additionally the Advisory Committee on Promoting Adoption of Minority Children is focused on finding ways to get more minority children adopted through forums being held across the state. There are 3 forums held each year which increase visibility of the need for families locally and ways the community can help support children. Texas First Lady Cecelia Abbott and DFPS Commissioner Hank Whitman sent a joint letter inviting faith communities across Texas to step forward to help in efforts from prevention to permanency. The faith-based program has relaunched the Clergy in Courts for Kids initiative statewide in hopes of increasing adoption promotion and meeting tangible needs of families involved in the child welfare system.

In 2017, CPS conducted a thorough data analysis to identify factors contributing to adoption dissolutions and the analysis informs policy and practice related to adoption services. The number of relative adoptions has been staying steady over the years while the number of relatives receiving permanent managing conservatorship of children has increased. As a result, a Post-Permanency Program for Kinship families with many similarities to the existing DFPS Post-Adoption Services was piloted in 2017 and has been in effect in regions 6A, 6B, and 11. A review of dissolution factors, combined with analysis of the Post-Adoption and Post-Permanency programs will inform adoption practices to strengthen permanency for children before they leave care.

DFPS enhanced policy and practice related to tracking recruitment of adoptive families for children. As a result, DFPS will have the capability to examine which recruitment efforts are most effective for children, particularly for sibling groups, older youth, and other groups who have historically exited care to adoption at a slower pace. The Texas Adoption Resource Exchange continues to be one of the prominent recruitment methods for children, and DFPS tracks data monthly to ensure child profiles are kept current and that inquiries are responded to in a timely manner.

**Outcome Measures:**

- Number of exits to positive permanency
- Length of time to positive permanency
- Number of consummated adoptions
- Clearly stated state and regional goals
- Culture change with agency workforce and partners

DFPS has successfully outlined state goals with the continuation of the state business plan. Although the work is ongoing, DFPS has made significant progress in changing the culture of permanency with agency workforce and external partners. DFPS continues to work on this measure through training, education, and collaboration.

Outcome Measure	FY2016	FY2017	FY2018
Number of Exits to Positive Permanency	17,098	17,430	18,557
Length of Time to Adoption	27.3 months	26.9 months	26.1 Months
Number of Consummated Adoptions	5,703	5,413	5,678

**Strategy 2.6a Lead: Amber Hart**

**Strategy 2.6a: DFPS will focus on diligent recruitment efforts for children that have historically been harder to place in adoptive homes.**

**Rationale:** The purpose of the strategy is to eliminate barriers to permanency for Texas children in foster care through systems change. DFPS will focus on identifying adoptive homes for children who are waiting for adoption and are not yet in their permanent placement. Categories of cases that will be given priority include sibling groups, children of an ethnic or racial minority, older youth, and children with special physical or behavioral health needs.

DFPS will continue to collaborate with external stakeholders to increase recruitment for this target population. In addition, DFPS will educate the public and external stakeholders on the need for adoptive homes for the target population. DFPS will also educate external stakeholders, providers, adoptive parents and the public regarding issues surrounding adoption.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Register children in the Texas Adoption Resource Exchange who are legally free for adoption, have a permanency plan of adoption, and have no permanent placement identified within 90 days.	Ongoing	The Texas Adoption Resource Exchange website is a DFPS recruitment tool for prospective adoptive homes. The website's most prominent and unique feature is its listing of Texas children awaiting adoption, including children's photos, profiles, and videos. A component of the website is a feature to match children with qualified families. DFPS continues to work with regional staff to increase the number of children listed on the Texas Adoption Resource Exchange website. Currently, there are 930 children published on the Texas Adoption Resource Exchange website. Texas Adoption Resource Exchange staff created a user manual to improve the quality of profiles listed on the Texas Adoption Resource Exchange website and enable regional staff to register children in a timely manner. In past years, technical assistance was given statewide to assist staff in taking quality recruitment photographs.	



<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Utilize Heart Galleries to recruit families for waiting children by increasing the visibility of children awaiting adoption.	Ongoing	This past year, CPS began working with new Heart Galleries. There are currently ten active Heart Galleries and two Heart Galleries pending Memorandums of Understanding. The Heart Galleries provide quality photographs of children awaiting adoption. Each Heart Gallery provides a display with framed photographs of children used for child-specific recruitment in the community, at churches, adoption forums and match parties. DFPS continues to collaborate with Heart Galleries across the state to improve their quality, reach a wider public population, and increase the number of consummated adoptions.	
c. Utilize various avenues of technology and social media to recruit adoptive families.	Ongoing	The Texas Adoption Resource Exchange includes video capability. A YouTube channel was developed specifically to publish the videos for recruitment of children listed in the Texas Adoption Resource Exchange and is now in use. Texas Adoption Resource Exchange staff also maintains a Facebook page to help educate the public and promote adoption of children in DFPS care.	
d. Coordinate with partner websites for recruitment of families.	Ongoing	Memorandums of Understanding have been signed with AdoptUSKids, Adoption.com, Adoption.net, A Family for Every Child, and Children Awaiting Parents. Children are simultaneously registered on each site when they are registered on the Texas Adoption Resource Exchange	
e. Develop and implement a statewide recruitment plan to ensure the number of available adoptive families' meet the	Ongoing	Recruitment plans have been incorporated into the DFPS Business Plan. DFPS continues to recognize that diligent recruitment of foster and adoptive homes must generate foster and adoptive families that meet the demographic characteristics of children in care. Demographic data of the characteristics of the children needing foster and adoptive	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>permanency needs of children in out-of-home care.</p>		<p>homes is available to all staff through the Data Warehouse reports that are updated monthly. Approximately 89% of homes statewide are licensed through private, contracted Child-Placing Agencies. DFPS relies on internal recruitment and recruitment conducted by external community partners.</p> <p>A FY 2018 needs assessment was developed to incorporate forecasting data. DFPS is using this data to project the locations and types of foster care services needed and determine its annual procurement schedule. Using the completed needs assessments and other available data, DFPS will develop plans to address regional foster care capacity needs.</p> <p>DFPS continues to conduct collaborative information meetings monthly with partner child placing agencies. Information is placed on the DFPS public website and the Texas Adoption Resource Exchange website. These websites are continuously updated. A video depicting what foster and adoptive children wish for was developed to encourage families to consider fostering and adopting and was placed on the Texas Adoption Resource Exchange website home page and the DFPS YouTube channel. To ensure searches for prospective parents for children who need an adoptive placement are timely, DFPS utilizes recruitment activities such as broadcasting a request for home screenings to child placing agencies in the region local to the child, holding selection staffing meetings to review home screenings submitted, broadcasting a child's profile to potential families registered with the Texas Adoption Exchange website, and placing a profile of the child on</p>	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
		<p>adoption exchange websites such as Texas Adoption Resource Exchange, AdoptUSKids, and Adoption.com. DFPS staff conduct match parties that bring together potential families with waiting children and use media stories on television and radio to increase the exposure to potential adoptive placements a child receives. A training is available to review how to use Texas Adoption Resource Exchange and AdoptUSKids to proactively search for a potential adoptive family for a child on their caseload.</p> <p>DFPS collaborates with television stations across the state to feature children awaiting adoption through special television segments. The television segment refers interested families to the Texas Adoption Resource Exchange website for more information about the specific child and adoption.</p>	

**Strategy 2.6b Lead: Felicia Mason-Edwards**

**Strategy 2.6b: DFPS will expand faith-based collaboration and utilize this faith-based initiative to increase permanency for children through adoption.**

**Rationale:**

Legislation passed in 2003 was the impetus for engagement between CPS and faith-based organizations that has resulted in many successes. The intent was to address the needs of children removed from their homes because of abuse and/or neglect by engaging congregations of faith within the community where the child resides. CPS developed a Statewide Recruitment and Retention Plan called Congregations Helping in Love and Dedication or CHILd. CHILd a DFPS faith-based recruitment program that reaches out to faith communities intending to recruit families to foster and or adopt. Additionally, each congregation is encouraged to develop supportive services for the families they identify. These services could include respite care, reduced tuition for day care, tutoring and after school programs, transportation, celebrations for special occasions, and enrichment activities.

The Advisory Committee on Promoting Adoption of Minority Children created a plan for Community Engagement Events called Adoption Forums with three goals: raise awareness of the need for adoptive families, recruit Churches to develop orphan ministries, and empower Churches to provide support to adoptive families. Forums are held in communities where data reveals disproportionality is high. Sixteen forums have occurred since October 2011. Each forum has developed connections with new pastors and yielded lessons that have shaped the collaboration between CPS and

faith communities. The Committee has plans to continue to develop and host additional Adoption Forums through 2019. The Adoption Forum focus has expanded to include support services from prevention to permanency. The Forums inspire churches or faith organizations to develop orphan care ministries that will wraparound and support birth and kinship families, and will assist faith communities in developing foster and adoptive homes.

DFPS collaboration with congregations has resulted in a new model recruiting churches to develop Orphan Care Ministries to support all stages of service in DFPS. The CHILD model of recruiting families from within churches has been expanded. In the new model, the faith-based organization takes the “lead” in selecting the “Orphan Care Ministry” they wish to become involved with. The ministry can include any combination of services that range from prevention to permanency and is not limited to fostering or adopting. DFPS provides technical assistance, such as furnishing data, attending meetings, answering questions, providing subject matter expertise and other types of support. DFPS connects the interested church leadership with local staff to assist in implementation of the church’s selected ministry. The faith-based efforts help increase the community understanding of the needs of the children and families served by DFPS. With additional support and potential adoptive families found in participating congregations, the faith-based program continues to increase the potential for waiting children to be matched with an adoptive family. Faith-based efforts also bridge the gap between needed services for families and the faith community.

The delivery system used to connect families in need to the faith community is the Care Portal. The Care Portal is a web-based system owned and operated by a faith organization that allows a family's needs to be requested through the system. The faith community then responds to that need. Churches respond to requests that help to keep a child safe, keep a family together, preserve a child's placement, reunify families, finalize adoptions, and stabilize youth aging out of foster care. DFPS continues to expand the use of the Care Portal in more counties with the goal of the Care Portal availability being statewide. The Care Portal is a web-based system owned and operated by a faith organization that allows a family's needs to be requested through the system. To date there are 32 counties where the Care Portal is in place. In the limited areas, 500 enrolled churches have helped over 4,300 children, with an estimated economic impact of 1.2 million dollars.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
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<p>a. Broaden scope of faith-based collaboration</p>	<p><b>Ongoing</b></p>	<p>Faith-based efforts began with recruiting foster and adoptive parents from the faith community. The collaboration has evolved to the development of Orphan Care ministries in the faith community that offer services for every stage of service, from prevention to permanency. Ministries developed offer an array of services from wraparound support services for birth and kinship families to support services for foster and adoptive families. DFPS will continue to outreach to the faith communities to assist and support the development of Orphan Care ministries around the state. There are several models across the state that focus on recruiting families to support families or to foster and/or adopt. One is The Oaks Fellowship Church in Red Oak, TX, whose model is to provide meals, home repair, babysitting services, and help with recruiting foster families from its congregation. The Oaks is also partnering with other faith communities to help them create the “wraparound” approach for a foster/adopt ministries.</p> <p>Another example is Fielder Church in Arlington. Its mission is to recruit 1,000 foster/adopt families from its congregation by 2026 and provide support services as needed.</p> <p>DFPS has over 1,600 faith partners statewide that provide different activities that help children and families. These activities include providing parenting classes, counseling service, tangible items, housing, food and clothing.</p> <p>The faith-based program goal is to increase non-traditional faith community partnerships, particularly with communities of color faith partners, to ensure services meet the needs within the communities of the children and families served by DFPS.</p>	
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<p>b. Educate, promote, and enhance the community on the faith-based collaboration</p>	<p>Ongoing</p>	<p>Established in 1995, the Advisory Committee on Promoting Adoption of Minority Children is charged with promoting the adoption of and provision of services to adoptable minority children by studying, developing and evaluating programs and projects relating to community awareness and education, family support, counseling, parenting skills and education, and reform of the child welfare system. The Committee holds a community awareness meeting to inform local stakeholders of the need for faith community involvement with the children and families in their area. The awareness meeting is called an Adoption Forum. The location of the forums are decided based on areas where there is an over representation of children of color in DFPS conservatorship. To date, there have been seventeen adoption forums held around the state.</p> <p>The Committee hosted an adoption forum in Houston and will host Adoption Forums throughout 2019. The Forums assist churches or faith organizations in developing orphan care ministries that wraparound and support birth, kinship, foster, adopt families, and assist faith communities in developing foster and adoptive homes.</p> <p>Orphan Care Ministries that have developed out of the Adoption Forums include:</p> <ul style="list-style-type: none"> <li>• First Baptist Church in Wichita Falls has established a foster and adoption ministry called Orphans Embrace. Members of this congregation become verified foster/adoptive homes and receive support services from the entire congregation. They are launching a Transition Sponsors program to support youth aging out of foster care.</li> <li>• Evangel Temple of Wichita Falls has developed a ministry for youth aging out of foster care with a supervised independence program called “Phased In”. They have</li> </ul>	
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		<p>created “Genesis”, for older girls transitioning out of foster care.</p> <ul style="list-style-type: none"> <li>• The North Texas District of the Assemblies of God has committed its 631 congregations to develop Orphan Care Ministries. To date, 220 churches have begun the process of foster, adopt, or wraparound services for children and families.</li> <li>• Loving Word Fellowship's ministry, Maximizing Kinship, has continued to support birth and kinship families to help children exit DFPS conservatorship.</li> <li>• I Care, We Care Ministry, was developed in El Paso. Under this ministry, 39 licensed foster/adoptive homes have been verified and ten children have been adopted this year.</li> <li>• The Care Portal has 561 active churches enrolled and is currently active in 36 counties across Texas.</li> </ul> <p>DFPS faith-based staff encourage the faith community to participate in two foster/adopt awareness events that help recruit foster/adopt families annually: Blue Sunday in April, which is the national day of prayer for child abuse and neglect, and Stand Sunday in November, which asks the faith communities to stand and advocate for children in foster care. Faith based staff attend recruitment events during April and November to recruit foster/adopt families and volunteers.</p>	
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**Strategy 2.6c Lead: Amber Hart**

**Strategy 2.6c: Continue to provide Adoption Support Services**

**Rationale:** DFPS will continue to provide adoption support to adoptive families through adoption assistance, post-adoption services and college educational assistance. These services help children in DFPS care achieve permanency and give families support to prevent dissolutions and children returning to care. DFPS will continue to evaluate these program and procedures surrounding these programs to ensure they are beneficial to adoptive parents and fulfil their intended purpose.



<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
d. Build awareness of post adoption services for adoptive parents, the public, mental health professionals and stakeholders	Ongoing	A family consent statement was added to the adoptive placement agreement to allow DFPS to provide family's contact information to post-adoption providers with the intent that post-adoption providers can begin providing proactive direct outreach to adoptive families.	
e. Build awareness of adoption assistance and college educational assistance to adoptive parents, the public, mental health professionals and stakeholders	Ongoing	The DFPS website was enhanced to allow adoptive families to find information on the adoption process, adoption support services, the tuition and fee waiver, and post-adoption services. The website is monitored and reviewed regularly to continue enhancements and make necessary changes and updates as needed.	
f. Review current program and policy related to best practice to determine if any improvements can be made.	Ongoing	<p>Data is currently being analyzed to determine factors related to children at higher risk of adoption dissolutions. This information will be used to improve policy and procedures related to adoption and post-adoption services. Program and policy will be reviewed annually.</p> <p>DFPS recognized the need to extend services that adoptive families receive post-consummation to families who are granted permanent managing conservatorship of children. A Post-Permanency Program was piloted in 2017 and has remained in effect in regions 6A, 6B, and 11 to provide families who received permanent managing conservatorship of a child access to services including information and referral, case management, support groups, parent training, counseling, and respite care.</p>	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
g. Review and determine additional training needs for adoption caseworkers.		<p>The National Quality Improvement Center for Adoption and Guardianship (QIC-AG) Support and Preservation is a service of the Children’s Bureau, Administration for Children and Families, USDHHS that was awarded to <a href="#">Spaulding for Children</a> in partnership with The University of Texas at Austin, The University of Wisconsin-Milwaukee, and The University of North Carolina at Chapel Hill. The program is a five-year (October 1, 2014 through September 30, 2019) research project working with eight sites to implement evidence-based interventions or develop and test promising practices which could be replicated or adapted in other jurisdictions. Effective interventions are expected to achieve long-term, stable permanence in adoptive and guardianship homes for waiting children as well as children and families after adoption or guardianship has been finalized.</p> <p>For the project, Adoption Clinical Training (ACT) was implemented with DFPS staff in five counties in Region 7 that serve roughly half of the children in the target population for Pathways to Permanence 2. Court Appointed Special Advocates (CASA) serving these five counties were invited to participate in ACT with DFPS staff. As evaluators assess the overall impact of Pathways to Permanence 2, they will analyze how staff trained in ACT impact the outcomes of families who receive Pathways to Permanence 2.</p>	

**Goal 2 Objective 2.6: Major Benchmarks/Milestones**

Major Benchmarks/Milestones	Targeted Completion Date
Build awareness of adoption to the public and stakeholders.	Ongoing
Localize AdoptUSKids PSA resources.	Completed
Enhance and promote statewide "Why Not Me?" Campaign.	Ongoing
Promote adoption of target population.	Ongoing
Evaluate and build upon current adoption and post-adoption services	Ongoing
Engage more faith-based organizations in the collaboration.	Ongoing
Enhance community awareness of faith-based collaboration.	Ongoing
Broaden scope of faith-based collaboration.	Ongoing
Educate the community on faith-based collaboration	Ongoing
Promote community participation in the faith-based collaboration.	Ongoing
Re-procure existing post-adoption services according to DFPS and HHSC procurement plans.	Not Completed
Re-procure adoption services according to DFPS and HHSC procurement plans.	Completed
Work with other program areas to address issues related to adoption services and address in RFP.	Completed

## Objective Lead 3.1 – Sherry Rumsey

### Goal 3: Maximize the well-being of children/youth served by CPS.

**Rationale:** Children in DFPS conservatorship receive medical care through Medicaid primarily through a statewide, comprehensive managed care program known as STAR Health. STAR Health is provided through a contract managed by Health and Human Services with Superior Health Plan and provides medical, behavioral health, dental, vision, pharmacy services and a Health Passport record for each child. The Health Passport is a computer-based system that has health data including information on doctor and dentist visits, hospital stays, prescriptions and immunization records.

DFPS uses specialized positions to help meet children's well-being needs, including Well-Being Specialists, Developmental Disability Specialists, Mental Health Specialists, Child and Adolescent Needs and Strengths Assessment Program Specialists, Trauma Informed Care Specialist, Nurse Consultants; Education Specialists; Parent Program Specialist, Fatherhood Program Specialist, Substance Use Disorder Specialists and Family Group Decision Making staff.

DFPS has a strong collaborative relationship with the Texas Children's Commission which launched an Education Blueprint with an action plan in partnership with the Texas Education Agency and many stakeholders to focus on improving educational outcomes for children in care.

### Objective 3.1 LEAD: Sherry Rumsey

#### Objective 3.1: Support physical and behavioral health oversight of children in DFPS conservatorship.

**Rationale:** There were 30,610 children in DFPS substitute care at the end of FY 2018. Each child enrolled in STAR Health is eligible for service coordination and service management is available for children with more serious health and behavioral health needs. STAR Health also oversees and reviews psychotropic medications, provides an electronic Health Passport, Member Services and Nurse Advice line. DFPS collaborates with the Texas Health and Human Services Commission, which manages the contract with Superior Health Plan, to oversee the healthcare children are receiving through STAR Health.

#### Expected Outcome(s):

Children receive adequate services to meet their physical and behavioral and mental health needs.

#### Outcome Measures (The source is from DFPS quarterly CFSR reviews FY 2017/Q1-2 2018):

1. The percentage of children receiving adequate services to meet their physical health needs. Standard: 90%
2. The percentage of children receiving adequate services to meet their behavioral and mental health needs. Standard: 90%

Outcome/Item/Data Indicator	Standard	Q3-18	Q4-18	Q1-19	Q2-19
Item 17 Physical Health of the Child	90%	78.1%	63.2%	77.1%	67.2%
Item 18 Mental/Behavioral Health of the Child	90%	81.6%	84.5%	88.0%	74.6%

\*Source: Quarterly reviews are conducted by the Federal and Program Improvement Review Division using the CFSR Onsite Review Instrument.

**Summary:**

The Medical Services Division works to support DFPS direct delivery staff to ensure that the medical needs of children in foster care are being met. The Medical Services team regularly partners with HHSC, STAR Health/Cenpatico, and the provider community. The DFPS Medical Services Division includes Well-Being Specialists, Nurse Consultants, and program specialists.

DFPS continues to monitor the usage of Psychotropic Medication through collaboration between DFPS, HHSC, and Star Health. This review process aids in ensuring the Children in DFPS conservatorship are receiving appropriate psychotropic medications. There are 5 key components of the Psychotropic Medication Monitoring Program for Texas Children in Foster Care. The Psychotropic Medication Utilization Review workgroup consists of DFPS staff, HHSC medical staff, Superior Health Plan medical professionals, and pharmacists. Statistical claims data is reviewed quarterly and requests for Psychotropic Medication Utilization Reviews are monitored. One of these components, Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care, is being updated for 2019. Once updated, the parameters will be used as guidelines for prescribing for all children receiving Medicaid, not just those enrolled in STAR Health. The Parameters are best practice guidelines and include nine criteria for indicating need for further review.

DFPS implemented statewide use of the Child and Adolescent Needs and Strengths Assessment Tool in FY2017. This is a comprehensive, developmentally appropriate, trauma informed assessment for foster youth which requires the coordination of internal and external stakeholders to include HHSC, STAR Health, Providers and other Community Stakeholders. This tool is being used to reduce unnecessary and intrusive assessments. It provides recommendations for treatment that are used to develop an individualized child service plan and inform placement decisions or service level determinations. The Child and Adolescent Needs and Strengths assessment is available for all children ages three through seventeen entering conservatorship on or after September 1, 2016. It is required within the first 30 days after a child is removed and annually thereafter. Some placement providers opt to use the tool quarterly to measure a child's improvement with services, including the Single Source Continuum Contractor in the 3b catchment area.

In 2018, a medical screening exam was implemented for children within three days of their entry into state custody. DFPS did a staged rollout with the entire state participating by October 2018. An approach called 3 in 30 was simultaneously implemented to capture all three required appointments for a child's first 30 days in state custody. With 3 in 30, there has been increased compliance with the medical screening exam, Child and Adolescent Needs and Strengths assessment and the initial Texas Health Steps medical checkup.

DFPS is an organizational member of the Statewide Collaborative on Trauma-informed Care, led by the Texas Children's Commission. In February 2019 the collaborative released a statewide blueprint for trauma-informed care. DFPS serves on the Child and Youth Behavioral Health Subcommittee under the Behavioral Health Advisory Committee and workgroups related to Systems of Care in Texas.

**Strategy 3.1a Lead: Catherine Coffey****Strategy 3.1a: Collaborate regarding monitoring of utilization of psychotropic medications.**

**Rationale:** Ongoing collaboration with partners is needed to ensure the appropriate use of psychotropic medications by children in DFPS conservatorship, improve oversight and monitoring, and improve the way children are assessed when they enter foster care.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Continue efforts to strengthen policy, procedures, contracts and training related to the provision of informed consent for psychotropic medications.	Ongoing	DFPS continues to provide guidance for informed consent for Psychotropic Medication through policy and training. The annual online training on both medical consent and psychotropic medication provided for all CPS staff is being reviewed for an update in FY2019. . Additionally, DFPS provides the required Psychotropic Medication <a href="#">Online Training</a> and the required Medical Consent <a href="#">Online Training</a> for medical consenters and produces the brochure <a href="#">Making Decisions about Psychotropic Medications</a> for medical consenters to strengthen efforts related to informed consent for psychotropic medication.	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
b. Continue the Psychotropic Medication Monitoring Group chaired by the DFPS Medical Director	Ongoing	The Psychotropic Medication Monitoring Group continued to meet quarterly in FY2019 and is chaired by the DFPS CPS medical director. It is an interagency group comprised of DFPS, Health and Human Services, Department of State Health Services, Superior Health Plan, pharmacists, and other external stakeholders. This collaboration continued to review the results of the Psychotropic Medication Utilization Reviews and general utilization of psychotropic medications by children and youth in the conservatorship of DFPS and made recommendations for the update of the <i>Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care</i> . This resource for physicians and clinicians provides recommendations for the appropriate use of psychotropic medications for children in foster care. The use of the <i>Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care</i> was expanded in FY 19 to be a guide for providers of psychotropic medications for <b>all</b> children in Texas public health programs who are diagnosed with mental health disorders.	
c. Continue collaboration with HHSC and STAR Health for the Psychotropic Medication Utilization Reviews of children placed in Texas under the Interstate Compact for the Placement of Children	Ongoing	The Health and Human Services Vendor Drug Program provides psychotropic medication utilization reviews for children placed in Texas under the Interstate Compact for the Placement of Children (ICPC). DFPS sends reports to the Vendor Drug Program to review medication regimens and identify those outside the Texas Parameters. Letters are sent to those providers to identify regimens that are outside the Parameters. Copies of the letters are sent to corresponding child welfare entities of the states that placed the children in Texas. DFPS Regional Nurses also perform	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
(ICPC) and children in DFPS conservatorship who are dually eligible for Medicaid and Medicaid.		quarterly reviews of medication for all children excluded from STAR Health.	

**Strategy 3.1b Lead: Lauren Bledsoe**

**Strategy 3.1b: Embed Trauma Informed Care knowledge and practices in CPS.**

**Rationale:** The purpose of the Trauma Informed Care Project is to work within the child welfare system to build awareness of the impact of trauma, promote trauma-informed practices in programs and services, and implement practices that effectively minimize the effects of trauma for children, caregivers, and staff. A Trauma-Informed Care child welfare system is evidenced by staff's knowledge of trauma-informed care across all levels of the organization and the practices staff is expected to employ to carry out the organization's mission.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Update training for DFPS staff to recognize the impact of secondary traumatic stress and learn self-care strategies.	<i>Ongoing</i>	DFPS and CLOE are updating the Trauma-informed Care training curriculum provided to caseworkers in CPS Professional Development, and adding multiple new trauma-informed care trainings through the CPS Certification process to build upon staff knowledge over the course of their career. The trainings are based on the National Child Traumatic Stress Network Child Welfare Trauma Training Toolkit 2.0.	



<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
d. Develop strategies to support kinship families and caregivers to aid in preserving child placements	Ongoing	<p>The DFPS Medical Services Team includes information in the quarterly Kinship Newsletter regarding STAR Health enhancements. These enhancements help to strengthen child well-being and financially support Kinship caregivers in providing for the needs of children in their homes.</p> <p>DFPS is a partner of the Texas System of Care, which delivers trauma-informed services and supports to children and youth with serious mental health concerns and their families, with a focus on keeping children and youth in their communities and reducing the need for intensive settings, such as hospitals, residential treatment centers and juvenile correctional settings. DFPS refers children in conservatorship who may benefit from wraparound services through the YES Waiver or System of Care grants at Local Mental Health Authorities. In FY2019, 170 children and youth in conservatorship were participating in the YES Waiver.</p> <p>DFPS is updating the Trauma-informed Care training that is available on the public website for use by child welfare stakeholders including agencies, providers, foster parents, and kinship caregivers. The updated training will be made available in Spanish.</p>	
f. Continue to build collaborative partnerships across the child welfare spectrum to implement trauma-informed care practices	Ongoing	The Trauma-informed Care Program Specialist serves as the DFPS member of the Children and Youth Behavioral Health Subcommittee to the Behavioral Health Advisory Committee, which serves as the primary advisory voice to Health and Human Services for issues related to mental health and substance use for Texans of all ages, with a focus on trauma-informed care and improving local mental health	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
		<p>systems of care for children and youth with serious mental health challenges and their families. The subcommittee is composed of members from child and youth-serving systems, such as child welfare, juvenile justice, education and mental health.</p> <p>The Trauma-informed Care Program Specialist serves on workgroups related to Systems of Care in Texas, including pilot projects. Additional DFPS staff and leadership serve on workgroups as needed.</p> <p>DFPS is an organizational member of the Statewide Collaborative on Trauma-informed Care, led by the Texas Children's Commission. In February 2019 the collaborative released a statewide blueprint for trauma-informed care: Building a Trauma-informed Child Welfare System. The collaborative goals are to further develop trauma-informed and trauma-responsive child welfare practices in Texas using training and effective interventions provided to children, youth and families across multiple systems. DFPS serves on the steering committee which will guide implementation.</p> <p>DFPS serves on the Cross-Agency Trauma-informed Care Initiative, formed in February 2019 and led by the Health and Human Services Office of Mental Health Coordination. The workgroup consists of agencies involved with the Statewide Behavioral Health Strategic Plan, and focuses on cross-system collaboration toward enhancing trauma-informed</p>	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
		care across behavioral health systems and partners in Texas.	
g. Strengthen compliance in usage of the comprehensive, developmentally appropriate assessments for foster youth which include trauma assessment/screening (new action step)	Ongoing	<p>DFPS is working to improve compliance with the use of the Child and Adolescent Strengths and Needs (CANS) assessment tool. The project tasks include:</p> <ul style="list-style-type: none"> <li>• Use and maintenance of the contract with Chapin Hall at the University of Chicago, the policy and research center for technical assistance, consultation, training and use of the data management system (eCANS) in conjunction with creator of the CANS tool, Dr. John Lyons.</li> <li>• Collaboration through internal and external stakeholder meetings to manage support needs for use of the CANS tools.</li> <li>• Process and data management evaluation, both internally and with Chapin Hall and STAR Health.</li> <li>• Partnership with CPS Permanency, Kinship and Field Divisions to deliver supplemental training and information to DFPS staff on CANS tool requirements and processes.</li> <li>• Management of the CANS tool email box for worker support and troubleshooting.</li> <li>• Support for caseworker understanding of the use of the CANS tool in child service planning.</li> <li>• Collaboration with the Health and Human Services Texas System of Care pilot projects to ensure completion of the CANS assessment tool by Local Mental Health Authorities for children in DFPS Conservatorship.</li> </ul>	

**Strategy 3.1c Lead: Catherine Coffey**

**Strategy 3.1c: Continue collaboration with HHSC, STAR Health, managed care contractors, residential providers and staff to support appropriate medical services to children in DFPS care.**

**Rationale:** Ongoing collaboration with partners is needed to ensure providers, partners and staff are up to date on services, resources, policy and system changes, to support each child in obtaining appropriate medical services.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>a. Provide training to staff and stakeholders on Star Health, Medical Consent, Psychotropic Medications, Texas Health Steps, Trauma Informed Care, and the Health Passport.</p>	<p>Ongoing</p>	<p>DFPS provides online Medical Consenter, Psychotropic Medication and Trauma Informed Care trainings to DFPS staff through the Center for Learning and Organizational Excellence (CLOE) e-learning site for DFPS employees. Online training on the DFPS public website for medical consenters and stakeholders includes training on medical consent, psychotropic medication, and trauma informed care. These trainings are being reviewed and updated in FY2019.</p> <p>Superior Health Plan, in collaboration with CPS Medical Services, developed a continuum of care web-based training tool kit with supporting job aids for DFPS staff to address the service array available for children with medical and physical health needs. CLOE provides training to DFPS staff on STAR Health, including use of the Health Passport for new staff through the CPS Professional Development training. Well Being Specialists also train staff in unit meetings or other planned training venues.</p> <p>In FY 2019 the HHS Medicaid enrollment broker, MAXIMUS continued face to face trainings initiated in FY 2018 on the Medicaid Texas Health Steps program for residential child care providers contracted with DFPS. As of March 2019,</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>MAXIMUS has provided trainings to 47 residential contractors.</p> <p>In October 2018 DFPS completed statewide training and implementation of the new 3 Day Medical Exam required within 3 business days of child entering conservatorship. The new 3 Day Medical Exam is provided in addition to the Child and Adolescent Needs and Strengths Assessments required within the first 30 days of a child coming into conservatorship, and the Texas Health Steps Medical Checkup within the first 30 days of a child coming into conservatorship, for a comprehensive evaluation of each child entering care.</p> <p>The training used a “3 in 30” approach to assessment emphasizing how all three tools combine to provide each child with a comprehensive, developmentally appropriate, trauma-informed assessment to help inform service delivery. The DFPS Medical Services Division responded to inquiries received in the STAR Health 3 in 30 mailbox to provide guidance and support to DFPS staff and stakeholders. STAR Health provided 3 in 30 training to medical providers that implemented the medical protocol for the 3 Day Exam developed by Health and Human Services.</p>	
b. Collaborate with HHSC and STAR Health to increase compliance with initial Texas Health Steps Medical Checkups (EPSDT)	Ongoing	In FY19 the HHS Medicaid enrollment broker, MAXIMUS continued using customized telephone scripts and welcome letters for caregivers of children in foster care explaining the unique requirements for the initial Texas Health Steps medical checkup. MAXIMUS also continued to provide face	<i>Need to change this strategy item for next 5 year plan to include compliance with “3 in 30” assessments. Need</i>

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>to face presentations for residential contractors stressing the importance of compliance with timely initial Texas Health Steps medical checkups. These trainings stressed that the new 3 Day Medical Exam and Texas Health Steps medical Checkups were separate and unique assessments.</p> <p>DFPS Medical Services regional staff provide training during unit and manager meetings and with other stakeholders on the Texas Health Steps Medical and Dental checkup requirements. DFPS Medical Services and caseworker staff provide Texas Health Steps materials and brochures to foster care and kinship caregivers, parents, other caseworkers and stakeholders. DFPS combined outreach efforts for the newly required 3 Day Medical Exam and the preventive health care visit (Texas Health Steps medical checkup). According to Health and Human Services, the statewide compliance rate for children in conservatorship during the 4th quarter of FY2018 was 66.2%. DFPS continues to include all outreach and training efforts for the 3 Day Medical Exam with efforts for the initial EPSDT Texas Health Steps Medical Checkups.</p> <p>STAR Health continues to provide training to residential contractors on the Texas Health Steps program and requirements for the initial Texas Health Steps medical checkup in 30 days. STAR Health member connections representatives make welcome calls to caregivers of children newly enrolled in STAR Health which includes information on the 30 day requirement for the initial Texas Health Steps medical checkup and assistance scheduling the appointment.</p>	<p><i>to add the 3 Day Exam and CANS assessment to this action step.</i></p>

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>The STAR Health program has a rewards program for members aged 18 to 21 to complete Texas Health steps checkups and other health screenings and appointments in a timely manner. STAR Health developed a new Billing Guide for providers to assist with clean claims for all 3 in 30 assessments including the initial Texas Health Steps medical checkup. STAR Health also implemented a fiscal incentive for providers who deliver the initial Texas Health Steps checkup timely as well as other timely 3 in 30 assessments.</p>	
<p>c. Facilitate the use of multi-disciplinary team case staffings to develop service and health care plans for children with complex health needs.</p>	<p>Ongoing</p>	<p>CPS Well-Being Specialists continue to facilitate multidisciplinary case staffings for all children in DFPS conservatorship with primary medical needs, serious or complex health conditions, or needs for which the region has requested assistance (including children preparing to move out of state or into adoption). The multidisciplinary team includes STAR Health Service managers, CASA, caseworkers, Nurse Consultants, medical providers, child placing agencies, foster and relative caregivers, or attorney ad litem. Medical Services staff attend child-specific staffings where medical and behavioral healthcare issues are discussed including placement staffings, Permanency Roundtable Meetings, Family Group Conferences, Circles of Support, and staffings held specifically with hospitals or a medical team.</p> <p>DFPS caseworkers are invited to attend a rapid readmission staffing when children have had a pattern of multiple inpatient hospitalizations. Turning Point, a psychiatric inpatient hospitalization diversion program for children in foster care in Fort Worth, San Antonio, Houston and Abilene, works closely with DFPS, STAR Health and other involved stakeholders to</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		address behavioral health crises that threaten the stability of a child's placement and well-being. DFPS caseworkers and families whose children utilize the program make plans for the child's healthcare needs and return to placement.	
d. Increase the awareness of the availability of STAR Health services under the Medicaid Former Foster Care Youth program, and the updated Medicaid for Transitioning Foster Care Youth program for youth who are aging out or who have aged out of foster care.	Ongoing	<p>During PAL Life Skills training classes, youth participate in a discussion about DFPS benefits for eligible and qualifying transitioning youth, to understand how the benefits and cash payments can be accessed and used. Benefit discussions include the Medicaid Former Foster Care Youth Program and Medicaid for Transitioning Foster Care Youth Program.</p> <p>During Aging-Out Seminars provided to youth at age 17, youth receive information about Transitional Living Services resources, benefits and services.</p> <p>During the annual Texas Teen Conference, youth receive information through educational booths about the Medicaid Former Foster Care Youth Program and Medicaid for Transitioning Foster Care Youth Program. In addition to this conference, Medical Services and other staff also attend and provide information at regional PAL Teen conferences.</p> <p>PAL Case Management Services include referrals for Medical services. PAL Case Managers assist youth with appropriate contacts when they are having issues, need to report address changes or need to schedule a medical appointment. Many of the Transition Centers and PAL Contract providers provide this information to youth.</p> <p>The DFPS public website provides information on both the Medicaid Former Foster Care Youth program, and the Medicaid for Transitioning Foster Care Youth program.</p>	



<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
e. Assist caregivers in navigating and managing the healthcare system effectively.	Ongoing	<p>The DFPS Medical Services Division public website provides an overview of the STAR Health program and healthcare resources available for children and youth in foster care. The website includes online Medical Consenter training that contains guidance for accessing and navigating the health care system for children and youth in foster care. Case Management resources are also provided for the children and youth in care who are excluded from STAR Health or transitioning to other Medicaid programs when adopted or aging out of foster care. The “Quick Guide to STAR Health for Caregivers” which provides specific information on healthcare service requirements for children and youth in foster care and resources available to assist with accessing care is also available. The Kinship Caregiver Manual is another resource that provides guidance for accessing health care services for children and youth in the conservatorship of DFPS.</p> <p>Regional medical services staff provide training targeted at access to STAR Health services for regional unit meetings, kinship development worker units, and stakeholders such as foster parents and case managers for child placing agencies. Staff provide one-on-one information and assistance to caregivers while attending child specific staffings. Assistance is provided to foster and kinship caregivers with questions about accessing services and how to escalate healthcare issues as appropriate.</p> <p>STAR Health Clinical Trainers provide trainings for various healthcare topics, such as asthma or diabetes and technical assistance including navigation of the STAR Health system for DFPS contracted Child Placing Agencies and other residential operations.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		STAR Health publishes online and mails out a Member Handbook and staffs a Member Services hotline and after hours NurseWise medical advice line (available 24/7) available to medical consenters, youth and CPS caseworkers for assistance in accessing services and providers.	
f. Collaborate with HHSC and STAR Health to increase the availability of STAR Health network providers certified and trained in Parent Child Interaction Therapy and other evidence-based therapy.	Ongoing	<p>STAR Health utilizes nine regionally assigned clinical STAR Health trainers and one training manager to provide free trainings to any stakeholder in the foster care community. Caregiver and professional trainings are available. They have a menu of 35 topic trainings that can be presented face-to-face in the community. STAR Health maintains an online platform, <a href="http://www.cenpaticou.com">www.cenpaticou.com</a>, where all foster care stakeholders can access webinars presented live by clinical trainers or experts on health-related topics.</p> <p>Since 2011 STAR Health has been training clinicians in Trauma Focused Cognitive Behavioral Therapy recognizing the value of evidence-based treatment modules with children who have experienced complex trauma. STAR Health conducts a two day provider training offered four times per year. STAR Health has trained foster care stakeholders to assist them in becoming more trauma informed. In 2016 STAR Health trains clinicians on Parent-Child Interaction Therapy, an evidence-based model of behavioral health therapy. STAR Health provides Trauma Focused Cognitive Behavioral Therapy training and Components for Enhancing Clinician Experience and Reducing Trauma training.</p>	

**Goal 3 Objective 3.1: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Continue efforts to strengthen policy, procedures, contracts and training related to the provision of informed consent for psychotropic medications.	Ongoing
Continue the Psychotropic Medication Monitoring Group chaired by the DFPS Medical Director	Ongoing
Continue collaboration with HHSC and STAR Health for the Psychotropic Medication Utilization Reviews of children placed in Texas under the Interstate Compact for the Placement of Children	Ongoing
Implement the Child and Adolescent Needs and Strengths Assessment	Completed
Deliver Secondary Trauma Training to CPS supervisors, program directors and mentors	Completed – now ongoing
Expansion of Turning point pilot	Delete – no plans to expand beyond current four locations
Provide training to staff and stakeholders on Star Health, Medical Consent, Psychotropic Medications, Texas Health Steps, Trauma Informed Care, and the Health Passport.	Ongoing
Collaborate with HHSC and STAR Health to increase compliance with initial Texas Health Steps Medical Checkups (EPSDT)	Ongoing
Facilitate the use of multi-multidisciplinary team "case staffing" to develop service and health care plans for children with complex health needs	Ongoing
Increase the awareness of the availability of STAR Health services under the new Medicaid Former Foster Care Youth program, and the updated Medicaid for Transitioning Foster Care Youth program for youth who are aging out or who have aged out of foster care.	Ongoing
Assist caregivers in navigating and managing the healthcare system effectively.	Ongoing
Collaborate with HHSC and STAR Health to increase the availability of STAR Health network providers certified and trained in Parent Child Interaction Therapy and other evidence-based therapy.	Ongoing

## **OBJECTIVE LEAD 3.2: Kristine Mohajer**

### **Strategy Lead 3.2a, 3.2b – Kristine Mohajer**

#### **Objective 3.2 LEAD: Kristine Mohajer**

#### **Objective 3.2: Improve education outcomes for children in care.**

**Rationale:** Education is a key component contributing to a child's overall social and emotional well-being. Nationally, children in foster care often have poor educational outcomes due to a number of factors, including prior instances of family neglect and abuse, substance abuse, and family instability resulting in multiple moves and education disruptions. The 2015-2019 goals are to maintain and strengthen education stability and improve the education outcomes for children and youth in DFPS conservatorship by collaborating with multiple agencies and community stakeholders to remove barriers from practices and policies, which hamper educational success.

**Expected Outcome(s):** Children and youth in DFPS conservatorship will improve education outcomes by reducing school placement moves and education disruptions. DFPS staff will continue its strong collaborative ties with the Texas Education Agency, the Children's Commission, Court Appointed Special Advocates (CASA), and community groups by participating in ongoing workgroups, presentations, and seminars.

**Outcome Measures:** Initial outcome measures for this objective have been established with data from IMPACT, the data collection site for DFPS, in collaboration with input from the Public Education Information Management Systems (PEIMS) at the Texas Education Agency. A baseline for average child placement moves of 3.2 times was established for FY2014. During FY 2017 placement moves were 3.0 times for children and youth and FY 2018 reflects 2.3 as the average placement moves. The FY 2019 placement moves were 2.4 for children and youth. The child placement moves do not necessarily reflect school changes due to a number of factors. Federal law "Fostering Connections", state education laws, and agency best practices and policies direct child welfare workers to make every effort to keep the student in the school of origin. The DFPS data system does not collect specific changes in schools. Research from prior child welfare studies link fewer placement and school moves with significantly higher achievement in reading and math, grade promotion, and course completion for high school graduation. DFPS will continue to monitor statewide assessments in math and reading for elementary school children in foster care and graduation rates for youth completing requirements for a high school diploma. DFPS will continue its collaboration in ongoing and new education projects with stakeholders, Children's Commission and Texas Education Agency.

#### **Summary**

DFPS continues to work with the Texas Education Agency to add supplemental fields for its statewide data collection system, PEIMS. The Texas Education Agency has assigned a unique code in their data system for children and youth in foster care, which will allow Texas Education Agency to provide aggregate data. This unique code assists school district staff and ensures children and youth in foster care receive federal and state services, including student transitional assistance, records transfers, and the ability to remain in the school the student was enrolled in at the time of initial and subsequent placement moves. DFPS has added two fields to IMPACT, which identify the number of days each student is in care by race/ethnicity.

One challenge for DFPS and Texas Education Agency is that the computer systems require additional interventions by both agencies to establish common reporting standards and data retrieval methods. DFPS and Texas Education Agency continue to collaborate on integrating data which identifies the demographics and improves services for students in foster care. Both agency staff members meet regularly to develop best practices.

DFPS IMPACT modifications and upgrades went into effect April 14, 2019 and result in updates in the Child's Service Plans, Sexual and Labor Trafficking, education data collection, and Visitation Plan.

DFPS and the Texas Education Agency continue to refine the Memo of Understanding on data sharing, meeting quarterly to identify and expand the student data to improve student educational outcomes. Both agencies use the data to identify barriers to student achievement and improve outcomes.

DFPS has added educational guidelines and policy for staff members on ensuring students' educational stability by remaining in their school of origin. Information on the Every Student Succeeds Act (ESSA) has been shared with DFPS staff, stressing the requirement for students to remain in their school of origin and directing school systems to collaborate with DFPS to ensure education stability. Caseworkers must consult with Regional Education Specialists if a child or youth placement move is being considered and may require changing schools or school districts. Caseworkers, placement staff, and caregivers have been advised of the importance of students completing a semester to gain required credits toward a high school diploma or for students to be promoted to the next grade. Regional Education Specialists increased their training to unit caseworkers on maintaining education stability and providing opportunities for students to complete requirements for a high school diploma by challenging course testing, dual credit, early college coursework, evening school, and completing the General Equivalency Diploma. The Education Program Specialist, with other program specialists at state office, present education information to new DFPS Supervisors Training each month.

The Education Portfolio use is reviewed and monitored monthly by Regional Education Specialists to ensure each school-age child has the required documentation for school enrollment. The Regional Education Specialists review education requirements during their monthly unit presentations to caseworkers and reports to Regional Directors and the Education Specialist at state office. The Regional Education Specialists continue to provide presentations to internal and external stakeholders and collaborate with regional community organizations. For FY 2019, each Regional Education Specialist established and maintained at least two community consortia within their region. The West Texas regions (Regions 2 and 9) have at least three community consortia in operation. There are now 30 community-based Consortia throughout Texas which include agency resource people, and community stakeholders in their meetings: CPS Preparation for Adult Living (PAL) staff; area Early Childhood Intervention directors, college former foster care liaisons, and Head Start community staff.

CPS Education Specialists participate in building regional consortia, participating workgroups of the Children's Commission, in judicial meetings, collaborating with state and local agencies, CASA, Disability Rights Texas, the Meadows Center at the University of Texas at Austin, School District Foster Care Liaisons, Education Service Centers, and Texas Education Agency to secure services for children in foster care.

DFPS established an intranet Education site, which offers DFPS staff education and related resources to improve student achievement. The site offers contact information to local school Foster Care Liaisons, Education Service Centers, and DFPS Regional Education Specialists. The DFPS public website site offers Community Resources, including dates and contact information for (regional) Community Consortia.

DFPS publishes a monthly electronic Education Newsletter and sends copies to caregivers, child placing agencies, kinship providers, external stakeholders, and DFPS staff. The newsletter provides information to ensure a seamless enrollment process for all students attending school, pre-kindergarten - grade 12. Topics included Basic CPS 101, an inside look at Child Protective Services, Texas' Education Training Voucher and Fee Waiver Program, Preparing for an ARD (Admission, Review, and Dismissal committee meeting), Cyber-Security, Transition Services for Students in Foster Care and Receiving Special Education Services, and Creating a Trauma-informed classroom.

DFPS has maintained several collaborative programs with Texas Education Agency and the Children's Commission through workgroup participation and task force initiatives. DFPS staff has presented at several national and state forums on improving educational outcomes for children in foster care. The Meadows Center at the University of Texas /Austin has created training for public school teachers on trauma-informed education strategies. The University of Texas has included Regional Education Specialists in statewide presentations and training on Response to Intervention and its program application to children in foster care. DFPS, in collaboration with staff from the Children's Commission and the Texas Education Agency have made several statewide presentations this year to child welfare providers, public school groups and social work college classes.

Education Specialists participate on several subcommittees and workgroups sponsored in collaboration with state agencies, providers, and community groups which support the ongoing efforts by the Children's Commission to improve the education outcomes for children and youth in foster care. These workgroups have produced quality tool kits for stakeholders on topics such as confidentiality, and how to build a consortium.

DFPS maintains its commitment to providing quality early education opportunities to children, ages 0-5 in foster care. DFPS and Early Childhood Intervention (ECI) have provided additional training to caseworkers and ECI providers and staff on the referral process for very young children under the age of three suspected of having a developmental disability. The ECI Referral Form (0789) is on the DFPS Education website, in both English and Spanish.

By policy and practice, DFPS directs all children ages 3, 4, and 5 years to enroll in an early childhood education program, unless other arrangements such as care in the home, may be in the child's best interest. Children who were in foster care or are currently in the conservatorship of DFPS, may register for the free pre-kindergarten programs offered through the Texas public schools. DFPS mailed 5,214 Letters of Verification to parents and caregivers of children eligible for the free pre-kindergarten program. Texas Education Agency reported that 2,213 children in foster care enrolled in the free pre-kindergarten program at the local public schools. Caregivers may also enroll children in foster care in the Early Head Start and Head Start Programs. Children in foster care are considered as priority enrollment. Enrollment may be limited because of available community programs or capacity issues. Head Start has a rolling admissions policy, so students may enroll as soon as there is an opening.

The Early Childhood Intervention Services collected data in FY 2018 and reported 6,326 children were referred to ECI who were "CPS Involved". "CPS Involved" means the child was referred by DFPS or the family was currently involved in a DFPS investigation, is in substitute care or is part of a family receiving Family-Based Safety Services. This number reflects referrals from all stages of service and includes children referred for a developmental delay who were not in foster care. Of the 6,326 children referred to ECI and "CPS Involved", 1071 children, or 17%, were enrolled and received services through the ECI program.

CPS Education Specialists serve on regional taskforces and community groups to participate in representing the interests of children and youth in foster care. One Education Specialist serves on the Texas State Autism Council (2016-2019) and all Regional Education Specialists participate in workgroups sponsored by the Children's Commission, Casey Foundation, Texas Education Agency, Texas Higher Education Coordinating Board, and local taskforces that focus on identifying and resolving issues which contribute to better education outcomes for all children.

Disability Rights Texas provides resources and support as advocates for adults and children with disabilities in Texas. Disability Rights Texas provides additional training to CPS Regional Education Specialists on special education laws, compensatory education, and address issues on student behavior and school removals.

**Strategy 3.2a Lead: Kristine Mohajer**

**Strategy 3.2a: Build, coordinate, and maintain collaborations among internal and external stakeholders who are invested in providing education initiatives and support for children and youth in conservatorship. DFPS will continue to coordinate with Children's Commission, TEA and other stakeholders to implement education initiatives, which facilitate services to meet the educational needs and goals of children and youth in foster care.**

**Rationale:** DFPS has a strong and successful collaborative history with external stakeholders in developing and securing significant education-related supports for children and youth in conservatorship.

**Expected Outcome:** DFPS will play a vital part in building and maintaining statewide and regional collaborations, which address and improve the education outcomes of children in foster care. DFPS will continue to participate in national, state, and local workshops and forums to strengthen the educational and ancillary services available to children in foster care.

**Outcome Measures:** This outcome will be measured by monthly reports from the Regional Education Specialists and ongoing monitoring from staff.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Provide training through presentations by regional education specialists to internal and external stakeholders on identifying and resolving critical issues which serve as barriers to meet the educational needs and goals of children in foster care	Ongoing	The CPS Education Specialists work with the school district foster care liaisons to ensure seamless enrollment for students and transfer of student records. They serve as primary contacts and training resources for school and college foster care liaisons. The Education Specialists provide training and certification on Surrogate Parent Training to foster parents, kinship providers, persons appointed by the court or school to serve as surrogate parents, as well as CASA representatives.  CPS offered several webinars throughout FY19 to internal and external stakeholders on education-related issues.	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>b. Every DFPS regional education specialist will initiate, conduct, and participate in a minimum of three community-based consortia to address issues and concerns on children and youth in foster care.</p>	<p>Ongoing</p>	<p>In FY 2019 all Regional Education Specialists sponsored at least two regional consortia. There are more than five regional consortia in the more rural areas of Texas where there are smaller school districts and greater distance between school districts. There are 70 Community Consortia throughout Texas, meeting at least twice during the school year. DFPS has established an Education page on its public website which provides additional resources to include training and certification classes and contact information for community consortia.</p> <p>Consortiums include representatives from HHSC, DFPS, and Department of State Health Services, child placing agencies, school administrators, and special education directors, private providers of services (counseling, speech therapy), faith-based organizations, childcare providers, and community stakeholders.</p>	
<p>c. Engage external stakeholders, including agencies and support entities, providers, caregivers, and community groups in collaborative efforts to address and improve education outcomes for children and youth in foster care.</p>	<p>Ongoing</p>	<p>DFPS established several collaborative projects and trainings with external stakeholders which support and improve educational outcomes for students in foster care. The Meadows Center at the University of Texas provided statewide workshops and professional development modules for education professionals who work with children in foster care. The Education Service Centers hosted presentations on the collaborative efforts of the Children's Commission, DFPS, and the Texas Education Agency's commitment to The Texas Blueprint, a project commitment to improve the educational outcomes for children in foster care. The Regional Education Specialists continue to provide presentations to external stakeholders, including CASA, Texas Parent2Parent, Foster Family Association, school districts, and local community stakeholders on improving outcomes. DFPS continues collaboration with the Children's Commission and the Texas Education Agency to implement statewide recommendations to remove barriers to securing appropriate education resources for children in foster care.</p>	



Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
		<p>DFPS has maintained ongoing collaborations with the Children's Commission, the Texas Education Agency, and Disability Rights Texas. Staff members participate in all the Education subcommittees and workgroups which address and resolve issues pertaining to the education outcomes for children and youth in foster care. The collaboration has resulted in more than 20 national, statewide, and regional presentations on <u>Improving the Education Outcomes for Students in Foster Care</u>.</p> <p>Representatives have worked on facilitating seamless enrollment for children and youth into public schools through a number of policy changes and support from community groups. DFPS changed the policy and residential contract that children must be enrolled in school within two days, instead of three days.</p> <p>Additional training and information from the Texas Education Agency and DFPS was provided to school administrators, school district Foster Care Liaisons, and caseworkers on enhanced student enrollment, graduation review committees, and new federal, state, and agency directives and best practices, on students remaining in their school or origin. The Children's Commission sponsored the 2<sup>nd</sup> Annual Education Summit in July 2018, inviting key stakeholders, including former foster student and current foster students, to participate in multiple workshops on improving all facets of education services to children and youth in foster care. EDUCATION REACH for TEXANS conference in June 2018 was sponsored by DFPS and several colleges and community colleges on preparation and transition services for students in foster care after completing requirements for a high school diploma.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>d. Establish 100% of the school-age children and youth in DFPS conservatorship have an Education Portfolio, which reflects the required documentation to support education decisions and student success.</p>	<p>Ongoing</p>	<p>The Education Portfolio continues to be the primary source for collecting and updating school-related documents. Every school age child, beginning at age 4, receives an Education Portfolio. The Education Portfolio contains copies of documents needed for school enrollment, including immunization records, transcripts, and report cards. The Education Portfolio also contains school reports for services provided for students receiving special education and ancillary services. The Education Portfolio is monitored by the family court judges, guardian ad litem, attorney ad litem, education decision-makers, and Child Care Licensing. 90.1% of all school age children have an Education Portfolio recorded in IMPACT. Regional Education Specialists monitor and send monthly reports to the state office on regional use of the Education Portfolios. Monthly reports on the distribution and use of the Education Portfolio allow specialists to identify by region, unit, and individual caseworker. Education Specialists work with each region's program director to monitor the Education Portfolio's use.</p>	
<p>e. Reduce the number of different school moves for children and youth in foster care during the school year. Establish baseline on initial and subsequent placement moves for children and youth in foster care</p>	<p>Ongoing</p>	<p>DFPS has, in cooperation with the Texas Education Agency and the Children's Commission, produced multiple newsletters and announcements to internal and external stakeholders detailing the importance of maintaining and ensuring educational stability for all students in foster care. All initial and subsequent placement changes must document efforts to maintain students in the school of origin.</p> <p>DFPS has expanded computer demographics to include multiple areas, which track placement moves and school enrollment.</p> <p>Average Number of Student Moves:  FY 2014: 3.2  FY 2015: 3.1  FY 2016: 3.0  FY 2017: 3.0  FY 2018: 2.4</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
		<p>DFPS and the Texas Education Agency will identify a uniform method to track student school change. These school changes may not necessarily reflect student placement changes. The Every Student Succeeds Act requires child welfare systems and schools to collaborate on maintaining students in their school of origin.</p>	

**Strategy 3.2b Lead: Kristine Mohajer**

**Strategy 3.2b: Improve the overall education placement stability and ensure children in care receive all the educational and ancillary services to meet their educational needs and goals.**

**Rationale:** Ensuring student education stability will result in fewer children being retained at grade level, more children promoted to the next grade level, and fewer students unable to receive course credit resulting in higher school completion rate for students in foster care. The student's Education Portfolio is a key ingredient in meeting the child's educational needs and goals. Adults playing a significant role in ensuring the child's academic success use the Education Portfolio to access school-related documentation, including student assessments, report cards, school transcripts, transition plans, Personal Graduation Plans, identified special education and ancillary services, and designation of the Education Decision-Maker and Surrogate Parent.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
<p>a. Maintain, increase and monitor the use of Education Portfolios to children in care, ensuring that the educational records of all children in foster care follow them, should placement changes occur.</p>	<p>Ongoing</p>	<p>The Regional Education Specialists are provided with monthly regional reports on the implementation and use of the Education Portfolios. They monitor the use of the Education Portfolio and notify both the caseworker and supervisor in writing if a school age child/youth does not appear to have an Education Portfolio. Regional Directors are notified if corrections/updates are not made. Regional Education Specialists provide presentations on education issues, including implementation and maintenance of the Education Portfolio. Child Care Licensing also monitors for the use of Education Portfolios and provides regular reports to State Office and Regional Education Specialists. FY 2018 current rate of Education Portfolio use is 90.1%. IMPACT is being updated to include education fields to collect data, demographics, school and grade information, and credit completion.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Provide training and presentations to internal and external stakeholders, including CPS staff, to educate and encourage youth to be successful in school, ultimately achieving positive education outcomes for all students in foster care	Ongoing	Education Specialists continue to provide training and presentations to a wide range of internal and external stakeholders on improving the educational outcomes for children and youth in foster care. Regional Education Specialists provide training on Surrogate Parenting certification and strategies for instruction delivery and behavior supports to CASA, surrogate parents appointed by school districts, caregivers, and school district foster care liaisons. Education Specialists participate in training caseworkers and staff on post-secondary opportunities available to high school students.	
c. Implement and participate in cross training collaborations with personnel from other agencies, school districts and community-based organizations.	Ongoing	The CPS Education Specialists have participated in several cross-training collaborations with state, county, and local agencies. The Education Specialists have collaborated with the Children's Commission to improve the education outcomes for children and youth in foster care. Regional and state office staff have participated in training opportunities offered by the Health and Human Services Commission, Texas Education Service Centers, Texas Head Start, Disability Rights Texas, local school districts, and community-based Texas Parent2Parent.	

**Goal 3 Objective 3.2: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Provide training through presentations by regional education specialists to internal and external stakeholders on identifying and resolving critical issues which serve as barriers to meet the educational needs and goals of children in foster care	Ongoing
Establish a minimum of one consortium of internal and external stakeholders in each region every year, beginning 2015.	Ongoing
Engage external stakeholders, including agencies and support entities, providers, caregivers, and community groups in collaborative efforts to address and improve education outcomes for children and youth in foster care.	Ongoing
Establish 100% of the school-age children and youth in DFPS conservatorship have an Education Portfolio, which reflects the required documentation to support education decisions and student success.	On going
Reduce the number of different school moves for children and youth in foster care during the school year. Establish baseline on initial and subsequent placement moves for children and youth in foster care	Baseline completed January 2016. Ongoing through August 2019

## **Objective Lead 3.3 – Carol Self**

### **Objective 3.3 LEAD: Carol Self**

#### **Objective 3.3: Promote normalcy for children in foster care.**

**Rationale:** In order to maximize child development and child well-being, it is important for children to participate in extracurricular and social activities. The legal status of the child, specifically that being in the custody of the state, should not interfere with a child-experiencing normalcy.

**Expected Outcome(s):** Improved child well-being, improved education outcomes, increased connection to community and permanency resources

#### **Outcome Measures:**

1. Positive results from the child placement satisfaction survey will increase.
2. Community collaborations will increase.

#### **Summary:**

DFPS continues to work on creating a foster care system that allows foster children and youth access to the same activities and experiences as those children and youth who are not in foster care. Not only do these experiences increase child and youth well-being while in foster care but potentially lead to permanency resources. These resources can be the start of a caring connection to an adult as they transition in to adulthood or lead to positive permanency. The residential contract is the key driver of this work with licensed caregivers. Input received from foster youth and stakeholders revealed that licensed caregivers were unclear on what activities and experiences a foster child/youth could participate in due to the contract. Updates were made to the DFPS residential contract to include clarification on normalcy activities and the inclusion of the prudent parent standard. Minimum Standards for licensed placements have been revised as well.

DFPS developed a computer-based normalcy training that was completed by all conservatorship caseworkers in Fall 2017. The training is required annually and has been incorporated into Caseworker Professional Development training for incoming staff. Child Care Licensing created a training for licensing staff that is required annually. Communicating the same expectations on normalcy to both CPS staff and licensed caregivers is a critical piece of ensuring the message is consistent and clear to all. CPS and Child Care Licensing have been delivering normalcy trainings at Foster Care Conferences and to providers to ensure the consistent message is delivered.

Normalcy activities are listed in the child's plan of service and reviewed by the court during permanency hearings. Strategies have been developed to improve the child and caregiver input into the child's plan of service.

#### **Strategy 3.3a Lead: Danya Derrick**

**Strategy 3.3a: Enhance service planning for children and youth in DFPS conservatorship to support participation in age and developmentally appropriate activities--similar to activities that children outside of the foster care experience.**

**Rationale:** The child service plan is developed by the caseworker and provided to the caregiver as a guide for child's care while in DFPS conservatorship. This plan is the vehicle for outlining expectations and providing direction for children's day-to-day experiences while in care. Therefore, expectations around normalcy must be clearly articulated to staff and staff must be trained on strategies to communicate the need for normalcy in child plans.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
a. Develop a coordinated service plan meeting with residential providers, CPS and the child	FY 2020	A process for conducting a coordinated meeting between residential providers, parents, DFPS and other members of the child's team was developed and piloted in one region. Feedback has been positive and is being used to assist in implementation of the coordinated meeting statewide. These meetings will aid in ensuring that the child's strengths and needs are identified, that expectations regarding normalcy activities for the child are clear and that strategies to overcome any barriers in any areas are addressed. DFPS has completed designing the new child plan of service and it is now built into IMPACT. IMPACT will allow for both DFPS and residential providers to access and work on the same plan of service in IMPACT. The coordinated meetings will begin statewide in FY 2020 and residential providers will also have access to the plan in FY 2020.	

**Strategy 3.3b Lead: Danya Derrick**

**Strategy 3.3b: Continue to work with residential contracts and private providers to support normalcy activities for children and youth in DFPS conservatorship.**

**Rationale:** Private providers depend upon the residential contract to outline expectations for service delivery to children placed in their organization. In order to ensure that children participate in appropriate activities and providers have clarity about their role, the contract must include expectations.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
e. Residential Contracts monitors providers on normalcy efforts by way of child's service plan	Ongoing	DFPS monitors normalcy efforts and the child's plan of service through contract performance measures as well as through regular contract monitoring. There are specific sections within the child plan of service that specifically address normalcy.  The Children's Commission conducted a Normalcy Roundtable in February 2019, with legal stakeholders,	



		residential providers, DFPS staff, and families represented. Judge Peter Sakai presented a session at the 2018 Child Welfare Judicial Conference in November 2018, entitled "How to Bring Normalcy to Youth in Care".	
f. Meet with Youth Leadership Council to receive input on normalcy activities and barriers to normalcy	Ongoing	The youth leadership council meets quarterly and is used to review policy and training as it is developed. The youth voice is important as it assists DFPS in ensuring that normalcy activities are appropriate for our children and youth and that any barriers to normalcy are identified and addressed DFPS also participated in the Children's Commission Collaborative Roundtable Discussion on Normalcy for Children and Youth in Foster Care in January 2019. This event brought together youth, caregivers, advocates and other leaders to discuss implementation of laws aimed at providing normalcy in Texas and to help identify opportunities to provide normalcy for all children and youth in foster care.	

**Goal 3 Objective 3.3: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Collaborate with youth leadership councils	Ongoing
Develop trainings for staff and private providers	Ongoing
Develop tools and job aids for staff	Ongoing
Coordinate with residential contracts to send consistent messages to providers and staff regarding normalcy	Ongoing

#### **Goal 4: Maximize staff recruitment, retention and development**

**Rationale:** DFPS must recruit and retain employees to meet the needs of children and families. DFPS caseworkers work closely with the public. The work often has a sense of urgency done in an emotionally charged environment. It is important to recruit and retain frontline caseworkers who have the skill set to succeed in such a workplace. DFPS seeks to recruit employees who can best interact with children and families and want to make a career in the protective services field as well as experienced support staff. DFPS also wants to retain staff shown to be a good fit for the agency.

DFPS has its own training division: the Center for Learning and Organizational Excellence or CLOE. This division works with DFPS programs and divisions to provide staff with training and professional development for the over 12,000 staff employed at DFPS. Within the CLOE, there is the CPS training division, which designs, develops and conducts CPS Professional Development for new CPS workers based on the specific request from CPS State Office. Additionally, the CPS training division designs, develops and conducts CPS Supervisor CPS Professional Development Training (CPD) and continuing education courses based on the need identified by CPS State Office program. Trainings are conducted using various methods such as instructor led classroom settings, hands on field training, computer based training, web-based training and the learning management system as an online training environment.

The CLOE division also provides supervisor development training to both new supervisors and advanced/upper level management which is encompassed through DFPS LEADS (Leadership, Excellence, Advancement, Distinction, and Support).

DFPS LEADS aids in the professional development of supervisors and managers at beginning, intermediate, and advanced levels.

- Upon hire, every promoted or newly hired supervisor/manager immediately attends a 2-day course (Beginning Manager: FY17 Beginning Manager Transition from Peer to Manager) that focuses on DFPS-related information and resources needed to work effectively and efficiently.
- For beginning and intermediate management, the LEADS primary focus includes the development of eight competencies: managing change, collaboration, communication, cultural competence, decision-making, integrity, professional development of self and others, and strategic thinking.
- For advanced management, the program continues competency development while adding on the enhancement of program specific job functions that advanced/upper level management staff must carry out on a daily basis.

#### **Leadership for Advanced Management**

In 2014, DFPS Executive Leadership established and implemented the Leadership for Advanced Management initiative within the CLOE to provide leadership development for DFPS Advanced/Upper Level Management. The focus of the Leadership for Advanced Management initiative is on enhancing program specific job functions that advanced/upper management staff must carry out on a daily basis with the competency framework.

The Leadership for Advanced Management program is focused on managers at the level of:

- DFPS Program Director and above who supervise staff in the regions; and
- Division Administrator and above who supervise staff at State Office.

The CLOE also manages the DFPS Certification Program. Certification is a voluntary process designed to recognize professional development beyond the basic skills required for DFPS specialists and supervisors in Texas. Staff is highly encouraged to seek certification as certification strengthens staff capacity because those certified have met requirements for work-related training, experience, performance.

**Objective 4.1 LEAD: Melissa Hobbs**

**Objective 4.1: Seek to increase the quantity and quality job candidates for frontline hiring.**

**Rationale:** Improved recruitment and hiring practices enables the agency to design options which may ultimately contribute to increased retention of staff. Staff retention leads to quality casework that in turn promotes positive outcomes for clients.

**Expected Outcome(s):**

- Hiring of quality job candidates will be increased.
- Lower vacancy rates will be experienced.

**Outcome Measures:**

- CPS vacancy rates
- CPS job candidate screening and hiring statistics

**Summary**

The agency continues to focus on increasing the quality of job candidates in an effort to drive down vacancy rates. The instruments used to evaluate applicants; a behavioral assessment, skills assessment and a written statement of interest, were validated against supervisor ratings of their employees in early FY2019. The agency will examine testing results of staff who left the agency to determine if there are any common indicators or trends that would explain why staff separated.

The CPS Professional Development model (formerly Basic Skills Development), continues to be the method by which staff are trained. In December 2016, DFPS added a Supervisor Professional Development model as part of enhanced leadership development processes. In addition, DFPS has also implemented a supervisor assessment for screening supervisor candidates prior to an interview. The new process also includes a hiring board to ensure a diverse panel is evaluating each candidate.

Functional Title	Turnover Rate (FY15)	Turnover Rate (FY16)	Turnover Rate (FY17)	Turnover Rate (FY18)	Turnover Rate (FY19) <sup>2</sup>	% Change FY18 to FY19 <sup>3</sup>
<b>CHILD PROTECTIVE SERVICES (CPS)</b>						
CPS Workers	25.8%	25.4%	18.4%	20.2%	21.2%	4.7%
CPS Supervisors	9.5%	10.4%	7.1%	6.8%	8.4%	24.3%
CPS Program	20.5%	20.4%	15.6%	17.4%	18.7%	7.5%

**Strategy 4.1a Lead: Melissa Hobbs**

**Strategy 4.1a: Engage in general recruitment activities focused on attracting quality job candidates.**

**Rationale:** Basic recruitment activities are routinely needed to make the public aware of the agency need for staff.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
a. Maintain an internet presence with job postings	Ongoing	DFPS continues to use the Health and Human Services applicant tracking system to post jobs and screen applications. This system is linked to the Texas Workforce Commission where DFPS jobs are automatically posted. The agency maintains an external facing jobs page, as well as a social media presence to recruit for applicants.	
b. Use pre-employment screening for job candidates	Ongoing	DFPS continues to use a pre-employment screening process that replaced the personality assessment with a behavioral assessment. A Statement of Interest writing sample was also added to the process. Additional stage specific questions were added in an attempt to identify the best fit for new hires.	
c. Focusing on hiring candidates with targeted degrees (social work, counseling, early childhood education, psychology, criminal	Ongoing	The agency is currently required by statute to target recruitment efforts at candidates holding specific degrees and is authorized to increase their starting salary up to 6.8%.	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
justice, elementary or secondary education, sociology, and human services)			
d. Increase starting pay for social work graduates	Ongoing	This practice continued in FY 2019.	
e. Increased starting pay for bilingual hire	Ongoing	This practice continued in FY 2019 where the market required it.	
g. Post jobs on job search Web sites or newspapers that target needed professionals.	Ongoing	DFPS has utilized a limited number of newspaper advertisement, especially in smaller markets with a low applicant pool.	
h. Offer retention stipends to CPS Investigators and Investigative Supervisors	Ongoing	DFPS Investigative worker and supervisor pay continued in FY 2019.	
i. Attendance at hiring fairs	Ongoing	This practice continued in FY2019.	
j. Targeted recruitment of veterans	Ongoing	This practice was continued in FY2019.	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
k. Use of Social Media	Ongoing	In addition to an external facing agency jobs page that provides recruitment information, Facebook and Twitter feeds, DFPS added a LinkedIn page in FY 2018.	

**Strategy 4.1b Lead: Melissa Hobbs**

**Strategy 4.1b: Implement focused recruitment strategies in areas where low quantities of quality job candidates or high vacancy rates exist.**

**Rationale:** Focused recruitment strategies are necessary where applicant pools are low.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
a. In certain approved locations, offer 6.8% above base pay	Ongoing	This strategy continues to help recruitment efforts in some locations. Certain areas of the state continue to experience limited applicant pools as a result of competition from the private sector.	
b. Offer locality pay in certain locations in Texas.	Ongoing	Locality pay appears to have made a measurable difference in areas with the most competitive economies. This practice continued in FY 2019.	
c. Request that positions in certain locations be posted as a "hot job" in CAPPS.	Ongoing	This practice continued in FY 2019.	

**Goal 4 Objective 4.1: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Maintain an internet presence with job postings	Ongoing
Use pre-employment screening for job candidates	Ongoing
Focusing on hiring candidates with targeted degrees (social work, counseling, early childhood education, psychology, criminal justice, elementary or secondary education, sociology, and human services)	Ongoing
Increase starting pay for social work graduates	Ongoing
Increased starting pay for bilingual hire	Ongoing
In certain approved locations offer 6.8% above base pay	Ongoing
Offer locality pay in certain locations in Texas.	Ongoing
Organize hiring fairs in specific locations to interview many staff in one or two days.	Ongoing
Post jobs on job search Web sites or newspapers that target needed professionals.	Ongoing
Request positions in certain locations be posted as a "hot job" in CAPPs.	Ongoing
Offer to CPS Investigators and Investigative Supervisors investigative pay in addition to base salary.	Ongoing

## **Objective 4.2 LEAD: Damaris Nicholson**

### **Objective 4.2: Continue training for new hire caseworkers, newly promoted or new supervisors as well as provide ongoing training to advanced/upper level management.**

**Rationale:** The Texas Legislature mandated the enhancement of training of child protective services caseworkers. To improve the quality and consistency of training provided to child protective services caseworkers, DFPS:

- Augmented classroom-based training with a blended learning environment using computer based modules, structured field experience, and simulation for skills development;
- Used a core curriculum for all new department caseworkers and specialized training for specific jobs;
- Required that DFPS caseworkers transferring from one specialty to another must complete the core curriculum and advanced training for the new specialty before assuming their new responsibilities; and
- Centralized accountability and oversight of all departments training in order to ensure statewide consistency.

In order to comply with the law, the Center for Learning and Organizational Excellence (CLOE) was created. The CLOE and CPS Program jointly train newly hired caseworkers.

Regarding newly promoted or new supervisors, the Texas Legislature also mandated training for certain employees of DFPS:

- The department shall develop and implement a training program that each employee who is newly hired or promoted to a management position in the child protective services division must complete within 60 days of beginning in the management position.

The CLOE's Beginning Manager: Transitioning from Peer to Manager Course contains all of the training components to meet this this law. CPS and the CLOE have implemented policies, procedures, and processes to comply with this law.

**Expected Outcome:** A well-trained workforce, along with supervisory support, should result in improved services and good outcomes for vulnerable children and families across the domains of safety, permanency, and well-being.

#### **Outcome Measures:**

- A comprehensive evaluation has been conducted by The University of Texas. The evaluation includes surveys to caseworkers and supervisors as well as an analysis of CLOE evaluation data. The evaluation concluded in 2017.

#### **Summary:**

In FY 2015, CPS contracted with the University of Texas to conduct the multi-year comprehensive evaluation of initiatives aimed at development a high quality and stable workforce. The evaluation has two broad research aims:

1. Assess whether the CPS Professional Development model and complementary initiatives to enhance supervision are effective for building a stable and high quality workforce and improving outcomes for children and families; and
2. Inform DFPS's ongoing assessment of the CPS Professional Development model and complementary initiatives to enhance supervision by ensuring all of the assessments designed by DFPS are aligned with its objectives and data collected used for continuous improvement of initiatives.

A final report was completed in July 2018. Overall, CFRP finds that CPD is an important step in the right direction for the agency. Workforce stability improved under CPD, with more caseworkers staying with the agency until at least 18 months, leading to an increase in caseworker continuity for children in TMC. Further, across most measures examined, caseworkers who stayed with the agency through 18 months performed better than



caseworkers who left, indicating that CPS is retaining higher quality caseworkers. CFRP did not find a consistent difference in casework quality between CPD-trained and BSD trained caseworkers, however, casework quality improved substantially during the evaluation period and quality improvements correspond to increased attention by agency leadership to meeting key policy measures. These findings indicate that, overall, the agency is making important progress towards improving services to children and families.

CPS staff consistently report that the CPS Professional Development training model, which emphasizes field-based learning, mentoring, and individualized training and supervision, is the right approach for training new caseworkers. Staff assert that CPS Professional Development -trained new caseworkers receive a more realistic understanding of their job responsibilities earlier in their training, begin developing skills more quickly, and are more prepared when they become case assignable than their counterparts trained under the previous Basic Skills Development training model.

A final report was completed on July 2018. Overall, under SPD, supervisors are attending training sooner than under the old model, and CPS staff consistently report that SPD training better prepares new supervisors for their job responsibilities. During the early phase of SPD implementation that CFRP evaluated, CFRP did not find an improvement in retention or casework quality associated with SPD; retention and casework quality were similar among units with SPD-trained supervisors and units with new supervisors who did not receive SPD training. However, it is too early to fully assess outcomes associated with the SPD model, specifically because the timeline of SPD implementation only allowed the evaluators to include supervisors promoted during the first six months of SPD implementation in the evaluation and only allowed a six month timeframe of analysis. For this reason, SPD evaluation results should be considered preliminary. DFPS should continue to monitor retention and performance of SPD and non-SPD units to better understand longer term outcomes of the Supervisor Professional Development training model.<sup>2</sup>

#### **Strategy 4.2a Lead: Damaris Nicholson**

**\*Strategy 4.2a Conduct a multi-year comprehensive evaluation of initiatives aimed at developing a high quality and stable workforce. Evaluation is to be conducted by an external vendor, The University of Texas. The evaluation shall analyze data, noting trends and patterns, in an effort to provide a data driven approach to developing a high quality and stable workforce of caseworkers and managers.**

**Rationale:** The rationale for the comprehensive evaluation is to secure the responses of caseworkers and supervisors in an effort to assess their perceptions of training versus the impact thereof on practice.

The Center for Learning and Organizational Excellence (CLOE) monitors trends and patterns quarterly supporting improvement and performance over time. Several variables may be tracked and analyzed to help determine if program needs are being met. This monitoring also aids the CLOE in determining if an investigation of patterns/trends is warranted to improve practice and/or if modifications to curriculum are needed. Additionally, policy changes occur at random and these changes affect the manner in which we execute work practices. The CLOE and program staff want to ensure that training curriculums are developed and designed with current and relevant policy information that supports continuous improvement for the agency as a whole.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Conduct focus groups composed of workers, supervisors, and trainers	Ongoing	Focus groups have been held with supervisors as part of continuous learning workgroup gap analysis of supervisor training.	completed
<i>c. Contract with University of Texas to conduct multi-year comprehensive evaluation</i>  <i>(new action step)</i>	Ongoing	A final report was completed on July 2018	completed
<i>f. Evaluation completed</i>	June 2018	Final report completed July 2018	completed

**Strategy 4.2c Lead: Damaris Nicholson**

**Strategy 4.2c Begin training for advanced/upper level management which includes the DFPS Executive Team, State Office Directors, Regional Directors, Program Administrators, and Program Directors through DFPS LEADS (Leadership Excellence, Advancement, Distinction, Support) to foster cultural change by:**

- Reviewing the leadership assessment conducted by the University of Texas School of Public Affairs;
- Implementation of Strength Based Supervision Model statewide for child welfare managers; and
- Continuing to work on next steps based on information from facilitated annual executive retreats and monthly executive meetings

**Rationale:** In 2010, DFPS implemented the DFPS LEADS program. DFPS LEADS includes the development of performance management and training. The initial phase of DFPS LEADS has focused on entry and intermediate level managers, providing training that focuses on a better understanding of the agency's mission, vision, values, and guiding principles with the goal of improving staff performance, leading to better outcomes for children, youth and families served by DFPS.

The DFPS plan is to continue carrying out all of the components of DFPS LEADS to entry and intermediate level managers. Implementation of the Leadership Development for DFPS Advanced/Upper Level Management is the next phase of DFPS LEADS. The focus is on enhancing program specific job functions that advanced/upper management staff must carry out on a daily basis with the needed framework.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Continue training for advanced/upper level management which includes the Executive Team, State Office Directors, Regional Directors, Program Administrators, and Program Directors	Ongoing	Ongoing leadership training continues to take place within DFPS through leadership training at every level. In August 2017, CPS began focusing on new and tenured program directors for a 3-day leadership training. These trainings take place on a quarterly basis. CPS developed and implemented the Supervisor Professional Development Model in 2017.	

**Goal 4 Objective 4.2: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Final Report	Completed.
Leadership development training	Ongoing

**Objective 4.3 LEAD: Melissa Hobbs**

**Objective 4.3: Implement strategies to assist in reducing CPS worker turnover.**

**Rationale:** Better staff retention leads to better quality casework that in turn promotes positive outcomes for clients.

**Expected Outcome(s):** Decreased CPS turnover.

**Outcome Measures:** Quarterly/annual CPS turnover rates.

**Summary:**

During FY2018 CPS continued a number of statewide retention strategies in an attempt to decrease turnover. DFPS continued the Commissioner's Award of Excellence, the Team Integrity Award, and the CPS Award of Distinction. In addition, regional management continue to make retention phone calls to CPS caseworkers at 6, 12, 18 and 24 months of tenure. CPS caseworker performance plans and evaluations have been updated to focus on quality casework, using the principals found in the CPS practice model and based on the Texas competencies.

**TURNOVER AND HR-RELATED DATA  
CPS Workers Annualized Turnover  
ALL CPS WORKERS FY18**

Functional Title	Turnover Rate (FY15)	Turnover Rate (FY16)	Turnover Rate (FY17)	Turnover Rate (FY18)	Turnover Rate (FY19) <sup>2</sup>	% Change FY18 to FY19 <sup>3</sup>
<b>CHILD PROTECTIVE SERVICES (CPS)</b>						
CPS Workers	25.8%	25.4%	18.4%	20.2%	21.2%	4.7%
CPS Supervisors	9.5%	10.4%	7.1%	6.8%	8.4%	24.3%
CPS Program	20.5%	20.4%	15.6%	17.4%	18.7%	7.5%

NOTE<sup>1</sup>: Turnover is calculated using a method that mirrors the process the SAO uses. Specifically: Total number of Terminations of Regular Employees/Count of Average Active Regular Employees.

NOTE<sup>2</sup>: Until the conclusion of the fiscal year, the YTD turnover rates will be annualized. The annualized rate is a straight-line projection of the rate of turnover at the end of the year based on the actual rate at the end of the most recently concluded quarter.

NOTE<sup>3</sup>: Positive numbers represent an increase in the turnover rate, and negative numbers indicate a decrease. Since it is mathematically impossible to divide by 0, changes to or from 0.0% are represented by adding or subtracting the current rate.

NOTE<sup>4</sup>: CPS Specialist I was reintroduced in FY14.

NOTE<sup>5</sup>: On 1-Sep-2017 (FY18), approximately 800 employees previously assigned to DFPS were transferred to HHSC as part of a Legislative Mandate. These employees have been excluded from the turnover calculation.

NOTE<sup>6</sup>: Data for the Investigations program was added in FY18. Prior to FY18, there will be no turnover rate against which to compare.

**Strategy 4.3a Lead: Melissa Hobbs**

**Strategy 4.3a: Establish the Workforce Management Steering Committee to vet and implement existing and new retention strategies.**

**Rationale:** The purpose of the Workforce Management Steering Committee is to set strategic direction for recruitment, retention and recognition at DFPS, and to provide information, report progress and gather feedback on all workforce projects across the agency. The group will serve as the central point to discuss retention of staff and establish accountability measures.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Evaluate existing retention strategies and expand proven effective retention strategies across the agency. Implement statewide performance recognition campaign	Ongoing	CPS has implemented Regional Director Awards and the CPS Award of Distinction. DFPS also implemented a quarterly promotion ceremony, recognizing each promoted employee in a statewide ceremony with employee families invited to participate.	
c. Implement calls by regional management to	Ongoing	These calls continue on a monthly basis with regional management contacting staff at 6, 12, 18 and 24 months tenure each month.	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
staff in 6-24 month tenure range			

**Strategy 4.3b Lead: Melissa Hobbs (Completed)**

**Strategy 4.3b: Implement legislatively approved efforts to address the DFPS workforce retention, as funding allows, including Caseworker Certification, Supervisor Compression, Locality Pay, Degree Pay, and On-Call Pay.**

**4.3 Major Benchmarks/Milestones**

Benchmark/Milestone	Targeted Completion Date
Re-evaluate strategies for effectiveness	2015 - 2019. Ongoing.
Review Implementation of Locality Pay (if funded) for possible expansions	2014 - 2019. Ongoing. Locality Pay continues to be authorized and will be reviewed annually to determine which areas of the state would most benefit from it.

## **Goal 5: Integrate Continuous Quality Improvement across all stages of service.**

**Rationale:** Integration and further development of the various elements of quality assurance and continuous quality improvement that currently operate across DFPS will serve to build a solid team of staff dedicated to supporting improving services to children and families across all stages of services through effective use of data and information. Implementing an effective Continuous Quality Improvement system is foundational to building a better DFPS system.

A robust Continuous Quality Improvement system communicates a clear and consistent understanding throughout the agency of what the agency should be accomplishing and a clear and consistent way throughout the agency for measuring quantitatively and qualitatively whether the identified goals are being accomplished and action plans when goals are not being achieved. The Administration for Children and Families issued guidance regarding Continuous Quality Improvement through three publications: ACYF-CB-IM-12-07 for Continuous Quality Improvement in Title IV-B and IV-E Programs; ACYF-CB-PI-14-03: Title IV-B Child and Family Services Plan; and the Child and Family Services Review Technical Bulletin #7 March 2014. The federal guidance provides states the opportunity to develop and implement an integrated Continuous Quality Improvement system, which Texas is continuing to do.

DFPS uses many Continuous Quality Improvement components. DFPS began an analysis of the components referenced in the federal guidelines and held meetings with federal staff to discuss them. With the Child and Family Services Review Round 3 and discussions taking place, this next five-year period is an opportunity to set out what components of a Continuous Quality Improvement system are already developed along with what needs to be developed. DFPS has institutionalized, through its CPS Federal and Program Improvement Review Division, a statewide quality assurance process that mirrors the case review process used in the federal Child and Family Services Review. DFPS also has an Investigation Quality Assurance team as well as Child Safety specialists that work to improve quality of practices and improved safety outcomes. The DFPS Divisions that managed these staff meet regularly to share information and to strategize regarding moving findings into practice. These processes are detailed further in Chapter 4, Quality Assurance. CPS is undergoing a thorough review of its policy development and implementation process, which is part of continuous quality improvement.

The Divisions of Information Technology, Management Reports and Statistics, CPS Federal and Program Improvement Review, Investigation Quality Assurance and the Analytics and Evaluation Team are the current mechanisms to collect, track, organize, process, and analyze data over time. DFPS leadership is committed to managing with data as evidenced by implementation of the Data Placemat, which provides performance data on a limited number of measurements for each stage of service and performance based contracts for residential providers and other initiatives. The Placemat will be one of the tools used by multiple management levels of the organization statewide to analyze performance related to safety, permanency and well-being as part of an integrated statewide Continuous Quality Improvement system.

### **Objective 5.1 LEAD: Brandon Wilson**

**Objective 5.1:** *Continue execution of the integrated Continuous Quality Improvement system, which effectively uses data and information to improve outcomes for children and families served by DFPS.*

**Rationale:** A robust Continuous Quality Improvement system has the following components:

- A clear and consistent understanding throughout the agency regarding what the agency should be accomplishing.
- A clear and consistent way throughout the agency, both quantitatively and qualitatively, of measuring whether the identified goals are being accomplished.

- When the identified goals are not being accomplished, a clear and efficient process for using the quantitative and qualitative information to create a plan that is directed at addressing the identified problem.
- A clear and consistent way to monitor whether the plan is being implemented and improving the identified goal.

To be effective, Continuous Quality Improvement must be imbedded in all aspects and levels of the agency. Continuous Quality Improvement can be used to identify and respond to emerging problems as well as to further strengthen parts of the system that are more robust.

DFPS Divisions of Investigation and CPS already have many components of a Continuous Quality Improvement system in place. There are clear goals regarding what it wants to accomplish safety, permanency and well-being for children involved in the system. DFPS has also recently developed a way to consistently and quantitatively measure whether it is achieving safety, permanency and well-being through the data placemat, which is discussed in more detail below. There is also a significant amount of qualitative information being gathered through case reads both at state office and locally, along with various state, regional and local reviews. DFPS divisions collaborate with a variety of internal and external stakeholders to share data and to strategize how to improve outcomes. Finally, DFPS divisions have a variety of staff that are responsible for helping the regions to identify and address systemic problems and have a variety of means to accomplish this task including use of an Organizational Effectiveness model that was licensed to DFPS by the American Public Human Services Association known as the "DAPIM" model (Define, Assess, Plan, Implement and Monitor).

**Expected Outcome:** Develop a comprehensive, integrated Continuous Quality Improvement system for all stages of service that meet the foundational elements in the ACF guidance and that promotes continuous improvement of services and programs to support improved outcomes for the safety, permanency, and well-being of children and families.

**Outcome Measures:**

- Annual Business Planning
- Quarterly Regional Systems Improvement Team Meetings
- Process Analysis and Improvement

**Summary:**

The DFPS Office of Data and Systems Improvement is responsible for supporting DFPS field and state office in achieving safety, permanency, and well-being for abused and neglected children by providing strategic analysis and guidance on agency operations, policies, processes, and initiatives around child abuse and neglect.

The Regional Systems Improvement Team is part of the Systems Improvement Division and exists to implement continuous quality improvement within the regional operations of the various DFPS Systems. By embedding systems improvement principles and making data consumable at the local level, the team helps regional leadership strategically improve the functioning of their systems with the understanding that high functioning systems increase safety, permanency, and well-being for the children and families DFPS serves. To this end, Regional Systems Improvement Specialists engage in strategic planning, data monitoring and analysis, process analysis and improvement, and practice improvement with and for their regional leadership partners.



The Analytics and Evaluation Team is part of the Office of Data and Systems Improvement and their work includes:

- Providing strategic analysis and guidance on child welfare assessments, models, and quality assurance instruments and process.
- Evaluating the effectiveness of major program initiatives and significant programmatic changes around child abuse and neglect.
- Conducting data analysis to better understand how the reporting, investigation and services systems that serve abuse and neglected children are operating and outcomes for children and families.

Each year, the Analytics and Evaluation Team engages in activities that are related to DFPS initiatives. A number of these activities are ongoing. In FY 2019, activities include:

- Consultation with program staff and management to help develop and implement research and evaluation related to DFPS initiatives identified within the Annual Progress and Services Report (Title IV-B State Plan);
- Surveys and focus groups of staff and clients;
- Presentations and reports generated to inform leadership and the public about how the reporting, investigation and services systems that serve abuse and neglected children are operating;
- Ad hoc reports and technical assistance assignments; and
- Predictive analytics support to predict cases of high likelihood of negative outcomes

**Strategy 5.1b Lead: Brandon Wilson**

**Strategy 5.1b: Develop and implement a strategy and process to better coordinate qualitative and quantitative information gathering and dissemination.**

**Rationale:** Currently, several different divisions gather qualitative and quantitative information through multiple case reviews. Integration of Quality Assurance/Continuous Quality Improvement processes facilitate a comprehensive, adept, and flexible means to analyze current practices qualitatively and quantitatively, identify program strengths and gaps and offer an avenue for crafting strategic solutions on a regional and statewide basis.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Develop a process for integrating Continuous Quality Improvement reports	Ongoing	<p>The Regional Systems Improvement Team of the Division of Systems Improvement began its work in December 2015. The goal of the division is to implement continuous quality improvement within regional operations. This includes a process for integrating continuous quality improvement reports. During FY2019:</p> <ul style="list-style-type: none"> <li>• Each Regional Systems Improvement Specialist coordinated both quantitative and qualitative data to help develop Regional Business Plans. Business plans focused on improvements to Regional resources, completion of critical tasks, quality casework, and outcomes.</li> <li>• Regional Systems Improvement Specialist's held ongoing quarterly meetings to follow-up on Annual Business Planning Progress/</li> <li>• The Director of Regional Systems Improvement meets with the CPS Director of Field frequently to address emerging issues, and monthly to report on overall system performance.</li> </ul> <p>Regional Systems Improvement Specialists developed dashboards at the program director and program administrator level, conducted a variety of root cause analyses, completed Business Process Maps designed to improve process efficiency, and evaluated the efficacy of multiple ongoing regional initiatives.</p>	

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Promote the use of Continuous Quality Improvement strategies including Organizational Effectiveness (DAPIM)	Ongoing	<p>In FY 2016, the Regional Systems Improvement Specialists were trained to become Organizational Effectiveness facilitators. The goal of the Regional Systems Improvement team is to implement continuous quality improvement within regional operations. Each Region has at least one assigned specialist embedded within the regions who report through in the Director of Regional Systems Improvement Deputy Director of Systems Improvement at state office. The team uses continuous quality improvement strategies to improve the use of data informed decision making. The team helps leaders use the information at their disposal to act strategically and continuously improve operations and outcomes.</p> <p>In addition, the current Division of Federal and Program Improvement Review continues to facilitate work across the state on various topics in order to further continuous quality improvement within the regions and in State Office.</p>	

**Goal 5 Objective 5.1: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Develop a plan to coordinate qualitative information gathering	Complete
Develop a plan for better disseminating and using quantitative and qualitative information and data to improve outcomes	Complete
Implement plan for coordinating qualitative information gathering	Complete
Implement plan for better disseminating and using quantitative and qualitative information and data to improve outcomes	Complete
Develop Continuous Quality Improvement Training Curriculum	Complete
Full implementation of the data placemat, meaning it is available at the state, region, unit and worker level and statewide training on how to use it has been completed	Complete
Incorporate Information Technology adaptations	2015 - 2019

**Goal 6: Reduce disproportionality while leaving families healthy and able to safely care for their children and ensuring fair and equitable services to families that take into account individual and family strengths and needs.**

**Rationale:** The law requires CPS to analyze race and ethnicity data related to enforcement actions and develop plans to reduce disproportionality and disparities in the child welfare system.

**Objective 6.1 LEAD: Tanya Rollins**

**Objective 6.1: Develop system and best practice changes supported by data analysis and current practices in child welfare.**

**Rationale:** To significantly reduce disproportionality and disparities in outcomes, DFPS needs to further embed the lessons it has learned into casework practice.

**Expected Outcome(s):** Outcomes for all families within the domains of safety, permanency, and well-being will be improved.

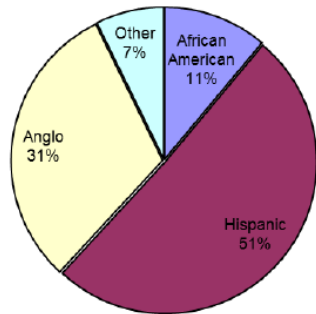
**Outcome Measures:** African American children will be reunited with family at greater rates. In addition, the removal rate gap among African Americans, Latinos, and Anglos will continue to close.

The data below was taken from 2017 Rider 18 report:

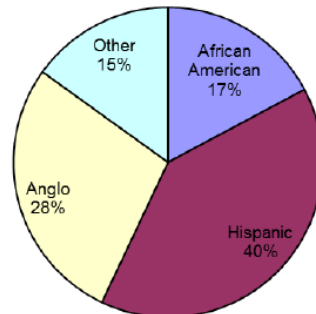
Rider 14 - Minority Child Removals Report for FY2018 - Current Ethnicity  
State of Texas

Category	Total	African American	Hispanic	Anglo	Other
<b>Population*</b>	7,583,816	841,943	3,851,190	2,338,026	552,657
<b>Children Reported as Alleged Victims at Intake</b>	434,143	74,723	172,939	121,025	65,456
<b>Alleged Victims Investigated</b>	280,951	55,151	125,209	81,039	19,552
<b>Children Removed**</b>	20,540	4,373	8,280	6,463	1,424

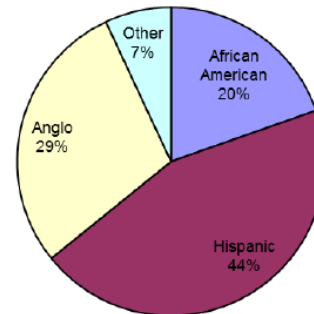
Under 18 Child Population



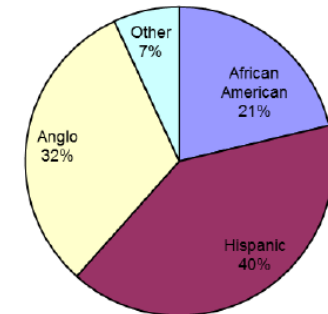
Alleged Victims at Intake



Alleged Victims Investigated



Children Removed



\* Population is based on the 2010 census data.

\*\* Children removed include both Stages of Service - Investigation and Family Based Safety Services

The expected outcome for the disproportionality plan is to improve outcomes for all families within the domains of safety, permanency, and well-being. The outcome measures are related to disparities in the child welfare continuum, removals and reunification. African-American children will be reunited with family at greater rates. In addition, the removal rate gap among African Americans, Latinos, and Anglos will continue to close. Data for FY 2018 is provided in the charts below. Data was extracted from the *DFPS 2017 Interactive Data Book*.

**Children Exiting DFPS Custody by Race and Ethnicity - Fiscal Year 2018**

Race/Ethnicity	Anglo	African American	Hispanic	Other	Asian	Native American	Unknown
Family Reunification	2163	1159	2796	382	24	3	5
Custody to Relatives without Permanency Care Assistance	1724	1121	2276	342	11	2	4
Non-Relative Adoption Consummation	977	501	1191	203	8	8	1
Relative Adoption Consummation	729	525	1355	174	6		
Youth Emancipation	363	290	483	65	5	1	4
Custody to Relatives with Permanency Care Assistance	312	231	268	55			1
Other	54	46	69	19	1	2	2

**Summary:** Data collection, enhanced cultural responsiveness training, and collaboration with external stakeholders, are all related to improved services to the populations with the most disparate outcomes in the child welfare system. Data analysis allows DFPS to target strategic measures

to improve services to children in families. Enhanced cultural responsiveness trainings will allow caseworkers to improve multicultural awareness while examining how systemic oppression impacts different populations. External partner collaboration allows for the voices of those served by institutions to be heard while addresses systemic issues across systems.

**Strategy 6.1a Lead: Tanya Rollins**

**Strategy 6.1a: Continue efforts to reduce disproportionality in child welfare**

**Rationale:** DFPS is committed to eliminating disproportionality and disparities in the Texas child welfare system. With multiple efforts underway to keep families intact, the combined efforts will result in strategies to eliminate disparities.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Utilize race/ethnicity demographic data for Family Group Conferences, Family Team Meetings, and Family Based Safety Services and continue to look at disparities for families receiving these services	Ongoing	DFPS continues to report race/ethnicity demographic data in annual data. Work with regional teams in the analysis of data in these areas utilizing information from data warehouse reports and DRIT (Data Request Intake and Tracking) reports is used to improve outcomes for children and families	



<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
b. Collaborate with agencies, stakeholders and community partners to develop resources and services in the community	Ongoing	<p>The Disproportionality Manager has:</p> <ul style="list-style-type: none"> <li>• Continued to engage with regional disproportionality efforts</li> <li>• Participated in external workgroups to improve outcomes for all youth in care.</li> <li>• Continued involvement in state/tribal meetings with three federally recognized tribes</li> <li>• Participated in national Indian Child Welfare calls</li> </ul>	

**Strategy 6.1b Lead: Tanya Rollins**

**Strategy 6.1b: Enhance knowledge, skills, and abilities of child welfare staff and stakeholders related to racial and ethnic disparities in the child welfare system.**

**Rationale:** By enhancing the cultural competency of staff and stakeholders in the Texas child welfare system, the system can appropriately meet the individual needs of diverse populations and improve outcomes.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Train all “Knowing Who You Are” facilitators on the new revisions	Ongoing	DFPS has and will continue to train facilitators on upcoming revisions. “Knowing Who You Are” Facilitators trained on most recent changes in Fall of 2017. Five “Knowing Who You Are” Facilitator Summits were held across the state	
b. Train all CPS Staff in “Knowing Who You Are”	Ongoing	DFPS continued to require this training as part of the continuous learning process.	
e. Continue training staff and community in anti-racist principles	Ongoing	DFPS continued to train new caseworkers in “Knowing Who You Are” and offer at least two sessions of an anti-racist training. DFPS offered three sessions of “Undoing Racism” in 2018 in Austin, San Antonio, and Arlington. DFPS continued to certify “Knowing Who You Are” facilitators and certifiers to maintain capacity. DFPS is currently revised the certifier curriculum and hosted a certifier train-the-trainer in June 2018. The equity curriculum plan was revised and the curriculum rolled out to DFPS staff in FY2018. DFPS delivers sessions in a Disproportionality Webinar series a maximum of six times a year. The webinar series covers issues related to racial equity.	
f. Deliver poverty simulations across state	Ongoing	DFPS began to deliver the Missouri Action Poverty Simulation in FY 2015-16 to internal and external stakeholders. The Poverty Simulation continues to be	

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
or external and internal stakeholders		delivered to internal and external stakeholders. It is part of the CPS Supervisor Professional Development training requirements.	
<i>g. Design and deliver, "Latino Experience; The Impact of Latinos in America" course</i>	August 2018	This course was designed and implemented in Fall 2018.	
<i>h. Deliver "Working with Families Who Are Impoverished" course to CPS staff.</i>	Ongoing	Working with Families Who Are Impoverished has been added to the Supervisor Professional Development training track. Delivery of the course began in April 2018 and continued in FY2019.	

**Strategy 6.1c Lead: Tanya Rollins**

**Strategy 6.1c: Strategies to eliminate disparities are informed by reliable data collected and reported by race and ethnicity.**

**Rationale:** Disaggregated data reported by race and ethnicity allows the Texas child welfare system to understand the extent of disproportionality and disparities and then develop targeted efforts for addressing the issue.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Analyze data at key decision making points	Ongoing	DFPS implemented monthly reports known as "Data Placemats" to examine data at key decision-making points in FY 2014. Data Placemats continue to be available to all DFPS staff through the data warehouse and contains data at the county, regional and statewide levels. This data is currently utilized to guide strategic planning at the regional and state level.	
b. Analyze trends over multi-year period	Ongoing	In January 2015, DFPS released a multi-year trend analysis which analyzed trends related to key decision making points from 2006-2012. A new disproportionality report was released in 2018. Another report will be released in Summer 2019.	

**Goal 6 Objective 6.1: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Expand Knowing Who You Are to child placing agencies and youth in care	Ongoing effort.
Development of course relate to Working with Latino Families	Completed
Annual data analysis reports related to disproportionality	Annual (ongoing)

**Objective 6.2 LEAD: Tanya Rollins**

**Objective 6.2: Develop and implement methods to support coordination and collaboration among the existing social service agencies, organizations and reform initiatives.**

**Rationale:** DFPS engages with community partners to develop and implement programs and policies that help to reduce disproportionality in child welfare and ensure equity in child welfare services. Through engagement, affected communities are empowered in innovative ways to support individual and community efforts for addressing disproportionality and inequities in the system.

Action Steps:	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
a. Engagement	Ongoing	<p>DFPS continued to work with community partners such as CASA and tribal communities to support services that benefit communities and reduce system inequities. DFPS has engaged with Texas CASA in their faith-based efforts. Texas CASA and the Children’s Commission participated in the state/tribal meetings. Two state/tribal meetings were held in 2017 in El Paso and Livingston. Travis County CASA participated in Knowing Who You Are Facilitator Summits. CPS has held a meeting on August 16, 2018 at the Kickapoo Reservation in Eagle Pass, Texas. Another meeting will be planned.</p> <p>On September 20, 2018 agency representatives attended the Alabama-Coushata Legal Summit in Livingston, Texas. The Children’s Commission discontinued the monthly calls with key stakeholders and tribal members as part of their ongoing tribal work but plan to re-engage in the tribal work. The September meeting, updates to the Indian Child Welfare Act laws, alternative response, and faith-based efforts were discussed. As a result of the rulings in the <i>Brackeen v. Zinke</i> lawsuit, CPS initiated communication with the three federally recognized tribes to promote open communication as the lawsuit is handled in the court system. To date, there have been two calls. Agency representatives met with Ysleta Del Sur and ACF on January 31, 2019 to discuss Ysleta Del Sur’s possible interest in the Title IV-E waiver.</p>	

		<p><u>2018/19 Community Engagement</u></p> <ul style="list-style-type: none"> <li>• <u>Travis County Disproportionality Child Welfare Convening – Participants included Mission Capital, Casey Family Programs, Travis County CASA, Travis County Court Judge, Dell Children’s Hospital, Office of Mayor Adler, St. David’s Foundation, Travis County Health and Human Services, Austin Addressing Institutional Racism</u></li> <li>• <u>Poverty Simulation with Care Portal (Faith-based efforts)</u></li> <li>• <u>Conducted Implicit Bias Training for Travis County Drug Court</u></li> <li>• <u>Ongoing participation in City of Austin Taskforce on Institutional Racism</u></li> </ul> <p><u>Held joint Undoing Racism Workshop with Austin Independent School</u></p>	
b. Sharing of Data	Ongoing	<p>Data is reviewed at key DFPS decision-making points. All presentations to stakeholders and other agencies include a presentation of disproportionality in the Texas child welfare system. Presentations to outside agencies and partners that affect families served by DFPS, such as juvenile justice, judiciary, education systems, law enforcement, and health care include DFPS data and preliminary analyses of potential disparities in their systems. This has enhanced partnerships to implement collaborative reform and improve service delivery to children, youth, and families.</p>	

**Strategy 6.2a Lead: Tanya Rollins**

**Strategy 6.2a: Develop a plan for a cross systems, intra-agency reform model to reduce disproportionality in CPS.**

**Rationale:** Systems change for improving child welfare outcomes for children and families must include collaboration with every system that interacts with DFPS clients.

<b>Action Steps:</b>	<b>Target Completion Date:</b>	<b>Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:</b>	<b>Revisions needed to reflect change in circumstances (if applicable):</b>
a. Participate in ongoing regional disproportionality advisory committee development	Ongoing	CPS has re-engaged with the existing regional disproportionality advisory committees to address disproportionality in the child welfare system. Communication occurs via phone and e-mail in addition to a quarterly conference call. The first quarterly call was held in March 2019.	
b. Cross-Systems Engagement	Ongoing	The Community Engagement Model is used to educate and collaborate with child-serving and family-serving systems, higher education institutions that train future staff of these systems, and consumers of these systems. The Community Engagement Model is used to establish Advisory Committees, identify members, tasks, goals, vision, and to develop a work plan. Stakeholders are regularly invited to "Undoing Racism" workshops and "Knowing Who You Are" trainings. The Office of Minority Health, Statistics, and Engagement Regional Advisory Committees and other stakeholders continue to use the model as a guide for embedding anti-racist principles in ongoing reform efforts.	<i>The Coalition is no longer an active committee.</i>

**Strategy 6.2b Lead: Tanya Rollins**

**Strategy 6.2b: The community is included in dialogues, discussions, planning, and decision-making in efforts that will impact them.**

**Rationale:** The community must have a voice and a choice in actions and decisions that impact them in order for system changes to occur and for sustainability of those changes.

<b>Action Steps:</b>	Target Completion Date:	Status on Accomplishment / Progress made in the past fiscal year toward meeting overall goal and objective:	Revisions needed to reflect change in circumstances (if applicable):
a. Inclusion of community in hiring	Ongoing	When appropriate, community stakeholders are included in the hiring process.	<i>This should be deleted.</i>
b. Inclusion of community in monthly dialogues on race and racism.	Ongoing	Take Action Forums have been discontinued. Community stakeholders are now invited to participate in disproportionality webinars. Disproportionality webinars were implemented in January 2017. There are a maximum of six webinars held each year Participation ranges from approximately 150 to 300 representatives.	
c. Inclusion of community in new initiatives and ongoing projects	Ongoing	Ongoing inclusion of community members in implementation of training curriculums continues.	



**Goal 6 Objective 6.2: Major Benchmarks/Milestones**

<b>Benchmark/Milestone</b>	<b>Targeted Completion Date</b>
Collaborate with The Office of Minority Health, Statistics, and Engagement to develop a plan to engage in cross-systems, intra-agency collaboration	Ongoing
Continued inclusion of the community in dialogues, discussions, planning, and decision-making of efforts related to disproportionality and disparities	Ongoing







**TEXAS**  
Department of Family  
and Protective Services

## **The State of Texas**

# **Title IV-B Child and Family Services Plan 2015-2019 Final Report & 2020-2024 CFSP Requirements**

## **3. Service Description Update**

Texas Department of Family and Protective Services  
ACYF-CB-PI-19-02

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## 3. Service Description Update

### i. Services for Children Adopted from Other Countries

► *In the 2015-2019 Final Report, provide a final update on the state's efforts to provide support to the families of children adopted from other countries.*

Private child-placing agencies provide adoption and post adoption services to families adopting children from other countries. DFPS does not currently provide services that specifically target children adopted abroad. However, children adopted from other countries who are reported to be abused and/or neglected receive child abuse/neglect intake and investigation services from DFPS.

The DFPS reporting system enables DFPS to identify the number of children removed from their families that were previously adopted internationally. DFPS obtains social histories when children come into foster care and also documents information related to the agencies that handled the placement or adoption, the plans for the child, and, if the child was removed due to abuse and neglect, the reasons for that removal. This enables staff to report information on inter-country adoptions that disrupt or end in dissolution, resulting in DFPS being named the child's managing conservator.

IMPACT Modernization, released in April 2019, made changes so that DFPS data regarding international adoption is more accurate. This will aid in future reporting of the data to ensure that all international adoptions are being captured and reported accurately. *Describe the activities that the state plans to take over the next five years to support children adopted from other countries.*

► *Services for Children Adopted from Other Countries (section 422(b)(11) of the Act) Describe the activities that the state plans to take over the next five years to support children adopted from other countries, including the provision of adoption and post- adoption supports.*

DFPS will continue to provide child abuse/neglect intake and investigation services as appropriate and continue to capture and report data related to international adoptions. DFPS has no plans to develop services that specifically target children adopted abroad.

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## D. Service Description Update

### ii. Services for Children under the Age of Five

► *Provide a final update on the activities the state has undertaken over the past five years to reduce the length of time young children under the age of five are in foster care without a permanent family, and the activities the state undertook in the past year to address the developmental needs of all vulnerable children under five years of age.*

To address the developmental needs of all vulnerable children under the age of five in foster care, as well as those served in-home or in a community-based setting, and reduce the length of time children under the age of five are in foster care without a permanent family, DFPS uses tracking, training, and specialized services for children. Additionally, DFPS collaborates with external stakeholders to ensure that identified barriers to permanency are addressed.

Tracking children under the age of five is done through the use of the Texas Statewide Automated Child Welfare Information System known as IMPACT. Reports are available to all DFPS staff through Data Warehouse. In addition to using Data Warehouse reports, caseworkers staff each of their individual cases with their supervisor at least monthly. Regional specialized staff, such as Education Specialists, Developmental Disability Specialists, and Nurse Consultants act as subject matter experts in the areas of developmental disabilities, health, and education, to aid the casework in tracking and identifying these children. Quarterly case reviews conducted by the CPS case analysts review education, medical and behavioral health services to ensure the randomly selected cases include sufficient services to the population of children under the age of five.

The reports available to staff regarding these children and the demographics and characteristics of the child include:

SA-04 Demographics of Children 0 – 17 in Substitute Care. Also second grouping includes 5 year olds, not child under 5: This report allows staff to pull the age, sex, race and characteristics of each child in conservatorship.

HHSC-CPS\_01 SB\_368 CPS Substitute Care Children with developmental disabilities in Institutional settings: This report identifies children who are in substitute care and placed in institutional settings. This report identifies the age, placement and length of time in placement so that staff can monitor this special population and ensure that the placement is meeting the child's needs while continuing to make efforts to place the child in the least restrictive environment that is able to meet the needs of the child.

SA\_48 Special Health care needs: This report identifies children who have special health care needs. The report provides the name of the child, age, placement and type of health care need such as failure to thrive, health disabled, medically fragile, and terminally ill.

SA\_41 Child Placement Characteristics for children in Open Substitute Care: This report provides a comprehensive list of characteristics of each child on a caseworker's caseload. The count of children includes physical, psychological, educational and developmental characteristics.

PP\_03 Active Legal Status: This report identifies the legal status of all children and can be sorted by age and includes whether they are in a placement that is intended to be permanent.

Approaches that DFPS has developed to reduce the length of time in care for and services to children under the age of five include: enhanced case staffing, assessments and services for children with developmental disabilities, safety assessments, specialized service planning and licensing requirements specific to this population. These approaches will continue to be utilized and enhanced.

While there is no data that specifically ties any one service to permanency outcomes for children under the age of five, DFPS uses data to track and evaluate the effectiveness of the combination of these activities in reducing the length of time children are in foster care. In response to previous reviews, DFPS is analyzing outcomes specific to children under five and has begun to identify data to look at the following outcomes:

- Permanency outcomes for children under the age of five;
- Length of time to exit for children under the age of five;
- Number of children under the age of five placed in kinship homes.

Outcome	Fiscal Year 2017 Children and Average Months to Outcome		Fiscal Year 2018 Children and Average Months to Outcome	
	Children	Months	Children	Months
Returned Home	2,382	11.6	2,778	11.4
Custody Given to Relatives, Fictive Kin, Kinship with Permanency Care Assistance	286	22.2	291	21.6
Custody Given to Relatives, Fictive Kin, Non Permanency Care Assistance	2,222	11.4	2,238	11.6
Adoption Consummated Non Relatives	1,484	20.9	1,640	21.0
Adoption Consummated Relatives	1,234	22.3	1,321	22.2
Other	94	11.7	93	9.7
<b>Total</b>	<b>7,702</b>	<b>14.3</b>	<b>8,361</b>	<b>15.4</b>

DFPS continues to review this data and work with regional staff on strategies which target achieving permanency for this population. Slight improvements were made in reducing time to permanency when the custody went to Kinship Caregivers with Permanency Care Assistance and Adoption consummated with a Relative. Time increased for Custody to Kinship Caregivers without Permanency Care Assistance and Adoption by a non-Relative. This resulted in a net increase of time to permanency, although more children under the age of 5 actually achieved permanency.

In FY 2018, 12,014 children under the age of five were placed in a kinship home. This number includes both unverified and verified kinship homes. DFPS has emphasized efforts to increase the number of children who are placed in kinship homes and continues to work towards improving casework practices to support kinship placements and additional supports for the kinship caregivers. Through the use of kinship placements, this young population of children is able obtain permanency with kin more timely if family reunification is not achievable.



FY 2018 was the first year DFPS provided a monthly reimbursement to eligible kinship families which provides financial support to the caregiver as part of DFPS' Relative and Other Designated Caregiver Assistance Program. The program is more fully described earlier in this report. Kinship Development Workers are in every region and provide DFPS the ability to outreach to families in more rural communities. The Kinship Program has identified ways to enhance safety, permanency, and well-being for children through the provision of direct and support services for the kin caregiver. Kinship Development Workers are paired with Conservatorship units to provide more timely engagement of the kinship family.

In an effort to ensure that vulnerable children under the age of five with specialized needs are placed in the most family-like setting, Developmental Disability Specialists are assigned to each case. These specialists work with the primary caseworker to ensure that each child is placed on any Medicaid waiver list to secure home and community based settings, as well as any other specialized resources for which the child may be eligible.

DFPS utilizes Early Childhood Interventions services and services available through the school setting to address the developmental needs of vulnerable children including children in foster care as well those being served in-home or in a community based setting. The Health and Human Services/ Early Childhood Intervention Program collected data in FY 2018 that reflected DFPS referred 6,326 children to the program for screening. This number reflects referrals from all stages of service. Texas Education Agency added specific coding to capture data on students in foster care and education to their Public Education Information Management System (referred to as PEIMS), PEIMS identified 2213 children in foster care who were enrolled in the free pre-kindergarten classes offered through Texas public school districts in 2017-2018. This information was collected from partner agencies and is not captured in the DFPS IMPACT system.

Business plans were created by each region. Some regions specifically address achieving positive permanency for children who have been in DFPS conservatorship for more than two years, which will capture any child under the age of five. Additionally, regional staff and the Regional System Improvement Specialists examine regional progress in order to identify and overcome any systemic barriers to achieving permanency. The regional plans are updated and/or modified if the identified targets are not achieved.

DFPS continues to work on enhancing family visitation, as visitation is even more critical for young children. Current efforts are underway to create additional training for staff on the importance of sibling visitation as well as increasing the minimum required for sibling contact. These efforts are meant to aid in creating a positive shift in visitation practices across the state.

Permanency Planning Meetings are held for children in conservatorship through either permanency conferences or Family Group Conferences. In either meeting, an additional requirement has been added to discuss any barriers to achieving permanency for the

child and to create action steps to overcome those barriers. Additionally, DFPS is working with external partners to create a single case plan model which will combine the permanency planning meeting with the development of the child's plan of service. This initiative seeks to increase collaboration between CPS, parents, caregivers, and contracted placements on the development of the child's plan of service and is designed to clarify goals and expectations, and improve permanency and well-being outcomes.

All children ages 0 to 5 years, including those served in a home or a community-based setting, in the conservatorship of DFPS are screened through the Texas Health Steps program under STAR Health. STAR Health is the Texas Medicaid managed care program for children in the foster care system and Texas Health Steps is the state Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) system. Children are scheduled for their first check-up appointment within 30 days of DFPS securing custody of the child. The health provider at the Texas Health Steps program is responsible for referring children with suspected or obvious developmental delays or disabilities to Early Childhood Intervention program for screening.

Health and Human Services contracts with local agencies in every Texas county to provide services to eligible children. Caregivers and caseworkers may refer children directly to Early Childhood Intervention at any time if the CPS worker or caregiver suspects a developmental delay or disability. Early Childhood Intervention maintains screening information and literature on developmental milestones for children at all DFPS offices. In addition, Early Childhood Intervention provides screening information to all caregivers and parents who are referred to Early Childhood Intervention for assessments. Early Childhood Intervention provides a transitional service to other programs once the child is three years old.

Children ages three, four, and five years who have received Early Childhood Intervention services and have been identified as requiring additional services will transition to a Preschool Program for Children with Disabilities offered through local public schools. School staff will do specific assessments to determine what services will best meet the needs of each child. Children transitioning from the Early Childhood Intervention program may enroll in a pre-kindergarten program offered at the local public school or be eligible for the Preschool Program for Children with Disabilities program, with or without additional services depending on the needs of the child.

Children ages three, four, and five years in foster care who have received Early Childhood Intervention services and no longer require additional ancillary services enter pre-kindergarten programs offered through local public schools. Pre-kindergarten is available to all children currently in foster care, being served in a home or in a community-based setting, and children who were ever in foster care as a result of an adversary hearing. CPS policy directs all caregivers with children ages three, four, and five years to enroll those children in a free pre-kindergarten program offered through a Texas public school, if appropriate for the particular child. Children ages three, four, and five are also eligible for pre-kindergarten programs offered through the Head Start program offered in their community. Head Start is a federally funded early childhood education program available in many communities for children under the age of five years. The two types of eligibility

are income-based and categorical. Children in foster care are categorically eligible for Head Start and Early Head Start, but any child may be put on a waiting list because of enrollment capacity. Pre-kindergarten and early childhood education programs at the local public school or through Head Start may not be available in the local community or appropriate for each child.

All pre-kindergarten children, ages three, four, and five receive an Education Portfolio so that the education needs of the child can begin prior to entry into elementary school and can follow the child throughout his or her educational journey.

Children under the age of five years are assessed initially when they come into care for developmental and health needs. During the initial investigation stage the safety assessment addresses children ages five years and under for safety and vulnerability. Specifically the tool collects information on the following questions:

- Is the child five years old or younger?
- Is the child diagnosed or suspected to have a medical or mental condition, including medically fragile?
- Does the child have limited or not readily accessible support network?
- Does the child have diminished mental capacity?
- Does the child have diminished physical capacity?

This is done to ensure the safety of the child and to determine appropriate services for the child and the family to ensure that the needs of the child are met. Once DFPS has taken custody of the child, DFPS has policy directed specifically towards this young population. Section 6242.2 of the CPS Handbook states that when developing a family plan of service with a family who has a child under the age of two, the worker is required to consult with relevant professionals to determine the skills or knowledge that the parents should learn or acquire to provide a safe placement for the child. The worker discusses this with the parents and ensures that those skills and abilities are incorporated into the service plan as appropriate. Staff should also consider the need for therapeutic visits between the child and the child's parents to be supervised by a licensed psychologist or another relevant professional, to promote family reunifications and to educate the parents about issues relating to the removal of the child. While the steps above are required for a child under 2, the worker may and should consider them for children older than 2.

Children who come in to the conservatorship of DFPS over the age of 3 receive a Child and Adolescent Needs and Strengths (CANS) Assessment within 30 days or within 30 days of turning 3 years old. This assessment is typically conducted by a STAR Health credentialed provider certified to administer the tool and is used to aid in the development of the child's plan of service and identification of an appropriate placement of the child. This assessment is also used to aid in the identification of needed services for vulnerable children who are later served through placements in home or community-based settings. DFPS has also utilized training of caseworkers and caregivers to address the developmental needs of vulnerable children and reduce the length of time in foster care. These trainings will continue to be used over the next five years and will be modified and enhanced to address identified trends and needs. CPS uses a case reading tool for

Conservatorship Program Directors to assist with reading case for a lens towards permanency and ensuring the developmental needs of vulnerable children are met.

Foster parents attend pre-service training before becoming verified as a foster parent and ongoing annual training after verification. Parent Resources for Information, Development and Education (PRIDE) is a competency-based program consisting of 11 sessions totaling 35 hours. PRIDE covers topics particularly relevant to this vulnerable population, such as Shaken Baby Syndrome, Child Development, Attachment and others.

**In the APSR, States must report on their efforts to provide developmentally appropriate services. This information must include:**

- **The number of children under the age of five in foster care in FY 2018;**

<b>Year</b>	<b>Total Children</b>
FY 2018	12,874

\* FY 2018 includes children under the age of five in DFPS conservatorship on 08/31/2018 who were in an out-of-home placement.

- **All Children Under Age Five in Conservatorship of DFPS**

The method of tracking these children and the demographics and characteristics of the identified children is to identify and follow these children to ensure oversight of age-appropriate services.

Statewide Substitute Care Population Demographics for Children Under Five  
As of August 31, 2018

Legal Region	Total Children Under Age 5	Age		Sex		
		0-2	3 - 5	Female	Male	Unknown Sex
001	725	490	235	327	395	3
002	527	349	178	261	266	0
003	2785	1910	875	1326	1459	0
004	878	584	294	436	442	0
005	579	406	173	279	300	0
006	2133	1401	732	1011	1120	2
007	1924	1299	625	909	1015	0
008	1883	1251	632	916	966	1
009	360	252	108	176	184	0
010	134	89	45	68	66	0
011	946	662	284	468	478	0
State Total	12874	8693	4181	6177	6691	6

Statewide Substitute Care Population Demographics by Race and Ethnicity for  
Children Under Five  
As of August 31, 2018

Legal Region	Total Children Under Age 5	Race/Ethnicity						
		African American	Hispanic	Anglo	American Indian	Asian	Multiple	Unknown Ethnicity
001	725	71	397	200	0	3	28	26
002	527	72	153	249	1	0	40	12
003	2785	926	696	895	0	6	190	72
004	878	214	101	458	0	2	75	28
005	579	169	49	325	1	0	28	7
006	2133	831	598	550	0	5	106	43
007	1924	467	649	639	3	6	120	40
008	1883	145	1349	302	0	2	40	45
009	360	29	192	122	2	0	10	5
010	134	3	114	11	0	0	3	3
011	946	15	831	76	0	0	5	19
State Total	12874	2942	5129	3827	7	24	645	300

## Statewide Substitute Care Population by Characteristics for Children Under Five

As of August 31, 2018

Legal Region	Total Children Under Age 5	Characteristics						
		Physical	Medical	Drug Alcohol	Emotional	Learning	Sibling	Teen Parent
001	725	2	16	73	6	20	121	
002	527	2	20	76	4	15	32	
003	2785	16	74	331	20	78	126	
004	878	3	31	89	7	39	63	
005	579	3	21	64	4	17	37	
006	2133	17	97	172	15	89	246	1
007	1924	12	48	223	15	71	297	2
008	1883	9	55	231	20	69	82	
009	360	2	7	42	5	9	9	
010	134	1	7	11	4	8	2	
011	946	3	25	79	12	33	20	1
State Total	12874	70	401	1391	112	448	1035	4

Notes:

A child may have no characteristic, one characteristic, or more than one characteristic.

► *Describe the activities the state plans to undertake over the next five years to reduce the length of time young children under the age of five are in foster care without a permanent family, and to address the developmental needs of all vulnerable children under five years of age.*

During 2020-2024 DFPS plans to continue to provide the same array of services and approaches that are referenced in this update, including those described in the section above.

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## D. Service Description Update

### iii. Populations at Greatest Risk of Maltreatment

► *In the 2015-2019 Final Report, provide a final update on the state's efforts to identify these populations and how services were targeted to those populations over the last five years.*

In 2015, DFPS implemented the use of Structured Decision Making® (SDM) tools. The SDM Risk Assessment classifies families according to the level of risk for recurrence of abuse/neglect. This allows DFPS to direct resources toward the families that are most in need of services. The agency has employed a number of strategies designed to target this population as well as other children at risk:

- Child Safety Specialists review investigations involving children 0-3 years in multiple referral cases, and review cases with victim children 0-3 years when the risk level is high or very high or the safety finding is anything other than safe and the family is not being referred for services beyond investigation.
- The 85<sup>th</sup> Legislature provided additional funding for prevention programs focused on early supports for families, including expanding nurse home visiting specifically for first time parents and home visiting for high risk families with prior CPS interventions. New Healthy Outcomes through Prevention and Early Support (HOPES) III contracts were awarded for nine counties to provide services and build collaborative, sustainable and innovative family support systems that include a family service coalition as well as evidence-based or promising practice services to strengthen families with children 0-5 years of age. In FY2018, new contracts for the Texas Home Visiting program, STAR program, and Community Youth Development Program were executed. In FY2019, procurements for HOPES, fatherhood engagement, and services for high-risk parenting were launched and services set to begin in FY2020.
- The 85th Texas Legislature required DFPS, through its Prevention and Early Intervention Division (PEI), to develop a growth strategy to gradually increase the number of families receiving PEI services each year. In response to this PEI partnered with the University of Texas Health Science System to develop a series of tools that utilize risk mapping and geographically based risk and resiliency models that will assist DFPS in developing growth strategies focused on how to allocate resources within communities of need. The University provided information and analysis that will help PEI understand where programs and investments will need to grow to meet the needs of communities at high risk for maltreatment. In January 2019, the zip code level community maltreatment risk maps were released.
- Project HIP (Helping through Intervention and Prevention) provides home-visiting services to a narrow set of high-risk families who have a newborn and who also have

had parental rights terminated or a child die due to abuse or neglect in the previous two years or who are youth in DFPS conservatorship. Families with previous CPS history are identified through monthly data matching between DFPS and the state's registry of births.

During 2020-2024 DFPS plans to continue to provide ongoing services to these targeted populations at risk of maltreatment.



## **2015 – 2019 Child and Family Services Plan Final Report Requirements**

### **D. Service Description Update**

#### **iv. Kinship Navigator Funding**

► *In the 2015-2019 Find report, provide an update on how DFPS has used these funds to support and evaluate kinship navigator programs.*

Since receiving the kinship navigator grant funding on September 19, 2018, DFPS has used a portion of the FY 2018 Kinship Navigator Funds to partner and contract with the University of Houston Graduate College of Social Work to examine the necessary infrastructure to support and sustain a kinship navigator program in Texas, as well as the projected costs to implement and sustain the program. This examination included an assessment of current services available to kinship families, gaps in resources, and costs associated to implement and sustain the program. This evaluation also included research regarding kinship navigator programs in other states.

With the information obtained from research, DFPS will seek to develop partnerships with stakeholders to collaborate on a Texas Kinship Navigator model. Identified partners include Texas Health and Human Services 2-1-1, Texas Network for Youth Services, and the Center for Public Policy Priorities. Kinship caregivers will also be given an opportunity to provide input on the Texas model.

The research will be used as a foundation to move forward to assess the scale of implementation, considering a phased approach, and to further evaluate recommended options as it relates to sustainability in both rural and urban areas. If considerable support of the program is identified and a Texas Kinship Navigator model is viable, DFPS will use any remaining funds to assist with the initial implementation of a Texas Kinship Navigator Program and bolster resources necessary to support the kinship navigator program.

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## D. Service Description Update v. Adoption and Legal Guardianship Payments

► *Adoption and Legal Guardianship Incentive Payments (section 473A of the Act) States were required to specify in the 2015-2019 CFSP the services they expected to provide to children and families using Adoption and Legal Guardianship Incentive payments and the state's plans for timely expenditure of the funds. In the 2015- 2019 Final Report, provide a final summary of how the state spent Adoption Incentive and Legal Guardianship Incentive payments received during FYs 2015 – 2019.*

- FFY 2015: CPS Direct Delivery Staff - ALGIP funded a portion of CPS direct delivery staff-related costs. Based on the cost allocation percentages derived from the CPS random moment time study, these ALGIP funds are used for activities that are allocable to Title IV-B, subpart 1 - child welfare services.
- AGLIP funded payments to contracted child placing agencies to conduct adoption recruitment, screening, home studies, placement and other adoption support services. These contracted services augment the adoption activities of state staff which results in increased adoption consummations for Texas children.
- FFY 2016: CPS Direct Delivery Staff - ALGIP funded a portion of CPS direct delivery staff-related costs. Based on the cost allocation percentages derived from the CPS random moment time study, these ALGIP funds are used for activities that are allocable to Title IV-B, subpart 1 - child welfare services.
- FFY 2017: CPS Direct Delivery Staff - ALGIP funded a portion of CPS direct delivery staff-related costs. Based on the cost allocation percentages derived from the CPS random moment time study, these ALGIP funds are used for activities that are allocable to Title IV-B, subpart 1 - child welfare services.
- Other CPS Purchased Services - ALGIP funded a portion of expenditures for providing purchased services to treat children who have been abused or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children.
- FFY 2018: CPS Direct Delivery Staff - ALGIP funded a portion of CPS direct delivery staff-related costs. Based on the cost allocation percentages derived from the CPS random moment time study, these ALGIP funds are used for activities that are allocable to Title IV-B, subpart 1 - child welfare services.

ALGIP funded payments to contracted child placing agencies to conduct adoption recruitment, screening, home studies, placement and other adoption support services. These contracted services augment the adoption activities of state staff which results in increased adoption consummations for Texas children.

Other CPS Purchased Services - ALGIP funded a portion of expenditures for providing purchased services to treat children who have been abused or neglected, to enhance the safety and well-being of children at risk of abuse and neglect, and to enable families to provide safe and nurturing home environments for their children. DFPS has had no difficulties expending these funds in a timely manner previously and does not foresee any future changes, issues or challenges.

***In the 2020-2024 CFSP, states must describe:***

▶ *The services the state expects to provide to children and families using the Adoption and Legal Guardianship Incentive funds.*

▶ *The plan for timely expenditure of the funds within the 36 month expenditure period.*

DFPS plans to utilize FY 2015 funds as a portion of the funding for Child Protective Services Direct Delivery Staff Activities, Purchased Adoption Services, and CPS Other Purchased Services.

CPS direct delivery staff activities include salary and travel for staff who perform direct casework with children in the custody (conservatorship) of the State that leads to family reunification or other permanency goals such as adoption. Purchased adoption services is where DFPS contracts with child placing agencies to perform the functions necessary for the adoption placement and post adoption placement supervision of children in DFPS conservatorship. Other CPS purchased services are those Title IV-B allowable services provided to children and families such as evaluation and treatment services.

DFPS has had no difficulties expending these funds in a timely manner previously and does not foresee any future changes, issues or challenges.



**TEXAS**  
Department of Family  
and Protective Services

## **The State of Texas**

# **Title IV-B Child and Family Services Plan 2015-2019 Final Report**

## **4. Program Support**

Texas Department of Family and Protective Services  
ACYF-CB-PI-19-02

# 2015 – 2019 Child and Family Services Plan

## Final Report Requirements

### 4. Program Support

*In the 2015- 2019 Final Report, states must:*

- ▶ *Summarize the state’s training and technical assistance provided to counties and other local or regional entities that operate state programs and its impact on the achievement of 2015-2019 CFSP goals and objectives.*
- ▶ *Describe the technical assistance and capacity building efforts that the state received in FY 2015-2019 in support of the CFSP/APSR goals and objectives. Describe how capacity building services from partnering organizations or consultants assisted in achieving the identified goals and objectives*
- ▶ *Summarize how the state’s activities undertaken in FYs 2015-2019 in child and family services-related research, evaluation, management information systems, and/or quality assurance systems informed service delivery and contributed to achieving the goals and objectives of the 2015-2019 CFSP.*

#### **Texas Juvenile Justice Department Technical Assistance**

CPS identified a specify strategy in its Child and Family Service plan to improve communication and coordination of service planning for DFPS youth involved with the Texas Juvenile Justice Department or with local/county juvenile probation departments. These communication and coordination efforts helped ensure that appropriate services were provided in a timely and cost effective manner for the respective agencies. CPS regional juvenile justice liaisons were able to assist staff with case specific issues regarding local county juvenile probation departments or the Texas Juvenile Justice Department. In addition, quarterly conference calls were held to share information and resolve issues.

DFPS conducts a yearly Quality Assurance review of cases certified as Title IV-E eligible under the Texas Juvenile Justice Department’s (TJDD) Title IV-E program. The sample includes cases from the TJJD and County Juvenile Probation Department IV-E eligible populations. Technical guidance is given by DFPS to the DFPS/TJJD foster care eligibility specialist and the TJJD Title IV-E program, as needed, based on the results and findings of the case review.

#### **Technical Assistance and Evaluation**

The Office of Data and Systems Improvement is responsible for supporting DFPS field and state office in achieving safety, permanency, and well-being for abused and neglected children by providing strategic analysis and guidance on agency operations, policies, processes, and initiatives around child abuse and neglect.

The Regional Systems Improvement Team is part of the division and exists to implement continuous quality improvement within the regional operations of the various DFPS Systems. By embedding systems improvement principles and making data consumable at the local level, the team helps regional leadership strategically improve the functioning of their programs and increase safety, permanency, and well-being for the children and families DFPS serves. Regional Systems Improvement Specialists engage in strategic planning, data monitoring and analysis, process analysis and improvement, and practice improvement in partnership with regional leadership.

The Analytics and Evaluation Team is another component of the Office of Data and Systems Improvement and its work includes:

- Providing strategic analysis and guidance on child welfare assessments, models, and quality assurance instruments and process.
- Evaluating the effectiveness of major program initiatives and significant programmatic changes around child abuse and neglect.
- Conducting data analysis to better understand how the reporting, investigation and services systems that serve abuse and neglected children are operating and impacting outcomes for children and families.

As the Analytics and Evaluation team is funded with CAPTA resources, their FY2019 activities are contained within that section of this annual report.

### **External Technical Assistance and Evaluation**

DFPS has utilized technical assistance during the past year in order to improve outcomes to children and families. During the last fiscal year, this support has included the following:

- Work with AdoptUSKids has been initiated, with further technical assistance planned during the next year.
- Casey Family Programs has funded training for Family Based Safety Services in Region 7 in order to support facilitation and implementation of the Nurturing Parenting Program by FBSS caseworkers. This technical assistance was used to support development of family engagement and assessment skills in FBSS and continues to be a resource.
- Casey Family Programs is providing technical assistance to support strengthening the statewide Parent Collaboration Group.
- Casey Family Programs has been providing support regarding the Family First Prevention Services Act, as DFPS analyzes its options and attempts to fully understand this complex federal legislation.
- The Center for Children and Family Futures participated in the federal site visit regarding Texas implementation of Plans of Safe Care. Recommendations will be forthcoming, as this visit occurred in August 2019.

## **IMPACT System**

Information Management Protecting Adults and Children in Texas or IMPACT is the statewide system for Child Protective Services and Adult Protective Services. All levels of staff use the system. IMPACT is available statewide at all times and supports all aspects of DFPS casework from intake to post-adoption services. Statewide Intake staff also use IMPACT, which allows staff to record and process all case-related information beginning with the intake of the report to case closure.

Consolidating and centralizing automation has improved case management. Cases can be accessed simultaneously, allowing for flexible case reporting and monitoring. All DFPS direct delivery staff can access IMPACT to input data. Supervisors can electronically review case information and documentation at any given time, supporting ongoing monitoring of cases for evaluation purposes. In addition, use of IMPACT applications forced statewide standardization in use of forms and enforced system-wide edits applied to casework activities.

IMPACT is the data source for the annual National Child Abuse and Neglect Data System (NCANDS) federal report as well as the federal Adoption and Foster Care Analysis and Reporting System (AFCARS) data. Additionally, IMPACT supports various other web-based tools for information processing and analysis.

## **FY19 IMPACT Updates**

The IMPACT Modernization Program is a multi-year approach targeted at updating the architectural framework and user interface of the casework management system. The IRM Division has developed a strategic plan to incrementally deploy components of the modernized IMPACT and provide benefits to DFPS staff and external partners. Key success factors include the following:

- Provide an intuitive application for all users
- Provide dashboards for supervisors and workers to quickly identify time-sensitive tasks
- Support policy based decision making
- Allow easy and quick access to relevant information
- Allow external partners to access appropriate IMPACT data
- Allow timely modification as policy changes occur

In FY19, DFPS will implement additional updates of Phase 2 which includes completion of the following:

- Implementation of federal sex trafficking legislation
- Re-engineering of key casework processes to save caseworker time
- Improved data collection and tracking
- Structured Decision Making (SDM) assessments to Family Based Safety Services and CPS Conservatorship
- Redesigned Family Plan; Single Child Plan of Service, which permits external access for Residential Child Care Providers

As part of the IMPACT Modernization Program, a new project was initiated in FY 2019 to determine the necessary updates required to modernize the Financial Module of IMPACT. Work will continue into FY 2020.

In support of capacity building for children in the care of DFPS, updates to IMPACT were implemented to allow for timely and automated payment of residential providers for new models of care to include Treatment Foster Care (TFC), Intense Plus Service Level of Care, and Temporary Emergency Placements. House Bill 4 of the 85<sup>th</sup> Texas Legislative Session also enacted revisions to the assistance program for relatives and other designated caregivers providing care to a child or children in the managing conservatorship of DFPS. Updates to IMPACT provided automated payments to eligible caregivers in support of the effort to provide financial assistance to Kinship Caregivers.

The IRM Division continues to support the implementation of Community Based Care Model for Stage I and II. As DFPS continues contracting with providers for services, inclusion of additional external staff requires coordination of access to the DFPS network and systems and inclusion into IMPACT as needed.

Interoperability efforts are underway. In FY 2018, the DFPS IRM division initiated discussions with contracted providers for Community Based Care. The objective of the discussions were to align and develop a plan for a two-way data exchange between IMPACT and the Single Source Continuum of Care provider systems to manage data entry of child/family-specific data. For FY 2020, DFPS will continue with plans to implement a two way exchange of data with providers which will expand beyond those providing Community Based Care.

Modernization of IMPACT will continue through FY2022 using a module based approach. Additional updates for the FY 2020 - 2021 biennium include any legislative mandates outlined by the 86<sup>th</sup> Legislative session. This is in addition to continued development of data exchanges with external entities and third party providers.

### **Other Systems**

In FY 2019, development of a new system, Child Placement Portal (CPP) began based on the need to provide summary information for identified DFPS staff to facilitate timely placement of children in conservatorship. Development will continue in FY 2019 with implementation projected for FY 2020.

A system of Incentives and Remedies has been implemented. The DFPS Purchased Client Services Division requires a system to track, manage and assess provider contracts for Residential Child Care and Family Based Safety Services. This system, currently in development will assess the performance of providers in key areas to include completion of timely background checks for provider personnel and meeting training requirements. The system will determine compliance levels for liquidated damages, financial remedies, and incentives as a mechanism to improve outcomes for children. This system will also need to support the communications and payment processing to and from contracted providers.



Development of a new PEIRS application to accommodate the Texas Home Visiting program is underway. Implementation of this project meets the mission and business objectives for the Texas Home Visiting and Prevention and Early Intervention programs and maximizes the ability to quickly respond to any new legislative requirements. Phase 2 will provide application configuration and administrative functionality that would reduce the dependency upon IT for maintaining ever-changing key data elements required to support programs, contractors, workflows, etc.

### **IT Operations**

The DFPS Information Resource Management (IRM) Division plans and coordinates all activities in alignment with agency strategy and business planning by DFPS programs. The IRM Division continues to make improvements in IT infrastructure, maintain systems and networks; and streamline distribution of hardware and software for DFPS staff. In FY 2019, IRM initiated projects to improve a quicker, yet secure, connection to the DFPS network for all staff and replicate a back-up data center to ensure continuity of the network and systems in the event of a system failure.

Other operational activities in FY 2019 included replacement of DFPS devices (laptops, tablets, and smart phones) as needed and acquisition of devices for costs savings; improving communication to inform DFPS staff of improvements or availability of technologies; and a focus on retention of IT staff for business continuity of the agency. IRM will continue to explore other options in FY 2020 for cost savings and efficiencies with the intent to re-invest savings to improve support to DFPS caseworkers. These include an evaluation of existing third parties for quality IT services; reducing dependencies on service providers; and exploring new and emerging technologies to better serve the DFPS workforce.

### **Program Support**

A Program Support Division provides the day-to-day direction, guidance and coordination for the agency's program support functions, including:

- Program Support manages space in offices and ensures regional office facilities meet the needs of staff.
- An Application Support Team provides Tier 2 support for staff within several internal/external applications. This includes resolving tickets called in to the Customer Service Center. IMPACT Data Corrections resolves data errors that cannot be corrected on-line by staff and require IT or other specialized assistance.
- The Support Operations and Applications Permissions Unit helps ensure accuracy in IMPACT by providing guidance to staff regarding common functions, processing data correction requests, and resolving more complex data integrity issues. This unit also manages application security and user permissions, merges, and client role removal when approved. Merge Specialists perform appropriate person merges to eliminate duplicate person records in IMPACT, which improves IMPACT accuracy and staff's ability to locate case history. Role Removal Specialists respond to DFPS client requests for role removal from IMPACT, ensuring before removal that all allegation status requirements have been met.

- The Worker Safety Support team provides tailored assistance to staff who are threatened, harassed or assaulted. They coordinate with leadership, Regional Administrative Services, and other partners to ensure staff are safe while on the job. They also support and train staff on the SafeSignal application.

### **Texas Permanency Outcomes Project**

The Texas Permanency Outcomes Project (TXPOP) develops sustainable best practices utilized by public and private child welfare agencies across Texas to connect children to their birth families regardless of their permanency outcome. TXPOP is utilizing multiple groups of stakeholders (including DFPS, Legal, CASA, Casey Family Programs, foster parents, biological parents, former foster youth and Child Welfare Board members) to design sustainable practice models to address family engagement. In 2019 the Texas Institute for Child and Family Wellbeing (TXICFW) will gather perspectives from birth families, foster parents, child welfare practitioners, and child placing agency staff to understand what tools, training and agency supports are needed to facilitate birth family involvement in the child welfare process.

The unique and sustainable contribution of this project for Texas, and other states, is the development of a new practice approach to guide child welfare systems as they shift to interventions that ensure children and families are at the heart of the decision-making process. The development of the approach will begin in the planning phase of the grant and will continue throughout the first year. At the beginning of year two, a request for proposals will be released for child placing agencies to apply the new practice approach. Sites will then be selected by the project team and be asked to enter into a contract. Each site will be provided \$100,000 annually to support the salary of a site implementation coordinator, project-related travel and other expenses incurred by the agencies. The Texas Center for Child and Family Studies (TCCFS) will provide supplemental regional trainings and hold an annual conference to build capacity related to our new approach for practitioners and non-profits throughout Texas. In years three through five TXICFW will be evaluating the implementation of the approach using a quasi-experimental mixed-methods design. After the grant ends, TCCFS will sustain the approach by continuing to provide new trainings, support and capacity-building related to the new practice approach. DFPS supports TXICFW in TXPOP and has members on the Executive Advisory Team and stakeholder advisory group. The goals of TXPOP aim to improve the DFPS Program Improvement Plan for the Child and Family Services Review, specifically targeting Permanency Outcomes 1 and 2 and Wellbeing Outcome 1.

### **Quality Improvement Center for Adoption and Guardianship Support and Preservation**

The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) is a 5-year federally funded project that promotes permanence (when reunification is no longer a goal) and improves supports for adoptive and guardianship families. Working in partnership with eight sites, the QIC-AG is identifying and testing promising practices and evidence-based models of support and services for children and families both pre and post permanence.

The QIC-AG created a Permanency Continuum Framework to help structure work with sites and families pre and post permanence. The Continuum Framework was developed on the premise that children in adoptive or guardianship families fare better when their families are fully prepared and supported to address issues before they arise, and if issues arise, before they escalate into a crisis.

Texas is implementing an intervention that falls into the focused interval on the Permanency Continuum Framework. Focused services are targeted for children who are experiencing challenging emotional, behavioral, or mental health issues that might negatively affect their movement to permanence through adoption or guardianship.

Focused services are designed with a two-fold purpose. First, focused services are intended to meet the emotional, behavioral, and mental health needs of children whose current needs are hindering permanence. Second, focused services are designed to enhance the capacity of each family to meet the needs of their child and, ultimately, become a permanent resource.

Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss (Pathways 2) was developed by Kinship Center, a member of Seneca Family of Agencies. Pathways 2 is designed for foster and adoptive parents, kinship caregivers, and guardians who are actively parenting children who have experienced trauma and loss. Pathways 2 is a seven-session series that uses a group-based format to enhance parents' and caregivers' ability in skilled application of strategies. The program is designed as a clinically informed competency-building training, and is delivered as an interactive learning experience with robust discussion. As designed by the program's developer, the Pathways 2 intervention has the following goals:

- Provide parents/caregivers with a foundational understanding (based on science and experience) of childhood trauma, grief, and loss, as well as an understanding of the impact of these issues on their children
- Help parents/caregivers to recognize, identify, and address the core issues of adoption and guardianship stability
- Empower parents/caregivers to have more empathy as their skills increase
- Stabilize families helping children heal from trauma

### **Quality Improvement Center Collaborative Community Court Team**

Texas has a Quality Improvement Center Collaborative Community Court Team (QICCCCT) site in Harris County. The demonstration site is charged with collaboratively addressing the health and substance use disorder treatment needs of infants, young children, and their parents or caregivers. There is an Infant-Toddler Court Project in place and program staff is in the process of determining the responsibilities of individuals and organizations as they relate to the CAPTA / CARA amendments and how the provisions will be implemented locally.



**TEXAS**  
Department of Family  
and Protective Services

## **The State of Texas**

# **Title IV-B Child and Family Services Plan 2015-2019 Final Report**

## **5. Consultation and Coordination Between Tribes and States**

Texas Department of Family and Protective Services  
ACYF-CB-PI-19-02

# 2015-2019 Child and Family Services Plan (CFSP) Final Report & 2020-2024 CFSP Requirements

## 5. Consultation and Coordination between Tribes and States

► Describe the process used to gather input from tribes since the submission of the 2019 APSR and during the last five years, including the steps taken by the state to reach out to all federally recognized tribes in the state. Provide a final update, developed after consultation with tribes, on the specific measures taken by the state to comply with ICWA since submission of the 2015- 2019 CFSP.

► Describe the process used to gather input from tribes for the development of the 2020-2024 CFSP, including the steps taken by the state to reach out to all federally recognized tribes in the state. Provide specific information on the name of tribes and Tribal representatives with whom the state has consulted. Please provide information on the outcomes or results of these consultations. States may meet with tribes as a group or individually. Provide a description of the state's plan for ongoing coordination and collaboration with tribes in the implementation and assessment of the 2020- 2024 CFSP.

### **Response to the five major components of the Indian Child Welfare Act:**

1. Identification of Native American children by the State child welfare services agency.
2. Notification of Native American parents and Tribes of State proceedings involving Native American children and their right to intervene.
3. Placement preferences of Native American children in foster care, pre-adoptive and adoptive homes.
4. Active efforts to prevent the breakup of the Native American family when parties seek to place a child in foster care or for adoption.
5. Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe.

A formal liaison process with specified CPS staff exists in the regions where the three Tribes are located: the Alabama-Coushatta Tribe of Texas in DFPS Region 5; the Kickapoo Traditional Tribe of Texas in Region 8; and the Ysleta del Sur Pueblo/Tigua Tribe) in Region 10. The formal liaison relationships are used for ongoing coordination and collaboration with the Tribes. This formal process is utilized for the assessment, monitoring, and improvement of the state's compliance with the Indian Child Welfare Act. There is a discussion regarding barriers to coordination and collaboration with the three federally recognized Tribes at each of the biannual state/Tribal meetings as well as the Administration for Children and Families Title IV-B meetings. This format provides the Tribes and the liaisons with the venue to discuss issues that may arise. In addition to the ongoing meetings, the state office liaison is responsible for identifying potential barriers and working with the regional liaisons and Tribes to come to a resolution. Participants include the Tribes, DFPS, and other interested stakeholders.

In 2018 as a result of ongoing collaboration and Tribal interest, the HHSC Office of Minority Health, Statistics, and Engagement delivered mental health first aid training to the Kickapoo Tribe. During the August 2018 biannual meeting and during a subsequent meeting, Ysleta Del Sur representatives and DFPS held direct discussions in light of the FBSS pilot underway in El Paso, which outsourced FBSS casework to a Family Services Contract. Tribal representatives expressed general satisfaction with the pilot and its services, but also expressed concern with the dismantling of the dedicated Tribal unit, specifically that staff are not able to gain the level of familiarity with the tribe because a relationship has not been established. A representative from DFPS Center for Learning and Organizational Excellence (CLOE) was present to discuss training and reiterated that Tribal partners would have continued access to trainings offered by the department. CLOE is currently attempting to determine a method to allow tribes to participate in virtual learning opportunities. Information on agency efforts to address domestic violence was discussed at the meeting, with the CPS Domestic Violence Specialist providing each of the Tribal representatives with information related to domestic violence. All of the information discussed encourages joint strategic effort by DFPS and Tribal representatives to improve safety, permanency and well-being for Native American children and their families through the Texas child welfare system.

The Children's Commission supports partnering with system stakeholders to promote ongoing knowledge and understanding of the ICWA and its importance. The Children's Commission works with national ICWA and leading organizations on understanding and implementation of new Federal Rule and Bureau of Indian Affairs (BIA) Guidelines and membership on the Commission includes a Tribal judge. The Children's Commission also partners with DFPS in supporting Tribal/state collaborative meetings and collaborates with the National Center for State Courts and the participants of the CIP ICWA Constituency Group.

The Children's Commission issued a JIR in November 2018 informing readers of the U.S. District Court for the Northern District of Texas opinion in *Brackeen v. Zinke* declaring unconstitutional most of the Indian Child Welfare Act (ICWA). The case is currently pending in the United States Fifth Circuit Court of Appeals. The lower court's decision has been stayed pending appeal. The Fifth Circuit held oral arguments in March 2019. The Commission continues to monitor this case and update stakeholders on the status. This case has underscored the importance of an ongoing dialogue between DFPS and the Texas tribes. To date, there have been two calls.

Based on Tribal interest, DFPS agency representatives met with Ysleta del Sur and Administration for Children and Families on January 31, 2019 to discuss Ysleta Del Sur's interest in a Title IV-E agreement to provide the Tribe more direct access to federal funding. DFPS representatives indicated support of whatever the Tribe decides. The CPS Disproportionality Specialist also participates in national Indian Child Welfare calls to enhance the Department's ability to provide services and collaborate with Tribal partners.

DFPS effectively ensures compliance with ICWA through observance of DFPS policy and procedures. Current policy provides DFPS employees with detailed information regarding

the Indian Child Welfare Act and DFPS responsibilities under the Act. It further details specific child-placing requirements of the Indian Child Welfare Act and related guidelines and regulations to ensure compliance in any court action involving a Native American child who is subject to the Act. The policy can be found in CPS Handbook 1225, 5330, 5340 and 5743, and the Court Related Issues Resource Guide.

As part of the Texas Child and Family Services Review process, Item 14 Preserving Connections rates both how well the agency preserved important connections the child had before coming into foster care and rates whether staff were compliant regarding inquiry into whether a child may be a member of or eligible for membership in a Native American tribe. There is also a follow-up question to see if the agency provided the Tribe with timely notification of its right to intervene in any State court proceedings seeking an involuntary foster care placement or termination of parental rights. The questions continue to be used in all foster care cases reviewed through structured case review processes. Previously, DFPS consulted with the Children's Commission to determine methods for data collection within the child welfare courts for measuring compliance with the Indian Child Welfare Act.

*Further information on the Children's Commissions' findings can be located at <http://texaschildrenscommission.gov/media/1274/hop-5-14-14-at-338pm.pdf>. The Children's Commission is currently examining the restructuring of the monthly Tribal calls and collaborative efforts. These efforts are related to the Commission's goal to "recognize and respect Tribal sovereignty, protect the best interests of Native American children, and promote stability of Native American children and families."*

All new caseworkers are required to attend the CPS Professional Development training that includes a computer-based training on the Indian Child Welfare Act. This training is also a requirement for certification as CPS Senior Specialist and CPS Supervisor. Since 2015, new caseworkers also work closely with an assigned mentor. This relationship is designed to promote active learning of essential CPS skills, including consistent interviewing of children, parents and family members to identify all potential Indian Child Welfare Act cases. Agency attorneys present on the Indian Child Welfare Act in the live training "Legal Fundamentals for CPS" for new CPS staff and in informal trainings for existing staff. Agency attorneys and the Disproportionality staff work collaboratively to review policy to determine the need for updates.

The Texas Practice Guide for CPS Attorneys, available on the DFPS website, contains an ICWA-related article and related forms and notices. This guide is intended primarily for the District and County Attorneys who represent DFPS in many parts of the state, as well as the Regional Attorneys employed by DFPS who represent the agency in DFPS litigation. CPS staff are also able to access these materials for guidance on ICWA requirements. The DFPS Legal Division provides ICWA training to legal stakeholders outside of the agency by providing presentations at local CASA (Court Appointed Special Advocates) organizations and attorney ad-litem conferences. The division also provides support to County and District Attorney throughout Texas for ICWA cases.

Of the three federally recognized Tribes, none are self-reporting or independent of the DFPS data reporting system. As a result, all reports of abuse and neglect and any resulting cases that are investigated are entered in the statewide information system for DFPS (IMPACT). This information is used to analyze outcomes for Native American children as part of ongoing efforts to address disproportionality, as well as to meet the needs of Native American children in terms of achieving safety, permanency, and well-being. DFPS continues to analyze race and ethnicity data to determine trends and inform strategies to best serve children and families. On September 24, 2018, the agency released the 2018 Disproportionality Analysis Report which outlines trends for the last three years, available at the following URL: [http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/Rider\\_Reports/documents/2018/2018-09-24\\_Disproportionality\\_Analysis.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/Rider_Reports/documents/2018/2018-09-24_Disproportionality_Analysis.pdf)

DFPS caseworkers are trained to ask about possible Native American heritage both initially and as a case progresses, when new family members become known. A Native American Child and Family Questionnaire facilitates getting the critical information a Tribe needs to verify a child's status under the ICWA. This information is obtained by asking questions of parents, any child old enough to report, and other available relatives. In order to track which CPS cases are subject to the ICWA, caseworkers must document if any and which family member reports or denies Native American heritage.

In addition, the Texas Family Code requires the judge to ask all parties present whether the child or family may have Native American heritage and to identify any Native American tribe at the Adversary Hearing, the Status Hearing, and the Permanency Hearing Before Final Hearing [Texas Family Code §§262.201(f);263.202(f-1); 263.306(a-1)(3)].

### **Identification of Native American children by the State child welfare services agency**

DFPS continues to comply with this ICWA requirement. In state Fiscal Year 2018, 62 Native American children were served through Family Preservation Services throughout the state and 42 children were in DFPS custody at some point during the same time period. Efforts are ongoing to refine procedures for improvements in identifying Native American children subject to the ICWA. The CPS Professional Development training for new caseworkers makes clear that all parents, family members and any child old enough to be interviewed must be asked about possible Native American ancestry and family ties, both initially and throughout the life of a case. In the specialty trainings for both Investigations and Conservatorship workers, ICWA requirements are also reinforced. The CPS Professional Development Legal Guide provided to all new employees contains an article concerning the Act and reiterates this directive to workers:

"The only way to find out whether a child is or may be an Indian child is to ask. Ask any child old enough to be interviewed, ask parents, and ask any relatives who are available to be interviewed. The best practice is to ask every family member whether anyone in the family or their ancestors has a connection to an Indian Tribe. Many times, key facts about a child's Native American heritage may not be



available when a case is first investigated. The best practice is to ask about Indian status routinely during the life of a case, especially when new family members are identified."

If there is any information to suggest the child or family has a Tribal affiliation, whether current or in prior generations, the necessary information must be sent to the Tribe to enable the Tribe in question to research a child's status under the ICWA.

DFPS policy also directs staff to work closely with legal counsel in any case where the Indian Child Welfare Act may apply. Attorneys for the agency offer guidance on individual cases to ensure compliance with all aspects of the Indian Child Welfare Act. The DFPS Legal Division provides training to DFPS regional, legal and CPS staff and consults with District and County attorneys who represent the agency in ICWA cases. In addition, the CPS state office Indian Child Welfare liaison consults with staff and provides support as needed.

CPS has incorporated information about family member responses to questions about Native American family history into all standard court reports. Questions about possible Native American family history have been added to agency forms and court reports used by both families and caseworkers, including: Family Information Form (2626); Child Caregiver Resource Form (2625); Status Report to Court (2070); and the Permanency Plan and Progress Report to the Court (2088). These forms help raise awareness of the issue and prompt families, agency staff, other parties and the Court to consistently consider whether ICWA may apply in an individual case.

### **Tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe**

DFPS established a Memorandum of Understanding with two of the three Texas Tribes. The Memoranda of Understanding with both the Ysleta del Sur Pueblo/Tigua Tribe and Alabama-Coushatta Tribe of Texas delineate the procedures that must be taken when CPS receives referrals involving Tribal members. Although the Memorandum of Understanding with Alabama-Coushatta expired in 2016, the parties continue to work cooperatively. The Memorandum of Understanding with Ysleta del Sur Pueblo was established in 2014 and is still being utilized. When a referral is received involving a child residing on a reservation, DFPS staff contact the Tribe's designated Indian Child Welfare Worker to inquire how the Tribe wishes to proceed. If the Tribe wants to handle the referral, DFPS gives the Tribe the information received.

DFPS and the Tribes have agreed to meet locally and at the state level (quarterly). A statewide meeting would be held between DFPS state representatives and each Tribe once per quarter, resulting in each Tribe having a dedicated meeting. Annually, all three Tribes and DFPS state representatives would meet. Additional meetings or conference calls could be held on an as needs basis to ensure compliance with the ICWA and enhance collaboration.

**Notification of Native American parents and Tribes of State proceedings involving Native American children and their right to intervene; Placement preferences of Native American children in foster care, pre-adoptive, and adoptive homes; and active efforts to prevent the breakup of the Native American family when parties seek to place a child in foster care or for adoption.**

With the location of the three federally registered Tribes, a formal liaison process with specified CPS staff exists in Region 5 (containing Livingston, location for the Alabama-Coushatta Tribe of Texas), Region 8 (containing Eagle Pass, location for the Kickapoo Traditional Tribe of Texas), and Region 10 (containing El Paso, location for the Ysleta Del Sur Pueblo/Tigua Tribe). In addition, the CPS State Disproportionality Manager acts as a state level liaison to the three Texas Tribes and for representatives from Tribes from other states.

DFPS works with the designated Indian Child Welfare Worker, employed by each Tribe, to ensure that:

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

Tribal representatives concurred the working relationship between the designated Indian Child Welfare Worker for each Tribe and the DFPS liaison process was effective and occurring as required. Notification to Tribes located outside of the State is also occurring.

Placement preferences applicable to Native American children are followed unless a court finds good cause not to do so.

DFPS employs active efforts to ensure that Native American children and families are provided appropriate services and to prevent the breakup of the Native American family. In many cases a Tribe's Indian Child Welfare Worker participates in all casework activities with the CPS worker to assist with language, cultural issues, and Tribal requirements. In addition, DFPS ensures that protections are provided to all the families and children served by DFPS, which includes Native American families and children.

DFPS uses Family Group Decision Making practices to work with and engage children, youth, and families in safety and service planning and decision-making, including Family Group Conferences, Circles of Support, and Family Team Meetings. The Family Group

Decision Making model is used during an investigation to engage the family in safety decision making to prevent a removal. It is also utilized during Family Based Safety Services and Substitute Care cases in order to engage the family in developing culturally appropriate service plans for Native American families. These Family Group Decision Making meetings include the Tribal Indian Child Welfare Workers. By working collaboratively with the Indian Child Welfare Worker in the development of the service plan, DFPS is able to access services provided by the Tribes and available to Native American families. DFPS regional staff have also observed the Peacemaker Court established by the Alabama-Coushatta Tribe of Texas. The opportunity for DFPS staff to see how the Tribe resolves child and family issues in a non-adversarial manner has contributed to the ongoing collaboration between DFPS and the Tribe.

Other mechanisms to ensure compliance with the ICWA include verification by DFPS of Tribal members as foster parents, if requested, and ongoing training and resources for both DFPS staff and community partners, including the county and district attorneys who represent DFPS in many areas of the state, Court Appointed Special Advocates, and attorneys ad litem.

DFPS, the three Tribes, and federal representatives continue to meet twice a year to discuss areas of interest related to the ICWA, the Child and Family State Plan (CFSP), and Title IV-E Intergovernmental agreements. During these meetings, and as needed, DFPS consults with the three Tribes and the three Tribes agree to take turns hosting the meetings. All three Tribes have been invited, as well as representatives from the Administration for Children and Families. Since the last update, CPS held a state/Tribal meeting in August 2018 and another in August 2019.

DFPS solicits feedback from the Tribes in attendance at the bi-annual meetings and on the conference calls. The Tribes are encouraged to provide feedback during the meeting, calls, or through personal contact with DFPS after the meeting. DFPS discusses CPS initiatives and existing CPS programs during the bi-annual meetings. DFPS will work to provide additional information and updates on the operation of a case review system in collaboration with the Tribes/Tribal children in foster care outside of bi-annual meetings including amendments made to case review system. The state plan is shared with the Tribal partners to elicit feedback prior to the biannual meetings. The Title IV-B Child and Family Services Plan Annual Progress and Services Report was discussed at the August 2018 and August 2019 meetings. CPS is working to enhance inclusion of Tribal representation in external stakeholder meetings and in external stakeholder groups.

During the August 2018 meeting, CPS and our Tribal partners discussed the current gaps in the consultation process regarding the CFSP. In the meeting, attended by Administration of Children and Families staff; Kickapoo representative Ariana Perez; Ysleta Del Sur representative Tricia Boodhoo; and Alabama Coushatta representative Melissa Celestine, Tribal partners requested regional management participate in the collaboration process. This would allow agreement on collaborative efforts at the regional level. CPS covered detailed information related to the content and creation of the state plan and, based on this discussion, participants agreed to dedicate one of these two

meetings to discuss the CFSP and collaborate on the content of the report. Prior to the meeting, CPS and the three federally recognized tribes will confer by phone to discuss the agenda for the dedicated CFSP meeting.

During the August 2019 meeting, DFPS representatives from CPI (Investigations) and CPS (Ongoing Services) met with the Administration for Children and Families and representatives from each of the three Tribes. A strategic planning session was held to discuss ways to strengthen collaboration in light of geographic distance and complex schedules. Agreement was made that regional meetings between the region aligned with each Tribe would continue with whatever frequency and organization is determined to meet local needs. There are DFPS liaisons for each Tribe representing both Investigation and Ongoing Services. For statewide involvement, quarterly meetings would be held, one meeting dedicated for each Tribe and then a single meeting with all three Tribes represented. Other strategies for enhancing partnerships and information sharing were identified. Strengths in collaboration and areas needing to be improved were identified by participants.

The Preparation for Adult Living staff inform and are available to Tribal staff for training and application support for Tribal youth to participate in the Education and Training Voucher program. Tribal representatives, as other stakeholders, are able to access the website at [www.texasetv.com](http://www.texasetv.com). Baptist Child and Family Services, the contractor for Education and Training Voucher program services, is also available to meet with Tribal representatives and Tribal youth to assist in applying for the Education and Training Voucher program. Contact information is available on the program's website or from the Preparation for Adult Living staff. The consultation with the Tribes addresses the procedure for obtaining the credit reports for Tribal children ages 16 and older in foster care. A process to develop the best method to disseminate this information on an ongoing basis to Tribal partners will be discussed in the upcoming fiscal year.

The Tribes have not expressed any concerns about accessing the Preparation for Adult Living or the Education and Training Voucher programs, nor access to Behavioral Health or Medical Resources. There were needs identified about increased participation in DFPS trainings that are available in person or online, partnerships for recruiting homes, and support navigating the Interstate Compact process.

**Provide information regarding consultations with Indian Tribes in the State specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth under the Chafee Foster Care Independence Act (Section 477(b)(3)(G) of the Act)**

Texas does not currently have Title IV-E Tribal/State agreements with the three federally recognized Tribes in Texas. DFPS entered into a Title IV-E agreement with the Alabama-Coushatta Tribe on April 12, 2012 and was renewed on December 8, 2014. That agreement expired in 2016 and to date has not been renewed by the parties. DFPS is willing to discuss Title IV-E Tribal/State agreements with all three Tribes and met with the Ysleta del Sur Tribe for this purpose in January 2019.. Preparation for Adult Living staff or other DFPS staff conduct annual face to face meetings with the three federally

recognized Native American Tribes in Texas (the Ysleta Del Sur Pueblo/Tigua Tribe, Kickapoo Traditional Tribe of Texas, and Alabama-Coushatta Tribe) to discuss the provision of transitional living services to eligible Native American youth.

Preparation for Adult Living staff continue to provide each Tribe with updated information about eligibility for benefits and services of the Preparation for Adult Living/Chafee programs and the Education and Training Voucher program as needed and upon request. DFPS added a strategic action step to ensure concerted efforts are made by Baptist Child and Family Services Health and Human Services, the Education and Training Voucher contractor, to outreach and provide information regarding the Education and Training Voucher program to the Tribes on an annual basis and upon request. Through a contract addendum and renewal, Baptist Child and Family Services Health and Human Services began outreaching, marketing, and training various entities to include Tribal representatives about the Education and Training Voucher program. Promoting vocational/technical school opportunities as an alternative to traditional 2 and 4 year degree plans and recruitment of new participants is a focus of for the Education and Training Voucher program. These activities became effective on October 1, 2016 and meetings are coordinated with the Preparation for Adult Living staff. On an annual basis and upon request, CPS Transitional Living Services staff present updates on Chafee benefits to the three Tribes in Texas and seek their consultation regarding the adequacy of services provided to Tribal youth.

**State agencies and Tribes must also exchange copies of their CFSP and their APSR. Describe how the State is meeting this requirement**

DFPS posted the completed Annual Progress and Services Report and Child and Family Service Plan on the public website for ease of online viewing. A copy of the plan was shared with the Tribes via e-mail and discussed during the August 2018 meeting strategies for strengthening communication going forward were discussed and it was determined all wanted to have more direct collaboration. Email consultation with Tribal representatives occurred for coordination and representatives from the state and the Tribes agreed to work on amending the current collaboration and consultation processes and refine them as needed. This information was reviewed with Tribal partners in both August meetings.



**TEXAS**  
Department of Family  
and Protective Services

**The State of Texas**

**Title IV-B Child and Family Services Plan  
2015-2019 Final Report  
&  
2020-2024 CFSP Requirements**

**6. CAPTA**

Texas Department of Family and Protective Services  
ACYF-CB-PI-19-02

# **2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements**

## **i. Descriptions, Accomplishments and Proposal of Projects/Initiatives Using CAPTA Funds**

**Listed below are the descriptions of FY 2019 projects/initiatives that were selected from the 14 areas delineated in section 106(a)(1) through (14) of CAPTA.**

### **1) Evaluation of CPS Best Practice Initiatives**

The Evaluation of CPS Reform Best Practice Initiatives responds to priorities (1), (4), and (7) in the Child Abuse Prevention and Treatment Act Amendments.

Evaluation efforts are conducted by the Analytics and Evaluation team imbedded in the Systems Improvement Division. The Analytics and Evaluation team is qualified to support the agency through data driven analysis. The team supports the Texas child welfare system in achieving safety, permanency and well-being for children and families by providing strategic analysis and guidance on operations, policies, processes and initiatives. The Analytics and Evaluation Team supports this work by:

- Providing strategic analysis and guidance for child welfare assessments, models and quality assurance instruments and process in an effort to drive policy and practice;
- Evaluating the effectiveness of major program initiatives and significant programmatic changes and
- Conducting data analyses to better understand how the child welfare system is operating and impacting outcomes for children and families.

### **2) Disproportionality Efforts**

**The Disproportionality Program responds to priorities (3) and (11) of the Child Abuse Prevention and Treatment Act amendments.**

The Texas Legislature mandated DFPS examine and address racial disproportionality in the Texas child welfare system and, if found, develop a remediation plan to ameliorate disparities. The analysis indicated disproportionality existed. A strategy was developed and the remediation plan with a focus on areas of the state where the highest rates of disproportionality existed.

With CAPTA funding of a CPS Disproportionality Manager, disproportionality work continues to focus on efforts at the regional and state levels. Disproportionality efforts utilize the Texas Model for Eliminating Disproportionality and Disparities as the foundation. The Texas Model includes data collection, leadership development, cultural competence, and community engagement as its key elements. Disproportionality efforts focus on connecting with local communities using a Community Engagement Model. This approach includes information sharing activities with youth, parents, stakeholders and community partners; cultural responsiveness training (such as "Undoing Racism", "Knowing Who You Are", "Working with Families Who Are Impoverished", "Equity: Together We Can Achieve It", "The Latino Experience: The Impact of Latinos in America" and Poverty Simulations); sharing data; and involving community in a collaborative process of transforming how DFPS serves and supports families and children. Other

community engagement efforts include providing information to and receiving information from communities, partnering with community organizations, and engaging the community through partnerships.

### **3) Children with Disabilities**

#### **The Children with Disabilities Project responds to priorities (7), (9) and (13) of the Child Abuse Prevention and Treatment Act Amendments.**

Services to children with intellectual and developmental disabilities and special health care needs are provided through a collaborative effort of specialized CPS staff in coordination with the child's primary caseworker. Depending on the needs of the children, the specialized staff may include specialized Placement Team members, Developmental Disability Specialists, Well Being Specialists, Education Specialists, and Nurse Consultants. The focus of this effort is to ensure that the needs of children with intellectual and developmental disabilities and special health care needs in the conservatorship of DFPS are met, including placement in the least restrictive setting available that can meet these children's needs; access to comprehensive, coordinated health care and services; and access to appropriate educational services, including transition services for children moving from secondary school to post-secondary school activities.

Developmental Disability Specialists serve as subject matter experts regarding children with intellectual and developmental disabilities. They serve as consultants to CPS staff members for securing available services for these children, such as through Medicaid waiver programs. Developmental Disability Specialist assists the CPS caseworker in obtaining a Determination of Intellectual Disabilities necessary for obtaining certain Medicaid waiver services. They also facilitate referrals of appropriate youth aging out of DFPS conservatorship to the Health and Human Services, Office of Guardianship. Developmental Disability Specialists provide training to CPS staff and caregivers regarding issues affecting children with intellectual and developmental disabilities. Providing caregivers and caseworkers with knowledge and resources to address the needs of these children enables them to identify appropriate resources, provide better care and advocate for needed services.

For some children with special needs, the Developmental Disability Specialist may assist with the placement. Developmental Disability Specialists help to negotiate placements in the following targeted institutions, as defined by Texas Government Code 531.151:

- DFPS licensed general residential operations for children with intellectual disabilities;
- Intermediate Care Facilities for Individuals with Intellectual Disabilities and/or Related Conditions;
- Home and Community-Based Services Homes;
- Nursing facilities; and
- State Supported Living Centers.

If one of the above-listed facilities accepts a child under 18 years old, additional placement approval is required by state office to ensure the placement is the least restrictive option. The Developmental Disability Specialist then facilitates placement of the child with the approved facility within or close to the child's community, if possible. The Developmental Disability Specialist assumes the role of secondary caseworker while the child resides in



the facility, and completes the bi-annual permanency-planning instrument to determine if the facility placement continues to be the most appropriate placement. When appropriate, the Developmental Disability Specialist continues to search for a less restrictive setting in the community for the child. When such an option is secured, the Developmental Disability Specialist assists the CPS caseworker in transitioning the child to the community placement.

A Developmental Disabilities Program Specialist is housed in state office under the Placement Division. This position provides liaison functions for collaboration and coordination between regional specialized staff, placement staff, caseworkers and supervisors, provider agencies, advocacy groups, stakeholders and other state agencies and programs. Through coordination of these efforts by specialized staff, the unique needs of children with disabilities and special health care needs are met.

#### **4) Education Project**

##### **The Education Project responded to priorities (3), (7), (9a and b), and (13) of the Child Abuse Prevention and Treatment Act Amendments.**

Educational outcomes of Texas foster youth mirror national studies. According to data collected by the Texas Education Agency (TEA) Public Education Information Management System (PEIMS), in comparison to the general student population, children in foster care were less likely to leave school due to graduation and more likely to leave because they dropped out. Texas foster youth had lower high school achievement, were more likely to be in special education, and were less likely to be in the gifted and talented program. Although Texas education outcomes as measured by the federal Child and Family Services Review are strong, CPS believes there remains significant improvement that can be achieved in this area. The Education Project provides policy, protocol, collaboration, and technical assistance leadership for DFPS.

The Education Project funds a CPS Education Specialist at the state office level. There are Regional Education Specialists in every region, now that the project also funds a program specialist in a region that previously shared one. The Education Project is designed to improve educational outcomes to children and youth involved in the Texas Child Welfare system, particularly for children and youth who are in DFPS conservatorship. The Education Specialists expanded their roles to include follow-up regarding use of Education Portfolios and building community collaborations that support children in foster care.

#### **5) Texas Council of Child Welfare Boards**

##### **The Texas Council of Child Welfare Boards responds to priority (11) in the Child Abuse Prevention and Treatment Act amendments.**

The Texas Council of Child Welfare Boards (the Council) is a forum developed to coordinate community services and resources for the protection of children. This initiative encourages the development of local, regional and statewide child welfare board organizations that can be used to promote public/private partnerships to directly ensure proper care and services to foster children and their families, as well as raise awareness of child abuse/neglect issues and tools for its prevention.

The Council has been effective in providing leadership through a comprehensive, cohesive network of local and regional child welfare boards. The county and regional boards are, in turn, able to support local services to vulnerable children and promote community child abuse and neglect prevention efforts. Local child welfare boards have historically been a major factor in the support of caregivers, foster children and their families. The Council is committed to supporting local boards in their efforts through training, advocacy, policy guidance, assistance with local funding initiatives, statewide information distribution and networking, and child abuse/neglect prevention activities. Much of this mission is accomplished through their Web site and the network of state, regional and local volunteers.

The Texas Council of Child Welfare Board is the strategic umbrella for all the Regional Councils of Child Welfare Boards throughout Texas. The Council provides the leadership and continuity of support throughout the state in support of children's services in Texas.

## **6) Parent Collaboration Group**

### **The Parent Collaboration Group responds to priority (3) in the Child Abuse Prevention and Treatment Act Amendments.**

The statewide Parent Collaboration Group model is a means to involve biological parents who have received services from DFPS in the design, implementation and evaluation of DFPS programs, policies and services. Through this initiative, parents who have been affected by the DFPS service delivery system are engaged in its improvement through providing their unique and valuable perspective on families and children.

The mission of the Parent Collaboration Group is to:

- Provide parent input to the agency regarding policy development;
- Provide recommendations to the agency regarding how services may be improved for children and families;
- Provide training opportunities to workers regarding the parent perspective; and
- Provide support to parents and function as a means to link parents and DFPS in partnerships.

Regional Parent Support Groups provide local opportunities for parents with open DFPS cases to obtain greater insight of the CPS system. Regional Parent Support Groups help DFPS obtain input from parents on methods to improve safety, permanency and well-being for children receiving DFPS services, as well as provide opportunities for meaningful engagement of parents and families.

The Statewide Parent Collaboration Group has been effective in helping to identify policy issues and best practices. Member input is included in the statewide assessment for the Child and Family Services Review, the Child and Family Services Review Program Improvement Plan, the Title IV-B State Plan, and the significant shift to a more family-focused DFPS Practice Model.

All regions now have at least one Regional Parent Support Group and groups continue to expand. These forums provide parents with information about the DFPS process in all stages of service. A parent facilitator leads the parent support group and shares their personal story, followed by a question and answer session about resources for parents. The Parent Program Specialist provides support and technical assistance to the statewide

Parent Collaboration Group and assists the regions to further expand their Regional Parent Support Groups.

## **7) Child Protective Investigation (CPI) Best Practices**

### **The CPI Best Practice Initiative responds to priorities (1), (2), (4), (7), and (13) of the Child Abuse Prevention and Treatment Act amendments.**

The primary goal for the Child Protective Investigation (CPI) Best Practice project is to identify and promulgate best practice models for the Texas child welfare system throughout the state to assist with the cultural shift within DFPS necessary to better achieve safety of children and families. Formerly a single project, the CPI Best Practice Project is focused on improving work in the Investigations for abuse and neglect.

Two CAPTA-funded positions (the Division Administrator for the team and a Behavioral Health Program Specialist) provide leadership for strategies that support improving safety outcomes with children and families involved in child abuse and neglect investigations.

The CPI Division Administrator supervises several program specialists that partner with each other, with regional Investigation staff, with other program specialists within DFPS, and with external stakeholders. These positions focus on the development of protocols and policy that will ensure consistency across the newly created CPI Division and at all levels of our organization.

The Behavioral Health Program Specialist is the statewide subject matter expert for behavioral health issues of children related to the Investigation stage of service. Opportunities for diverting children and youth from entering DFPS conservatorship due to an inability to access appropriate behavioral health services is the primary emphasis. Three other members of the division are not funded through CAPTA, but report to the CPI Division Administrator as members of the team. A Practice Improvement Program Specialist serves as one of the subject matter experts for Structured Decision Making across the Investigation Division and works to improve the overall quality of investigations through sound decisions around child safety and future risk. The specialist is responsible for providing guidance, direction, and training as needed to further develop critical thinking skills of investigators and supervisors. The Practice Improvement Program Specialist also serves as the CPI liaison for the training division, the subject matter expert for repatriation of children/youth, and coordinates any initiatives related to practice improvement.

A generalist Program Specialist is also a member of this team, responsible for project management for strategies as needed to support the overall operations of CPI. This includes policy review and coordination of feedback from field, working closely with our state office team to package information around policy, protocol, or practice changes to regional staff, and serving to represent field staff on interagency or interdivision committee work. In addition, this Program Specialist is responsible for providing education, direction, and assistance as needed with compliance around HB 7, section 17 related to disclosure of certain evidence to attorneys in a suit affecting the parent-child relationship prior to the full adversarial hearing, as well as other legislative changes resulting in the upcoming session.

A third program specialist, the CPI Substance Use Program Specialist, reports to the CPI Division Administrator but is described in the Substance Abuse Project below.

### **8) Child Protective Services (CPS) Best Practices**

#### **The Best Practice Initiative responds to priorities (3), (7), (9), (12), (13), and (14) of the Child Abuse Prevention and Treatment Act amendments.**

The primary goal for the Best Practice project is to identify and promulgate best practice models for the Texas child welfare system throughout the state to assist with the cultural shift within DFPS necessary better achieve safety, permanency and well-being of children and families.

The CAPTA-funded positions in this project provide leadership for strategies contained within the Program Improvement Plan that address areas that did not reach substantial conformity in the federal Child and Family Services Review for Texas. These areas include both outcomes and systemic factors. Key areas needing improvement include: a need for better engagement of families in case planning (especially fathers), reduction of permanency barriers, and strengthening access to substance abuse services.

There are eight positions assigned to the following subject matter areas: domestic violence, parent engagement, fatherhood engagement, positive permanency (2 positions), medical services, and Interstate Compact for the Placement of Children (2 positions). By partnering with other program specialists, the Investigation Division and the CPS Division, these positions focus on the development of protocols and policy that ensure the CPS Practice Model drives decisions and actions at all levels of CPS.

The Parent Program Specialist position brings to the role knowledge and skills as a family member who has previously received services from CPS. In an effort to partner with families at all stages of service, it is important to have the parent voice represented in all aspects of CPS work. This position provides feedback that assists in the analysis of policy and the evaluation of service delivery strategies. A particular emphasis for this position has been to increase family skills in advocacy within the community in order to better access and remove barriers to community services. The Parent Program Specialist coordinates and supports the state Parent Collaboration Group meetings, encourages parent involvement and helps CPS staff better understand the parent perspective. The Parent Program Specialist participates in program planning, presentations, development and implementation of parent support activities across the state.

The Fatherhood Program Specialist position provides leadership for strengthening the CPS engagement of fathers. This position focuses specifically on increasing father involvement. The Fatherhood Specialist has a leadership role in engaging the faith based community around adoption and the disproportionality efforts to improve the outcome and engagement of children of color in the child welfare system with an emphasis on the role of the father and the paternal family. The Fatherhood Program Specialist helps to increase the involvement of fathers when CPS is working with families at all stages of service delivery.

A Domestic Violence Program Specialist serves in a leadership role addressing issues children and families experience related to domestic violence. There is partnership with the Texas Family Violence Interagency Collaborative, comprised of staff from DFPS including Adult Protective Services, CPS, and CPI; Health and Human Services Family Violence Program, and the Texas Council on Family Violence. The specialist is the agency lead for joint efforts to enhance victim services, engagement with persons using violence, policy development and training/technical assistance.

Two Permanency Program Specialists serve to strengthen statewide practice and policy changes and improve positive permanency efforts. One specialist specifically works with internal and external workgroups and stakeholders to strengthen best practices in the Family Group Decision-Making process of permanency planning, strengthens engagement of caregivers and caring adults in helping children and youth achieve positive permanency, and effective use of the child's plan of service. A second specialist dedicates attention to positive permanency by analyzing the trends available from placement data and the impact it has on permanency. With dedicated attention to placement issues, the impact of changes in practice and protocol will be better understood. Both positions ensure an emphasis on the sense of urgency needed to help children safely exit care to a permanent home as soon as possible.

Two Interstate Compact for the Placement of Children (ICPC) Program Specialists focus on improving permanency for children crossing state lines and are assigned to the Texas Interstate Compact Office. These positions help to reduce process delays which can significantly impact the permanency of children, improve processing and monitoring, and ensure supervision reports are being shared between states and barriers to home studies being identified in a timely manner.

A Medical Services Program Specialist helps develop policy, practice and protocol to assist caseworkers and caregivers in responding appropriately when medical services are denied by the statewide STAR Health managed care organization. Analyzing trends and ensuring caseworkers have the support and technical assistance needed to help kinship and residential caregivers respond to denials helps to reduce caregiver frustration, improve care to children, and positively impact placement stability and permanency.

## **9) Community-Based Care (Formerly Foster Care Redesign)**

### **Community-Based Care responds to priority 3, 11 and 13 of the Child Abuse Prevention and Treatment Act amendments.**

Recognizing that children and youth in the Texas foster care system are best cared for in their home communities whenever possible, DFPS embarked on a mission to redesign the foster care system to optimize the location of providers and services in the areas in which they are needed and expand the spectrum of residential services which children and youth need.

Since 2010, DFPS has been engaged in an effort to further expand the role of community providers to take responsibility for placement services, capacity/network development,

community engagement and the coordination and delivery of services to children in foster care and their families under a Single Source Continuum Contract.

Community-Based Care changes the manner in which DFPS procures, contracts and pays for services for children and youth in foster care and their families. The new performance-based model incorporates a collaborative-decision making, community-based approach to foster care and service planning, which relies heavily on good communication, the ability to solve problems quickly, and enhanced partnership between DFPS and the Single Source Continuum Contractor.

In 2017, the 85th Legislative Session directed DFPS to expand the redesign effort to include the purchase of case management and substitute care services from a Single Source Continuum Contractor through a model known as Community-Based Care. Substitute care includes both foster care and relative / kinship placements. Purchasing substitute care and case management services from the provider community allows DFPS to focus on child safety by investigating reports of abuse and neglect, providing in-home family-based safety services, and ensuring quality oversight of the foster care system. Ensuring individual children achieve timely permanency will be the responsibility of the Single Source Continuum Contractor (or SSCC).

The guiding principles for Community-Based Care (or CBC) are aimed at improving quality of care and include:

- Keeping children and youth safe from abuse and neglect;
- Placing children and youth in their home communities;
- Placing children and youth in the least restrictive setting that meets their needs;
- Minimizing moves that disrupt children's or youth's personal connections and educational progress;
- Placing children and youth with siblings;
- Respecting the culture of each child and youth;
- Providing children and youth with opportunities, experiences, and activities similar to those enjoyed by their peers who are not in foster care;
- Preparing youth for successful adulthood;
- Providing children and youth opportunities to participate in decisions that affect their lives.
- Reunifying children and youth with their biological parents when possible; and
- Placing children and youth with relative or kinship caregivers if reunification is not possible.

Implementation of the redesigned foster care system is anticipated to:

- Increase the number of children and youth placed with their siblings and in their home communities;
- Increase the number of children and youth who remain in their school of origin;
- Decrease the average time children and youth spend in foster care before achieving permanency;
- Decrease the number of moves children and youth experience while in foster care;

- Decrease the duration and intensity of services that children and youth need while in foster care due to improved well-being and behavioral functioning; and
- Create robust and sustainable service continuums in communities throughout Texas.

In order to support successful implementation of the new system, as well as to ensure a robust Continuous Quality Improvement process, DFPS created two new divisions to support Community-Based Care within the agency. An implementation team under the leadership of the Child Protective Services Associate Commissioner and Director of Conservatorship Services is responsible for working with stakeholder partners and agency staff to establish the model and support statewide implementation. A division for contract management was created within the Purchased Client Services division under the leadership of the DFPS Deputy Commissioner and Director of Purchased Client Services to support ongoing operations and oversight. Costs associated with start-up and staged transfer of administrative functions, coordination to support implementation in identified catchment areas, and consultant resources for project management were initially funded in this project during past fiscal years, but have now been integrated into normal CPS operations funded through the Texas Legislature.

### **10) Kinship Project**

#### **The Kinship Collaboration Group responded to priority (3) in the Child Abuse Prevention and Treatment Act Amendments.**

The Kinship Caregiver Collaboration Group model provides a mechanism to include the voice of Kinship caregivers who have received services from DFPS in the design, implementation and evaluation of DFPS programs, policies and services. Through this initiative, DFPS is involved in an effort focused on encouraging collaboration with kinship caregivers who have been affected by the DFPS service delivery system while providing a unique and valuable perspective on how to improve services to families and children.

The Kinship Caregiver Collaboration Project serves to:

- Identify service gaps to kinship caregivers and children;
- Identify the services that are working and should continue;
- Identify areas of policy that need improvement;
- Provide an avenue for kinship caregivers to recommend policy changes;
- Identify ways kinship caregivers can be instrumental in improving a caseworker's skills in relating to kinship caregivers;
- Facilitate kinship caregiver volunteer participation by removing barriers associated with travel, per diem and childcare expenses;
- Provide resources, direction and guidance to the regional meetings to effectively expand and sustain regional Kinship Support Groups;
- Provide deliverables to staff and Kinship caregivers that will help to inform caregivers and strengthen placement stability.
- Support the disproportionality efforts at the regional and state level; and
- Improve policy and practices related to engagement of kinship caregivers.

Regional Kinship Caregiver Support Groups provide opportunities for Kinship caregivers with open DFPS cases to obtain greater insight of the DFPS system. The Kinship

Caregiver Support Group provides kinship caregivers who have successfully exited the DFPS system an opportunity to share their experiences and knowledge of the system with kinship caregivers currently involved with DFPS. These groups will provide opportunities to obtain input from kinship caregivers on methods to improve safety, permanency and well-being for children receiving DFPS services, as well as opportunities for meaningful engagement of kinship caregivers and families. Kinship Support Groups throughout Texas are being held in Regions 1, 2, 4, 5, 6, 7, 8 and 11, with continued coordination to conduct support groups in the remainder of the regions.

**11) Implementation of Federal Family First and Prevention Services Act Project**  
**The Implementation of Federal Family First and Prevention Services Act Project responds to priorities (2), (6), (7), (11), and (12) in the Child Abuse Prevention and Treatment Act Amendments.**

The federal Family First and Prevention Services Act (FFPSA) seeks to reduce entry in foster care, limit the use of congregate care, and to increase access to substance abuse and mental health services. DFPS shares these goals and has worked closely with federal and state staff and stakeholders to analyze the impact to the child welfare system. Part of the analysis is determining if there is a fiscal impact to the state, needed changes to statute and an examination of the required timelines for implementation. Based on the analysis, Texas decided to delay implementation of certain provisions of FFPSA, including:

- 472(k)(2) of the Act: Limitations on Title IV-E foster care maintenance payments for placements that are not foster family homes.
- 472(c) of the Act: Limit on number of children in a foster family home.
- 472(k)(1)(B) and 475A(c) of the Act: Qualified Residential Treatment Program (QRTPs).
- 471(a)(37) of the Act: Certification preventing increases to the juvenile justice population.

The FFPSA Project will help DFPS and stakeholders:

- Analyze the federal legislation and determine the impact to DFPS, service providers, residential child care providers, and the children and families that DFPS serves.
- Determine the fiscal impact of the legislation.
- Ensure consistent communication relating to the Family First Prevention Services Act.
- Implement the federal legislation if DFPS determines that this is in the best interest of children and families in Texas.

The FFPSA program specialist works under the direction of CPS leadership to project manage, advise, and provide technical assistance to CPS staff with assignments and tasks associated with the federal legislation. The FFPSA Project oversees the development, analysis and implementation of mandates required by the federal Family First Prevention Services Act and consults with regional and state office management, regional caseworkers and field staff, CPS state office program and policy staff, external public and private stakeholders, consumers of child protective services, volunteers,



advocates, judges, other social service providers to provide program guidance relating to the FFPSA.

## **12) Substance Abuse Project**

### **The Substance Abuse Project responds to priorities (1), (2), (3), (4), (5), (8), and (13) in the Child Abuse Prevention and Treatment Act Amendments.**

The Substance Abuse Project supports the collaborative relationship between DFPS, HHSC, and DSHS in order to strengthen efforts to address substance use disorders impacting the safety, permanency and well-being of children involved with the Texas child welfare system. Four dedicated positions (a Behavioral Health Services Division Administrator and three Substance Use Program Specialists, in collaboration with a non-CAPTA funded CPI Substance Use Program Specialist) are used to assist internal staff to DFPS and stakeholders who work with the Texas child welfare agency, social services agencies, substance use disorder treatment agencies, hospitals with labor and delivery units, medical staff, public health and mental health agencies, and maternal and child health agencies.

Specifically, the project facilitates collaboration in developing a stronger service delivery coordination between child welfare staff, providers of substance use services, and others. The Substance Abuse Project emphasizes the strengthening of protocol, policy and practice associated with plans of safe care, when required, and collaboration with Texas Substance Use Disorder representatives to improve current safe plan of care standards to enhance communication between DFPS and agencies providing treatment or other support services related substance use treatment. The staff within this project provide technical assistance and support to frontline staff through knowledge and coordination of substance use disorder services and resources in a manner that strengthen the knowledge and skills of staff working with families who have substance abuse issues pertaining to DFPS involvement.

## FY 2019 Accomplishments

Listed below are the major accomplishments for each of the FY 2019 projects/initiatives that were selected from the 14 areas delineated in section 106(a)(1) through (14) of CAPTA.

### 1) Evaluation of CPS Best Practice Initiatives

**The Evaluation of CPS Best Practice Initiatives responds to priorities (1), (4), and (7) in the Child Abuse Prevention and Treatment Act (CAPTA) Amendments.**

The Evaluation of CPS Reform and Best Practice Initiatives are designed to carry out analyses that will benefit Texas children by improving the efficiency and effectiveness of the CPS program. Understanding the impact of these changes is important to assure that initiatives result in improved outcomes. The main accomplishments of Analytics and Evaluation team during FY2019 are as follows.

- Implemented a structured case review in investigations, Family Based Safety Services and Conservatorship, including use of a standardized case review tool, entry of information into a database and quarterly reports summarizing patterns and trends from the data.
- Supported efforts on tracking, reporting and analyzing runaways and human trafficking.
- Supported efforts related to foster care capacity and working with faith based partners including publication of the annual foster care needs assessment.
- Monitored and analyze performance measures and other information related to contractor performance on the Region 10 Family Based Safety Services pilot.
- Continued to evaluate DFPS efforts to reduce disproportionality and completed the legislatively-mandated, annual Rider 17 report.
- Conducted an evaluation of Child Safety Specialist pilot aimed at improving practice through group supervision at the outset of a case to identify issues and ensure investigation is on the right track.
- Conducted an evaluation of process for advancing an intake to an investigation.

The Analytics and Evaluation team engaged in activities that continued to be related to the goals and objectives of the Title IV-B State Plan. There are a number of these that are ongoing and are described below.

- Supported efforts to address Disproportionality: The Analytics and Evaluation team continued to support the monitoring of disproportionality in FY 2019 with the legislatively mandated Rider 17 report and the annual report for DFPS.
- Supported use of the Safety and Risk Assessment: Texas implemented safety and risk tools developed by the National Council of Crime and Delinquency. The team continued to monitor and evaluate the performance of the new safety and risk assessments as they relate to ongoing efforts to improve quality in their use. Texas has several efforts to assess if investigations staff are using the tool as per policy and the rate of overrides and the concordance of safety decisions relative

to the documented evidence in a case. Reports from these quality assurance efforts were made by the Analytics and Evaluation team quarterly.

- Supported processes for the consideration and participation in external research requests.
- Created monthly recurring reports on key staffing and resource management patterns and trends
- Evaluated implementation of CANs and Texas Health Steps visits including recurring quarterly reports

## **2) Disproportionality Efforts**

### **The Disproportionality Program responded to priorities (3) and (11) of the Child Abuse Prevention and Treatment Act amendments.**

Note: DFPS initially hired a State Disproportionality Manager, regional Disproportionality Specialists, and established Disproportionality Advisory Boards. With Disproportionality Specialists stationed in each region, community work on disproportionality was supported and specialists served as resources to CPS staff. In January 2012, the regional Disproportionality Specialists were transferred to the Health and Human Services Center for the Elimination of Disproportionality and Disparities. The regional Disproportionality Specialists provided technical assistance not only to DFPS but also other Health and Human Services agencies. DFPS duties continue to be provided by the CPS Disproportionality Manager. The name of the Center for the Elimination of Disproportionality and Disparities was changed to Office of Minority Health, Statistics, and Engagement. The Office of Minority Health, Statistics, and Engagement was defunded and closed on August 31, 2018.

The following activities were accomplished in FY 2019:

- Three anti-racist trainings were procured and offered in FY 2019. The workshops were held in Austin, San Antonio, and Arlington. CPS partnered with Austin Independent School District for the Austin workshop and with a Lutheran church for the Arlington workshop. This workshops highlighted our commitment of utilizing cross-systems approach to the race equity work.
- CPS continued to work with staff and external stakeholders to increase the understanding of vulnerable populations, specifically poor children and families. The Disproportionality Manager, with regional assistance, facilitated poverty simulations at the San Antonio Mayor's Conference on Housing and during the San Antonio Hunger and Awareness Week. In addition simulations were conducted with the University of Texas Steve Hicks School of Social Work and the Global Orphan Project. The DFPS Center for Learning and Organizational Excellence has assumed the responsibility of training staff and external stakeholders at the regional level.
- A Disproportionality Webinar Series, created in 2017, continued and consists of topics that intersect with the DFPS ongoing commitment to reduce disproportionality in child welfare. The Office of Minority Health, Statistics, and Engagement presented on the historical and future use of the Latino voice in race-equity work and the construction of whiteness. CPS Disproportionality Division

explored race-based trauma and its inclusion in the trauma conversation. Webinar attendance gained momentum throughout the year topping out at 380 participants, including external stakeholders and DFPS staff from all divisions. In 2019, CPS hosted a new webinars on Black migration.

- “Knowing Who You Are” is a Casey Family Program training designed to help child welfare staff develop awareness, knowledge and skills related to supporting the racial and ethnic development of youth in foster care. “Knowing Who You Are” courses are part of the continuous learning program for new supervisors and workers, delivered to direct delivery staff in the regions. An additional course, “Supervisory Strategies to Support Knowing Who You Are,” was implemented to provide supervisors with strategies to support caseworkers in racial and ethnic identity work. This course continued to be available upon request.
- DFPS continued to review outcome data by race and ethnicity to ensure equitable and family-centered services. Data is shared with the community and other partners.
- Program Specialists are required to review policies and practices to ensure equity of services for all children and families. The State Office Disproportionality Manager participated in most major workgroups to ensure that disproportionality is addressed at all levels of the DFPS.
- CPS Disproportionality Manager and the DFPS Center for Learning and Organizational Excellence implemented a course on working with Latino families. The course is titled “The Latino Experience: The Impact of Latinos in America”. This is a blended course, computer based and live webinar.
- Collaboration continued with the three federally recognized tribes in Texas. Bi-annual state/tribal meetings were held. This work is described more in the Tribal Section of the report.
- CPS partnered with Lambda Legal and Cenpatico to provide training on issues impacting Lesbian, Gay, Bisexual, Transgender, and Questioning youth in DFPS care, now required for caseworkers seeking certification. CPS continues to participate in a workgroup made up of advocates to promote equity for LGBTQ youth in care.
- CPS met quarterly with regional disproportionality liaisons and equity specialists employed by the Office of Minority Health, Statistics, and Engagement. The purpose was to enhance the direct application of racial equity principles.
- In March of 2019, CPS began the Woke Wednesday series. On the first Wednesday of each month, staff are a sent a multi-media presentation on concepts related to disproportionality and disparities. The goal is to increase staff’s awareness.
- Equities outcomes were integrated into the FY2019 CPS Business Plans.

Results of disproportionality efforts statewide have demonstrated the following:

Goal	Measure
Staff have been trained in cultural responsiveness	<ul style="list-style-type: none"> <li>• DFPS and community partners were trained in Undoing Racism and Knowing Who You Are.</li> <li>• Texas, with approximately 100 Knowing Who You Are facilitators and three coaches,</li> </ul>

Goal	Measure
	<p>continues to certify KWYA facilitators and certifiers to maintain capacity.</p> <ul style="list-style-type: none"> <li>• In coordination with the DFPS Center for Learning and Organizational Excellence developed, and implemented a course on working with Latino families.</li> <li>• Worked with the Office of Minority Health, Statistics and Engagement to deliver the cross-systems equity course. DFPS continued to deliver this course after the Office of Minority Health, Statistics and Engagement</li> <li>• Collaborated with CPS Trauma Informed Care Specialist to develop and deliver course on working with a trauma and equity lens as it relates to policy development and analysis.</li> </ul>
<p>African-American children placed with family members when possible</p>	<ul style="list-style-type: none"> <li>• August 2018, 1,877 African American children exited to permanent kinship caregivers (information obtained from 2018 Data Book and includes children exited to relatives with and without PCA and relative adoptions)</li> </ul>
<p>Increased recruitment of African-American foster and adoptive homes</p>	<ul style="list-style-type: none"> <li>• August 2018 276 CPS African American foster and adoptive homes were verified.</li> </ul>
<p>Collection and Dissemination of Data</p>	<ul style="list-style-type: none"> <li>• Released Rider 14 report on removals by race and ethnicity.</li> <li>• Collected data by race and ethnicity on the implementation of alternative response program.</li> </ul>

Goal	Measure
Cross Systems Collaboration	<ul style="list-style-type: none"> <li>• State/Tribal Meeting held in September 2018 in El Paso and hosted by Kickapoo Tribe.</li> <li>• Participation in national level ICWA calls.</li> <li>• Participation in Children's Commission disproportionality, collaborative council, and training committees</li> <li>• Participation in external workgroup to improve outcomes for LGBTQ youth in care</li> <li>• Participation in City of Austin Task Force on Institutional Racism</li> <li>• Participation in Statewide Collaborative on Trauma Informed Care.</li> <li>• Participation in external workgroup on substance abuse.</li> <li>• Presented cultural responsiveness workshops to Any Baby Can, Prevention and Early Intervention, SAFE Alliance, Fort Bend County CASA, and Title IVE Child Welfare Conference.</li> <li>• Participation in Travis County Disproportionality Convenings</li> <li>• Participation in Texas CASA clergy convenings</li> </ul>

**3) Children with Disabilities Project**

**The Children with Disabilities Project responded to priorities (7), (9 a and b) and (13) of the Child Abuse Prevention and Treatment Act Amendments.**

Developmental Disability Specialists served as subject matter experts for services related to children with intellectual and developmental disabilities and provided consultation and training to assist staff in securing available services and specialized placements for these children. Six of the twelve Developmental Disability Specialist positions are located in close proximity to the two General Residential Operations that serve children with intellectual and developmental disabilities (Mission Road Developmental Center and Casa Esperanza). The distribution of the Developmental Disability Specialists across the state benefited children and youth with intellectual and developmental disabilities by improving case planning, permanency planning, and transition planning. The Conservatorship worker in the child/youth's legal county has increased knowledge about the child/youth's needs through coordination with the Developmental Disability Specialist, thus aiding in permanency planning and increasing the continuity of case management services. The Developmental Disability Specialists ensure that the child/youth's needs are met in the child's placement by participating in case planning, transition planning, assisting with locating least restrictive placements, and identifying appropriate long term services and supports.

The Developmental Disability Specialists focused on the needs of all children/youth with intellectual and developmental disabilities across the state, including being available for

consultation and technical assistance to other stages of service, such as Investigations and Family Based Safety Services cases.

The Developmental Disabilities Specialists utilized a quarterly report providing data on children with specific characteristics to improve identification of children with intellectual and developmental disabilities. Using this report they were able to outreach to caseworker and supervisors and assist with obtaining services and supports for children with intellectual and developmental disabilities. The Developmental Disability Specialists continued to track and monitor statewide data to identify trends and training needs throughout the state. They provided training to CPS staff, foster parents, and providers regarding issues affecting children with intellectual and developmental disabilities on both an individualized and formal classroom basis. Developmental Disability Specialists assisted in case planning activities, identifying specific needs and services to meet the needs of children with intellectual and developmental disabilities, including individual case consultation with staff and participation in Permanency Conference meetings.

The Developmental Disability Specialists held monthly teleconferences. Topics covered in these teleconferences included training to increase awareness of and resources for children with intellectual and developmental disabilities, permanency planning, policy clarification, service delivery and coordination with partner agencies, and discussions on methods to outreach to caseworkers and providers to improve services for children with intellectual and developmental disabilities.

As of August 31, 2018, DFPS had several young adults who aged out of care and were accepted into the Texas Department of Housing and Urban Affairs 811 Project Rental Assistance Program. The Rental Assistance program provides project-based rental assistance for extremely low-income persons with disabilities linked with long term services and is made possible through a partnership between the Texas Department of Housing and Urban Affairs, Texas Health and Human Services, DFPS, and eligible multi-family residential properties. The Rental Assistance Program created the opportunity for participating former foster youth with disabilities to live as independently as possible through the coordination of voluntary services and providing a choice of subsidized, integrated rental housing options.

In October 2018, a meeting was held in Austin for the Regional Developmental Disability Specialists. Topics included: roles and responsibilities, eligibility for Social Security Income, Home and Community-based Services- Adult Mental Health, working with home and community-based services and intermediate care facility Providers, Home and Community-based Services Updates, Person Center Thinking, Guardianship, Community Based Care, General Residential Operations for individuals with intellectual and developmental disabilities, Vocational Rehabilitation Services for Transition Aged Youth, Trauma Informed Care, and Documentation requirements.

#### **4) Education Project**

##### **The Education Project responded to priorities (3), (7), (9a and b), and (13) of the Child Abuse Prevention and Treatment Act Amendments.**

The Education Specialists expanded their roles to include follow-up regarding use of Education Portfolios and building community collaborations that support children in foster care. The Education Project activities in 2019 included the following accomplishments:

- 2018-2019 data indicate 90.1% of school age children have an Education Portfolio. DFPS Residential Child Care Licensing staff and the Residential Monitoring Team from Texas Education Agency incorporate the task of reviewing for Education Portfolios during their regular monitoring visits. The Federal and Program Improvement Review Division monitored the use of the Education Portfolio in structured case reviews. Monthly reviews and feedback were given to the Education Specialists to resolve issues.
- Education Specialists provided Surrogate Parent Training and certification for individuals supporting children with special needs, attended Admission, Review, and Dismissal meetings, and participated in Circles of Support to review the student's current education status and offer students post-secondary education/vocational training options and opportunities.
- Representatives from CPS and the Texas Juvenile Justice Department named key agency liaisons and subject matter experts to increase academic, vocational, and transitional services to incarcerated foster youth. Regional Education Specialists, working with juvenile justice personnel, participated in planning for youth's education and transitional goals. The state office Education Program Specialist participated in quarterly conference calls with state agency liaisons.
- Education Specialists implemented DFPS policies to ensure educational stability for children in foster care directed by federal laws, such as the Every Student Succeeds Act (ESSA) and the Fostering Connection to Success and Increasing Adoptions Act. Education policy directs caseworkers to consult Regional Education Specialists prior to any child's placement move which may result in moving the student from his school of origin.
- Policy and residential contract elements continue to address the early education services for children from birth to five years. Children in the care of DFPS, from birth to three years of age, are referred to local Early Childhood Intervention offices for assessment and services. The Early Childhood Intervention Services collected data in FY 2018 and report 6,326 children were referred to ECI who were "CPS Involved". "CPS Involved" means the child was referred by DFPS or the family was currently involved in a DFPS investigation, is in substitute care or is part of a family receiving Family-Based Safety Services. This number reflects referrals from all stages of service and includes children referred for a developmental delay who were not in foster care. Of the 6,328 children referred to ECI who were "CPS Involved", 1,071 children, or 17%, are enrolled and received services through the ECI program. The Education Program Specialist serves on the Governor's Advisory Board for Early Childhood Intervention.
- Caregivers enroll children in pre-kindergarten programs offered in local public schools or through Head Start, if available in the community. Texas Education Agency reported that during FY 2018, 2,213 children in foster care enrolled in free



pre-kindergarten programs available at Texas public schools. DFPS sent 5,214 Letters of Verification to parents and caregivers of children, ages 3, 4, and 5 to use for pre-kindergarten enrollment. State agency staff from DFPS and Early Childhood Intervention met quarterly to monitor their referral system. The Early Childhood Intervention program moved from the Department of Assistive and Rehabilitative Services to Health and Human Services. The Memorandum of Understanding between Early Childhood Intervention and DFPS was reviewed, updated, and anticipated to be finalized August 2019 to reflect updates and best practices.

The CPS Education Program Specialist serves on the advisory board for Texas Head Start. Children in foster care are categorically eligible for enrollment in Head Start. Texas Head Start/Early Head Start and DFPS continue their joint commitment to provide quality early education programs for children in foster care. Head Start identifies children in substitute care as a priority enrollment.

- DFPS and the Texas Education Agency continued to share selected demographic and education information on school age foster children enrolled in Texas public schools. This data serves to drive better practices for child welfare and meeting the education needs of students in foster care.
- Regional Education Specialists acted as subject matter experts to Education Service Center staff as they offered training to the school-appointed foster care liaisons required by Texas Education Code §33.904. The Regional Education Specialists engage Education Service Center professional staff to secure additional behavior supports and intervention strategies for students experiencing school interruptions due to student behavior issues.
- DFPS published its monthly internet Education Newsletter for caregivers, child placing agencies, kinship providers, external stakeholders, and DFPS staff. The newsletter provides information to ensure a seamless enrollment process for all students attending school, pre-kindergarten - grade 12. Topics during FY2019 included: Basic CPS 101, an inside look at CPS; Education Training Voucher and Fee Waiver Program; Preparing for an Admission, Review, and Dismissal committee meeting; Cyber Security; Transition Services for Students in Foster Care and Receiving Special Education Services; and Creating a Trauma-informed Classroom.
- The Children's Commission, Texas Education Agency, and DFPS continued to collaborate on recommendations by the combined Education Committee. The Education Committee divided into five subcommittees: Data Collection and Reporting; Local Collaborations; Special Education; School Discipline and Post-Secondary Opportunities. The five subcommittees have generated workgroups as needed to provide research and recommendations to specific subcommittees.
- The "Texas Trio" (Children's Commission, DFPS, and Texas Education Agency) continued to participate in statewide and national forums, addressing the challenges and barriers facing children in foster care. DFPS worked with community stakeholders, such as Texas Foster Family Association, Texas Parent2Parent, Head Start, and the Meadows School at the University of Texas at

Austin, and faith-based organizations in providing resources and support to families working with children and youth in foster care.

- The CPS Education Program Specialist was appointed by the governor to the state advisory board of Early Childhood Intervention and the Governor's Citizens Advisory Committee for Students with Disabilities in order to represent the best practices of CPS and the children and youth in foster care.
- Education Specialists completed approximately 250 presentations to participants at school districts, education service centers, Court Appointed Special Advocates and family court judges on education-related issues on maintaining education stability, strategies for behavior interventions for trauma induced children, and special education law. Education Specialists completed presentations on state and federal laws and practices, which impact children and youth in foster care as part of a continuing education series to attorneys and those who serve as attorneys ad litem, as well individuals who serve as guardians ad litem.
- Education Specialists participated in the 10th Annual Education Reach for Texans Convening. Hosted by, the Texas Institute of Child and Family Wellbeing with The University of Texas at Austin, the convening focused on developing strategies to encourage students in foster care to complete requirements for high school graduation and participate in the dual credit and early college programs offered through Texas high schools and local colleges and universities. The program shared using data to improve college-run systems and pursue post-secondary educational, vocational, and technical opportunities. This conference, held in June 2019, was sponsored by DFPS and several universities and community colleges to provide post-secondary opportunities to students who are or were in foster care.
- Regional Education Specialists had 30 separate community-based consortiums meeting at least twice during the school year throughout the state, totaling over 70 meetings throughout 2018-2019. In February 2019, the CAPTA-funded Regional Education Specialist in Region 1, which covers a large portion of the Texas Panhandle, was hired. This allowed the Regional Education Specialist for Region 2 to provide oversight and services to the smaller, more isolated school districts in West Texas. Region 2 Education Specialist established 9 community consortiums and hosted 14 consortium meetings during 2018-2019. Regions 6a and 6b, representing the heavily populated Harris County and surrounding 12 counties established consortiums with two Education Service Centers. Region 6b will be establishing more consortiums outside of Houston. These consortiums meetings include community members, faith-based members, school administrators, representatives from child placing agencies, staff from DFPS, Health and Human Services, Department of State Health Services, Department of Aging and Disability Services, and community resource providers. The regional consortiums offer an opportunity to address and resolve issues, which may help students in foster care meet their educational needs and goals.
- Education Specialists analyzed data to improve the education and overall well-being of children and youth in foster care. One of the areas was to identify and reduce the number of placement moves which required students to also change schools. The latest data captured placements but revealed workers were inconsistent in inputting previous school information. Presentations by the

Regional Education Specialists to CPS units in Summer 2018 addressed the importance of securing accurate data not only for compliance, but to also make better informed decisions for children in foster care. DFPS and Texas Education Agency are working on the data capacity to track school changes for children and youth in foster care.

- The Education project maintained both an intranet and internet website presence. The internet site offers statewide resources, as well as links to Texas education laws, federal special education laws, and current Texas legislative and U.S. congressional acts which impact the educational services to children and youth in foster care.
- Collaboration with the 20 Regional Education Service Centers which support children and youth in foster care continued. Each Education Service Center has appointed a Foster Care Liaison to work with school districts and DFPS. Many of the Education Service Centers hosted regional and community consortiums. Regional Education Specialists provided additional training in Foster Care 101 and trauma-informed strategies to incorporate into classrooms.
- The Texas Higher Education Coordinating Board appointed a Foster Care Liaison to provide services and training to institutions of higher learning on the opportunities available to students formerly in foster care. Texas colleges and universities also appoint “college champions” to facilitate services and counseling to former foster students enrolled in their institutions.
- Regional Education Specialists collaborated with DFPS staff in Transition Planning events, Preparation for Adult Living classes, Circles of Support, and case planning.
- The Regional Education Specialists track and monitor high school junior and senior students in foster care who may be at risk of not completing requirements for a high school diploma within five years of entering high school. Regional Education Specialists work with CPS staff and Preparation for Adult Living staff and high school students to deter high school dropouts, and promote dual credit, early college programs, credit by exam, and credit recovery programs in an effort to increase high school graduation numbers for students in foster care.

## **5) Texas Council of Child Welfare Boards**

### **The Texas Council of Child Welfare Boards responded to priority (11) in the Child Abuse Prevention and Treatment Act amendments.**

The Texas Council of Child Welfare Boards (the Council) continued work with three meetings in FY2019. There were also conference call meetings of standing committees. The Council accomplished the following:

- Continued improvements to the website [www.tccwb.org](http://www.tccwb.org), via updated news, resources, training and collaborative opportunities. The site provides an opportunity for every board in the state to promote their activities and efforts to educate the public, as well as promote local fundraising and awareness efforts. News and events of statewide interest were updated regularly and detailed links provided to various DFPS and partner websites. This facilitated access to information and training directly related to child abuse and neglect for Child Welfare Board members and the public. The site provided updated information on requirements to become a foster parent, and listed the providers statewide that can facilitate foster parent training and

assistance. The site also provided an ongoing list of resources for aging out foster youth and contact information for CPS Community Initiative Specialists. Recent positive feedback has been received from the general public regarding the parenting assistance found on the web site and its benefit to parents.

- The Council and Texas Network of Youth Services (TNOYS) collaborated on a two-day conference in Houston including child welfare board members, DFPS staff and the public. The Council provided an information table at the event with statewide data, brochures and information about local child welfare boards throughout the state. In February 2019, the Council and TNOYS participated in the Innovations and Excellence presentations to legislators and aides by providing an oral presentation and written information at the Capitol in Austin.
- The Council continues its partnership with and support of Fostering Brighter Futures, a web-based service to promote positive attention to foster parenting and encouraging positive acceptance and support for the vital need for foster parents across the State. The Council will use the campaign to saturate Texas communities with more consistent, positive messages regarding foster care. Foster Brighter Futures has had college student interns for 2 semesters and to assist with the campaign.
- The Council provided flyers, awareness material and educational handouts to local boards statewide to promote Texas GO BLUE Day and BLUE Sunday for Child Abuse Awareness month in April 2019.
- The Council updated the county child welfare board membership rosters with the assistance of the CPS Community Initiative Specialists and the regional child welfare boards across the state.
- The Council continued as a member of TexProtects Roundtable, which meets to prioritize Texas Legislative issues that impact the Texas child welfare system, and address improvement to that system.
- At the September 2018 awards luncheon, the Council honored outstanding foster youth, foster families, staff, media, individuals and businesses from Texas who worked tirelessly to help children involved with DFPS. The Council presented awards to each recipient, including \$1,000 checks to two youth honorees. The World Champion Houston Astros also donated his and her tote bags with Astros memorabilia to the male and female statewide foster youth of the year. All was posted on the web site.
- The Council promoted Texas Heart Galleries throughout the state and provided support for regional mass adoption days in November 2018.
- The Council's Education Committee updated the child welfare board training manual and posted the 2018-2019 revision on the Council website for local and regional child welfare boards' use.

- The Council conducted onsite training for regional and local child welfare boards and provided technical assistance to boards that are struggling to either form or to maintain operations. Throughout the year, the council executive director provided technical assistance to boards that are struggling to either form or to maintain operations. The director reached out to areas with few or now child welfare boards or representation of the Council to meet in person or to assist them with establishing boards or reconnect or revive struggling boards. Through this effort Jim Wells and Atascosa counties received assistance with the local board and regions 3, 8, 10 and 11 received assistance with the regional board.
- The Council website continues to provide the statewide listing for all Rainbow Rooms throughout Texas and this information is updated as needed. The Council website contains a Calendar of Events with monthly listings of related events throughout Texas and nationally. Local child welfare boards use this calendar to assist in planning.
- The executive director conducted a statewide survey of child welfare board in Texas to ascertain the level of support being provided by the boards. The survey included 7 questions about fiscal year, budget, non-profit status, county funding for Rainbow Rooms, in-kind funding, and volunteer hours. To date, survey responses have indicated that the 190 counties with child welfare boards contribute over \$37 million annually to support the state child welfare system.

## **6) Parent Collaboration Group**

### **The Parent Collaboration Group responded to priority (3) in the Child Abuse Prevention and Treatment Act Amendments.**

Statewide Parent Collaboration Group meetings were held three times, in September 2018, February 2019 and June 2019. The Statewide Parent Collaboration Group, or its individual members, accomplished the following:

- Parent Collaboration Group participants provided held a dialogue with the CPS Associate Commissioner regarding their views on the Texas child welfare system and how to strengthen it.
- Parent Collaboration Group participants helped revise the pamphlet, "*While Your Child is in Care*", provided to all parents when a child is removed.
- The seventh Parent Conference was held in Region 10 El Paso;
- Parent Liaison in Region 1 participated in the Birth Parent National Network Convening; ongoing
- Parent Liaison in Region 1 attended the ABA National Conference on Access to Justice for Children and Families in Washington;
- Parent Liaisons in Region 8 participated in a Symposium on Family Engagement;
- Parent Liaison in Region 7 was the Keynote Speaker at the Texas Building Bridges Initiative Conference;
- Parent Liaisons from Regions 5, 6A and 8 presented at The University of Texas at the Austin Child Welfare Conference;
- Parent Liaisons in Regions 5, 6A, 7, 8 and 9 participated at the 2018 Child Welfare Primer; Parent Liaisons in Region 6B presented at the 2018 Texas Foster Family Association Training Conference.

- Parent Specialist and Parent Liaison from Region 7 are members of the Texas Family Voice Network; ongoing
- Parent Liaison from Region 1 presented at the 2018 Child Protection Court Coordinators Training;
- Parent Liaison in Region 6A continues her position as a National Family Consultant – ongoing
- Parent Collaboration Group participants provided input for CPS program directors during a statewide program director meeting, emphasizing the importance of engagement and sharing strategies to strengthen family engagement;

## **7) Child Protective Investigation (CPI) Best Practices**

### **The CPI Best Practice Initiative responds to priorities (1), (2), (4), (7), and (13) of the Child Abuse Prevention and Treatment Act amendments.**

The CPI Division Administrator position was created, posted, and filled mid-year and the new division organized, with responsibility for supervising 5 staff. The Division Administrator selected has a strong knowledge and experience base from investigations. The manager makes decisions regarding policy changes and implementation of practice changes within the regions; prepares tools to assist with training, presentations, or communications to the field; and makes recommendations about practice based on critical case reviews and trends. The CPI Division Administrator is responsible for development of “Meeting in a Box” materials that assist field management in ensuring staff are updated regularly on any policy or procedure practice updates. Materials includes any tip sheets to ensure best practice. CPI Division Administrator facilitates a monthly State Advisory Group for supervisors and investigators, to facilitate information exchanges regarding practice between the regions and to obtain input that informs investigation practice improvements.

The CAPTA-funded Behavioral Health Program Specialist in this project is the statewide subject matter expert for behavioral health issues of children related to the Investigation stage of service. Opportunities for diverting children and youth from entering DFPS conservatorship due to an inability to access appropriate behavioral health services were the primary emphasis during this fiscal year.

The CAPTA-funded Behavioral Health Program Specialist also provided support to field staff as it relates to policy and best practice when working with family and children impacted by mental health needs. This support included, but was not limited to: maintaining and responding to mental health email box questions, serving as liaison between field staff and stakeholders, working in partnership with families, and assisting in critical thinking as it relates to engagement and best practice. The Specialist has provided training across the state via the DFPS Intranet which assists in overall best practice for staff.

## **8) Child Protective Services (CPS) Best Practices**

**The Best Practice Initiative responds to priorities (3), (7), (9), (12), (13), and (14) of the Child Abuse Prevention and Treatment Act amendments.**

The primary goal for the Best Practice project is to identify and promulgate best practice models for the Texas child welfare system throughout the state to assist with the cultural shift within DFPS necessary better achieve safety, permanency and well-being of children and families. The eight CAPTA-funded CPS Best Practices positions accomplished the following during FY 2019:

**Parent Engagement Specialist position:** A particular emphasis for this position has been to increase family skills in advocacy within the community in order to better access and remove barriers to community services. The Parent Program Specialist continued to coordinate and support the state Parent Collaboration Group meetings, encouraged parent involvement, and made efforts to CPS staff better understand the parent perspective. The Parent Program Specialist continued to participate in program planning, presentations, development and implementation of parent support activities across the state. This position was involved in the following:

- Provided parental feedback on the Absent and Noncustodial Parent policy;
- Provided parental feedback on the case transfer Investigation/Family-Based Safety Services to Conservatorship policy;
- Participated at the 2018 Child Welfare Primer;
- Participated as Subject Matter Expert for Roundtable Video on Engagement; and
- Facilitated implementation of two rural parent support groups across the state.

**Fatherhood Engagement Program Specialist:** The Fatherhood Specialist helped plan and moderate multiple Fatherhood engagement activities across the state which includes The Father's, a panel at the Casey Family Conference in Austin, TX, as well as a round table involving male students at Texas College discussing safe sex. The Fatherhood Specialist conducted a series of webinars addressing better father engagement and the value of kinship care which both could lead to permanency for children. The Fatherhood Specialist moderated a series of Father's Panels with external stakeholders to foster a better understanding of the need to collaborate around services and expectation of fathers. The Fatherhood Specialist traveled across Texas conducting training with staff and community stakeholders on the value of engaging fathers and paternal kin that could lead to permanency or less time in the child welfare system.

The Fatherhood Specialist created a quarterly report that provides staff with insight on father engagement levels within their region. The Fatherhood Program Specialist served as a co-chair with the local city and county re-entry coalition which focuses on providing better access to services for formerly incarcerated men and women. The Fatherhood Specialist served on the State of Texas Re-Entry task force where the "Work in Texas" website was launched to connect formally incarcerated individuals with employers willing to hire those with challenged backgrounds. The Fatherhood Specialist released an updated version of *Working with Incarcerated Parents* Resource Guide.

The Fatherhood Specialist joined the Fatherhood Interagency Workgroup to better facilitate and to establish improved communication with services providers. The Parent Collaboration Group and the Fatherhood Specialist meet quarterly to consult with fathers.

The meeting gives fathers the opportunity to be heard by staff and community stakeholders in effort to show the point of view of a father within the child welfare system. The Fatherhood Program specialist facilitated workshops in Tyler, Austin, Fort Worth, Texarkana, Dallas, Houston, Georgetown, Uvalde, and Cuero with staff to focus on permanency and better outcomes for families with father and paternal kin engagement.

**Domestic Violence Program Specialist position:** The Domestic Violence Program Specialist participated in the Texas Family Violence Interagency Collaborative, comprised of staff at Health and Human Services Family Violence Program, multiple DFPS divisions, and the Texas Council on Family Violence. The Collaborative revised the statewide Memorandum of Understanding template for DFPS and Family Violence Programs to reflect changes in both state and federal laws, as well as practice improvements and continues to work towards ensuring that the Memorandum of Understanding is signed by the local family violence shelters and DFPS staff.

Training provided for new workers on intervening with persons who are harming children and their mothers or an adult caretaker in the household has been expanded from 8 to 12 hours and was implemented across the state in cooperation with the Center for Learning and Organizational Excellence. The CPS Domestic Violence Program Specialist presented workshops at statewide conferences for the executive directors of local domestic violence shelter centers services programs and for providers of the Battering Intervention and Prevention Programs. In-service training was provided for DFPS staff, Attorneys and Community Engagement staff. The Domestic Violence Specialist created a 9 part video series to emphasize the dynamics of family violence and how to work with the victims and perpetrators of family violence. The video series will be completed prior to the end of FY 2019. A best practice guide is was completed and provided to staff in January 2019 for DFPS.

**Permanency Program Specialists (two positions):** One specialist specifically worked with internal and external workgroups and stakeholders to strengthen best practices in the Family Group Decision-Making process of permanency planning, strengthens engagement of caregivers and caring adults in helping children and youth achieve positive permanency, and effective use of the child's plan of service.

The Family Group Decision Making (FGDM) program specialist oversees policy and best practice for the implementation of the FGDM model and philosophy for all stages of service; credit reports for children and youth in conservatorship; other policy reviews and initiatives affecting children in conservatorship. This position gathers, reviews, and disseminates data monthly on FGDM; holds at least quarterly conference calls for FGDM supervisors in the region; and provides technical assistance regarding any and all FGDM issues. This position coordinated two sessions of the CPS Family Involvement Training held for staff newly promoted to Family Group Conference facilitators. This position acted as the liaison with the three major credit bureaus, Equifax, Experian, and TransUnion, and ran batch reports for each region, to be completed by the end of the fiscal year. Any negative information is dispute in order to clear the youth's credit. This position has been involved in policy changes for personal documents and IDs for youth in conservatorship; strengthening sibling visitation; life skills assessments for youth; and updates related to



services for children in conservatorship and their families, including updates to the Child's Plan of Service.

A second Permanency program specialist dedicated attention to positive permanency by analyzing the trends available from placement data and the impact it has on permanency. With dedicated attention to placement issues, the impact of changes in practice and protocol are better understood. By viewing both permanency and placement trends, the position is able to emphasize the urgency needed to help children safely exit care to a permanent home as soon as possible.

During the fiscal year, this position:

- Reviewed and consulted regarding best practice guides and policy updates at the request of the Director of Permanency. Specific projects included Child Sexual Aggression protocols training materials, and practice guides, engaging incarcerated parents, child sexual aggression, positive permanency, concurrent planning, strengthening sibling visitation, and improving training for conservatorship and ongoing services staff.
- Partnered with training and communication specialists to develop a podcast system for staff that will be a tool for training and education as well as policy changes and updates to best practice knowledge. The goal of the podcast is to develop the knowledge and skills of staff in a format that is both accessible, engaging, and responsive to their needs and concerns for building their knowledge base and improving practice. Planned topics for the podcast are: family reunification, substance use disorders in CPS cases, professional teamwork, mentoring and leadership, permanency planning and concurrent planning, placement safety and stability, complex medical needs: what caseworkers need to know, talking with teens about relationships and reproductive health, trauma informed care, engaging extended family, dynamics of family violence, why ICWA matters, and other topics as identified by the directors of permanency and field.
- Scheduled, coordinated, and facilitated quarterly calls with local permanency specialist supervisors and program directors to assess and respond to field needs and improve practice around the local permanency program.
- Analyzed proposed legislation relevant to CPS ongoing services that impact permanency.
- Participated at the request of the Director of Permanency in various workgroups relevant to conservatorship casework and practice
- Conducted technology and information systems testing at the request of CLOE Academy and Permanency Lead.

**Interstate Compact for the Placement of Children (ICPC) Program Specialists** (two positions): Two additional Interstate Compact for the Placement of Children (ICPC) Program Specialists were hired to focus on improving permanency for children crossing state lines and were assigned to the Texas Interstate Compact Office. These positions helped reduce process delays, which can significantly impact the permanency of children, improve processing and monitoring, and ensure supervision reports are being shared between states and barriers to home studies being identified in a timely manner.

The Program Specialists have assisted in ensuring incoming requests are processed and assigned in a timely manner to comply with the Safe and Timely Interstate Placement Act. The Program Specialists also assisted in the processing of outgoing requests and addressing issues that arose to reduce time to permanency for children in DFPS care. The Program Specialists have successfully assisted Texas ICPC in reducing its backlog and have enabled the lead program specialist to focus on emergency requests to ensure they are processed in a timely manner.

**Medical Services Program Specialist:** Medical Services Program Specialist was created, posted, and hired in February 2019 to focus on denied medical services by the statewide STAR Health managed care organization. In Spring 2018, the Medical Services Division began receiving and tracking notification of denials due to “lack of medical necessity” and “services not being a Medicaid benefit”. The program specialist is now tracking individual denials and beginning to analyze trends. A process to escalate requests for assistance and educate the field and caregivers about denials and available support has been created. The emphasis is to ensure caseworkers have the support and technical assistance needed to help kinship and residential caregivers respond to denials. The goal is to reduce caregiver frustration, improve care to children and positively impact placement stability and permanency.

#### **9) Community-Based Care (Formerly Foster Care Redesign)**

**Community-Based Care responded to priorities 3, 11 and 13 of the Child Abuse Prevention and Treatment Act amendments.**

During FY 2019, DFPS continued to develop the Community-Based Care model through legislative direction, guidance from the Public Private Partnership, and work with a contracted independent consultant at Chapin Hall of the University of Chicago.

Beginning in September 2018, DFPS worked with Chapin Hall to conduct a cost analysis of start-up funding for Stage II of Community-Based Care. A 2014 cost analysis by a previous consultant was helpful to DFPS and legislative leadership in establishing the appropriation for SSCC start-up funding in Stage I. A similar study was needed for Stage II to identify the costs associated with transitioning the legal provision of case management and estimated geographic difference in cost. Chapin Hall completed the study in March 2019. DFPS also worked with Chapin Hall on a rate study to improve the calculation of the blended foster care rate under Community-Based Care. This effort continues with a final report anticipated in spring 2019.

The Information Technology / Data Access and Standards Governance Council continued meeting in FY 2019. The purpose of the Council is to discuss the:

- Transfer of data from the Single Source Continuum Contractor to DFPS and from DFPS to the Single Source Continuum Contractor;
- Implementation of interoperability funding;
- Establishment of file transfer protocols and procedures, including procedures in case of security breach.

During FY 2019, the Council worked on an in-depth charter and charter deliverables. Major accomplishments include optimization of the current data export with SSCCs that

significantly decreased processing time and added to the data exchange including CANS assessments. Current and future efforts are centered on the switch from IMPACT Legacy to the new IMPACT R2 platform beginning this summer, and the establishment of automatic/near real time exchange.

Other key planning and implementation tasks DFPS accomplished in FY2019 include:

- Finalized and implemented State CBC Communications Plan to provide consistent information about the CBC model and vision, the proposed schedule, and the department's commitment to CBC. Established timeline of communication and messaging for Stages I and II.
- Successfully implemented broad reaching Stage I communication plan for announcing new catchment areas and SSCC contracts.
- Developed standard training curriculum for CPS and SSCC staff, including training on CBC operations, IMPACT, CLASS and TARE.
- Updated CBC section of the CPS Professional Development curriculum training for new workers.
- Established a cross- divisional workgroup to plan for impacted staff based on the Stage II implementation (development of a Case Management Resource Transfer Plan)
- Developed Contingency Plan adapted for CBC.

DFPS is publishing a detailed Community-Based Care Implementation Plan. The scope and timeframe for implementation in the next biennium is dependent on legislative appropriation and will be finalized following the close of the 86<sup>th</sup> Texas Legislative Session in May. Once approved, the implementation plan will be published on the DFPS website. The implementation plan will include:

- DFPS, Single Source Continuum Contract and Community-Based Care Model assumptions
- Resource needs
- Communication plan
- Readiness tasks
- Implementation tasks
- Proposed roll-out schedule
- Progressive intervention and contingency plan

### **Implementation Activity**

The 85<sup>th</sup> Texas Legislature supported implementation of five total Community-Based Care catchment areas over the FY 2018-2019 biennium. DFPS renewed its existing contract with Our Community Our Kids/ACH Child and Family Services in 3b on September 1, 2018, to include all Community-Based Care services. During FY 2019, DFPS and Our Community Our Kids continued to prepare for Stage II implementation of Community-Based Care in Region 3b, to include all new components of the model as required by the Texas Legislature. With Legislative direction and funding, DFPS will transition case management services (Stage II) in Region 3b during the 2020-21 Biennium.

In June 2018, DFPS awarded a contract to 2iNgage, a new partnership between Texas Family Initiative LLC and New Horizons Ranch and Center Inc., to serve as the Single

Source Continuum Contractor for Region 2 (Abilene/Wichita Falls area). 2Ingage implemented Stage I CBC (placement services) on December 1, 2018, after a 6 month start-up period. With Legislative direction and funding, DFPS will transition case management services (Stage II) in Region 2 during the 2020-21 Biennium.

In August 2018, DFPS awarded a contract to Family Tapestry/the Children’s Shelter of San Antonio to serve as the Single Source Continuum Contractor for Region 8a (San Antonio/Bexar County). Family Tapestry implemented Stage I Community-Based Care (placement services) on February 1, 2018, after a 6 month start-up period. With Legislative direction and funding, DFPS will transition case management services (Stage II) in Region 8a during the 2020-21 Biennium.

DFPS is procuring for two additional Community-Based Care contracts. In December 2018, DFPS released a Community-Based Care (CBC) Request for Application for Region 1. Contract award is anticipated in June 2019, with Stage I CBC services anticipated to begin in December 2019, after a 6 month start-up period. DFPS released a Community-Based Care Request for Application for Region 8b (counties surrounding San Antonio/Bexar County) in June 2019.

There will be no new Stage 1 CBC services beginning during the next FY2020-21 Biennium, per legislative direction.

As required by the 85<sup>th</sup> Texas Legislature, DFPS has contracted with Texas Tech as an independent entity to conduct a process evaluation for the entire rollout and implementation of Community-Based Care in each established catchment area. Texas Tech finalized their evaluation plan in December 2018 and began contacting sites in January 2019. On site meetings and interviews are being scheduled.

### Performance Measures

The primary performance measures to determine success of Community-Based Care contracts for Single Source Continuum Contractors relate to child safety, permanency, and well-being. DFPS expects additional improvement to occur once a Single Source Continuum Contractor has fully implemented Stage II.

Region 3b is the only area with performance data available at this time. The redesigned service delivery system has shown success in building capacity, increasing community collaborations, and innovations. OCOK saw continued performance gains on key contract outcomes for placing children in area, keeping sibling groups together, and least restrictive placement settings in fiscal year 2018 compared to fiscal years 2016 and 2017.

Outcome Measure	FY 2015	FY 2016	FY 2017	FY 2018
<b>Safety:</b> Children who do not experience abuse or neglect in placement	99.93%	99.91%	99.83%	99.70%
<b>Placement Proximity:</b> Children placed within 50 miles of their removal location	75.2%	74.7%	73.6%	74.7%

<b>Outcome Measure</b>	<b>FY 2015</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>
<b>Placement Stability:</b> Foster care placements per child	1.48	1.55	1.50	1.48
<b>Less restrictive placement settings:</b> Foster care days spent in relative and family foster homes	73.1%	74.2%	77.0%	78.4%
<b>Child Participation and Engagement:</b> Children age 5+ participate in developing service plans*	n/a	n/a	n/a	81.9%
<b>Child Participation and Engagement:</b> Children requested at court hearings attend*	n/a	n/a	n/a	Not yet available
<b>Sibling Contact and Connections:</b> Sibling groups are placed together	58.8%	59.9%	64.0%	65.1%
<b>Youth Preparation for Adulthood:</b> Youth complete PAL life skills training before turning age 18	76.3%	85.5%	95.9%	86.5%
<b>Youth Preparation for Adulthood:</b> Youth age 16 or older have a driver's license or state identification card	40.3%	36.7%	50.3%	51.0%

*Data Source: Rider 21 Report DRIT #92272 3b; PMET Our community Our Kids self-reported data*

*\*Historical data not available on new indicators for self-reported measures*

As required by Rider 21, 85<sup>th</sup> Texas Legislature, DFPS is required to report on August 1<sup>st</sup> and February 1<sup>st</sup> each year selected performance measures that allow for comparative analysis between the legacy foster care and redesigned foster care systems. Additionally, DFPS is required to report recent data for the selected comparative performance measures, an analysis of the data that identifies trends and impact occurring in the redesigned foster care system, identification and analysis of factors negatively impacting any outcomes, recommendations to address problems identified from the data, and any other information necessary to determine the status of the redesigned foster care system.

DFPS completed and submitted the August 2018 and February 2019 Rider 21 reports as required. The report was revised to ensure historical and statewide data captured performance for placements that are part of the redesigned system and to include the most current performance metrics. The next report will be released with fiscal year 2019 quarter 3 data in August 2019.

#### **10) Kinship Project**

The Kinship Collaboration Group responded to priority (3) in the Child Abuse Prevention and Treatment Act Amendments.

The Kinship Collaboration Group was established in August 2017. The meetings are held quarterly and consist of 13 Kinship Development Worker liaisons and 15 former Kinship Caregiver liaisons.

During FY 19, Kinship Support Groups throughout Texas have significantly increased. Kinship Support Groups are held in Regions 1, 2, 4, 5, 6, 7, 8 and 11, with continued coordination to conduct support groups in the remainder of the regions. Since September 2017, 91 Kinship Support Group meetings have been held throughout the state providing support to 451 caregivers.

Accomplishments for FY 19 include providing input on policy, developing a Kinship Toolkit and refrigerator magnet. The Kinship Toolkit and the magnet will be a quick reference tool that provides vital information to caregivers when children are placed in their home immediately upon removal from their parents. Currently the Kinship Collaboration Group is working to update and modify the training that is provided to kinship caregivers.

#### **11) Implementation of Federal Family First and Prevention Services Act Project** **The Implementation of Federal Family First and Prevention Services Act Project responds to priorities (2), (6), (7), (11), and (12) in the Child Abuse Prevention and Treatment Act Amendments.**

DFPS has worked closely with federal and state staff and stakeholders to analyze the impact to the child welfare system. This includes collaborating with external entities to obtain input and establishing a communication plan to include key stakeholders and the Texas Legislature. It is important that the state Legislature have the opportunity to weigh-in on the policy and fiscal changes driven by this federal legislation.

- DFPS continues to develop the analysis and fiscal impact as federal guidance is received and involves stakeholders as appropriate,
- DFPS has partnered with key stakeholders to conduct a service array study that will identify what services could qualify for the new funds that exist around the state and where capacity would need to be developed.
- DFPS received a federal grant to explore implementing a kinship navigator program. DFPS has partnered with the University of Houston to complete a study to research the kinship navigator programs listed on the Clearinghouse, options for how the kinship navigator program could be implemented in Texas, and associated costs. The study was received in March 2019 and will be used to inform decisions regarding implementation of a kinship navigator program in Texas. Texas has applied to receive another federal grant to assist in exploring the recommendations provided in the study.

- DFPS is currently planning on applying for a federal grant to receive funding to assist Texas in implementing an electronic case-processing system for ICPC cases.

The Family First Prevention Services Act (FFPSA) program specialist remains a critical role in the success of DFPS' accomplishments in both the understanding of this federal legislation and the development of the analysis, with the following FY2019 accomplishments:

- The FFPSA program specialist has worked under the direction of CPS leadership to project manage, advise, and provide technical assistance to CPS staff with assignments and tasks associated with the federal legislation.
- The FFPSA program specialist continued to oversee the development of responses and analysis of new guidance, as required by the federal Act and the Administration of Children and Families. The position will oversee implementation, as directed.
- The FFPSA program specialist consulted with regional and state office management, regional caseworkers and field staff, CPS state office program and policy staff, external public and private stakeholders, consumers of child protective services, volunteers, advocates, judges, other social service providers to provide program guidance relating to the Family First Act.
- The FFPSA program specialist provided consultation and guidance regarding the planning, development, implementation, and monitoring of projects and programs associated with Family First Act initiatives.
- The FFPSA program specialist facilitated and managed program communications with internal and external stakeholders including CPS state office staff, field staff at all levels, staff from other state and federal agencies, providers of services for agency clients, stakeholders and legislators.
- The FFPSA program specialist continued to oversee the compilation and analysis of data and information from various program resources and stakeholders to shape goals, objectives and priorities.
- The FFPSA program specialist facilitated completion of studies, analyses, and research regarding program strategy policies and procedures, and develop recommendations for program and agency leadership.

## **12) Substance Abuse Project**

**The Substance Abuse Project responds to priorities (1), (2), (3), (4), (5), (8), and (13) in the Child Abuse Prevention and Treatment Act Amendments.**

A Behavioral Health Services Division was created and consists of a Division Administrator and 3 Substance Use Program Specialists. Three Substance Abuse Program Specialists will be working with CPS Ongoing Services; a fourth Substance Use Specialist is part of the CPI Division and works Investigations. The Substance Use Program Specialists are housed in four different parts of the state. The Division works under the direction of the Behavioral Health Services Division Administrator to guide CPS practice in working with children and families with substance abuse issues throughout each stage of service. Accomplishments to date include:

- The new division was created, with formation of the Division Administrator and three new Substance Use Specialist positions. Job descriptions were created, audited, and posted. The positions were filled, with all positions being filled by Spring 2019.
- An interagency workgroup was created, with initial membership including the following:
  - HHS staff, including: Associate Commissioner for Behavioral Health Services, Substance Use Disorder Programs Director, Substance Use Disorder Medical Director, Texas Targeted Opioid Response Director, and Substance Use Disorder Manager
  - DFPS staff, including Associate Commissioner for CPS, CPS Medical Director, CPS Director of Services, CPI Division Administrator, and CPS Behavioral Health Services Division Administrator

The meeting, to occur monthly beginning in June 2019, is designed to update participating agencies in efforts to improve services to families involved with DFPS due to substance use issues. Initial emphasis is to improve current plans of safe care standards, ensure coordinated service delivery, and enhance communication between DFPS and agencies providing treatment, or other support services, related to substance use treatment.

- The Division Administrator and two Substance Use Specialists (CPS and CPI) began participating in the Infant/Toddler Drug Court project (Harris County), as part of the Quality Improvement Center for Collaborative Community Court Teams grant. Members will attend the All Sites meeting scheduled for July 2019.
- All Substance Abuse Specialists, the Behavioral Health Services Division Administrator, and the CPS Medical Director are participating in a July 2019 Neonatal Abstinence Syndrome Symposium in Fort Worth, Texas.
- Three “Meet and Greet” meetings were held between DFPS and HHS staff working on substance use issues. This provided an opportunity to start working collaborations and share information. The above-mentioned workgroup resulted from these initial sessions.
- The new CPS Substance Use Specialists participated in regional meetings with the CPI Substance Use Specialist, observing presentations for knowledge development and consistency in regional support.



## **FY 2020 Proposals**

**Listed below is an outline of activities that the state intends to carry out with State Grants funds received during FY 2020 pursuant to section 106(b)(2) of CAPTA:**

**Note:** DFPS requested in its FY2019 Proposal that the amended increase Texas received be divided over the course of three fiscal years. DFPS budgeted one third of the increased allocation received as the increase for FY2019. As the plan approach was approved in FY2019, DFPS is again proposing the use of another third of the FY2019 increased allocation. As the FY2020 allocation was also an enhanced allocation, the increased requests again reflect dividing the enhancement over the course of three fiscal years. Thus, the budget used for the FY2020 proposals equals the budget used for FY2019, with a slight increase due to some funds not being immediately expended and an additional increase due to the FY2020 enhanced allocation. The agency adheres to the grant requirement that all funds be expended during the authorized five year grant period.

### **1) Evaluation of CPS Best Practice Initiatives**

**The Evaluation of CPS Best Practice Initiatives responds to priorities (1), (4), and (7) in the Child Abuse Prevention and Treatment Act Amendments.**

The Analytics and Evaluation Team was integrated into the Office of Data and Systems Improvement in September 2018. The mission of the Office of Data and Systems Improvement is to build an infrastructure and environment that ensures effective coordination, communication and consistency across the agency around data reporting and how it's used in understanding and improving performance and outcomes. The office helps ensure Texas DFPS uses data to continuously and proactively identify and address areas of concern and build on areas of strength to better fulfill our mission of protecting the unprotected. The Analytics and Evaluation Team Project supports this mission by working with Texas DFPS field and state office to improve outcomes related to achievement of safety, permanency and well-being for children. The team provides strategic guidance on and creates processes, tools and reports to improve decision making and child safety, uses analytics to target high risk populations, analyzes statewide program patterns and trends and evaluates new program initiatives.

### **Goal and Objectives**

The goal of the Analytics and Evaluation Team is to help DFPS improve outcomes for children and families impacted by abuse and neglect resulting in a need for DFPS services.

## Approach

The Analytics and Evaluation Team will provide in-house consultation or technical assistance by:

- Assisting with development of critical thinking skills;
- Expanding the principles of Continuous Quality Improvement throughout the different stages of service;
- Providing customer support in the areas of planning, analysis and evaluation;
- Providing strategic guidance on and creating processes, tools and reports to improve decision making and child safety, including strategic planning and decision-making regarding the Family First Act;
- Using analytics to target high risk populations;
- Analyzing statewide program patterns and trends;
- Evaluating new program initiatives, such as Community Based Care; and
- Evaluating impact of federal legislation, such as Family First Act.

The project will continue to enhance data analysis and monitoring, root cause analyses and supporting leadership in crafting and implementing plans for improving the functioning of processes and practices related to child abuse and neglect.

## Budget

<b>1 FTE - Manager IV</b>	<b>1.0</b>
Salary	70,812
Fringe	24,869
Other Personnel Costs	967
Other Operating Exp_Salary	687
Travel	1,298
Cost Pool/Central Fund	6,069
0.5% Addl PR Retirement Contribution	354
1% ERS Contribution	708
<b><u>Subtotal</u></b>	<b><u>\$105,764</u></b>
<b>1 FTE – Systems Analyst V</b>	<b>1.0</b>
Salary	70,390
Fringe	24,721
Other Personnel Costs	961
Other Operating Exp_Salary	683
Travel	1,298
Cost Pool/Central Fund	6,033

0.5% Addl PR Retirement Contribution	352
1% ERS Contribution	704
<b><u>Subtotal</u></b>	<b><u>\$105,134</u></b>
<b>5 Full Time Research Specialist V FTEs</b>	<b>5.0</b>
Salary	340,980
Fringe	119,753
Other Personnel Costs	4,655
Other Operating Exp_Salary	3,309
Travel	6,250
Cost Pool/Central Fund	29,225
0.5% Addl PR Retirement Contribution	1,705
1% ERS Contribution	3,410
<b><u>Subtotal</u></b>	<b><u>\$509,286</u></b>
Equipment for databases and licenses	\$27,940
<b><u>Subtotal</u></b>	<b><u>\$27,940</u></b>
<b>Total</b>	<b>\$748,124</b>

## 2) Disproportionality

**The Disproportionality Program responds to priorities (3) and (11) of the Child Abuse Prevention and Treatment Act amendments.**

The Disproportionality Program has defined the need for increased sensitivity with CPS staff in working collaboratively with families of all races and ethnicities. The purpose of this project is to address the systemic factors and identify practice improvements that can address the statewide disproportionate representation and disparate outcomes for African American and Native American children and their families within the Texas child welfare system, as well as Hispanic children and their families in some areas of the state.

### Goals and Objectives

Issues surrounding the disproportionate rate at which such children enter the DFPS system, the equity with which children of color and their families are provided access to available services, and the disproportionate and disparate outcomes for African American and Native American children, as well as Hispanic children in specified regions, once they are engaged in the child welfare system (including all phases of service) will be examined in an effort to promote equity and improved outcomes for all children and families.

## **Approach**

The approach of this project is to respond to disparities in the child welfare system by examining data at the county, regional and state levels. Using this data, DFPS is able to develop strategic plans at the regional and state level to address disparities. DFPS will continue use the data and information learned about disparities to collaborate with community disproportionality committees and other external stakeholders. DFPS and its partners have emphasized the understanding that improving outcomes for youth and families with disparate results improves outcomes for all youth and families impacted by the Texas child welfare system.

Work efforts for addressing disproportionality and disparities among Native American children in the system as well as issues related to the Indian Child Welfare Act continue through work with the Children's Commission and the three federally recognized tribes in Texas.

A Disproportionality Manager will coordinate statewide activities; assist with the development of grants as necessary to support further endeavors; liaison with program evaluation staff; attend, develop, and deliver training and technical assistance as identified; and engage community partners in the process of issue identification.

Further efforts indicate opportunities to weave DFPS disproportionality work into every aspect of program, policy, services, initiatives, and leadership development, as well as applications for cross-systems practice models. The community-based stakeholders at the local level will identify community resources and engage community partners and staff in joint efforts to impact disproportionality and improve outcomes for African American and Native American children and families. These community resources will focus on mitigating the circumstances that bring children into care disproportionately, while promoting cultural responsiveness among DFPS staff. By helping the child welfare culture be more responsive to families and including the parent and youth voice no matter their racial or cultural background, families will feel more empowered to express their needs and expectations and, in that process, find greater equity of service.

As contributing factors are identified, staff actively works to both increase awareness of and control for factors that create identified disparities. Each region tests services, resources and changes that are effective in lowering the rate of disproportionality in order to more effectively expand this work statewide and to other agencies and institutions of the state.

## **Expected Outcomes**

The expected outcomes of this project are:

- Greater responsiveness to the unique needs of all families served by DFPS;
- Individualized approaches to providing services and supports to families;

- Enhanced understanding of the dynamics that contribute to disparate outcomes for families;
- Greater awareness of individual cultural, racial and ethnic biases that impact service delivery;
- Identification and elimination of policies and procedures within DFPS that contribute to disproportionality;
- Increased community participation and development of partnerships to create and increase the provision of services that prevent children from entering foster care, and exiting to permanency at higher rates;
- Creation of a practice model that respects the cultural, racial and ethnic differences of families and staff and that ensures equity;
- Cross-systems approach to address disproportionality in order to have sustainable systemic change;
- And creation of a family-centered system that provides access to programs, services and supports equitably to all children and families.

### **Budget**

In addition to the identified manager position, successful completion of this project will require funds for work in each region of the state and sustainability for state level cross-systems efforts. This includes costs for training, staff consultation, costs for stakeholder/DFPS partnerships (meeting space, facilitation), and program development.

<b>1 Full Time Employee Disproportionality Manager FTE</b>	<b>1.0</b>
Salary	71,311
Fringe	25,044
Other Personnel Costs	3,600
Other Operating Exp_Salary	679
Travel	3,800
Cost Pool/Central Fund	5,728
0.5% Addl PR Retirement Contribution	357
1% ERS Contribution	713
<b>Total</b>	<b>\$111,232</b>

### **3) Children with Disabilities Project**

**The Children with Disabilities Project responds to priorities (7), (9a and b) and (13) of the Child Abuse Prevention and Treatment Act Amendments.**

#### **Goals and Objectives**

The overall goals of the project will be to:

- Ensure children with intellectual and developmental disabilities in the care of DFPS are placed in the least restrictive setting available that can meet their needs;

- Develop experts in the knowledge and coordination of intellectual and developmental disability services and resources;
- Improve the well-being of children with intellectual and developmental disabilities;
- Improve the coordination between DFPS and the Texas Health and Human Services, Office of Guardianship regarding the guardianship referral process for children sixteen years and older with intellectual and developmental disabilities who will likely require a guardian; and
- Provide consultation and training to DFPS staff members.

Objectives related to these goals are to:

- Promote the identification of children with intellectual and developmental disabilities and assess their needs;
- Raise awareness of and improve access to services for individuals with intellectual and developmental disabilities, including behavioral health and auxiliary services such as vocational assistance;
- Serve as subject matter experts for children with intellectual and developmental disabilities;
- Consult and participate in child service planning activities and in identifying needed wraparound services;
- Serve as aging out of care guardianship coordinators for children with intellectual and developmental disabilities who require a guardian;
- Facilitate the transition of children out of facilities into least restrictive settings;
- Advocate for Medicaid waiver slots for children with intellectual and developmental disabilities and placement on appropriate Medicaid waiver interest lists;
- Facilitate Determination of Intellectual Disabilities for children with suspected intellectual and developmental disabilities through the Local Authorities;
- Serve as a liaison with Local Authorities and facilitate related services, including long term services and supports;
- Facilitate placements into Home and Community-Based Services, Intermediate Care Facilities for Individuals with Intellectual Disabilities, State Supported Living Centers, nursing facilities, and General Residential Operations serving children with intellectual and developmental disabilities, specifically Casa Esperanza and Mission Road Development Center;
- Provide training to staff and caregivers about intellectual and developmental disabilities and available resources; and
- Participate in the formal review of guardianship decisions.

## **Approach**

The Children with Disabilities Initiative will:

- Educate DFPS staff members about Medicaid waiver programs, long term services and supports, and eligibility requirements for children with intellectual and developmental disabilities;
- Provide consultation and training to DFPS staff members related to the needs of children with intellectual and developmental disabilities;
- Collaborate with local, state and federal agencies and programs and caregivers that serve children with intellectual and developmental disabilities;
- Educate DFPS staff members about STAR Health resources for children with intellectual and developmental disabilities;
- Coordinate all guardianship referrals to the Texas Health and Human Services, Office of Guardianship related to children in DFPS conservatorship with intellectual and developmental disabilities that may require a guardian;
- Assist caregivers and DPS staff members in accessing appropriate services;
- Coordinate with the Health and Human Services, Local Procedure Development and Support Unit and the Local Authority on referrals, enrollment and placement of children in DFPS conservatorship in specific Medicaid waiver programs; and
- Conduct training and technical assistance for DFPS staff members and caregivers related to intellectual and developmental disabilities and related conditions.

### **Expected Outcomes**

As a result of project activities:

- Children and their caregivers will have increased awareness and access to available resources and other supportive services.
- Caregivers will be better equipped to provide care for children in their own homes.
- DFPS caseworkers will be able to evaluate the needs of children with intellectual and developmental disabilities and be more successful in accessing available services.
- Developmental Disability Specialists will be able to assist in evaluating least restrictive placement options that meet the unique needs of children with intellectual and developmental disabilities.
- Children with intellectual and developmental disabilities will experience less placement disruptions
- Information regarding intellectual and developmental disabilities and available resources will enhance the quality of placement services and permanency planning efforts for children in substitute care, as Developmental Disability Specialists will assist in identifying specific needs and services for children with intellectual and developmental disabilities.

## Budget

<b>1 FTE - Developmental Disability Specialist State Office</b>	<b>1.0</b>
Salary	55,144
Fringe	19,367
Other Personnel Costs	983
Other Operating Exp_Salary	525
Cost Pool/Central Fund	10,387
0.5% Addl PR Retirement Contribution	276
1% ERS Contribution	551

**Subtotal** **\$87,233**

<b>8 FTEs - Regional Developmental Disability Specialists</b>	<b>8.0</b>
Salary	378,783
Fringe	133,029
Other Personnel Costs	14,819
Other Operating Exp_Salary	3,717
Travel	14,000
Cost Pool/Central Fund	51,936
0.5% Addl PR Retirement Contribution	1,894
1% ERS Contribution	3,788

**Subtotal** **\$601,966**

**Total** **\$689,199**

## 4) Education Project

**The Education Project responds to priorities (3), (7), (9a and b), and (13) of the Child Abuse Prevention and Treatment Act Amendments.**

### Goals

- Maintain an Education Portfolio for every school aged child in the conservatorship of DFPS as a means to secure relevant documents for casework and improved outcomes;
- Ensure children in foster care receive appropriate grade level placement and ancillary services to be successful in the school setting;
- Improve education outcomes for children in substitute care by exchanging aggregate data regarding children in substitute care with the Texas Education Agency, focusing on areas of special education services, high school graduation levels, disciplinary actions, attendance, grade level and other areas;
- Provide training to internal and external stakeholders on education issues relevant to children in foster care;



- Build community partnerships with schools, agencies, associations and organizations that support the DFPS mission to protect children in foster care;
- Ensure every school-age child and youth in foster care has a designated Education Decision Maker who is responsible for supporting the student's educational goals and needs; and
- Identify supplemental educational opportunities and community resources for children and youth in foster care, which contribute to their social, emotional, and educational growth.

## **Approach**

Ongoing and developing projects to be addressed in FY2020 include:

- Collaborate with internal and external partners on common educational issues impacting youth in DFPS conservatorship, including:
  - Earlier transition planning for youth in care, including life skills training, academic, vocational, and continuing education options;
  - Credit recovery for foster youth to obtain maximum credit requirements for high school graduation;
  - Enrollment by eligible high school students in early college start programs and dual credit programs; and
  - Encouragement for obtaining a minimum of a high school diploma for every youth in foster care, and discouragement for overuse of the completion to high school studies path to a Graduate Equivalency Diploma;
- Partner with the Residential Monitoring Team of the Texas Education Agency regarding the inclusion of monitoring for the existence and use of the Education Portfolio during the audit process;
- Continue collaborative projects with stakeholders, including but not limited to Early Childhood Intervention services, the Texas Education Agency, Texas Head Start, the Children's Commission, and the Meadows Center at the University of Texas to achieve school readiness and success for children in foster care;
- Strengthen the process for ensuring the person authorized to make educational decisions for children in conservatorship is identified; and
- Develop cross collaboration between Regional Education Specialists and Developmental Disability Specialists in identifying and delivering services to school age children with special needs in DFPS conservatorship.

In February 2019 DFPS/CPS added a separate Regional Education Specialist to oversee the educational needs for the children in Region 1, which covers a large portion of the Texas Panhandle. This allowed the Regional Education Specialist for Region 2 to provide oversight and services to the smaller, more isolated school districts in West Texas. There are currently 12 Regional Education Specialists throughout Texas: 2 Education

Specialists in the larger metro areas of Dallas/Fort Worth and 2 in the Houston area. This proposal includes sustaining the support for that position.

**Budget**

<b>1 FTE - Education Specialist - State Office</b>	<b>1.0</b>
Salary	55,144
Fringe	19,367
Other Operating Exp_Salary	519
Travel	325
Cost Pool/Central Fund	5,728
0.5% Addl PR Retirement Contribution	276
1% ERS Contribution	551
<b><u>Subtotal</u></b>	<b><u>\$81,910</u></b>
<b>1 FTE - Education Specialist (PS IV) - Region 1</b>	<b>1.0</b>
Salary	50,406
Fringe	17,702
Other Operating Exp_Salary	489
Travel	1,799
Cost Pool/Central Fund	10,634
0.5% Addl PR Retirement Contribution	252
1% ERS Contribution	504
<b><u>Subtotal</u></b>	<b><u>\$81,787</u></b>
<b>Total</b>	<b>\$163,697</b>

**(5) Texas Council of Child Welfare Boards**

**The Texas Council of Child Welfare Boards responds to priority (11) in the Child Abuse Prevention and Treatment Act amendments.**

The Texas Council of Child Welfare Boards (the Council) is a statewide organization comprised of volunteer representatives from the local and regional child welfare boards. The purpose of the Council is to provide leadership through a comprehensive, cohesive network of child welfare boards in order to support services to vulnerable children and to promote the prevention of child abuse or neglect to assure that all children live in a loving, nurturing, safe environment.

The Council represents grass-roots child welfare boards through its assembly of representatives from all eleven regional child welfare board councils in Texas. The regional councils are composed of delegates from most of those local child welfare boards appointed by their respective county commissioner courts. Council officers and members advocate for children through encouraging legislation to improve services to abused or

neglected children and to prevent child abuse; working with DFPS staff on programs that meet these children's needs; and networking with other agencies and organizations to provide the best care for abused or neglected children, while at the same time striving to prevent such abuse and neglect through public awareness and coalitions with other community service providers.

## **Goals and Objectives**

The goals of the Council include the following:

- Provide technical assistance to local and regional child welfare boards regarding local, regional, and state child welfare board potentials that promote public/private partnerships in their respective communities as well as attracting national partners;
- Develop an electronic training module for local child welfare boards that will enhance child and family well-being outcomes through education and training on DFPS services in Texas, particularly in the areas of education, disability services, mental health and outsourcing of foster care and case management;
- Analyze resources developed by local child welfare boards and used for prevention and intervention services, to identify gaps in services for public and private sectors and to address those gaps in order to increase the amount and quality of services available for child abuse and neglect;
- Fund a portion of an Executive Director's salary for the Council to continue to coordinate data distribution and to maintain progress in facilitating the vision and operations of the Council;
- Seek to reduce the amount of funding provided by DFPS to the Council while increasing funding through grants and donations;
- Fund the development of a comprehensive, updated Council operations, policy manual and training resource to be made available to regional councils and local child welfare boards; and
- Fund a statewide educational conference available to all child welfare boards, CPS staff and child volunteers across Texas.

## **Approach**

The Council meets in person biannually to develop statewide programs that advocate for child abuse prevention and services. Other Council and committee meetings are now held by teleconference. The Council has four standing committees: education, advocacy, resource development and awards. There are also special committees, or ad hoc committees, appointed by the President of the Council. The Council is a recognized 501(c)(3) non-profit Texas corporation.

The Executive Director's duties are to:

- Utilize the local, regional and state child welfare board organizational model to promote public/private partnerships.

- Provide technical assistance, direction and guidance to local and regional Child Welfare Boards to effectively develop their organizations.
- Analyze resources developed by local child welfare boards and used for prevention and intervention services, using the statewide inventory system.
- Implement the models and methods developed to leverage and grow resources from both the public and private sectors to increase the amount and quality of services available to address child abuse and neglect locally and statewide.
- Oversee the training of Council and local child welfare board members utilizing standardized policy and operations manuals and electronic training modules.
- Coordinate, plan, and provide at least one training opportunity available to all child welfare board staff and volunteers across Texas.
- Annually coordinate at least two meetings of the full Council and one special/planning meeting of the executive committee to provide education, direction and guidance to the membership.
- Develop independent, consistent funding streams to operate the Council and fund its service, education and prevention projects.

**Expected Outcomes**

It is anticipated that the collaboration and cooperation from child welfare boards will increase resources available to address child abuse and neglect due to new public and private partnerships developed by the boards.

Accountability of local assistance from the state, regional and local collaborations will be improved due to accurate collection of data regarding funding and expenditures. As the Council leadership continues to implement its five-year strategic plan, children and families will have access to a variety of services at the local level, CPS caseworkers will experience greater community support, child abuse prevention efforts will be expanded statewide.

The Council has adopted and solidified under the umbrella Texas Network of Youth Services with Fostering Brighter Futures, a state-wide effort to recruit additional foster and adoptive parents for the children of Texas. This is a major initiative for the Council at this time and for the future.

**Budget**

Partial funding of Texas Council of Child Welfare Boards Executive Director	\$25,608
<b>Total</b>	<b>\$25,608</b>

## **6) Parent Collaboration Group**

**The Parent Collaboration Group responds to priority (3) in the Child Abuse Prevention and Treatment Act Amendments.**

### **Goals and Objectives**

The Parent Collaboration Group Project goals are to:

- Identify service gaps to families and children;
- Identify the services that are working and should continue;
- Identify areas of policy that need improvement;
- Provide an avenue for parents to recommend policy changes;
- Identify ways parents can be instrumental in improving a caseworker's skills in relating to parents;
- Facilitate parent volunteer participation in at least three statewide meetings by removing barriers associated with travel, per diem and childcare expenses;
- Provide resources, direction and guidance to the regional meetings to effectively expand and sustain regional Parent Support Groups;
- Support the disproportionality efforts at the regional and state level; and
- Improve policy and practices related to engagement of fathers
- Provide deliverables to staff and parent liaisons that will help to inform Parent Liaisons and strengthen placement stability.

The objectives of the Parent Collaboration Group include the following:

- Provide Stakeholder feedback to CPS to enhance child welfare services; Parent partnerships in policy and practice components that will become a vital element of local, state and regional operations;
- Distribute the message to the staff and parents regarding the value of a family voice;
- Improve the skills, qualifications, and availability of individuals providing services to children and families;
- Increase father involvement;
- Provide a link between CPS and parents.

### **Approach**

The Parent Collaboration Group model is one in which DFPS staff partner with a statewide parent liaison and/or regional parent liaisons to enhance services and communication between DFPS and families who receive CPS services. The Parent Collaboration Group model provides co-leadership with a staff person from state office and a parent who is a former recipient of CPS services. CPS regional management selects regional CPS staff

and parent liaison representatives for the state Parent Collaboration Group. There is now at least one Parent Support Group in each region and these groups continue to be nurtured and sustained.

The Texas Child and Family Services Review identified a need for increased father engagement and involvement in case planning and service delivery for their children. Parent Collaboration Group participants will provide input on how DFPS can improve the well-being of children, specifically improving the physical, mental, and educational services provided to children, and how fathers can be more engaged and involved in case planning and service delivery for their children.

DFPS works to remove barriers preventing parents from attending the Parent Collaboration Group meetings. To accomplish this, continued funding will be used to provide travel, meals, day care expenses and mileage to parent participants who attend and perform public speaking/training at events arranged by the CPS Liaison or CPS Parent Program Specialist.

The statewide Parent Collaboration Group will meet three times a year. Regional Parent Support Groups will continue to meet once a month, but no less than quarterly, according to local needs and resources. Statewide Parent Collaboration Group participants will engage in discussion of practices relevant to the CPS system. Parent representatives will identify those practices that work effectively and those that are problematic, and develop recommendations for enhancement to the current delivery system. The CPS Parent Program Specialist will provide feedback and recommendations from the state Parent Collaboration Group members to CPS management and program specialists regarding service gaps and casework practices that need improvement.

In FY2020 the plan is to continue the statewide Parent Collaboration Group, to provide support and technical assistance to all regions, and to obtain input from parents regarding how to improve safety, well-being and permanency for children receiving services from CPS, as well as meaningful engagement of parents and families.

Activities will include:

- Educate other constituent groups about parent issues/voice (i.e. foster parents, Judges, Prevention and Early Intervention and Court Appointed Special Advocates);
- Continue to provide trainings to staff from a parental perspective;
- Continue the expansion of the regional Parent Support Groups in rural areas that will assist parents in understanding the various processes of CPS and support the partnership between parents and DFPS;
- Increase the number of parent liaisons in FYs 2019 and 2020 including more fathers;
- Revise DVD Video on Child Protective Service from a parent's perspective;
- Community outreach (regional for awareness of the Parent Support Groups); and

- Enhance the Parent Collaboration Group training and exposure to key community stakeholders.
- Develop a statewide Parent Collaboration Group Brochure.

Expected Outcomes include:

- Improved cooperation and collaboration between parents and CPS;
- Enhanced ability for CPS staff to work effectively with families;
- Increased father involvement in CPS activities, especially decision making and case planning;
- Improved services that meet the individual needs of the families; and
- Improved safety, permanency and well-being outcomes for children.

## Budget

The funding will be used to support three statewide meetings. The state Parent Collaboration Group operating budget for FY 2019 is based on 22 parent liaisons and 15 DFPS liaisons, attending three state meetings. The Parent Program Specialist will provide technical assistance in the regions related to parent support groups. The proposed budget is calculated at an attendance rate of at least two parents per region and one CPS liaison per region and uses standard, approved state rates for travel costs.

Travel (Lodging, Meals, Parking, Airline Mileage)	\$53,255
Child Care	\$25,455
<b>Total</b>	<b>\$78,710</b>

## 7) Child Protective Investigation (CPI) Best Practices

**The Best Practice Initiative responds to priorities (1), (2), (4), (7), and (13) of the Child Abuse Prevention and Treatment Act amendments.**

### Goals and Objectives

The primary goal for the Best Practice project is to identify and promulgate best practice models for the Texas child welfare system throughout the state to assist with the cultural shift within DFPS necessary to better achieve safety of children and families. Formerly a single project, the Child Protective Investigations Best Practice is focused on improving work in the Investigations for abuse and neglect.

Two CAPTA-funded positions will provide leadership for strategies that support improving safety outcomes with children and families involved in child abuse and neglect investigations.

## Approach

There will be three Division Administrators in this project. A Child Protective Investigations (CPI) Division Administrator will supervise several program specialists that partner with each other, with regional Investigation staff, with other program specialists within DFPS, and with external stakeholders. These positions focus on the development of protocols and policy that will ensure consistency across the newly created CPI Division and at all levels of our organization.

The CAPTA-funded Behavioral Health Program Specialist is the statewide subject matter expert for behavioral health issues of children related to the Investigation stage of service. Opportunities for diverting children and youth from entering DFPS conservatorship due to an inability to access appropriate behavioral health services is the primary emphasis.

The Practice Improvement Program Specialist will serve as one of the subject matter experts for Structured Decision Making across the Investigation Division, and work to improve the overall quality of investigations through sound decisions around child safety and future risk. They will be responsible for providing guidance, direction, and training as needed to further develop critical thinking skills of investigators and supervisors. They will also serve as the CPI liaison for the training division, and the subject matter expert for repatriation of children/youth, and coordinate any initiatives related to practice improvement.

A generalist Program Specialist will be a member of this team to work on and provide project management for strategies as needed to support the overall operations of CPI. This includes policy review and coordination of feedback from field, working closely with our state office team to package information around policy, protocol, or practice changes to regional staff, and serving to represent field staff on interagency or interdivision committee work. In addition, this Program Specialist will be responsible for providing education, direction, and assistance as needed with compliance around HB 7, section 17 related to disclosure of certain evidence to attorneys in a suit affecting the parent-child relationship prior to the full adversarial hearing, as well as other legislative changes resulting in the upcoming session.

In order to infuse changes and sustain improvements, several modalities have been added to have more systemic impact supporting best practices and practice improvement. A second CPI Division Administrator, a CPI Division Administrator for Best Practice Development, will guide the work. Regional CPI/CPS Conferences will be developed to ensure any changes are well-coordinated between Investigation and Ongoing staff. A single facilitator will be used to ensure consistency in the 13 regional conferences. All CPI Regional Directors and CPI Leadership will attend the 2019 International Conference on Innovations on Family Engagement. This conference directly addresses an issue identified through the Child and Family Services Review process and is identified as the key area of emphasis needed to improve outcomes. What these leaders learn in the



conference will be shared with all levels of supervisors and managers statewide through the regional conferences.

A third, CPI Division Administrator, a Division Administrator for Alternative Response and Screening, will continue implementation and strengthen the Alternative Response program as it is embedded into practice and statewide implementation is completed. This position will develop the adaptive coaching model for the state as well as manage IT changes necessary to support these practice changes. The position will directly supervise the screener program, the Lead Alternative Responsive Program Specialist, two Alternative Response Coaches as well as an IT position.

**Budget**

<b>1 Full Time Employee Program Specialist V FTE</b>	<b>1.0</b>
Salary	48,278
Fringe	16,955
Other personnel costs	480
Travel	1,000
Other Operating Exp_Salary	468
Cost Pool/Central Fund	5,845
.5% Addl PR Retirement Contribution	241
1% ERS contribution	483
<b><u>Subtotal</u></b>	<b><u>\$73,751</u></b>
<b>3 Full Time Employee CPI Division Administrator</b>	<b>3.0</b>
Salary	213,912
Fringe	75,126
Other personnel costs	1,440
Travel	4,608
Other Operating Exp_Salary	2,076
Cost Pool/Central Fund	31,902
.5% Addl PR Retirement Contribution	1,071
1% ERS contribution	2,139
<b><u>Subtotal</u></b>	<b><u>\$332,274</u></b>
Participation by 15 FTE's in family engagement conference	\$30,000
13 Regional Conferences for CPI/CPS staff, with facilitation	\$115,000
<b>Total</b>	<b>\$551,025</b>

## **8) Child Protective Services (CPS) Best Practices**

**The Best Practice Initiative responds to priorities (3), (7), (9), (12), (13), and (14) of the Child Abuse Prevention and Treatment Act amendments.**

### **Goals and Objectives**

The primary goal for the Best Practice project is to identify and promulgate best practice models for the Texas child welfare system throughout the state to assist with the cultural shift within DFPS necessary better achieve safety, permanency and well-being of children and families.

There will be eleven CAPTA-funded positions in this project to provide leadership for strategies contained within the Program Improvement Plan that address areas that did not reach substantial conformity in the federal Child and Family Services Review for Texas. These areas include both outcomes and systemic factors. Key areas needing improvement include: a need for better engagement of families in case planning (especially fathers), reduction of permanency barriers, and strengthening access to substance abuse services.

This project will also include a dedicated budget to support a recommendation made by youth and adults with lived experiences in DFPS conservatorship. These young adults have identified a mechanism for safe and sustainable storage of identification documents that each youth departing conservatorship after age 16 years is entitled to receive. Examples of these documents include copies of birth certificates, copies of the health passport, education records, and others. The Youth Leadership Council has designed two alternatives for safe, sustainable, and confidential storage: a flash drive in the form of a wrist bracelet and a flash drive in the form of a credit card sized card that can slip into a wallet. Youth and young adults designed the appearance of both. This project proposes a budget to purchase a sufficient number for youth aging out of care or exiting as an older youth. Additionally, some of this funding will be used to fund state ID cards for youth who do not obtain a driver's license. Sufficient identification was identified as key from the youth.

Emphasis will be on systemic improvement to ensure improved outcomes are developed statewide and sustained. Leadership and statewide training, development will be used.

### **Approach**

There are eleven positions assigned to the following subject matter areas: domestic violence, parent engagement, fatherhood engagement, placement, positive permanency (2 positions), medical services (2 positions, one a program specialist and one a manager), and Interstate Compact for the Placement of Children (2 positions). By partnering with other program specialists, the Investigation Division and the CPS Division, these positions focus on the development of protocols and policy that will ensure the CPS Practice Model drives decisions and actions at all levels of our organization.

In order to infuse changes and sustain improvements, several modalities have been added to have more systemic impact supporting best practices and practice improvement. These include:

- A Division Administrator for CPS Best Practice Development will guide the work.
- Regional CPI/CPS Conferences will be developed to ensure any changes are well-coordinated between Investigation and Ongoing staff. A single facilitator will be used to ensure consistency in the 13 regional conferences. The emphasis will be on family engagement and ensuring the administrative changes in the organizational structure do not result in two programs that are artificially separated in their approach to work with families.
- CPS Regional Directors and CPS Program Administrators will have a statewide conference dedicated to Leadership Development.
- CPS management levels, Program Director level and above will have a statewide conference with the emphasis on sessions and training dedicated to practice improvement and outcome improvement, particularly emphasizing family engagement.
- Equipment for media development will be used to strengthen the quality of DFPS created webinars for internal and external stakeholders, as well as filmed interviews by youth, parents, kin, and other stakeholders. The use of this modality enhances practice improvement down to the frontline caseworker level. Videos developed to strengthen fatherhood engagement were well-received, resulting in decisions to increase the use of this efficient and effective modality.
- All Local Permanency Specialists will have a statewide meeting to emphasize practice and quality casework, including documentation.
- Additional CPS leadership staff will attend relevant national meetings, such as those sponsored by the Children’s Bureau or Child Welfare League of America, that are held in Washington DC or other states. This increased participation will facilitate leadership development, ensure Texas information is shared with others, increase cross-state relationships, and provide more opportunity to learn from other states.

## Budget

<b>1 Full Time Employee Division Administrator FTE</b>	<b>1.0</b>
Salary	71,304
Fringe	25,042
Other personnel costs	480
Travel	1,536
Other Operating Exp_Salary	923
Cost Pool/Central Fund	10,634

.5% Addl PR Retirement Contribution	357
1% ERS contribution	713
<b><u>Subtotal</u></b>	<b><u>\$110,758</u></b>
<b>7 Full Time Employees Program Specialist V FTEs</b>	<b>7.0</b>
Salary	370,628
Fringe	130,164
Other personnel costs	8,120
Travel	7,000
Other Operating Exp_Salary	3,597
Cost Pool/Central Fund	74,442
.5% Addl PR Retirement Contribution	1,853
1% ERS contribution	3,707
<b><u>Subtotal</u></b>	<b><u>\$599,509</u></b>
<b>1 Full Time Employee Well Being Specialist Manager FTE</b>	<b>1.0</b>
Salary	64,288
Fringe	22,557
Other personnel costs	480
Travel	1,799
Other Operating Exp_Salary	623
Cost Pool/Central Fund	10,634
.5% Addl PR Retirement Contribution	321
1% ERS contribution	642
<b><u>Subtotal</u></b>	<b><u>\$101,344</u></b>
<b>2 Full Time Employees Program Specialist IV FTEs</b>	<b>2.0</b>
Salary	105,602
Fringe	37,087
Other personnel costs	480
Travel	1,000
Other Operating Exp_Salary	1,025
Cost Pool/Central Fund	21,269
.5% Addl PR Retirement Contribution	528
1% ERS contribution	1,056
<b><u>Subtotal</u></b>	<b><u>\$168,047</u></b>
Conference for Leadership Development	\$50,000
Conference for Local Permanency Specialists	\$50,000
Statewide CPS Program Director/Program Administrator Conference	\$120,000
Increased travel to Washington DC or other venues	\$100,000

Purchase of flash drive bracelets and state ID's for older youth	\$50,000
<b>Total</b>	<b>\$1,349,658</b>

## 9) Community-Based Care (Formerly referred to as Foster Care Redesign)

**Community-Based Care responds to priorities (3), (11), and (13) of the Child Abuse Prevention and Treatment Act amendments.**

### Goal and Objectives

The Texas Legislature directed DFPS to implement a redesigned foster care model, which changes the manner in which DFPS procures, contracts and pays for foster care and other purchased services. The 85<sup>th</sup> Texas Legislature supported implementation of five total Community-Based Care catchment areas over the FY 2018-2019 biennium.

DFPS renewed its existing contract with ACH in 3b on September 1, 2018, to include all Community-Based Care services. DFPS anticipates the transition of case management services (Stage II) in Region 3b to begin in fall 2019, and preparation for transfer of case management services in Regions 2 and 8a before the end of the 2020-2021 biennium. DFPS is in the midst of the procurement process for Stage I in Regions 1 and 8b. This transition is directed by Legislative guidance and appropriations.

DFPS released a Community-Based Care Request for Application for Region 2 and Bexar County. The Requests for Application include case management services, as well as all relevant legislative requirements. In May 2018, DFPS awarded a contract to **2INgage**, a new partnership between Texas Family Initiative LLC and New Horizons Ranch and Center Inc. to serve as the Single Source Continuum Contractor (SSCC) for the Region 2 area. In August 2018, DFPS awarded a contract to **Family Tapestry**, a division of the Children's Shelter, to serve Bexar County in Region 08 (8a).

Evaluation of Community-Based Care will continue in each catchment area and include analysis of performance measures, surveys on collaboration and a process evaluation of the transition to each stage in each catchment.

The proposed budget will be used to:

- Improve automation to support implementation of the new model; and
- Fund positions to support:
  - enhanced fiscal oversight and monitoring of the contractor; and
  - performance and evaluation of the new foster care model.

As there are four contracts with Single Source Continuum Contracts now signed and a fifth anticipated during this fiscal year, a Single Source Continuum Contract conference will be held with all entities invited to meet to discuss issues unique to this role.

## Budget

2.5 Full Time Employees to support fiscal monitoring and oversight as well as performance and evaluation of the Single Source Continuum Contracts.

<b>Full-Time Budget Analyst V</b>	<b>1.0</b>
Salary	71,304
Fringe	25,042
Other personnel costs	480
Other Operating Exp_Salary	1,536
Travel	692
Cost Pool/Central Fund	10,634
.5% Addl PR Retirement Contribution	357
1% ERS contribution	713

<b><u>Subtotal</u></b>	<b><u>\$110,758</u></b>
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<b>1 Full-time Program Specialist VI FTE</b>	<b>1.0</b>
Salary	84,900
Fringe	27,491
Other personnel costs	904
Other Operating Exp_Salary	849
Travel	350
Cost Pool/Central Fund	5,721
.5% Addl PR Retirement Contribution	425
1% ERS contribution	849

<b><u>Subtotal</u></b>	<b><u>\$121,489</u></b>
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<b>.5 Part-time Program Specialist VII FTE</b>	<b>0.5</b>
Salary	53,117
Other Operating Exp_Salary	517
Fringe	18,655
Other personnel costs	259
Travel	150
Cost Pool/Central Fund	2,860

.5% Addl PR Retirement Contribution	266
1% ERS contribution	531
<b><u>Subtotal</u></b>	<b><u>\$76,355</u></b>
Enhancements to the Statewide Automated Child Welfare System	\$25,232
Operating	\$117,984
SSCC Statewide Conference	\$50,000
<b>Total</b>	<b>\$501,818</b>

## 10) Kinship

**The Kinship Project responds to priorities (3) and (14) in the Child Abuse Prevention and Treatment Act Amendments.**

### Goals and Objectives

The Kinship Project goals are to:

- Identify service gaps to kinship caregivers and children, including increased financial and concrete supports needed to develop and sustain kinship placements;
- Identify the services that are working and should continue;
- Identify areas of policy that need improvement;
- Provide an avenue for kinship caregivers to recommend policy changes;
- Identify ways kinship caregivers can be instrumental in improving a caseworker's skills in relating to kinship caregivers;
- Facilitate kinship caregiver volunteer participation in at least three statewide meetings by removing barriers associated with travel, per diem and childcare expenses;
- Provide resources, direction and guidance to the regional meetings to effectively expand and sustain regional Kinship Support Groups;
- Provide deliverables to staff and Kinship caregivers that will help to inform caregivers and strengthen placement stability.
- Support the disproportionality efforts at the regional and state level; and
- Improve policy and practices related to engagement of kinship caregivers.

The objectives of the Kinship Project include the following:

- Provide stakeholder feedback to CPS to enhance child welfare services;
- Develop structure for DFPS/kinship caregiver partnerships in policy and practice components that will become a vital element of local, state and regional operations;

- Distribute the message to the staff and kinship caregivers regarding the value of a family voice;
- Improve the skills, qualifications, and availability of individuals providing services to children and kinship families;
- Increase kinship caregiver involvement;
- Support implementation of increased kinship caregiver financial support and its use to help serve children while in conservatorship and to achieve positive permanency as quickly as possible;
- Institute the Kinship Collaboration Group Advisory Model throughout the state; and
- Provide a link between CPS, kinship staff, and kinship caregivers.

## **Approach**

The Kinship Project will emphasize partnership with a statewide kinship caregiver liaison and/or regional kinship caregiver liaisons to enhance services and communication between DFPS and families who receive DFPS services. The Kinship Collaboration Group will provide co-leadership with a staff person from state office and a kinship caregiver who is a former recipient of CPS kinship services. CPS State Office will select kinship caregiver representatives for the state Kinship Collaboration Group.

An existing CPS Kinship Program Specialist is the coordinator for the statewide Kinship Collaboration Group. The CPS Kinship Program Specialist is responsible for full coordination of quarterly meetings, submitting travel reimbursement forms for payment of expenses, travel, meals and childcare. The CPS Kinship Program Specialist will provide technical assistance and support for regional Kinship Support Group activities as well as builds relationships with community-based partners who work with kinship caregivers involved with CPS.

A second (CAPTA funded) Kinship Program Specialist is being added in 2019 to further improve practice and protocol for exits to positive permanency with a relative. The new position will improve ongoing support by providing a renewed emphasis on encouraging and obtaining verification as foster parents in order to access Permanency Care Assistance should that be the exit that occurs for a child.

To support implementation of increased kinship financial support through legislative changes to the Relative and Other Designated Caregiver Assistance Program paid overtime may continue to be used to aid in the processing of payments. If needed, paid overtime will assist with the additional hours required to manually process payments until automation changes to IMPACT are completed which is expected to occur in late 2018.

Kinship caregivers involved in the DFPS system frequently come from low-income or middle-income families and are unable to afford travel and day care expenses to attend statewide meetings. In an effort to facilitate kinship caregiver participation in statewide meetings, DFPS will work to remove barriers preventing kinship caregivers from attending the meetings. To accomplish this, funding will be used to provide travel, meals, day care



expenses and mileage to caregiver participants who attend and perform public speaking/training at events arranged by the CPS Kinship Program Specialist.

The Kinship Program Specialists and the Kinship Collaboration Group will:

- Develop tools and strategies to sustain the statewide Kinship Collaboration Group and support regional Kinship Support groups.
- Serve as a conduit process for new ideas.
- Use kinship caregiver liaisons at regional kinship caregiver support groups, staff meetings, and as consultants on cases.
- Educate kinship caregivers on the foster care system.
- Educate kinship development workers regarding a sense of urgency for achieving positive permanency and the valued role of the kinship caregiver.
- Provide deliverables to staff and Kinship caregivers that will help to inform caregivers and strengthen placement stability.

The statewide Kinship Collaboration Group will meet five times a year. Regional Kinship Support Groups will meet once a month, but no less than quarterly, according to local needs and resources. Statewide Kinship Collaboration Group participants will engage in discussion of practices relevant to the CPS system. Kinship caregiver representatives will identify those practices that work effectively and those that are problematic, and develop recommendations for enhancement to the current delivery system.

The CPS Kinship Program Specialist will provide feedback and recommendations from the state Kinship Collaboration Group members to CPS management and program specialists regarding service gaps and casework practices that need improvement.

The Kinship Collaboration Group will provide a mechanism to include kinship caregivers in the design, implementation and evaluation of the CPS program. This initiative encourages collaboration with kinship caregivers who are affected by the CPS service delivery system and provides a unique perspective on how to improve services to kinship caregivers and children.

Activities will include:

- Create regional Kinship Support Groups that will assist caregivers in understanding the various processes of CPS and support the partnership between kinship caregivers and DFPS;
- Recruit kinship caregiver liaisons;
- Provide trainings to staff from a kinship caregiver perspective;
- Community outreach;
- Provide deliverables to staff and Kinship caregivers that will help to inform caregivers and strengthen placement stability;
- Begin exposure to key community stakeholders; and

- Enhance protocol, policy, and technical assistance to strengthen practice with kinship caregivers.

#### Expected Outcomes

- Improved cooperation and collaboration between kinship caregivers and CPS;
- Enhanced ability for CPS staff to work effectively with kinship caregivers;
- Increased kinship caregiver involvement in CPS activities, especially decision making and case planning;
- Reduction in disruption and increase in use of kinship placements due to increased financial support;
- Improved services that meet the individual needs of the kinship families; and
- Improved safety, permanency and well-being outcomes for children.

#### Budget

The funding will be used to support five statewide meetings. The state Kinship Collaboration Group operating budget for FY 2019 is based on 26 Kinship liaisons and 15 DFPS staff, attending five state meetings and regional support group meetings. The Kinship Program Specialist will provide technical assistance in the regions related to kinship support groups.

The proposed budget is calculated at an attendance rate of at least two caregivers per region and one CPS staff per region and uses standard, approved state rates for travel costs. Funding may also be used to provide temporary staff to manually process monthly kinship payments until IMPACT automations can be completed.

Lodging, Meals, Parking, Airline	65,319
Child Care	12,625
<b><u>Subtotal</u></b>	<b><u>\$77,944</u></b>
Kinship Support	
Paid Overtime	15,000
<b><u>Subtotal</u></b>	<b><u>\$15,000</u></b>
<b>1 Full-time Kinship Specialist (PSV)</b>	<b>1.0</b>
Salary	60,513
Fringe	21,252
Other Operating Exp_Salary	587
Travel	1,536
Cost Pool/Central Fund	10,634
0.5% Addl PR Retirement Contribution	303
1% ERS Contribution	605.13

<b><u>Subtotal</u></b>	<b><u>\$95,431</u></b>
<b>Total</b>	<b>\$188,375</b>

## **11) Implementation of Federal Family First and Prevention Services Act Project**

**The Implementation of Federal Family First and Prevention Services Act Project responds to priorities (2), (6), (7), (11), and (12) in the Child Abuse Prevention and Treatment Act Amendments.**

### **Goals and Objectives**

The goals of the Family First Prevention Services Act Project are:

- Continue to analyze the federal legislation and determine the impact to DFPS, service providers, residential child care providers, and the children and families that DFPS serves.
- Determine the fiscal impact of the legislation.
- Ensure consistent communication relating to the Family First Prevention Services Act.
- Implement the federal legislation if DFPS determines that this is in the best interest of children and families in Texas.

### **The objectives of the Family First Prevention Services Act Project are:**

- Complete a full analysis of the legislation.
- Obtain input from key stakeholders.
- Complete a cost estimate of the legislation, to include costs if the legislation is implemented, partially implemented, and not implemented.
- Create a communication plan to include key stakeholders.
- Create an implementation plan and execute the plan to meet deadlines set forth in the legislation.

### **Approach**

- The Family First Prevention Services Act subject matter expert will work under the direction of CPS leadership to project manage, advise, and provide technical assistance to CPS staff with assignments and tasks associated with the federal legislation.
- The subject matter expert will oversee the development, analysis and implementation of mandates required by the federal Family First Prevention Services Act.

- The subject matter expert will consult with regional and state office management, regional caseworkers and field staff, CPS state office program and policy staff, external public and private stakeholders, consumers of child protective services, volunteers, advocates, judges, other social service providers to provide program guidance relating to the Family First Prevention Services Act.
- The subject matter expert will provide consultation and guidance regarding the planning, development, implementation, and monitoring of projects and programs associated with Family First Prevention Services Act initiatives.
- The subject matter expert will facilitate and manage program communications with internal and external stakeholders including CPS state office staff, field staff at all levels, staff from other state and federal agencies, providers of services for agency clients, stakeholders and legislators.
- The subject matter expert will oversees the compilation and analysis of data and information from various program resources and stakeholders to shape goals, objectives and priorities.
- The subject matter expert will facilitate completion of studies, analyses, and research regarding program strategy policies and procedures, and develop recommendations for program and agency leadership.

## Budget

<b>1 Full-time Program Specialist VI FTE</b>	<b>1.0</b>
Salary	89,145
Fringe	31,308
Other personnel costs	318
Other Operating Exp_Salary	636
Travel	1,000
Cost Pool/Central Fund	5,721
.5% Addl PR Retirement Contribution	446
1% ERS contribution	891
<b>Total</b>	<b>\$129,465</b>

## 12) Substance Abuse Project

The Substance Abuse Project responds to priorities (1), (2), (3), (4), (5), (8), and (13) in the Child Abuse Prevention and Treatment Act Amendments.

### Goals and Objectives

The goals of the Substance Abuse Treatment Project are:

- Ensure effective policies and procedures are in place to address needs of infants born with and identified as being affected by legal and illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder.
- Liaison with external health care stakeholders involved in delivery or care of such infants, to strengthen their understanding of notification requirements.
- Strengthen protocol, policy and practice associated with plans of safe care, when required.
- Collaborate with Texas Substance Use Disorder representatives to improve current safe plan of care standards to enhance communication between DFPS and agencies providing treatment or other support services related to opioid treatment.
- Collaborate with local stakeholders and treatment providers to ensure parents impacted by substance use disorders are receiving services in a timely manner to address substance use issues that have played a role in DFPS involvement.
- Develop experts in the knowledge and coordination of substance use disorder services and resources;
- Improve the coordination between DFPS and the Texas Health and Human Services, Pregnant and Postpartum Intervention programs, the Texas Office for Prevention of Developmental Disabilities (an affiliate of the National Organization of Fetal Alcohol Syndrome), Texas Department of State Health Services Outreach, Screening, Assessment, and Referral (OSAR) programs;
- Improve coordination between community service providers and DFPS to facilitate access to services;
- Make changes to the IMPACT system to more efficiently identify plans of safe care and referrals to appropriate services; and
- Strengthen knowledge and skills of staff working with families who have substance abuse issues pertaining to DFPS involvement.

**The objectives of the Substance Abuse Treatment Project are:**

- Promote the identification of newborns and infants, who were prenatally exposed and impacted by parental substance use and abuse, as well as the development of plans of safe care for newborns and infants;
- Raise awareness of and improve access to services for individuals with substance abuse service needs, including behavioral health and auxiliary services;
- Complete IMPACT changes to the Investigation stage of service for more efficient data collection.
- Serve as DFPS subject matter experts for internal and external key stakeholders working with children and families with substance use issues impacting DFPS involvement.
- Facilitate improved access to substance abuse treatment resources.

- Provide training to staff and community stakeholders about substance use disorder, plans of safe care, engagement of family, and available resources.
- Consult and participate in child and family service planning activities and in identifying needed services.

### **Approach**

- The project proposes funding the CPS Behavioral Health Services Division, through funding its Division Administrator and 3 Substance Use Program Specialists housed in different parts of the state. The Division Administrator will supervise three additional staff, two program specialists who support the use of the Child and Adolescent Needs and Strengths assessment tool and a Mental Health Specialist. The Division will work under the direction of CPS leadership to guide CPS practice in working with children and families with substance abuse issues throughout each stage of service.
- Changes to the IMPACT system will be made to the Investigation stage, creating new data fields to improve and streamline data collection regarding plans of safe care and referral information.
- The Division will consult with regional and state office management, regional caseworkers and field staff, CPS state office program and policy staff, external public and private stakeholders, consumers of child protective services, volunteers, advocates, judges, treatment providers, medical professionals, and other social service providers to provide program guidance relating to protocol, policy and practice regarding substance use, abuse and treatment.
- The Division will provide consultation and guidance regarding the planning, development, implementation, and monitoring of projects and programs associated with substance abuse treatment initiatives.
- The Division will receive specialized training and strengthen practice by sharing knowledge of and incorporating best practice models for working with families.
- The Division will facilitate strengthened communications with internal and external stakeholders including DFPS state office staff, field staff at all levels, staff from other state and federal agencies, providers of services for agency clients, stakeholders and legislators.
- The agency will identify within DFPS a single position to be identified as the point person for Comprehensive Addiction Recovery Act issues, in order to strengthen enhancement of the agency's response to implementation and monitoring of Plans of Safe Care.

## Budget

<b>1 Full-time Division Administrator (Manager IV) FTE</b>	<b>1.0</b>
Salary	72,374
Fringe	25,418
Other personnel costs	240
Other Operating Exp_Salary	702
Travel	1,536
Cost Pool/Central Fund	10,634
.5% Addl PR Retirement Contribution	362
1% ERS contribution	724
<b><u>Subtotal</u></b>	<b><u>\$111,990</u></b>
<b>3 Full-time Substance Use Program Specialist V FTE</b>	<b>3.0</b>
Salary	170,362
Fringe	59,831
Other personnel costs	720
Other Operating Exp_Salary	1,653
Travel	4,608
Cost Pool/Central Fund	31,903
.5% Addl PR Retirement Contribution	852
1% ERS contribution	1,704
<b><u>Subtotal</u></b>	<b><u>\$271,633</u></b>
IT Costs	\$250,000
Training Costs	\$150,000
<b>Total</b>	<b>\$783,623</b>

**Budget Recap of FY 2020 Special Child Abuse Prevention and Treatment Act  
Projects**

<u>Project Name</u>	<u>Code</u>	<u>Amt. Requested</u>	<u>Priority</u>
1) Evaluation of CPS Best Practice Initiatives	89070	\$748,124.00	1, 4, 7
2) Disproportionality	89071	\$111,232.00	3, 11
3) Children with Disabilities	89072	\$689,199.00	7, 9a&b, 13
4) Education Project	89073	\$163,697.00	3, 7, 9a&b, 13
5) Texas Council of Child Welfare Boards	89074	\$25,608.00	11
6) Parent Collaboration Group	89075	\$78,710.00	3
7) CPI Best Practices	TBD	\$551,025.00	3
8) CPS Best Practices	89077	\$1,349,658.00	2, 3
9) Community Based Care (Formerly Foster Care Redesign)	89078	\$501,818.00	3, 11, 13
10) Kinship Project	89079	\$188,375.00	3
11) Implementation of Federal Family First and Prevention Services Act Project	TBD	\$129,465.00	2, 6, 7, 11, 12
12) Substance Abuse Project	89080	\$783,623.00	1, 2, 3, 4, 5, 8, 13
<b>Grand Total:</b>		<b>\$5,320,534.00</b>	



# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## 6. CAPTA

### ii. Texas Citizen Review Teams

**The State must submit a copy of the annual report(s) from the citizen review panels and a copy of the State agency's most recent response(s) to the panels and State and local child protective services agencies, as required by section 106(c)(6) of CAPTA. This is the current Citizen Review Team Report, which reflects information as of September 2018. A report for 2017-2018 has been posted to the agency's public website:**

**[https://www.dfps.state.tx.us/Child\\_Protection/Investigations/CRT/](https://www.dfps.state.tx.us/Child_Protection/Investigations/CRT/)**

#### **Background**

There are twelve Citizen Review Teams as established by the Texas Family Code (TFC §261.312). Five of these teams are designated as meeting the requirements of Child Abuse Prevention and Treatment Act, Appendix I. This report consists of information concerning the issues addressed by the five Child Abuse Prevention and Treatment Act (CAPTA) teams. They are located in Region 1, Region 3, Region 6, Region 7 and Region 11. The Houston (Region 6) team has an added emphasis on issues concerning disproportionality. These sites represent a mixture of urban and rural communities, and reflect a broad range of issues encountered by CPS statewide.

#### **Structure**

As required, all Citizen Review Team members, including those of the CAPTA Citizen Review Teams, are volunteers who represent a broad spectrum of their communities. The members are nominated locally and approved by the DFPS Commissioner. CPS state office staff provide assistance in the areas of coordination, team development, training and statewide distribution of team reviews and recommendations. Local CPS staff facilitate the exchange of case-specific information, ensure that confidentiality is maintained, perform the required background checks on nominated members, and arrange for meeting space and clerical support.

#### **Reporting Process**

To coincide with the federal fiscal year reporting period, this report covers the period from October 2017 through September 2018. Information presented consists of data gathered by all Citizen Review Teams, including the CAPTA Citizens Review Teams. The teams review near-fatality cases using the Near-fatality Reporting Form developed by DFPS Office of Child Safety.

#### **Agency Response**

CAPTA Citizen Review Team recommendations are placed on the DFPS public website after approval of each Annual Program and Services Report. In the next fiscal year, recommendations from all teams will be published. The Web site contains a Citizen

Review Team specific mailbox that the public can use to comment on the recommendations. That Web page is: [http://www.dfps.state.tx.us/Child\\_Protection/CRT/](http://www.dfps.state.tx.us/Child_Protection/CRT/). State office program staff review Citizen Review Team recommendations and those recommendations are considered for policy development, training and procedures. The Citizen Review Teams often present recommendations for local CPS direct delivery staff about actions they would like to see taken on a particular case. These case-specific recommendations are communicated during the Citizen Review Team meetings to the CPS representatives who are present and recorded on the standardized reporting form. Actions on case-specific recommendations are handled at the regional level.

### **Panel Activities**

Having begun an emphasis on cases with domestic violence in 2016, teams continued to review domestic violence policies and cases through March 2016. The teams, at that time, began reviewing near-fatality cases as this was an area where a need for case reviews was identified. During FY 2017 the teams continued their focus on reviewing near fatality cases.

The Citizen Review Team coordinators work to establish local and statewide strategic planning, frequent and regular meetings of active teams, and formation of new teams. The Citizen Review Team coordinators meet regularly with state office program staff to discuss better ways to engage the community in the review process. A Citizen Review Team coordinator's manual has been developed and is available as a resource for each team.

The CAPTA Citizens Review Team coordinators continue to work with their communities to engage and encourage volunteers to become involved in efforts to gain feedback from the public.

## **Region 1**

### **Case Issue**

A toddler in critical condition due to an accidental gunshot injury to the head. All policies and protocols were followed.

### **Recommendations**

The communication with law enforcement and medical staff was exceptional.

Overall the staff did an excellent job ensuring child safety and providing adequate and timely services to the family.

There is a need for a medical professional on the CRT.

### **DFPS Response**

Efforts have been made to recruit a nurse or nurse practitioner for the CRT.

## **Region 2**

### **Case Issue**

Parent's substance abuse contributed to a near-fatality of a newborn.

### **Recommendations**

The investigation was thorough and clearly documented. Throughout the case there was good communication between staff and with medical providers.

The team expressed concern that the services offered to the substance-abusing parent were "cookie cutter" rather than specific and comprehensive.

### **DFPS Response**

CPS is directed to provide service planning for families that meet the individual needs of the family. To assess family needs, CPS uses a tool called the Family Strengths and Needs Assessment (FSNA) to develop the Family Plan of Service (FPOS).

The FSNA is part of a suite of tools called Safety Decision Making (SDM). SDM helps caseworkers make safety decisions and develop plans with families that meet the family's unique needs. CPS staff use the FSNA with families after a safety decision has been made to remove the child from the home due to present danger. The FSNA requires the caseworker to meet with the family in person to discuss strengths and concerns in the areas of resource management, coping skills, mental health, parenting skills, support system, intimate partner violence, physical health, cognitive abilities, and substance use/abuse. The FSNA also considers the characteristics and needs of each child in the household.

CPS contracts and collaborates with service providers and community agencies throughout the state to ensure that families can access the most appropriate services for their needs, and provides the detailed information for those services on the plan of service. For example, the FSNA may indicate that the parent needs mental health assessment and services. The caseworker would then outline in the plan of service the name, location, contact information, and target date for completing the service, and separately ensure the provider has authorization and payment from CPS to complete the service.

CPS policy states that the caseworker must work with the family to reduce the risk of abuse or neglect so that the child can return home. Policy also directs staff to regularly evaluate the progress and needs of the family. During ongoing case contacts, the caseworker continuously assesses the family and each caregiver's progress. Because assessment is ongoing, caseworkers often identify other needs during the life of a case.

### **Region 3 East**

#### **Case Issue**

A young child suffered bruising, internal injuries and bone fractures as a result of physical abuse by the parent's paramour.

#### **Recommendations**

The team noted that the cooperation between the special investigator (SI) and the investigator worked well. The SI's social work skills coupled with a law enforcement background was key in the interview process and in the alleged perpetrator admitting to abusing the child.

There was a previous CPS investigation of the parent and the team was concerned that childhood history of abuse was not taken into account in regards to risk factors and services offered. The team recommended that childhood history of abuse should have a higher rating on the risk assessment.

#### **DFPS Response**

In September 2015, DFPS implemented the Structured Decision Making® Risk Assessment tool. This tool and the items on it have been statistically shown to be valid indicators of risk of future maltreatment. One item on this tool is childhood history of maltreatment. CPS did not use this tool in the previous investigation because that investigation was initiated before September 2015.

#### **Case Issue**

Young child required surgery due to subdural hemorrhage and bleeding around the brain.

#### **Recommendations**

The biggest issue in the case was that the hospital did not notify the department about the injury until two days after the child was brought to the hospital.

The team noted that when the department was made aware of the injury to the child the investigator did a good job gathering history on the family, the staff worked well with the family on applying safety measures, and the family was referred to FBSS and cooperated with services.

#### **DFPS Response**

No Response

#### **Case Issue**

Physical abuse of a young infant who sustained an intracranial injury.

## Recommendations

The team noted that there was good communication with law enforcement about this case and a previous near fatality with an older child.

The team had concerns about the non-custodial parents' rights and how they were treated as non-offending parents. The department did not attempt to reunite either child with the respective non-custodial parent.

## **DFPS Response**

It is CPS policy that staff assess each household/parent. For non-custodial or absent parents, CPS is directed to make continuous efforts to identify, locate, and engage. CPS may change the permanency plan or decline to place a child with a non-custodial or absent parent if there are other safety concerns that emerge after identification and location. The policy regarding searching for absent parents and the priority of family reunification in permanency planning can be found here: <http://www.dfps.state.tx.us/handbooks/CPS/default.asp> in sections 5232, 5233, and 6234.

CPS staff have a number of practice tools to use in this process. Tip sheets, practice guides, and specialized staff are available to assist caseworkers in their efforts. Of particular relevance, the department has a unit of staff called Family Inquiry Network Database Research System (FINDRS). The primary mission of FINDRS is to assist DFPS staff in locating and identifying parents, relatives, and others to support placement solutions for children and adults in need. FINDRS also helps staff search databases and social media platforms for people entitled to notice and services regarding children in our care.

The following resource guides are available to assist staff and guide practice:

[Finding Families](#)

[Incarcerated Parents Resource Guide](#)

[Court Related Issues Guide](#)

CPS specialized staff, including subject matter experts in fatherhood and parent collaboration, are also available to consult with field staff and engage with parents.

## Case Issue

A young infant was found unresponsive and had multiple head injuries.

## Recommendations

The CRT members were concerned that the services offered were “cookie cutter, and that although a psychological evaluation was court ordered, other services were also ordered without consideration of the results of the psychological evaluation. They questioned whether services are being used to create the best plan to prevent future incidents of abuse.

The team suggested a multi-disciplinary team (MDT) approach to review the family system to create plans with more effective treatment, and family plans to significantly reduce the risk for future child abuse.

### **DFPS Response**

CPS is directed to make efforts to provide service planning for families that meet the family's individual needs. To assess family needs, CPS uses a tool called the Family Strengths and Needs Assessment (FSNA) to develop the Family Plan of Service (FPOS). The FSNA is part of a suite of tools called Safety Decision Making (SDM). SDM is designed to help caseworkers make safety decisions and develop plans with families that meet the family's unique needs. The FSNA is used with families after a safety decision to remove the child from the home due to present danger. The FSNA requires the caseworker to meet with the family in person to discuss strengths and concerns in the areas of resource management, coping skills/mental health, parenting skills, support system, intimate partner violence, physical health, cognitive abilities, and substance use/abuse. The FSNA also considers the characteristics and needs of each child in the household.

CPS contracts and partners with service providers and community agencies throughout the state to ensure that families can access the most-appropriate services for their needs, and provides the detailed information for those services on the plan of service. For example, the FSNA may indicate that the parent needs mental health assessment and services. The caseworker would then outline in the plan of service the name, location, contact information, and target date for completing the service, and separately ensure that the provider has authorization and payment from CPS to complete the service.

CPS policy states that the caseworker must work with the family to reduce the risk of abuse or neglect so that the child may return home. CPS policy also directs staff to regularly evaluate the progress and needs of the family. During ongoing case contacts, the caseworker continuously assesses the family and each caregiver's progress. Because assessment is ongoing, often other needs are identified during the life of a case. While psychological evaluations are useful, there may be other relevant information CPS uses to direct case and service planning.

### **Region 3 West**

#### **Case Issue**

Child sustained significant non-accidental injuries, including fractured bones, bite marks, burns, bruises and abrasions.

#### **Recommendations**

Services offered were appropriate and the caseworker maintained good communication with collaterals, service providers, caregivers, and medical providers.

The team was concerned about the placement with relative caregivers due to concerns about the caregiver. There was a significant history and pattern of abuse in the family and family members were not truthful about their history and minimized the concerns. The team believed CPS staff should have considered family history more before the placement.

### **DFPS Response**

DFPS policy on case planning with relatives and other kinship caregivers can be found [here](#).

#### Case Issue

A toddler was hospitalized due to internal abdominal injuries resulting from physical trauma.

#### Recommendations

Documentation and communication with the family were the two top strengths in this case. Although services were provided to the family, there were areas of discord that could have benefitted from family counseling as well.

The team expressed concern that communication between law enforcement and DFPS needs to improve, but noted that the department cannot require law enforcement to file charges to pursue a criminal case.

### **DFPS Response**

DFPS Child Investigation Divisions employs Special Investigators who have a law enforcement background and experience in criminal investigations. Special investigators offer advice on high-profile or high-risk DFPS cases that may require joint investigation with law enforcement. Information about the Special Investigators can be found [here](#).

#### Case Issue

The team reviewed a case of an infant suffering a near-drowning in the bathtub.

#### Recommendations

Documentation and communication with the family were the two major strengths in this case.

The lack of services provided to the family was the major concern throughout this case. There weren't long-term services offered this family. The alleged perpetrator (AP) was interested in resources to help build strategies to improve parenting but there was no documentation of services being offered. The team believed services should have been provided as this was a traumatic incident for the parent.

### **DFPS Response**

The alleged perpetrator was provided with resources for counseling. It appears that the AP was able to access these resources independently and that further help from the department was not needed.

#### Case Issue

The case involved a young child who was taken from the home by a non-related person, assaulted, and left outside in the cold until being discovered.

#### Recommendations

The team also recommended that investigators receive more training on identifying discrepancies and confronting principals about differences in their accounts.

### **DFPS Response**

In 2017 the DFPS Investigations Division initiated a forensic interview class that covers items such as observing physical cues to interview responses, and identifying possible deception. After the initial offering the course is being revamped and is scheduled to be made available statewide. The class will focus specifically on interviewing adults and one component of the training will cover dealing with discrepancies and pursuing the correct information.

The course will be made available in August 2019 and will be required for all Special Investigators who did not attend the training in 2017 and for all supervisors in the Investigations Division.

### **Region 4**

#### Case Issue

A case involving substance abuse and neglectful supervision that resulted in a toddler sustaining permanent brain injury from drowning.

#### Recommendations

The team complimented CPS staff and the work on this case. They noted that investigation skills and timely collaboration with peers, law enforcement and medical staff helped keep safety of the victim a priority.

### **DFPS Response**

No Response

### **Region 5**

#### Case Issue

Near-fatality case involving an infant with bi-lateral, chronic subdural hematomas that could have been caused by any kind of head injury or shaking.

#### Recommendations

The CRT expressed no concerns about the handling of this case. Appropriate and timely communication with law enforcement, medical providers, and the family continued throughout the case. The team was assured that all steps had been taken to ensure the victim's safety.

### **DFPS Response**

No Response

#### Case Issue

Near fatality resulting from physical abuse of a young child.

#### Recommendations

The team expressed concern that staff only attended to part of the Forensic Assessment Center Network (FACN) assessment indicating that one injury was consistent with the explanation and did not pay attention to other information that other injuries were indicative of abuse. Staff did not identify parent's paramour as a possible perpetrator nor



follow-up on that in the investigation. Staff missed critical information on the FACN report that could have resulted in safety for this child.

### **DFPS Response**

DFPS now has a two-hour online computer-based FACN training that is required for all Investigation, Alternative Response, and Family-Based Safety Services staff. The training is also available for all staff.

In the past year, DFPS partnered with the FACN and our regional nurses to provide more classroom training on the FACN.

CPS added policy on referrals to the FACN in February 2018, and the DFPS FACN Resource Guide was published in March 2018. The resource guide can be found [here](#).

### **Region 7**

#### **Case Issue**

A near fatality case involving a young child who was left in the bathtub with another young sibling.

#### **Recommendations**

The CRT indicated a lack of programs for teen parents who age out of CPS care, specifically information about prevention of abuse/neglect. The CRT suggested parenting classes as a part of Preparation for Adult Living (PAL). They also suggested that having a family liaison at the beginning of a case involving former foster youth would help overcome teens' negative attitudes toward the department and improve engagement.

### **DFPS Response**

Information about PAL, including a list of topics covered can be found [here](#). This curriculum is based on federal and state requirements as well as best practices for working with youth and young adults.

Youth who age out of care have several options available to them including transitional living services and extended foster care. More information about these options are available [here](#):

PAL staff can also refer youth and young adults to parenting classes in their community.

#### **Case Issue**

Near fatality involving physical abuse of an infant.

#### **Recommendations**

Team noted a lack of programs for young/teen parents as well as a need for more training for CPS staff on engaging these parents. There is a lack of transportation help to get parents to services. There is a need for service providers who work after hours and on weekend or can do more non-traditional counseling, such as by phone or video conferencing. More pay to those who are willing to go outside of normal business hours could increase provider network.

## **DFPS Response**

DFPS now recruits and trains volunteers who provide transportation to parents and caregivers for appointments, court hearings and visits. Information about volunteering in this role can be found [here](#).

DFPS is training investigative staff to provide the same level of family engagement that is used in Alternative Response cases. This level of engagement focuses on using solution-focused practice. Solution-focused practice has been demonstrated to be beneficial, however, it is not easily learned and will take time to fully implement. Some areas of the state are already working toward fully implementing solution-focused practice with the goal of rolling it out statewide.

The Evaluation and Treatment Services contracts that provide for assessment and counseling services is located [here](#).

The scope of work for these contracts includes requirements that service hours must be flexible and include afternoon, evening, and weekend hours to accommodate working clients. The Contractor must accommodate school-age children by scheduling services at times that do not interfere with school attendance and participation in school activities, preferably outside of school hours.

The Contractor is required to coordinate a therapeutic location for services. These counseling services require that the Contractor can substantiate and provide a therapeutic environment for specific goals and objectives.

Services provided outside of the Contractor's location must be requested in writing by the CPS caseworker as documented in the Comments Section of the Valid Service Authorization, Form 2054 (Form 2054) or in referral information received from the CPS caseworker. Alternate acceptable and billable locations are as follows:

Home-based services are provided in the client's home. Battering Intervention and Prevention Program (BIPP) is not allowed as a home-based service.

Out-of-office services are delivered in a location other than the Contractor's primary or satellite office or the client's home.

Underserved County. DFPS may reimburse for travel on a mileage basis for services delivered in a county designated by CPS as underserved.

### **Case Issue**

A child's parent had not been giving the child necessary anti-seizure medication for many months and this resulted in a near fatal seizure.

### **Recommendations**

The CRT was concerned that it appeared that a prior investigation was incident-driven and that a checklist was completed, but a more global assessment was not conducted. The team believed that the importance of global assessments must be reiterated with staff.

CPS did not follow policy regard safety planning after a previous domestic violence incident.

CPS did not follow near-fatality policy as staff did not contact a physician to confirm that the incident met near-fatal criteria.

The CRT members discussed the importance of law enforcement checks on all cases to ensure that CPS is making accurate assessments regarding all areas.

### **DFPS Response**

The CRT is correct that staff did not follow DFPS near-fatality policy and case documentation does not reflect that the elements for a near-fatality were met.

This case did not meet the statutory definition of a near-fatality because a physician did not certify that the child was in critical or serious condition.

Additionally, the FACN protocol manual provides guidance on the elements necessary to determine that a situation meets the near fatal severity code. Case documentation does not reflect that these elements were met so we are unclear as to whether or not this situation actually rises to that level of severity.

DFPS corrected the case record and this case is no longer coded as a near-fatality.

### **Region 8**

#### Case Issue

A young child suffered a near-drowning requiring hospitalization due to neglectful supervision and parent substance abuse.

#### Recommendations

The team suggested that it would be good practice for the agency to start tracking trends and patterns for near fatalities to compile a list of best practice tips for staff.

The team also suggested that the caseworker would benefit from a technical report-writing training. Additionally, caseworkers would benefit from contracted service providers coming into the agency to train on their specialties.

### **DFPS Response**

The DFPS Prevention and Early Intervention Division publishes an annual report on child maltreatment fatalities and near fatalities. The 2018 report can be found [here](#).

Regions regularly conduct resource fairs for caseworkers to talk with service providers and learn more about services they provide.

#### Case Issue

A case involving a child who was shot when a rifle discharged in the vehicle he was riding in. Injury resulted in severe blood loss and an amputation.

### Recommendations

CPS followed all policies and protocols. Documentation was clear, the case was worked collaboratively, and the caseworker did a great job communicating with everyone involved throughout this case.

However, the team determined that the caseworker initially missed a danger indicator on the SDM safety assessment that would have resulted in a safety plan being put into place. Staff would benefit from more SDM training.

Further, the team believed that staff should have followed up with the family regarding the future plan for the child in terms of medical needs and services since the incident resulted in amputation.

### **DFPS Response**

The child safety specialists in the regions conduct regular refresher trainings on Structured Decision Making and monthly practice tips are provided to caseworkers.

This year CPS created a statewide staff workgroup on safety assessments and decision making. The workgroup's goals include:

Reviewing policy and practice to determine if any changes are needed.

Identifying major obstacles and barriers to effective safety decision making practice.

Developing a plan for initial and ongoing staff training and development

Restructuring staff performance reviews to clearly support the identification of staff competencies in conducting safety assessments.

### Case Issue

The team reviewed a case involving a young infant who was medically fragile and experienced medical neglect.

### Recommendations

The team expressed concern that there was a lack of knowledge regarding what questions to ask and information that needed to be gathered in cases involving children who are medically fragile.

The team recommended more staff training on special needs children and forming a specialized unit that works with special needs children. The team suggested that CPS develop a reference guide on questions to ask parents who have children with special needs, as well as items the caseworker should look for in these types of cases.

### **DFPS Response**

Safe Alliance in Austin has grant funding for developing a computer-based application (an app) to assist caseworkers and investigators in working and communicating with children and youth with a disability.

Over the past year, Child Protective Services and Child Protective Investigations have updated DFPS policies in this area. Additionally, the Working with Persons with Disabilities Resource Guide has been updated with input from the Office of the Governor

Committee on People with Disabilities and Disability Rights Texas and will be published in 2019. This resource guide provides up to date information on ADA requirements and accommodations that should be made when a person has a disability, including during the investigation.

## **Region 10**

### **Case Issue**

A case involving a young infant with brain injury and multiple broken bones requiring hospitalization.

### **Recommendations**

The team determined that the DFPS staff did a great job of communicating with all parties, especially since this was a complicated case involving numerous agencies. DFPS staff kept the focus on the child's safety and well-being and did a good job making appropriate case decisions and plans for the child's ongoing safety.

### **DFPS Response**

No Response

## **Region 11**

### **Case Issue**

A case involving a toddler with numerous bone fractures in various stages of healing and other internal injuries that required hospitalization.

### **Recommendations**

The original investigator resigned before completing the case and it was reassigned to a tenured investigator. The CRT noted that this case is a positive example of the importance of having tenured, experienced staff and emphasizing staff retention. Other strengths identified included involvement of a special investigator and the joint investigation process involving local law enforcement assigned to the corresponding criminal investigation.

The CRT noted that it would be beneficial to have a process or procedure where the prosecutor's office would notify the department when the criminal case ends so DFPS staff could add the information to the case file.

### **DFPS Response**

The Children's Advocacy Centers (CACs) throughout the state have multi-disciplinary teams (MDTs) that include law enforcement, prosecutors, mental health professionals and CPS staff. Per the Texas Family Code, a CAC must have representation from DFPS on their MDT.

The MDTs track cases and engage with investigative partners and the child and non-offending family members throughout the life cycle of both the civil and criminal cases, including prosecution, as applicable. The forensic aspects of a case, the forensic interview and sexual assault exams, typically occur at the front end of the CAC MDT's

work with the child and family. MDT coordination and case review is part of the ongoing services provided throughout the life cycle of civil and criminal cases.

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## iii. Neonatal Update

### Services to Substance-Exposed Newborns

- policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the CPS system of the occurrence of such condition of such infants, except that such notification shall not be construed to—
  - I. establish a definition under Federal law of what constitutes child abuse or neglect; or
  - II. require prosecution for any illegal action.
- the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder

Policies and procedures to address needs of infants born with and identified as being affected by legal and substance abuse or withdrawal symptoms resulting from prenatal drug exposure or Fetal Alcohol Spectrum Disorder: Texas meets this mandate through its comprehensive reporting scheme and definitions of abuse and neglect in the Texas Family Code and Texas Administrative Code. The Texas Family Code requires professionals, including medical staff and employees of health care facilities that provide reproductive services, to report abuse/neglect as defined in the Family Code. The agency rules specify what constitutes abuse/neglect in terms of prenatal exposure, which would include infants born with and identified as being affected by drugs and alcohol, exhibiting withdrawal symptoms from prenatal exposure, or Fetal Alcohol Spectrum Disorder.

Requirement that health care providers involved in delivery or care of such infants notify CPS of occurrence of such condition of such infants: Texas meets this mandate through DFPS policies and procedures, rules, and practice. If DFPS receives a report alleging that a newborn was exposed to drugs or alcohol, the caseworker is required to complete a risk assessment within 30 days of the child's birth; complete a service plan for the family; provide referrals for services such as drug and alcohol screening and assessments, and inpatient substance abuse treatment programs for the mother and infant, if appropriate; and refer the child to Early Childhood Intervention if showing signs of being affected by substance use or withdrawal symptoms, provide the family information on safe sleep precautions, SIDS, and locally available parenting education programs; among other tasks. (CPS Handbook Sections 1952.1 "Safety Plan for a Substance-Exposed Newborn" and Section 15211.1 "Referrals to Early Childhood Intervention.")

The CPS Program of DFPS does have policies in place to address instances in which a newborn has been exposed and impacted by parental substance use. With regards to specific policies, policy 2363 (updated February 2015) provides field staff guidance on the dispositioning of cases where a child was prenatally exposed to alcohol or substances. In addition to the dispositioning guidelines there is a standardized definition of Pre-Natal Exposure that reads as follows:

#### Criteria for Pre-Natal Exposure

The mother's use of alcohol or a controlled substance meets the criteria for pre-natal exposure when there is a preponderance of evidence that the mother knew or reasonably should have known she was pregnant yet used alcohol or a controlled substance that:

- was not lawfully prescribed by a medical practitioner;
- was lawfully prescribed because the mother sought out multiple health care providers to exceed ordinary dosages; or
- was not being used in accordance with a lawfully issued prescription.

Staff investigating these cases, review all available evidence in support of possible pre-natal drug exposure, including any prenatal records, birth records, prenatal drug tests administered by the hospital, and collateral information from medical professionals as well as from family. As this evidence is collected, these cases are staffed on an individual case-by case basis and safety decisions are made with regards to placement, supervision, and appropriate referrals to substance abuse treatment services.

The development of a plan of safe care is done on a case-by-case basis as drug exposure and its effects on the infant vary from case to case. Additionally, each family may have different strengths and support networks that can potentially better help the families meet the needs of the substance exposed infant or it may be necessary for the infant to be placed in a more controlled foster home setting if such supports are not present in the family composition. These plans are then routinely reviewed in staffing's with the Supervisor and modified accordingly based on case progress, supports to the family, health of the child, and compliance with expectations set out at the beginning of the case. DFPS proposed an ongoing team meeting to support the collaborative relationship between DFPS, HHSC, and DSHS in order to strengthen efforts to address substance use disorders impacting the safety, permanency and well-being of children involved with the Texas child welfare system. Several meetings were held during Spring 2019 and participants determined formalization would help strengthen the collaboration, bring efficiency to the process, and ensure there is appropriate documentation of discussions, decisions and actions.

DFPS is using CAPTA funding (see the CAPTA section) to assist stakeholders who work with the Texas child welfare agency, social services agencies, substance use disorder treatment agencies, hospitals with labor and delivery units, medical staff, public health and mental health agencies, and maternal and child health agencies. Specifically, the funds will be used by DFPS to facilitate collaboration in developing a stronger service delivery coordination between child welfare staff, providers of substance use services, and others.



DFPS and Health and Human Services agreed to a monthly meeting with Child Protective Investigations and Child Protective Services staff, Health and Human Services Substance Use Disorder representatives, and other key stakeholders, beginning in June 2019. The meeting will be designed to update participating agencies in efforts to improve services to families involved with DFPS due to substance use issues. Initial emphasis will be to improve current plans of safe care standards, ensure coordinated service delivery, and enhance communication between DFPS and agencies providing treatment, or other support services, related to substance use treatment. The project will also address federal legislation related to the Comprehensive Addictions and Recovery Act (CARA) and Family First Preservation Services Act (Family First Act or FFPSA), as well as state legislation passed with the conclusion of the 86<sup>th</sup> Texas Legislature.

Throughout this process current and future goals for DFPS include:

- Improving State and local systems with Plan of Safe Care development, implementation, and monitoring;
- Developing policies, procedures, or protocols to ensure DFPS continues to be notified when an infant is born substance exposed and/or drug addicted, and ensure a plan of safe care is in place before the infant is discharged from the birth or health care facility;
- Training health professionals, CPS/CPI workers, substance use disorder treatment agencies, and law enforcement in effective ways to coordinate treatment and best serve families involved with the Texas child welfare system due to substance use;
- Establishing collaborations, partnerships and agreements between stakeholders, including health professionals, child welfare professionals, juvenile and family court judges to develop or strengthen multi-disciplinary assessments and intervention processes and treatment approaches designed to keep infants with their mothers; and
- Developing and updating technology systems for improved data collections and monitoring plans of safe care.

Specifically, CPS and HHSC are reviewing Safe Plans of Care created by other state agencies across the nation in an effort to draw from proven ideas that may have already been successfully implemented elsewhere. This information may, in turn, be included in efforts to further develop the Texas approach to plans of safe care. DFPS is also examining ways to update the IMPACT database system in a way that would capture Safe Plan of Care data in a consistent fashion that would ultimately allow for more accurate and current data. Preliminary cost estimates for these upgrades have been made and the DFPS intends to pursue these changes. DFPS will also develop some staff training to supplement and support the changes made to the IMPACT database system to ensure that staff are aware of how to properly document Safe Plans of Care in a consistent manner. CPS frequently collaborates with local programs managed by Texas Department of State Health Services such as OSAR (Outreach, Screening, Assessment, and Referral), Pregnant and Postpartum Intervention and Parenting Awareness and Drug Risk Education (PADRE). CPS also works closely with local treatment providers to ensure that parents impacted by substance use disorders are receiving services in a timely manner to address the substance use issues that have played a role in the involvement of DFPS.

The Department of State Health Services provides Pregnant and Postpartum Intervention and Parenting Awareness and Drug Risk Education (PADRE) substance use disorder intervention services aim to assist pregnant and parenting clients in reducing risk factors associated with substance use and improve the health of families at risk. PADRE programs are co-located with Pregnant and Postpartum Intervention sites due to similarity in structure and service delivery. Each program is designed to be gender-responsive and trauma-informed. Pregnant and Postpartum Intervention and PADRE programs are community-based and provide services at various sites in addition to their own program site including jails, opioid treatment sites, hospitals, schools and street-based outreach service sites.

Pregnant and Postpartum Intervention programs were recently expanded to increase targeted outreach efforts to engage women at risk for having a substance-exposed pregnancy; integration with hospital systems to improve neonatal abstinence syndrome related outcomes; and co-location with specialized female medication assisted treatment programs. Pregnant and Postpartum Intervention and PADRE provide the following core services: education on effects of alcohol, tobacco, and other drugs on the fetus; access to risk reduction and overdose prevention materials; clinical screening and referral to behavioral health treatment, motivational interviewing; case management; evidence-based parenting education; education on fetal and child development; education on family violence and safety; reproductive health education; pregnancy and HIV testing; activities that promote parental bonding; targeted outreach; and home visitation.

Pregnant and Postpartum Intervention and PADRE goals include: reduce the risk of parental substance use/misuse; improve birth outcomes for current and future pregnancies; promote parental bonding; build parenting skills; increase safety in familial relationships including identifying and addressing intimate partner violence, child abuse and substance use; expand access to community and recovery resources; support engagement in primary healthcare including reproductive health and well-child visits.

Pregnant and Postpartum Intervention eligibility criteria: Pregnant females and postpartum females with or at risk for a substance use disorder are eligible for Pregnant and Postpartum Intervention services. Eligibility was expanded to also include CPS involved mothers with children under the age of six.

PADRE eligibility criteria - Parenting males with or at risk for developing a substance use disorder and that have a child under the age of six involved with DFPS. No financial eligibility requirement need to be met to be considered eligible for Pregnant and Postpartum Intervention or PADRE services.

Additional Fetal Alcohol Syndrome Resources are available through the Texas Office for Prevention of Developmental Disabilities, created by the Texas Legislature in 1989. Texas Office for Prevention of Developmental Disabilities' mission is to prevent the occurrence of disabilities whenever possible and reduce their impact when prevention is not possible. The agency does this work by educating, motivating, and empowering Texans to protect the minds of children.

Texas Office for Prevention of Developmental Disabilities, an affiliate of the National Organization of Fetal Alcohol Syndrome, is the state entity charged with actively working on improving outcomes for children who are impacted by Fetal Alcohol Spectrum Disorder as well as addressing its root causes and the intergenerational cycle that is so common with Fetal Alcohol Spectrum Disorder.

Texas Office for Prevention of Developmental Disabilities hosts the state's Fetal Alcohol Spectrum Disorder collaborative. The Collaborative includes health care providers, behavioral health professionals, legal and judicial experts, caregivers, people with a Fetal Alcohol Spectrum Disorder, educators, and stakeholders who work with children in care, amongst others. This cross discipline group focuses on public policy improvements, research, and professional education. Additionally, Texas Office for Prevention of Developmental Disabilities is the resource for training and consultation for state agencies and other organizations around Fetal Alcohol Spectrum Disorder. It is exactly this type of structure that is described in the model programs developed to implement CAPTA.

Texas Office for Prevention of Developmental Disabilities is coordinating a host of research projects that are of interest. Due to new, cutting edge technology, for the first time in this country, a state will be able to provide irrefutable evidence of the prevalence of prenatal alcohol exposure in the last month of pregnancy and that state will be Texas. It also organized a comprehensive study of children in care being assessed for Fetal Alcohol Spectrum Disorder to demonstrate the very real impact of prenatal exposure on the lives of children and families. Thus, Texas has a significant resource with Texas Office for Prevention of Developmental Disabilities.

Texas Office for Prevention of Developmental Disabilities and its membership were very excited about the language in CAPTA both because of its inclusion of Fetal Alcohol Spectrum Disorder and because of its clear non-punitive tone. Through Texas Office for Prevention of Developmental Disabilities, Texas has a foundation to continue making progress in this work. DFPS is planning to explore opportunities with Texas Office for Prevention of Developmental Disabilities to further address the required work with this population.

Provide information on any changes made to implementation and/or lessons learned from implementation.

The Department has reviewed and continues to review reporting requirements to CAPTA to ensure that the agency is meeting the requirements set forth and to identify ways in which that reporting and data collection could be improved. Through this continued review it has been determined that the capture and reporting of certain data could and should be bolstered. The Department has explored costs related to updating the IMPACT database system and has identified changes that would improve the documenting of certain data both for reporting purposes and to ensure that safe plans of care are documented in an accurate and meaningful way. The Department will be exploring making these changes to the IMPACT database system to improve how the data is collected and reported.

Additionally, DFPS has identified the need to develop training for staff to ensure that there is a consistent understanding on the plan of safe care requirements and that there is consistency with how those plans are documented. A training plan will be developed to ensure that all staff have consistent instruction on safe plans of care. With implementation of the Comprehensive Addiction Recovery Act, DFPS identified the need for stronger collaboration between the agency and Substance Use Disorder service providers, more coordinated efforts between DFPS, Health and Human Services and Department of State Health Services to be enhanced with a monthly interagency meeting, and improved communication/reduced confusion regarding the term Plans of Safe Care. As there are a variety of tools labelled with “plans” in use with families involved with DFPS, the agency avoided use of the CARA Plans of Safe Care terminology. Moving forward, DFPS is addressing this issue with its staff. Finally, the Department has recently created a new Division of Behavioral Health Services that includes three new full time Substance Use Specialist staff strategically housed in regions of highest need to serve as supports for staff as they work with families impacted by substance use disorders. These specialists will also assist in implementing any changes or trainings related to Safe Plan of Care protocols and they will serve as liaisons with local community resources to assist parents needing to access substance use disorder resources more effectively.

Describe any technical assistance needs the state has determined are needed to receive to support effective implementation of these provisions.

DFPS is an active participant in the Quality Improvement Center for Collaborative Community Court Teams (QIC-CCCT) grant, awarded to Harris County and supporting the Infant Toddler Drug Court. DFPS representatives will be attending the national QIC All-Sites Meeting in July 2019 and has participated in webinars, site visits, and collaborative calls. The Department has participated in multiple calls and webinars intended to provide technical support on this subject and will continue to participate in those trainings as they become available. As specific technical issues may arise the Department will reach out to request guidance.

Texas was selected for a site visit in August 2019 by the Administration for Children and Families and the Center for Children and Family Futures to view implementation of CARA. Participants included DFPS staff, stakeholders, service providers and others. Feedback and recommendations from the federal visit will be forthcoming. DFPS may use technical assistance from the Center for Children and Family Futures or the Capacity Center for States for further strengthening the work addressing substance use disorder issues.

In its most recent submission (federal fiscal year 2018), DFPS identified 1,232 children who were born substance exposed or drug addicted for whom Plans of Safe Care were developed and monitored. There were 1,179 of these that were referred to CARA services as part of the Plan of Safe Care

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## iv. Sex Trafficking Amendment Update

### **Trafficking Amendments to CAPTA**

► **Describe the steps that the state is taking or will need to take to address the amendments to CAPTA relating to sex trafficking in order to implement those provisions by May 29, 2017.**

In the last few years, DFPS has been active within the area of child protection in confronting the sex trafficking of Texas children who have had prior or current involvement in the child welfare system. With the passage of the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) and the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22), DFPS has been active in developing, modifying, and implementing specific policies, practices and trainings to provide support for at-risk, suspected and identified victims of sex trafficking.

DFPS has participated in a sex trafficking stakeholder workgroup organized by the Office of the Governor to develop additional strategies regarding prevention and intervention of human trafficking in Texas. Below are additional steps taken by DFPS to address the amendments to CAPTA relating to sex trafficking.

► **Provide an assessment of the changes the state will need to make to its laws, policies or procedures to ensure that victims of sex trafficking, as defined in sections 103(9) (A) and (10) of the TVPA, are considered victims of child abuse and neglect and sexual abuse. We note that it is likely that some states will need to make changes to state laws to come into compliance. Indicate whether the state is electing to apply the sex trafficking portion of the definition of “child abuse and neglect” and “sexual abuse” to persons who are over age 18 but have not yet attained age 24.**

Texas has made the following policy and practice changes relating to victims of sex trafficking:

#### **State Law**

- No additional statutory changes are required. Federal law is compatible with the Texas Penal Code's definition of trafficking of persons - Texas Penal Code § 20A.02

#### **CPS Policy Handbook**

- 2113 Statutory Definitions of Child Abuse and Neglect (September 2015)
- 2113.1 Definitions of Abuse (September 2015)
- 2113.2 Definitions of Neglect (September 2015)

- 2380 Child Trafficking (Sex and Labor Trafficking) (September 2015)
- 6461 Child or Youth Missing from Substitute Care Placement (includes Sex Trafficking) (February 2017)
- 6461.1 Notification Requirements When a Child Runs Away or is Missing
- 6461.5 When a Missing Child Returns to Care (includes Sex Trafficking) (February 2017)
- 10150 Victims of Trafficking (October 2017)

## **CPS Practice**

- Locating Missing Children in DFPS Conservatorship Resource Guide includes specific practice/protocols related to suspected Sex Trafficking victims
- In 2009, the Texas Legislature passed House Bill 4009, which created the statewide Texas Office of Attorney General Human Trafficking Prevention Task Force (Task Force).
  - DFPS is a participating member of the Task Force, which includes other agencies and NGOs who have experience dealing with at-risk youth. These agencies include Children at Risk, the Texas Juvenile Justice Division, Children's Advocacy Centers of Texas; Catholic Charities; and multiple law enforcement agencies.
  - The Task Force, with input from DFPS, created a manual for educators so that they can identify potential victims they may come into contact with in schools.
  - DFPS, with input from the Task Force member Children at Risk, put together a Computer-Based training on identifying human trafficking cases.
    - This was replaced in 2018 with the *Be the One In the Fight Against Human Trafficking* training video. The video was produced by the Texas Office of the Attorney General.
  - DFPS required all direct delivery staff to complete Human Trafficking Training (per Protective Service Announcement (PSA) 15-001 Mandatory Human Trafficking Training), and requires all new staff to receive training as part of their initial education.
  - *Be the One In the Fight Against Human Trafficking* is mandatory for all DFPS workforce.
- In March 2019, Bexar, Dallas, Harris, Tarrant and Travis counties implemented the new DFPS Human Trafficking Response Protocol and began using the Commercial Sexual Exploitation – Identification Tool (CSE-IT). The protocol addresses victim identification through the use of the CSE-IT; service planning for youth at risk and identified victims of sex trafficking, and how DFPS collaborates with other anti-trafficking partners in identification and recovery of victims and subsequent service provision.

## **SACWIS (IMPACT)**

- State is currently working with a vendor on IMPACT modernization. These changes within the system will allow for data collection of information pertaining to child sex trafficking at all stages of the CPS delivery system.

## **Elective Changes**

- At this time, Texas is not electing to apply the sex trafficking portion of the definition of “child abuse and neglect” and “sexual abuse” to persons who are over age 18 but have not yet attained age 24.

## **DFPS Public Websites**

- DFPS’s public website was updated in January 2019 to provide more information related to human trafficking, DFPS’s role, and local, state, and national resources for the community at large.  
[https://www.dfps.state.tx.us/Investigations/Human\\_Trafficking/default.asp](https://www.dfps.state.tx.us/Investigations/Human_Trafficking/default.asp)
- The Texas Youth Connection website also offers physical safety resources related to teen dating violence, human trafficking and sex trafficking  
[https://www.dfps.state.tx.us/txyouth/safety/physical\\_safety.asp](https://www.dfps.state.tx.us/txyouth/safety/physical_safety.asp)

## **Statewide Intake**

- 4290 Determining Human Trafficking in CPS Reports (SWI Policy and Procedures) (August 2015)
- 4292 Determining Sex Trafficking in CPS Reports (SWI Policy and Procedures) (August 2015)

## **Investigations**

- 2380 Child Trafficking (Sex and Labor Trafficking) (September 2015)

## **Family Based Safety Services (Family Preservation)**

- 2520 Child Trafficking (Sex & Labor Trafficking) (September 2015)

## **Preparation for Adult Living (PAL) and After Care Services**

- 10224 PAL Case Management Services (CPS September 2015)
- Experiential Life Skills Training (Human Trafficking added to the curriculum)
- State and Regional Teen Conferences and Aging-Out Seminars (conferences and seminars must include information about trafficking)

**► Provide an update on the state's progress and planned activities in the coming year to develop provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims.**

The DFPS Human Trafficking Initiative is a grant funded by the Office of the Texas Governor. Initially established in June 2017, the grant will conclude in summer 2019. This grant allowed DFPS to establish the DFPS Human Trafficking and Child Exploitation (HTCE) Division that includes two program specialists and a director. For the children and youth served by DFPS, the DFPS HTCE division goals are to:

- Strengthen compliance with all federal and state human trafficking mandates,
- Develop best practices in the prevention of trafficking, and
- Improve DFPS’s capacity to identify, report, recover and restore victims of trafficking.

In September 2018, the Human Trafficking and Child Exploitation Division was reorganized under the newly formed Child Protective Investigations program. However, the Division works with all child welfare program areas to address human trafficking along the entire child welfare continuum.

DFPS Special Investigators are the agency's lead staff for locating missing/runaway youth. Once a youth is recovered, the Special Investigators conduct a recovery interview that explores abuse and neglect allegations to include if the youth was a victim of human trafficking during the missing episode. Special Investigators also respond to law enforcements' special request for assistance on non-familial sex trafficking cases to assess for other abuse and neglect maltreatment, which could need investigation by DFPS child protection investigators.

DFPS is expanding training to CPS caseworkers to include recognition of factors that make youth at risk of exploitation.

DFPS utilized the Texas Office of Attorney General's cutting edge human trafficking training video, *Be the One In The Fight Against Human Trafficking* and all agency employees were required to complete the training by December 2018. It is required training for all new hire DFPS employees. The *Be the One* video covers how traffickers recruit and maintain victims, provides the red flags of human trafficking, and covers a reporting protocol to law enforcement or the National Human Trafficking Hotline making the training a well-rounded introduction into human trafficking. As of March 1, 2019 98% (12,313 current employees) of DFPS staff have received the training.

The Human Trafficking team has partnered with the CPS and CPI divisions to develop the DFPS Human Trafficking Response Protocol, which includes a comprehensive multidisciplinary team response structure. The protocol provides increased accountability and urgency for runaway and missing youth who are at high-risk for exploitation. In March 2019, Bexar, Dallas, Harris, Tarrant and Travis counties implemented the new DFPS Human Trafficking Response Protocol.

DFPS is partnering with the Office of Governor's Child Sex Trafficking Team to launch an identification tool, the Commercial Sexual Exploitation-Identification Tool (CSE-IT), for DFPS frontline staff to use in assessing risk factors of youth within investigations and conservatorship. In March 2019, Bexar, Dallas, Harris, Tarrant and Travis counties began using the CSE-IT. In August 2019, the agency will evaluate data from CSE-IT.

DFPS is also participating in the formation of the first Care Coordination Teams in Texas. The Office of the Governor's Child Sex Trafficking Team has been working with a multidisciplinary team in Dallas, Fort Worth, and Houston to establish local protocols and practices for identifying and providing services for victims of sex trafficking. DFPS is a part of the multidisciplinary team discussions and will participate as Coordinated Care Teams are started in Austin and San Antonio in the coming months. In FY 2019, Care Coordination Team development was started in Denton, Collin, Jefferson, and Montgomery counties. Additional Care Coordination Team opportunities will be explored in the coming fiscal year.

Finally, the Human Trafficking division is partnering in prevention and early intervention efforts to identify and implement prevention programming for at-risk youth in conservatorship. In FY 2019, the focus of this partnership shifted. Love146 received a



grant from the Office of the Governor's Child Sex Trafficking Team to provide trainings regarding their "Not a Number" prevention curriculum to programs who serve at-risk children and youth in DFPS conservatorship as well as children and youth in the community. Love146 is a non-profit international human rights organization that works toward the abolition of child trafficking and sexploitation through survivor care, prevention education, professional training, grassroots empowerment, and contributing a growing body of research.

► ***Provide an update on the state's progress and planned activities in the coming year to develop provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters.***

All DFPS employees are required to have the *Be the One* training. As of March 1, 2019 98% (12,313 current employees) of DFPS staff have received the training. In addition the Human Trafficking Team is launching the following trainings:

- Overview of the new Human Trafficking Response Protocol and the Commercial Sexual Exploitation-Identification (or CSE-IT) Tool webinar for all child protective services and child protective investigations staff. The learning objectives include 1) understanding of the DFPS procedures for screening high-risk, at-risk, and alleged victims of sex trafficking; 2) understanding of the DFPS procedures for multidisciplinary investigations and services delivery planning; and 3) understanding who in the agency will be receiving more training and administering the screening tool. This webinar training will be for all current staff and was launched in March 2019 in Bexar, Dallas, Harris, Tarrant and Travis counties. In August 2019, DFPS will evaluate CSE-IT data, refine processes and determine further roll-out capabilities. In addition, cross coordination evaluation will be pursued for dually adjudicated youth with the Texas Juvenile Justice Division, which also implemented the CSE-IT.
- Updating the core professional development training received by all CPS and CPI staff. The revisions include an overview of the new Human Trafficking Response Protocol and the Commercial Sexual Exploitation-Identification Tool. It will cover recruitment methods of exploiters and explore the reality that child welfare involvement in a youth's life make them vulnerable to tactics used by exploiters. The updates to the core professional development training occurred in spring 2019 with updated curriculum launch plans in September 2019. After the core professional development training is rolled out, the Human Trafficking Division will shift efforts to develop advanced level human trafficking courses for staff.
- Administrator Training will be provided to select all CPS and CPI staff. The administrator training will cover the Human Trafficking Response Protocol and the Commercial Sexual Exploitation-Identification Tool in depth. Once staff complete this training they will be able to screen youth within investigations and conservatorship. This training was launched in March 2019 in Bexar, Dallas, Harris, Tarrant and Travis counties.

- In August 2018 the Human Trafficking and Child Exploitation Division hosted the Inaugural DFPS Human Trafficking Summit in Houston, Texas. Approximately 500 professionals received two and one-half days of focused training from national and state subject matter experts and survivor leaders. In June 2019, the HTCE division will host the Light the Way to Freedom to End Human Trafficking – DFPS 2019 Summit in Austin, Texas.
- In the coming year, the Human Trafficking Division will work collaboratively with Statewide Intake and the National Human Trafficking Hotline as well as the Texas Department of Public Safety to evaluate effectiveness of cross reporting processes.

**► *Identify any technical assistance needs the state has identified relating to implementation of the amendments to CAPTA made by the Justice for Victims of Trafficking Act of 2015.***

At this time, Texas is not seeking any technical assistance related to the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22).



**TEXAS**  
Department of Family  
and Protective Services

## **The State of Texas**

# **Title IV-B Child and Family Services Plan 2015-2019 Final Report**

## **7. Statistical and Supporting Information**

Texas Department of Family and Protective Services  
ACYF-CB-PI-19-02

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## 7. Statistical and Supporting Information

### i. Child Protective Services Workforce

► *As part of the information on workforce provided in the APSR, States are to report, to the extent possible how staff is recruited and selected.*

DFPS currently recruits for CPS employees in several different ways:

#### **Internet Presence**

DFPS jobs are posted in the Health and Human Services Job Center. Postings are accessible through the main DFPS Web site, <http://www.dfps.state.tx.us>. By selecting the "Jobs" link, potential applicants are taken to the "[Come Work for Us](#)" page that includes worker job preview videos and written realistic job previews. There is also a self-assessment that potential applicants can complete to help them decide if CPS is the right job for them. Jobs posted in the Health and Human Services Job Center automatically populate on the Texas Workforce Commission web site for greater visibility. The agency has a presence on social media sites, such as Facebook and Twitter, where upcoming career fairs are announced and interest stories are posted. The agency also has a LinkedIn page that provides greater visibility since the other social media platforms are linked.

#### **Other Recruitment Efforts**

Hiring and program staff attend local job fairs, university career fairs, and host open houses in local offices. Coordination with military bases and out processing centers has increased to attract veterans leaving the armed forces. Special interest stories or articles are occasionally used at the local level to promote employment with the agency and are utilized in areas that are particularly challenged with a low applicant pool.

#### **Pre-employment Testing**

Employment selection instruments help identify the most qualified applicants based on child welfare research and predictive validation studies from previous years. Tools include: 1) an assessment for job applicants to identify behavioral characteristics and skills; 2) a written statement of interest that allows the candidate to express their passion for child welfare work; and 3) a behavioral interview guide geared at assessing how each candidate has responded to real life situations rather than asking what a candidate might do in a given situation. The agency added stage specific interview questions in hopes of identifying a potential employee's match for a specific type of CPS worker position.

#### **Targeted Degrees**

Section 40.0326 of the Texas Human Resources Code requires DFPS target recruitment efforts to individuals who hold a bachelor's degree or advanced degree in at least one of the following academic areas: Social work, Counseling, Early Childhood Education, Psychology, Criminal Justice, Elementary or Secondary Education, Sociology or Human

Services. The General Appropriation Act allows the agency to pay an additional 3.4 percent to 6.8 percent above the base pay to new hires holding a targeted degree. Hiring specialists and agency regional staff attend university career fairs and present to departments or classes to recruit students with the applicable majors.

### **Pay Increases for CPS field staff**

The Texas legislature awarded additional funding in fiscal year 2017 to give caseworkers and other regional direct delivery staff pay raises to make their salaries more competitive with the general workforce. The intent and general result was a decrease in turnover and improved retention.

### **Investigative pay for CPS Investigators and Investigative Supervisors**

DFPS provides a \$5,000 annual emolument to investigation caseworkers and investigation supervisors as authorized by the General Appropriations Act.

### **Bilingual Recruitment**

DFPS recruits bilingual workers by using consistent testing for bilingual skills and implementing a consistent policy for bilingual pay. New hires to an area that pays bilingual pay receive an additional 6.8 percent to their base salary.

### **Extra Pay for Social Work Graduates**

DFPS provides a 6.8 percent increase to the starting salary for newly hired CPS employees who have a Master's degree in Social Work.

### **Focused Recruitment Activities**

When certain criteria exists for any single job the agency will take special measures to ensure positions are filled timely and with staff that will stay. Criteria include low applicant pool, low quality applicant pool, or high number of vacancies. If criteria are met, DFPS can use the following solutions:

- Offer locality pay in certain locations;
- Organize hiring fairs to interview a large number of applicants by coordinating with multiple supervisors to interview for their vacancies simultaneously.
- Partner with DFPS Public Information Officers to produce special interest stories.
- Work with partners (SourceMatch, Northgate Arinso, DFPS human resources staff and the DFPS background check unit) to expedite all phases of the hiring process.
- Post jobs on job search Web sites.

### **Degrees and certifications required for child welfare workers and other professionals responsible for the management of cases and child welfare staff:**

Entry-level CPS worker positions require, at a minimum, one of the following; a Bachelor's degree OR an Associate's degree plus two (2) years of relevant work experience OR 60 college credit hours plus two (2) years of relevant work experience OR 90 college credit hours plus one (1) year of relevant work experience. The education must be from an accredited college or university. All majors are accepted, but the academic area listed in the Texas Human Resources Code §40.0326 get priority consideration as explained above.

### **Demographic information on current staff and recent hires:**

CPS Caseworker Turnover, Tenure, and Race		
Overall Turnover Rate		20.2%
Agency Tenure		
Less than One Year		1,183
1-3 Years		2,321
Greater than Three Years		2,955
Entry Salary		\$3,816.65
Average Age		37.0
Race/Ethnicity		
African American		22.8%
Anglo		23.1%
Hispanic		18.8%
Asian		0.6%
Native American		0.4%
CPS Supervisor Turnover, Tenure, and Race		
Overall Turnover Rate		7.10%
Agency Tenure		
Less than One Year		13
1-3 Years		58
Greater than Three Years		851
Entry Salary		\$4,639.15
Average Age		41.8
Race/Ethnicity		
African American		2.8%
Anglo		4.10%
Hispanic		2.40%
Asian		0.10%
Native American		0.10%

\*Data as of August 31, 2018. Data source – DFPS Fiscal Year 2018 Data Book

Entry-level caseworker salary during FY 2018 was \$3,816.65 for new hires and \$2,816.65 if the caseworker is in an area with locality pay. The locality pay of \$1,000 is an emolument added to the base salary. Investigators receive an additional \$5,000 per year. The additional compensation, broken into monthly payments, is added to the investigator's base salary after 120 days of employment in an eligible position. Entry-level supervisor salary during FY 2018 was \$4,639.15. Investigative supervisors receive an additional \$5,000 per year as well. The additional compensation is distributed in monthly payments.

**Information related to tracking staff turnover and vacancy rates:**

DFPS currently tracks staff turnover rates and the reasons for employee turnover, including promotions, retirements, dismissals, voluntary resignations, demotions due to voluntary and involuntary actions, and lateral moves due to voluntary and involuntary actions. The tracking system captures turnover rates by month (annualized), fiscal year, DFPS region and position type. Additional metrics can be evaluated as needed.

**Information on Child Protective Service Workforce**

For personnel responsible for intakes of child abuse and neglect reports in Texas, education, qualifications, and training requirements for Statewide Intake staff includes:

1. **Statewide Intake Specialist I:** Graduation from an accredited four-year college or university OR currently employed as a Statewide Intake Specialist I.
2. **Statewide Intake Specialist II:** Employed as a Statewide Intake Specialist for 9 months AND Statewide Intake Specialist Certification OR currently employed as a Statewide Intake Specialist II OR previous experience as a Statewide Intake Specialist II in Texas Department of Family and Protective Services.
3. **Statewide Intake Specialist III:** Nine months as a Statewide Intake Specialist II AND currently employed as a Statewide Intake Specialist II AND have received Statewide Intake Advanced Specialist Certification OR currently employed as a Statewide Intake Specialist III OR previous experience as a Statewide Intake Specialist III in Texas Department of Family and Protective Services.
4. **Statewide Intake Specialist IV:** Twenty-four months as a Statewide Intake Specialist III AND currently employed as a Statewide Intake Specialist III AND have an active Statewide Intake Advanced Specialist Certification OR currently employed as a Statewide Intake Specialist IV OR previous experience as a Statewide Intake Specialist IV in Texas Department of Family and Protective Services.
5. **Statewide Intake Supervisor I:** Two years of full-time experience in Texas Department of Family and Protective Services in child protective services\*, adult protective services\*\*, or protective services statewide intake.
6. **Statewide Intake Supervisor II:** Two years of full-time experience as a Statewide Intake Supervisor I OR have 2 years supervisor experience in Texas CPS, Child Care Licensing, or Adult Protective Services, with a minimum of 1 year as a Statewide Intake Supervisor I.

\*CPS is professional social work where primary duties are providing social casework services to abused, neglected, or exploited children and their families; or in recruiting, studying, and certifying foster and adoptive homes.

\*\*Adult Protective Services are those provided by the agency or a protective services agency to disabled adults, ages 18 to 64, elderly persons, or persons served at Mental Health Mental Retardation facilities that are in a state of abuse, exploitation, or neglect.

For personnel responsible for screening, assessment and investigation of child abuse and neglect reports in Texas, education, qualifications, and training requirements for staff include:

1. **Child Protective Services Specialist I:** Bachelor's degree OR an Associate's degree plus two (2) years of relevant work experience OR 60 college credit hours plus two (2) years relevant work experience OR 90 college credit hours plus one (1) year of relevant work experience. Relevant experience includes work in a social services related field.
2. **Child Protective Services Specialist II:** Employed as a Child Protective Services Specialist I for 9 months AND have received Child Protective Services Specialist Certification OR currently employed as a Child Protective Services Specialist II in DFPS OR previously employed as a Child Protective Services Specialist II in Texas Department of Family and Protective Services.
3. **Child Protective Services Specialist III:** Employed as a Child Protective Specialist II for 9 months AND have received Child Protective Specialist Advanced Certification OR currently employed as a Child Protective Specialist III in Texas DFPS OR previously employed as a Child Protective Specialist III in Texas DFPS.
4. **Child Protective Services Specialist IV:** Twenty-four months as Child Protective Specialist III AND currently employed as a Child Protective Specialist III AND have received Child Protective Specialist Senior Advanced Specialist Certification OR currently employed as a Child Protective Specialist IV in Texas DFPS OR previously employed as a Child Protective Specialist IV in Texas DFPS.
5. **Child Protective Services Supervisor I:** A bachelor's degree from an accredited college or university, plus eighteen months of full-time experience in Child Protective Services\* or child placement services\*\* in a public social services agency **OR** Currently employed as a Child Protective Services Supervisor I in Family and Protective Services. **OR** previously employed as a Child Protective Services Supervisor I in Family and Protective Services.

**Child Protective Services Supervisor II:** Completion of Phase I Child Protective Services Specialist Certification and completion of the Child Protective Services Supervisor Certification **OR** Currently employed as a Child Protective Services Supervisor II in Family and Protective Services **OR** Currently employed in a Family and Protective Services management position in the Child Protective Services program at a level above Child Protective Services Supervisor **AND** prior experience as Child Protective Services Supervisor in Family and Protective Services **OR** previously employed as a Child Protective Services Supervisor II. \*Child Protective Services is professional social work where primary duties are providing social casework services to abused, neglected, or



exploited children and their families; or in recruiting, studying, and certifying foster and adoptive homes.

\*\*A Child placement service is the Decision Making process around placing and monitoring children in licensed 24-hour childcare facilities and in adoptive placement in compliance with state and federal regulations.

**Demographic information of the child protective service personnel**

**Gender of Intake and Investigation Staff in Federal Fiscal Year 2018**

Stage	Gender	Percent
INTK	Female	76.7%
INTK	Male	23.3%
INV	Female	74.8%
INV	Male	25.2%

**Ethnicity of Intake and Investigation Staff in Federal Fiscal Year 2018**

Stage	Ethnicity	Percent
INTK	African American	33.9%
INTK	Anglo	36.6%
INTK	Asian	0.7%
INTK	Hispanic	28.5%
INTK	Native American	0.4%
INV	African American	34.9%
INV	Anglo	34.8%
INV	Asian	0.7%
INV	Hispanic	29.0%
INV	Native American	0.6%

**Age Group\* of Intake and Investigation Staff in Federal Fiscal Year 2018**

Stage	*Age Group	Percent
INTK	< 25	4.4%
INTK	25 - 29	22.3%
INTK	30 - 39	37.2%
INTK	40 - 49	23.0%
INTK	50+	13.1%
INV	< 25	5.4%
INV	25 - 29	22.2%
INV	30 - 39	36.4%
INV	40 - 49	22.5%
INV	50+	13.5%

\*NOTE: Age is based on the employee's age on the last day of the federal fiscal year (9/30/18) or their age as of their last day with the agency during Federal Fiscal Year 2018.

**Information on caseload or workload requirements for such personnel, including requirements for average number and maximum number of cases per child protective service worker and supervisor (section 106(d)(10) of CAPTA).**

**Caseload information is as follows:**

<b>Stage</b>	<b>Avg Count</b>	<b>Max Count</b>
INTK	1.3	122
INV	11.7	61

NOTE: Because daily caseload is calculated during the state fiscal year, using a weighted factor based on each employee's tenure, neither count above is an accurate reflection of "CPS daily caseload". Rather, these counts represent cases assigned to each employee throughout the federal fiscal year.

**CPS Supervisors and Caseworker Caseload and Demographic Information  
(Federal Fiscal Year 2018)**

<b>Stage</b>	<b>Avg Count</b>	<b>Max Count</b>
CVS	21.3	75
FBSS	10.6	39

NOTE: Because daily caseload is calculated during the state fiscal year, using a weighted factor based on each employee's tenure, neither count above is an accurate reflection of "CPS daily caseload". Rather, these counts represent cases assigned to each employee throughout the federal fiscal year.

<b>Stage</b>	<b>Gender</b>	<b>Percent</b>
CVS	Female	85.9%
CVS	Male	14.1%
FBSS	Female	83.8%
FBSS	Male	16.2%

Stage	Ethnicity	Percent
CVS	African American	33.8%
CVS	Anglo	36.3%
CVS	Asian	0.9%
CVS	Hispanic	28.5%
CVS	Native American	0.5%
FBSS	African American	34.9%
FBSS	Anglo	30.4%
FBSS	Asian	0.9%
FBSS	Hispanic	33.4%
FBSS	Native American	0.4%

Stage	*Age Group	Percent
CVS	< 25	5.7%
CVS	25 - 29	24.9%
CVS	30 - 39	38.7%
CVS	40 - 49	19.5%
CVS	50+	11.2%
FBSS	< 25	4.6%
FBSS	25 - 29	24.7%
FBSS	30 - 39	38.6%
FBSS	40 - 49	21.0%
FBSS	50+	11.2%

\*NOTE: Age is based on the employee's age on the last day of the federal fiscal year (9/30/18) or their age as of their last day with the agency during Federal Fiscal Year 2018.

DFPS is required to use a private vendor for human resource functions. The applicant tracking system does not transfer the degree information from the application to the new employee's personnel record. Additionally, there is no uniform data format required by the application system. Consequently, this information is not available in a useful format.

DFPS recognizes the importance of this information and developed a plan to capture the information by expanding the role of the outside vendor that performs initial applicant screening and has the capacity to capture degree information. Improvements were made to facilitate more reliable collection of applicant data. Matching applicant data to eventual hires still requires manual intervention but the agency has gained greater insight into the types of degrees held by applicants.

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## 7. Statistical and Supporting Information

### ii. Juvenile Justice Transfers

► *Report "the number of children under the care of the State child protection system who are transferred into the custody of the State juvenile justice system." Provide contextual information about the source of this information and how the State defines the reporting population (section 106(d)(14) of CAPTA).*

In Texas, juvenile justice cases are separate and distinct from child protective services cases brought by DFPS. Cases are not automatically transferred when a youth in the custody of DFPS becomes involved with a juvenile justice agency. Although the juvenile court may give responsibility for the child's placement and care to the local/county juvenile probation department, DFPS often retains conservatorship of the child and the two cases proceed separately. If a juvenile is committed to the Texas Juvenile Justice Department because of serious or repeated offenses, the CPS court could dismiss the DFPS case, if DFPS has temporary managing conservatorship of the child. However, the CPS court is prohibited by Texas Family Code §263.501(g) from dismissing DFPS's conservatorship when DFPS has permanent managing conservatorship of the child.

For this purpose of this report, DFPS considers a child transferred to a juvenile justice agency if DFPS's conservatorship was dismissed within 30 days before or after the child was adjudicated. Using this method, DFPS concluded there were 2 children in DFPS conservatorship in state fiscal year 2018 whose custody was later transferred to a juvenile justice agency (for these 2 it was TJJD).

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

7. Statistical and Supporting Information  
iii. Education and Training Voucher (Attachment E)

**Education and Training Vouchers Texas:**

<b>Time Period</b>	<b>Number of Education and Training Vouchers Awarded</b>	<b>Number of New Education and Training Vouchers Awarded</b>
2018-2019 (July 2, 2018- June 30, 2019)	542	229
<b>Time Period</b>	<b>Number of Education and Training Vouchers Awarded</b>	<b>Number of New Education and Training Vouchers Awarded</b>
2017-2018 (July 1, 2017- June 30, 2018)	581	284

The delivery of the Chafee Preparation for Adult Living and Education and Training Voucher services helped DFPS to achieve the strategies and objectives outlined in Sections 2.4 e, 2.4 f and 2.4 g.

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## 7. Statistical and Supporting Information

### iv. Inter-Country Adoptions

In this final summary DFPS reports the number of children who were adopted from other countries and who entered into state custody in FY 2018 as a result of the disruption of a placement for adoption or the dissolution of an adoption, the agencies who handled the placement or the adoption, the plans for the child, and the reasons for the disruption or dissolution.

#### **Inter-Country Adoptions**

Children adopted from other countries who are reported to be abused and/or neglected are entitled to child abuse/neglect intake and investigation services. Private child-placing agencies provide adoption and post adoption services to families adopting children from other countries. Services that specifically target children adopted abroad are not being developed by DFPS.

The DFPS reporting system enables DFPS to identify the number of children removed from their families that were previously adopted internationally. DFPS obtains social histories when children come into foster care and also documents information related to the agencies that handled the placement or adoption, the plans for the child, and, if the child was removed due to abuse and neglect, the reasons for that removal. This enables staff to report information on inter-country adoptions that disrupt or ended in dissolution, resulting in DFPS being named the child's managing conservator.

In FY 2018, there were twenty-two children who came into DFPS foster care who were previously adopted internationally. DFPS only tracks if a public or private entity completed the child's most recent adoption. Based on the most recent adoptions of these twenty-two children, five of the children's adoptions were by a private agency. Fifteen children, while having an inter-country adoption in their history, came into DFPS conservatorship as a result of a failed domestic adoption. Two were designated as unknown because no information on the agency was provided by the adoptive parents during the child's investigation or the information was unknown.

Due to IMPACT constraints, more specific information as to who handled the placement or adoption has historically not been available. These IMPACT constraints were resolved as part of Phase II IMPACT Modernization, which went into effect in April 2019. DFPS maintained a method to ensure details regarding the entity that placed the child for adoption were captured during the investigation prior to IMPACT Modernization changes. The removal reasons for the twenty-two children were as follows:

- Twelve children were removed due to refusal to accept parental responsibility;

- Two children were removed due to refusal to accept parental responsibility and abandonment;
- Three children were removed due to physical abuse/risk;
- One child was removed due to refusal to accept parental responsibility and other CVS;
- One child was removed due to neglectful supervision/risk, physical neglect/risk;
- Three children were removed due to unknown reasons.

The plans for the twenty-two children included the following:

- Family reunification;
- Independent living;
- Unrelated adoption;
- Relative or fictive kin adoption;
- Unrelated conservatorship;
- Relative or fictive kin conservatorship.

# 2015 – 2019 Child and Family Services Plan (CFSP) Final Report & 2020 - 2024 CFSP Requirements

## 7. Statistical and Supporting Information v. Monthly Caseworker Visits

► *Description of the state's standards for the content and frequency of caseworker visits for children who are in foster care under the responsibility of the state.*

### **Monthly Casework Visit Formula Grants and Standards for Caseworker Visits**

The federal statute required States to collect and report the following data on caseworker visits:

- The percentage of children in foster care under the responsibility of the State who were visited monthly by the caseworker handling the case of the child or by the DFPS contractor that provides out-of-state visitation responsibility (supervision); and
- The percentage of the visits that occurred in the residence of the child.

### **Monthly Caseworker Visit Formula Grants**

**Child and Family Services Improvement and Innovation Act, P.L. 112-34** revised the purpose for the use of Title IV-B, Subpart 2 formula grants provided to State agencies for monthly caseworker visits. Federal law now specifies that State agencies must use monthly caseworker visit funding to improve the quality of caseworker visits with an emphasis on improving caseworker decision-making on the safety, permanency, and well-being of foster children and caseworker recruitment, retention, and training (section 436(b)(4)(B)(i) of the Act). States must indicate any changes planned for the use of monthly caseworker visits funds to comply with new requirements.

**Per ACYF-CB-PI 12-01**, States are to use the following formula to calculate compliance: *For FFY 2015 and each FFY thereafter*. The total number of visits made by caseworkers on a monthly basis to children in foster care during a fiscal year must not be less than 95 percent of the total number of such visits that would occur if each child were visited once every month while in care.

The following methods and resources are being used to continue to achieve the monthly caseworker visit target:

- **Local Permanency Specialists.** These staff are local conservatorship caseworkers permanently assigned to children in DFPS conservatorship when the child is placed outside of their home region. Assignment of a Local Permanency Specialist increases the ability to have frequent contact with children who are placed out of their home region. Portions of these positions are paid for by the Monthly Caseworker Visit Grant.
- **Interstate Compact for Placement of Children.** CPS policy requires that children placed out of state are visited once a month. Interstate Compact for Placement of Children supervision reports are sent to DFPS on a quarterly basis.



- **Mobile Technology.** The use of tablet personal computers enables caseworkers to document their visits with children in a timely manner.
- **Accountability Tools.** Data Warehouse reports (weekly and monthly) allow supervisors to monitor caseworker progress in completing required monthly visits. The Performance Management Initiative establishes individual and program accountability by identifying key measures of performance and establishing benchmarks for each measure. It also ensures accountability, oversight from management and good casework. Employee and program performance are tied to corrective action.
- **Leadership Development.** This is an investment in staff development and retention, and ensures that CPS has the workforce it needs to serve children and families. Components of this effort focus on outcomes and using data to achieve these outcomes.
- **Statewide Master Conservatorship Caseworker positions.** These positions were created to deploy to areas with high caseloads, typically due to high worker turnover, to ensure casework services continue to those children in care.

### **Documentation of Monthly Visits**

DFPS employs the IMPACT Web-based system as the Statewide Automated Child Welfare Information System. DFPS caseworkers utilize IMPACT to document their casework decisions and actions at all stages of the case including intake, investigation, risk assessment, case management, eligibility and resource management. The IMPACT system allows caseworkers to choose from a menu of twelve different locations for the contact including residence, foster home, hospital and facility. Data from the IMPACT system is reported to the United States Department of Health and Human Services twice yearly for federal Adoption and Foster Care Analysis and Reporting System (AFCARS) compliance.

DFPS currently produces weekly and monthly reports that detail the number and percentage of face-to-face contacts for children in conservatorship in open substitute care stages in accordance with ACYF-CB-PI-12-01: Data requirements for States related to reporting monthly caseworker visits under Title IV-B. The reports are utilized by caseworkers and managers to assess progress in meeting the monthly visitation and timely documentation goals. CPS, in conjunction with its Management Reporting Services division, has developed the tracking and reporting system for sharing results with Health and Human Services.

### **State Standards for the Content and Frequency of Caseworker Visits**

DFPS currently has requirements for monthly face to face visits in the CPS Handbook. The current policies are summarized below:

The worker or the DFPS contractor that provides visitation responsibility (supervision) must see the child in person at least once a month. The worker or the DFPS contractor that provides visitation responsibility (supervision) must visit the child in person at the caregiver's residence or facility on a majority of the visits. The visits must be well planned

and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the child.

To prepare for a monthly visit with a child the worker must:

- Review the current version of the child's service plan to see what services should be in place for the child;
- Review the case record to see if any outstanding medical or dental exams, psychological reports, report cards, or other critical documents have been received;
- Contact service providers to discuss progress in the case, if appropriate;
- Review any other notes or materials necessary to be familiar with the child's current needs and situation; and
- Review any information that the worker may need to provide to the caregiver or request from the caregiver.

The visit must include quality time with the child separate from the caregiver, if the child is verbal. If the child is nonverbal, the caseworker interacts with the child and observes the caregiver's interaction with the child.

If the worker is visiting with a sibling group that is placed together, the worker must spend time with each child, individually and alone (separate from the child's siblings) and spend time when the child and his or her siblings are together.

During the visit with the child, the child's worker must ask about and discuss with the child:

- What has happened since the last visit;
- Contacts held with parents, siblings, and others, if contact is approved in the case plan;
- Child's thoughts and feelings about living with the caregiver and being away from home;
- Child's understanding of why he or she is in care and remains in care;
- Child's interactions with other children in the home;
- Child's progress in school;
- Child's health, growth, and development;
- Child's racial and ethnic identity development;
- Services that have been provided;
- Status of the case;
- Child's opinion of his or her service plan; and
- Youth's opinion of his or her transition plan, if the youth is 14 years of age or older.

The caseworker must keep the child informed about the child's overall progress in substitute care and allow the child to express how he or she feels about the situation and what needs the child may have. The worker also must help the child prepare for being reunited with his or her family or being moved to another permanent living situation, if family reunification has been ruled out.

The worker must also do a physical walk-through of the child's foster or kinship home and backyard when doing the monthly visit at the residence to observe the environment in which the child is living.

Conservatorship caseworkers have tablet computers and technology that allows them to enter contacts into IMPACT system while mobile. The worker documents contacts made during the monthly visit in the IMPACT system within 24 hours of any visit with a child.

### **Out-of-State Placements**

Sections 6418 of the CPS Handbook contain the policy for supervision of Texas children in DFPS conservatorship in substitute care placed in other states under the Interstate Compact on the Placement of Children. The policy states documentation requirements, supervision services expected from other states, and steps to request placement in a residential treatment center outside of Texas.

### **Progress to Date**

DFPS has taken a series of steps to increase the number of caseworker face-to-face contacts with children in substitute care. All conservatorship workers have tablet computers, further assisting their ability to efficiently manage time needed for documentation and increase face-to-face time with the children on their caseload. The tablet computers allow staff to directly enter their face-to-face contacts into the IMPACT. DFPS continues monitoring performance through weekly and monthly face-to-face contact reports. DFPS promotes the importance of caseworkers visiting children on their caseloads at a minimum of once per month, with the majority of the visits occurring in the child's home, at every statewide leadership meeting, through monthly statewide scan calls with state and regional leadership and through sending individualized regional data warehouse reports to regional leadership via e-mail from the Federal and Program Improvement Review Division. This continues to have positive results.

In FY 2018, caseworker face-to-face contact with children was 98.5% with 89% of the visits occurring in the child's residence.

### **Include updates on staff development plans paid for by the caseworker visit funding (section 436(b)(4) of the Act), which may include activities designed to improve caseworker retention, recruitment, training and access to technology.**

In FY 2015, DFPS provided one of these trainings entitled "Visitation Matters" to all Conservatorship staff. DFPS continues to utilize supervision and input from the conservatorship leadership to determine what tools and assistance caseworkers need to ensure timely face to face contacts. There are plans to roll out a second training called "Permanency Conversations" that focuses on how to hold age and developmentally appropriate permanency conversations in FY2020. DFPS will continue to use the Monthly Caseworker Visits Grant to develop trainings and supports to improve face-to-face visits, delivered to staff as needed and based upon the needs identified within the year.