



**TEXAS**

**Department of Family  
and Protective Services**

**The State of Texas**

**2023 Annual Progress & Services Report**

**Section I. General Information**

- A. State Agency Administering the Plan**
- B. Vision Statement**
- C. Organizational Charts**

# **I. 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 a new agency, the Texas Department of Protective and Regulatory Services. Child Protective Services (CPS), along with Adult Protective Services (APS) and Child Care Licensing (CCL), became major programs within this new agency. Texas Department of Protective and Regulatory Services was later renamed the Department of Family and Protective Services (DFPS).

Effective in September 2017, the Texas Legislature transformed DFPS into an independent state agency and DFPS reports directly to the Governor. Simultaneously, the agency immediately reorganized one of its core functions by moving all investigative functions from the CPS program into the new Child Protective Investigations (CPI) program. The CPI program includes former CPS investigators and special investigators, as well as investigators from the CCL program who investigate allegations of abuse and neglect in day care and foster care. The regulatory functions of the CCL program as well as the APS Provider Investigations program were transferred from DFPS to the Health and Human Services Commission (HHSC). The CPI program at DFPS and the Licensing and Regulatory Division at HHSC continue to work together closely to protect the children they jointly serve.

While CPI continues to work closely with both CPS and CCL, the 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.

DFPS works with communities to promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation. This is done 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, Section [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 2023 APSR. Phone Number: (512) 568-4811  
Email: [Max.Villarreal@dfps.texas.gov](mailto:Max.Villarreal@dfps.texas.gov)

## B. Mission, Vision and Values Statement

- *Description of how the state has engaged and will continue to engage in substantial, ongoing, and meaningful collaboration with stakeholders, tribes, and courts in the development and implementation of the 2020-2024 CFSP.*

The Department of Family and Protective Services developed the following DFPS Mission, Vision, and Values to guide the Texas child welfare system:

### DFPS Mission

*We promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation.*

### DFPS Vision

*Improving the lives of those we serve.*

### DFPS Values

- **Accountable:** We act with a sense of urgency to deliver results in an accountable, ethical, and transparent manner.
- **Respectful:** We recognize the value of each person and act timely, value privacy, and treat all with respect.
- **Diverse:** We promote diversity, inclusion, and equality by honoring individual differences.
- **Collaborative:** Whether through our staff or contractors, we work in partnership with clients, families, and communities to ensure our mutual success.
- **Professional:** We value our staff and strive for excellence while being professional, passionate, and innovative.

### Guiding Principles

- We are accountable to the children, youth, families, and communities we serve.
- We believe the voices of children, youth, and families are integral to informing and transforming the system.
- We believe all children, youth, and families should be treated with dignity and respect.
- We believe children, youth, and families deserve to be mentally, emotionally, and physically safe as well as cared for in settings that permit them to develop, thrive, and heal.
- We believe the inherent value of children, youth, and families' connections to family should be respected, and children should ideally be cared for by family.

- We believe in equitable treatment for children, youth, and families.
- We believe we must understand how our work impacts children, youth, and families to identify the existing opportunities, barriers, and challenges.
- We believe in using data and other evidence to inform our decisions and adjust for continued quality improvement.

A number of the divisions within the agency have developed divisional mission, vision, and value statements which are tailored to the division's area of responsibility but maintain consistency with the agency's overarching direction.

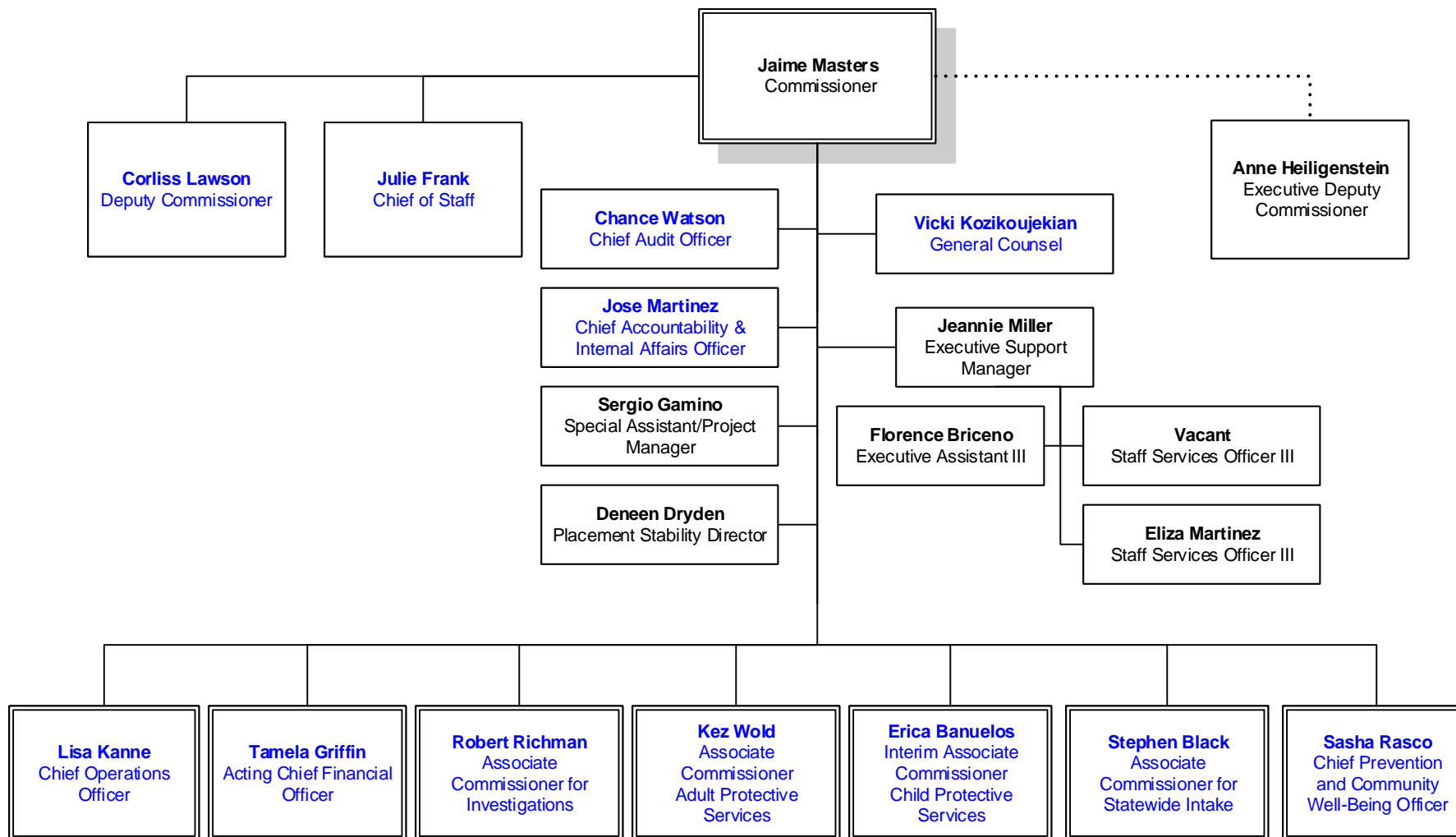
Consistent with the above Mission, Vision, Values and Guiding Principles, DFPS engages in substantial, ongoing, and meaningful collaboration with stakeholders, tribes, and courts in the development and implementation of the 2020-2024 CFSP in a variety of ways. As Texas is a large and diverse state, the agency makes every effort to use available tools for communicating with stakeholders about the delivery of services, outcomes, and opportunities to improve the Texas child welfare system. Although not limited to the list below, the following are examples of mechanisms used to engage internal or external stakeholders, tribes, and courts:

- **Social Media:** DFPS uses Facebook, Twitter, and email to update stakeholders and solicit input regarding new programs or changes. DFPS encourages subscription to email notifications for ongoing input, providing the opportunity to subscribe whenever an individual opens the agency web page. For example, as DFPS discusses the impact of the federal Family First Act, an email subscriber list shares information regularly. Dedicated email accounts are used to get input, provide an opportunity for questions, and share a chance to give individualized input.
- **Agency Website:** The agency has a significant, well-maintained agency website that shares detailed information about DFPS programs and services. The Office of Data and Systems Improvement (ODSI) has done several advancements to make the information that DFPS collects and generates easy to access and provides greater insights regarding all programs. The DOSI division has developed a Child Protective Services (CPS) dashboard that provides real time analytics year over year on various indicators and metrics, additionally most of the data is visualized via Tableau, and the division develops an interactive data book that goes in depth on a various metrics and key performance indicators (KPIs). Additionally, the division posts online in the Data and Metrics public website, Child and Family Service Plans, as well as Annual Progress and Services Reports, including other detailed published reports, and presentations. The agency also provides public notification and solicits input regarding programs, policy, and protocol on the website, and provides most of the agency data for analysis via Texas Open Data Portal.
- **Webinars and Public Hearings:** On a regular basis, topical webinars (with opportunity for live questions and commentary) are presented. Public forums provide an opportunity for questions and comments to be directly provided. Webinars and Public Hearings are recorded and posted.
- **Advisory Groups:** These groups provide an opportunity for public comment. Meetings, such as the DFPS Council Meetings, are livestreamed.
- **Legislative Hearings, Reports, and Meetings:** DFPS staff provide information to elected officials in a variety of venues. These settings often involve stakeholders who provide input and recommendations, express concerns, or share experiences on services provided by the Texas child welfare system.
- **Workgroups, Committees, Commissions, and other Stakeholder Group Settings:** DFPS leadership at a statewide level, as well as regional and county levels, participate in a variety of workgroups that are focused on improving the child welfare system. The entities can include:
  - Large, system-wide groups such as the Children's Commission (with the Court Improvement Project, Office of Court Administration, and

- courts involved) or Statewide Behavioral Health Advisory Committee (with behavioral health stakeholders involved);
  - Groups focused on specific topical areas, such as the STAR Health Joint Team Meeting or the Committee on Advancing Residential Practices; or
  - Groups focused on needs of a specific population, such as the DFPS/Tribal meetings.
- Groups involving Children, Youth, or Families: Groups that emphasize individuals with lived experiences and who have received services provide an opportunity for input and recommendations. Examples include the Statewide Youth Leadership Council (that has a “Fish Bowl” exercise, in which youth representing all regions provide direct input to the Texas child welfare director), Kinship Caregiver groups, Parent Collaboration Groups, Foster Parent Associations, and Fatherhood groups.
- Formal Advisory Committees: Particularly during implementation of new programs, Statewide or Regional Advisory Committees are utilized to guide the process by, monitoring roll outs, soliciting input on the process, assessing the program, and making recommendations for nextsteps.
- Formal solicitation of input through posting of Requests for Information when soliciting a major procurement, such as during the Community-Based Care implementation process or prior to presenting a new Request for Proposal when it is a new or significantly altered solicitation.



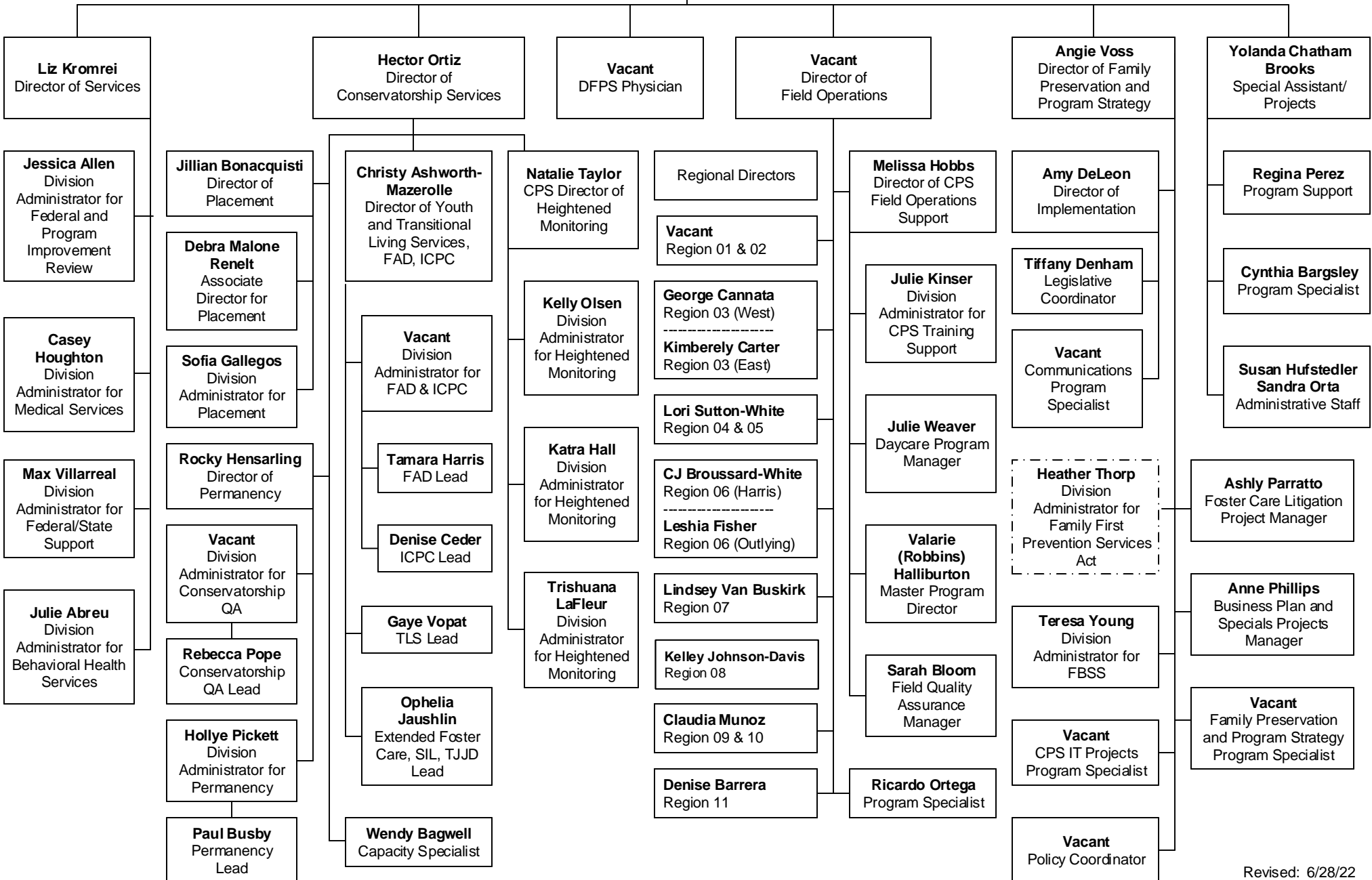
# Department of Family and Protective Services





**Brock Boudreau**  
Deputy Associate  
Commissioner

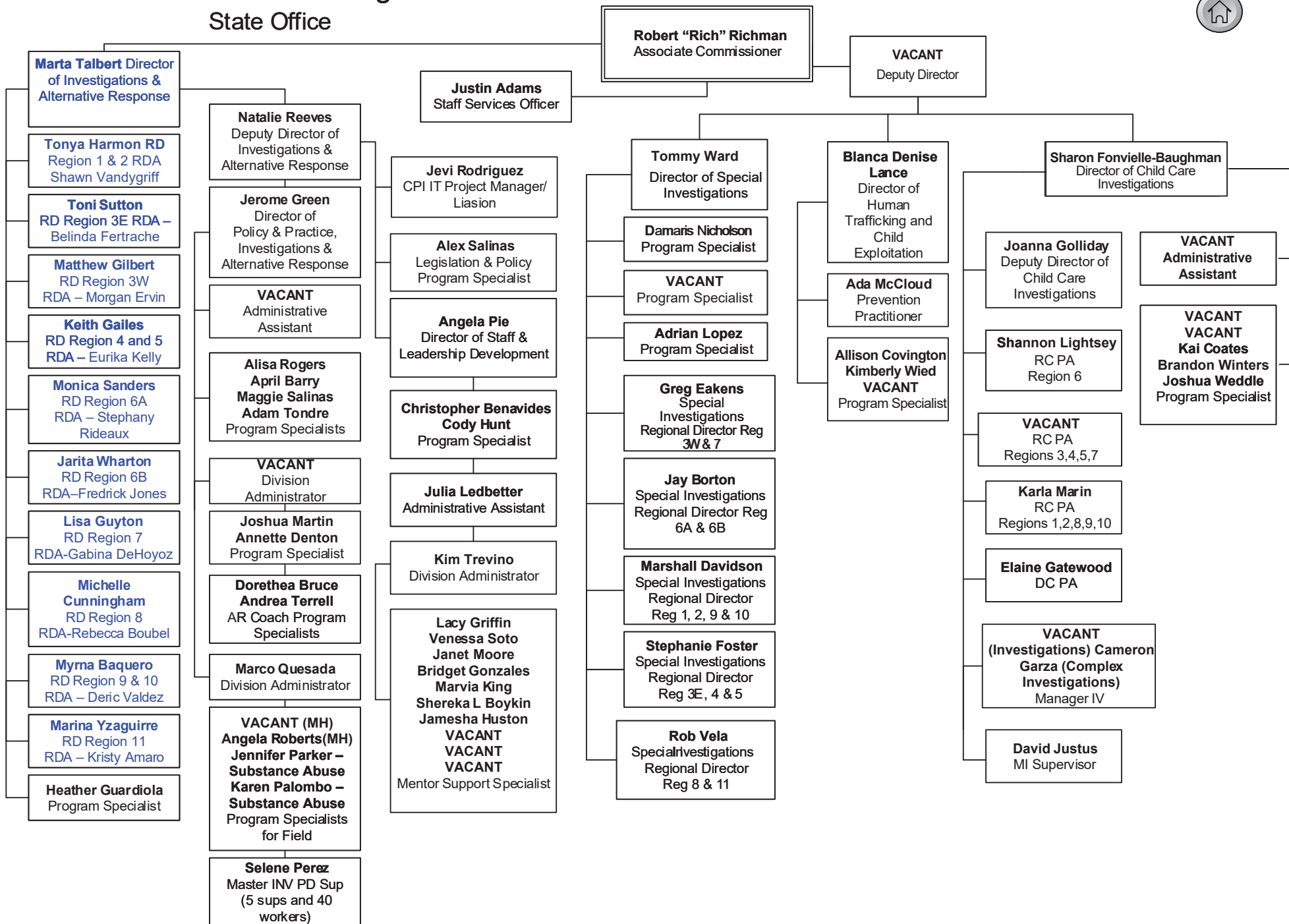
**Erica Bañuelos**  
Interim  
Associate Commissioner



# Child Protective Investigations



## State Office





**TEXAS**  
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and Protective Services

## **The State of Texas**

### **2023 Annual Progress & Services Report**

#### **Section II. Collaboration**

**Texas Department of Family and Protective Services**  
**ACYF-CB-PI-22-01**

## II. Collaboration

- *Provide an update on how the state agency has engaged in substantial, ongoing and meaningful consultation and collaboration with families, children, youth, tribes, and other partners in the implementation of the 2020-2024 CFSP and subsequent APSR.*
- *Provide an update on how the state agency has demonstrated substantial, meaningful and ongoing collaboration with state courts and members of the legal and judicial communities, including the CIP, in the development and implementation of the CFSP/APSR and, if applicable, any active state CFSR PIP or title IV-E PIP and subsequent APSR's*

### Collaboration

Building community relationships and partnerships is an integral part of DFPS work and is critical to providing clients with needed support. DFPS continues to utilize all available community support to provide for the safety, well-being, and permanency of Texas children and to help ensure the successful implementation of the goals, objectives and strategies listed in the 2020-2024 Child and Family Services Plan (CFSP). The 2020-2024 CFSP lists specific strategies that will be employed to actively seek collaboration and support for the successful implementation of the CFSP within the 2020-2024 timeframe. The agency's ongoing efforts to work toward implementing and completing the 2020-2024 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.

### Collaboration with Community Resources

Child Protective Services (CPS) has worked diligently to build and strengthen alliances and networks at the local level. The office of Faith-Based and Community Engagement (FBCE) partners with foundations, faith-based partners, advocates and volunteers to improve service delivery for children, families and adults. FBCE employs regional staff to develop localized community engagement strategic plans to ensure execution of agency and program strategies that best meet the needs of the children and families served.

CPS continues to build sustainable community partnerships by using the following strategies:

- Entering into agreements, to the extent possible and feasible, for the establishment of joint offices or workplaces with local officials and organizations, including:
  - Children's Advocacy Centers
  - Law enforcement officials
  - Prosecutors

- Health care providers
- Domestic violence shelters
- Employing specialized staff, to the extent that funds are appropriated for that purpose, to serve as:
  - Local Community Initiative specialists in each region who focus on building community alliances and networks
  - Education Specialists
  - Disability Specialists
  - Nurse Consultants and Well Being Specialists
  - Substance Use Specialists
- Strengthening the Memorandum of Understanding and contracting development procedures to ensure that both financial and non-financial agreements with community entities have the required elements to ensure:
  - Accountability;
  - Continuity of operations when board members and operational staff and volunteers change over time;
  - Flexibility in order to accommodate policy and funding changes; and
  - Regular review to ensure that the elements of the Memorandum of Understanding or contract are current and achievable
- Improving communication with stakeholders by:
  - Proactively releasing information on the agency's public website
  - Regularly visiting with stakeholder groups
  - Developing public education campaigns
  - Improving responsiveness to inquiries
  - Providing many ways for stakeholders to influence rulemaking and policy, including:
    - Participation in workgroups and stakeholder forums
    - Joining regional advisory groups
    - Submitting public comments via the Texas Register

DFPS uses different mechanisms to communicate about the delivery of services, outcomes, and opportunities to improve the Texas child welfare system. The following are examples, though there are others, of mechanisms that are and will continue to be regularly used to engage internal or external stakeholders, tribes, and courts:

- Social Media
- Agency Website
- Webinars and Public Hearings
- Advisory Groups
- Legislative Hearings, Reports, and Meetings
- Workgroups, Committees, Commissions, and other Stakeholder Group Settings:
  - Large, system-wide groups
  - Groups focused on specific topical areas
  - Groups focused on needs of a specific population or geographic area
- Groups involving Children, Youth, or Families

- Formal Committees
- Formal solicitation of input

## **State Interagency Team (DFPS/HHSC)**

The Texas Health and Human Services Commission (HHSC) and the Texas Department of Family and Protective Services (DFPS) jointly presented a Behavioral Health Plan as part of the Agencies' continuing commitment to working together and improving the health, safety and well-being of children in the Texas foster care system.

HHSC and DFPS issued joint guiding principles on February 25, 2022, to express the agencies' shared values and principles to eliminate the problem of children in DFPS conservatorship who lack a safe, appropriate placement. Specifically, the guiding principles are intended to guide the work of the DFPS-HHSC State Interagency Team. The guiding principles were developed collaboratively through facilitated discussion with leaders from both agencies. In addition, the guiding principles were issued, and the Interagency Team was created in accordance with the expert panel recommendations dated January 10, 2022. This Behavioral Health Plan was developed with these guiding principles in mind.

## **Guiding Principles**

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- We believe the inherent value of children, youth, and families' connections to family should be respected, and children should ideally be cared for by family.
- We believe in equitable treatment for children, youth, and families.
- We believe we must understand how our work impacts children, youth, and families to identify the existing opportunities, barriers, and challenges.
- We believe in using data and other evidence to inform our decisions and adjust for continued quality improvement.

On February 25, 2022, DFPS and HHSC held its first State Interagency Team (Interagency team) meeting. The Interagency team members were selected by their respective agency commissioners and are senior leaders within their organizations and experts in their fields. The team is led by a single, high-level DFPS lead position to provide

leadership and strategic coordination and is accountable for the mitigation and prevention of children being placed in DFPS without placement status. HHSC's members include representation from all areas of the agency that intersect with the children in DFPS conservatorship lacking placement issue, including Medicaid/CHIP, Behavioral Health Services, and Child Care Regulation. DFPS's membership represents executives who can make timely decisions and who have relationships with community partners that enable prompt placement of children in DFPS conservatorship. As such, they are equipped with the knowledge and authority to act quickly. The Interagency team will meet regularly to collaborate on known and emerging priorities.

Also included on the Interagency Team are newly created Clinical Coordinator and Community Liaison positions. These positions are meant to help focus efforts related to children without placement, bridge the interagency gap in coordination and collaboration at the regional level and serve as the DFPS point of contact on the HHSC Community Resource Coordination Groups

## **Supreme Court of Texas 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 strengthen the judicial handling of child welfare cases systemically through improvements in technology, attorney and judicial training, and court improvement 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 administers the federal Court Improvement Program for Texas. The 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, and tribal and mental health representatives. There are four standing committees: Systems Improvement, Legal Practice and Policy, Data and Training, there are also ad hoc committees that focus on discreet issues such as supporting youth who are involved in both the juvenile justice and child welfare systems.

The Children's Commission seeks information about systemic challenges and strengths and links to the larger stakeholder community through the approximately 40-member Collaborative Council, whose members include young adults formerly in foster care, foster families, attorneys, Court Appointed Special Advocates, and parent advocates. Representatives from the juvenile justice, mental health, and education systems 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 Rob Hoffman, a district judge of Mason County and Senior Jurist in Residence for the Children's Commission assists with judicial leadership initiatives, attorney and judicial training, legislative and policy matters, and Jurist in Residence letters. Judge Piper McCraw, district judge of Collin County also advises the Children's Commission as Jurist in Residence. The Children's Commission's inclusive, collaborative structure and broad, high level membership generates, energizes, and enhances visibility of the state's court improvement efforts and helps facilitate collaboration among high level child welfare 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. 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 Title 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 as well as round table discussions. Both the Children's Commission and DFPS participate on bi-weekly collaborative stakeholder calls and work multiple levels of the child welfare system across many regions of the state. The collaboration is dynamic and adjusted as necessary. DFPS and the Children's Commission continuously collaborate on key topics related to safety, permanency, and well-being.

## **Court Improvement Program (CIP)**

The Supreme Court of Texas Children's Commission is funded by and administers the Court Improvement Program grant. 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 are described below:

- Active Children's Commission membership includes the DFPS Associate Commissioners for CPS and PEI, several staff on the Commission's Collaborative Council, and at least one 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 issues related to foster care and education for children and youth experiencing foster care.
- DFPS, the Children's Commission, and a variety of stakeholders have sustained 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 Trauma 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, including executive staff of CPS, Office of Court Administration, Court Appointed Special Advocates, and many other stakeholders.
- DFPS and the Children's Commission review policies and procedures, share data and case analysis information, and explore opportunities to sponsor joint training activities and projects at Children's Commission meetings.
- The Children's Commission's Executive Director has served and will continue to serve on the Texas Child and Family Services Review 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.
- The Children's Commission recently created a grant funded data analyst position in partnership with the Office of Court Administration and DFPS. The analyst uses publicly available DFPS and court data to strengthen the court's continuous quality improvement process in CPS cases.
- The Children's Commission partners with DFPS on priority issues every year, typically organized around roundtable meetings. These discussions include experts from around Texas with a focus on identifying barriers and solutions to complex problems.
- At each annual conference for child welfare judges hosted by the Children's Commission and the Texas Center for the Judiciary, DFPS presents information on the high-level trends in data across Texas. Regional directors then facilitate small group meetings with additional data to inform judges of local trends in need of attention. DFPS staff often participate in conference sessions on topics of interest or impacting the judiciary.
- The Children's Commission continues to provide funding for annual DFPS attorney training as well as scholarships to various CPS related trainings. The Children's Commission and DFPS also collaborate on Trial Skills Training which occurs each year.
- The Children's Commission also maintains relationships with the three federally recognized tribes and seeks to include the tribes in projects, meetings, and decisions that have statewide import.

## Texas Faith-Based Model

The Texas Faith-Based and Community Engagement Division engages faith-based, community partners and individuals to assist vulnerable children, adults, and families. The Faith-Based and Community Engagement Division includes these five overarching objectives:

- Foster Key Partnerships
- Promote Community Awareness
- Strengthen Volunteer and Intern Engagement
- Effectively Manage Resources
- Develop and Maintain the Faith-Based and Community Engagement Workforce

The Faith-Based and Community Engagement Division works collaboratively with all DFPS divisions to maximize the resources and leverage valuable relationships available to the state to best meet the needs of Texans who are most at risk of abuse and neglect. Some of the current partnerships we have in place are:

- Court Appointed Special Advocates (CASA) – DFPS collaborates with community partners to explore ways to engage the faith community and recruit more CASA volunteers.
- DFPS partners with Care Portal, a web-based tool that allows DFPS staff to connect with faith communities to clearly identify and meet the needs of children and families. For more information please visit: <https://www.careportal.org/>
- DFPS utilizes a volunteer platform to encourage all their faith-based community partners to participate in activities around child welfare. For more information please visit: <https://dfps.vomo.org/org/texas-department-of-family-and-protective-ser>
- DFPS continues to work collaboratively with The Office of the Texas Governor on faith-based strategies to address child sex trafficking in Texas, which includes inviting all faith communities to join in a day of prayer. For more information visit: <https://gov.texas.gov/organization/cjd/cstt-grace>

## Community Based Care

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 Single Source Continuum Contracts. In 2017, DFPS was directed by the Texas Legislature to purchase case management and services to children in DFPS Conservatorship, their families and relative / kinship placements from Single Source Continuum Contractors ('SSCCs'). This new model is known as Community-Based Care. In 2021, SB 1896 created the Office of Community-Based Care Transition (OCBCT). This office is an independent office administratively attached to DFPS. The Statewide Director is appointed by and reports to the Governor.

Stakeholder involvement is paramount to the development and success of this 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.

DFPS and OCBCT developed a State Community-Based Care Communications Plan. The State Community-Based Care Communications Plan outlines the critical communication tasks related to announcing a new Community-Based Care site and guides full engagement of internal and external stakeholders during the transition and implementation of each stage of Community-Based Care in each catchment (designated service) area. The plan includes state level communication activities and provides guidelines and expectations for locally developed Communications Plans.

DFPS and OCBCT maintain a public webpage to serve as a general communication venue for project updates and notices, posting of the formal Community-Based Care implementation plan and other legislatively required progress reports, and content of interest to DFPS staff and stakeholders impacted by Community-Based Care. The webpage includes implementation status updates for each Community-Based Care area and posting of Frequently Asked Questions 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 area with time for questions and discussions
- Facilitated meetings between CPS staff and Single Source Continuum Contract representatives in the catchment area
- SSCC/DFPS/OCBT (jointly facilitated) meetings with Courts, Court Appointed Special Advocates, Child Welfare Boards, and other key stakeholders in the catchment area
- General Community-Based Care presentations at child welfare related statewide conferences
- Trainings and general cross-divisional presentations for DFPS staff to ensure an understanding of the Community-Based Care model and status of implementation
- Communication with legislative stakeholders regarding Community-Based Care

Throughout the project, DFPS and now the OCBCT have solicited public comment through formally posted Requests for Information to inform the model, procurement, and implementation of Community-Based Care. DFPS released the most recent Request for Information in June 2019 to solicit public comment on the current Community-Based Care catchment boundaries. Responses came from a wide range of child welfare stakeholders, including judges, providers, Court Appointed Special Advocates, community organizations/collaboratives, and a trade association. DFPS and OCBT used this RFI and more recent input gained from the Texas Alliance Conference in 2021 and other meetings with stakeholders (after review by our attorney staff) to announce catchment area names,

new RFAs, and other CBC changes. DFPS is using the input received to plan for changes to catchment area boundaries and announcement of successive catchment areas for implementation. Additional public comments will continue to be solicited going forward.

## **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, as well as, community, and external stakeholders;
- Analyzing and sharing data related to outcomes at key decision-making points, 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 statewide. Some regions have convened a Community Advisory Committee of people from the local area, including parents and youth alumni. There are currently four active committees throughout the state as well as numerous partnerships between DFPS, external stakeholders, and the community. The work of these committees and partnerships is crucial in improving the Texas child welfare system, strengthening its services, and eliminating disproportionality and disparities.

## **Parent Collaboration Group**

The statewide Parent Collaboration Group is an advisory committee to DFPS. The purpose of the Parent Collaboration Group is to provide a forum for parents who have been involved with the child welfare system, or “lived experiences”, to discuss their experiences and make recommendations to the agency for improvement. 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 policies and the evaluation of service delivery strategies.

Each region has at least two parent representatives (referred to as Parent Liaisons) and a CPS representative in the Parent Collaboration Group. There are currently Parent Liaisons in Regions 02, 04, and 08 with plans to fill the vacancies in other regions to strengthen the parent voice and increasing parent participation in regional Parent Support Groups. The CPS Parent Program Specialist serves as a liaison to the 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.

Statewide Parent Collaboration Group activities for FY 2022 include, but not limited to, the following:

- Parent representative served on the Children’s Commission
- Served on the Parent Resource Workgroup with the Children’s Commission
- Parent Liaison served on the Thriving Families; Safer Children led by Casey Family Program
- Parent Liaison served on the Grand Voices led by Generations United and Casey Family Programs
- Parent Liaisons participate in the Birth Parent National Network monthly meeting
- Prevention and Early Intervention hosted a Harvard Kennedy School Government Performance team who led a Parent Focus Group meeting that focused on the barrier’s parents faced in accessing services during their FBSS case
- Participated in the Health and Human Services Community Survey (*November 2021*)
- Provided staff training for Arrow Child and Family Ministries on Birth and Foster Parent Partnership (*November 2021*)
- Participated at the 2021 Child Welfare Expo (*September 2021*)
- Participated at Texas Family Voice Network quarterly meetings

## **Youth Leadership Council**

The State and Regional Youth Leadership councils were created in the 1990s and formalized in 2005. During the 84<sup>th</sup> Legislature (2015), DFPS Sunset bill included a provision requiring the Executive Commissioner of Health and Human Services to adopt rules regarding the purpose, structure, and use of advisory committees by DFPS. Rule §702.515 was approved and formally established the Statewide Youth Leadership Council as of July 1, 2016. The Statewide Youth Leadership Council provides a forum for youth who are currently or were formerly in foster care to discuss their experiences with the Texas foster care system and make recommendations to the Agency for improving the system.

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 Title IV-B Annual Progress and Services Report (APSR), state planning, best practice efforts, or other program initiatives. DFPS also utilizes the Youth Leadership Council to seek input on policy development from children and youth involved with CPS to ensure that the needs of this population are accurately met. The Youth Leadership Council meets at least two times per year. All youth and young adults who participate in these council meetings are between the ages of 16-21 and live, or have lived, in a variety of placement settings, including foster homes, congregate care facilities, kinship placements, and Supervised Independent Living. Due to the pandemic, Youth Leadership Council meetings have been held virtually.

## **Texas Foster Family Association**

The Texas Foster Care Association, 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. The Texas Foster Family Association also assists in providing training opportunities and support to adoptive, kinship, and General Residential Operation/Residential Treatment Center caregivers across the state. This non-profit organization holds an annual training conference, co-sponsors regional training and recruitment events, and provides information to members via a public website, [www.tffa.org](http://www.tffa.org), and social media (the Texas Foster Family Association Facebook page, regional foster parent Facebook pages, and the Texas Foster Care Association's Twitter and Instagram accounts.)

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 and the Executive Committee hold at least three meetings 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 policies 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 an opportunity to understand that they are not alone in trying to care for their relative or kin children. The Kinship Collaboration Group structure consists of regional Kinship Support Groups, which meet at least quarterly and sometimes as frequently as monthly, and a statewide Kinship Collaboration Group which meets four times a year. These groups were held virtually during the COVID-19 pandemic to enable kinship staff to provide continued support while mitigating health risks to children and their kinship caregivers. The first Collaboration quarterly in-person meeting resumed in April 2022 and are expected to be in-person going forward. Kinship Caregiver Support groups are designed to educate kinship caregivers about the foster care system, develop tools and strategies to improve kinship care, and serve as a conduit for new ideas. Caregiver led involvement provides kinship development caseworkers and DFPS leadership with information needed to inspire a sense of urgency for the achievement of positive permanency for children in foster care. Casey Family Programs

In collaboration with the Texas Alliance of Child & Family Services and Casey Family Programs, DFPS convened workgroups involving internal and external stakeholders to propose additional solutions for creating a “kinship first” culture within the child welfare system in Texas. These workgroups are looking at how to ensure children are placed with kin at the earliest point possible as well as how to support the kin caregiver after the child is placed. DFPS, through the support of Casey Family Programs has reached out to other states like Florida, New Jersey, Oklahoma, and Utah to explore successful strategies implemented by other states. Currently the group is exploring

- Increasing financial support for unverified kin caregivers.
  - Providing access to respite care and enhancing day care benefits
  - Increasing behavioral and mental health supports
  - Expanding and improving practices related to finding and engaging kin caregivers
  - Increasing verification of kin caregivers
  - Implementing a specialized Kinship Treatment Foster Care Program
- Recommendations from the workgroups should be finalized in the summer 2022.

Casey Family Programs (CFP) offered technical assistance to support a Steering Committee which was being formed to help develop, prioritize, and implement recommendations related to kinship care and building system capacity to address placement needs. DFPS collaborated with CFP to support a recommendation that independent consultants be hired to help manage the process. The Texas Alliance of Children and Family Services, the Deckinga Group, and Casey Family Programs technical assistance staff were brought together in February 2022 to support DFPS in the implementation of recommendations for both kinship care and capacity issues.

Topics identified by the expert panel report, DFPS-Provider workgroups, DFPS staff interviews and other stakeholders that are being addressed include:

- Staff capacity
- Daycare availability and processes
- Foster care capacity grants
- Expansion of treatment foster care
- Qualified Residential Treatment Program
- Maintaining quality residential capacity
- Best practices in placement transitions

## **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 Child Protective Investigations (CPI) and Child Protective Services (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 involved with CPI or CPS or had an open CPI or CPS case at the time of the child's death. 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 the CPI and CPS State Office to review for statewide implications and for incorporation into strategic and programmatic planning.

The Child Safety Review Committee (CSRC) consists of the Director of the Office of Accountability, the Lead Child Fatality Program Specialist, representatives of DFPS State Office Legal, CPI and CPS Program, Center for Learning and Organizational Excellence (CLOE), Child Care Investigations (CCI), Statewide Intake, and Prevention and Early Intervention. The CSRC also includes representatives from the State Child Fatality Review Teams, a representative of the Texas Council on Family Violence, and other subject matter experts from the community. The CSRC meets quarterly.

The CSRC considers issues that have statewide implications for policy, training, resource development, casework practice, coordination with external entities, and so on. The issues are identified through a review of recommendations from the Regional Child Death Review Committees/Citizen Review Teams. Identified issues are discussed and recommended actions are determined. The recommended actions are provided to CPI and CPS leadership for review and follow-up.

## **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 Texas Family Code (TFC §261.312) requires that each region have at least one Citizen Review Team. Five of these teams are designated as meeting the requirements of Child Abuse Prevention and Treatment Act (CAPTA), Appendix I. The CAPTA teams are in Region 1, Region 3 (3E and 3W), Region 6 (6A and 6B), Region 7 and Region 11. The CAPTA teams are required



to meet at least quarterly to address a wide range of Child Protective Investigations (CPI) and Child Protective Services (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 include CPI and CPS cases that involve child fatalities that meet criteria for a Regional Child Death Review Committee meeting in order to improve policy, practice and outcomes for such cases.

## **Texas Council on Adoptable Children**

The Texas Council on Adoptable Children (COAC) is a statewide organization whose purpose is to connect, train, engage, and support adoptive families for the purpose of maintaining and unifying a successful adoptive family. COAC will also help adoptive families adjust to adoption and cope with any history of abuse and trauma to the child. 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 at least two times a year, but as many as four 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 advocate and share information with DFPS regarding issues of concern to adoptive parents and their families. COAC holds events to provide support and community for their adoptive families. During these events COAC also provides specialized training for their adoptive children and parents. Due to the COVID-19 Pandemic, COAC continued to hold virtual board meetings for three of the four quarters in FY 2021. COAC was able to hold their annual Fun in the Sun event in FY 2021 and plans to hold the event in FY 2022 to provide families with training and engagement opportunities.

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

Association of Administrators of Interstate Compact on Adoption and Medical Assistance (AAICAMA) is an incorporated non-profit organization which established rules and policies, applies for grants, authorized expenditures and contracts for services on behalf of its members states. 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 moved 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 county child welfare 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's 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 Title 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. The Committee meets 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**

Most early childhood programs and services in Texas are delivered through five state agencies (Texas Education Agency, Texas Department of Family and Protective Services, Texas Department of State Health Services, Texas Health and Human Services Commission, and Texas Workforce Commission). Programs and services provided by these state agencies often target the same population and serve related purposes. To maximize the outcomes for Texas children and families, the state agencies established the Early Childhood Inter-Agency Work Group, as well as the Inter-Agency Deputy Director of Early Childhood Support, to coordinate across agencies and streamline efforts. The group's efforts are driven by the goals outlined in the [Texas Early Learning Council Strategic Plan](#) and seven strategic priorities established by the workgroup related to data, funding, and information. This work includes establishing an early childhood integrate data system to combine data across programs that serve young children to increase data-driven decision making. The workgroup also helped to guide development of an [Early Childhood Texas Website](#). Newly launched, this website will continue to be developed as a one stop resource for information on child health and development, parenting, child care and education, and eligibility programs.

## **Prevention Task Force**

The Texas Prevention Framework Group was created in 2019 following Casey Family Programs Prevention Summit. The workgroup focuses on: transforming the child welfare system into a child and family wellbeing system through elevating cross-sector prevention efforts; expanding who is at the table in the prevention of child abuse and neglect; and developing Texas's model of a public health approach to child welfare framework. In FY21, the Prevention Framework Workgroup was accepted and began participating in Thriving Families Safer Children learning collaborative. This smaller cohort of the larger

workgroup participated in national discussions regarding ways to prioritize equity in prevention and incorporate lived experience. Subsequently, the Violence Prevention Work Group was established to share information on how members' systems take care of children and families during isolation brought on by the pandemic, particularly surrounding intimate partner violence, suicide and child abuse. This year, PEI merged these two workgroups with the common goal to think through prevention models that can be wildly adapted and compliment the array of services Texas already has.

## **Rider 17.05 Juvenile Justice Prevention Group**

DFPS, the Texas Juvenile Justice Department, the Texas Education Agency and the Texas Military Department continued to participate in an inter-agency workgroup to coordinate the delivery of juvenile delinquency and dropout prevention and intervention services. The workgroup's collaborative goals are to increase members' understanding of state juvenile delinquency and dropout services; identify key considerations in service provision; and to identify strengths and gaps in current programming. Over the fiscal year the workgroup met to discuss these goals quarterly and prepared and submitted their annual Agency Coordination for Youth Prevention and Intervention, as required by the Texas Legislature.

## **Coordination with Children's Bureau Grant Programs**

DFPS has engaged with and continues to meaningfully involve representatives of Children's Bureau grant programs in service coordination and support of mutual goals for the following three Children's Bureau Grant Programs:

### Community-Based Child Abuse Prevention (CBCAP):

DFPS has utilized CBCAP funding to support initiatives, programs, and activities to strengthen and support families to reduce the likelihood of child abuse and neglect. The major objectives of the Texas Community-Based Child Abuse Prevention program include collaborating with communities to identify prevention and early intervention needs and helping to enhance and expand services. Due to the flexible nature of this funding DFPS Prevention and Early Intervention (PEI) has the ability to use CBCAP funding to support shared goals in various ways. A few examples of how this funding has afforded meaningful collaboration include:

- Fatherhood EFFECT (Educating Fathers for Empowering children Tomorrow) programs provide free, voluntary parenting education and support to fathers and father figures. Fatherhood EFFECT grantees also participate in community coalition building and community and organizational change efforts to increase the quality of direct services targeted specifically for fathers and to promote inclusion and support of fathers across multiple programs.
- PEI is no longer hosting a statewide Fatherhood Summit. Instead, PEI offered

all Fatherhood EFFECT grantees the opportunity to receive funding to plan and execute a Fatherhood Summit in their local community in FY22. Localizing the Fatherhood Summits allows communities to mobilize around fatherhood, promote collaboration and community partnerships focused on fathers and strengthen local capacity. Five grantees applied for and were awarded grants to conduct summits. With this opportunity, PEI hopes to further build momentum around community fatherhood efforts in a way that best serves local communities.

- PEI's Partners in Prevention Conference (PIP) brings together the largest group of prevention and early intervention professionals in Texas. The 21st annual PIP Conference, which took place November 2 - 4, 2021, pivoted to hybrid as the division continued to navigate the COVID-19 pandemic. This shift allowed for over 700 virtual and 300 in-person participants for a total of over 1,000 parent educators, youth service providers, civic leaders, policy advocates, researchers and others child and family wellbeing professionals to participate in three days of learning and networking. The conference themed: Forging Forward Together: Nurturing Families and Communities consisted of four keynote speakers and multiple breakout sessions covering topics that ranged from the Science of the Positive to promoting racial equity in prevention practices.
- During fiscal year 2020, PEI partnered with Casey Family Programs to hold convenings of both attorneys and judges to gather information from communities across Texas as to what PEI can do to enhance the prevention services provided across the state from a judicial perspective. In fiscal years 2021 and 2022, PEI partnered with Child Protection Courts in three Texas counties to establish Early Intervention Court Liaisons to increase connectivity between the court and local resources. The goal is to develop prevention service capacity, focusing on Family First Prevention Service Act eligible services in targeted communities through partnerships with local referral networks to better connect and inform families of services available.
- Continued collaboration at the community level to provide services and supports for families before they're in a crisis that could result in involvement with the child welfare system or the removal of their child continues to be highlighted by the low number of CPS involved families for whom PEI provides services.
- PEI is actively working to strengthen parent and family leadership work. In FY 2021, PEI engaged in a pilot effort to bring increased parent voice to strategic planning and project direction, working with the Children's Trust Fund Alliance to develop and train new parent partners. In fiscal year 2022, PEI hired a full-

time Parent Partner to build upon this pilot effort to establish a Parent Advisory Council. PEI is also working on a youth ambassador initiative to mirror the parent advisory council in elevating youth voice in prevention programming. While DFPS has long engaged parent and youth advisory groups to provide leadership on child welfare policy and practice, these groups will be uniquely positioned within PEI to work specifically toward building upstream prevention strategies.

## **Children's Justice Act (CJA)**

The Children's Justice Act (CJA) is a federal grant awarded to each state to develop, establish, and operate programs designed to improve the child-protection system in four primary areas:

- The handling of child abuse and neglect cases, particularly cases of child sexual abuse and exploitation, in a manner which limits additional trauma to the child victim.
- The handling of cases of suspected child abuse and neglects related fatalities.
- The investigation and prosecution of cases of child abuse and neglect, particularly child sexual abuse and exploitation.
- The handling of cases involving children with disabilities or serious health-related problems who are the victims of abuse or neglect.

As a requirement of the federal grant, Texas maintains a multidisciplinary Task Force on children's justice to oversee program activities.

Children's Advocacy Centers of Texas (CACTX) is the Program Administrator for CJA and facilitates the Children's Justice Act Task Force, which is comprised of professionals with knowledge of and experience with the child protection and criminal justice systems.

DFPS and the Children's Justice Act Task Force have a close, collaborative relationship, particularly on issues related to child safety. The Task Force has worked closely with DFPS regarding initiatives over the past several years that will continue during the next five years. A few examples of collaboration between the Children's Justice Act Task Force and DFPS include the following:

- The Children's Justice Act Task Force has a strong working relationship with DFPS, particularly with the Child Protective Investigations Division of the agency. Senior leadership from DFPS staff serve as members of the Children's Justice Act Task Force and include the Director of Investigation and Alternative Response and the Director of Special Investigations. CACTX staff regularly attend various stakeholder meetings related to the CFSP/APSR, such as Collaborative Committee meetings hosted by the Supreme Court of Texas Children's Commission and quarterly Children's Commission meetings. CACTX staff also attend relevant legislative committee hearings related to DFPS as well as meetings held by advocates and stakeholders involved with

DFPS. DFPS staff are frequently presenters at these meetings and give updates relevant to current issues. Many Task Force members are also participants and presenters at these meetings.

- While DFPS is clearly looking at turnover and backlogged investigations as part of the Child and Family Services Review Program Improvement Plan, the Children’s Justice Act Task Force also views this as a systemic issue. The Task Force is focused on identifying strategies to address systemic challenges such as staff capacity and caseloads, as well as challenges related to recruiting and retaining qualified workers in all disciplines involved in the multidisciplinary response to child abuse and neglect, including child welfare, law enforcement, prosecutors, and medical providers.
- The priorities and recommendations of the Children’s Justice Act Task Force 2022- 2024 Three Year Assessment deal with the problems related to workforce capacity, sustainability and expertise, including resource constraints/insufficient services for stakeholders, children and families throughout the state. While the Task Force might be focused on specific stakeholders or aspects of a case that differ from DFPS’ overall priorities, we both understand the serious difficulties represented by the problematic resource distribution, particularly in rural areas.

Children’s Justice Act funded projects that demonstrate meaningful collaboration with DFPS include:

- Children’s Advocacy Center of Texas (CACTX) partners closely with DFPS to strengthen multidisciplinary teams from a systems level and at the local level. This includes attending DFPS-related conferences, participating in regular meetings with DFPS staff, and various levels of information sharing.
- CACTX also partners closely with DFPS to address cases involving child sex trafficking. This includes partnering with DFPS Human Trafficking and Child Exploitation division and local DFPS leadership in developing local community responses through Care Coordination Team and protocol development



**TEXAS**  
Department of Family  
and Protective Services

**The State of Texas**

**2023 Annual Progress & Services Report**

**Section III. Assessment of Performance**

**Texas Department of Family and Protective Services**  
**ACYF-CB-PI-22-01**

### **III. Assessment of Performance**

- *Review and update the data and information provided in their 2020-2024 CFSP and subsequent APSRs. The state must identify strengths and concerns related to performance on each outcome and systemic factor, including evidence of disproportionality and disparities in services and outcomes.*
- *In developing updates specific to the systemic factors, states are also encouraged to review CFSR [Technical Bulletin 12](#) which describes CB's intention to emphasize reliance on rigorous evidence to assess systemic factor functioning.*

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

The CPS Division of Federal and Program Improvement Review 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. The Sample covers the same period of time as the federal Onsite CFSR six-month sample period and rolls 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.

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.

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.

Texas successfully completed its Round 3 CFSR Program Improvement Plan, that was negotiated between DFPS and the Administration for Children and Families, in May 2021 by making all required improvements as it relates to the Safety, Permanency, and Well-Being of youth in care. Texas has not yet been scheduled for a Round 4 CFSR.

DFPS will update its internal tool to conform to the Round 4 requirements. The Federal and Program Improvement Review (FPIR) Division has already begun staff training on the new tool and have attended all webinars held by ACF. The FPIR Division has also started conversations with IT to update the database. DFPS had a meeting with our federal partners on August 19, 2022 to start discussions on Round 4 and will start monthly meetings in October 2022.

All data provided throughout this report is current with data provided through Q1-2022, unless otherwise specified.

## **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 two types of data. The first table contains the Federal Standard 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. 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.

<b>CFSR Outcome/Item</b>	<b>Standard</b>	<b>Q2- 21</b>	<b>Q3- 21</b>	<b>Q4-21</b>	<b>Q1-22</b>
Item 1 Timeliness of initial contacts	95%	87%	86.2%	82.8%	84.5%
<b>Safety 1 First and foremost protected from abuse/neglect</b>	<b>95%</b>	87%	86.2%	82.8%	84.5%
Item 2 Services in home to prevent removal	90%	81%	83.3 %	80.9 %	79.7%
Item 3 Risk of harm to children	90%	83%	84%	83%	83%
<b>Safety 2 Safe in home when possible and appropriate</b>	<b>95%</b>	77%	77%	74%	76%

(CPS Division of Federal and Program Improvement Review)

<b>CFSR Round 3 Statewide Data Indicators (lower number is desired)</b>	<b>National Standard</b>	<b>Texas Performance</b>
Recurrence of Maltreatment	9.5%	7.0%
Maltreatment in Foster Care	9.67	10.77

(Data from CSFR Round 3 Statewide Data Profile – February 2022)

<b>Timeliness of Investigation Initiations</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>FY 2022 to date (through February 2022)</b>
P1 Investigations Initiated Timely	96.9%	95.2%	92.3%
P2 Investigations Initiated Timely	95.5%	92.8%	89.1%

(Data from DFPS Data Book and Data Warehouse Report inv\_cps\_19)

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 utilizes a Multidisciplinary Team approach to investigating child abuse which helps lessen 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 has advanced 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. Alternative Response has been implemented statewide.
  - Family Based Safety Services (FBSS) and Conservatorship staff use the Family Strengths and Needs Assessment tool, which 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 2 through CFPSR 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 in time between identifying a safety need and providing appropriately matched services.

This information was provided to regional staff at the quarterly CFPSR 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.

## **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 two types of data. The first table contains the federal Standard 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 35.4% to 36.8%; Texas Risk Standardized Performance is 36.1%.) and Placement stability (The range Texas must exceed is 4.68 to 4.85 moves; Texas Risk Standardized Performance is 4.77 moves.).

<b>CFSR Outcome/Item</b>	<b>Standard</b>	<b>Q2-21</b>	<b>Q3-21</b>	<b>Q4-21</b>	<b>Q1-22</b>
Item 4 Stability of foster care placement	90%	75%	75%	75%	80%
Item 5 Permanency goal for the child	90%	80%	66.7 %	78.3%	76.7 %
Item 6 Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement	90%	65%	56.7 %	53.3%	53.3 %
<b>Permanency 1 Children have permanency and stability</b>	<b>95%</b>	<b>45%</b>	<b>35%</b>	<b>31.7%</b>	<b>43.3 %</b>
Item 7 Placement with siblings	90%	93%	93.1 %	94.9%	89.7 %
Item 8 Visits with parents and siblings in foster care	90%	73%	73.1 %	56.8%	62.8 %
Item 9 Preserving connections	90%	80%	73.3 %	83.3%	83.3 %
Item 10 Relative placement	90%	88%	89.8 %	90%	90%
Item 11 Child's relationship with parents	90%	66%	58.7 %	42.1%	60%
<b>Permanency 2 Continuity/Family Connections</b>	<b>95%</b>	<b>78%</b>	<b>70%</b>	<b>64.4%</b>	<b>78.3 %</b>

(CPS Division of Federal and Program Improvement Review)

<b>CFSR Round 3 Statewide Data Indicators</b>	<b>National Standard</b>	<b>Texas Performance</b>
Permanency in 12 months for children entering foster care	42.7%	36.1%
Permanency in 12 months for children in care 12-23 months	45.9%	57.1%
Permanency in 12 months for children in care 24 months or more	31.8%	31.9%
Re-entry to foster care in 12 months	8.1%	4.3%
Placement Stability	4.44	4.77

(Data from CFSR Round 3 Statewide Data Profile – February 2022)

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 Texas scores 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.
- Compounding issues from the COVID-19 pandemic (uncertainty, isolation/quarantine requirements, temporary closure of office/courts/services, greater cost, and many others), increasing high acuity behavioral health needs of children in conservatorship, increased scrutiny through heightened monitoring, have resulted in significant capacity challenges. These challenges have resulted in decreased capacity in all types of placement settings. Placement instability, increased time in care, and other consequences have escalated in the past two years.

## 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 the Federal Standard 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.

As allowed, Texas temporarily used virtual contacts for face-to-face contacts and visits until health concerns due to COVID-19 enabled resumption of in person contacts. Guidance for visitation and contacts, as well as safety resources, remain publicly available on the agency's website for access by staff, families, caregivers and other stakeholders.

<b>CFSR Outcome/Item</b>	<b>Standard</b>	Q2- 21	Q3-21	Q4-21	Q1-22
Item 12 Needs and Services of child, parents and foster parent	90%	64%	56%	54%	54%
Item 13 Child and family involvement in case plan	90%	70%	62.6%	57.1%	60%
Item 14 Caseworker visits with child	90%	88%	90%	84%	83%
Item 15 Caseworker visits with parents	90%	53%	46.2%	38.4%	44.8%
<b>Well Being 1 Families have enhanced capacity</b>	<b>95%</b>	60%	56%	52%	52%
Item 16 Educational needs of the child	95%	95%	100%	97.4%	97.4%
<b>Well Being 2 Services to meet educational needs</b>	<b>95%</b>	95%	100%	97.4%	97.4%
Item 17 Physical health needs of the child	90%	86%	85.7%	75%	86.1%
Item 18 Mental Health needs of the child	90%	89%	92.5%	84.3%	79.7%
<b>Well Being 3 Services to meet physical and mental health needs</b>	<b>95%</b>	84%	82.8%	74.7%	76.1%

(CPS Division of Federal and Program Improvement Review)



## Face To Face Contacts For Children in Conservatorship in Open SUB/ADO Stages (Multi-Month Year Summary) For Children 0-17

**September 2020 to August 2021**

Month	Children Needing Contact	FTF Contact Was Made During the Report Month	FTF Contact Was Made During the Report Month %	FTF Contact Was Recorded in IMPACT Timely	FTF Contact Was Recorded in IMPACT Timely %	Overall FTF Compliance #	Overall FTF Compliance %
20-Sep	28,010	27,798	99.2%	26,015	93.6%	26,015	92.9%
20-Oct	28,092	27,851	99.1%	26,106	93.7%	26,106	92.9%
20-Nov	28,244	27,933	98.9%	25,889	92.7%	25,889	91.7%
20-Dec	28,039	27,728	98.9%	25,356	91.4%	25,356	90.4%
21-Jan	28,224	27,902	98.9%	26,172	93.8%	26,172	92.7%
21-Feb	28,373	27,975	98.6%	26,263	93.9%	26,263	92.6%
21-Mar	28,016	27,751	99.1%	25,676	92.5%	25,676	91.6%
21-Apr	28,148	27,843	98.9%	25,918	93.1%	25,918	92.1%
21-May	28,197	27,825	98.7%	25,891	93.0%	25,891	91.8%
21-Jun	27,841	27,484	98.7%	25,523	92.9%	25,523	91.7%
21-Jul	27,630	27,269	98.7%	25,330	92.9%	25,330	91.7%
21-Aug	27,389	26,966	98.5%	24,983	92.6%	24,983	91.2%
<b>State wide Total:</b>	<b>336,203</b>	<b>332,325</b>	<b>98.8%</b>	<b>309,122</b>	<b>93.0%</b>	<b>309,122</b>	<b>91.9%</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/Psychotropic\\_Medications.asp](https://www.dfps.state.tx.us/Child_Protection/Medical_Services/Psychotropic_Medications.asp)

Texas Health and Human Services Commission recently enhanced the comprehensiveness and accuracy of the methods used to monitor psychotropic

medications prescribed to youth in foster care. The resulting trends remain substantially below the rates of 5, 10 or 15 years ago. SFY 2019 results showed a small increase in the percent of clients prescribed psychotropic medications compared to SFY 2018 (less than 1 percentage point for all parameters) but the current rates indicate sustained long-term decreases in psychotropic prescriptions for children in foster care. Update on the Use of Psychotropic Medications for Children in Texas Foster Care: State Fiscal Years 2002-2019 Data Report is underway. The Psychotropic Medication Parameters are also currently under review, following a normal two to three-year schedule for routine review.

DFPS combines three critical tools for assessing the medical, behavioral, and developmental strengths and needs of children and youth entering DFPS custody, often referred to as “3 in 30” or three assessments within the first 30 days.

- **3-day Medical Exam** - Within 3 business days, children entering DFPS care must see a medical provider to be checked for injuries or illnesses and get any treatments they need.
- **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 medical provider 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. In FY20, statewide monthly compliance was above 79% through February 2021. A statutorily required report regarding implementation of the 3-Day Exam was completed in December 2019 and is available on the agency’s public website.

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. The most recent data (FY2021, 4<sup>th</sup> Quarter) shows a 59.6% compliance rate. The CPS Division of Federal and Program Improvement Review completes review of the Texas Health Steps checkup compliance in CVS cases. The final result for Q2 FY22 is 82.4% of cases reviewed had the first exam within 3 days of entry to care.

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 the University of Kentucky the extension of telehealth was not only implemented to address the fact that it was unsafe for people to meet face to face in close parameters due to the pandemic, but to also offer a solution to the barriers identified for full compliance. Those

barriers included: 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 March 1, 2021, CANS 2.0 was permanently available via telehealth for children and youth 3 to 17 years of age in conservatorship. A telehealth option addresses barriers and provides choice for the assessment of children and youth, though face-to-face assessments are preferred.

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 3 Day Medical Exam, sustained in person during the COVID-19 pandemic, helped to ensure children and youth coming into care were screened for initial medical needs. This provided the immediate connection to a primary care physician and/or medical resources for caregivers accepting children into their homes or programs during the COVID-19 pandemic.
- 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. Virtual visits were briefly used to ensure health safety during the initial months of the COVID-19 pandemic. Screenings continue to be used before face to face contacts, though they have resumed.
- Agency efforts to strengthen the trauma-informed system of care to enhance services to children and families are well underway and done in collaboration

with the Statewide Collaborative on Trauma Informed Care, sponsored by the Children's Commission.

- 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.
- 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 federal CFSR process also views the Texas child welfare system from the lens of seven "systemic factors". DFPS will provide systemic factor data in the Statewide Assessment in Round 4 of the CFSR. 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 (often referred to as "AFCARS") data comes from IMPACT. The Administration for Children and Families commended DFPS 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 AFCARS elements that are nearing the 3% threshold. According to the most recent federal Texas Data Profile (February 2022), 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 most recent DFPS AFCARS Foster Care Data Compliance Report 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 and Risk Manager 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 a dedicated Quality Assurance Team. Program Directors in multiple stages of service use a 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, Application for Placement, Eligibility Assistance, 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 Application and Data Support division of Program Support. The Application Support team is able to correct data entry errors. 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. The team provides guidance in correctly documenting casework actions in IMPACT and researches opportunities to improve the systems to reduce errors. The Data Support team 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 ability to locate case history

As a supplement to the Application and Data Support teams, the state employs approximately 150 regional staff identified as "Fixers". Fixers are specified regional staff who can correct some data problems in IMPACT without going through the Application and Data Support teams. 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. 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, Neubus, 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 45 days from the date the child enters substitute care. The initial Child's Service Plan is also due within 45 days.

In IMPACT, each child in care has their own substitute care stage. The substitute care stages are attached to the parent's family stage. These stages stay attached to each other 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 their out-of-home 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 2021 99.64% of Initial Child's Plans of Services due were completed.

**Initial Child Plan for Children in Open Substitute Care  
From September 2020 to August 2021**

Month	Initial Plan Required	Initial Plan Completed	% Completed	Initial Plan Not completed	% Not Completed	Due This Month	Due This Month and Completed	% Due This Month and completed	Due this month and Completed in 45 days	% Due This Month and Completed in 45 days
20-Sep	25,128	25,029	99.6%	99	0.4%	1,242	1,150	92.6%	1,090	87.8%
20-Oct	25,255	25,167	99.7%	88	0.3%	1,507	1,398	92.8%	1,302	86.4%
20-Nov	25,278	25,191	99.7%	87	0.3%	1,570	1,426	90.8%	1,351	86.1%
20-Dec	25,316	25,227	99.6%	89	0.4%	1,309	1,181	90.2%	1,082	82.7%
21-Jan	25,374	25,286	99.7%	88	0.3%	1,357	1,197	88.2%	1,115	82.2%
21-Feb	25,451	25,364	99.7%	87	0.3%	907	806	88.9%	757	83.5%
21-Mar	25,400	25,303	99.6%	97	0.4%	1,322	1,207	91.3%	1,123	84.9%
21-Apr	25,410	25,302	99.6%	108	0.4%	1,199	1,083	90.3%	1,009	84.2%
21-May	25,436	25,310	99.5%	126	0.5%	1,471	1,301	88.4%	1,192	81.0%
21-Jun	25,050	24,920	99.5%	130	0.5%	1,159	1,014	87.5%	903	77.9%
21-Jul	24,786	24,633	99.4%	153	0.6%	1,138	996	87.5%	913	80.2%
21-Aug	24,399	24,200	99.2%	199	0.8%	1,175	1,046	89.0%	951	80.9%
Statewide Total	302,283	300,932	99.6%	1,351	0.4%	15,356	13,805	89.9%	12,788	83.3%

(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	Q2-21	Q3-21	Q4-21	Q1-22
Item 5: Permanency Goal for Child	90%	80%	66.7%	78.3%	76.7%

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 2021 the state held a total of 27,149 Family Group Decision Making meetings to assist with case planning. This includes 10,403 Family Group Conferences, 14,542 Family Team Meetings and 2,204 Circles of Supports. (Source: DFPS Data Book)

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 is complete. 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, continues to be explored with the external stakeholders to determine the best time frame for implementation. COVID-19 pandemic issues contributed to delays toward full implementation.

### **Family Service Plan**

When creating the Family Service Plan, the caseworker conducts a Family Strengths and Needs Assessment (FSNA) with the parents to help identify areas of strengths and needs to assist in developing the Family Service Plan (both custodial and non-custodial parents are invited to participate in all service planning efforts). After information is gathered using the FSNA, a meeting is conducted to create the Family Service Plan. 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 and the services that will be provided to the parents. 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 Family Group Conferences, and Permanency Conferences. The focus is to help family members and extended family, and 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 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 caregiver, 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 four 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 four months thereafter. If a child's service level is above Basic, 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) use a single child plan form, DFPS attaches that form to the plan from CPS records. In those circumstances, the combined plan is used for the review of the Child Service Plan. The worker does not update the Child Service Plan after every placement, but does update the Child Service Plan, in addition to the above timeline, within 30 days of a significant change in the case or a change in the child's permanency goal.

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. 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. Some courts schedule time to meet with children outside the court hearing to accommodate school and other scheduling needs as well as meet with the child in a less formal court setting.

All parties involved in CPS cases continue to struggle with securing consistent and timely



notice of scheduled hearings from the Texas Department of Family and Protective Services (DFPS). This issue includes the foster placements and DFPS service provider facilities where the children/youth are in placement and results in many parties not being able to attend scheduled court hearings. The Notice and Engagement project involves using non- confidential case data to provide email notice to users about upcoming hearings in the statutory Child Protection Courts.

The number of Notice and Engagement system users continues to increase, and 9,440 notifications have been sent regarding 3,945 hearings in FY2022. Since October 2021, an additional 64 users have registered bringing the total user number to 1,974. The numbers of users signing up for notification via text message has also increased. Since this notification option was added in 2018, 351 users have used the text feature.

The Office of Court Administration (OCA) created an Application Programming Interface (API) that will allow Courts other than those using the Child Protection Court Case Management System (CPCMS) to upload their hearing data into the system. The goal of the API is to expand the hearing notification tool to all courts hearing child welfare cases in order to provide parties with up-to-date hearing information and to provide courts with an alternate means of notification free of charge.

To pilot the use of the Notice and Engagement tool for a court that is not a Child Protection Court, Tarrant County court data were successfully imported into CPCMS, and a court account was created for four individuals working with Tarrant County to enter data into CPCMS moving forward. OCA is continuing to collaborate with Tarrant County regarding bringing the system online.

Since 2011, the Children's Commission has funded the collaborative video conferencing project to allow youth to remotely participate in court proceedings, but COVID-19 has forced a monumental change in youth participation in court. In March 2020, OCA provided licenses for the Zoom video conferencing tool to all Texas courts to allow courts to conduct hearings over the platform. The necessity of virtual hearings and universal court access to video conferencing technology has allowed more parents and youth to attend hearings virtually and for courts to engage families and determine how to make best use of the virtual environment. For nearly two years, Zoom has been used for video conferencing hearings and the Child Protection Courts have provided feedback to support Zoom as the preferred video conferencing application. The Children's Commission has also funded upgraded technology to support hybrid hearings in two pilot courts to identify what equipment may be needed for other courts to maintain the benefits of virtual hearings.

OCA has been considering developing an online tool to make scheduling youth involvement in their hearings more convenient for the court, placement facilities, and DFPS caseworkers. OCA included questions regarding the scheduler tool in the survey to judges who attended the July 28-29, 2021 Children's Commission Child Protection Court Convening. The survey results showed a lack of interest in having a scheduler tool now that judges have processes in place using Zoom for online hearings. Based on the

survey results, the technology requirements to maintain a scheduler system, as well as verbal input received from the courts, OCA has determined that there is insufficient need to proceed with the previously planned scheduler tool.

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 since 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 planning meetings are held initially after the agency receives permanent conservatorship and annually thereafter if the child is not in a permanent placement. The meetings focus on the permanency goals, why the child is not in a permanent placement, barriers to achieving permanency, 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 are used to address permanency and the youth's transition from foster care. In FY 2020, a total of 2,204 Circles of Support were completed for youth in DFPS conservatorship. This includes initial and subsequent conferences.

DFPS has a longstanding strong collaborative partnership with the Children's Commission, which exists to improve the judicial handling of child welfare cases systemically through improvements in technology, attorney and judicial training, and court improvement pilot projects. The Children's Commission is a multi-disciplinary body comprised of judges, mental health experts, philanthropic organizations, a provider representative, parent and young adults with lived experience, and other child welfare leaders throughout Texas. The Commission's Collaborative Council links to the larger stakeholder community, including kinship, foster families, attorneys, Court Appointed Special Advocates, parent advocates, juvenile justice, child support, domestic violence, substance use, mental health and education stakeholders 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 and PEI, DFPS 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 Children's Commission's Foster Care & 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 (SCTIC) Implementation Task Force and workgroups. DFPS 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. DFPS has adopted definitions of "trauma" and "trauma-informed" by rule in February 2021. The SCTIC served as a stakeholder feedback group for the rulemaking process. The definitions developed by the SCTIC Policy and Practice Workgroup took into consideration existing and commonly used definitions and agreed on draft language taken primarily from SAMHSA but with additional language from NCTSN to more fully round out the concept of being trauma informed. As of February 1, 2021, the definitions were formally adopted.

DFPS is also involved in an effort to establish a statewide web portal to serve as a primary source of relevant information and training on trauma-informed care and practices. The SCTIC Information Sharing, Data, and Funding Workgroup is drafted a concept paper for the Task Force's review which identified key characteristics of a potential host organization to develop the Texas-specific site. The Texas Center for Child and Family Studies (The Center) is currently conducting an exploratory process to determine what the specific community needs are for such a web portal and the feasibility of creating the portal. DFPS serves on The Center's Project Advisory Committee which is providing diverse stakeholder feedback on the purpose and primary audience of a web portal. DFPS serves on the SCTIC Training Workgroup which developed a trauma-informed training database and correlating audience specific training resource documents in partnership with SAMHSA's South-Southwest Mental Health Technology Training Center (MHTTC). These documents can be found on [www.traumainformedtexas.com](http://www.traumainformedtexas.com) along with other SCTIC resources. DFPS also assisted in developing the agenda for the Children's Commission's first Judicial Trauma Institute which was held on April 22-23, 2021. Additionally, DFPS staff served as faculty and session facilitators for this two-day conference. The Children's Commission is partnering with the Texas Center for Child and Family Studies (TCCFS) to support implementation of trauma-informed court practices at several project court sites, known as the Trauma-Informed Court Project. This project will include collaboration with state and local DFPS staff to identify and implement trauma-informed court practices.

In January 2022, DFPS partnered with the Children's Commission to host the Texas Indian Child Welfare Act Summit. This one-day conference provided several hours of continuing education to strengthen knowledge and understanding of the Indian Child Welfare Act among caseworkers, CASAs, attorneys, and judges.

Additional activities are included below:

- 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.
- The Children's Commission partners with Office of Court Administration and DFPS to fund a senior data analyst position. The analyst accesses publicly available DFPS and court data and reviews these with an eye towards strengthening the court's continuous quality improvement process in DFPS cases.
- The Children's Commission partners with DFPS on priority issues for round table meetings, which typically occur once or twice 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. For FY2022, the round table topic was the Department's use of the Forensic Assessment Center Network and recommendations are made as a result of each roundtable.
- The annual conference for child welfare judges hosted by the Children's Commission and the Texas Center for the Judiciary was held virtually on October 25-27, 2021. The conference agenda included several topics designed with and presented by DFPS staff: a DFPS leadership panel, updates on FFPSA, QRTPs, and a presentation on statewide data. Regional Breakouts followed where judges in their DFPS regions were joined by DFPS Regional

Directors, DFPS Regional Systems Improvement Specialists, and Single Source Continuum Contractor (SSCC) representatives in regions which have Community Based Care

- The Children's Commission manages the Court Improvement Program and has provided attorney scholarships to DFPS attorneys to participate in CPS related trainings such as coordinating topics, speakers, and scholarships for DFPS attorneys for training when the Commission collaborates with the Texas District and County Attorney Association to provide child welfare related CLE. Additionally, the Children's Commission provides \$10,000 in funding each year for the annual DFPS Attorney Conference. The Children's Commission and DFPS also collaborate on the Commission's Trial Skills Training curriculum which occurs once each year, and the DFPS Director of Regional Litigation along with a senior DFPS Special Litigation Attorney are members of the Trial Skills Training Faculty and present at each of the Commission's twice-annual trainings.
- The Children's Commission 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, and 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 information and input from stakeholders' brief assessments of strengths and concerns showing the effectiveness of the Case Review system are below.

Strengths:

- Collaboration and access to virtual and hybrid court hearings enable increased engagement from children and parents in the court process.
- 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.
- 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 welfare 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.

Concerns:

- Continued effort is needed to ensure that, when 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, which will include efforts to expand 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 § [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 Office of Data and Systems Improvement. The Regional Systems Improvement Team reports to the Director of Data and Systems Improvement and consists of one Division Administrator and

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 opened or closed in In-home services (FBSS).

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 CFSR 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 at least 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

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 improvement 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:

- 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 to 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.

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.

FBSS State Office Division, Analytics and Evaluation Division, Office of Field, Regional Administration and staff are developing enhancements to the FBSS reading tool to help improve FBSS case practice. Regional Management and 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 CFSSR 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, whether Texas Health Steps checkup documentation was contained within the child's Health Passport, and whether or not youth in care have received their COVID-19 vaccine and any barriers to receiving the vaccine. 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 Statewide Intake Screeners, who manages the Screener program. The sample of screened intakes is reviewed the month after they are closed. If the reviewer has concerned 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.

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. A webinar, incorporating common trends and findings from case reviews was distributed in March 2020 to help strengthen practice statewide. Caseworkers and supervisors indicated this was very helpful in understanding what practice improvements best impact outcomes can.

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 Federal and Program Improvement Review Division has completed the following case reviews:

- For CFSR, 400 cases are reviewed annually;
- Since September 1, 2021, 387 cases have been reviewed on open Parental Child Safety Placements;
- Since September 1, 2021, 122 cases have been reviewed where the case closed with a Parental Child Safety Placement in place;
- Since September 1, 2021, 889 Investigation and Family Based Safety Services cases have been reviewed;
- Since September 1, 2021, 208 Applications for Placement were completed;
- Since September 1, 2021, 360 cases were reviewed for Eligibility Assistance;
- Since September 1, 2021, 1,189 Screened Intakes were reviewed.

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.

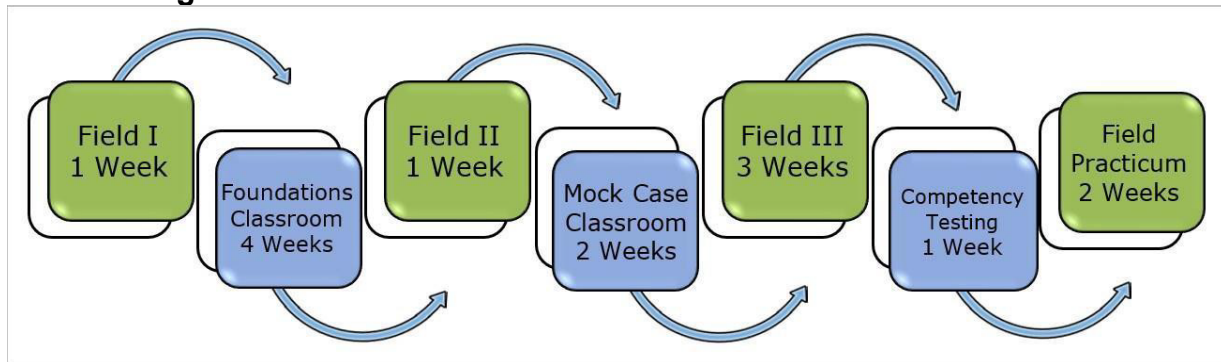
All members of the Division provide training as requested for regional and State Office staff on an ongoing basis. These trainings can be specific to a unit or can include helping with program-specific conferences. The Federal and Program Improvement Review Division staff provide Quality Assurance and 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.

#### **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.

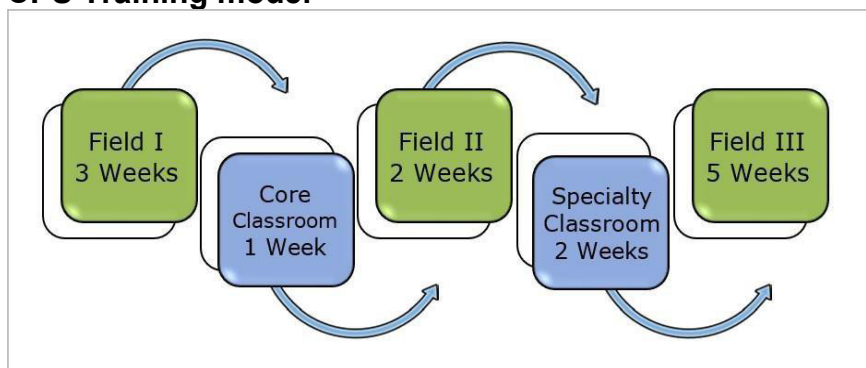
New caseworker training is called CPS/CPI Professional Development. Training begins on the new caseworker's (called a protégé) first day and extends over the first nine months of his or her career. The model includes using mentors, revised classroom training and increased time spent on field-based specialty training (for Investigations, Family Based Safety Services, and Conservatorship stages of service). In 2021, CPS and CPI rolled out two new training models. CPI training is 14 weeks in length. This model added testing requirements, updated scenarios, more impact training, demonstration of competencies and more hands-on experience. The model utilizes an individualized training plan and a competency evaluation. This figure shows the integration of the CPI model classroom and field experience over a protégé's first 14 weeks of training.

## CPI Training Model



Starting in June 2021 CPS began an enhanced training model. This model is 13 weeks in length and provides more hands-on training, more specified training to the stage of service, and updated scenarios. This model will also provide more impact training. This figure shows the integration of the CPS model classroom and field experience over a protégé's first 13 weeks of training.

## CPS Training model



In addition to field and classroom training, both models in DFPS have 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. Quality management and distinctive organizational performance ultimately results in improved services to, and outcomes for, vulnerable Texans served by the agency. Along this continuum, staff at each stage will engage in a series of courses to develop skills in each of the eight competencies identified as essential for all DFPS managers. The competencies are collaboration, communication, cultural competence, decision making, professional development of others and self, integrity, managing change and strategic thinking. In 2021, Supervisor Basic Skills development was revamped and renamed CPI/CPS Foundations for Supervision. Updated information on applications and tools, data warehouse reports, Impact and updated scenarios were enhanced. This course is required for new supervisors. There are a number of courses that are specific and required for supervisor development.

### **Certification**

There are three levels of specialist certification: Specialist, Advanced Specialist, and Senior Advanced Specialist. All levels must meet specific tenure, training, and performance requirements within their program to be eligible for certification. Supervisors must meet specific tenure, training, and performance requirements within their program 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 CAPP Systems on each caseworker's Training Transcript. In 2021, CPI added transfer of learning activities. These show demonstration of competencies required for certification.

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 when opportunities become available. 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 “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 Tabletop 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.

Mentor Program Specialists 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. Training Compliance Coordinators monitor case assignability and ensure all training requirements in classroom, computer-based trainings, individualized training plans and competency evaluations have been satisfied and reflected on the protégé's transcript.

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 needs to be revised or updated. Academy Managers are enlisted in

improving instructor performance for those that need to improve.

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).

CPS conducted statewide focus groups on the CPD training Model and used a Statewide Training Council to focus on areas needing improvement. This feedback was incorporated into the new training models. Additionally, CPS continues 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:

### **Foster and Adoptive Parent Training**

All caregivers, except individuals designated as kinship caregivers, must complete a maximum 35 hours of competency-based pre-service training before becoming verified to foster and/or approved to adopt. The *Parent Resources for Information Development Education* (PRIDE) curriculum is the prescribed training used for DFPS foster and adoptive home applicants. This curriculum is a competency-based training program that meets a majority of the pre-service training requirements specified in *Minimum Standards*. The Department may exceed 35 hours of pre-service training based on the needs of the child placed, including training regarding treatment of children with complex medical needs, sexual victimization, sexual aggression, emotional disorders, intellectual and developmental disabilities; the treatment of victims of human trafficking, and any other situation the Department determines would require additional training.

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 between children and their families;
- Providing trauma-informed care;
- Connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and
- Working as a member of a professional team.

Since September 1, 2021, DFPS held 47 PRIDE foster/adoptive parenting classes with 489 prospective foster/adoptive parents in attendance. In addition, DFPS holds training for Foster/Adoptive staff and other child-placing agency staff on the PRIDE training model. Since September 1, 2021, 3 PRIDE Train the Trainer classes were held with 28 participants.

DFPS is currently reviewing the National Training and Development Curriculum (NTDC) to replace PRIDE as the pre-service training. NTDC is a new curriculum that is based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. The NTDC Curriculum is funded through a five-year cooperative agreement with Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, and Spaulding for Children. The curriculum will be available to child-placing agencies free of cost in June 2022.

Training of prospective foster parents is required by Health and Human Services, though the Minimum Standards and Guidelines for Child-Placing Agencies. These standards require all foster parents to receive an orientation and additional training in areas such as the developmental stages of children, fostering self-esteem of children, constructive guidance and discipline of children, strategies and techniques for monitoring and working with children, and normalcy. Other required pre-service training topics include: trauma informed care; different roles of caregivers; measures to prevent, identify, treat, and report suspected occurrences of child abuse (including sexual abuse), neglect, and exploitation; procedures to follow in emergencies, such as emergencies related to weather, volatile persons, or severe injury or illness of a child or adult; and preventing the spread of communicable diseases.

Foster parents are also required to complete cardiopulmonary resuscitation and first aid training. Prospective foster and adoptive parents caring for children under two years of age must be trained in Shaken Baby Syndrome, Sudden Infant Death Syndrome, and early childhood brain development. Foster and adoptive parents caring for children taking psychotropic medications must be trained on the administration of psychotropic medications.

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 foster/adoption 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. The most recent monthly report showed

that 89.1% children in removals requiring a three-day physical exam received an exam.

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 contains two geographically dispersed teams, with Nurse Consultants and Well-Being Specialists covering all regions. This team provides guidance and support to field staff to ensure children in foster care have their medical needs met. They act as liaisons between caseworkers and STAR Health. Additional members of the Medical Services team assist field staff in managing authorizations and denials of healthcare services and troubleshooting complex medical and behavioral health cases.

The DFPS Behavioral Health Services division provides staff training and education on behavioral health services including the Child and Adolescent Strengths and Needs (CANS) assessment, information on trauma informed care, mental health resources, and substance use disorder treatment, available throughout the state. The division also provides contact information for the local mental health authorities and Outreach, Screening, Assessment and Referral (OSAR) 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 disorders, individualizing the service plans based on the needs of the individual. Members of CPS Medical and Behavioral Health services teams are certified in Mental Health First Aid training and there is a plan to expand certification throughout the CPI Best Practice Team.

The Texas child welfare system continues to be challenged with meeting the needs of children and youth in conservatorship who entered conservatorship because their parents were unable to access sufficient services to meet their behavioral health needs. Approximately 35% of the children currently without placement (June 2021) are in conservatorship due to this issue. One fifth of children for whom DFPS has not been able to obtain a placement are children discharged from psychiatric hospitals whose needs are too acute for available capacity. Children without placement have been increasing in number since Fall 2020 and the agency is working with other state and community partners to address the need.

The Prevention and Early Intervention (PEI) division of the Department of Family and Protective Services (DFPS) assists communities in identifying, developing and delivering high quality prevention and early intervention programs. These programs are designed to promote opportunities for partnerships with families that capitalize on the strengths of

parents and children together to build healthy families and resilient communities. In FY 2021, PEI served **36,804** youth and **20,264** families through evidence-based home visiting programs, parent education, counseling and support services. Nearly all (97 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 2021 (Services to At-Risk Youth & Community Youth Development).

In FY 2021, the PEI Division worked with many stakeholders across the state to develop a five-year strategic plan, as required by Texas statute. PEI solicited input from parent partners, community stakeholders, researchers, advocates, and staff to inform and shape the new Five-Year Strategic Plan. The plan includes seven objectives designed to support the creation of safe, stable, and nurturing environments for Texas children, youth, families, and communities. These objectives are intentionally broad to allow for continued partnership and collaboration to meet the needs of Texas communities over the next five years. For more information on the PEI Strategic Plan, please follow this link: [Prevention and Early Intervention Five Year Strategic Plan, Fiscal Years 2022-2026\(state.tx.us\)](https://www.state.tx.us/preventionandearlyintervention/five-year-strategic-plan)

A Progress Report on implementation of the past PEI Five-Year Strategic Plan was released in September 2021 and a copy is located on the DFPS website at: [PEI Strategic Plan Update, Fiscal Year 2021 \(state.tx.us\)](https://www.state.tx.us/preventionandearlyintervention/five-year-strategic-plan)

Each Fiscal Year PEI publishes a Business Plan that outlines the activities it will focus on during the upcoming fiscal year to continue advancing prevention in Texas and reaching the goals outlined in the PEI Five-Year Strategic Plan. A copy of the Fiscal Year 2021 PEI Business plan, specific to services during the current reporting period, is located on the DFPS website at: [Prevention and Early Intervention Fiscal Year 2022 Business Plan \(state.tx.us\)](https://www.state.tx.us/preventionandearlyintervention/fiscal-year-2022-business-plan)

**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 2021, there were 3,176 DFPS Client Services Contracts, including:

- 8 State Office managed contracts,
- 1,331 CPS managed contracts,
- 1,699 Residential Child Care managed contracts (with 340 distinct residential providers),
- 54 Community-Based Care (formerly known as Foster Care Redesign) Single-Source Continuum Care contract, and
- 134 Prevention and Early Intervention grants.



**Average Number of Children and Families Receiving Purchased Services  
per Month Fiscal Year 2021**

Region	Total Clients	Adults	Children	Children Living at Home	Children Living in Substitute Care	Children and Post Adoption
1 Lubbock	1,976	1,361.4	614.6	226.1	397.4	7.2
2 Abilene	1,139.1	766.6	372.5	134.7	249.4	2.4
3 Arlington	6,280.3	4,436.4	1,843.8	663.3	1,167.5	58.8
4 Tyler	2,221.8	1,658.8	563	247	323.6	5.6
5 Beaumont	1,071.1	783.4	287.7	82	210.8	2.2
6 Houston	4,971.6	3,369.8	1,601.8	717	953.9	25.1
7 Austin	5,392.6	3,799	1,593.6	715.6	917.4	10.8
8 San Antonio	4,716.2	3,404.8	1,311.4	582.3	761.5	13.3
9 Midland	973.3	728.8	244.6	78.7	167.8	3.3
10 El Paso	691.3	440.3	251.1	141.2	119.1	0.4
11 Edinburg	2,721.9	2,122.1	599.8	240.2	378.6	1.5
10 El Paso	691.3	440.3	251.1	141.2	119.1	0.4
11 Edinburg	2,721.9	2,122.1	599.8	240.2	378.6	1.5
<b>Total</b>	<b>32,155.2</b>	<b>22,871.3</b>	<b>9,283.9</b>	<b>3,827.9</b>	<b>5,647.1</b>	<b>130.6</b>

(Data from DFPS 2021 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.**

nothing	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%
Q2- FY21	81%	93%	63%	91%	95%	86%	89%
Q3- FY21	83.3%	95%	53.8%	98.1%	100%	85.7%	92.5%
Q4- FY21	80.9%	95%	47.1%	89.8%	97.4%	75%	84.3%
Q1- FY22	79.7%	86%	51.1%	96.4%	97.4%	86.1%	79.7%

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 childcare 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 or do not have a uniformly available option across the state for substance abuse services 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;
- 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.

## **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 PEI five-year strategic plan seeks to establish PEI as a statewide hub for communication, knowledge sharing and assistance for stakeholders engaged in strengthening children and families in their communities. PEI leads multiple cross- agency initiatives and participates in various committees, coalitions, advisory boards and teams across the state to continue to ensure PEI’s work is rooted in and supported by communities.
- PEI has partnered with the University of Texas Health Science System to release community maltreatment risk maps These maps provide PEI a new opportunity to utilize state-of-the-art risk mapping and geographically based risk and resiliency models to identify and allocate resources within communities of highest need. In FY 22, PEI released an updated version of the community risk maps with an all- new interactive website. Both ZIP Code and county level data on risk and resilience are available, as well as detailed, accessible descriptions of the various metrics used to assess risk in different age cohorts. You can view the updated maps at <https://www.maltreatment-risk.txsafebabies.org/>. PEI will continue using these maps to provide support to communities in preventing child maltreatment by helping families before they are in crisis.
- PEI continues to participate in both the Children’s Trust Fund Alliance Parent Partnership Fellowship Pilot Project as well as the Children’s Bureau’s Thriving Families, Safer Children – Round Two cohort. Both of these programs are invested lifting up the voices of persons with lived experience, thinking differently about our processes, and sharing power with those who have experience in our systems to create the conditions for strong and thriving families and communities where children are free from harm.

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 DFPS 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. Collaborative activities with faith-based communities include the following:

- DFPS will focus on strengthening existing partnerships and establishing new relationships to create networks of support. DFPS continues to increase

capacity by expanding the volunteer workforce supporting the overall mission and strategic objectives specific around direct delivery. DFPS launched a new volunteer platform to manage and track volunteer contributions.

- DFPS partners with Care Portal, a web-based tool that allows CPS and CPI staff to connect with faith communities to clearly identify and meet the needs of children and families.
- DFPS continues to expand the 20 Bed Ministry effort throughout the state to ensure all children in care have a bed to sleep on and that no children sleep on floors.
- DFPS will partner with churches throughout the state to provide over 5 million pounds of food through the USDA Farmers to Families food box program.
- DFPS continues to collaborate with The Office of the Texas Governor on strategies to address child sex trafficking and labor trafficking in Texas, including an invitation to all faith communities to join in a day of prayer.

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. DFPS conducted a robust stakeholder engagement effort regarding the federal Family First Prevention and Services Act (FFPSA). DFPS met 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 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 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.

Data:

- In FY 2021, there were 136 Rainbow Rooms covering 125 Texas counties. During the year, 60,012 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 2021, 598 families received services through the Community-Based Child Abuse Prevention funded programs.
- Each year more than 59,919 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.
- PEI continues promoting the rebranded public awareness campaign GetParentingTips.com. The site provides up-to-date tips, articles, information and resources for handling the challenges of parenting, managing stress and keeping children safe and healthy at all stages of development, from prenatal to adolescent years, and continues to support Texas families during the COVID19 outbreak. PEI and DFPS Communications continued to develop video resources for parents on the GetParentingTips.com platform, with topics covering How to Manage Parenting Stress and Building a Family Support System.
- 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 initiating the program, there have been approximately 560 CPS 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 CANS 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 provide 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 not yet fully experienced or analyzed the impact of the widespread COVID-19 pandemic. This crisis appears to have reduced access to services and had a significant financial, social, and medical impact on children, families and service providers.

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
- 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.

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, 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 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 Regulation Division (formerly Child-Care Licensing) to ensure contractors comply with service level requirements, contracts expectations, and licensing standards.

In five areas of the state, DFPS contracts with a Single Source Continuum Contractor to develop a network of substitute care providers, through a model known as Community-Based Care. Each SSCC subcontracts with licensed residential childcare providers for substitute care services. The goal is to contract for a continuum of services that better identifies and responds to the needs of local children. The SSCC, rather than DFPS is responsible for contract management, service level reviews and coordination with the Health and Human Services Licensing Division. The model introduces greater flexibility, with the SSCCs not bound to the same level of care system and payment rates, but able to establish these locally to best incentivize development of needed residential capacity and positive outcomes. Note: One Single Source Continuum Contractor notified the agency of its intent to terminate the contract. The area covered was Bexar County (San Antonio).

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. In areas contracted under Community-Based Care, the SSCC takes responsibility for assessing local needs, working with the local community, and identifying the strategies to recruit foster and adoptive homes.

DFPS contracts with the Texas Foster Care 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 Texas Legislature 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 (CBC).

Substitute care includes both foster care and relative / kinship placements. Purchasing substitute care and case management services from the provider community allows 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 becomes the responsibility of the Single Source Continuum Contractor.

In 2021, the 87th Texas Legislature, as part of Texas Family Code, Subchapter B-1, Chapter 264, Section 264.172, formally established the Office of Community-Based Care Transition (OCBCT). The OCBCT is a state agency independent of, but administratively attached to DFPS. The OCBCT and DFPS, along with the Health and Human Services Commission (HHSC), work together to implement CBC. Currently, DFPS has four SSCC contracts.

- DFPS contracted with ACH Child and Family Services / Our Community. Our Kids (OCOK) 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. OCOK began providing case management and all other Stage II services on March 1, 2020.
- 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. 2INgage began providing Stage II services on June 1, 2020.
- In July 2019, DFPS awarded a contract to St. Francis Community Services, Inc. to serve as the Single Source Continuum Contractor for Region 1 (Amarillo/Lubbock). St. Francis began serving children in Region 1 on January 6, 2020, after a 6-month start-up period. St. Francis began providing Stage II services on March 2, 2022.
- In March 2021, DFPS awarded a contract to Belong, a division of SJRC Texas,

to serve as the Single Source Continuum Contractor for Region 8b (all counties in DFPS Region 8 excluding Bexar County). Implementation of Stage I CBC began in October 2021 following a successful six-month start up period and confirmation of readiness. Stage II six-month start-up began in April of 2022, with the anticipation to begin Stage II in October 2022 based on readiness.

Stage II roll-out (case management and services to families) in all regions is subject to legislative appropriation and based on readiness. DFPS request for state resources from the 87th Texas Legislature was appropriated to expand Community-Based Care in four new catchment areas, and to manage implementation, performance and contract oversight, and evaluation. DFPS contracts with Chapin Hall of the University of Chicago for an outcome performance evaluation. DFPS also contracts with Texas Tech University for an independent process evaluation for the entire rollout and implementation of Community-Based Care in each established catchment area. The CBC process evaluation was completed in November 2020 and can be found on the [CBC website](#).

### **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 begins tracking performance in Stage I and expects additional improvement to occur once a Single Source Continuum Contractor has fully implemented Stage II.

DFPS tracks contractor performance against an established historical baseline target specific to the area contracted. The baseline target is established by the area's performance in prior fiscal years. Regions 3b, 2 and 8a have performance data available for fiscal year 2020 and fiscal year 21, quarter 2 (FY21 Q2). For Region 1, performance data for some measures reflects a partial population of children served and cannot yet be compared to baseline. Region 8b will not be in operation until fiscal year 2022. In addition, Regions 2 and 3b have performance data available for Stage II performance measures for fiscal year 2020 and FY21 Q2. Fiscal year 2020 performance on Stage II measures are "mixed" performance between the SSCC and Legacy systems as both catchments transitioned to Stage II mid- fiscal year.

The redesigned service delivery system has shown success in increasing community collaborations and innovations. OCOK was able to maintain performance gains for children in foster care made in Stage I during the transition to Stage II, specifically outcomes for placing children in stable, least restrictive foster care settings close to their home communities. While some measures declined in the first quarter, performance remained an improvement compared to historical performance for the area.

With Stage II, performance data shows that OCOK has improved placements to kinship and is successfully serving children in kinship and other non-foster care settings (PAL and least restrictive setting performance now includes these populations.) Turnover has been an issue during the transition that improved in FY21 Q1 but increased slightly in FY21 Q2.

2INGage's FY20 Q1 performance saw a decrease in children placed close to home and siblings placed together, but with more time under the contract providing services to children in foster care, 2INGage was able to begin to realize improvement on stability and least restrictive placements for the first time, despite statewide capacity challenges. The average performance for fiscal years 2017 and 2018, the two years prior to Stage I implementation, is used as the historical average for comparison. 2INGage data for FY19 is not comparable as is the Stage I transition year.

As of FY21 Q2, 2INGage has operated for three full quarters (six months) in Stage II. Performance data shows that 2INGage and DFPS mostly maintained the higher level of placements to kinship that DFPS started in FY19 during the transition year FY20. 2INGage was successfully serving children in kinship and other non-foster care settings (PAL and least restrictive setting performance now includes these populations.).

FY20 was a transition year St. Francis and FY21 will be the first year reflecting most Region 1 children served by St. Francis. Region 1 is in an area of the state that faced significant capacity challenges prior to CBC implementation and was only beginning CBC Stage I in FY20. The fact that St. Francis had less time to transition and to implement change strategies before facing new capacity challenges is reflected in the performance data. The average performance for fiscal years 2018 and 2019, the two years prior to implementation, is used as the historical average for comparison.

**Performance: STAGE I FY2021 YTD Q2**

Indicator	Baseline	FY21 Q1	FY21 Q2	Baseline	FY21 Q1	FY21 Q2
Safe in Foster Care	<b>100%</b>	99.9%	99.7%	<b>100%</b>	99.3%	98.8%
Foster Care placements per child	<b>1.51*</b> <b>(Q2: 1.29)</b>	1.19	1.34	<b>1.47*</b> <b>(Q2:1.29)</b>	1.18	1.26
Percent Foster Care days in a Foster Home	<b>68.80%</b>	67.5%	68.2%	<b>70.1%</b>	73.4%	73.7%
Placed within 50 miles	<b>44.6%</b>	40.6%	42.2%	<b>74.9%</b>	81.9%	82.4%
Sibling groups placed together in Foster Care	<b>61.2%</b>	55.8%	60.8%	<b>64.2%</b>	64.9%	66.4%
Turning 18 years old completing PAL	<b>92.2%</b>	92.9%	88.9%	<b>88.2%</b>	95.8%	90.7%
Youth 16 years old and older with a driver's license or ID	NA	18.4%	11.8%	NA	56.9%	41.8%
Child attendance at court hearings	NA	0.00%	NA (zeroes reported)	NA	51.5%	48.6%

\* Partial-year data are not comparable to full-year data for Placement Stability



### Performance: STAGE II FY2021 YTD Q2

Indicator	Catchment 1 Baseline	Catchment 1 FY21 Q1	Catchment 1 FY21 Q2	Catchment 8a Baseline	Catchment 8a FY21 Q1	Catchment 8a FY21 Q2
Safe in Foster Care	<b>100%</b>	99.8%	99.5%	<b>100%</b>	99.6%	99.0%
Foster Care placements per child	<b>1.40*</b> <b>(Q2: 1.21)</b>	1.12	1.23	<b>1.46*</b> <b>(Q2:1.27)</b>	1.13	1.24
Percent Foster Care days in a Foster Home	<b>87.0%</b>	88.9%	88.1%	<b>82.7%</b>	83.2%	82.5%
Placed within 50 miles	<b>47.0%</b>	44.2%	43.7%	<b>73.3%</b>	76.5%	76.4%
Sibling groups placed together in Foster Care	<b>67.3%</b>	60.4%	61.9%	<b>65.9%</b>	66.3%	63.1%
Children placed with Kin at 60 days **	<b>47.0%</b>	50.4%	Pending	<b>19.2%</b>	27.3%	Pending
Turning 18 years old completing PAL	<b>89.5%</b>	100%	100%	<b>77.6%</b>	90.0%	92.3%
Youth 16 years old and older with a driver's license or ID***	NA	30.1%	39.2%	NA	-	69.0%
Child attendance at court hearings ***	NA	97.7%	94.1%	NA	-	96.6%
Caseworker Turnover	<b>17.1%</b>	64.9%	52.2%	<b>16.2%</b>	24.2%	26.7%

\* Partial-year data are not comparable to full-year data for PlacementStability

\*\* Kin data is delayed by 1 quarter due to measure requirements

\*\*\* OCOK did not report PMET measures for FY21 Q1 due to changes in data collection

*Note: Measures cannot be reported against baseline in the transition year due to a partial population in the transition year and reporting period of less than one year.*

<b>Stage I Sources:</b>	<b>Stage II Sources:</b>
<b>Safety:</b> #98078 (FY16 – 19), 100171 (FY20), #100170 (FY21 Q1), #101533 (FY21 Q2)	<b>Safety:</b> DRIT #98078 (FY16 - 19), #100258 (FY20), #100266 (FY21 Q1), #101510 (FY21 Q2)
<b>Stability:</b> DRIT #98078 (FY16 - 19), #100262 (FY20), #100264 (FY21 Q1), #101532 (FY21 Q2)	<b>Stability:</b> DRIT #98078 (FY16 - 19), #100181 (FY20), #100182 (FY21 Q1), #101563 (FY21 Q2)
<b>Least Restrictive:</b> DRIT #100259 (FY17 - 20), #100263 (FY21 Q1), #101581 (FY21 Q2)	<b>Least Restrictive:</b> DRIT #101441 (FY17 - 20), #100186 (FY21 Q1), #101577 (FY21 Q2)
<b>Proximity:</b> Chapin Hall data (TX_proximity_5Regions_1120_20210122_ToTX.xlsx)	<b>Proximity:</b> Chapin Hall data (TX_proximity_5Regions_1120_20210122_ToTX.xlsx)
<b>Siblings:</b> DRIT # 98078 (FY16 - 19), #100261 (FY20), #100265 (FY21 Q1), #101541 (FY21 Q2)	<b>Siblings:</b> DRIT #98078 (FY16 - 19), #100934 (FY20), #100187 (FY21 Q1), #101497 (FY21 Q2)
This intentionally left blank	<b>Kinship:</b> DRIT #98078 (FY16 - 19), #100288 (FY20), #100298 (FY21 Q1)
<b>PAL:</b> DRIT #98078 (FY16 - 19), #99950 (FY20), #100184 (FY21 Q1), #101540 (FY21 Q2)	<b>PAL:</b> DRIT #98078 (FY16 - 19), #100299 (FY20), #100935 (FY21 Q1), #101542 (FY21 Q2)
<b>Driver's License/ID:</b> Reported by SSCC in PMET.	<b>Driver's License/ID:</b> Reported by SSCC in PMET.
<b>Court Attendance:</b> Reported by SSCC in PMET.	<b>Court Attendance:</b> Reported by SSCC in PMET.
This intentionally left blank	<b>Turnover:</b> #98078 (FY16 - 19), Reported by SSCC (FY20- present)

DFPS established a Public Private Partnership advisory committee, by administrative rule, comprised of DFPS leadership, former foster youth, parent partners, private residential providers, advocates, trade associations, and judges. The partnership works 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 CFSR 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. Members of this workgroup were a resource to the Community-Based Care project team to identify quality indicators for the 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 childcare 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 childcare licensing Information meetings to the public that includes child demographic information.
- Regular residential provider meetings across the state where DFPS and Single Source Continuum Contract (where applicable) 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 Ysleta del Sur Pueblo/Tigua Tribe regarding the tribal interest in a Title IV-E Agreement.

#### Concerns:

- The COVID-19 pandemic impacted the recruitment and licensure of foster care

providers.

- 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 childcare, 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/adoption 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 airtime. 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**

### **2023 Annual Progress & Services Report**

#### **Section IV. 2021 Annual Progress and Services Report (APSR)**

- A. Review Goals, Objectives, and Interventions**
- B. Program Support**

**Texas Department of Family and Protective Services**  
**ACYF-CB-PI-22-01**

## **IV. 2023 Annual Progress and Services Report (APSR)**

### **A. Goals, Objectives, and Strategies**

#### **Goal 1: Maximize the safety, permanency, and well-being of children and youth**

**Rationale:** The Texas child welfare system, including Texas Department of Family and Protective Services (DFPS) divisions such as Prevention and Early Intervention (PEI), 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 maintains 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 DFPS family focus culture encourages families involved with the agency to build on their strengths in order to care for children within their own homes and communities whenever possible. The agency collaborates with families and stakeholders to develop individualized family plans that include supportive resources necessary for the safety and well-being of children, youth, and families and the achievement of positive permanency.

Children in DFPS conservatorship receive medical care primarily through Medicaid via a statewide, comprehensive managed care program known as STAR Health. STAR Health is currently administered by a contract between the Texas Health and Human Services Commission and Superior Health Plan. STAR Health provides medical, behavioral health, dental, vision, and pharmacy services. An electronic, claims-based Health Passport is maintained for each child in DFPS conservatorship. The Health Passport also contains information on medical and dental visits, diagnoses, hospital stays, prescriptions, assessments, immunization records, and other information. If a child or youth was a Medicaid recipient prior to removal, recent Medicaid claims data is incorporated into the Health Passport to ensure continuity of care.

The agency has developed specialized positions to help meet the well-being needs of children, such as Well-Being Specialists, Developmental Disability Specialists, Mental Health Specialists, Child and Adolescent Needs and Strengths Assessment Program Specialists, Trauma-Informed Care Specialists, Nurse Consultants, Substance Abuse Specialists, and Education Specialists. To elevate the voice of the parent and the child, DFPS also has a Parent Program Specialist, Fatherhood Program Specialist, Youth Specialists, and Family Group Decision Making staff. In addition, the Human Trafficking and Child Exploitation (HTCE) division was established to strengthen the anti-trafficking work for the children and youth served by the agency.

DFPS has a strong collaborative relationship with the Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families (“Children’s Commission”). The Children’s Commission and its Collaborative Council, in partnership with the Texas Education Agency (TEA) and many stakeholders, launched an Education Blueprint with an action plan to focus on improving educational outcomes for children in care. The Children’s Commission also sponsors the Statewide Collaborative on Trauma-Informed Care, with an action plan to further instill trauma-informed care in all aspects of the Texas child welfare system.

Texas successfully completed its Round 3 Child and Family Services Review (CFSR) Program Improvement Plan (PIP). Although the plan is

completed, cross-cutting issues from the Round 3 federal CFSR PIP process are identified for reference below.

**Goal 1 relates to CFSR PIP cross-cutting issues 1, 2, 3, 4, 5, and 6.**

**Objective 1.1: Prevent delinquency and child abuse/neglect – Claire Hall**

**Rationale:** Research has identified risk factors that contribute to an increased likelihood of child maltreatment and/or juvenile delinquency and conversely, protective factors that protect children from maltreatment and reduce youth's engagement in delinquency by strengthening the child, their family, and communities. PEI invests in primary and secondary prevention programs and services that reduce risk factors and promote protective factors and resiliency in children, youth, families, and communities. These programs strive to prevent entry into the Texas child welfare and juvenile justice systems.

**Expected Outcomes:**

- Parents/caregivers who complete a minimum amount of required services will not abuse/neglect their children.
- Children served will not suffer from abuse/neglect.
- Youth who complete a minimum amount of required services will not engage in juvenile delinquency.
- Parents/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 protective factors survey completed before and after receiving services.
- Youth who complete a minimum amount of required services will experience an increase in at least one protective factor on the protective factors survey completed before and after receiving services.

**Outcome Measures:**

- Clients experience an increase in protective factors as demonstrated by protective factors survey results.
- Children remain safe.
- Youth do not engage in delinquent behavior.

<b>Interim Benchmark/Milestone</b>	<b>Target Completion</b>
Procure new PEI programs according to DFPS and Texas Health and Human Services Commission (HHSC) procurement plans.	Ongoing
Create/disseminate child abuse prevention awareness calendar.	Annual
Promote infant safe sleep awareness, water safety, and hot car campaigns.	Ongoing
Enhance/promote statewide child abuse prevention campaign.	Ongoing
Build awareness of Child Abuse Prevention Month to the public and stakeholders.	April (annual)
Participate in workgroups and plan with other agencies providing prevention or early intervention services, and collaborate with stakeholders, including other state agencies to improve the effectiveness of prevention efforts.	Ongoing
Conduct an annual training conference that brings together child abuse and neglect, juvenile delinquency prevention, early intervention professionals, and service providers.	Ongoing
Utilize 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 caseworkers.	Ongoing
Coordinate efforts and share PEI program and public awareness information with other DFPS program resources to ensure effective local relationships.	Ongoing
Coordinate with HTCE division on public awareness and prevention efforts and improve PEI's and PEI providers' capacity to identify, report, recover, and restore children and youth who are trafficked or at risk of trafficking.	Ongoing

**Summary:**

PEI continues to prevent juvenile delinquency and child abuse/neglect. PEI is coordinating four community grant opportunities in FY22. PEI has active Requests for Application (RFA) for the Texas Nurse Family Partnership (TNFP), Community Youth Development (CYD), and Healthy Outcomes through Prevention and Early Support (HOPES) programs. This year, PEI funded seven new Family Resource Centers (FRCs) to provide innovative access to comprehensive and universal direct services to support Texas families. PEI Family Resource Centers establish a community- or school-based hub of support, services, and opportunities for families in Texas communities PEI is also planning for future grant opportunities scheduled for FY23-24 including Texas Home Visiting (THV), Statewide Youth Services Network (SYSN), and Family and Youth Success Program (FAYS formerly STAR) grants.

All PEI grant opportunities and procurements support the DFPS vision and mission to improve the lives of those we serve through the promotion of safe and healthy families and the protection of children from abuse, neglect, and exploitation. PEI continues to focus on supporting programs with evidence-based or evidence-informed models, as well as program design that incorporates a collaborative systems approach at the community level. To this end, PEI invests annually in consultation and technical assistance regarding evidence-based models and best practices in order to best support the communities achieving this work. PEI also conducts client satisfaction surveys and routine monitoring of providers. The feedback from these activities helps to inform PEI if a provider is operating within the contractual constructs and within the fidelity of the models.

PEI's public-facing, parenting tip website <https://www.getparentingtips.com> is a part of the PEI universal prevention strategy. The PEI team, in



partnership with DFPS Communications, created the website utilizing feedback from parents on how PEI's website could better meet their needs. Based on this feedback, the website's content shifted to include a variety of informative articles and video content created and published by subject matter experts. PEI also partnered with parent liaisons to create content for parents – by parents. The PEI communications team continues to curate innovative content on diverse topics, organized by different age groups. The division continues buying ads in order to promote the redesigned website, which has shown an increase in engagement and website traffic since the December 2020 launch. Since inception, GetParentingTips.com has recorded 3,354,307 sessions, 1,816,688 users, and 4,170,710 pageviews.

The 2018 Family First Prevention Services Act (FFPSA) is a federal law intended to prevent children from entering foster care, reduce the use of residential congregate care in favor of family-like settings, and strengthen support for kinship care placements. FFPSA recognizes that children do best when maintained safely in their own families. The law provides additional federal funding to states that choose to “opt-in” to increase the number of resilient families and prevent children from entering the foster care system. Under FFPSA, Texas would be able to obtain federal Title IV-E funding to enhance prevention services to pay for mental health, substance abuse, and in-home parent training services for families at imminent risk of their child entering foster care. The target population is children or youth who are candidates for foster care, pregnant or parenting youth in DFPS Conservatorship, and the parents or kinship caregivers of those children and youth. The goal is to forward PEI objectives to help communities identify prevention and early intervention needs, continue or develop new evidence-based prevention programming, incorporate commitments to cultural diversity and under-represented or underserved groups, and establish an array of prevention services to prevent entry to higher end systems including child welfare. PEI, in collaboration with the broader Prevention and Community Well-being division, began implementing legislative directives for prevention services under the Family First Act and contact amendments are anticipated to occur June 2022; initiating contract updates to incorporate these additional funds into four existing TNFP contracts to serve pregnant and parenting youth in foster care; and initiating contracts with grantees to launch Kinship navigator programs designed to support the many informal kinship placements that occur outside the child welfare system. Examples of prevention activities funded currently through other federal funding streams include fatherhood programs that benefit the family as a whole, programs for military and veteran caregivers, and family resource centers. The Texas 87<sup>th</sup> Legislative Session began January 2021 and provided direction on utilization of Family First Transition Act funding, as well as direction on Family First Prevention Services.

PEI also continues to support the Texas Prevention Framework Workgroup. The Texas Prevention Framework Group focuses on: transforming the child welfare system into a child and family wellbeing system through elevating cross-sector prevention efforts; expanding who is at the table in the prevention of child abuse and neglect; and developing Texas's model of a public health approach to child welfare framework. This year, PEI merged two workgroups with the common goal to think through prevention models that can be wildly adapted and compliment the array of services Texas already has.

The Bexar County Early Intervention Court Program, funded by PEI, is an example of cross-system coordination at the local level. The court provides a comprehensive, integrated, and coordinated systems approach to help families within Bexar County. This includes developing, supporting, and facilitating individualized services (i.e. home-based assessments, home visiting programs that provide evidence-based parent education, home visiting, and counseling) to meet the needs of some of Bexar county's most vulnerable families. The population includes infants, toddlers, and parents with risk of involvement with Child Protective Services (CPS), as well as those identified by CPS as candidates for intensive family preservation efforts that prevent future involvement in the child welfare system

The 87<sup>th</sup> Texas regular Legislative Session lawmakers focused legislative efforts on child welfare and prevention and early intervention. Legislators filed 9,999 bills, and the Prevention and Early Intervention (PEI) Policy and Prevention Strategies team subsequently analyzed thirty-five bills

containing both direct and indirect implications for prevention programming and operations. PEI has worked this year to implement legislation that directly impacts prevention in Texas including increasing PEI programs and practices that can be considered on the evidence-based spectrum and all previously mentioned FFPSA legislation.

<b>Outcome Measure</b>	<b>Metric*</b>	<b>PEI Program</b>	2021	2020
1) Clients experience an increase in protective factors as demonstrated by protective factors survey results.	% clients who demonstrated an improvement on pre- and post-tests.**	All	92%	87.80%
2) Children remain safe.	% clients served in programs who remain safe according to a data match with Child Protective Services***	HOPES	97.28%	96.37%
2) Children remain safe	% clients served in programs who remain safe according to a data match with Child Protective Services***	HIP	96.00%	95.28%
2) Children remain safe	% clients served in programs who remain safe according to a data match with Child Protective Services***	Military	99.05%	97.49%
2) Children remain safe	% clients served in programs who remain safe according to a data match with Child Protective Services***	CBCAP	98.15%	98.67%
3) Youth do not engage in delinquent behavior.	% youth NOT referred to juvenile justice according to a data match with TJJD***	SYSN	99.10%	98.99%
3) Youth do not engage in delinquent behavior	% youth NOT referred to juvenile justice according to a data match with TJJD***	CYD	98.71%	98.49%
3) Youth do not engage in delinquent behavior	% youth NOT referred to juvenile justice according to a data match with TJJD***	STAR (FAYS)	95.75%	94.2%

\*Data only available annually

\*\* According to the [PEI Outcomes \(Rider 21\) Report](#)

\*\*\* According to the [DFPS Data Book](#)

Strategy 1.1a Lead: Claire Hall

**Strategy 1.1a: To support programs that help families and communities to prevent delinquency and child abuse/neglect, while also improving the capacity to identify, report, recover, and restore children and youth who are trafficked or at risk of trafficking, through:**

- Funding community efforts and programs;
- Collaborative work with other state agencies;
- Hosting the Partners in Prevention conference;
- Evaluating caregiver feedback;
- Coordination with child welfare;
- Convening stakeholders to analyze prevention pathways to support children and families;
- Assessing community readiness for implementing prevention activities related to Family First Protection and Services Act (FFPSA); and
- Coordination with the division of Human Trafficking and Child exploitation (HTCE).

**Rationale:** Research has identified risk factors that contribute to an increased likelihood of child maltreatment and/or juvenile delinquency and conversely, protective factors that protect children from maltreatment and reduce youth's engagement in delinquency by strengthening the child, their family, and communities. PEI invests in primary and secondary prevention programs and services that reduce risk factors and promote protective factors and resiliency in children, youth, families, and communities. These programs strive to prevent entry into the Texas child welfare and juvenile justice systems.

<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. Release grant opportunities for PEI programs according to DFPS and Texas Health and Human Services Commission (HHSC) grant plans.</p>	<p>Ongoing</p>	<p>PEI created a five-year grant opportunity and procurement plan to support the activities of its 11 grant programs. PEI currently oversees 132 grants and other support contracts with an estimated value of \$638,000,000.00 over the five-year period.</p> <p>PEI is coordinating four community grant opportunities in FY21. PEI has active Requests for Application (RFA) for the Texas Nurse Family Partnership (TNFP), Community Youth Development (CYD), and Healthy Outcomes through Prevention and Early Support (HOPES) programs.</p> <p>Additionally, PEI is implementing grant opportunities for prevention services under the Family First Prevention Services Act (FFPSA) to comply with Legislative direction.</p> <p>PEI is also planning for future grant opportunities scheduled for FY23-24 including Texas Home Visiting (THV), Helping through Intervention and Prevention (HIP), Statewide Youth Services Network (SYSN) and Family and Youth Success Program (FAYS formerly STAR) grants.</p>	<p>Action step has been updated to read: Release grant opportunities for PEI programs according to DFPS and Texas Health and Human Services Commission (HHSC) grant plans.</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. Participate in workgroups and plan with other agencies providing prevention or early intervention services, and collaborate with stakeholders, including other state agencies to improve the effectiveness of prevention efforts.</p>	<p>Ongoing</p>	<p>Continue participation in collaborative groups of stakeholders such as the Early Childhood Systems Integration Group, Help Me Grow, the BUILD Initiative, the Texas Early Learning Council, and others.</p> <p>Continue to partner with other state agencies in order to leverage funding and programing to best support families and communities in order to prevent child abuse/neglect and delinquency. The Texas Prevention Framework Workgroup was developed to build on the work and progress of the Prevention Task Force. The workgroup created a Texas Public Health Prevention Framework and continues to dive deeper to explore how families access programs and what gaps we can identify in supporting families in the community.</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. Conduct an annual training conference that brings together child abuse/neglect and juvenile delinquency prevention, early intervention professionals, and service providers.	Annually (fall)	<p>Due to continued impact of the pandemic PEI pivoted its annual conference and hosted the first hybrid Partners in Prevention (PIP) conference. The conference was a 3-day training opportunity for PEI grantees and other professionals serving children and families. The conference also included a two-day annual meeting for all PEI grantees. More than 1000 were in attendance.</p> <p>PEI has already begun planning for the next annual PIP conference in the fall of FY22. Our 2022 conference theme is "Anchored in Purpose." This conference will be a hybrid conference utilizing both an in-person option in Corpus Christi and a virtual component.</p> <p>Planning for PIP is a year-round endeavor.</p>	
d. Utilize the primary caregiver satisfaction survey to inform planning and decision-making.	Annually and ongoing thereafter.	<p>Quarterly and annual survey results are reviewed by the research and evaluation team and PEI's program teams. These results are then discussed and shared with providers. Satisfaction has generally been very high, higher than internal targets set by PEI, but concerns are discussed where outliers are identified. Further, PEI is working with an external researcher to validate responses to the satisfaction survey directly with clients and delve deeper into their experience with the program.</p>	
e. Monitor contractors' administration of program experience survey.	Annually and ongoing thereafter.	<p>PEI contractors are required to submit a quarterly report on progress. PEI executes an annual monitoring plan that is based on a risk assessment of providers. This is a plan that can always be modified if a concern arises. All FY21 monitoring plan follow-ups for contract action plans were completed in January 2022. The FY22 statewide monitoring plan has been created and is currently being implemented.</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>
f. Share key information on prevention services and topics with DFPS investigation caseworkers.	Quarterly and ongoing thereafter.	<p>In February 2021, PEI hosted Safety Summit 2020 to provide CPI with the latest analysis of child fatality and near fatalities in Texas. This Summit also provided training on prevention strategies, policies, best practices, and working with families experiencing trauma. PEI Office of Child Safety met with CPI and CPS regional leadership at least quarterly to provide key trend analysis to support ongoing collaboration between prevention services and DFPS caseworkers.</p> <p>Due to the pandemic, the Leadership conferences were not held in FY21.</p>	
g. Coordinate efforts and share PEI program and public awareness information with other DFPS program resources to ensure effective local relationships.	Quarterly and ongoing thereafter.	PEI continues promoting the rebranded public awareness campaign GetParentingTips.com. The site provides up-to-date tips, articles, information, and resources for handling the challenges of parenting, managing stress, and keeping children safe and healthy at all stages of development, from prenatal to adolescent years, and continues to support Texas families during the COVID19 outbreak. PEI and DFPS Communications are developing additional video resources for parents on the GetParentingTips.com platform, with potential topics covering healthy brain development, the importance of staying calm when parenting, the importance of fathers, and establishing a network of support for parents.	

<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. Convene a cross-agency, public-private Texas Prevention Framework workgroup to conduct an upstream data analysis and map out prevention pathways for children and families, including child welfare, PEI, and the court improvement project.	Ongoing convening; Analysis due by September 2021	The workgroup met quarterly to advance its goals; as well as began participating in Thriving Families Safer Children learning collaborative. The FY 2022 virtual meetings were held on 6/7/21, 9/23/21, and 1/20/22.	
i. Conduct a Prevention Readiness Tour in multiple Texas communities to host regional discussions of the “Framework” efforts and community plans for implementing FFPSA.	Fall 2020	Between May to June 2020, PEI conducted a series of virtual meetings with Texas communities to discuss readiness for the FFPSA framework. These tours are a component of PEI’s continuous quality improvement strategy. They are held on off-Legislative session years to hold meaningful conversations with key community stakeholders about prevention efforts and planning. Convenings were held in the communities of Amarillo, Corpus Christi, Houston, Odessa, El Paso, and San Antonio. Overall, PEI received input through these virtual meetings about the need for mental health and substance abuse community services across the state as well as the need for increased local collaboration and coordination.	



<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>j. Coordinate with HTCE division on public awareness information and prevention efforts and improve PEI and PEI providers' capacity to identify, report, recover, and restore children and youth who are trafficked or at risk of trafficking.</p>	<p>Quarterly and ongoing thereafter.</p>	<p>Bi-monthly meetings are scheduled with the HTCE team and PEI to continue coordinating public awareness and prevention information.</p> <p>Survey PEI providers to understand existing knowledge and resources for human trafficking, identify gap of knowledge/resources, and establish action strategic plan to address gaps.</p> <p>Promote human trafficking awareness via PEI Provider News. The PEI newsletter sent to providers weekly that includes provider updates, training opportunities, and resources. This information is also included in PEI's monthly newsletter to the Prevention Community as needed.</p> <p>Cross-collaboration at HTCE and PEI annual conferences. The HTCE team presented on Familial Domestic Minor Sex Trafficking at PEI's annual conference on prevention in October 2020.</p> <p>PEI will promote Human Trafficking Awareness Month in January and HTCE will coordinate an event during this month for PEI grantees.</p> <p>Collaborate on providing training resources that can be shared with PEI grantees.</p>	

## Objective 1.2: Improve prevention and intervention strategies and services – Claire Hall

**Rationale:** Through targeted service delivery in the PEI division, and through direct delivery services available in the CPI and CPS divisions, child safety can be strengthened while simultaneously improving family and community protective factors. PEI’s legislatively required growth strategy, which includes data associated with child abuse and neglect fatalities or near-fatalities, informs the expansion of services for prevention and intervention with families. DFPS, through PEI, will target communities with high maltreatment risk to assist in providing prevention services.

### Expected Outcomes:

- Communities will select programs specific to their identified needs to provide services prior to DFPS involvement.
- Communities will build capacity to serve families where child maltreatment has already been identified.
- Targeted efforts aimed at preventing abuse and neglect will include both fatal and near-fatal abuse and neglect.

### Outcome Measures:

- Increased number of children who remain safe during services.
- 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/neglect.

Interim Benchmark/Milestone	Target Completion
Coordinate with Texas Department of State Health Services (DSHS) to review child fatality data and provide aggregate information to inform prevention and intervention services on a county and statewide scale.	Ongoing
Track and analyze child maltreatment related fatalities and near fatality cases.	Ongoing
Track cause and manner of death.	Ongoing
Monitor system for reviewing, recording, and analyzing child abuse and neglect related near fatalities and fatalities through continuous quality improvement process.	Ongoing
Produce annual report regarding investigated child fatalities and near fatalities. Annual report will be published on the DFPS Office of Child Safety website.	Ongoing (Annually)
Collaborate with stakeholders and other state agencies to design, promote, and/or support ongoing prevention efforts surrounding trends identified in child fatality and near-fatality review.	Ongoing
PEI will continue to improve and sustain productive relationships with communities.	Ongoing
PEI will continue to explore best practices in program implementation and expansion while maintaining model fidelity.	Ongoing
Utilize PEI’s growth strategy in the development of purchasing requests for proposals.	Ongoing
Monitor and update PEI’s business and strategic plans.	Ongoing

**Summary:**

In March 2022, the Child Maltreatment Fatalities and Near Fatalities report was published by DFPS Office of Child Safety. DFPS and the Texas Department of State Health Services work together to track and analyze child maltreatment related fatalities and near fatality cases, including manner of death. The Office of Child Safety is charged with on-going analysis of fatalities and near fatalities. Using the report and on-going analysis, the Office of Child Safety is able to monitor the state system for reviewing, recording, and analyzing child abuse and neglect related near fatalities and fatalities, as well as ensuring a continuous quality improvement process. For more information on this report, please follow this link: [FY2021 Child Maltreatment Fatalities and Near Fatalities Annual Report \(state.tx.us\)](#)

Over the past year, PEI solicited input from parent partners, community stakeholders, researchers, advocates, and staff to inform and shape the new Five-Year Strategic Plan. The plan includes seven objectives designed to support the creation of safe, stable, and nurturing environments for Texas children, youth, families, and communities. These objectives are intentionally broad to allow for continued partnership and collaboration to meet the needs of Texas communities over the next five years. Additionally, PEI updated the FY22 Business Plan. As these plans indicate, PEI is committed to working with communities to promote prevention at a systematic level and does so to the extent of a contractual requirement. PEI is committed to excellence and to this end focuses on contracting with providers utilizing evidence-based programs. PEI also invests in technical assistance contracts with major evidence-based models to best support providers through implementation.

For more information on the PEI Strategic Plan, please follow this link: [Prevention and Early Intervention Five Year Strategic Plan, Fiscal Years 2022-2026 \(state.tx.us\)](#)

For more information on the PEI Business Plan, please follow this link: [Prevention and Early Intervention Fiscal Year 2022 Business Plan \(state.tx.us\)](#)

In PEI, outcome measures can only be provided annually due to coordination with other state agencies and departments.

The following are the most recent data updates.

<b>Outcome Measure</b>	<b>Metric*</b>	<b>PEI Program</b>	<b>2021</b>	<b>2020</b>
1) Increased number of children who remain safe during services.	% clients served in programs who remain safe according to a data match with Child Protective Services. **	HOPES	97.28%	96.37%
		HIP	96.00%	95.82%
		Military	99.05%	97.94%
		CBCAP	98.15%	98.67%
2) Decreased number of child victims with subsequent reports of abuse and/or neglect.	# fatalities where abuse/neglect was confirmed.	N/A	199	251
3) Decreased number of child deaths with previous DFPS history.	# cases with CPS history for confirmed child abuse and neglect related fatalities.	N/A	96	117
4) Continued collaboration with the state agencies to ensure improved coordination of information, policies, and programs for prevention and early intervention of child abuse/neglect.	PEI participation in state agency collaborations.	All PEI programs	Partner state agencies include: Department of State Health Services, Texas Education Agency, Office of the Governor, Texas Juvenile Justice Department, Health and Human Services Commission, and Texas Workforce Commission.	Partner state agencies include: Department of State Health Services, Texas Education Agency, Office of the Governor, Texas Juvenile Justice Department, Health and Human Services Commission, and Texas Workforce Commission.

\*Data available annually. \*\* According to the DFPS Data Book. \*\*\*According to the Office of Child Safety 2020 Child Maltreatment Fatalities and Near Fatalities Report.

Strategy 1.2a Lead: Claire Hall

**Strategy 1.2a: To increase public awareness of risk factors, protective factors, and interventions in order to prevent delinquency and child abuse/neglect, while also improving the capacity to identify, report, recover, and restore children and youth who are trafficked or at risk of trafficking through targeted prevention activities.**

**Rationale:** Research has identified risk factors that contribute to an increased likelihood of child maltreatment and/or juvenile delinquency and conversely, protective factors that protect children from maltreatment and reduce youth’s engagement in delinquency by strengthening the child, their family, and communities. PEI invests in primary and secondary prevention programs and services that reduce risk factors and promote protective factors and resiliency in children, youth, families, and communities. These programs strive to prevent entry into the Texas child welfare and juvenile justice systems.

<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. Create/disseminate child abuse prevention awareness calendar.	Annually	In FY2022, DFPS published, printed, and distributed all 600,000-child abuse prevention awareness calendars for providers and communities at no cost to the providers. This is an annual project.	
b. Promote infant safe sleep awareness, water safety, and hot car campaigns.	Annually and ongoing thereafter.	<p>The Office of Child Safety within PEI hosted webinars that early childhood professionals can access, including Safe Sleep Practices, Vehicle Safety, and Water Safety.</p> <p>The Office of Child Safety also collaborated with Texas Health and Human Services to develop training for medical professionals and paraprofessionals on Vehicle Safety.</p> <p>PEI makes weekly posts to GetParentingTips.com’s Facebook and Instagram social media platforms promoting Safe Sleep and Water Safety information and prevention awareness.</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. Enhance promote statewide child abuse prevention campaign.	Annually And ongoing thereafter.	<p>Continued to raise 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.</p> <p>Continued promoting the rebranded public awareness campaign. <a href="https://www.getparentingtips.com/">https://www.getparentingtips.com/</a></p> <p>The site provides up to date tips, articles, information, and resources for handling the challenges of parenting, managing stress, and keeping children safe and healthy at all stages of development, from prenatal to adolescent years, and continues to support Texas families during the COVID-19 outbreak. PEI and DFPS Communications continued to develop video resources for parents on the GetParentingTips.com platform, with topics covering <a href="#">How to Manage Parenting Stress</a> and <a href="#">Building a Family Support System</a>.</p> <p>Sourced, edited, and published two new articles monthly for GetParentingTips.com.</p> <p>Promoted online resources during annual Partners in Prevention conference.</p> <p>Created a webinar/virtual tour of GetParentingTips.com 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>
d. Build awareness of Child Abuse Prevention Month to the public and stakeholders.	Annually (April)	<p>Child Abuse Awareness Month plans kicked off with the first child abuse prevention month event on the capitol grounds. This event brought together community stakeholders, prevention professionals, and legislators to recognize the critical work being done across the state to meet families upstream. The event on capitol grounds included numerous speeches by legislators, the Commissioner, PEI and Texprotects, the reading of the Governor's Proclamation, and a call to action where attendees planted pinwheels to show their commitment to prevention efforts.</p> <p>Created and promoted a Child Abuse Prevention Social Media Toolkit with messages, samples, and imagery for internal and external stakeholders.</p> <p>Promoted Child Abuse Awareness Month via PEI newsletters, social media (PEI and DFPS), and website.</p> <ul style="list-style-type: none"> <li>• Worked with DFPS Public Relations and Office of the Governor to draft Governor's Proclamation on Child Abuse Prevention Month.</li> </ul>	
e. Coordinate with HTCE division to build awareness of Human Trafficking Prevention Month with the public and stakeholders.	Annually (January) and ongoing thereafter.	<p>Promoted human trafficking awareness via PEI Provider News and PEI Community News. Provider News is sent to grantees four times per month. It includes provider updates, training opportunities, and resources. PEI Community News is a once-monthly newsletter for all persons signed up to receive DFPSnews related to PEI.</p> <p>Cross-collaboration at HTCE and PEI annual conferences. The HTCE team presented on The Dynamics of Family-Facilitated Child Sex Trafficking: What You Need to Know at PEI's annual conference on prevention in October 2020.</p>	

### Objective 1.3: Expand Alternative Response philosophy into traditional investigations – Jerome Green

**Rationale:** Solution-focused practice and family engagement skills proved effective in obtaining quality work with families as Alternative Response was implemented. By using solution-focused practice and engaging families differently, caseworkers gathered more pertinent child safety information from families and assisted development and utilization of the family support networks. Engagement strategies resulted in families becoming more invested in the safety of their own children and in the parents working alongside the caseworkers as a team. Additionally, a majority of families reported being more satisfied with the Alternative Response approach and felt they were able to participate in developing solutions or selecting services.

**Expected Outcomes:**

- Caseworkers and managers will know how to use solution-focused practice when working cases.
- Information reflected in case files will be more family-focused through use of engagement tools, solution-focused questions, and input from families in the creation of plans and selection of services.
- Caseworkers will show effective family engagement skills through use of engagement tools, solution-focused questions, and partnering with families throughout the casework process.
- Managers will use the parallel process by demonstrating use of solution-focused practice in case staffing, case direction, and leadership of their staff.

**Outcome Measures:**

- Caseworkers show increased solution-focused practice and family engagement.
- Supervisors model the parallel process, thereby increasing the critical thinking, decision-making skills, and competency of their staff.
- All staff understand and use the parallel process.

Interim Benchmark/Milestone	Target Completion
Strengthen caseworker training to include solution-focused practice and focus on family engagement and assessment skills.	Ongoing
Promote Learning Workshops as a support service available to all CPI staff to support development and transference of skills.	Ongoing
Utilize monthly webinars for all CPI staff to provide ongoing training of solution-focused practice and family engagement skills.	Ongoing
Disseminate solution-focused practice and engagement tools to all CPI staff. Information will be made available on the Safety Net.	Ongoing



**Summary:**

Due to the unforeseen nature of the COVID-19 pandemic and the impact it has had on State Office's ability to meet, plan, and deploy training strategies, overall completion of many objectives is delayed.

To support the use of solution-focused practice, the internal training system for the department has been integrating solution-focused questions, interviewing, and practice into a majority of curriculums offered to staff as the model for how we engage with families. For newly hired staff, basic training focuses on solution-focused practice and family engagement by providing solution-focused interviewing instruction and practice activities. Advanced investigation courses have also incorporated solution-focused interviewing techniques and require demonstration of effective engagement skills to advance to the next level of certification. Supervisor training and Strengths-Based Supervision courses also now include solution-focused practice in reference to developing staff and increasing their critical thinking skills.

Additionally, in some areas of the state Investigations staff have begun participating in learning workshops to learn more about solution-focused practice and integrate the techniques into their practice. Supervisors reported more in-depth assessments are occurring and an increase in staff's ability to obtain a holistic view that includes historical factors, current behaviors/issues, and future plans for ongoing safety and reduction of risk. Staff have been able to support families in creating sustainable plans that address current and future worries and needs. During conversations with staff that work both Investigations and Alternative Response cases, they have self-reported that they are using family engagement skills and tools learned in Alternative Response with their families in Investigations. The department piloted a program with a group of Investigation managers that focused on supervising using a solution-focused, collaborative engagement approach with staff. This resulted in supervisors reporting that they were supporting their staff by utilizing solution-focused questions that encourage critical thinking and feeling more satisfaction and motivation in the supervisors' work. This year there has been an increase in training staff who primarily work traditional Investigations in Alternative Response practice which promotes engagement and solution-focused work with families.

CPI management has had discussions regarding solution-focused practice and family engagement trainings being developed for CPI staff; however, due to the unforeseen nature of the COVID-19 pandemic and the impact it has had on State Office's ability to meet, plan, and deploy training strategies, overall completion of the objective has been delayed. This year a CPI Workgroup planned and began implementing a training series titled "CPI Engagement Series" that is being delivered to all caseworkers and managers in CPI. The "CPI Engagement Series" focuses on the foundational principles of engagement, its importance, and how to use engagement tools with adults, youth, and children.

Strategy 1.3a Lead: Jerome Green

**Strategy 1.3a: Develop a family engagement approach to working traditional investigations involving children who experience abuse and neglect.**

**Rationale:** Alternative Response practice utilizes multiple family engagement techniques to address reports of alleged child abuse and neglect utilizing a family- centered approach. While still focusing on child safety, this practice promotes a more flexible, family-engaging approach. Alternative Response allows a family to perceive CPI involvement as less adversarial and more collaborative by implementing techniques in family engagement and solution-focused practices into traditional investigation protocols. A strengthened family engagement approach will improve agency collaboration with the family needed to address critical child safety, permanency, and well-being 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>
<p>a. Develop protocols/practices for investigative caseworkers/supervisors to use Alternative Response practices and tools during an investigation.</p>	<p>February 2023</p>	<p>Discussions and planning are still ongoing regarding this action step.</p> <p>Now that Alternative Response has been implemented statewide, Investigations and Alternative Response are able to participate in monthly training webinars that focus on a variety of topics including solution-focused practice/questions, engagement tools with families, and collaborating with families to resolve mental health and substance abuse concerns.</p> <p>Beginning May 2022, All CPI field staff (includes Investigations and Alternative Response workers) will participate in CPI Learning Workshops (formerly known as Technical Coaching). Program Specialists from State Office will conduct on-site training opportunities for all regions throughout the year. Learning Workshops will consist of the presentation of a specific training topic followed by a discussion period to answer questions and embed the learning with staff. All regions will receive the Learning Workshops approximately three times per year. The Learning Workshops will enhance understanding and practice of engagement techniques with all investigative staff.</p> <p>There is an Investigation Engagement Guide that was developed this year and provides guidance and practice expectations on how to incorporate engagement and solution-focus practice in each stage of an investigation. This document is being provided to staff as part of the CPI Engagement Series.</p> <p>CPI will look into any additional areas where protocols/practices could be updated to support engagement and solution-focused practice.</p>	<p>Target date has been updated to February 2023 to accommodate restraints created by COVID.</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. Develop strategic plan to intentionally incorporate Alternative Response family engagement philosophy and methodology into all agency training to both workers and supervisors.	August 2022	Development and implementation of the strategic plan is underway to bring engagement techniques and practices to investigative staff in the form of engagement training titled "CPI Engagement Series". The training is being rolled out in a consistent and timely fashion to all levels of investigation staff.	
c. Develop a curriculum that focuses on child safety with family engagement as a component to a collaborative approach.	February 2023	The training "CPI Investigation Series", a 2-part series on Engagement has been developed for Investigations staff to facilitate their use of family engagement techniques and use of a collaborative approach when working investigations. The curriculum was approved in May 2022 and the training is being delivered to CPI staff.	Target date has been updated to February 2023 to accommodate restraints created by COVID.

**Strategy 1.3b Lead: Linsay Tomlison**

**Strategy 1.3b: Expand the Adaptive Coaching Institute for management levels of Child Protective Investigations.**

**Rationale:** The Texas Adaptive Coaching Program offers an individual (coachee) the opportunity to reflect on their abilities as a leader and identify goals that will increase their effectiveness.

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. CPI will explore providing training on coach- like/person-centered leadership to all regional directors and program administrators.	August 2021	This action step has been completed.	
b. CPI will create an Adaptive Coaching Institute within DFPS. The Institute will offer trainings and opportunities for managers to develop more advanced leadership skills.	January 2022	This action step has been completed.	

**Objective 1.4: Promote high quality standards for investigations – Natalie Reeves**

**Rationale:** Child safety is the central focus of investigative practice. The foundation of quality investigations is the education, development, support, and retention of staff. Direct service staff (caseworker, manager, and staff in supporting roles) are the medium through which investigations are made and families served. To assist staff in completing high quality investigations, DFPS provides supports such as technological resources, trainings, supervision support, reporting systems, and policies that allow staff to better serve families. In addition, DFPS collaborates with outside agencies that provide feedback on how to continue to improve the quality of investigations.

**Expected Outcomes:**

- Caseworkers will exhibit the necessary critical thinking skills and ability to detect child abuse and neglect to effectively intervene with families to assure child safety.
- Caseworkers will demonstrate effective family engagement skills. **(CFSR PIP Goal 4)**
- Staff will have access to expert consultations as needed to guide and develop practice skills.
- Support services such as training, case reviews, and data will be aligned to support quality investigations.

**Outcome Measures:**

- Recidivism will decrease.
- Staff turnover will continue to decrease. **(CFSR PIP Goal 1)**
- Staff will have access to real time data to help them manage tasks and workloads.

<b>Interim Benchmark/Milestone</b>	<b>Target Completion</b>
Hire, develop, and retain a strong workforce. <b>(CFSR PIP Goal 1)</b>	Ongoing
Caseworker training will be strengthened to better support strong practice skills including family engagement and assessment skills. <b>(CFSR PIP Goal 6)</b>	Ongoing
Training for managers will reinforce the Texas CPI model of supervision. <b>(CFSR PIP Goal 4)</b>	Ongoing
Managers will develop skills in using technology and data to assist in ensuring that critical safety tasks are completed timely.	Ongoing
CPI will continue to use the Master Investigators to respond to workload and staff development needs across the state.	Ongoing
Use the expertise of the Child Safety Specialists in improving response to repeat child maltreatment for the most vulnerable children.	Ongoing
Coordinate with HTCE program to improve investigator capacity to identify, report, recover, and restore children and youth who are trafficked.	Ongoing
Enhance the specialty and certification training processes for CPI staff to include Human Trafficking.	Ongoing

**Summary:**

Staff levels have decreased this quarter resulting in lower number of staff available which subsequently added to the additional stress and higher workloads for caseworkers. CPI has put processes in place to alleviate these interconnected issues. Special Investigators have been called in to assist with the caseloads. Master Investigators have been deployed to various portions of the state to also assist. CPI state office program specialists have assisted with case staffing. Staff continue to work to assess child safety. CPI is gradually increasing the number of staff hired, and although the training process is lengthy, the expectation is to continue moving forward.

Staff are able to access Child Safety Specialists for consultation on high risk cases early and throughout the investigation. These consultations use a structured case mapping format that helps staff think through critical decision points in cases and identify strategies for ensuring child safety.

CPI leadership continues to develop proficiency in using data to help promote quality investigations. Regional leadership teams meet quarterly to review their own data, identify issues/trends that the data reflects, and develop strategies to target the issues that are most relevant to quality investigations. Regions continue to benefit from strategic deployment of Master Investigators to respond to both workload and staff development needs.

**SUMMARY OF EMPLOYEE TURNOVER COMPARISON REPORT (as of FY22 Q2)  
INVESTIGATIONS (CPI)**

<b>Functional Title</b>	<b>Turnover Rate (FY21)</b>	<b>Turnover Rate (FY22)</b>	<b>% Change FY21 to FY22 Q2</b>
CPI Workers	43.1%	44%	2.1%
CPI Supervisors	14.6%	12.1%	-17.1%
CPI Program	34.8%	35.9%	3.2%

**Strategy 1.4a Lead: Tracve Risener**

**Strategy 1.4a: Continuous quality improvement utilizing the Child Safety Specialist expertise.**

**Rationale:** Child Safety Specialists review a high volume of cases to strengthen risk and safety assessment. Child Safety Specialists provide feedback on safety related issues, including whether or not safety and risk assessments are being used correctly. Additionally, in some areas these specialty staff are able to use group supervision to help develop or strengthen critical thinking skills in direct delivery staff and promote a thorough understanding of the family dynamics that affect child 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>
<p>a. Develop and implement a process to incorporate the results from the Child Safety Specialists' reviews identifying trends and patterns to be shared across the state.</p>	<p>Ongoing</p>	<p>A dashboard report was developed and has been distributed monthly to the Office of Accountability Child Safety Specialists, and Child Protective Investigations State Office and regional management, to identify trends and patterns. A new Child Safety Specialist survey and tableau dashboard is in development that will further improve the ability to identify trends and patterns. The Data Systems and Improvement Analytics and Evaluation team will be working with the Office of Accountability Child Safety Specialists and Child Protective Investigations staff in the development to collaborate on these changes. There will be enhanced training to ensure a better understanding of how to use the system. Once development is complete and the new survey and dashboard are in use, the Lead Child Safety Specialists will meet with the Regional Systems Improvement team, and Child Protective Investigations regional management to discuss results and identify action items. Until then, the current dashboard report will continue to be distributed monthly to the Office of Accountability Child Safety Specialists and Child Protective Investigations regional and State Office management. Lead Child Safety Specialists will continue to work with the Regional Systems Improvement Team and Child Protective Investigations regional management to discuss trends and patterns in the review of Investigations. Due to Child Protective Investigations policy changes and further review of the current dashboard system, it was determined that a more enhanced system was needed.</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. Expand capacity for Child Safety Specialist verbal consultation on high risk cases across the state.	Ongoing	Verbal consultation through case mapping began in FY20 and was implemented statewide in September 2020. Currently Child Safety Specialists complete case mapping during multiple referral (MRef) staffing's where there is a victim child under the age of 4 years, and other high-risk staffing's on CPI investigations in all regions across the state. The pilot project was completed; however, Child Safety Specialists continue to complete case mappings.	

**Strategy 1.4b Lead: Angela Pie**

**Strategy 1.4b: Child Protective Investigations caseworker training will be strengthened to better support strong practice skills including family engagement and assessment skills.**

**Rationale:** To achieve the outcomes for children, youth, and families, a professional and competent workforce is required. Doing so requires that CPI provide training that promotes best 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):

<p>a. Develop and conduct trainings that facilitate practice changes for CPI investigations while adhering to the Texas DFPS Practice Model values</p>	<p>Ongoing</p>	<p>CPI Best Practice Specialist delivers virtual trainings and presentations throughout the state to discuss various practice changes for CPI investigations while ensuring those changes are aligned with the DFPS Practice Model. CPI Best Practice Specialist virtually attended staff meetings and local Investigation Universities to support regional leadership while ensuring messages delivered to staff are aligned with the DFPS Practice Model.</p> <p>The CPI Best Practice Specialist was unable to attend any conferences this past year based on most being cancelled due to the COVID-19 pandemic The Best Practice Specialist will continue to identify ways to increase education and awareness of practice changes around the country to determine the needed changes for the State of Texas. The Best Practice Specialist will also identify ways to help develop staff and leaders either virtually or returning to in-person in May 2021.</p> <p>The CPI Best Practice Specialist and the CPI Training Liaison continue to liaise with the Center for Learning and Organization Excellence training team to review and develop curriculum designed to facilitate practice changes in investigations while adhering to the Texas DFPS Practice Model. The CPI Best Practice Specialist will review current trainings designed for CPI staff to enhance current trainings and ensure that staff are able to translate what is being learned in training to practice in the field. Following the review of current delivered CPI trainings, the CPI Best Practice Specialist and the CPI Training Liaison will develop curriculum and plan to deliver additional trainings to meet identified gaps and/or deficiencies throughout the State that are also aligned with regional needs.</p> <p>The CPI Best Practice Specialist continued to provide trainings and workshops to staff; however, the delivery method changed from in- person to virtual due to the COVID-19 pandemic. In-person delivery has resumed.</p>	<p>The target completion has been updated to Ongoing.</p>
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<p>b. Support the Texas CPI model of supervision by expanding the use of case mapping and consultations to improve critical thinking skills and safety outcomes.</p>	<p>Ongoing</p>	<p>Although a two-day critical thinking course was designed for supervisors to help improve practice by identifying and improving the participant’s own critical thinking skills, the course was not implemented with all supervisors due to the COVID-19 pandemic. With the transition of most courses to virtual, some trainings such as the critical thinking course were put on hold, as the delivery method was not identified as effective in transferring knowledge from training to the field. In-person trainings resumed May 2021, which included the critical thinking course since it was prioritized as one of the in- person trainings to resume for supervisors. Trainer capacity is in the process of being increased to ensure that the training can be provided to all supervisors.</p> <p>The CPI Best Practice Specialist and the CPI Training Liaison will continue to focus on expanding on the current model of supervision by providing regional specific case mapping/consultation trainings to improve critical thinking, as it will assist leadership with facilitating training outcomes to practice.</p> <p>In September 2021, CPI implemented transfer of knowledge activities to the certification process for caseworkers and supervisors. The CPI Best Practice Specialist and the CPI Training Liaison will continue to focus on developing curriculum designed to transfer practice skills to the field while ensuring safety and practice outcomes.</p>	<p>The target completion has been updated to Ongoing.</p>
<p>c. Re-evaluate the current training model for new caseworkers and the mentoring program. The current model combines traditional classroom training with field-based training and mentoring, using a competency-based model to adequately prepare new caseworkers for their duties and reduce new hire turnover rates.</p>	<p>September 2022</p>	<p>CPI and the Center for Learning and Organizational Excellence (CLOE) focused on developing a training model that was aligned with the needs and wants of staff and leadership. A new training model was implemented in December 2021.</p> <p>While CPI and CLOE revamped the training model, CPI is still in the process of developing new and existing mentors to adequately prepare new caseworkers to complete their job duties, while also hoping to help improve retention through adequate support and training. An audit was conducted on the current mentor program.</p> <p>Based on the audit, CPI revamped the current mentor program. The new mentor program is expected to begin September 2022.</p> <p>In December 2021, Mentor Program Specialist positions were created to ensure the support of the new mentoring program through the oversight provided for both the protégés and mentors in the regions.</p> <p>CPI will continue to develop and implement rubrics for use by mentors and/or supervisors to apply a consistent method to effectively evaluate protégés across the state.</p>	

**Strategy 1.4c Lead: Adam King**

**Strategy 1.4c: Regional Systems Improvement specialists will provide data reports as a means to target actions in CPI Regional business plans**

**Rationale:** Regional managers will utilize data and Regional Systems Improvement specialists to assist in gathering and analyzing child safety performance data and reports. Using the expertise of the specialists and data will enable managers to target their efforts towards effective strategies, understand trends impacting outcomes, and reallocate support and resources as needed.

<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. Regional Systems Improvement specialists will provide data reports to assist DFPS staff in making proactive case decisions, improve quality, and ensure critical tasks are completed timely.	Quarterly	Regional Systems Improvement specialists provide weekly and monthly data to regional managers, focused around outcomes outlined in regional business plans. The Director of Field also receives monthly updates on progress made by the regional areas from the Director of Regional Systems Improvement.	
b. Regional Managers will provide quarterly reports, documenting key regional trends and patterns for each region	Quarterly	Regional Managers meet with the Regional Systems Improvement specialists monthly and quarterly to identify needs and improvements to be made. Quarterly meetings include a review of progress toward metrics, newly noted trends, and a review and update to strategies outlined for improvement of timelines and quality.	
c. Regional managers will review a specialized report identifying which children have had initial contacts (known by staff as the “31 report”) to ensure children are being seen.	Weekly	Regional Managers continue to review the “31 report;” identifying trends and patterns needing to be addressed in their areas. Weekly reviews of the 31 report are conducted in each region to ensure staff are seeing children timely. Tracking occurs daily on children who have yet to be located. Review of the 31 report allows management to get data in real time to ensure children are being seen. If data shows a negative trend in timely contact or children not being seen, a targeted approach with the worker, supervisor, and program is put in place.	

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. Master Investigations staff will use the Regional Systems Improvement report to guide decision-making for deployments to assist regions with critical case tasks.	Monthly	<p>Master Investigations staff utilize the Regional Systems Improvement report to guide deployment and resources to areas of need.</p> <p>Master Investigations staff utilize the monthly briefings provided by the Regional Systems Improvement team, identifying regional trends and patterns needing improvement.</p> <p>They will also work with the Regional Systems Improvement specialists during deployment to a region to help identify areas of focus and strategies for assistance.</p>	

**Strategy 1.4d Lead: Blanca Denise Lance**

**Strategy 1.4d: Coordinate with HTCE division to improve investigator capacity to identify, report, recover, and restore children and youth who are trafficked and enhance the specialty and certification training processes for CPI staff to include Human Trafficking.**

**Rationale:** Child safety is the central focus of investigative practice. The foundation of quality investigations is the education, development, support, and retention of staff. Direct service staff (caseworker, manager, and staff in supporting roles) are the medium through which investigations are made and families are served. To assist staff in completing high quality investigations, DFPS provides supports such as technological resources, trainings, supervision support, reporting systems, and policies that allow staff to better serve families. In addition, DFPS collaborates with outside agencies that provide feedback on how to continue to improve the quality of investigations.

<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. The Human Trafficking and Child Exploitation (HTCE) Division will continue to monitor and report CPI staff compliance for completion of the mandatory DFPS Human Trafficking Training Featuring: Be the One in the Fight Against Trafficking.	Ongoing	As of February 2022, a total of 20,706 DFPS staff have been trained in Be the One in the Fight Against Human Trafficking. CPI has a 99% compliance rating and works diligently to ensure this level of compliance is maintained on an ongoing basis.	
b. The HTCE Division will update Child Protection Professional Development Human Trafficking content for new staff.	July 2022	<p>In March 2021, the Human Trafficking division developed Foundations of Human Trafficking (Foundations) training and worked with Center for Learning and Organization Excellence to update Child Protective Professional Development to incorporate into new employee training and created Foundations of Human Trafficking as a mandatory training for all existing Child Protective Investigations and Child Protective Services staff.</p> <p>Foundations has been fully integrated into Child Protective Professional Development for new staff since October 2019. Due to a variety of competing priorities, full implementation of Foundations for all CPI staff hired prior to October 2019 has been delayed. As of February 2022, only 1,001 CPI staff still needed to be trained in Foundations. Additional courses were scheduled through July 2022 to allow staff the time to complete this mandatory training.</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>c. The HTCE Division will develop a DFPS Care Coordination Toolkit to guide staff in community engagement on the development and implementation of Care Coordination Teams for victims of sex trafficking.</p>	<p>August 2022</p>	<p>The HTCE Division created a Learning Stream – Computer Based Training, DFPS Protocol for Care Coordination Overview 0000799 (Overview 0799). The purpose of this training is to provide an understanding of the DFPS philosophy for children and youth with missing/runaway episodes and sex trafficking victimization, to gain a working knowledge of the DFPS Protocol for Care Coordination, and to describe the new resources available to staff in assisting child and youth victims. The target audience includes all worker-level and supervisor-level staff in CPI, FBSS, and Conservatorship (CVS). NOTE: This course is not intended for Bexar, Dallas, Harris, Tarrant, and Travis county staff who operate under the specialized DFPS Human Trafficking Protocol.</p> <p>The HTCE Division created Overview (tip sheets) on Understanding Human Trafficking Resources that included Care Coordination Teams, Human Trafficking Advocate Agencies, and the Commercial Sexual Exploitation-Identification Tool. The Overviews were provided to CPI and CPS staff in March 2022 to support staff in understanding their expectations in utilizing these resources.</p> <p>The Care Coordination Overview 0000799 (Overview 0799) training will be updated to incorporate the evolution of Care Coordination Services in Texas and updated policies and practices. Once updated, this course will move to a mandatory course for all CPI and CPS staff who have yet to take the course in place of rolling out piece meal as a community comes online with a local Care Coordination Team.</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):
d. The HTCE Division will coordinate with CPI and the Center for Learning and Organizational Excellence to analyze and develop a work plan to enhance the specialty and certification training processes for CPI staff by including Human Trafficking content.	8/31/2022	<p>The HTCE Division is working to develop a series of elective Human Trafficking courses that staff select from when working to comply with elective requirements for certification</p> <p>Currently, HTCE Division is converting recorded Region-specific webinars with Human Trafficking Advocate Agencies to be added to the elective listing. Once these courses are available the next elective course will be identified</p> <p>Due to workload and COVID challenges, the timeframe for this action step has been extended</p>	
e. The HTCE Division will develop a multi-division workgroup to study reports of sex/labor trafficking closed without investigation.	December 2022	<p>In October 2020, new policies were established for closing cases without investigation. Target date is modified to allow policy and practice changes to take effect. Study will occur on cases closed without assignment after new policy took effect.</p> <p>Due to limited bandwidth, pulling together a multi-division workgroup will be delayed until after Phase 1 of the case reading project. Phase 1 will include developing the infrastructure for case reading and preliminary test of the infrastructure by the HTCE Division through the use of a Master level intern.</p> <p>In August 2021, work began to design a new data warehouse report that allows for the identification of cases that may qualify for a case read.</p> <p>In the fall of 2021, existing policies were analyzed and known case reading tools were researched to inform the development of the case reading tool for this project. The initial version of case reading tools will be implemented in the summer of 2022.</p>	

**Objective 1.5: 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. – Teresa Young**

**Rationale:** Family-Based Safety Services (FBSS) are designed to support children safely in their homes by strengthening the family’s ability to protect their



child and reduce dangers to their child's safety. FBSS provides a variety of services directly by CPS staff, through contracted service providers, or through referrals to community-based providers. Traditionally, services have included, but are not limited to, family counseling, crisis intervention, substance abuse treatment, and domestic violence intervention. FBSS caseworkers may also provide one-on-one parenting and homemaker skill trainings in areas where community-based services are not available. Texas has adopted assessment tools that assess the strengths and needs of children and families to determine the services necessary to create a safe home environment and enable children to remain safely with their parents when possible.

**Expected Outcomes:**

- Strengthen FBSS service plan development and ongoing evaluation of safety by focusing on proper use of the Family Strengths and Needs Assessment, Safety Assessment, and Risk Reassessment tools. **(CFSR PIP Goal 3)**
- Improve casework practice and staff competency to enhance safety, permanency, and well-being outcomes.
- Prevent removal and work with families to keep children safe in their homes.
- Make data-driven decisions to decrease recidivism in FBSS cases.
- Expand and enhance services to families in areas that are historically lacking resources by providing services through a single entity contracting with DFPS and serving Region 10 (El Paso). **(CFSR PIP Goal 3)**
- Enhance family engagement and reduce recidivism with families who are participating in the Nurturing Parenting Program facilitated by FBSS staff in five pilot sites.

**Outcome Measures:**

- Measure data reports to evaluate timely family plans of service and timely contacts with families.
- Measure recidivism rates through evaluation of data warehouse reports.
- Monitor and evaluate quality case documentation through Quality Assurance and Program Director case reads.
- Review data reports, case review results, and quarterly monitoring outcomes to evaluate progress for the Region 10 Family Services Contract pilot to assess whether the pilot has resulted in improved child safety, permanency, and well-being for children and youth, and whether changes will allow for extension of the pilot to other areas of the state.
- Evaluate outcomes for the five FBSS units providing the Nurturing Parent Program to families under their care.

Interim Benchmark/Milestone	Target Completion
Re-training all FBSS staff on use of the Family Strengths and Needs Assessment, Safety Assessment, and Risk Reassessment, as these assessment tools will be automated into the DFPS IMPACT system as part of the second release of IMPACT Modernization.	Completed Fall 2019
Enhance the specialty and certification training processes for FBSS caseworkers to include more in-depth training on appropriate and timely service plans, enhanced family engagement, and elevating child safety.	Completed September 2020
Monitor improving recidivism through the use and review of data warehouse reports. Analyze input from qualitative “live read” case reviews for FBSS in all regions and use the results from the “live read” to enhance caseworker meetings, use in supervisor coaching, and integrate findings of aggregate trends into regional improvements.	Ongoing
Develop new data warehouse reports to capture frequency of contact and risk assessment data related to newly established and enhanced FBSS policy and provide outcome measures to regional staff to be integrated into supervision and casework practices improvement.	Ongoing
Monitor and evaluate the family services contractor, HomeSAFE, for quality documentation, timely services, child safety, and family engagement performance measures through case reviews, quarterly data evaluation, and quarterly contract performance monitoring.	Completed August 2020
Monitor and evaluate casework performance and recidivism data for families who participated in the Nurturing Parent Program pilot.	Completed August 2020
Coordinate with HTCE program to improve FBSS capacity to identify, report, recover, and restore children and youth who are trafficked. Coordinate with HTCE division to improve FBSS capacity to identify, report, recover, and restore children and youth who are trafficked or at risk of trafficking.	Ongoing

**Summary:**

Enhanced family engagement (known as concurrent stages) continues to affect caseload data, removal rates, and recidivism. Another practice improvement was initiated in FBSS in early 2022, strengthening the work caseworkers do with families. This improved casework has resulted in positive outcomes for families and staff. At the beginning of 2022, staff across the state were trained on identifying families who are appropriate for FBSS versus those who have a support network or access to community resources that help ensure child safety. Staff working directly with families to provide needed services has resulted in much better outcomes than staff “monitoring” families. Through this new practice, there has been a steady decrease in turnover, caseloads, removals, recidivism, and a 20% decrease in child fatalities. In FY21, FBSS turnover rate was at 21.4%, but in FY22 the rate has steadily been at 16.6% each month or lower with a rate of 15.9% in March 2022. Remarkably, FBSS caseloads have declined from FY21 8.8% to 4.8% in FY 22, as the improved practice supports more timely engagement with families and quicker assessment for service referrals and need for any ongoing support. For the second year in a row, removals in FY21 were at 6.2% and continued to trend downward to the current rate of 5.4% to date. A small, but evident decrease in recidivism remains trending downward as well from FY21 8.2% to 7.3% in FY22. FBSS State Office team and the Quality Assurance Specialist updated their case read tool to support evaluation of the policy and practice changes. The case reviews support program improvement and reports have been developed that capture data directly related to performance which allows supervisors to enhance casework on a timely basis. Also, through collaboration with FBSS managers statewide, a FBSS Manager case review tool was further enhanced to assess and capture quality casework and supervision. The results of the cases read by Regional FBSS managers directly impacts practice improvements.

FBSS is currently updating policy to enhance the number of face-to-face visits required with parents and children to ensure family engagement, increase

child safety and quality of work, as well as, updating the FAM10 data report to accurately reflect the correct number of contacts completed to coincide with the new policy. Lastly, FBSS State Office team is participating in implementation of legislation passed during the 87<sup>th</sup> session requiring pilot projects in which evidence-based services will be provided to families who are court ordered to participate in services.

**Strategy 1.5a Lead: Teresa Young**

**Strategy 1.5a: Evaluate and improve training for caseworkers and supervisors to support professional development. (Training) Rationale: Professional development is critical to supporting a healthy workforce thereby strengthening services provided to children and families.**

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. Plan and hold an FBSS Leadership Conference dedicated to family and child engagement.	September 2019	Leadership conference was attended by all FBSS managers and focused on empowering supervisors to change the current practice around how caseworkers engage our children and families. This was completed in September 2019.	This step has been completed
b. Improve FBSS caseworker specialty certification training	October 2019	Implemented updated training certification track with newly developed courses required for FBSS caseworkers' ongoing professional development. This is complete.	This step has been completed
c. Plan and hold an FBSS Leadership Conference dedicated to substance use, mental health, supervision, and quality casework	January 2020	Leadership conference trained on topics such as substance use, mental health, and supervision as it relates to ensuring quality casework. This was completed in January 2020.	This step has been completed
d. Review and improve FBSS caseworker new hire training, known as CPS Professional Development (CPD)	October 2021	On track and plan to roll out the enhanced CPS Professional Development training to include modifications to FBSS specialty and the FBSS Individual Training Plan.	This step has been completed
e. Review and improve FBSS supervisor training	October 2022	The statewide training council is reviewing the current supervisor trainings and will be making recommendations for changes to the training division.	This step has been completed

**Strategy 1.5b Lead: Teresa Young**

**Strategy 1.5b: Modify and improve data reports to capture measures that reflect changes in policy, the IMPACT system, and casework practices. (Improve data reports/management tools)**

**Rationale:** Accurate data and management reports are critical to management in order to encourage their use, strengthen monitoring, and implement course correction if performance issues are noted.

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. Roll out of updated FAM29 data report that accurately tracks frequency of contacts with children and parents.	October 2019	Redesigned the data report to accurately capture the required frequency of contact with children and parents based on risk level per updated policy. This is complete.	This action step has been completed.
b. Update FAM7/10 data report to accurately capture aggregate face-to-face contact data.	June 2022	Redesigned the data report to accurately capture the required frequency of contact with children and parents based on risk level per updated policy. This is complete	This action step has been completed.
c. Develop Risk Reassessment data report	June 2021	Redesigned the data report to accurately capture the required frequency of contact with children and parents based on risk level per updated policy. This is complete	This action step has been completed.
d. Update FAM15 data report to accurately capture timeliness and services provided on family plans of service	January 2023	Redesigned the data report to accurately capture the required frequency of contact with children and parents based on risk level per updated policy. This is complete	This action step has been completed.

**Strategy 1.5c Lead: Teresa Young**

**Strategy 1.5c: Monitor and evaluate outcomes to gauge the effectiveness of various services in improving child and family well-being measures. (Evaluation)**

**Rationale:** Improving services to families and children includes continuous review of what services or programs are utilized and how they are performing.

<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. Support and evaluate FBSS Outsourcing Family Services Contract Pilot R10	August 2020	Regular Training and Assistance meetings between contractor and CPS. Quarterly onsite monitoring and review of contractor performance. Pilot completed August 2020.	This action step has been completed.
b. Support and evaluate Nurturing Parenting Program (NPP) Pilot	October 2020	Monthly practice support calls with field staff who provide NPP continue. Pilot completed August 2020.	This action step has been completed.
c. Quarterly reports for high risk FBSS case reviews that evaluate casework quality.	Ongoing	Continued case reads provide quarterly reports and data evaluation informs practice improvement efforts. In October 2020, a new case read tool was implemented and quarterly reports became targeted monthly reports to evaluate implementation of new Concurrent Stages policy and practice. Beginning in June 2021, monthly case reads inform quarterly reports focused on quality case work and supervision.	This action step has been completed.

**Strategy 1.5d Lead: Blanca Denise Lance**

**Strategy 1.5d: Coordinate with HTCE division to improve FBSS capacity to identify, report, recover, and restore children and youth who are trafficked or at risk of trafficking.**

**Rationale:** Family-Based Safety Services (FBSS) are designed to support children safely in their homes by strengthening the family’s ability to protect their child and reduce dangers to their child’s safety. FBSS provides a variety of services directly by CPS staff, through contracted service providers, or through referrals to community-based providers. Traditionally, services have included, but are not limited to, family counseling, crisis intervention, substance abuse treatment, and domestic violence intervention. FBSS caseworkers may also provide one-on-one parenting and homemaker skill trainings in areas where community-based services are not available. Texas has adopted assessment tools that assess the strengths and needs of children and families to determine the services necessary to create a safe home environment and enable children to remain safely with their parents when possible.

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. The Human Trafficking and Child Exploitation (HTCE) Division will continue to monitor and report FBSS staff compliance for the mandatory DFPS Human Trafficking Training Featuring: Be the One in the Fight Against Human Trafficking.</p>	<p>Ongoing</p>	<p>As of February 2022, a total of 20,706 DFPS staff have been trained in Be the One in the Fight Against Human Trafficking (total includes former staff). FBSS has maintained a 99% compliance rating and works diligently to ensure this level of compliance is maintained on an ongoing basis.</p>	
<p>b. The HTCE Division will update Child Protection Professional Development Human Trafficking content for new staff.</p>	<p>7/31/2022</p>	<p>In March 2021, the Human Trafficking Division developed Foundations of Human Trafficking training and worked with Center for Learning and Organization Excellence to update Child Protective Professional Development to incorporate this training into new employee training and make it mandatory for all existing Child Protective Investigations and Child Protective Services staff.</p> <p>Foundations has been fully integrated into Child Protective Professional Development for new staff since October 2019. Due to a variety of competing priorities, Full implementation of Foundations for all staff hired prior to October 2019 has been delayed. As of February 2022, only a small fraction of FBSS still needed to be trained in Foundations. Additional courses were scheduled through July 2022 to allow staff (FBSS and others) the time to complete this mandatory training.</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>c. The HTCE Division will work with FBSS to develop a survey to capture human trafficking trends for FBSS staff and develop a work plan to support their needs.</p>	<p>12/31/2022</p>	<p>The HTCE and FBSS Divisions collaborated to develop a survey for FBSS supervisors and caseworkers. In April 2021 the survey was published, and responses were collected. The survey results are being analyzed and recommendations will be developed in the summer of 2021.</p> <p>Analysis of the survey was conducted and presented to FBSS state office leadership in August 2021. The HTCE Director also met with Regional leadership to provide and gather information to staff. To support FBSS understanding of Human Trafficking identifiers and trends, full compliance with Foundations mandatory training was recommended.</p> <p>Additionally, the HTCE Division created Overviews (tip sheets) on Understanding Human Trafficking Resources that included Care Coordination Teams, Human Trafficking Advocate Agencies, and the Commercial Sexual Exploitation-Identification Tool. The Overviews were provided to staff in March 2022 to support staff in understanding their expectations in utilizing these resources.</p> <p>In December 2021, FBSS and HTCE Divisions regrouped to determine next steps. In fall 2022, a new survey will be developed specifically for FBSS Supervisors to see how policy updates, Foundations training, and Overviews assisted in supporting FBSS needs with regards to human trafficking.</p> <p>Also, the Care Coordination Overview 0000799 (Overview 0799) training will be updated to incorporate the evolution of Care Coordination Services in Texas and updated policies and practices. Once updated, this course will move to a mandatory course for all FBSS (as well as CPI and CPS) staff who have yet to take the course in place of rolling out piece meal as a community comes online with a local Care Coordination Team.</p>	

**Objective 1.6: Reduce the number of children in Permanent Managing Conservatorship (CFSR PIP Goal 5) – Rocky Hensarling**

**Rationale:** Exiting children to a permanent family setting (“positive permanency”) improves overall child well-being. DFPS will continue efforts to achieve positive permanency for children. The preferred permanency goals for children consist of: (1) exiting a child to a family, and (2) transferring legal custody to that family.

**Expected Outcomes:**

- More robust clinical practice around the topic of permanency and engagement.
- Increased collaboration with families and stakeholders.

**Outcome Measures:**

- 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.
- Increase in exits to positive permanency for children and youth in care over fiscal year.

Interim Benchmark/Milestone	Target Completion
Enhance understanding and awareness of the importance of permanency through values training and collaborative family engagement trainings.	Ongoing
Continue collaboration with the Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families (“Children’s Commission”) to strengthen understanding by legal stakeholders of the necessity for and impact of timely positive permanency.	Ongoing
Continue collaboration with Court Appointed Special Advocates (CASA) to locate and/or recruit potential permanency resources for children and youth in Temporary Managing Conservatorship and Permanent Managing Conservatorship through collaborative family engagement.	Ongoing

**Summary:**

In FY 2021, the percentage of children who emancipated from conservatorship was 7.08% (DFPS Data Book: Children Exiting DFPS Legal Custody). Children entering permanent managing conservatorship of DFPS decreased from 8,734 in FY 18 for a fourth straight year to 6,810 in FY 21 (DFPS Data Book: Legal Statuses Granted During Fiscal Year). There were 9,915 children in permanent managing conservatorship of DFPS at the end of FY 21 (DFPS Data Book: Children in DFPS Legal Responsibility on August 31). DFPS was able to increase the number of children who exited to reunification from 32.72% in FY 18 to 34.13% in FY 20, but this percent decreased to 33.3% in FY 21.

The permanency division has worked to develop policy, training, and best practice guidance for field staff in conservatorship to address the need to promote children and youth exiting DFPS care to positive permanency more quickly. To reduce the number of children in Permanent Managing Conservatorship, the permanency division has developed a strategy for identifying characteristics of youth who may require enhanced support and services to exit DFPS conservatorship to positive permanency. Utilizing data including permanency goal, placement type, and other characteristics, a wraparound case



management meeting including state office subject matter experts, case management staff, and regional well-being specialists has been implemented to provide enhanced support to case management staff in planning for and achieving positive permanency. This supports both the goals of decreasing the number and percentage of children in the Permanent Managing Conservatorship of DFPS and increasing exits to positive permanency for children and youth in care over the fiscal year.

The permanency division continues to regularly collaborate with the Children's Commission and other stakeholders and groups including Texas CASA and the parent and Kinship Collaboration groups. As resource guides, policy, and training are developed, they are provided for review and comment to our partners. Data is also shared as needed to ensure partners and stakeholders are aware of the trends, challenges, areas for improvement, and goals affecting children and families served by DFPS.

**Strategy 1.6a Lead: Paul Busby**

**Strategy 1.6a: Enhance understanding of the importance of achieving positive permanency for children in Permanent Managing Conservatorship**

**Rationale:** In order to improve permanency outcomes for children and reduce the number of children in Permanent Managing Conservatorship of DFPS there must be an understanding of the importance and impact of positive permanency by DFPS staff, including an understanding of the impact when youth age out of foster care without a permanent family home.

<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 trainings and information to DFPS staff on the importance of positive permanency for children.	Annually and ongoing thereafter.	DFPS continues to provide information on an ongoing basis to staff regarding positive permanency for children. Information on permanency is provided to DFPS staff through conferences, Meeting In A Box (MIAB), and on the DFPS Intranet under the Conservatorship and Permanency section. Permanency Values Training is also provided several times a year as part of the training for staff to promote. Additionally, there are plans for more permanency trainings to be developed and presented to staff in the upcoming year.	

<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. Consolidate case review and IMPACT data in order to best identify trends in casework practice; provide the data to the region in order to show regional information on progress related to reducing the numbers of children in Permanent Managing Conservatorship.	September 2020 and ongoing (quarterly) thereafter	<p>A new Conservatorship (CVS) Case Reading Tool was developed and released in September 2021 after receiving feedback and making changes to the previous Case Reading Tool. Information for the case read includes information obtained from the case in IMPACT. The information from case reviews and from data in IMPACT will help to identify any concerns or barriers in achieving permanency for children so if there are issues, changes can be made early in the case.</p> <p>The Regional System Improvement Analysts work directly with the regional directors and their leadership to identify trends and barriers to achieving permanency for children in foster care.</p>	
c. Review and evaluate the characteristics of youth who age out of care in order to identify trends indicated through data, input from youth, and case reviews.	September 2022 and ongoing thereafter	A meeting was held to discuss how to gather this information and more information was needed from the report that was received. Due to COVID-19, this was temporarily put on hold.	The target completion date will be changed to September 2022.
d. Use characteristic information for youth aging out of care without extended foster care to alter practice approaches and strengthen exits to extended care.	September 2022	Due to COVID-19, this was temporarily put on hold. Once the data is obtained and provided it can be used to help guide practice approaches for foster care youth transitioning into Extended Foster Care. Currently, information that is available is used to educate youth in making decisions about transitioning to Extended Foster Care through meetings and presentations such as Circle of Supports, teen conferences, PEAKS camp, and aging out seminars.	The target completion date will be changed to September 2022.

**Strategy 1.6b Lead: Rocky Hensarling**

**Strategy 1.6b: Continue to collaborate with external stakeholders to improve permanency outcomes for children and youth and reduce the number of children in Permanent Managing Conservatorship.**

**Rationale:** DFPS continues to collaborate with external stakeholders to achieve positive permanency for children and youth in permanent managing conservatorship. It is important for this collaboration to continue and for the focus to be on locating and engaging family and other supportive adults which will increase timely exits from the foster care system.

<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. Collaborate with the Children’s Commission to increase training for judges and specialty courts by sharing data regarding permanency goals, timeliness to exit, and exit types.	December 2020 and annually thereafter	DFPS participated in the Judicial Conferences in October 2019, December 2020(virtual) and October 2021(virtual), held virtually due to the COVID-19 pandemic. These conferences share data regarding permanency outcomes by region (the virtual conference also made use of virtual break-out rooms) and include a conversation between DFPS and the judiciary on improving positive permanency, average time to permanency, and overcoming barriers.	<i>nothing</i>
b. Work with Texas CASA to expand Collaborative Family Engagement throughout additional counties in Texas.	September 2022	DFPS continues to collaborate with Texas CASA on expanding Collaborative Family Engagement (CFE) to all regions. CFE is in 10 of the 11 DFPS Regions which includes 70% of the CASA network. In FY 23, there are plans to further expand CFE into 61 out of 72 CASA programs (84.7% of the state). CFE will then be in all DFPS regions and nearly 120 counties.	<i>nothing</i>
c. Develop and provide specialized ongoing training to staff on concurrent planning, utilizing data from case reviews and IMPACT.	September 2020	The permanency planning resource guide was revised and enhanced to include specific guidance of concurrent planning depending on the permanency goals and the individual child and family circumstances. The Permanency Planning Resource Guide has been updated and is currently posted on the DFPS public website.	This action step has been completed.
d. Collaborate with the Texas Permanency Outcomes Project (federal grant) in its pilot work in three sites (Regions 2, 6, and 11)	September 2021	The project is in full swing with a completed strategic plan and work is well underway. Three child placing agencies have been procured; community and regional advisory boards have been established; training has been completed; and an evaluation plan has been established. The federal grant requires thorough documentation of the project and close communication with federal partners.	<i>nothing</i>

## Objective 1.7: Facilitate reunification and permanency efforts (CFSR PIP Goal 5) – Rocky Hensarling

**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, the agency will achieve reunification timely while identifying and addressing barriers to reunification earlier in the case. When children and youth enter DFPS conservatorship, DFPS must immediately begin the process of planning for positive permanency. Positive permanency guides DFPS to seek an outcome in which the child exits DFPS care into a permanent setting with a legal relationship to a family. 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, then it is incumbent upon the agency to identify, develop, and support connections to caring adults who agree to provide support when the youth ages out of the foster care system.

### Expected Outcomes:

- Children and youth will have visitation with family and maintain connections to their community.
- Family Reunification will be the priority permanency goal for children in Temporary Managing Conservatorship unless aggravated circumstances exist, or reunification has been ruled out.
- DFPS will safely reduce the number of children and youth in DFPS conservatorship by reducing the time to positive permanency.

### 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.
- Length of time in care for children will decrease.

Interim Benchmark/Milestone	Target Completion
Develop statewide and regional strategies to improve permanency outcomes for children and youth in DFPS conservatorship.	Ongoing
Enhance Family Group Decision Making model to include more focus on safety and permanency; incorporating the single case plan model and collaborative family engagement.	Ongoing
Utilize expertise of the Conservatorship Program Administrators to identify barriers, opportunities for improvement, and best practices.	Ongoing
Utilize Parent Collaboration Groups across the state to identify opportunities for improvement in practice and to provide feedback on policy and services provision to parents.	Ongoing
Enhance fatherhood engagement.	Ongoing

**Summary:**

In FY 2021, the percent of children who emancipated from conservatorship increased from 5.96% in FY 2019 to 6.88% to 7.08% (DFPS Data Book: Children Exiting DFPS Legal Custody). Children entering permanent managing conservatorship of DFPS decreased from 8,734 in FY18 to 6,810 in FY 21 (DFPS Data Book: Legal Statuses Granted During Fiscal Year). There were 9,915 children in permanent managing conservatorship of DFPS at the end of FY 21 (DFPS Data Book: Children in DFPS Legal Responsibility on August 31). DFPS was also able to increase the number of children who exited to reunification from 32.72% in FY 18 to 33.3% in FY 21, though there was a slight decrease from FY20.

To improve permanency outcomes for children and youth in DFPS conservatorship, DFPS continues to collaborate with parents and kinship caregivers through the statewide and regional Parent Collaboration and Kinship Collaboration Groups and is focused on improving practices as it relates to engaging families and increasing visitation between siblings and parents. In FY 2020, the training for kinship caregivers was revised to include enhanced information on the purpose of family visitation and the importance of supporting quality visitation and family relationships; this training is still current and in use. The Parent Collaboration Group has reviewed resource guides and policy to provide their insight on ways to enhance caseworker practice to more effectively engage parents. DFPS also provided engagement videos to staff on working with kinship caregivers and engaging fathers and the importance of the contributions of fathers in children’s lives over the life span.

The permanency division has continued to provide guidance to staff on working with kinship caregivers and engaging parents and families. The permanency division expects that these activities will support the outcome goals of reducing time in care and increasing exits from foster care to family reunification.

<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 information and training to staff to encourage more creative and frequent visitation with parents and children.	September 2020 and ongoing thereafter	In January 2020, information was sent out to staff providing bonding and connection activities for parents that are incarcerated so that the parent/child bond is supported and encouraged. During COVID-19, information was sent out to staff on how to be creative with “Virtual Visitation” using a variety of different video communication methods such as FaceTime, Zoom, and Google Duo. This allowed children, parents, and family members to stay connected during times when no face-to-face contact could occur. Face to face contact has resumed.	

<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 Kinship Collaboration Groups and Parent Collaboration Groups to develop a collection of strategies to improve engagement and visitation between parents and children that will be shared with direct delivery staff.	September 2021 and ongoing thereafter	Parent Collaboration Group meetings temporarily went virtual due to COVID-19. Kinship Collaboration Group meetings are held virtually monthly and previously in-person quarterly meetings have also been virtual due to COVID-19. The first actual in-person meeting since the pandemic is scheduled for late April 2022. Feedback about parent/child visitation will be obtained during these meetings and used for program, practice, and policy improvement.	
c. Collaborate with the Children's Commission to develop and distribute information to legal stakeholders, such as courts, attorneys, and advocates for children and families on the importance of frequent and regular visitation for parents and children.	September 2021	The Commission supports and is a part of the Texas Permanency Outcomes Project, which focuses on partnerships between foster caregivers and biological parents and has awarded contracts in 3 areas to pilot a new practice model that focuses moving beyond just family visitation to a practice model that creates true partnerships between the birth family and the foster family.	
d. Expand Community- Based Care to five catchment areas across the state to increase close proximity to the child's home community, facilitating frequent and regular visitation.	September 2021	Region 1: Saint Francis Ministries has moved to Stage II; Region 8b with Belong has moved to Stage I; Region 8A Family Tapestry terminated its contract as a Single Source Continuum Contractor and Region 8A is no longer in Stage I and a new contractor is needed for 8A.	

**Strategy 1.7b Lead: Paul Busby**

**Strategy 1.7b: Continue to enhance agency practice to encourage timely reunification of children with their families and address barriers in achieving reunification.**

**Rationale:** Reunification should always be the priority after removal of a child except in very rare circumstances such as aggravated circumstances. Engagement with parents is critical to the success of family reunification efforts. Family engagement and effective communication is important to timely reunification. The relationship between the caseworker and the family, visitation, and involvement of the substitute caregiver is important to successful reunification. Reunification efforts should start at the time of removal and efforts should be made to address any barriers early in the case so that reunification to the parents is not delayed.

<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 ongoing training and assess efforts towards achieving reunification through the use of the Family Reunification Tool.	September 2021 and ongoing thereafter.	Due to other priority projects to meet state litigation, and federal requirements, DFPS still needs to work with IT to create ways to pull data from the Family Reunification Tool.	
b. Collaborate with Parent Collaboration Groups to help identify barriers in achieving reunification by collecting aggregate information from the parent perspective that can be shared with direct delivery staff and external stakeholders.	September 2021.	Due to COVID-19, Parent Collaboration Groups have continued to be virtual. Meetings were held in June 2021, and October 2021. The Parent Collaboration Group has reviewed numerous policies for the CPS Handbook and provided feedback or suggested edits.	

<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. Analyze aggregate information about initial goals selected within the first 90 days from the child's removal date that indicates the permanency goal(s) selected and identify best practices to be shared between regions in order to improve emphasis on reunification.	September 2020	Data continues to be shared monthly on initial permanency goals and exits, with state level data also broken down by region. Further analysis down to the case level occurs ad hoc when initial goals are another planned permanency living arrangement (APPLA) or Unrelated Adoption.	
d. Develop strategies to help increase staff understanding of family engagement which can impact the exits of children to Family Reunification.	September 2021 and ongoing monthly	The CVS Case Read Tool was developed with a user guide and resources for implementation. The CVS Case Read Tool had a soft launch in June 2021 for training and live webinar answer and question sessions. The CVS Case Read Tool went live in September 2021. A dashboard for the Tool was created in January 2022 and provided to regional leadership. As more data is collected, the data will be analyzed and follow ups with the regions on efforts to identify barriers and trends toward reunification will be conducted.	
e. Work with external stakeholders and the Children's Commission on messaging the importance of Family Reunification.	September 2021	DFPS is working with the community engagement and communications staff to develop marketing materials geared towards how communities and organizations can help support family reunification in their communities. There are plans to focus on faith-based and other community organizations as potential audiences. These materials will be used to highlight Reunification Month each year during the month of June.	



**Strategy 1.7c Lead: Paul Busby**

**Strategy 1.7c: Continue to enhance Family Group Decision Making model to include more focus on safety and permanency.**

**Rationale:** Utilizing the Family Group Decision Making Model provides a regular review of the identified safety threats which prevent children from being reunified with their parent. The model supports a family-centered practice to establish permanency goals and evaluate progress towards identified goals. This process allows for adjustment in services to the parent, increases family engagement, and addresses any barriers to achieving permanency.

<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. Conduct quarterly meetings with Family Group Decision Making staff to strengthen facilitation skills, share data regarding trends statewide, and to ensure fidelity to the model.	Ongoing	Family Group Decision Making quarterly calls continue. Texas CASA's (court appointment special advocates) Collaborative Family Engagement (CFE) coaches did training on blending CFE elements into traditional meetings. CFE coaches are available to Family Group Decision Making staff for ongoing consultation.	
b. Review and analyze Family Group Decision Making data to identify trends, issues associated with capacity, and impact on permanency	Ongoing	Family Group Decision Making data continues to be gathered and analyzed. It is shared with Family Group Decision Making staff and also shared with managers and analytics 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):
c. Develop and provide specialized training to Family Group Decision Making facilitators focused on improving the use of Child and Adolescent Needs and Strengths assessments in service planning in order to best prioritize and individualize services.	September 2021	Action Step has been completed. A webinar was held on the Child and Adolescent Needs and Strengths (CANS) assessment.	
d. Distribute a webinar containing materials and filmed excerpts of the Family Group Decision Making facilitators training to direct delivery staff.	September 2022	Due to the COVID-19 pandemic, this action step has not been fully achieved. Filmed excerpts will not be possible until it is safe to do so. A new computer-based training, however, has been created and finalized. It replaces the outdated Family Group Decision Making training available on the DFPS training site (DFPS Learning Station). It is available to all staff and is also a requirement for all new CPI and CPS caseworkers.	

**Objective 1.8: Increase permanent placements to kinship families when not reunifying (CFSR PIP Goal 5) – Rocky Hensarling**

**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 well-being. Children experience better outcomes when they are placed with family members and can maintain connections to their communities. Kinship families often provide care for large sibling groups.

**Expected Outcomes:**

- Texas will increase the placements of children with kinship caregivers and permanent exits to kinship families.
- Children will remain connected to their families and communities.

**Outcome Measures:**

- The number of children placed with kinship caregivers will increase.
- The number of kinship caregivers who become verified as foster parents will increase.
- Increased exits to permanent managing conservatorship to relatives and adoption to relatives.

Interim Benchmark/Milestone	Target Completion
Enhance safety, permanency, and well-being for children through the provision of direct services and support to their relative or kinship caregivers.	Ongoing
Improve early identification of potential kinship placement resources.	Ongoing
Continue to train staff about the kinship program to ensure timely referrals.	Ongoing
Continue using Family Team Meetings and community collaborations to identify and engage potential kinship caregivers.	Ongoing
Publish a kinship quarterly newsletter.	Ongoing

**Summary:**

In FY 2021, DFPS experienced a decrease in the number of children who are being placed with relatives; the number of relative placements decreased from 23,358 in FY 2020 to 21,103 in FY 2021. However, this follows a trend in the overall placements decreasing from FY 2020 to FY 2021, which were 46,207 in FY 20 to 44,284 in FY 21. Even with this decrease, 37.5% of the children removed in FY 2020 were placed with relatives as the first placement, and this percent increased to 40.07% in FY 2021 (DFPS Data Book: Placements During Fiscal Year). This remains the highest percentage of all placement types. This indicates that overall, relatives are sought out as a support and placement resource for children when first experiencing out-of-home placements.

To improve the overall number of children in foster care placed with kin, as well as increase the exits to kin when a child cannot be reunified with their family, DFPS continues to work to identify and support kinship caregivers in addressing the needs of children in their care. To achieve this, DFPS has engaged in activities to increase staff knowledge of the benefits of kinship care and the various strategies available to support kin caregivers and increase positive permanency exits to a kin caregiver. A kinship placement training was developed and delivered to regional management staff including program directors, program administrators, and regional directors to expand understanding of the importance of kinship placements. Additionally, work has been done to enhance practice around the use of developmental plans with kinship caregivers and how to use these to address safety concerns in families. The statewide kinship collaboration group continues to meet virtually, monthly, and quarterly, to assist the permanency division in developing and enhancing the kinship program and identifying areas for improvement. During the COVID-19 pandemic, these have expanded their viability with the use of virtual groups. The professional development training for staff was enhanced to focus on kinship and relative placements as well as the importance of relational permanency, through previous kinship caregivers' experiences in a video format.

**Strategy 1.8a Lead: Anna McArtor**

**Strategy 1.8a: DFPS will continue to 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 placed with family members or fictive kin. This allows them to maintain connections to their family, culture, and community. In expanding support to kinship caregivers, it allows for more children to be placed with family and remain with their siblings. Many kinship caregivers are below the poverty level of 300 percent. Providing more support to kinship families will increase the likelihood of both short and long-term placement stability in kinship homes

<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 and implement a strategy to use Kinship Developmental Plans more effectively to assess safety and support for kinship caregivers so more children can be placed in kinship homes.	September 2020 and ongoing thereafter	An updated Developmental Plan tool was created to assist caseworkers in assessing the need for a Developmental Plan, creating the plan, and monitoring the caregiver's progress in achieving the goals of the plan. The tool was previously introduced to regional leadership and has now been shared with field staff. A Kinship Resource Guide is in the planning stages and will include the Developmental Plan tool.	

<p>b. Review, strengthen, and implement training with DFPS staff and internal and external stakeholders on the importance of placing children with kinship caregivers.</p>	<p>September 2021 and ongoing thereafter</p>	<p>An all staff Permanency Values training is designed to educate staff about moving children to permanency through family engagement. The training educates staff on the importance of building connections for children and youth in foster care. This is a required training.</p> <p>The Kinship Collaboration Group developed, updated, and implemented a curriculum for the Kinship Training with the input of Kinship Advocates and kinship caregivers whose formal kinship cases have closed. The Kinship Training is a requirement for kinship caregivers to qualify for the monthly reimbursement payment. Kinship Development Workers utilize the Kinship Training to educate caregivers about the DFPS process and caring for the child, and provide resources designed to support kinship placements.</p> <p>Permanency Planning Meetings (such as Family Group Conferences, Permanency Conferences, and Circles of Support) continue to be important tools used to identify and support Kinship placements.</p> <p>Kinship caseworkers utilize these meetings to emphasize the prioritization of placing children with kinship caregivers. Kinship Program Specialists hold quarterly Kinship scan calls with regional Kinship Leads, and regularly participate in Services Program Administrator scan calls providing guidance regarding the importance of inviting kinship staff to participate in these Permanency Planning meetings.</p> <p>The Kinship Collaboration Group developed the Kinship Video Series. The Kinship Video Series serves as a training tool for CPS staff regarding the kinship caregiver experience and is designed to educate staff and external stakeholders about the value of kinship placements. This video series was added to CPS Professional Development (CPD) and individual training plans for new staff.</p> <p>The Kinship Collaboration Group developed a resource for kinship caregivers, the After the Call Brochure, which aids in providing new kinship caregivers with updated information about the child's</p>	
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<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>school, medical, mental health, and many other resources that are specifically needed by these families at the time of placement. This resource is available for new kinship caregivers and can be provided by removal caseworkers and kinship staff.</p> <p>The Kinship Collaboration Group developed a Kinship Values staff training that is designed to train DFPS staff about policy and best practices related to Kinship. This training highlights Kinship policy and practice and includes input and communication from previous kinship caregivers about important values to guide CPS staff when working with kinship caregivers. This training incorporates the Kinship Video Series that was released statewide in June 2021.</p> <p>Training was developed for Conservatorship program directors and regional leadership for reviewing and assessing kinship home assessments. This was implemented in November 2019. Updates were planned to be completed for the Kinship Conference scheduled for September 2021 but was delayed due to COVID-19. It is now in the planning stages for Fall 2022.</p> <p>Kinship Specialists created a Kinship Quarterly newsletter to inform kinship caregivers across the state about resources and to highlight educational, early childhood intervention, and licensing/adoption topics.</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>c. Ensure each region has one or more active Kinship Collaboration Groups meeting at least quarterly to enhance knowledge of kinship caregivers' needs and concerns and to learn better ways to support kinship placements. Use assistance of statewide Kinship Collaboration Group to address barriers to development of regional groups, if needed.</p>	<p>September 2020 and ongoing thereafter</p>	<p>The statewide Kinship Collaboration Group was established in August 2017. Meetings are held quarterly and consist of up to 11 DFPS regional Kinship Liaisons and 12 Kinship Advocates, who are kinship caregivers whose DFPS cases have been closed.</p> <p>During FY21, regional Kinship Support Groups have continued to occur using both the virtual platform and, in a limited capacity, in person. Kinship Support Groups are initiated locally, and the virtual meetings are shared statewide, with continued efforts to grow the program. Since September 2017, Kinship Support Group meetings have been held throughout the state providing support to over 1500 caregivers. Statewide Kinship Collaboration Group meetings occur monthly by phone and are typically held quarterly in person. However, due to Covid-19 health concerns the quarterly meetings have been held virtually. Quarterly in person meetings are scheduled to resume April 2022. These meetings are utilized to share ideas and develop strategies for continuing to increase the support offered by regional support groups.</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):
d. Provide outreach to internal CPS staff and external stakeholders, to broaden their knowledge of kinship resources.	September 2020 and ongoing thereafter	<p>Kinship Specialists have begun planning a Kinship Summit meeting for kinship staff and regional leads, to occur during the Fall 2022. The objective is to bring together kinship staff from across the state. The conference topics will include updates to policy underscoring best practices, will provide resources for kinship staff, and will emphasize the great work from the kinship team across the regions.</p> <p>Kinship Specialists created a Facebook page to highlight resources for Texas Kinship Caregivers, as well as stories about kinship news from around the state. This avenue provides the ability for the DFPS kinship program to connect with a wide variety of formal and informal kinship caregivers. The Texas Kinship Caregivers Facebook page currently has 2,249 followers.</p>	

**Strategy 1.8b Lead: Anna McArtor**

**Strategy 1.8b: DFPS will continue to improve on early identification of potential kinship placement resources and make an ongoing effort to identify kinship families throughout the CPS case.**

**Rationale:** Kinship care should always be the first placement option explored if a child cannot remain safely in their own home. If a kinship placement is not available as a first placement option, kinship care options should continue to be explored throughout the life of the case. Placing children with kinship caregivers allows for children to maintain connections to extended family, siblings, and their communities. Children experience significantly less trauma when placed with someone they know.



<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. Collaborate with the Family Group Decision Making facilitator meeting by allowing time on the agenda to emphasize the importance of and strategies to increase identification of kinship placements and connections for children.</p>	<p>September 2020 and ongoing thereafter</p>	<p>Family Group Decision Making staff were trained on the importance of concurrent planning which included helping Family Group staff facilitating discussions in meetings on efforts to engage kinship families while concurrently working towards reunification.</p> <p>Family Group Decision Making staff participate in the collaborative family engagement training in connection with local Court Appointed Special Advocates to learn how to use tools and include kin voice in their family group meetings</p> <p>Kinship Program Specialists will be coordinating updates in policy to require exploration and identification of kinship placements and connections for children during Permanency Planning Meetings.</p>	
<p>b. Develop and deploy information to educate direct delivery staff on the importance of placing children with kinship placements and strengthening family connections at the beginning of the case and throughout the case.</p>	<p>September 2020 and ongoing thereafter</p>	<p>The Kinship Training was updated with the input of Kinship Advocates, who are kinship caregivers who's formal DFPS cases have been closed, to assist staff in understanding and meeting the needs of kinship caregivers and is designed to encourage and support kinship placements.</p> <p>A kinship video series was created by the Kinship Collaboration Group and is serving as a training tool for CPS staff regarding the kinship caregiver experience. The video series was completed and is currently being used to train new staff.</p>	<p>Complete</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):
c. Develop and implement a kinship co-parenting training to help kinship caregivers and parents' co-parent when children are placed temporarily or permanently with kinship caregivers.	September 2022 and ongoing quarterly	The statewide Kinship Collaboration Group began development of a co-parenting model for kinship caregivers. This is a new project and is currently in the research and development stage. Due to COVID-19 there was a temporary delay in completion. This will be addressed in future Collaboration quarterly meetings.	
d. Monitor use of Permanency Care Assistance and retrain staff on strategies to increase verification of kinship caregivers with the emphasis on the Permanency Care Assistance resource when a child exits to permanent conservatorship by the kinship caregiver.	September 2022 and ongoing monthly	Kinship Specialists have recently begun the process of developing new data warehouse reports to provide multiple levels of data, which are useful in determining factors which may influence kinship placement rates and subsequent Permanency Care Assistance outcomes. These data reports have been implemented and are currently provided to regional staff on a monthly basis.	

**Objective 1.9: Achieve permanency more quickly (CFSR PIP Goal 5) – Christy Ashworth-Mazerolle**

**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, a sense of belonging and security, and lifelong support to grow and become a healthy, productive adult.

This objective seeks to eliminate barriers to timely permanency for Texas children in foster care through systems change efforts that center on adoption services and recruitment of adoptive homes. This includes state-level policy and practice enhancements, ongoing and new state level initiatives and

partnerships, and community-specific strategies. Because barriers to adoption and capacity are unique to a community, specific strategies in support of this objective must be identified and implemented at the local level. DFPS drives systems improvement through regional strategic planning and initiatives. Simultaneously, DFPS is transitioning to a community-based service delivery system with the implementation of Community-Based Care (CBC). A performance-based contract with a Single Source Continuum Contractor (SSCC) incentivizes increased permanency and decreased time in foster care.

**Expected Outcomes:**

- More children will achieve positive permanency.
- The time to achieve positive permanency will decrease.
- The number of consummated adoptions will increase.
- Culture change with agency workforce, providers, and stakeholder partners.
- The time to submit and process Regional Interstate Compact on the Placement of Children (ICPC) home study requests will decrease.
- Number of ICPC case completion within required timeframes will increase.

**Outcome Measures:**

- Increase number of exits to positive permanency.
- Decrease length of time to positive permanency.
- Increase in number of consummated adoptions.
- Decrease in foster care days.
- Decrease times for submitting and processing outgoing ICPC home study requests.
- Increase in number of incoming ICPC home study approvals received within required timeframe.

<b>Interim Benchmark/Milestone</b>	<b>Target Completion</b>
Build awareness of adoption with the public and stakeholders.	Ongoing
Promote adoption of target populations.	Ongoing
Evaluate and build upon current adoption and post-adoption services.	Ongoing
Use child specific recruitment efforts to identify adoptive homes for children who are waiting for adoption and are not yet in their permanent placement.	Ongoing
Policy and practice enhancements.	Ongoing
Regional permanency plans focusing on region-specific barriers to permanency, including adoption, informed by local data and analysis.	Reviewed quarterly and updated annually
Foster care capacity building plans include recruitment of foster-adopt homes and is data-driven based on the DFPS annual foster care needs assessment.	Reviewed quarterly and updated annually
Rollout of Community-Based Care for a total of five sites by 2020.	Dependent on legislative direction and resources
Monitor outgoing ICPC cases to ensure approvals are received within required timeframes.	Ongoing
Evaluate timeliness of submission and processing for outgoing ICPC home study requests.	Ongoing

## Summary:

DFPS continues to make efforts for policy and practice enhancements through all stages of service to promote positive permanency. Permanency efforts include an emphasis on outcomes specific to adoption. Quarterly calls are occurring with regional adoption management to discuss barriers to adoption, policy changes, recommendations for program improvement, and successes at the regional level. Regions are encouraged to share successes or discuss solutions to barriers to permanency through adoption so that other regions may learn from them. DFPS is taking a collaborative approach to ensuring outcome measures are met in increasing the number of adoptions and decreasing time to permanency.

Partnerships for training and adoption competency education include AdoptUSKids and National Training Initiative (NTI) with the goal of enhancing staff skills in working with children available for adoption and adoption best practices. DFPS entered into a service plan with AdoptUSKids, which includes several goals with a focus on assistance with best practices for adoption recruitment, photo listing, and youth engagement including technical assistance and training. DFPS is working with NTI to integrate their adoption competency training with DFPS interface so that it is available to all staff. The NTI adoption competency training is federally funded and evidence-based and includes three different courses, one for child welfare professionals, one for child welfare supervisors, and one for mental health professionals. This will enhance adoption practices and knowledge across the state. The Texas Adoption Resource Exchange (TARE) 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. DFPS is working closely with IT to assess the cost to enhance the TARE application and develop a process to resolve technical issues more quickly with the goal of improving user functionality for internal staff and adoptive families. With more adoption competencies knowledge, better profiles with youth engagement, and a more user-friendly TARE webpage, DFPS hopes to see a decrease in the number of days children are in foster care, while also increasing the number of children who exit care with a positive permanency outcome.

Texas was awarded a federal grant to assist with the implementation of the National Electronic Interstate Compact Enterprise (NEICE) system, an electronic interstate case processing system that will allow the electronic exchange of information that is required for interstate placements. NEICE will improve permanency outcomes by:

- Providing states with secure, electronic means for exchanging ICPC case data;
- Shortening the length of time children and families wait for placements across state lines;
- Standardizing how each state processes an ICPC case by decreasing the time for submitting and processing outgoing ICPC home study requests;
- Providing states with a tracking mechanism and reports on case progress;
- Increasing accountability for managers and judicial oversight; and
- Reducing staff time, copying and mailing expenses, and delays which will lead to an increased approval of incoming home studies within the required time frame.

<b>Outcome Measure</b>	<b>FY2020</b>	<b>FY2021</b>
Number of Exits to Positive Permanency	16,964	15,900
Length of Time to Adoption	26.7 months	27.8 months
Number of Consummated Adoptions	5,270	4,627

Data Source: DFPS Data Book

Workbook Name: Children Exiting DFPS Legal Custody FY 21

**Strategy 1.9a Lead: Tamara Harris**

**Strategy 1.9a: Policy and practice enhancements**

**Rationale:** By enhancing DFPS policies and practices, DFPS will be able to find barriers with timeliness to adoption and address them statewide. Through evaluating and enhancing practices, DFPS will increase adoption knowledge and competencies with staff and ultimately have children achieve permanency timelier. Action steps are associated with DFPS's partnership with the Children's Bureau's Adoption Call to Action and are outlined in DFPS's Adoption Call to Action Plan.

<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. Regions will continue targeted adoption recruitment events, including adoption match parties, television segments, and Heart Galleries.	Fall 2019 and ongoing thereafter	Targeted adoption recruitment events have returned to in-person. DFPS is still utilizing virtual recruitment such as virtual video match events, paper match events, and email broadcasts.  As a result of the Adoption Call to Action, DFPS has partnered with community stakeholders to identify areas of the state with gaps in local recruitment events and work with community partners to implement Heart Galleries, Wendy's Wonderful Kids, television segments, and other recruitment events.	

<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 the TARE webpage for easier searching and navigating of the page.	September 2022	TARE webpage was most recently updated in January 2020, only minor changes to the look of the TARE website were made, no updates to the functionality. DFPS has approval to utilize CAPTA funding for an IT project to completely overhaul the TARE application and the IT TARE redesign project should be complete by FY2025.	
c. Conduct quarterly calls with statewide regional adoption management teams to share successes and discuss barriers.	September 2020 and ongoing thereafter	Quarterly calls began in May 2020 and have continued. The regional calls have shown to be productive and helpful.	
d. PUSH (Placing Us in Safe Homes) Initiative	Ongoing	<p>PUSH has provided DFPS with valuable data on the barriers to adoption consummation for children who are placed in their intended-to-be permanent placements. PUSH has been reworked to monitor changes in permanency plans to include adoption, permanent managing conservatorship, and permanent managing conservatorship with permanency care assistance. PUSH will continue to be an ongoing project that will now run the course of the fiscal year.</p> <p>In addition to PUSH, DFPS has implemented a recruitment tracking system to evaluate recruitment efforts in order to bolster recruitment for children who are not in intended-to-be permanent placements.</p>	
e. TARE Refresher training	December 2020	TARE Refresher training was held during the DFPS Adoption Conference in December 2020 in conjunction with AdoptUSKids as a part of the service plan (virtually due to COVID-19 restrictions). The TARE refresher training was offered again statewide in October 2021. Additionally, upon request the TARE refresher has been offered to regions. One training was provided to region 7 in September 2021, and also to an SSCC partner, Belong, in March 2022.	This action step has been completed.

<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>
f. Partner with Adopt US Kids to build training on best practices for adoption recruitment, photo listing, and youth engagement.	September 2021	DFPS completed the service plan with AdoptUSKids in May 2022.	
g. Provide customized training on adoption competencies for targeted populations.	September 2020	DFPS and partner organizations provided adoption competency training to DFPS adoption staff. The conference was held in December 2020 (virtually due COVID-19 restrictions). This has been completed. DPFS Adoption and FAD staff as of January 2021 are now required to take the National Adoption Competency Training Initiative for Child Welfare Professionals.	This action step has been completed.
h. Create a Lifebook for staff to use statewide.	December 2021	DFPS worked to develop a new Lifebook to be utilized statewide, however in the research of Lifebooks, an electronic lifebook was found that was distributed to Adoption staff statewide.	
i. National Training and Development Curriculum (NTDC) Pre-service Training for Foster/Adoptive Parents.	September 2022	NTDC training is still in the pilot stage. NTDC curriculum will be available to the public in June 2022. DFPS has met with NTDC and other states to discuss their experiences and issues with the pilot program. DFPS attended NTDC Train the Trainer in February 2022 and is reviewing the existing NTDC curriculum.	
j. Review and update Adoption Provider Enrollment (PEN).	September 2020	The New Adoption Contract was executed in September 2020. All revisions are now included within the new open enrollment.	

<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>
k. TARE application enhancements.	September 2021	CPS has approval to move forward with an IT TARE redesign project. DFPS IT is in the process of working to correct some identified existing defects to the TARE application.	
l. Participate in Adoption Call to Action state team planning meetings with the Children's Bureau and external stakeholders.	Ongoing	<p>DFPS has participated in multiple state planning meetings hosted by the Children's Bureau to discuss DFPS's Adoption Call to Action plan and discuss initiatives, barriers, and successes with other state child welfare agencies.</p> <p>DFPS has participated in planning meetings with external stakeholders including the Children's Commission and other community partners to discuss action steps using a collaborative approach.</p>	
m. Monitor outgoing ICPC cases to ensure approvals are received within required timeframes and develop strategies to improve performance when not.	Fall 2019 and ongoing thereafter	Data reports are updated and reviewed monthly. State Office ICPC contacts receiving states as needed to address home studies not received within the required timeframes. Outgoing ICPC home study requests continue to be processed in a timely manner by State Office ICPC specialists. State Office ICPC continues to monitor the completed home study timeframes and communicate with Out-of-State ICPC offices for status updates.	
n. Evaluate timeliness of submission and processing for outgoing ICPC home study requests.	September 2021 and ongoing thereafter	Data reports are updated and reviewed monthly. State Office ICPC workloads are reviewed monthly. State Office ICPC will contact regional staff as needed to discuss delays in processing and provide technical assistance and training. Quarterly calls are held with regional ICPC coordinators.	



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):
o. Implement NEICE system	September 2022	<p>DFPS entered into an MOU with the American Public Human Services Association (APHS) for the purposes of implementing NEICE in December 2019. The NEICE Portal was implemented but due to technical issues with its functioning with the DFPS software used, Texas is not currently using the NEICE Portal. IT began working and meeting on NEICE in April 2021.</p> <p>On 10/1/2021, the NEICE project kick off meeting was held with the goal of going live September 2022. DFPS and IT meet on a biweekly basis to ensure implementing NEICE stays on target</p>	

**Strategy 1.9b Lead: Tamara Harris**

**Strategy 1.9b: Build Awareness of adoptions with public, contractors, and stakeholders**

**Rationale:** By building the awareness of adoption with the public and stakeholders, DFPS will see an increase of available adoption-motivated homes, better resources for children who have experienced trauma, as well as building a community statewide that will better serve youth in DFPS conservatorship and after in finding permanency. This will also promote a culture change around adoptions statewide, with the agency workforce, providers, contractors, and stakeholder partners. Action steps are associated with DFPS’s partnership with the Children’s Bureau’s Adoption Call to Action and are outlined in DFPS’s Adoption Call to Action Plan.

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. Create and circulate new adoption recruitment materials to provide to the public to promote adoptions.	December 2019	<p>New adoption recruitment campaign materials were created and circulated to regional staff. Campaign materials are utilized to promote adoption from foster care, specifically the adoption of older youth and children with special needs, in the community and at information meetings and adoption recruitment events. DFPS continues to create additional adoption recruitment campaign materials to promote adoption from 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>
b. Work with Community-Based Care partners to ensure a successful transition to Community-Based Care in five catchment areas and continued growth in permanency through adoption	September 2021	Community-Based Care partners are involved in Operation PUSH (Placing Us in Safe Homes), the Recruitment Report, quarterly statewide adoption calls, and Post Adoption Services. DFPS continues to involve Community-Based Care partners in all areas possible to ensure a successful transition.	
c. Ensure foster care capacity building plans address the recruitment of foster-adopt homes and is data-driven based on the DFPS annual Foster Care Needs Assessment.	Annually	Since August 2017, an annual statewide Foster Care Needs Assessment has been published. The November 2021 assessment is posted on the agency's public website. The Foster Parent Needs Assessment for 2022 is currently in draft.	
d. Work with community partners, such as CASA, to strengthen adoption recruitment profiles by reviewing profiles, focusing on a strength-based description, and developing best practice tips for profile development.	September 2021	State Office TARE staff are reviewing a select few profiles each month to review for strength-based narratives. This initiative started in FY22. Its outcomes are still being monitored to ensure best practice use for child profiles.	The target completion date has been updated to September 2021.

### **Objective 1.10: Promote normalcy – Rocky Hensarling**

**Rationale:** To maximize child development and well-being, it is important for children to participate in extracurricular and social activities. The legal status of the child, specifically when in the custody of the state, should not interfere with a child experiencing normalcy. DFPS continues to work on creating a foster care system that allows children and youth in foster care who cannot remain safely at home access to the same activities and experiences as 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 into adulthood or lead to positive permanency.

**Expected Outcomes:**

- Improved child well-being, improved education outcomes, and increased connection to community and permanency resources.
- Increased awareness by staff on the impact and effects of normalcy for children in foster care.
- Clarity on normalcy by residential providers and their understanding of the reasonable and prudent parent standard.

**Outcome Measures:**

- Community collaborations will increase.
- Children will be more engaged in extracurricular and normalcy activities.
- DFPS staff and residential providers will take annual normalcy trainings.

<b>Interim Benchmark/Milestone</b>	<b>Target Completion</b>
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 foster care experience.	Ongoing
Continue to work with residential contract staff and private providers to support normalcy activities for children and youth in DFPS conservatorship.	Ongoing
Collaborate with youth leadership councils.	Ongoing
Develop tools and job aids for staff.	Ongoing

**Summary:**

To achieve the outcomes of improved child well-being and education and to increase connection to community, DFPS has engaged in activities targeting frontline staff to develop knowledge of the strategies available to increase normalcy activities and positive relationships for children and youth in foster care. Staff continue to participate in normalcy training on an annual basis that is augmented and enhanced to encompass new avenues for maximizing participation in normalcy activities. The permanency division is also working with residential treatment providers to increase collaboration in case planning to promote youth engagement in normalcy activities when they are placed in a residential setting. Collaborating with residential treatment providers facilitates the development of the youth and the placement resource agreements and structure for normalcy activities with the support of the DFPS caseworker and other professional team members. Integrating normalcy activities into the plan for the child or youth increases connections for the youth and supports enhanced knowledge of the prudent parent standard and the benefits of normalcy activities on child well-being.

**Strategy 1.10a Lead: Todd Serpico**

**Strategy 1.10a: Increase normalcy opportunities for children and youth.**

**Rationale:** Increasing normalcy opportunities will help to maximize child development and well-being which can lead to positive permanency or a successful transition to adulthood. Children and youth in foster care need the same normalcy experiences as their peers who are not in 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. Develop and distribute a Normalcy Guide for judges, attorneys, and other populations who interact with children and youth in foster care through a coordinated advisory workgroup effort between the Children’s Commission, Texas CASA, DFPS, and other community partners.	September 2022	The Normalcy Matters guide was published by Texas CASA. It was posted to the public Texas CASA website and will also be published on a new Normalcy landing page that is being developed on the DFPS public website. The new landing page is expected to be live summer 2022 and will also include other normalcy resources for caseworkers and stakeholders.	
b. Discuss and receive input about potential ways to increase normalcy opportunities from the Statewide Youth Leadership Council and conference or event fishbowls to be shared with internal and external stakeholders.	September 2020 and annually thereafter	<p>The Teen Conference with TWU was held virtually in June 2021 and was well received by the participants. TWU was unable to continue contracting with DFPS beyond that year, and work is being done to establish a contract for FY22 and beyond with Texas A&amp;M – San Antonio to host moving forward.</p> <p>The Statewide Youth Leadership Council met in July 2021, and March 2022. Information gained from these meetings is routinely shared with CPS leadership in an effort to increase normalcy opportunities for youth in care. Regional Youth Leadership Councils regularly discuss normalcy opportunities in their quarterly meetings. The Youth Leadership Council will continue to address and engage in normalcy activities both on the regional and statewide level.</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. Residential contracts monitors to be trained in strategies to monitor normalcy opportunities through the Child's Plan of Service.	September 2020 and ongoing thereafter	Completed and the monitoring of normalcy opportunities is included in the reading guide.	This action step has been completed
d. Develop and implement a mandatory, annual webinar normalcy training for DFPS staff to ensure understanding and importance of ensuring children and youth have normalcy opportunities.	September 2020 and ongoing thereafter	DFPS updated the mandatory normalcy training and it is live on the DFPS Learning Station (new course number 0003808) "Normalcy for Children in Foster Care." Normalcy Training has been added as a part of CPS Professional Development (initial caseworker training) and caseworkers are required to take the course annually thereafter.	

**Strategy 1.10b Lead: Todd Serpico**

**Strategy 1.10b: Continue to enhance and strengthen service planning so it reflects tasks and goals related to participation in normalcy activities to meet each child or youth's individual needs.**

**Rationale:** Enhance and strengthen service planning so tasks and goals are identified in order to ensure youth are participating in normalcy activities. Normalcy activities are an important part of child development and well-being and help to prepare youth for positive permanency or a successful transition to adulthood.

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 protocol for and implement coordinated meetings between residential providers, parents, DFPS, child/youth, and other members of the child or youth's team.	September 2022	Regions 1 and 2 continue to use Single Child Plan meetings. Region 8B (all counties in Region 8 except Bexar County) has begun using Single Child Plan in coordination with the Community- Based Care provider for that area. Implementation in other areas was delayed due to the pandemic.	
b. DFPS and residential childcare providers will have access to IMPACT to work on the same Child's Plan of Service without duplicative efforts.	September 2022	Residential provider access to IMPACT is still being piloted. The portal/internet gateway to log on to the system for external providers has been designed and is ready to go live on the public DFPS website whenever external access progresses past the piloting stage. This website also has other links, references, and resources to aid external providers, including help with troubleshooting and writing quality child's plans. Efforts on this pilot have been sidelined by the pandemic.	

**Objective 1.11: Support physical and behavioral health oversight (CFSR PIP Goal 6) – Julie Abreu**

**Rationale:** Children and youth in DFPS conservatorship enrolled in STAR Health are 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 and provides an electronic Health Passport, member services, and nurse advice line. DFPS collaborates with the Texas Health and Human Services Commission (HHSC), which manages the contract with Superior HealthPlan, to oversee the healthcare children are receiving through STAR Health.

**Expected Outcomes:**

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

**Outcome Measures:**

- The percentage of children receiving adequate services to meet their physical health needs.
- The percentage of children receiving adequate services to meet their mental/behavioral health needs.

Interim Benchmark/Milestone	Target Completion
Collaborate with HHSC, STAR Health, managed care contractors, residential providers, and staff to support appropriate medical services to children in DFPS care.	Ongoing
Continue efforts to strengthen policy, procedure, contracts, and training related to the provision of informed consent for psychotropic medications.	Ongoing
Collaborate with partners regarding monitoring the use of psychotropic medications, including the continuation of 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 ICPC.	Ongoing
Provide training to staff and stakeholders on STAR Health, medical consent, psychotropic medications, 3 in 30 (Texas Health Steps, Child and Adolescent Needs and Strengths Assessment [CANS], and 3-Day Medical Exam), and the Health Passport.	Ongoing
Collaborate with HHSC and STAR Health to increase compliance with initial Texas Health Steps Medical Checkups, CANS, and the 3-Day Medical Exam.	Ongoing
Facilitate the use of multi-disciplinary team “case meetings” 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 Medicaid Former Foster Care Youth program and the Medicaid for Transitioning Foster Youth program for youth who are aging out or who have aged out of 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 trauma-informed, evidence-based therapy.	Ongoing

**Summary:** The Behavioral Health Services Division continues to support staff and caseworkers through ongoing support and training in the subjects relevant to substance use disorder, CANS, mental health, and trauma-informed care. As of April 2021, CANS 2.0 was made permanently available via telehealth for children and youth 3 to 17 years of age in conservatorship. Although face to face assessments are preferred, telehealth options expand availability when needed. Efforts to increase CPS Adult and Youth Mental Health First Aid trainers are underway, with plans to certify an additional eight staff as trainers. Seven of the eight staff members have been certified as Youth Mental Health First Aid trainers and the eighth staff member is certified as an Adult Mental Health First Aid trainer. The first course being offered to staff will occur on June 10, 2022.

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 use a medical screening exam, implemented for children within three days of their entry into state custody. The CANS assessment and Texas Health Steps developmentally appropriate medical checkups are required within the first 30 days. An approach called “3 in 30” is used to clearly identify 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 continues to monitor the usage of psychotropic medication through collaboration between DFPS, HHSC, and STAR Health. This review process aids in ensuring children in DFPS conservatorship are receiving appropriate psychotropic medications. There are five 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, was last updated in June 2019 and are currently under a subsequent routine review. The Parameters are best practice guidelines and now include nine criteria for indicating need for further review.

DFPS and STAR Health have supports in place to address healthcare needs for youth transitioning out of care. The DFPS Transitional Living Services program provides transition planning, services, and benefits to both older youth in foster care and those who have already become young adults. STAR Health Transition Specialists are available to assist members in preparing to manage their own health care. Collaboration between DFPS, STAR Health, and HHSC is planned to identify areas of risk where transitioning youth do not enroll or maintain enrollment in medical coverage when eligible, improve use of preventative care for transition age youth, and increase and maintain enrollment in healthcare coverage for youth and young adults who have transitioned out of care. Implementation of data requests/reviews and reviews of current youth training has been delayed due to the COVID-19 crisis.

<b>Outcome/Item/Data Indicator</b>	<b>Standard</b>	<b>Q2-FY21</b>	<b>Q3-FY21</b>	<b>Q4-FY21</b>	<b>Q1-FY22</b>
Item 17 Physical Health of the Child	90%	86.0%	85.7%	75.0%	86.1%
Item 18 Mental/Behavioral Health of the Child	90%	89.0%	92.5%	85.3%	79.7%

*(The source is from DFPS quarterly CFSR reviews FY21-22)*

**Strategy 1.11a Lead: Brandi Young**

**Strategy 1.11a: Improve the use of the Child and Adolescent Needs and Strengths (CANS) assessment in service planning for youth.**

**Rationale:** The Child and Adolescent Needs and Strengths (CANS) assessment is a tool that helps decision-making, drives service planning, facilitates quality improvement, and allows for outcomes monitoring. DFPS uses the CANS to gather information about the strengths and needs of the child to plan for services that will help the child and family reach their goals. CANS is a comprehensive, trauma-informed, behavioral health assessment intended to promote communication within a child’s care team, prevent duplicate assessments by multiple parties, decrease unnecessary psychological testing, aid in identifying placement and treatment needs, and inform case planning decisions.



<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 and produce a video training tool (webinar) on the use of CANS and service planning for Family Group Decision Making facilitators and direct delivery CPS staff. The training will highlight strategies to use CANS assessment tool results more effectively in-service plan development.	May 2022	On August 18, 2021 in collaboration with Dr. April Fernando from the University of Kentucky, DFPS completed a recorded webinar regarding the latent class analysis and the use of CANS when completing a child's plan of service. The success of this webinar prompted the development of an updated Individual Training Plan (ITP) training for newly hired DFPS field staff. This training takes the place of the current Center for Learning and Organizational Excellence (CLOE) training and focuses on how to understand the CANS assessment and implementing it into the child's plan of service. The go live date was in May 2022.	
b. In coordination with HHSC and STAR Health, DFPS will implement a statewide telehealth option for CANS assessments of older children and youth to increase CANS compliance rates when completion of a CANS assessment has proved challenging.	Completed March 2021	As of March 2021, Health and Human Services (HHSC), STAR Health, and DFPS implemented a statewide permanent telehealth option for the use of a CANS assessment for all children ages 3-17. Although face-to-face assessments are preferred, the telehealth option has provided increased availability.	This action step has been completed.
c. Evaluate the use of the CANS telehealth options on compliance and satisfaction.	Completed October 2020	The telehealth pilot concluded on October 31, 2020.	This action step has been completed.

<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. Use collaboration between DFPS, HHSC, University of Kentucky contract, and STAR Health to increase compliance with the CANS assessment including improving quality of the tool and regular communication with field staff and service coordination with STAR Health.	September 2020 and ongoing thereafter	Biweekly, DFPS gathers a data report from the eCANS system which shows the children who have had a CANS assessment completed. eCANS data is then compared to data from the DFPS IMPACT system of the children in our care that have not had a CANS completed since coming into care and those who need an annual assessment. After cross checking information from both systems, the report is then emailed to the Director of Field and the Director of Community-Based Care (CBC) for distribution to field staff alerting them of the need for an assessment. This report and its distribution to staff help ensure compliance in making sure each child receives appropriate services timely.	

**Strategy 1.11b Lead: Julie Abreu**

**Strategy 1.11b: Support Child Protective Services staff in increasing access to services for youth and families involved with child welfare who have complex behavioral health needs.**

**Rationale:**

The Texas Family Code 261.001(9) defines a Serious Emotional Disturbance (SED) as a “mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment that substantially interferes with or limits a person’s role or ability to function in family, school, or community activities.” Many children and youth in foster care have experienced significant or ongoing traumatic experiences with co-occurring behavioral health needs and meet criteria for serious emotional disturbance. Children and youth in foster care with high behavioral health needs require support and service coordination to ensure their needs are met.

CPS Behavioral Health Services Division includes a Behavioral Health Services Division Administrator who oversees substance use disorder, CANS, trauma- informed care, and mental health positions. The division complements comparable staff within Investigations. These staff are spread throughout the state and provide support, resources, and technical assistance to direct delivery staff in their work with families experiencing substance use disorders through every stage of service.

<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. Increase the capacity for delivery of Mental Health First Aid training with ten DFPS staff being certified as Mental Health First Aid trainers.	September 2024	In FY20, fifteen DFPS employees were certified to teach Mental Health First Aid Training for Adults under an HHSC grant program. On March 16, 2020, the Behavioral Health Services Division submitted a plan to train an additional ten to fifteen DFPS employees. "Train the Trainer" sessions have been completed for eight staff. The Youth Mental Health First Aid Trainings for staff start on June 10, 2022 and the Adult Mental Health First Aid Training is going to be offered in May 2022.	
b. The Behavioral Health Services Division will strengthen ongoing collaboration with external behavioral health system partners including HHSC, Local Mental Health Authorities, Outreach, Screening, Assessment, and Referral (OSAR) centers, treatment facilities, crises centers, and other mental health and substance use disorder service providers and external stakeholders with implementation of a quarterly forum to share information and discuss mutual strategies to improving services.	June 2020 and quarterly thereafter	<p>The Medical and Behavioral Health Services divisions participate in a monthly joint meeting with Superior Star Health and HHSC on collaborative measures to ensure operations are functioning efficiently. There is a monthly meeting with DFPS representatives, DSHS leaders, and HHSC leadership to coordinate public Behavioral Health (mental health and substance use) services.</p> <p>In 2021, the CPS Director of Services started a quarterly Behavioral Health/Medical Services stakeholder meeting. Representatives from DFPS (state office and field representatives), HHSC (Both Medicaid/CHIP and Behavioral Health/IDD Services divisions), Medical Hospitals/Advocates, Behavioral Health Hospitals/Advocates, and the Children's Commission participate to share information on services and system coordination, and identify any gaps in order to strengthen service delivery to children and families involved in child welfare. Meetings were held virtually in October 2021 and January 2022. In person meetings resumed in May 2022. The stakeholders have requested alternations between virtual and in person meetings, increased frequency to bi-monthly, and opportunities for in person meetings to be held in different geographic locations around the state. The schedule change will begin Summer 2022.</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 Behavioral Health Services team members participate in a meeting that occurs once every other month with HHSC's Children's Mental Health team to discuss and address concerns that impact prevention, early intervention, and recovery from mental illness. This workgroup regularly connects and exchanges resources to change the trajectory of Texas families who are at risk of experiencing a mental health crisis.</p> <p>The Behavioral Health Service Division CANS team participates in the University of Kentucky's quarterly CANS in Child Welfare in the U.S. meeting. This solution focused meeting allows the states that have implemented or are in the process of implementing the CANS assessment into their Child Welfare system to discuss current issues impacting them and discuss the advancements regarding the CANS assessment. This collaborative group works together to discuss solutions, explain how the CANS assessment is used in their states, and discuss how the CANS assessment can assist with other aspects of behavioral and mental health services.</p> <p>The Substance Use Program Specialist team participates in monthly and quarterly collaborative meetings with CPI, HHSC, and statewide Outreach, Screening, Assessment and Referral (OSAR) service agencies to strengthen and improve communication that ensures access to coordinated service delivery or other support services related to substance use treatment.</p>	

<p>c. Behavioral Health Services Division staff will provide regional and statewide trainings to staff annually in all regions, and statewide to increase awareness of mental health, types of mental health assessments, co-occurring disorders, substance use disorders, and provider resources for youth and families with complex mental health needs and/or substance use disorders.</p>	<p>Fall 2020 and ongoing thereafter</p>	<p>On August 18, 2021 a webinar was completed by DFPS and University of Kentucky on the use of CANS when completing a child's plan of service. Because of the success of the webinar with our current staff, a new training in CLOE is being developed. The training was completed and will be a training resource for field staff; will go live date in May 2022. The Behavioral Health Services</p> <p>Division delivered regional trainings for Mental Health and Substance Use on the following dates:</p> <p><b>2021 (second six months of the year) Drug testing Basics training</b> 6/21, 8/26, 10/27, 11/8, 12/6, 12/10: Regions 3W/3E, 8, 11 CVS/FBSS/CASA</p> <p><b>Medication Assisted Treatment (MAT) training</b> 7/8, 8/9, 8/20, 9/15, 9/24: Regions 1, 2, 3, 5, 6, 8, 9, 10, 11 over 100 CPS/CPI/CBC caseworkers.</p> <p><b>Substance Use Basics training</b> 6/7, 10/1: Regions 4/5, 6</p> <p><b>FBSS Academy training</b> 8/24, 9/17, 9/30: Regions 4, 5, 6</p> <p><b>Outreach, Screening, Assessment and Referral (OSAR) training</b> 7/7, 7/9: Region 5</p> <p><b>Prescription Drugs, Alcohol &amp; Relapse trainings</b> 7/14, 7/15: Region 8</p> <p><b>2022</b></p> <p><b>Substance Use Basics training</b> 1/21, 1/28, 2/16, 2/17, 2/25: Region 2, 4, 5, 6 CBC/CPS/CPI caseworkers</p> <p><b>Drug Testing Basics training</b> 1/25, 1/26, 1/28, 1/31: Region 3W/3E CVS/FBSS caseworkers</p> <p><b>Medication-Assisted Treatment (MAT) training</b> 1/25, 1/28: Region 11</p> <p><b>Mental Health Training/Presentation:</b> October 19, 2021: CPS statewide November 9, 2021: Developmental Disabilities Regional Staff January 19, 2022: CPI/CPS Region 08 Leadership February 2, 2022: CVS-Region 6</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>March 11, 2022: SSCC Region 08 Leadership</p> <p>The DFPS Medical Services Division and Behavioral Health Services Division jointly developed a presentation that is deliverable to regional staff. This presentation reviews current services offered through STAR Health and local community resources that may be of assistance to staff working with a child, youth, or family experiencing behavioral health or medical service's needs. DFPS Medical Services and Behavioral Health Services staff started presenting this to field in March 2022. This presentation will have been delivered to at least one area within to every region within DFPS by August 2022 and will be ongoing thereafter.</p>	
<p>d. Develop in partnership with stakeholders, communicate, and distribute a Plan of Safe Care optional statewide template for birthing hospitals to use after birth of a substance-exposed or drug-addicted infant in order to better share information between service providers, families, and DFPS.</p>	<p>Completed and ongoing</p>	<p>DFPS collaboratively worked with the Harris County Plans of Safe Care Steering Committee which partnered with Baylor College of Medicine/Texas Children's Hospital, Harris Health System, Harris County Family Reunification Court, Santa Maria Hostel, and The Council on Recovery.</p> <p>The group worked with the vision statement: All pregnant and postpartum women with identified substance use issues are to be offered a plan of safe care, and connection to the resources listed within, as early as possible to ensure the health and safety of mom and baby.</p> <p>The Harris County Plan of Safe Care Steering Committee collaboratively worked from January 2020 to August 2021 to develop, pilot test, and implement Plan of Safe Care. A Plan of Safe Care toolkit was produced to provide direction to providers, agencies, and programs as they begin to implement the Plan of Safe Care. During the pilot over 100 women received a Plan of Safe Care from 5 organizations.</p>	

**Strategy 1.11c Lead: Casey Houghton**

**Strategy 1.11c: Collaborate with HHSC, STAR Health, managed care contractors, residential providers,**

**Single Source Continuum Contractors, 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, 3 Day Medical Screening Exam, Texas Health Steps, trauma-informed care, and the Health Passport.</p>	<p>Ongoing</p>	<p>Online STAR Health, medical consent, 3 Day Medical Screening Exam, Texas Health Steps, psychotropic medication, trauma-informed care, and Health Passport trainings are available to DFPS staff through the Center for Learning and Organizational Excellence e-learning site for DFPS employees.</p> <p>Online trainings available on the DFPS public website for medical consenters and stakeholders includes training on medical consent, psychotropic medication, and trauma-informed care.</p> <p>Joint training for regional direct delivery staff was developed with Medical Services and Behavioral Health teams and HHSC Medicaid/CHIP highlighting local and statewide services available for foster youth. Training is currently underway and will have been delivered at least once in every region by August 2022.</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. Collaborate with HHSC and STAR Health to increase compliance with the 3 in 30 (3 Day Medical Exam, initial Texas Health Steps medical checkups (EPSDT), and Child and Adolescent Needs and Strengths Assessment (CANS))</p>	<p>Ongoing</p>	<p>CPS Medical Services staff in the regions provide training during unit and manager meetings with stakeholders and to CPS staff during CPS Professional Development training that includes information about 3 Day Medical Exam, Texas Health Steps medical checkups, and Child and Adolescent Needs and Strengths Assessment.</p> <p>DFPS Medical Services and caseworker staff provide 3 in 30 materials and brochures to caregivers, parents, other caseworkers and stakeholders. The CPS Residential Child Care contract also requires provision of these brochures to contracted providers.</p> <p>STAR Health provides webinars to DFPS staff on various healthcare related topics, including 3 in 30.</p> <p>A regional compliance report is sent weekly to highlight progress and determine areas for growth. Compliance rating has been added as part of regional annual business plans.</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>c. Facilitate the use of multi- disciplinary team case staffing to develop service and health care plans for children with complex health needs.</p>	<p>Ongoing</p>	<p>CPS well-being specialists facilitate multidisciplinary case staffing specifically for children with primary medical needs. These multidisciplinary case stuffing's are also used with other serious or complex health conditions or when needed for any child, at regional request, including children preparing to change placements, move out of state or into adoption, or just to develop a plan to meet the child's specific healthcare needs. The multidisciplinary team includes STAR Health Service managers, court-appointed special advocates, caseworkers, CPS subject matter experts, nurse consultants, medical providers, child placing agencies, foster and relative caregivers, and attorney's ad litem.</p> <p>The Medical Services Division utilizes a Primary Medical Needs Resource Guide that includes resources to ensure multidisciplinary team case staffing for children with complex health needs.</p> <p>Medical services staff attend other child specific staffing where healthcare issues are discussed, including placement and other behavioral health staffing, Permanency Roundtable Meetings, Family Group and Team meetings, Circles of Support meetings for youth preparing to reach adulthood and exit the foster care system, Child Watch staffing for youth under DFPS supervision, and staffing held specifically through hospitals or with a medical team.</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 caregivers and Single Source Continuum staff in navigating and managing the healthcare system effectively.	Ongoing	<p>Training has been developed for Single Source Continuum staff that will be provided by Regional Well-Being specialists via webinars and in-person on topics such as STAR Health, Medical Consent, 3 Day Medical Screening Exam, Texas Health Steps, Psychotropic Medication, Trauma-Informed Care, and Health Passport.</p> <p>Online training on the DFPS public website for medical consenters and caregivers includes training on medical consent, psychotropic medication, and trauma-informed care.</p> <p>Well-Being Specialists request review of service coordination levels identified by STAR Health, as needed, and ensure caregivers receive complex case management, service coordination, or service management based on the needs of the foster youth.</p> <p>STAR Health has a Member Services hotline and after hours NurseWise medical advice line (available 24/7) that are available to medical consenters, members, and CPS caseworkers for assistance in accessing services and providers.</p>	
e. Ensure changes in STAR Health managed care plan related to new procurement are shared with staff, providers, and partners, and ensure that changes do not adversely affect the physical and behavioral healthcare of children.	Summer 2022	<p>The new procurement for STAR Health was posted in October 2021. Intent to Award is anticipated for Summer 2022, with an anticipated start of Operations to begin in Fiscal Year 2023.</p> <p>Medical Services staff will attend readiness meetings and planning workgroups to ensure new contract providers can meet all requirements prior to operational start date.</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>
f. Advocate for access to healthcare services for children by assisting staff and caregivers as needed.	Ongoing	<p>Regional medical services staff provide training targeted at access to services and navigation of the STAR Health system to CPS staff. Joint training has been developed with Medical Services and Behavioral Health Services teams, as well as HHSC, and will be provided to all regions by end of FY22. Trainings are also provided in regional unit meetings, kinship development worker units, and to stakeholders such as foster parents and case managers for child- placing agencies.</p> <p>Staff regularly provide one-on-one information and assistance to caregivers while attending child specific staffing and by phone. Staff regularly assist foster and relative or kinship caregivers with questions and provide guidance for accessing services and escalating healthcare issues as appropriate.</p> <p>STAR Health Clinical Trainers provide trainings for various healthcare topics including navigation of the STAR Health system for DFPS contracted child-placing agencies and other residential operations.</p> <p>STAR Health has a Member Services hotline and after hours NurseWise medical advice line (available 24/7) that are available to medical consenters, members, and CPS caseworkers for assistance in accessing services and providers.</p>	

**Strategy 1.11d Lead: Casey Houghton**

**Strategy 1.11d: 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	Continue current CPS Policies, Practices, and Procedures including training on informed consent of psychotropic medication implemented to improve the provision of psychotropic medications. Revise CPS policy, procedures, training, and contracts as needed.	
b. Continue the Psychotropic Medication Monitoring Group chaired by the DFPS Medical Director.	Ongoing	Continue regular meetings of the Psychotropic Medication Monitoring Group. The DFPS Psychotropic Medication Monitoring Group meets virtually on a quarterly basis.	
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 (ICPC).	Ongoing	Continue collaboration between DFPS and Texas Health and Human Services Commission for Psychotropic Medication Utilization Reviews for children in ICPC placements. The HHSC Vendor Drug Program was added to the collaboration between DFPS and HHSC for Psychotropic Medication Utilization Reviews for children in ICPC placements. DFPS sends reports to Texas Health and Human Services Commission Vendor Drug Program to review medication regimens and identify those outside the <i>Texas Parameters</i> . 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 reviews of medication for children excluded from STAR Health upon request.	

**Strategy 1.11e Lead: Casey Houghton**

**Strategy 1.11e: Support youth transitioning out of care to successfully access medical services.**

**Rationale:** Collaboration is needed to identify areas of risk where transitioning youth do not enroll or maintain enrollment in medical coverage when eligible, improve use of preventative care for transition age youth, and increase and maintain enrollment in healthcare coverage for youth and young adults who have transitioned out of 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. Collaborate with HHSC and STAR Health to identify areas of risk for healthcare enrollment and use of preventative care services for transition age youth.	Fall 2021	HHSC, at the direction of the Governor in response to federal HR 6201 and in collaboration with DFPS, took steps to ensure no Medicaid recipient discontinued Medicaid coverage during the Covid-19 crisis.	
b. Collaborate with HHSC and STAR Health to improve use of available preventative healthcare by transitioning youth, including maintenance of healthcare coverage.	Fall 2021	HHSC, at the direction of the Governor in response to federal HR 6201 and in collaboration with DFPS, took steps to ensure no Medicaid recipient discontinued Medicaid coverage during the Covid-19 crisis.	
c. Review current training for transitioning youth regarding their healthcare.	Summer 2022	The CPS Medical Services and Behavioral Health Services teams have developed a training to include services for transitioning youth. This will be presented in all regions by the end of the FY. Medicaid coverage is automatically extended for all enrollees due to the pandemic.	

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. Recommend and implement changes to training for transitioning youth regarding their healthcare.	August 2022	Joint meetings were held to discuss HB700 and the requirement for transitioning youth to independently manage their medication. STAR Health expanded its screening questions during calls with transitioning youth to ensure medication management is discussed. STAR Health now has service coordinators link youth and caregivers with health care providers. Information has been developed to distribute to regional staff to inform them of this expansion.	

**Objective 1.12: Improve education outcomes – Rocky Hensarling**

**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 education disruptions. The 2020-2024 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 Outcomes:**

- 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 (TEA), the Texas Children's Commission, CASA, Disability Rights Texas, University of Texas at Austin, and community groups by participating in ongoing community consortiums, stakeholder workgroups, presentations, and seminars.

**Outcome Measures:**

- Average number of child placement and school moves.
- Monthly reports from regional education specialists on education-related activities to internal and external stakeholders and responses to child-specific issues.
- Monthly status of education portfolio for children in conservatorship.

Interim Benchmark/Milestone	Target Completion
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 and maintain a minimum of two community consortia in every region.	Ongoing
Engage external stakeholders, including agencies, school districts and support entities providers, caregivers, and community groups in collaborative efforts to address and improve education outcomes for students in foster care.	Ongoing
Establish current education portfolio, which reflects the required documentation to support education decisions and student success, for 100% of the school-age children and youth in DFPS conservatorship.	Ongoing
Reduce the number of different schools moves for children in foster care during the school year below established baseline of 3.2 moves	Ongoing

**Summary:**

To improve the education outcomes for children in conservatorship, DFPS has continued to partner with the Children’s Commission, the judiciary, the provider community, and educational partners. Through this collaboration, work has been done to educate those involved in serving children in foster care around topics of reducing school moves through keeping children in their school of origin, identifying and providing services to meet the educational needs of the child through accommodations and special education, and focusing on increased post-secondary opportunities for youth in foster care. Through a collaboration with the TEA, the Children’s Commission, and school staff including child welfare liaisons, DFPS has completed updates to the Foster Care and Student Success guide published by TEA. This guide provides high-level overviews, many comprehensive targeted information sections, and additional resources for schools, administrators, and educators about students involved in child welfare. Additionally, DFPS has worked with partners at HHSC to increase referrals for early identification and assessments through Early Childhood Interventions.

**Strategy 1.12a Lead: Felicia Penn**

**Strategy 1.12a: Continue to 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:** Building strong and successful collaborations with internal and external stakeholders will develop and secure significant education-related supports for children and youth in conservatorship. Collaboration will help secure better outcomes and identify issues to successfully address the educational needs of children and youth in 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>
<p>a. Regional education specialists will provide ongoing trainings, support, and guidance to internal and/or external stakeholders monthly in each region, including DFPS staff, to address educational issues and concerns regarding children and youth in foster care.</p>	<p>Ongoing</p>	<p>Regional education specialists provided internal staff trainings through unit meetings in the regions, one-on-one tutorials with staff, and ongoing communication with staff. Training sessions are being held virtually. Regional education specialists have provided technical assistance virtually to caseworks, attorneys, foster care champions, school counselors, foster care liaisons, court appointed special advocates, and caregivers to help navigate the education system. Regional education specialists provide trainings to the residential provider community and the local school districts on a regular basis.</p> <p>DFPS continues to maintain ongoing collaborations with the Children’s Commission, the Texas Education Agency, Disability Rights of Texas, Education Service Center, Early Childhood Intervention, Independent School Districts, Texas Association of School Boards, Court-Appointed Special Advocates, and Foster Parent Association. These collaborations have resulted in more than 25 national, statewide, and regional presentations regarding Improving Educational Outcomes for Students 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):
b. Regional education specialists will engage and collaborate with regional external stakeholders to help identify opportunities to improve educational outcomes for children and youth in foster care.	Ongoing	Regional education specialists work with their local Education Service Centers and school districts. Individual work on behalf of a specific child is done through participating in over 102 Admission, Referral, and Dismissal meetings for children receiving special education services. Education specialists are participating in the meetings both in-person and virtually. Regional education specialists have participated in over 35 enrollment conferences. Regional education specialists worked with the Children’s Commission and Texas Education Agency to update the Foster Care Student Success and Every Student Succeeds Act guide. The regional education specialist provided over 750 prekindergarten verification letters to caregivers enrolling children into programs. Annually, education specialists participated in Education Reach for Texans conferences, virtually. Through the use of regional education consortiums held in each region at least once per quarter, regional education specialists engage the larger community in discussing how to improve the outcomes for children in foster care.	
c. Education specialists will continue to participate in community-based consortia created to help identify and address educational issues for children and youth in foster care.	Fall 2019 and Ongoing thereafter	Each region led or collaborated with the Educational Service Center to hold at least one consortium per quarter. The consortiums are held virtually and in-person allowing more engagement with homeless coordinators, directors of special education programs, judges, attorneys, and Foster Care Champions. Education specialists have held 35 consortiums.	

**Strategy 1.12b Lead: Felicia Penn**

**Strategy 1.12b: Continue to improve the overall education placement stability for children and youth in foster care and ensure that all education records follow a child or youth if a placement or school change occurs. Continue to ensure children in care receive all the educational and ancillary services to meet their educational needs and goals.**

**Rationale:** Continuing to ensure 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. Collaborate with child welfare stakeholders and schools to maintain students in their school of origin and reduce the number of schools moves for children and youth in foster care.</p>	<p>Ongoing</p>	<p>DFPS instituted a performance measure in the community-based care contracts in an effort to increase children remaining in their school of origin.</p> <p>DFPS collaborated with TEA and the Children's Commission to develop and provide additional information to DFPS Staff as well as schools on the requirements of Every Student Succeeds Act (ESSA). Regional education specialists participated in the Foster Care and Residential Treatment Center workgroup. Regional education specialists work with school districts and TEA on the data capacity to track school changes for children and youth in foster care. Regional education specialists track and monitor high school junior and senior students in foster care who may be at risk of not completing graduation requirements due to frequent moves.</p>	
<p>b. Monitor and review Education Portfolios to ensure that 100% of school aged children in foster care have an Education Portfolio and that the portfolio reflects the required documentation to support their educational needs.</p>	<p>Fall 2022 and annually thereafter</p>	<p>In April 2019, IMPACT 2.0 was implemented which resulted in an error in the reporting of Education Portfolios. In May 2021 the issue was resolved.</p> <p>Regional education specialists are providing ongoing support to staff through unit meeting and educating staff on the importance of maintaining the Portfolio. Regional education specialists currently work with regional program directors and Child Care Licensing to monitor the distribution and use of Educational Portfolios. Regional education specialists remind regions to provide and maintain portfolios on a monthly basis.</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):
		To reinforce the use of the Education Portfolio, DFPS worked with the judiciary to stress the importance of asking about education and the contents of the Education Portfolio at permanency review hearings. Regional education specialists will encourage caseworkers to review the contents of the portfolios monthly during placement visits.	
c. Implement and participate in no fewer than 3 cross training opportunities in each region with other agencies, schools, and community organizations to address educational needs and improve better education outcomes for children and youth in foster care.	September 2022 and ongoing thereafter	<p>Regional education specialists performed or participated in cross trainings with the Single Source Continuum Contractor for Community-Based Care, local Court-Appointed Special Advocates, Education Service Centers, Provider Community, and the Children’s Commission.</p> <p>Education specialists provided additional training on enrollment and records transfers to school district foster care liaisons and appointed college staff who facilitated enrollment and provided additional support to former foster students.</p>	
d. Implement Community-Based Care in a total of five catchment areas in order to improve local placement and the ability for children to remain in their school of origin prior to removal	September 2022	<p>The requirement for maintaining a child in their school of origin is a performance measure for all Community-Based Care contracts. There are currently four contracts.</p> <p>Education specialists meet quarterly to create plans to improve educational outcomes within the Community-Based Care catchment areas. Regional education specialists provide daily support to Community-Based Care staff.</p>	

**Objective 1.13: Strengthen parental engagement (CFSR PIP Goal 4) – Rocky Hensarling**

**Rationale:** Engaging and working with parents is critical to maintaining safety, achieving positive permanency, helping the child maintain connections, and promoting child and family well-being.

**Expected Outcomes:**

- Staff will have an enhanced understanding of the importance of parental engagement.
- Parent engagement, particularly with fathers, will increase.
- Staff will have a better understanding of working with parents who are incarcerated.
- Increased collaboration with external stakeholders on how to improve engagement practices.

**Outcome Measures:**

- Increase visitation between parents and children.
- Increased engagement and collaboration between CPS and the parent.
- Family strength and needs assessments are utilized in developing plans of service.
- Increase identification of fathers.

<b>Interim Benchmark/Milestone</b>	<b>Target Completion</b>
Revamp expectations for working with absent and incarcerated parents.	Ongoing
Implement the Volunteer Expansion program that will train volunteers to assist biological parents with transportation to visits and appointments.	Ongoing
Implement a network of local providers designed to meet the specific needs of families in the Community-Based Care catchment areas (such as the Quality Parent Initiative in Region 3B Catchment Area).	Ongoing
Improve casework with families whose fathers are reconnecting with children after an incarceration.	Ongoing
Complete a video series for regional staff statewide to provide more practice guidance on how best to engage and support the parent victim of family violence, the children as well as the parent using violence, implementing a change process to increase safety and well-being for all family members.	Ongoing
Continue to raise awareness and improve practices regarding the importance of family engagement with staff and child and parent representatives who have direct contact with the parents and children served by the agency.	Ongoing

**Summary:**

To enhance staff understanding of the importance of family engagement and increase parent engagement, DFPS engaged in activities to address challenges and barriers to family engagement. DFPS works with the kinship collaboration group and the parent collaboration group to develop guidance for staff working with parents. DFPS produced several videos on family engagement and specific videos on the importance of fathers. Additionally, a resource guide was updated to provide current information on working with parents who are incarcerated and parents who are being released from

incarceration and adjusting to life after incarceration. The Fatherhood Specialist participates in community engagement activities throughout the state of Texas and facilitates staff developing strategies for engaging families and addressing barriers to engagement. DFPS also provides ongoing training and guidance for staff working with families in cases where domestic violence is present and works to develop staff knowledge of strategies to engage both the victim parent and the person using violence in case planning. To further increase family safety, DFPS released a new open enrollment for Battering Intervention and Prevention Programs (BIPP) to contract directly with DFPS and expand the network of BIPPs available to families across the state.

**Strategy 1.13a Lead: Kenneth Thompson**

**Strategy 1.13a: Continue to enhance understanding and awareness of the importance of engaging fathers to improve outcomes for children.**

**Rationale:** Fathers have an important role in their children’s lives and engagement of fathers can help improve positive outcomes for children in foster care. Children with involved fathers have a higher likelihood of leaving foster care more quickly. Engaging fathers and the paternal extended family provide increased options for positive permanency for children. Engaging fathers to be part of the solution to address concerns and issues empowers fathers to be engaged and more active and involved in their children’s lives.

<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. Create three videos and information to staff and internal and external stakeholders that will improve engagement with fathers.	September 2021 and annually thereafter	The first set of father’s legacies videos were created for staff and community stakeholders. The videos are designed to remind caseworkers and community stakeholders of the lasting value of fathers, both seen and unseen. The videos featured the diversity of our staff highlighting their voices about a father’s legacy. There were three videos with the last one released in July 2020. Additional fatherhood engagement videos were planned, but due to COVID-19 there was a delay due to not being able to meet in person. Meetings with fathers will be ongoing to conduct additional fatherhood interviews and produce videos on ways for staff to enhance their engagement with fathers.	

<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. Facilitate at least one meeting in each region with internal and external stakeholders to discuss policy and barriers to engaging fathers.	September 2021 and annually thereafter	Due to COVID-19, there were less meetings held in 2020 and 2021. Stakeholder presentations were conducted virtually in March 2020 in Abilene at the Big Country Foster Care Consortium, in July 2020 at the UT School of Social Work, and in November 2020 in Middlesex County, New Jersey at a minority issues meeting discussing engaging fathers. In 2021, stakeholder presentations involved CASA in April. Meetings and presentations for DFPS staff are ongoing and include new supervisor orientation, unit meeting presentations, and special events such as the role of black fathers during Black History Month.	
c. Cultivate resources for internal and external stakeholder use that are father-friendly and collected for availability on a fatherhood internet webpage.	September 2021	Work to redesign the Fathers Matter website to create and share additional content is underway. The site provides staff and external stakeholders access to printable posters with father-friendly messages and images. The website offers tip sheets, and other father-friendly and supportive materials to enhance or guide conversation with or about fathers. Additional information will continue to be added on an ongoing basis to the website	
d. Provide information to DFPS staff on how to work with families whose fathers are incarcerated or reconnecting with children after an incarceration.	June 2020	Two documents to support incarcerated parents were released. The first document provides staff with concepts on how to work with an incarcerated parent. The second document focus on the re-entry aspects of the formerly incarcerated parent. There is an emphasis on formerly incarcerated parents attending staff meetings to add their voices to the unique challenges of formerly and incarcerated parents.	This action step has been completed.

**Strategy 1.13b Lead: Paul Busby**

**Strategy 1.13b: Continue to raise awareness and improve practices regarding the importance of family engagement with staff.**

**Rationale:** Engaging parents is critical for achieving successful outcomes for children in substitute care. Recognizing parents as the experts on their family and circumstances empowers them through the process and helps them make important decisions that affect their children and family. Engaging parents to gather and assess information helps identify what works well for the family and the family's strengths and needs which can result in positive outcomes for children and parents.

<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. Create three videos and information for direct delivery staff to improve practices regarding parent engagement.	September 2021	The three engagement videos were created and are available to staff now. This action step has been completed. The Fatherhood Specialist meets virtually and in-person with staff and stakeholders regularly to educate, discuss, and train on engagement with fathers.	
b. Ensure each region has at least one Parent Collaboration Group actively meeting to obtain feedback and input from parent representatives on parent engagement and utilize the input of the statewide Parent Collaboration Group to develop strategies to help regions when the regional group experiences barriers.	September 2021 and ongoing thereafter	There are Parent Collaboration Groups in all the regions where there is an identified parent to be the lead for the group. There is work being done to identify parents for the regions in which there is not a Parent Collaboration Group. A statewide Parent Collaboration Group is currently active which allows parents from all over Texas to meet to share experiences and feedback. These groups have continued to be conducted virtually and by phone during COVID-19. All input and feedback provided is used to help with barriers or concerns in the local regions and at a state level.	
c. Provide regional staff statewide guidance through development, distribution, and posting of Domestic Violence Initiative trainings on how to best engage and support the parent victim of family violence.	December 2020	This Action Step has been completed.	

<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. Recruit additional increase of 10% more volunteers through the Volunteer Expansion Initiative to assist biological parents with transportation to visits and appointments to help parents be engaged in services.	September 2021	There have been concerns regarding the safety of the volunteers and liability for insurance. DFPS does not carry primary insurance coverage for workers or volunteers who transport clients. It is maintained by the individual. Due to these concerns and ongoing COVID barriers, faith-based and community partners continue to offer resources to help cover transportation costs for biological parents, such as bus passes and cab fares.	

**Strategy 1.13c Lead: Deshaun Faloms**

**Strategy 1.13c: Continue to 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:** Involving Parent Collaboration Groups to provide input about engaging parents provides a unique and critically important perspective on how to improve policy and services to parents. The parent's voice is important when making decisions that affect children and families. Feedback from the Parent Collaboration Groups allows DFPS to ensure that the parent voice and lived experiences are incorporated into 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. Develop training content for staff that strengthen parental engagement based on input from the statewide Parent Collaboration Group.	December 2021	<p>Input from the statewide Parent Collaboration Groups will be used in a variety of ways to include the parent voice to the trainings that are developed, and information distributed regarding parent and family engagement. Videos were developed with a parent expressing the impact of engagement on their lived experience.</p> <p>Parent engagement clips were developed in October 2019 based on input from each Parent Liaison from the statewide Parent Collaboration Group. Plans are to continue to work with CLOE to include the parent engagement clips as part of caseworkers' Initial Training Plan. Other training topics for caseworkers as requested from the survey include Cultural Humanity and Responsiveness and Sensitivity. The Cultural Humanity and Responsiveness and Sensitivity topics were added in June 2021.</p> <p>Revisions will be made based on current group participants and agency updates to promote stronger services and exchanges of information between staff and parents.</p>	
b. Develop and distribute an Engagement Newsletter to share information and resources.	December 2020 and annually thereafter	An Engagement Newsletter will be provided annually.	
c. Survey annually regional and statewide Parent Collaboration Groups on family engagement topics and distribute findings to internal and external stakeholders to highlight importance of the parental voice.	September 2020 and annually thereafter	The Parent Collaboration Group Advisory Committee meets multiple times per year to further the work of the Parent Collaboration Group and advance the partnership of DFPS and families. The Committee's recommendations to DFPS are provided in an annual report.	

<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. Collaborate and participate in community events or social media opportunities on a quarterly basis to raise visibility of parental voice or learn from other professionals working with parents.	September 2020 and quarterly thereafter	<p>Presentations occur on an ongoing basis, including:</p> <p>Presented to the Children’s Commission on Birth and Foster Parent Partnership (February 2022)</p> <p>Presented at the Texas Foster Care Association Conference (October 2021)</p> <p>Presented at the Prevent Child Abuse America Conference (August 2021)</p> <p>Presented at the 2021 Child Judges Conference (October 2021)</p> <p>Presented at the 2021 Texas Foster Care Conference (October 2021)</p> <p>Participated at the National Federation of Families Conference (November 2021)</p>	
e. Increase community presentations to highlight importance of parental voice.	Ongoing	<p>Submitted a proposal to present at the Texas Child Care Administrators Conference but was not selected.</p> <p>Scheduled to present at the Texas Foster Care Conference in summer 2022.</p> <p>Submitted a proposal to present at the Family Focus Treatment Association 36th Annual Conference.</p>	

**Objective 1.14: Better meet the needs of children and youth within their communities – Hollie Mims**

**Rationale:** DFPS must establish effective practices for assessing the comprehensive needs of children, youth, and families to create a child welfare service delivery system that is responsive to these needs and can affect positive client outcomes. DFPS is implementing Community-Based Care to promote community ownership, flexibility, and innovation in providing residential and child protective services that meet the unique needs of local children and families.

**Expected Outcomes:**

- Children and youth are safe from abuse and neglect.
- Placements in home communities will increase.
- Children and youth are appropriately served in the least restrictive environment.
- Stability in placements will increase.
- 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.
- Reunification with biological parents, when possible, will increase. **(CFSR PIP Goal 5)**
- Increase placement with relative or kinship caregivers if reunification is not possible. **(CFSR PIP Goal 5)**

**Outcome Measures:**

- Percentage of children and youth safe from abuse and neglect while in care.
- Percentage of children placed in foster care within 50 miles of their home at removal.
- Percentage of sibling groups placed together in foster care.
- Average of foster care placements per child.
- Percentage of care days in least restrictive placement settings.
- Percentage of service plans with child participation.
- Percentage of court hearings attended by children not excused from attendance.
- Percentage of youth turning 18 who complete Preparation for Adult Living life skill services.
- Percentage of youth age 16 and older with a driver's license or state identification card.
- Percentage of children placed with relatives.
- Caseworker turnover

Interim Benchmark/Milestone	Target Completion
DFPS will continue to implement Community-Based Care, Stage I in Region 2 and catchment area 8a. Upon successful contract negotiations, DFPS will initiate Stage I Start-Up and implementation in Region 1 and catchment area 8b.	Completed
DFPS will implement Community-Based Care stage II, to include case management and services to families, in Region 2 and 3b catchment area.	Ongoing
DFPS will procure Community-Based Care contracts in additional areas of the state dependent on legislative direction and appropriation.	Ongoing
HTCE division will coordinate with Community-Based Care providers to improve to identify, report, recover, and restore children and youth who are trafficked.	Ongoing

**Summary:**

DFPS and Office of Community-Based Care Transition (OCBCT) successfully advanced implementation of Community-Based Care in FY22. The transition has included renaming regions with names reflecting the geographic community. DFPS negotiated a contract in the Panhandle area (DFPS Region 1) and Stage I implementation began on January 6, 2020. In the Panhandle area, DFPS and OCBCT certified Stage II readiness in February 2022 and the contractor began providing all Stage II services on March 2, 2022. DFPS negotiated a contract in the South Central and Hill Country area (DFPS Region 8b) and Stage I start-up began in October 2021 following a successful six-month start-up period and confirmation of readiness. In the Metroplex West area (DFPS Region 3b), DFPS certified Stage II readiness on March 27, 2020 and the contractor began providing case management and all other Stage II services on March 1, 2020. DFPS implemented CBC Stage II in the Big Country and Texoma area (DFPS Region 2), after readiness activities were completed, on June 1, 2020.

DFPS and OCBCT assess contractor performance outcomes annually against established performance targets. Targets are based on average annual historical performance for the catchment. Our Community Our Kids (OCOK) is compared to a baseline average for performance during fiscal years 2018 and 2019. With Stage II, OCOK assumed responsibility for finding and supporting kinship placements, and serving children in kinship and other non-foster care placements. Performance data shows that OCOK has improved placements to kinship compared to baseline years. Turnover has continued to be a focus and remains higher than baseline.

For 2INgage, the average performance for fiscal years 2017 and 2018, the two years prior to Stage I implementation, were used as the historical average for comparison. As of FY22 Q1, 2INgage has operated for six full quarters (18 months) in Stage II. Performance data shows that 2INgage placement to kinship has dropped in FY21 but remains similar to baseline years. 2INgage was successful in preparing youth for adult living, maintaining the Preparation for Adult Living (PAL) completion rate well above baseline to a consistent 100% in FY21 and FY22 Q1. Turnover remains an area of focus.

Saint Francis began serving children on January 6, 2020. The Panhandle area is in an area of the state that faced significant capacity challenges prior to CBC implementation. The average performance for fiscal years 2018 and 2019, the two years prior to implementation, is used as the historical average for comparison.

Belong began serving children on October 27, 2021. At the end of FY22 Q1, only about 40% of the South Central and Hill Country’s catchment area total child population had transitioned to Belong’s responsibility. Because only a small proportion of the population in the region is under SSCC care, FY22 Q1 SSCC data are not comparable to historical data and are therefore not a good measure of performance

**Performance: STAGE I FY2021 YTD Q2**  
**Saint Francis**

<b>INDICATOR</b>	<b>BASELINE</b>	<b>FY21</b>	<b>FY22 Q1</b>
Safe in Foster Care	<b>100%</b>	97.8%	99.6%
Foster Care placements per child	<b>1.51* (Q1: 1.16)</b>	1.59	1.19
Percent Foster Care days in a Foster Home	<b>68.80%</b>	69.2%	69.5%
Placed within 50 miles	<b>44.6%</b>	43.0%	42.4%
Sibling groups placed together in Foster Care	<b>61.2%</b>	62.4%	64.6%
Turning 18 years old completing PAL	<b>92.2%</b>	92.5%	83.3%

\* Partial-year data are not comparable to full-year data for Placement Stability

**Performance: STAGE II FY2022 YTD Q1**

Indicator	OCOK Baseline	OCOK FY21	OCOK FY22 Q1	2INgage Baseline	2INgage FY21	2INgage FY22 Q1
Safe in Foster Care	<b>100%</b>	97.6%	99.8%	<b>100%</b>	99.1%	100%
Foster Care placements per child	<b>1.46 (Q1: 1.16)</b>	1.52	1.17	<b>1.40 (Q1: 1.14)</b>	1.43	1.14
Percent Foster Care days in a Foster Home	<b>83.2%</b>	83%	82.1%	<b>87.8%</b>	88.6%	88.5%
Placed within 50 miles	<b>73.2%</b>	72%	71%	<b>46.9%</b>	38.8%	39.7%
Sibling groups placed together in Foster Care	<b>65.9%</b>	63%	62.3%	<b>67.3%</b>	60.4%	63%
Children placed with Kin at 60 days **	<b>19.2%</b>	26.1%	Pending	<b>47%</b>	46.6%	Pending
Turning 18 years old completing PAL	<b>77.6%</b>	91.8%	87.0%	<b>89.5%</b>	100%	100%

\* Partial-year data are not comparable to full-year data for Placement Stability

\*\* Kin data is delayed by 1 quarter due to measure requirements

\*\*\*FY20 as a transition year- OCOK transitioned to Stage II in FY20 Q3

*\*Measures cannot be reported against baseline in the transition year due to a partial population in the transition year and reporting period of less than one year.*

As required by Rider 15, 86<sup>th</sup> Texas Legislature, DFPS is required to report on March 31<sup>st</sup> and September 30<sup>th</sup> each year selected performance measures that allow for comparative analysis between the legacy foster care and redesigned foster care systems. The report includes 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 September 2021 and March 2022 Rider 15 reports as required. The next report will be released with FY 2022 quarter 3 data in September 2022.

**Strategy 1.14a Lead: Hollie Mims**

**Strategy 1.14a: DFPS will continue to implement stage I of Community-Based Care**

**Rationale:** DFPS must establish effective practices for assessing the comprehensive needs of children, youth, and families to create a child welfare service delivery system that is responsive to these needs and can affect positive client outcomes. DFPS is implementing Community-Based Care to promote community ownership, flexibility, and innovation in providing residential and child protective services that meet the unique needs of local children and families. In Community- Based Care stage I, the Single Source Continuum Contractor (SSCC) is responsible for developing a continuum of foster care and services for children to meet outcomes including placing children close to home in stable, least restrictive settings.

<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. DFPS will continue to support Regions 3b, 2, 8a catchment areas in stage I implementation.	September 2020 and ongoing thereafter	DFPS continues to provide support and technical assistance for implementation in all areas. Regions 3b and 2 are now in Stage II.  As of April 29, 2021, Family Tapestry notified DFPS of its intent to terminate the contract with DFPS for 8a and that contract was moved back to state run in July 2021.	Complete

<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. DFPS will implement stage I Community-Based Care in Region 1	January 2020	On January 6, 2020, St. Francis Community Services began serving children in Region 1 after a 6-month start-up period, and confirmation of readiness by DFPS. As of March 2021, St. Francis Community Services was serving 1,062 children in foster care. Region 1 was moved to Stage II in March 2022.	Complete

<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. DFPS will procure a Single Source Continuum Contractor in Region 8b catchment area	January 2021	In September 2020, DFPS released a Request for Application (RFA) for the Region 8b catchment area (27 counties in DFPS Region 8 excluding Bexar County), which closed on December 1, 2020. DFPS awarded a contract on March 29, 2021 to BELONG, a division of St. Jude's Ranch for Children (SJRC) Texas, to serve as the Single Source Continuum Contractor for Region 8b. Implementation of Stage I CBC is anticipated to begin in October 2021 following a successful six-month start-up period and confirmation of readiness.	Completed

d. DFPS/OCBCT will implement Stage I in Region 8b	October 2021	Stage I for Belong started October 27, 2021 following a successful six-month start-up period and confirmation of readiness.	Completed
e. DFPS/OCBCT will procure Single Source Continuum Contractors in Regions 3E, 4, 5, and 9	Ongoing	Depending on successful bidders, DFPS/OCBCT plans on awarding new SSCC contracts in Regions 3e, 4, 5, and 9. The RFAs were released on April 29, 2022.	
f. DFPS/OCBCT will implement Stage I in Regions 3E, 4, 5, and 9	Ongoing	Depending on bidders and contract awards, DFPS/OCBCT will stagger implementation of Stage I in Regions, 3E, 4, 5, and 9	
g. DFPS will continue with statewide implementation based on Texas Legislature's direction and appropriation of funds	Ongoing	DFPS publishes an annual Community-Based Care implementation plan, which was most recently published in December 2021. The plan is available on the DFPS publicwebsite.  DFPS has requested in its Legislative Appropriations Request (LAR) the funding to implement Community-Based Care in four new catchment areas in the 2024-25 biennium. Subject to appropriations, DFPS will release Requests for Application (RFA) in the 4 new areas, and plan to do at least four 4 new Stage I and four 4 new Stage II areas in the following two-year biennium.	

**Strategy 1.14b Lead: Hollie Mims**

**Strategy 1.14b: DFPS will implement stage II of Community-Based Care for up to three Single Source Continuum Contractors operating in stage I who advance to a six-month stage II start up period and are certified for implementation based on completion of all readiness activities.**

**Rationale:** In stage II, the Single Source Continuum Contractor will assume responsibility for case management and other services that are currently provided by CPS and work toward reunifying children with their families, when possible, or placing children permanently with relatives. The Single Source Continuum Contractor will also provide adoption and transitional living 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>
a. DFPS and each Single Source Continuum Contractor will jointly decide and formally announce beginning the 6- month Stage II start up period for catchment areas 3b, 2, and 8a	June 2020	DFPS and Region 3b announced Stage II start-up in October 2019. DFPS and Region 2 announced Stage II start-up in December 2019. Region 3b went live into Stage II on March 1, 2020 and Region 2 went live to Stage II on June 1, 2020.  In Region 8a, Family Tapestry notified DFPS of its intent to terminate its contract as the SSCC for 8a. The 8a contract was terminated at the end of June 2021 and returned to state run July 2021.	Complete
b. DFPS and each Single Source Continuum Contractor will jointly decide and formally announce beginning the 6- month Stage II start up period for catchment areas 1 and 8b	Ongoing	Readiness for Region 1 started September 2021 and Saint Francis went live March 2022. Region 8b Stage II readiness activities started in April 2022 and is estimated to go live October 2022.	
c. DFPS will effectively implement a stage II transition plan resulting in successful implementation in each area by the projected go live date.	Pending Ongoing	DFPS successfully advanced to stage II Community-Based Care in Region 3b on March 1, 2020. DFPS implemented stage II services in Region 2 on June 1, 2020 after readiness activities were completed. DFPS successfully advanced to stage II Community- Based Care in Region 1 on March 2, 2022 after readiness activities were completed. The projected go live for stage II in Region 8b is October 2022, contingent upon readiness certification.  In Region 8a, Family Tapestry notified DFPS of its intent to terminate its contract as the SSCC for 8a. Transition to stage II was not initiated.	Complete

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. DFPS will develop and refine stage II transition planning processes including the requirements for certification of readiness.	Fall 2019 (Ongoing)	Stage II readiness tools and processes were developed fall 2019. Process updated in December 2019 and December 2020. Continual process improvements are underway to ensure a smooth transition for each catchment; these efforts are collaborative and coordinated between DFPS and the Office of Community-Based Care Transition. Spring 2022 the OCBCT made a change that going forward the timeline between Stage I to Stage II has been reduced to 12 months rather than 18 so long as everyone is in agreement with readiness.	
e. DFPS and OCBCT will continue to support Regions 3b, 2, and 1 catchment areas in Stage II.	Ongoing until Stage III	DFPS continues to provide support and technical assistance for all areas in Stage II.	
f. DFPS/OCBCT will implement Stage II Community-Based Care in Region 1	March 2022	On January 6, 2020, St. Francis Community Services began serving children in Region 1 after a 6-month start-up period, and confirmation of readiness by DFPS. As of March 2021, St. Francis Community Services was serving 1,062 children in foster care. Saint Francis entered Stage II on March 2, 2022. For fiscal year 2022, Saint Francis is serving 2,078 children in foster care	Completed
g. DFPS/OCBCT will implement Stage II in Region 8b	Ongoing	As of April 2022, readiness activities for Belong to move into Stage II in 6 months have begun. The anticipated timeframe for belong to begin Stage II is October 2022.	
h. DFPS/OCBCT will finalize Stage III and implement in Regions 3B, 2, and 1	Ongoing	After finalizing Stage III, DFPS/OCBCT will implement Stage III in every area who has been in CBC for at least 18 months. At this point we anticipate this will include Regions 3B, 2, and 1.	

**Strategy 1.14c Lead: Hollie Mims**

**Strategy 1.14c: DFPS will implement Community-Based Care using a performance-based contract and**

**direct oversight activity toward supporting continuous quality improvement and improved outcomes for children and families.**

**Rationale:** The Single Source Continuum Contractor assumes responsibility for assessing the foster care and service needs of children and families and developing a network of services to meet those needs. In stage II, the Single Source Continuum Contractor assumes case management oversight and responsibility for permanency outcomes. DFPS uses the continuous quality improvement process to assess performance trends and the effectiveness of the specific strategies each Single Source Continuum Contractor is implementing to develop quality programs and build the service continuum to address service gaps and needs.

<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 to implement quarterly multi-disciplinary oversight of each Single Source Continuum Contractor contract focused on supporting continuous quality improvement	Ongoing	DFPS developed and continues to implement a quarterly reporting format in which regional leadership leads the oversight effort drawing on expertise from local and state office subject matter experts in the areas of program, contracts, finance, and data and systems improvement.  Quarter 1 reviews held in February and March 20221 for all areas.  Quarter 2 reviews held in April and May 20221 for all areas.	
b. Develop the stage II performance measures and reporting structure and establish performance baselines	Ongoing	New contract measures included in stage II contract amendment. Developed the coding for stage II performance reporting and in the process of producing historical performance data. Working with Chapin Hall to produce historical baselines for paid care days (fiscal model for incentives and remedies).	
c. Develop and implement stage II case management oversight processes	Ongoing	Hired and trained case management oversight staff in regions 3b, and 2, and 1. Finalized case read tools and data reports for oversight of case management services. Continue to develop processes for providing technical assistance during the first year of stage II implementation and beyond.	

**Strategy 1.14d Lead: Blanca Denise Lance**

**Strategy 1.14d: The Human Trafficking and Child Exploitation (HTCE) division will coordinate with**

**Community-Based Care contractors (referred to as Single Source Continuum Contractors) to identify, report, recover, and restore children and youth who are trafficked.**

**Rationale:** DFPS must establish effective practices for assessing the comprehensive needs of children, youth, and families to create a child welfare service delivery system that is responsive to these needs and can affect positive client outcomes. DFPS is implementing Community-Based Care to promote community ownership, flexibility, and innovation in providing residential and child welfare services that meet the unique needs of local children in DFPS conservatorship 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>
<p>a. The Human Trafficking and Child Exploitation (HTCE) Division will provide technical assistance to Single Source Continuum Contractors on the DFPS Human Trafficking Response Protocol for any area that transitions to stage II CBC.</p>	<p>Fall 2019 and ongoing thereafter</p>	<p>OCOK:</p> <p>Since last reporting, the HTCE Division met with OCOK in September 2020 and January 2021 to provide ongoing support and coordinate efforts on Human Trafficking Responses.</p> <p>2INgage:</p> <p>The HTCE Division and 2INgage (Region 2 SSCC) met in November 2020 to discuss and coordinate human trafficking responses.</p> <p>St. Francis:</p> <p>In December 2021, the HTCE Division met with St. Francis to provide technical assistance on the Human Trafficking and Missing Children processes in preparation for St. Francis transitioning to Stage II.</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. The Human Trafficking and Child Exploitation (HTCE) Division will provide technical assistance to Single Source Continuum Contractors on the DFPS Care Coordination Toolkit.	Ongoing	DFPS's partnership with the Office of the Texas Governor – Child Sex Trafficking Team, Children's Advocacy Centers of Texas, Inc., and local communities to establish Care Coordination Teams across the state to provide youth victims of sex trafficking with a continuum of care has continued. As various communities embark on developing Care Coordination Teams, the HTCE Division ensures that SSCCs are included in all development meetings, if the community is a part of a SSCC catchment area.	
c. The HTCE Division will work with Single Source Continuum Contractors to support their technical assistance needs on Human Trafficking.	September 2020 and ongoing thereafter	<p>The HTCE Division and Legal have worked with DFPS's SSCC contract managers to develop contractual amendment language that will support continuum of service for Care Coordination and Advocate Agency Services in SSCC catchment areas.</p> <p>All trainings developed by HTCE Division are provided to SSCC to support their human trafficking technical assistance needs. This includes Foundations of Human Trafficking, Care Coordination Overview, and the region-specific human trafficking advocate trainings as they are made available as elective courses.</p> <p>Additionally, the HTCE Division created Overviews (tip sheets) on Understanding Human Trafficking Resources that included Care Coordination Teams, Human Trafficking Advocate Agencies, and the Commercial Sexual Exploitation-Identification Tool. These were also shared with the SSCCs. The Overviews were provided in March 2022 to support SSCC (and DFPS) staff in understanding their expectations in utilizing these resources.</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>SSCC staff designated as Missing Children Regional Coordinators are included in monthly calls to support any technical questions and needs on missing children and the intersection with human trafficking efforts.</p> <p>In March 2022, the HTCE Division met the newly formed Office of Community-Based Care Transition to strategize on how to best support their efforts and improve technical assistance efforts with SSCCs.</p>	

**Strategy 1.14e Lead: Heather Thorp**

**Strategy 1.14e: The Family First Prevention Services Act (Family First Act) division will coordinate with internal and external stakeholders to assess the feasibility of implementation.**

**Rationale:** DFPS must analyze the impact of the federal legislation for all facets of the Texas child welfare system, including prevention strategies. The legislation is complex and impacts all external stakeholders. DFPS is seeking guidance from the 87<sup>th</sup> Texas Legislature on implementation of the Family First Act.

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. Solicit input from external stakeholders regarding the impact of the federal act.</p>	<p>September 2020</p>	<p>Because Family First Act is transformative to the child welfare system, DFPS adopted a holistic approach to utilize already existing and naturally occurring groups of stakeholders from which to initiate engagement. DFPS engaged with those who are involved in the work and those who will be affected by the changes to our system, including engaging with staff throughout DFPS. DFPS conducted in-person and virtual meetings to discuss the provisions of the bill and gather input from more than 20 stakeholder groups.</p> <p>DFPS hosted a Family First Prevention Services Act update webinar to provide external stakeholders with an overview of the strategic plan which was released in September 2020. The webinar was recorded and posted to the DFPS agency website.</p> <p>Between May and June 2020, DFPS's Prevention and Early Intervention division conducted a series of virtual meetings with Texas communities to discuss readiness for the Family First Prevention Services Act framework. The communities convened were Amarillo, Corpus Christi, Houston, Odessa, El Paso, and San Antonio. Overall, the input received through these virtual meetings were the need for mental health and substance abuse community services across the state as well as the need for increased local collaboration and coordination.</p>	<p>This action step is complete.</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. Survey behavioral health service providers	September 2020	<p>DFPS contracted with the University of Houston to conduct a study and produce a report to inform Texas' strategic plan with regard to Qualified Residential Treatment Programs or QRTPs. There were two main deliverables:</p> <ol style="list-style-type: none"> <li>1. A survey of residential care providers to determine the landscape of providers as it relates to QRTPs. The survey explored the following topics: <ol style="list-style-type: none"> <li>a. What accreditation requirements does each provider meet, if any?</li> <li>b. Which providers are currently seeking accreditation?</li> <li>c. What incentives could be provided for accreditation?</li> <li>d. Costs incurred or associated with accreditation. The University of Houston completed this deliverable June 2020.</li> </ol> </li> <li>2. Focus groups to gain input from three main groups of General Residential Operation providers: <ol style="list-style-type: none"> <li>a. Currently accredited;</li> <li>b. Not currently accredited and have not initiated accreditation; and</li> <li>c. Currently in the process of accreditation.</li> </ol> </li> </ol> <p>The University of Houston completed three focus groups that consisted of a total of 47 participants.</p> <p>In July 2019, Texas Alliance for Children and Family Services partnered with Casey Family Programs to distribute a survey to determine the readiness of service provider agencies to provide</p>	This action step is complete.



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):
		evidence-based programs. This survey was distributed to HHSC, Prevention and Early intervention Programs, the Children's Advocacy Centers, the Texas Council of Community Centers, and DFPS contract providers. The survey intended to conduct a needs assessment and gap analysis of the provider community. The survey report was finalized April 2020. Links to the University of Houston report and the Texas Alliance for Children and Family Services report were included in the Family First Prevention Services Act strategic plan.	
c. Develop and share Strategic Plan with Texas Legislative officials	September 2020	<p>Pursuant to Texas Senate Bills 355 and 781, 86<sup>th</sup> Legislative Session (2019), DFPS was required to submit a strategic plan for prevention services and residential care as it relates to Family First Act.</p> <p>The Texas Family First Prevention Services Act Strategic Plan was submitted to required members of the legislature on September 1, 2020, and was published to the DFPS public website at the link below:</p> <p><a href="#">Family First Prevention Services Act: Strategic Plan</a></p>	This action step has been completed.
d. Serve as a resource in legislative hearings when Family First Act resources are needed.	June 2021	<p>Legislative hearings where Family First Act has been discussed:</p> <ul style="list-style-type: none"> <li>• Senate Committee on Finance (2/25/2021)</li> <li>• House Appropriations Committee (3/2/21)</li> <li>• House Human Services (3/30/2021)</li> <li>• House Human Services (4/6/2021)</li> <li>• Senate Health and Human Services (4/7/2021)</li> </ul>	This action step has been completed.
e. Notify the Administration for Children and Families of the decision	September 2021	The DFPS Family First Prevention Services Act Strategic Plan published in September 2020 outlined multiple implementation options related to FFPSA prevention services for the 87 <sup>th</sup> Texas Legislature's consideration.	

<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>
f. Submit a grant application for Family First Transition Act funds available	April 30, 2020	On December 20, 2019 the President signed a year-end spending package that included the Family First Transition Act. The Family First Transition Act includes monies designated for the implementation of the Family First Prevention Services Act. Texas DFPS received \$50,265,902 in funding. Texas received approval from the Legislative Budget Board in October 2020 to spend \$16.4 million of these funds (approval as required by the General Appropriations Act, Article IX, Sec. 13.02). An estimated \$8.0 million of the funds will be expended on a Qualified Residential Treatment Program Pilot and an estimated \$8.4 million will be expended on Information Technology enhancements to incorporate new federal requirements under the Family First Prevention Services Act. The Texas QRTP model and subsequent solicitation are currently under development, with the anticipated implementation date of June 2022. The remaining grant amount estimated to be \$33.9 million will be expended on evidence-based practices. Types of services and populations served will be based on direction from the 87th Texas Legislature.	This action step has been completed.
g. Complete enhancements to the Statewide Automated Child Welfare Information System (Information Management Protecting Adults and Children in Texas or IMPACT) related to congregate care and Family First Prevention Services Act Title IV-E claiming.	September 2021	DFPS began an Information Technology project in October 2020 to make enhancements to the Statewide Automated Child Welfare Information System (Information Management Protecting Adults and Children in Texas or IMPACT) necessary to ensure foster care maintenance payments for children in congregate care placements are paid in accordance with FFPSA Title IV-E claiming rules. These Information Technology changes went live on September 29, 2021. DFPS utilized Family First Transition Act funds for this project.	This action step has been completed.
h. Complete enhancements to the Statewide Automated Child Welfare Information System (Information Management Protecting Adults and Children in	September 2022	In 2019, DFPS applied for and was awarded federal grant funds to assist Texas in coming into compliance with the NEICE FFPSA provision. DFPS finalized the NIECE Charter and held a kickoff meeting on October 1, 2021. Training and Communication plans have been put in place and are in discussion. The Process Analysis (As-Is, To-Be, Gap Analysis), has been completed. The Business and Functional Requirements and Screen Mock-Ups	

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):
Texas) related to an Interstate Compact on the Placement of Children National Electronic Interstate Compact Enterprise (NEICE) system		(functional design) are complete. The Technical Design (integration, data mapping, technical solution) is currently in processes. NEICE is scheduled to go live in September 2022.	
i. Begin a Title IV-E reimbursement pilot for foster care maintenance expenses for a child in conservatorship of the state when placed with a parent in a licensed, residential substance use disorder (SUD) treatment facility.	September 2022	<p>In Texas, certain facilities are able to accommodate placement of children with their mother during treatment. These facilities are referred to as Women and Children's Residential Treatment Programs. Texas currently has approximately 10 Women and Children's Residential Treatment Programs.</p> <p>DFPS has been working to design a pilot with a provider in North Texas. This pilot would provide additional funding to support the room and board of children in DFPS conservatorship who can stay with their mother in inpatient residential substance used treatment. A memorandum of understanding (MOU) is under development.</p>	
j. Release a procurement for the QRTP pilot.	January 2022	<p>In March 2021, CPS hired two positions to develop a Texas-specific QRTP model and implement the QRTP pilot. DFPS will develop and release an open enrollment procurement, design processes, and protocols for the QRTP pilot program. The QRTP Open Enrollment Procurement documents and all required supplemental documents were published on Friday April 1, 2022. The information is posted on the Electronic State Business Daily site and can be accessed through the following link: <a href="http://www.txsmartbuy.com/esbdetails/view/HHS0011971">http://www.txsmartbuy.com/esbdetails/view/HHS0011971</a></p> <p>Providers have a minimum of 30 days to review and provide their response. DFPS will then be ready to evaluate their responses and begin establishing contracts.</p> <p>The QRTP pilot will be ready to serve the first youth by July 1, 2022.</p> <p>The QRTP team has also completed the statement of work to release an RFA procurement type to extend a limited number of accreditations grants to existing licensed and in-process operations to support accreditation. DFPS anticipates that the RFA will be</p>	This action step has been completed.

<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>published in approximately June 2022 with award selection beginning in September 2022.</p> <p>DFPS is utilizing FFTA funds to implement both the QRTP pilot and the limited accreditation grants.</p>	
<p>k. Begin serving pregnant and parenting youth in care through the Nurse Family Partnership program.</p>	<p>September 2022</p>	<p>During the 87<sup>th</sup> Texas Legislative session, Rider 48(c) directed DFPS to use a portion of Family First Transition Act funds for the Nurse Family Partnership (NFP) program to expand capacity as allowed by FFPSA. DFPS' Prevention and Early Intervention (PEI) division is in the process of finalizing contract updates to incorporate these additional funds into four existing NFP contracts to serve pregnant and parenting youth in foster care. All four NFP sites will begin hiring and recruiting eligible families immediately. In addition, PEI is working to add mental health consultation services to the contract with the NFP National Service Office (NSO) to better support NFP sites providing services to pregnant and parenting youth in foster care.</p>	
<p>l. Begin providing court-ordered, time limited evidence-based FFPSA services through the House Bill 3041 pilot to families in Family Based Safety Services.</p>	<p>September 2022</p>	<p>The 87th Legislative Session enacted House Bill 3041 that required DFPS to establish a court-ordered, time limited, evidence-based service pilot project in a rural and urban area for families in the Family Based Safety Service (FBSS) stage of service. On March 18th, 2022, DFPS released a grant funding opportunity for current Single Source Continuum Contractors (SSCC) to apply to participate in the pilot project. Applicants must propose at least one evidence-based program approved by Title IV-E Prevention Services Clearinghouse that has been evaluated and rated Well-Supported in the areas of mental health or substance abuse. SSCCs may also propose additional evidence-based programs approved by the Title IV-E Prevention Services Clearinghouse that have been evaluated and rated as Well-Supported and/or Supported in the areas of mental health, substance abuse, or in-home parent skill-based to ensure services are available for families with children ages zero to seventeen engaged in FBSS. Applications were due April 28th, 2022, and DFPS anticipates contract amendments will be completed June 6th.</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):
		DFPS is utilizing FFTA funds to implement this pilot program.	
m. Submit Senate Bill 910 report to the Governor and legislative leadership.	October 2022	Senate Bill 910, 87th Regular Session, 2021 required DFPS to study and develop a comprehensive list of options for implementing family preservation services into existing Community-Based Care (CBC) catchment areas. This study of implementation options must be submitted to the Governor and legislative leadership by October 1, 2022.	

## **Goal 2: Recruit, develop, and retain quality employees (CFSR PIP Goals 6 and 1)**

**Rationale:** DFPS must recruit and retain employees to meet the needs of children and families. DFPS caseworkers work closely with the public. The work is often urgent and 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 work environment. DFPS seeks to recruit employees who can best interact with clients and who want to make a career in the protective services field. DFPS also wants to retain experienced support staff shown to be a good fit for the agency.

DFPS has its own training division, the Center for Learning and Organizational Excellence (CLOE). This division works with DFPS programs and divisions to provide over 12,000 staff with training and professional development. Within CLOE, there is the CPS training division, which designs, develops, and conducts CPS Professional Development for new CPS caseworkers based on the specific request from CPS state office. Additionally, the CPS training division designs, develops, and conducts CPS supervisor CPS Professional Development 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- and web-based training, and the learning management system as an online training environment.

CLOE also provides supervisor development training to new supervisors and advanced/upper-level management. DFPS LEADS (Leadership, Excellence, Advancement, Distinction, and Support) 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 two-day course (Beginning Manager: 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.

In 2014, DFPS Executive Leadership established and implemented the Leadership for Advanced Management initiative within 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.

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. Staff is highly encouraged to seek certification which strengthens staff capacity because certified staff have met requirements for work-related training, experience, and performance.

**Goal 2 relates to CSFR PIP cross-cutting issues 1, 3, and 4.**

## Objective 2.1: Recruit and Retain Quality Workforce – Angela Pie and Erica Banuelos

**Rationale:** DFPS requires a competent, detailed, professional, and stable workforce to achieve the outcomes the agency desires for the children and families served. Improved recruitment and hiring practices enable 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. Tenured staff are more efficient and effective due to the complex nature of the work performed by DFPS. Developing skills and knowledge base takes time and experience. DFPS has an opportunity to provide superior services by attracting and retaining the highest quality staff possible.

In response to legislative directive to reduce turnover, Workforce Development's *Human Resources Management Plan* was implemented and continues to use multiple initiatives to address the working environment and compensation. The results and progression of these initiatives are published on the agency's website at the beginning and middle of each fiscal year to monitor improvement throughout the year.

### Expected Outcomes:

- Hiring of quality job candidates will increase.
- Job vacancy rates will decrease.
- CPS and CPI turnover rates will decrease.

### Outcome Measures:

- CPS and CPI vacancy rates.
- Quarterly/annual CPS and CPI turnover rates.

Interim Benchmark/Milestone	Target Completion
Maintain an internet presence with job postings.	Ongoing
Use pre-employment written test.	Ongoing
Focus 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
Increase starting pay for bilingual hire.	Ongoing
Offer 6.8% above base in certain approved locations.	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 websites or newspapers that target needed professionals.	Ongoing
Request positions in certain locations be posted as a "hot job" in database of the DFPS personnel and job application system.	Ongoing
Offer retention stipends to CPI caseworkers and supervisors.	Ongoing
Continue calls by regional management to staff in 6-24-month tenure range.	Ongoing
Evaluate existing retention strategies and expand proven effective retention strategies across the agency. Implement statewide performance recognition campaign.	Ongoing
Maintain regional and statewide supervisor and caseworker advisory committees.	Ongoing

Recognize exemplary work through Regional Director Awards and CPS Award of Distinction.	Ongoing
Provide merit raises as funding is available.	Ongoing
Provide enhanced training for supervisors and program directors to improve quality of leadership and support.	Ongoing
Provide regional management workforce reports to view trends and vacancies and assist with retention.	Ongoing

**Summary:**

The agency continues to focus on increasing the quality of job candidates in an effort to drive down vacancy rates. Employment selection instruments help identify the most qualified applicants based on child welfare research and predictive validation studies from previous years. Tools include: 1) a written statement of interest that allows the candidate to express their passion for child welfare work. The agency added stage-specific interview questions in hopes of identifying a potential employee's match for a specific type of CPI or CPS worker position. DFPS no longer has an assessment vendor to resolve process questions, monitor screening services, and secure bilingual testing. These services are done in house within the Talent Acquisition Group (TAG) division.

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 process also includes a hiring board to ensure a diverse panel is evaluating each candidate.

**SUMMARY OF EMPLOYEE TURNOVER COMPARISON REPORT (as of FY22 Q2)**

Functional Title	Turnover Rate (FY21)	Turnover Rate (FY22)	% Change FY21 to FY22 YTD
<b>DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS)</b>			
All Employees	20.6%	27.5%	6.9%
<b>CHILD PROTECTIVE SERVICES (CPS)</b>			
CPS Workers	17.1%	25.1%	8%
CPS Supervisors	6.2%	10.7%	4.5%
CPS Program	15.8%	25.5%	9.7%
<b>INVESTIGATIONS (CPI)</b>			
CPI Workers	39.9%	41.1%	1.2%
CPI Supervisors	12.1%	12.0%	-0.16%
CPI Program	31.3%	35.9%	4.6%

**Strategy 2.1a Lead: Angela Pie and Erica Banuelos**



**Strategy 2.1a: Continue efforts to recruit and retain quality workforce in CPS and CPI**

**Rationale:** DFPS requires a competent, detailed, professional, and stable workforce to achieve the outcomes the agency desires for the children and families served. Improved recruitment and hiring practices enable 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. Tenured staff are more efficient and effective due to the complex nature of the work performed by DFPS. Developing skills and knowledge base takes time and experience. DFPS has an opportunity to provide superior services by attracting and retaining the highest quality staff possible.

<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. Maintain and update when needed an internet presence with job postings.	Ongoing	<p>In FY 22, continue to provide an internet resource. By clicking on the "Jobs" link from <a href="http://www.dfps.state.tx.us/Jobs/default.asp">http://www.dfps.state.tx.us/Jobs/default.asp</a> users are taken to the "Come Work for Us" page that includes realistic job preview videos for Child Care Licensing (CCL), Residential Child Care Licensing (RCCL), CPI, and CPS positions, as well as written realistic job previews for all programs. CPS also has a self-screening test that asks applicants questions to help them decide if CPS is the right fit for them prior to applying.</p> <p>DFPS continues to post positions through Texas Workforce Commission (TWC) (Work in Texas), and Indeed. Also, positions that have a low applicant pool or are hard to fill are posted on social media platforms such as Twitter, Facebook, and Indeed and LinkedIn.</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. Use pre-employment written test	Ongoing	<p>The TAG division currently answers process questions, monitors screening services, and secures bilingual testing.</p> <p>Employment selection instruments help identify the most qualified applicants based on child welfare research and predictive validation studies from previous years. Tools include: 1) a written statement of interest that allows the candidate to express their passion for child welfare work. The agency added stage-specific interview questions in hopes of identifying a potential employee's match for a specific type of CPI or CPS worker position.</p>	
c. Focus on hiring candidates with targeted degrees (social work, counseling, early childhood education, psychology, criminal justice, elementary or secondary education, sociology, and human services).	Ongoing	<p>In FY22, DFPS continued recruitment efforts to identify candidates with a variety of educational and work/life experiences to determine the most qualified applicants for the agency, while continuing to give appropriate priority to individuals who hold a bachelor's degree or advanced degree in at least one of the following academic areas:</p> <ul style="list-style-type: none"> <li>○ Social work</li> <li>○ Counseling</li> <li>○ Early Childhood Education</li> <li>○ Psychology</li> <li>○ Criminal Justice</li> <li>○ Elementary or Secondary Education</li> <li>○ Sociology</li> <li>○ Human Services</li> </ul> <p>This will continue in FY23-24.</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):
d. Increase starting pay for social work graduates.	Ongoing	In FY21, DFPS provided an increased starting salary (3.4 percent or 6.8 percent) to social work graduates hired into APS and SWI caseworker positions. CPI and CPS also provided a 6.8 percent increase to newly hired caseworkers holding a graduate degree in social work. This will continue in FY23-24.	
e. Increase starting pay for bilingual hire.	Ongoing	In FY21, DFPS provided an increased starting salary (6.8 percent) for bilingual staff in certain regional areas.  The agency also continued efforts to recruit bilingual workers by using consistent testing for bilingual skills  This will continue in FY23-24.	
f. Offer 6.8% above base in certain approved locations.	Ongoing	In FY 22, DFPS continued to provide 6.8% above base in certain approved locations for jobs with low applicant pools and high vacancy rates.  This will continue in FY23-24.	
g. Organize hiring fairs in specific locations to interview many staff in one or two days.	Ongoing	In FY 22, DFPS continued to organize hiring events in targeted areas based on vacancies. Centralized hiring events allow multiple hiring staff and program managers to interview a higher number of applicants in one or two days. DFPS continued to provide the following focused recruitment activities for jobs with low applicant pools and high vacancy rates.  This will continue in FY23-24.	
h. Post jobs on job search websites or newspapers that target needed professionals.	Ongoing	When certain criteria exist 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: <ul style="list-style-type: none"> <li>• Organize hiring fairs to interview a large number of applicants by coordinating with multiple supervisors to interview for their vacancies simultaneously.</li> <li>• Partner with DFPS Public Information Officers to produce special interest stories.</li> <li>• Work with partners (Northgate Arinso, DFPS human resources staff, and the DFPS background check unit) to expedite all phases of the hiring process.</li> <li>• Increase TAG human resources specialist for targeted areas, when necessary.</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):
		<ul style="list-style-type: none"> <li>• Work with contracted partners to expedite certain hiring activities.</li> <li>• New LinkedIn Contract: 2 Recruiter seats that allow a Hiring Manager to quickly review candidates, leave notes on candidates' profiles, and provide feedback to others. This will allow us to input search criteria, get targeted results, and prioritize candidates. We search for candidates instead of candidates searching for us.</li> <li>• 2 Job slots – DFPS will be able to post two job postings at one time.</li> <li>• Career page with traffic ads – This allows DFPS to showcase our culture and careers and to attract applicants. It will provide candidates personalized job recommendations, so they can quickly explore and apply to open jobs within DFPS. Traffic ads will showcase our agency and drive LinkedIn members to follow the DFPS page with a single click on the ad.</li> <li>• DFPS Media Relations posts 20 TAG job requisitions a month via Social Media. <ul style="list-style-type: none"> <li>▪ Facebook</li> <li>▪ LinkedIn</li> <li>• Twitter</li> </ul> </li> <li>• Statewide hiring fairs with same day interviews</li> <li>• Handshake <ul style="list-style-type: none"> <li>○ The Handshake network has 9m+ active student users, 1,400+ college and university partners, and 650K+ employers. (<a href="http://www.joinhandshake.com">www.joinhandshake.com</a>)</li> <li>○ Employers can post jobs and select universities/colleges to share their job postings to their Handshake website.</li> <li>○ Students/alumni can search jobs on the Handshake website, submit their resume, and contact the employer through the website.</li> <li>○ Employers can review resumes and reach out to the applicants through Handshake's messaging system.</li> <li>○ HR Specialists are required to post on Handshake</li> </ul> </li> </ul> <p>This will continue in FY23-24.</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>
i. Request positions in certain locations be posted as a "hot job" in database of the DFPS personnel and job application system.	Ongoing	<p>In FY22, DFPS continued to identify certain positions to be posted as a "hot job" in the Centralized Accounting and Payroll/Personnel System (CAPPS).</p> <p>This will continue in FY23-24.</p>	
j. Evaluate existing retention strategies and expand proven effective retention strategies across the agency. Implement statewide performance recognition campaign.	Ongoing	<p>In FY 22, DFPS continued to provide the following focused retention activities for jobs with high turnover, high caseloads, and high vacancy rates:</p> <ul style="list-style-type: none"> <li>○ Bring program/division teams together to help with workload in specific areas.</li> <li>○ Pay a percentage of earned overtime for certain staff.</li> <li>○ Add caseworker staff as the budget and FTE cap permit to reduce caseloads.</li> </ul> <p>DFPS continued paying CPS and CPI workers a mentor stipend when they mentor new hires through their first few months of employment.</p> <p>DFPS continued to provide programmatically focused skills training programs that ensure caseworkers are prepared to perform all their assigned tasks.</p> <p>DFPS meets with regional leadership and staff to discuss retention efforts. Workgroups across the state continue to be formed to ensure staff are getting needed resources and support. Regional leadership conducts regularly scheduled events to recognize exceptional staff.</p> <p>This will continue in FY23-24.</p>	
k. Maintain regional and statewide supervisor and caseworker	Ongoing	<p>In FY22, DFPS continued to implement Supervisor Assessments for prospective CPI, CPS, SWI, and APS supervisors to test the candidates' aptitudes in areas such as casework, leadership, and human resources policies.</p> <p>DFPS continued the cross-program hiring boards to increase rigor and objectivity in the interview and selection process of CPS, APS, SWI, and CPI supervisor applicants. CPI and</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>
advisory committees.		<p>CPS conduct regional and statewide supervisor advisory committees. Each region meets regularly with supervisors to discuss training, child safety, and retention.</p> <p>CPI generally holds monthly calls with supervisors across the state as well as quarterly in-person meetings to discuss the needs of staff and management in each region. These calls were put on hold in 2020 due to the COVID-19 pandemic. These are expected to resume in 2021.</p> <p>This will continue in FY23-24.</p>	
l. Recognize exemplary work through regional and state awards.	Ongoing	<p>In FY22, DFPS continued to recognize new employees' tenure during each of their first four years with the agency by providing tenure certificates.</p> <p>Continue Commissioner's Employee Recognition Ceremony and other employee recognition awards.</p> <p>Regional Directors regularly award Regional Exemplary awards to staff across the state. This will continue in FY23-24.</p>	
m. Provide merit raises as funding is available.	Ongoing	<p>In FY22, DFPS staff who performed exemplary work were awarded merits.</p> <p>May continue in FY23-24 if funding is available.</p>	
n. Provide enhanced training for supervisors and program directors to improve quality of leadership and support.	Ongoing	<p>In FY22, DFPS continued to offer staff training that provides an integrated, competency-based training curriculum framework that supports a continuum of learning and skill development from beginner to advanced management levels.</p> <p>CPI and CPS have provided limited conferences and trainings to supervisors, program directors, and above to enhance their skills on leadership, support, accountability, and practice. This was limited due to the COVID-19 pandemic. Training and conferences are scheduled to begin in May 2021 using COVID-19 safety precautions. This will continue in FY23-24.</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):
o. Provide regional management workforce reports to view trends, vacancies, and assist with retention.	Ongoing	<p>In FY22, in order to monitor the status of vacancies, TAG provided regional management weekly hiring reports that show all vacant positions and the stage of hiring for each position. These reports allow regional management to monitor the status of hiring and make decisions related to ongoing coverage or needed assistance in the areas with vacancies. TAG also provides regional management with a monthly report that reflects separation rates at the regional level as well as the units within the region with the highest separation rate for the last six months. This allows management to delve into any potential concerns impacting retention in that unit via an intervention staffing. Regional management and the TAG hiring managers meet monthly to discuss priority hiring areas, barriers to filling positions (such as low applicant pools), and work through any additional challenges to timely hiring.</p> <p>This will continue in FY23-24.</p>	

## Objective 2.2: Train new hires, employees, supervisors, and management (CFSR PIP Goal 6) – Melissa Hobbs

**Rationale:** To enhance the quality of training provided to newly hired CPS caseworkers, the agency will continue to evaluate and enhance the CPS Professional Development (CPD) training program. To ensure the quality of training provided to newly hired CPS managers (supervisors and program directors), the agency will continue to evaluate and enhance the training program.

### Expected Outcomes:

- Well-trained workforce will result in improved casework practice, services, and outcomes for children and families.
- Improved caseworker practice and competency leading to improved child safety, permanency, and well-being outcomes.
- Supervisors that are well trained and developed in both practice and leadership will result in improved staff retention and a highly skilled workforce.

### Outcome Measures:

- Ongoing evaluation of the new worker training as needed.
- Evaluate mentor support.
- Evaluate and adjust supervisor training and Program Director training.
- Evaluate subject matter and effectiveness of Program Director training.

<b>Interim Benchmark/Milestone</b>	<b>Target Completion</b>
Conduct focus groups with former protégées, mentors, supervisors, and CLOE staff and provide summary to identified stakeholders	June 2019
Enhance CPD training and certification tracks	Ongoing
Enhance mentor support based on feedback	September 2019
Continue to monitor program director trainings	Ongoing
Conduct leadership conference for program directors	August 2020
Provide continuous learning opportunities for program directors	Ongoing

### **Summary:**

CPS and CPI continue to collaborate with the Center for Learning and Organization Excellence (CLOE) to focus on increasing the quality of training for newly hired CPS and CPI caseworkers. Developing a quality workforce is essential to increase retention, maintain program quality, uphold ethical standards, and improve services and outcomes for children and families.

The University of Texas completed a multi-year comprehensive evaluation of initiatives regarding the Child Protective Services Professional Development (CPD) Plan in 2018. This report found the CPD model improved the extent to which caseworkers have a realistic understanding of their responsibilities during their first 18 months of employment. Supervisors and caseworkers also report that the CPD model is better in preparing new caseworkers for their job responsibilities. Nevertheless, focus groups held in 2019 with former protégées, mentors, supervisors, and CLOE staff provided input and suggestions to improve the quality of the CPS/CPI CPD Program as well as the CPS/CPI Mentor initiative.

The CPS/CPI Mentoring Program is a valuable part of training new caseworkers. Notably, the full development of newly hired caseworkers does not rest solely on mentors. However, mentors and positive mentoring relationships are essential to creating a fully engaged and competent workforce within CPI and CPS. To help ensure the CPS/CPI Mentor Program was meeting intended goals, Internal Audit, a division within DFPS, conducted an audit in fiscal year 2020 for the following:

1. Evaluate the efficiency and effectiveness of CPS/CPI Mentoring Program processes to determine whether processes are consistently performed and working as intended to meet program requirements.
2. Determine whether CPS/CPI mentor stipend is paid in accordance with requirements.

As a result of the audit, CPS and CPI are collaborating with CLOE to do the following:

1. Enhance the Mentor Handbook
2. Revise the Mentor Orientation Training
3. Create additional mentor trainings to increase skills and leadership abilities to provide mentors additional tools to be successful in a mentoring role



4. Implement a mentor recognition program.

CPS/CPI continue to provide conferences, workshops, and trainings to develop their middle and executive manager leadership skills. To date, over 200 CPS/CPI leaders have completed The Leadership Challenge Experience. This is a four-day leadership experience that is based off the five practices of exemplary leaders. In this training, leaders are provided a Leadership Practices Inventory (LPI-360) twice. The LPI measures the frequency leaders engage in the exemplary behaviors of leadership. Leaders also receive individual coaching to identify areas of strengths and opportunities to improve leadership abilities.

In FY19, CPS provided two additional Leadership Challenge workshops in Region 03 and Region 06. These two sessions included supervisors, program directors, and program administrators. Other leadership training opportunities are ongoing. Newly hired program directors receive a three-day leadership workshop that provides information on building strong teams, HR, and information on leading using data. CPS and CPI also provide a yearly Leadership Conference for program directors and above.

In 2020, state office staff in CPS and CPI attended facilitation training to bring this workshop in-house for the purpose of offering the Leadership Challenge workshop to supervisors across the state. This will allow ongoing training opportunities to support leadership development at all levels. The Statewide Training Council, led by CPS and CPI Training Liaisons, have provided the Center for Learning and Organizational Excellence (CLOE) specific recommendations to address delinquencies of notable topic areas in the current Supervisor Basic Skills Development model. CLOE is in the process of determining how to incorporate these recommendations and enhance the training model in the upcoming months.

**Strategy 2.2a Lead: Melissa Hobbs**

**Strategy 2.2a: Evaluate and enhance the quality of training provided to newly hired CPS/CPI caseworkers.  
(Evaluation)**

**Rationale:** The quality of training provided to newly hired caseworkers creates a well-trained and skilled workforce leading to improved child safety, permanency, and outcomes for children and families. It has a direct impact on retention.

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. Review caseworker new hire training and amend areas that require an update to ensure well-trained and skilled workforce	September 2020 and ongoing thereafter	<p>This initiative is still in progress. To date, CLOE has provided CPS/CPI options for a new CPS/CPI Professional Development framework. All programs are continuing to review and update CPS/CPI Professional Development curriculum. This collaboration is ongoing.</p> <p>All revisions have been made and the training has been approved by all subject matter experts and Legal for Child Protective Services, including Conservatorship and Family-Based Safety Services. CPS worked closely with CLOE throughout this process to ensure quality and to incorporate recommendations made from field staff and the audit. Roll out of the enhanced CPS Professional Development model is to begin with protégé hire date of 5/10/2021, which will be cohort 6/1/2021. Individualized Training Plans have been modified to reflect new policy and to ensure consistency and increase confidence in the mentor and supervisor's ability to assess the competency of their staff.</p> <p>CPI revamped the CPI Professional Development model, which rolled out in December 2021. Looking at the previous model and current model, the length of the model has increased from 12 weeks to 14 weeks. Classroom time has been expanded from 3 weeks to 7 weeks. Field time has been reduced from 9 weeks to 7 weeks.</p>	
b. CPI and CPS will hire a Division Administrator for Training Support to be each division's single point responsible for enhancing quality facilitation and providing feedback on trainings offered to the field.	December 2020	CPS and CPI have accomplished this goal.	This action step has been completed.

**Strategy 2.2b Lead: Melissa Hobbs**

**Strategy 2.2b: Evaluate and enhance the quality of training provided to new CPS/CPI supervisors and above. (Evaluation)**

**Rationale:** Professional development of supervisors and above is critical for supporting the agency’s mission and staff development and retention, which improves services to children and families served.

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. Conduct and analyze focus groups with CLOE, CPS/CPI supervisors, and managers in order to assess what practice is working well, what needs strengthening, and ways to modify training.	October 2021	A plan has been developed to accomplish this goal for FY 2021.  Through use of the Statewide Training Council, led by CPS and CPI Training Liaisons, an assessment of all required trainings has been completed. The Statewide Training Council is comprised of regional staff across the state, at all levels, CPS and CPI Division Administrators, and CLOE.	
b. Use results of the focus groups to review and update the CPS and CPI supervisor training.	October 2022	Supervisor Basic Skills Development was completely enhanced and roll out of the new training, CPI/CPI Foundations of Supervision, occurred in December 2021. This training is leadership focused and applicable to their new responsibilities of managing a unit. This is offered on a monthly basis and is a requirement of all newly promoted supervisors in any stage of service under the CPS and CPI Divisions. We have also added a Subject Matter Expert panel webinar to the training which gives the opportunity for advanced guidance and information to be presented from agency-wide program specialists to share their knowledge and expertise regarding their area of expertise. All other required supervisor trainings were also reviewed, and no other significant modifications were necessary at this time.	

**Strategy 2.2c Lead: Melissa Hobbs**

**Strategy 2.2c: Provide additional leadership training to CPS/CPI supervisors and above (Training)**

**Rationale:** Leadership development of supervisors and above is critical for supporting the agency's mission and staff development and retention, which improves services to children and families served.

<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 and implement a Leadership Program for CPI/CPS supervisors.	October 2021	<p>In Fall of 2021, the University of Texas at Austin began providing a workshop for supervisors, focused on the book, Dare to Lead, by author, Brené Brown. This workshop discussed courage in the face of adversity and leading through change. The cohort ended this in early 2022 and plans are underway to provide the same training to a new cohort group.</p> <p>CPS has completed Beta testing on a new training, The Way You Lead is based on The Leadership Challenge training offered to upper management, and we have planned to purchase this curriculum as soon as it is available. This training will be offered to supervisor staff in their second year of supervision.</p> <p>The Leadership Book Club is ongoing with supervisor cohorts participating twice monthly in separate book clubs for a cohort total of six months in length before it is offered to a new group of management. We are currently working with our second cohort of supervisors and the response and participation has been extremely positive. This allows for creative engineering across stages of service and regional areas and is resulting in the building of professional colleague relationships and knowledge growth.</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. Provide annual statewide conferences for CPI/CPS program directors as an opportunity to strengthen the level of management and provide opportunities for development, best practice sharing, and training.</p>	<p>September 2020 and annually thereafter</p>	<p>CPS/CPI yearly provides leadership development opportunities for program director (PD) level staff and above on an annual basis through leadership conferences.</p> <p>These conferences consist of opportunities to learn about leadership practices, policy, and best practices. This is an ongoing yearly initiative.</p> <p>In September 2020, CPS and CPI Division Administrators began a Leadership Book Club, open to program directors, and covers a wide variety of leadership and communication focused subjects.</p> <p>CPI held a leadership conference in January 2021. CPS is currently planning their annual conference for August 2022.</p>	
<p>c. Provide leadership development opportunities to staff who are program directors and above.</p>	<p>Fall 2019 and ongoing thereafter</p>	<p>CPS and CPI are currently focusing on developing training for Program Directors. With the assistance of CLOE, the Statewide Training Council, and several Texas universities, we will address areas of growth management, courage in the face of adversity, hiring practices and Human Resource policy and protocol, etc. We expect to have final products ready for roll out in mid to late fiscal year 2023.</p> <p>CPS and CPI staff have been trained on The Leadership Challenge and are facilitating this training quarterly with all Program Director staff and above, statewide.</p> <p>CPS and CPI staff are currently facilitating the second cohort of Program Directors in the Leadership Book Club and will continue to offer this opportunity as interest remains. We are currently working with our second cohort of supervisors and the response and participation has been extremely positive. This allows for creative engineering across stages of service and regional areas and is resulting in the building of professional colleague relationships and knowledge growth.</p>	

**Goal 3: Provide equitable and trauma-informed services (CFSR PIP Goal 6)**

**Rationale:** Children and youth entering the child welfare system have experienced trauma and may continue to experience trauma as the agency works to secure their safety, permanency, and well-being. Building a trauma-informed and trauma-responsive culture through training, services, and collaboration with social service agencies and organizations will allow DFPS to better serve the children and families engaged in the child welfare system.

A trauma-informed child welfare system must also be culturally competent and equitable to the diverse populations it serves. 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. DFPS is committed to eliminating the 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.

**Goal 3 relates to CFSR PIP cross-cutting issues 1, 4, and 6.**

**Objective 3.1: Embed trauma-informed, equity-based knowledge into best practices – Julie Abreu**

**Rationale:** By enhancing the 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 with trauma-informed and equity-based best practices. To significantly improve the outcomes for children and families, DFPS needs to embed knowledge and skills into casework practice.

**Expected Outcomes:**

- Enhanced knowledge and competency in trauma-informed and race equity concepts among staff and stakeholders.
- Increased casework practices supporting positive outcomes for children and families and demonstrating an integrated knowledge of trauma-informed and equity concepts.

**Outcome Measures:**

- Improvement in trends and patterns of disaggregated data reported by race and ethnicity.
- Staff training evaluation data showing increased knowledge in trauma-informed and equity-based subject matters.

<b>Interim Benchmark/Milestone</b>	<b>Target Completion</b>
Develop training curriculum for CPS and CPI staff on working with a combined trauma and equity lens.	August 2020
Review and complete as-needed updates of CPS, CPI, and CLOE required and available trainings on trauma-informed and equity-based subject matters.	Annually
Develop a disproportionality computer-based training.	August 2019
Review and completed as-needed updates of CPS and CPI policies and practices using a trauma- and equity-informed approach.	Ongoing
Develop an agency campaign regarding the impact of secondary trauma and staff support.	September 2021

**Summary:**

The Trauma-Informed Care Manager and Specialist positions are within the Behavioral Health Services Division where there continues to be an emphasis on strengthening and enhancing the trauma-informed child welfare system, in order to best serve children and families. DFPS continues to participate in community workgroups including the Cross Systems Trauma-Informed Care, Parallel Tracks Committee to Address IDD Services, Children's Commission Statewide Collaborative on Trauma-Informed Care (SCTIC) Implementation Task Force and its three subgroups: Policy and Practice, Training, Info Sharing, Data, and Funding as well as the System of Care Workgroup. In addition to participating in different workgroup meetings, the Secondary Trauma Support Group began meeting in February 2020 and continues to work towards implementing a virtual secondary trauma support group pilot. The workgroup partnered with the University of Texas at San Antonio to implement intern-facilitated virtual secondary trauma support groups. The project was planned to launch in the fall of 2021, however due to the pandemic and key staff leaving UTSA, this project is currently under review for viability. In October 2019, the trauma-informed care training curriculum was updated for newly hired field staff and as an on-going training to tenured staff who are pursuing a promotion. The Policy and Practice Workgroup met with stakeholders to provide feedback for the DFPS rulemaking process and plan to propose adoption of updated definitions for 'Trauma' and 'Trauma- Informed Care.' In February of 2021, the recommended new definitions for 'Trauma' and 'Trauma-Informed Care' were officially adopted into the Texas Administrative Code.

**Strategy 3.1a Lead: Julie Abreu****Strategy 3.1a: Enhance trauma-informed care and practice to help effectively minimize the impact of trauma for children, caregivers, and staff.**

**Rationale:** By enhancing the 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 with trauma-informed and equity-based best practices. To significantly improve the outcomes for children and families, DFPS needs to embed knowledge and skills into casework practice.

DFPS has a strong collaborative relationship with the Texas Children's Commission which leads stakeholders in the Statewide Collaborative on Trauma-informed Care, an ongoing task force created for the purpose of implementing its blueprint, *Building a Trauma-Informed Child Welfare System*.

<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. DFPS will continue to serve on Statewide Collaborative on Trauma- informed Care and its workgroups to fulfill implementation of the blueprint for a Trauma- informed Child Welfare System.</p>	<p>Fall 2019 and ongoing thereafter</p>	<p>DFPS has served on the following workgroups between September 2020 and May 2021:</p> <ul style="list-style-type: none"> <li>• Parallel Tracks Committee to Address IDD Services</li> <li>• Children’s Commission State Collaborative on Trauma- Informed Care (SCTIC) Implementation Task Force and subgroups: Policy and Practice, Training, Info Sharing, Data, and Funding</li> <li>• System of Care Workgroup</li> <li>• South Texas Trauma-Informed Care Consortium: Family Support Services and Child Welfare/Foster Care workgroups. The South Texas Trauma-Informed Care Consortium is a collaboration between The Children’s Shelter, Voices for Children, and City of San Antonio Metro Health Department. The consortium brings together community participants who are committed to addressing the impact of trauma. The Consortium’s goals are: <ul style="list-style-type: none"> <li>• To educate the community about trauma, about the damage of trauma and re-traumatization, and about how widespread trauma-related damage is.</li> <li>• To raise awareness of the importance of being trauma informed.</li> <li>• To build a resilient community and mitigate the effects of trauma-related damage-</li> </ul> </li> </ul> <p>The Blueprint has been completed and published.</p>	



<p>b. DFPS will lead a Secondary Trauma Support workgroup to focus on agency efforts specific to staff.</p>	<p>October 2020</p>	<p>DFPS began facilitating the workgroup in February 2020 and partnered with the University of Texas at San Antonio to develop an intern-facilitated virtual secondary traumatic stress support group for DFPS staff. The support groups are targeted to begin in the Fall 2021. Due to the pandemic and unforeseen circumstances, this project has been delayed and is currently under review for viability.</p> <p>CPS Trauma-Informed care staff partnered with Region 6A Special Program Administrator, Wellness Coordinator, and Employee Assistance Program (EAP) to implement EAP facilitated virtual secondary trauma groups for DFPS Staff in October 2021. The team is in the process of planning a new virtual secondary trauma group for DFPS Supervisors. The team has sent out participation surveys to DFPS supervisors for possible feedback on preferences, subjects, durations/sessions. The project is planned to launch in April 2022. The workgroup will continue to meet regularly to discuss the project and any ongoing support services that program may need assistance with. Region 11 is also in the process of planning a similar option and the TIC team hopes to expand this support to all regions.</p> <p>TIC staff have coordinated with Region 8 in providing Secondary Traumatic Stress to caseworkers, supervisors, and program directors in an effort to bring awareness and provide resources to staff to utilize as needed. The TIC team will be conducting training and presentations on Secondary Traumatic Stress throughout Spring 2022.</p> <p>The Trauma Informed Care Team collaborated and created Trauma-Informed Care: What Trauma is, what trauma-informed care looks like, what it means to be trauma responsive, and how this training can help the DFPS Worker. This training will additionally provide trauma-informed care resources that are available for DFPS Staff. Target Audience: CPS Program Directors, Supervisors, Mentors, and Caseworkers. Secondary Traumatic Stress trainings: This training will present topics on</p>	
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<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>what secondary trauma is, what are the signs to be aware of, and how does secondary trauma affect the work that we do. This training will cover strategies for self-care, mindfulness as it applies to secondary trauma, and in what ways can DFPS support secondary traumatic stress as well as resources that are available for you.</p> <p>Target Audience: CPS Program Directors, Supervisors, Mentors, and Caseworkers</p>	
<p>c. Through DFPS rulemaking, define “trauma” and “trauma-informed” in the Texas Administrative Code.</p>	<p>December 2020</p>	<p>In conjunction with the Statewide Collaborative on Trauma- Informed Care’s Policy and Practice Workgroup, updated definitions for ‘trauma’ and ‘trauma-informed’ were officially adopted into the Texas Administrative Code, February 2021.</p>	

<p>d. DFPS will expand trauma-informed care training provided in CLOE Professional Development by utilizing the full National Child Traumatic Stress Network curriculum: The Child Welfare Trauma Toolkit 2.0.</p>	<p>December 2020</p>	<p>DFPS released an updated Trauma-Informed Care training for all newly hired staff in October of 2019. Both English and Spanish versions were made available.</p> <p>April 2021 to present, TIC Trainings and Presentations according to Regions:</p> <p>Regions 2/3:</p> <p>12/6/21 In-person TIC Presentation to Master CVS/FBSS Staff in Dallas</p> <p>1/10/22 Virtual TIC Presentation to Permanency Unit</p> <p>2/22/22 In-person TIC Presentation to CVS/FBSS Staff in Denton Region 6:</p> <p>6/18/21 Presentation Region 6A CVS Program</p> <p>7/22/21 Meeting with Region 6 Stakeholder: Odyssey House</p> <p>7/30/21 Virtual Presentation to Region 6B CVS/FBSS Program Leadership Team</p> <p>8/30/21 Presentation to Region 6a and 6B Special Program Administrators</p> <p>9/10/21 Meeting with Region 6B Workgroup for Waller County: Trauma-Informed Court</p> <p>10/20/21 Meeting with Region 6 Stakeholder: Fostering Family</p> <p>3/30/22 In-Person MH/TIC Presentation to Region 6A Program Directors and Program Administrators in Houston</p> <p>Region 8:</p> <p>8/13/21 Presentation to Family Based Safety Services Program Director and Supervisors.</p> <p>9/10/21 Presentation to Permanent Managing Conservator Supervisor, Caseworker, Star Health Services and Support staff to</p>	
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		<p>discuss Trauma-Informed Care Service support, service referrals, and resources for Behavioral Health needs.</p> <p>3/2/22 Presentation to Family Based Safety Services Program Administrator and Program Directors.</p> <p>3/15/22 Meeting with Special Investigator Program Director to collaborate De-Escalation/Runaway Prevention training for staff.</p> <p>3/21/22 Behavioral Health/Trauma-Informed Care Meeting with Conservatorship Program Administrator, Program Directors, and Specialists.</p> <p>3/22/22 Conservatorship Program Administrator to discuss Trauma-Informed Care collaborations.</p> <p>3/29/22 and 3/31/22 Presentation with Family Based Safety Services Program Director, Supervisors, and Caseworkers. Co- facilitated with the Employee Assistance Program</p> <p>Regions 9/10:</p> <p>9/07/21 Virtual Trauma-Informed Care Presentation to Reginal Director, Program Administrators, and Program Directors  4/10/22 Virtual Trauma-Informed Care Presentation, Administrator's Meeting</p> <p>Region 11:</p> <p>10/22/21 In person Trauma-Informed Care Presentation to Program for CVS/FAD of Hidalgo County</p> <p>10/27/21 Virtual Trauma-Informed Care Presentation to Investigations Program Specialist for Regional Director</p> <p>11/10/21 Virtual Trauma-Informed Care Presentation to Program for CVS of Northern Region 11</p> <p>3/9/22 Conservatorship Program Administrators (Northern and Southern) to discuss Trauma-Informed Care collaborations.</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>3/16/21 In person Trauma-Informed Care Presentation to Program for FBSS of Cameron and Willacy County</p> <p>3/17/22 Virtual Trauma-Informed Care Presentation to Program for CVS of Laredo</p> <p>3/22/22 Trauma-Informed Care Presentation to UNIT D3 of CVS in Nueces County (Workers and Sup)</p> <p>Trauma-Informed Care Staff coordinated with external agencies to collaborate, plan, schedule, and follow through on PAX Tools for Human Services Training offered to DFPS staff. This training included evidence-based trauma-informed tools and practices.</p>	

**Strategy 3.1b Lead: Julie Abreu**

**Strategy 3.1b: To support practices and trainings in becoming more trauma informed.**

**Rationale:** By enhancing the 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 with trauma-informed and equity-based best practices. To significantly improve the outcomes for children and families, DFPS needs to embed knowledge and skills into casework practice.

DFPS has a strong collaborative relationship with the Texas Children's Commission which leads stakeholders in the Statewide Collaborative on Trauma-Informed Care Task Force for the purpose of implementing its blueprint, *Building a Trauma-Informed Child Welfare System*.

<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. Review and complete as- needed updates of CPS, CPI, and CLOE required and available trainings on trauma-informed and equity- based subject matters.	September 2020 and ongoing thereafter	<p>DFPS continues to review Trauma-Informed Care material for CPS, CPI, and CLOE and provide updates as needed.</p> <p>Training of Lunch and Learn Series (quarterly), regional Trauma- Informed Care training to DFPS Field Staff on Trauma-Informed Care 101, and Secondary Traumatic Stress (monthly). These trainings are projected to roll out in April 2022.</p> <p>Remediated Trauma-Informed Care Training PDF found in the DFPS Trauma-Informed website. This was completed in order to meet Accessibility Standards.</p>	
b. Review and complete as- needed updates of CPS and CPI policies and practices using a trauma- and equity- informed approach	September 2020 and ongoing thereafter	In March 2020, the new definitions of trauma and trauma-informed recommended for adoption completed steps for the rule-making process and are now utilized as such in policy and practice updates.	

### **Objective 3.2: Collaborate among social service agencies and organizations – Mosley (Moe) Hobson**

**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 while enhancing a trauma-informed perspective and practice. Through engagement, affected communities are empowered in innovative ways to support individual and community efforts for inequities in the system and healing from trauma.

**Expected Outcomes:**

- The community has a voice and a choice in actions and decisions that impact them so that system changes may occur and be sustainable.
- Enhanced collaboration with systems and stakeholders who interact with DFPS children and families to increase trauma and equity-informed practice and services.

**Outcome Measures:**

- Positive community feedback regarding inclusion in dialogues, discussions, planning, and decision-making of efforts.
- Positive stakeholder feedback regarding inclusion in external and internal workgroups, round tables, and other relevant activities.

Interim Benchmark/Milestone	Target Completion
Continued inclusion of the community in dialogues, discussions, planning, and decision-making of efforts regarding trauma-informed and equity-based practice.	Ongoing
Collaboration with external stakeholders through participation in external and internal workgroups, round tables, and other relevant activities promoting trauma-informed and equity-based practice.	Ongoing
DFPS participation in the Statewide Collaborative on Trauma-Informed Care implementation plan.	Ongoing

**Summary:**

*The Texas Model* is a framework for institutional and community transformation. This framework has laid the foundation for expansion and continued system improvement by addressing and eliminating disparities across systems. *The Texas Model* is made up of best practices that have led to proven outcomes, history, and lessons from work in child welfare, and a natural process that makes sense to community, managers, and workers. Two of the key components of the Texas Model are engaging communities and collaborating across systems.

The department strives to work across systems through its continued work communities and external stakeholders. Each of the action steps below are seen as important to the accomplishment of this goal and support the outcome measures. In 2022, DFPS addressed the challenge to achieving maximizing outcomes for the work in addressing disproportionate and disparate outcomes by expanding the staff capacity to four staff. As COVID-19 cases decline across Texas, more opportunities to create, reestablish, and strengthen existing relationships with internal and external stakeholders have presented itself in 2022. Positive feedback is evident in community and stakeholders consistently seeking the participation and technical assistance of the Disproportionality Manager.

**Strategy 3.2a Lead: Mosley (Moe) Hobson**

**Strategy 3.2a: Enhance networks and coalitions of gatekeepers and advocates to seek sustainable solutions across institutional lines.**

**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 while enhancing a trauma-informed perspective and practice. Through engagement, affected communities are empowered in innovative ways to support individual and community efforts for inequities in the system and healing from trauma.

<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. Enhance inclusion of the community in dialogues, discussions, planning, training, and decision-making of efforts regarding trauma-informed and equity-based practice.	Fall 2019 and ongoing thereafter	<ul style="list-style-type: none"> <li>• DFPS Disproportionality Manager presented at numerous conferences including several legal conferences, Judicial Trauma Institute, Texas Alliance of Children and Families Conference, Prevention and Early Intervention Conference, Texas Workforce Commission Foster Care Conference, and Rees-Jones Center for Foster Care Excellence Foster Care Awareness Month Panel Series in FY22.</li> <li>• CPS continued the Disproportionality Webinar Series in FY 22.</li> <li>• CPS Disproportionality Manager provided virtual assistance to a legal organization in Massachusetts in FY22.</li> </ul>	
b. DFPS Office for Addressing Disproportionality and Disparity team will participate in Travis County Child Welfare Race Equity Collaborative as a member of the core decision-making team.	Fall 2019 and ongoing thereafter	The Travis County Child Welfare Race Equity Collaborative (CWREC) scheduled a community townhall for April 4, 2020. This event was postponed due to COVID-19 regulations. CWREC distributed a survey to the community regarding disproportionality. The results of this survey have not been completed. The CWREC rescheduled the community townhall for June 12, 2021.	



<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>c. Collaboration with external stakeholders through participation in external and internal workgroups, round tables, and other relevant activities promoting trauma-informed and equity-based practice.</p>	<p>Fall 2019 and ongoing thereafter</p>	<ul style="list-style-type: none"> <li>• The DFPS Disproportionality Manager sits on the Texas Children’s Commission Collaborative Council and participates in several subcommittees.</li> <li>• The DFPS Disproportionality Manager participates in the Bryan Missing Black Children’s Initiative.</li> <li>• The DFPS Disproportionality Manager participates in the Harris County Disproportionality Committee Meetings.</li> <li>• The DFPS Disproportionality Manager provides data during the Committee for the Promotion of Minority Adoption Meetings.</li> <li>• The DFPS Disproportionality Manager attended the Casey Family Programs’ virtual equity convening conference in March 2021, and May 2022.</li> <li>• The DFPS Disproportionality Manager provides continuous technical assistance to the Prevention and Early Intervention division on matters regarding Diversity, Equity, and Inclusion.</li> <li>• The DFPS Disproportionality Manager participated in the Dallas County Disproportionality Committee Meeting in March 2022.</li> <li>• The DFPS Disproportionality Manager presented at the Hill Country CASA Ad Litem Symposium in February 2022.</li> <li>• The DFPS Disproportionality Manager co-hosted with Casey Families the Texas Race Equity Collaborative Workgroup in April 2022 held in Austin, Texas.</li> </ul>	

<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. DFPS Disproportionality Manager and selected DFPS staff will participate in the Statewide Collaborative on Trauma-Informed Care Implementation Task Force.	Fall 2019 and ongoing thereafter	This is an ongoing effort.	
e. DFPS Disproportionality Manager will participate in Supreme Court Children's Commission Judicial Trauma Institute as a panelist.	April 1, 2021	The Disproportionality Manager was scheduled to participate in numerous panels at the Inaugural Judicial Trauma Institute in March 2020. This event was rescheduled, and the Disproportionality Manager participated as a panelist in April 2021.	
f. DFPS Disproportionality Manager and selected staff will continue to participate in external LGBTQ work group.	Fall 2019 and ongoing thereafter	The workgroup developed a resource guide for caseworkers which is awaiting approval from executive leadership.  Workgroup members presented during the 2020 Disproportionality Webinar Series.	

<p>g. DFPS Disproportionality Manager will participate in the Texas Cohort of Women Transforming Families: Rising to End Violence, Oppression, and the Legacy of Trauma, formerly the National Council of Juvenile and Family Court Judges Meeting at the Intersection, a national multidisciplinary approach examining the intersection of race equity, domestic violence, and child welfare with a focus on engaging leaders of color.</p>	<p>September 2020</p>	<p>A convening was scheduled for April 2020 in St. Louis, Missouri but was rescheduled due to COVID-19. Virtual meetings occur twice a month. The Texas Cohort was slated to present during the 2020 Disproportionality Webinar Series.</p>	
<p>h. Engage and collaborate with three federally recognized tribes to enhance services to indigenous children and families. Agency and tribal representatives will meet a minimum of three times a year or at the request of the tribal representatives.</p>	<p>Fall 2019 and ongoing thereafter</p>	<ul style="list-style-type: none"> <li>• Ongoing e-mail communications with tribal representatives.</li> <li>• Tribal/State Collaborative Meeting held in 2020.</li> <li>• 2020 Texas Indian Child Welfare Act (ICWA) Conference held in January 2021.</li> <li>• Interagency agreement with Ysleta Del Sur Pueblo is in approval stage.</li> <li>• Partnering with Texas Children’s Commission, Tribal, and State leadership to plan 2023 ICWA Summit.</li> </ul>	

**Objective 3.3: Reduce racial and ethnic disparities in the child welfare system – Mosley (Moe) Hobson**

**Rationale:** Disaggregated data reported by race and ethnicity allows the Texas child welfare system to understand the extent of disproportionality and disparities in outcomes and then develop targeted efforts to address them.

**Expected Outcomes:**

- Outcomes for all families within the domains of safety, permanency, and well-being will improve.

**Outcome Measures:**

- Rate of reunification among African American children and their families will increase.
- The removal rate gap among African Americans, Latinos, and Anglos will continue to close.
- Parity for families receiving Family Group Conferences and Family Team Meetings services.

<b>Interim Benchmark/Milestone</b>	<b>Target Completion</b>
Annual data analysis reports related to disproportionality.	Ongoing
Analyze data at key decision-making points.	Ongoing
Train staff and community in anti-racist principles.	Ongoing

**Summary:**

The expected outcome of 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. DFPS projected African American children will be reunited with families at greater rates. In addition, the removal rate gap among African Americans, Latinos, and Anglos will continue to close. The most recent data provided to the Texas Legislature each fiscal year is the [FY 2020 Rider 40 report](#). Comparison exit data was extracted from the *DFPS 2020 and 2021 Interactive Data Book and is shown below*. 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 training will allow caseworkers to improve multicultural awareness while examining how systemic oppression impacts different populations.

FY2021 data indicates a drastic drop in the number of African American families reunified in comparison to FY2020, FY2021 data indicates the number of African American family reunifications decreased by 731 from FY2020. FY2020 data indicates a decline in reunification numbers for all races and ethnicities. This report does not consider COVID-19 impacts on families regarding removals in comparison to children in care and exits in the listed categories. Historically we have seen a disparity in terms of families receiving Family Group Conferences and Family Team Meetings services. Challenges to improving this outcome will continue to be examined further.

### Children Exiting DFPS Custody by Race and Ethnicity - Fiscal Year 2020

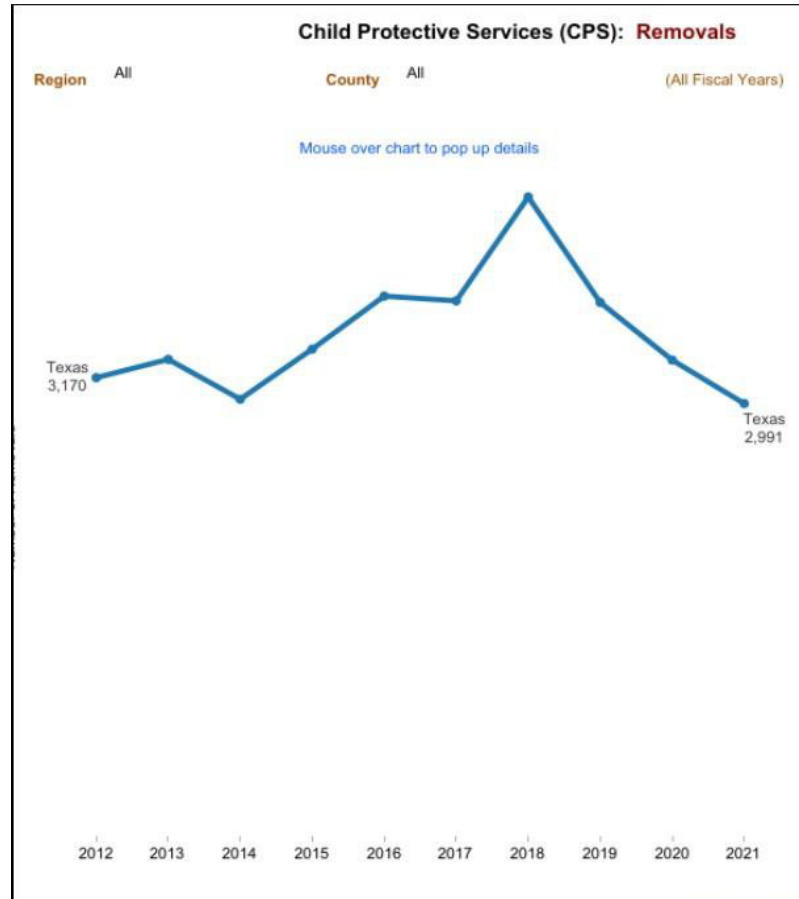
Race/Ethnicity	Anglo	African American	Hispanic	Other	Asian	Native American	Unknown
Family Reunification	1939	1208	2659	430	30	nothing	15
Custody to Relatives without Permanency Care Assistance	1390	903	1883	283	9	nothing	6
Non-Relative Adoption Consummation	879	482	1141	202	9	1	5
Relative Adoption Consummation	693	511	1186	158		1	2
Youth Emancipation	432	309	449	66	4	3	4
Custody to Relatives with Permanency Care Assistance	251	309	322	50	2		1
Other	48	50	74	9	1	2	1

### Children Exiting DFPS Custody by Race and Ethnicity - Fiscal Year 2021

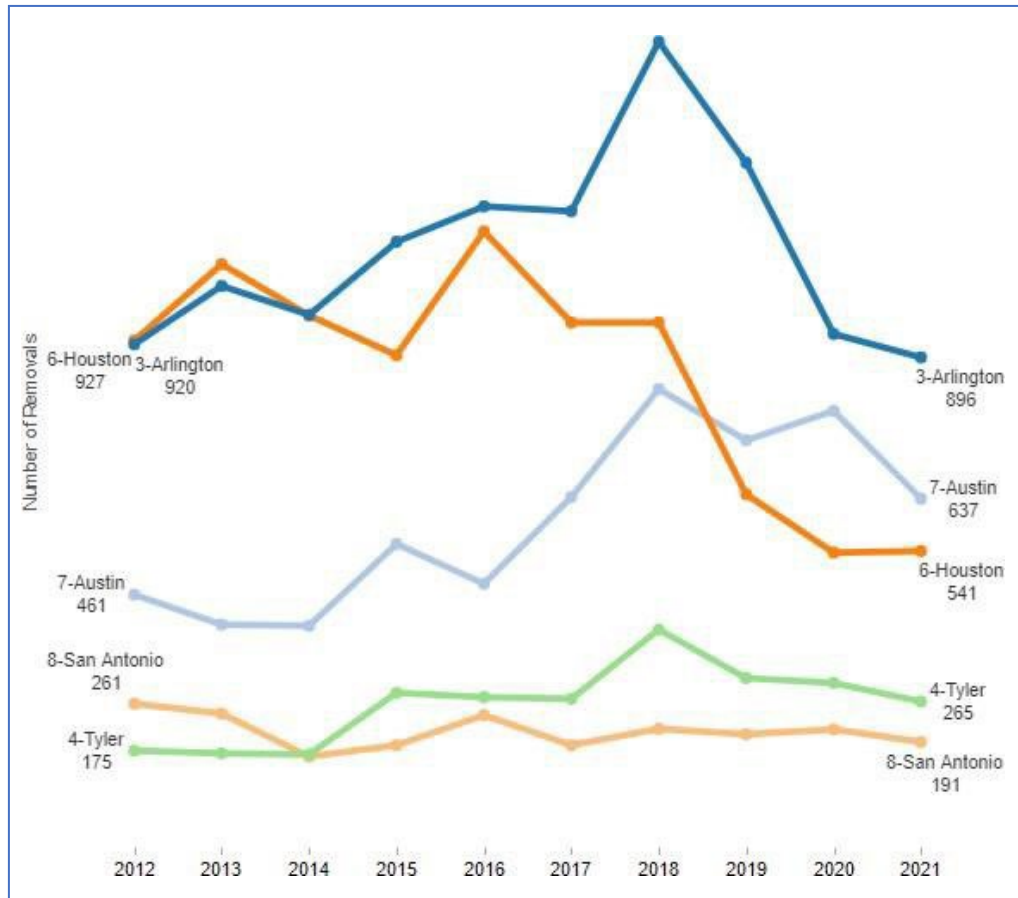
Race/Ethnicity	Anglo	African American	Hispanic	Other	Asian	Native American	Unknown
Family Reunification	1830	1097	2393	410	28	10	6
Custody to Relatives without Permanency Care Assistance	1438	1026	1806	290	8	1	2
Non-Relative Adoption Consummation	823	468	989	174	5	3	
Relative Adoption Consummation	581	397	1025	152	4	4	2
Youth Emancipation	380	290	489	53	8	1	6
Custody to Relatives with Permanency Care Assistance	243	282	343	343	2	1	1
Other	71	59	70	10			

Source: Data Warehouse (2021)

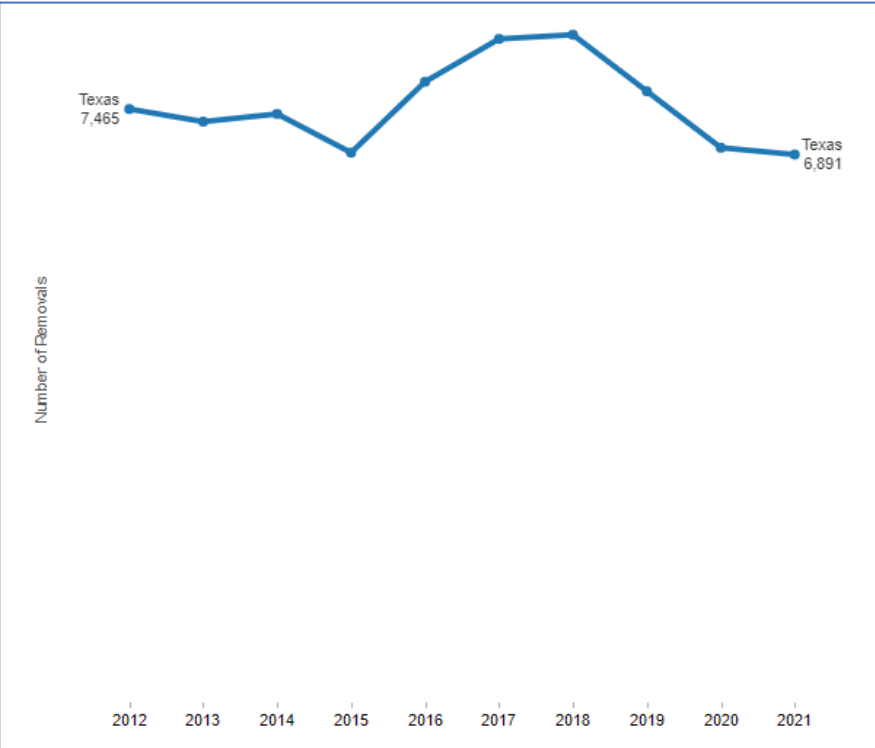
## CPS Removals for African American Children in Texas



## CPS Removals for African American Children by Regions in Texas

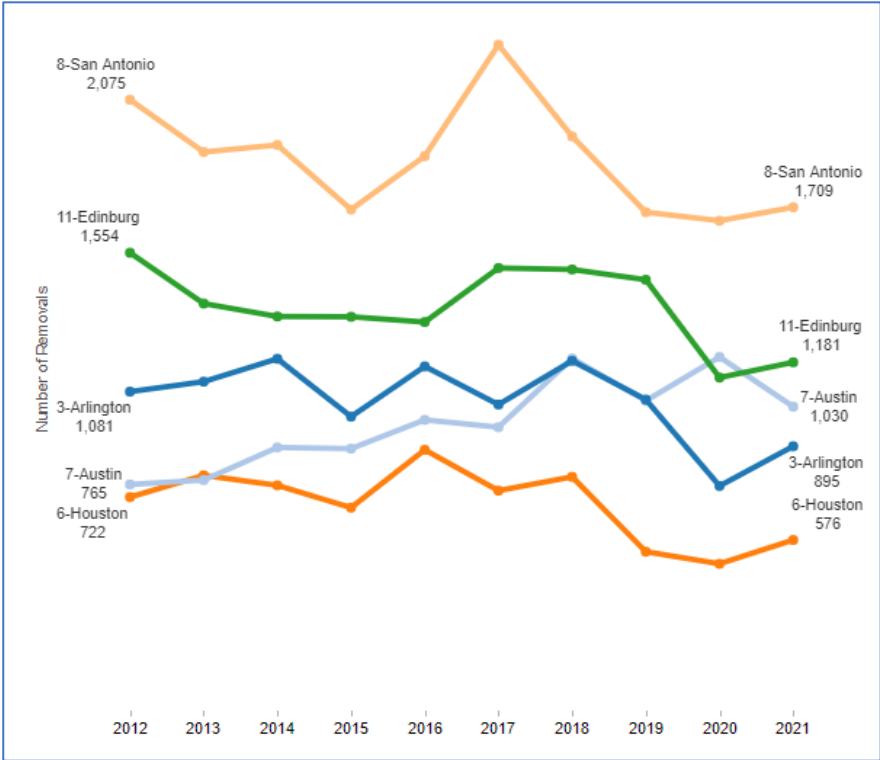


### Number of Removals for Latino Children in Texas

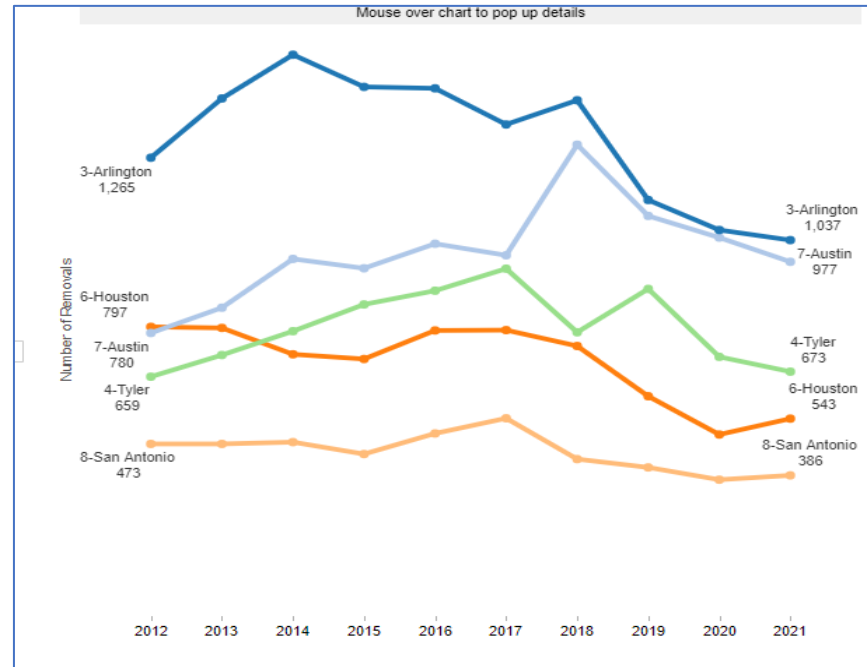




### CPS Removals for Latino Children by Regions in Texas



## CPS Removals for Anglo Children in Texas



**Strategy 3.3a Lead: Mosley (Moe) Hobson**

**Strategy 3.3a: Collection of data will be disaggregated by race and ethnicity to eliminate disparities at critical decision-making points. Rationale: Strategies to eliminate disparities are driven by reliable data disaggregated by race and ethnicity.**

<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. Annual data analysis reports related to disproportionality.	August 31 <sup>st</sup> of each fiscal year	This report was submitted for approval in FY2020. The data was shared with the DFPS leadership team in January 2021. The FY2021 reported is being compiled.	
b. Analyze data at key decision-making points.	September 2020 and annually thereafter	This is incorporated in the annual report and removals in the seven largest counties are reported to the legislature.	
c. Evaluation of new initiatives with data disaggregated by race and ethnicity.	September 2020 and annually thereafter	No new initiatives implemented to evaluate.	

**Strategy 3.3b Lead: Mosley (Moe) Hobson**

**Strategy 3.3b: Enhance knowledge and awareness of concepts related to racial and ethnic disparities in the child welfare systems and intersecting systems for external and internal stakeholders.**

**Rationale:** Strategies to eliminate institutional barriers to equity are driven by integrated concepts of fairness and justice and guide all programs, policies, and practices.

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. Train staff and community in anti-racist principles.	Fall 2019 and ongoing thereafter	<ul style="list-style-type: none"> <li>• Woke Wednesday series implemented in winter 2019 continued in 2020. No presentations have been distributed in 2021 as the Woke Wednesday series was incorporated into Meeting in a Box.</li> <li>• Distribution of online learning opportunities related to anti-racist principles are completed regularly</li> <li>• Continue to offer Undoing Racism Workshops with staff, community, and external stakeholders.</li> <li>• Knowing Who You Are, and Undoing Racism was discontinued due to state legislation around Critical Race Theory. However, the curriculum is currently under review and revision.</li> </ul>	
b. Host six disproportionality webinars targeted at increasing awareness related to issues of racial inequities each calendar year.	September 2020 and annually thereafter	<p>Webinars held in 2020 and 2021 were <i>LGBTQ and Race Equity II</i>, <i>Domestic Violence and Race Equity</i>, <i>A Ground Water Analysis of Racial Inequities</i>, <i>Representation Matters</i>, <i>Black History Month Celebration of Black Fathers</i>, and <i>Listening to the Voices of Brown Fathers</i>.</p> <p>Disproportionality Webinar series is a live recording which was then turned into a course on the agency learning site.</p> <p>In 2021, the office launched the Asian Experience Webinar on the training platform.</p>	

<p>c. Revise and publish ICWA training for CPS and CPI staff.</p>	<p>September 2021</p>	<p>The training was sent to Ysleta del Sur Pueblo representative for edits and received for review. A meeting was held with Legal, CPI, and CPS Training Liaisons to discuss initiating request for services through the Center for Learning and Organizational Excellence.</p> <p>The revised course was completed in FY2021. The Fifth Circuit Court of Appeals appellate decision may impact revisions.</p> <p>2021 Texas ICWA Summit was conducted in January 2021 with over 1200 participants.</p> <p>Disproportionality Office is working with CPS ICWA Liaison to plan the next ICWA conference in FY23.</p>	
<p>d. Create and publish disproportionality computer- based training for CPS and CPI staff.</p>	<p>September 2021</p>	<p>This revision is in the development stage. Division bandwidth remains a challenge in the development stage. The original design of the revision was abandoned for a more streamlined version. The course was completed in May 2021.</p> <p>Revisions for computer-based training is still ongoing.</p>	

## **B. Program Support**

- *Describe 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 CFSP/CFSR goals and objectives since the submission of the 2020-2024 CFSP and subsequent APSR. Describe training and technical assistance that will be provided by the state in the upcoming fiscal year. Include information on any additional technical assistance provided related to the COVID-19 pandemic and national public health emergency*
- *Describe the technical assistance and capacity building needs that the state anticipates in FY 2023 in support of the CFSP/CFSR goals and objectives. Describe how capacity building services from partnering organizations or consultants will assist in achieving the identified goals and objectives.*
- *Provide information on activities carried out since submission of the CFSP or planned for the upcoming fiscal year in the areas of research, evaluation, or management information systems in support of the goals and objectives in the CFSP. This may include activities carried out under discretionary grants awarded by the Children's Bureau*

### **Texas Juvenile Justice Department Technical Assistance**

CPS identified a specific 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 are able to assist staff with case specific issues regarding local county juvenile probation departments or the Texas Juvenile Justice Department. With the establishment of TJJD and DFPS Liaisons at the state level and a Memorandum of Understanding signed by both agencies detailing the working relationship between both organizations, conference calls were held as needed 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. A review of TJJD cases was conducted during Quarter 2, FY 2022. TJJD is revising plans and utilizing DFPS and ACF technical assistance to better refocus their efforts for the population. There are youth who entered the prior Title IV-E program, who remained in a Title IV-E setting in FY 2022 although new admissions have stopped.

### **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 Regional Systems Improvement Team continues to partner with the Division of Federal and Program Improvement Review to implement findings of root cause analysis meetings in each region in order to continue to overcome barriers to achievement of the final three items remaining below target in the CFSR Program Improvement Plan at the time of this writing. Staff continue to provide regular feedback and information about progress on ongoing plans that look to be helping program move towards meeting their goals.

The Data and Decision Support Team is another component of the Office of Data and Systems Improvement. It supplies internal and external reports and data to all DFPS divisions, programs, the legislature, federal government and other external stakeholders that provide insight and empower staff and stakeholders to make the best decisions backed by timely, high-quality information.

The Analytics and Evaluation Team is another component of the Office of Data and Systems Improvement. It creates and provides strategic guidance on child welfare processes, tools and reports to improve decision making and child safety, use analytics to target high risk populations, analyze statewide program patterns and trends and evaluate new program initiatives. Some of 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 abused and neglected children are operating and impacting outcomes for children and families.

As the Analytics and Evaluation team is funded with CAPTA resources, their FY2020 activities are contained within that section of this annual report.

The Contract Performance Team is a new component of the Office of Data and Systems Improvement. It uses Data and Decision Support, Analytics and Evaluation reports, and reports created within their team to craft, track, and analyze performance of CPS

contractors to support contract managers and program in understanding and improving the quality of contracted services. They provide ongoing support of the CPS placement system, provide quarterly updates on performance measures, and help facilitate discussions regarding data with contractors. They also play a crucial role in heightened monitoring efforts associated with providers who meet certain criteria concerning licensing.

The Office of Data and Systems Improvement in general has also played a supporting role in the programmatic response to COVID-19 by helping leadership understand the resulting staffing and workload challenges and respond accordingly.

### **External Technical Assistance and Evaluation**

DFPS has utilized technical assistance during the past year in order to improve outcomes to children and families. DFPS participated in the March 2022 federal survey by completing the survey and identifying areas of interest in technical training and support in March. Below is a listing of the support DFPS received in FY 2022.

- The 87<sup>th</sup> Texas Legislature directed DFPS to develop, with the assistance of HHSC, an alternative methodology proposal for foster care and community-based care rates. To support this effort, DFPS has engaged the help of the Texas Institute for Child & Family Wellbeing at the University of Texas, along with the Institute's project partner, Blackstone Solutions, LLC to serve as consultants on the Rate Modernization project. Additionally, Casey Family Programs has provided assistance through a contract with the Deckinga Group, LLC to aid with facilitation of stakeholder engagement and the services of Pam McDonald Consulting, LLC to provide expertise in the rate setting process.
- Casey Family Programs and the Deckinga Group are providing technical assistance DFPS leadership to develop and implement strategies to respond to capacity challenges that may be contributing to an increase in children being cared for under DFPS staff supervision.
- Casey Family Programs and the Texas Alliance for Child and Family Services have continued to provide support regarding the Family First Prevention Services Act, as DFPS analyzes its options and works to strategically plan and make recommendations for implementation of this complex federal legislation.
- The Office of the Governor's Committee on People with Disabilities and Disability Rights Texas provided consultation on DFPS policies and training relating to working with persons with disabilities.
- Chapin Hall of the University of Chicago continues to support an independent evaluation of performance and fiscal outcomes for Community-Based Care.
- In FY 2022, DFPS received technical assistance and support in order to appropriately utilize HR133/pandemic funding with both Education/Training Voucher funds, and our traditional Chafee funds (through the PanAid program).
- Annually, Regional Directors facilitate a collaborative discussion about data



- from the foster care needs assessment. Through these meetings and other collaborative efforts, DFPS continues to partner with contracted providers and other stakeholders (judges, politicians, advocacy groups, church leaders, universities) to address substitute care capacity needs by identifying strategies that are working, those that are not, or new strategies, as appropriate.
- The Capacity Center for States Learning Resources website (<https://capacity.childwelfare.gov/states/>) and its library of resources are routinely shared with DFPS leadership. DFPS uses this training resource to support improvements and strengthen skill of staff and stakeholders.
  - **Adoption Competency Training (NTI):** In FY 2021 NTI free web-based training was provided statewide to CPS Foster/Adoption Development Supervisors and Program Directors. The training is being provided to statewide to all CPS Foster/Adoption staff which began in January 2021 and continues. This training will continue to be used to better address the mental health and developmental needs of children in foster, adoptive or guardianship families.
  - **National Training and Development Curriculum for Foster and Adoptive Parents (NTDC):** NTDC Pre-service Training for Foster/Adoptive Parents is being reviewed by designated state and regional staff to assess its feasibility to use as a part of CPS training with prospective and current foster/adoptive parents. Final decision regarding its use will occur prior to the start of FY23.
  - DFPS participates in quarterly federal Region VI calls with leadership participation from states within this federal region and individual outreach to federal Region VI staff. Discussion topics are various and have addressed response to the Covid19 pandemic, workforce issues, the federal Family First Act, and additional federal fund spending. Federal technical assistance has helped to clarify data elements for AFCARS and work on changes to the DFPS IMPACT system.
  - DFPS staff working with Kinship Caregivers have used the website to post on the Texas Kinship Caregivers FaceBook Page and used their Sample messages for posts on the page <https://capacity.childwelfare.gov/states/about/events/spread-the-word>. The Child Welfare Information Gateway resources, articles and publications have been used with multiple workgroups and committees to further Texas best practice.
  - The University of Kentucky hosts a national series with six states, including Texas, for strengthening the use of the Child and Adolescent Needs and Strengths (CANS) tool in child welfare. This series began in 2021 and continues on an as needed basis. Additionally, the University of Kentucky is providing technical assistance by assessing the decision-support model (formerly referred to as the algorithm) behind the Texas CANS tool and provided a latent class analysis of initial CANS results for children to assist with use in strengthening the service planning process. Technical assistance from the University of Kentucky has also been provided to the assessment workgroup on Human

Trafficking and Foster Care Rate Modernization efforts.

- During a September 14, 2021 status conference in the *MD v. Abbott* foster care class action lawsuit, the parties addressed the issue of Children Without Placement (“CWOP”) in the Texas foster care system, and the parties subsequently defined the problem as follows: “Children in the PMC class are housed in CWOP settings because of ongoing gaps in appropriate services and placements in Texas.” On the suggestion of the Court and after much discussion, the parties agreed to “engage in good faith discussions and work in a collaborative manner to identify potential improvements for children in DFPS conservatorship without placement for the health and safety of the children.” A panel of three independent, nationally respected child welfare experts was convened to understand, assess, and recommend to the parties’ potential improvements for the benefit of children in DFPS conservatorship lacking placement (“Expert Panel”). The Expert Panel recommendations are in varying stages of implementation, from completion to pending legislative action.

### **MPACT 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.

### **FY22 IMPACT Updates**

DFPS Information Technology Services (ITS) developed a strategic plan for the IMPACT Update Program. The IMPACT Update Program is a multi-year approach targeted at updating the architectural framework and user interface of the casework management system. ITS will incrementally deploy components of the updated IMPACT to 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.

ITS Division initiated legacy IMPACT updates in FY 2019 with an expectation to continue through FY 2024. Two key areas within legacy IMPACT migrating to IMPACT 2.0 include Financials and Kinship (KIN)/ Foster and Adoptive Home (FAD) Stages; with Resource Modification, Adult Protective Services (APS) in progress. In FY 2023 DFPS will continue updating the remaining modules.

Other activities in FY 2022 include several IMPACT projects:

- Changes to support the foster care lawsuit to include:
  - Capture of any temporary absences of a child in DFPS conservatorship from a placement
  - Addition of workload alerts: to notify caseworkers and residential contract managers of any new intake for a child in DFPS conservatorship; alert caseworkers of a new case involving a child in DFPS conservatorship
  - Tracking of any variances granted to placements Tracking of placements that are not open for placement of a child in DFPS conservatorship
  - Improvements to reporting to provide identified data for children DFPS conservatorship
  - Linking of contracts for providers across two systems to enhance reporting
  - Updates to the Attachment A forms to capture signatures
  - Clean-up of living arrangements H
  - Payment sanctions for provider violations of specific contract terms/conditions or minimum standards
  - Improvements to the 24-hour awake supervision function for residential contract managers to record activities at regulated facilities
- Other changes to support other agency needs and implementation of Families First Protective Services Act (FFPSA):
  - Updates to the Emergency Assistance Eligibility Recertification (EAER) function
  - Updates to Title IV-E Congregate Care Eligibility
  - Implement FFPSA Title IV-E Congregate Care.

DFPS continues to improve upon the exchange of data with providers and other external partners by continually keeping interoperability and security as forethoughts when working projects. Since the inception of the Community Based Model (CBC) model in FY 2019 (SB11 in the 85<sup>th</sup> Legislative Session and SB1896 in the 87<sup>th</sup> Legislative Session),

DFPS has improved the transmission of the data to providers and is taking steps to further expand the data shared with providers through secure and encrypted means, and by enforcing policies surrounding the sharing of data on an as-needed basis. Currently ITS is evaluating a two-way data sharing with Single Source Continuum of Care (SSCC) providers via a unified service-based API methodology and a common data transfer mechanism. This methodology will enable newly onboarding SSCCs to engage in DFPS systems securely and efficiently, including IMPACT.

## **Other Systems**

In FY 2019, development of a new system, the Child Placement Portal (CPP), now named General Placement Search (GPS), began based on the need to provide summary information for identified DFPS staff to facilitate timely placement of children in conservatorship. Implementation was initially projected for FY 2020, although the COVID-19 pandemic impacted the implementation timelines. GPS needed to change the release method and was modified to offer a staggered on-boarding approach to address providers' concerns and to complete development of missed requirements and new FCL requirements. First release of the GPS application was August 12, 2021 which allowed providers to manually enter data into GPS and for Centralized Placement Unit (CPU) to begin using the many system features to assist in placement. The second release was November 18, 2021 which allowed Regional FAD to enter data into this system. The final release of full automation with SSCC Gateway and provider Case Management System (CMS) systems went live on January 27, 2022. Training of all CPU was completed in January 2022. On-going training is in development with CLOE. Website for both internal and external users were developed and are updated ongoing. GPS system support model is in place and being used. Quality Assurance plan is nearly completed and will be completed prior to the end of the warranty period at the end of April 2022.

There are currently two enhancement under consideration to increase productivity and user operability of GPS which were outside of the scope of the original request. The first request is with IT governance to cost analysis and the other is with leadership for approval to request the cost analysis.

Contracts for residential child-care services are required to include incentives and remedies for provider performance. The system that was created to track, manage and assess incentives and remedies is referred to as Performance Assessment Compliance Evaluation System (PACES). This system has been deployed and is being utilized to assess the performance of residential providers in key areas to include completion of performance measures as outlined in the contract. The system will record instances of compliance levels for the application of imposed financial remedies and awarded incentives as a mechanism to improve outcomes for children

PEI continues to support the implementation of PEIRS into its programs as part of an ongoing effort to streamline data collection, organization and analysis. Since the rollout of PEIRS in 2016, research and evaluation staff continuously review PEIRS data to identify data entry, system usage or timeliness issues. PEI continued to support the rollout of the PEIRS administrative functionality by creating and implementing administrative

functionality trainings as well as an administrative functionality manual. The Research and Evaluation team provides technical assistance to internal and external PEIRS users regarding correct systems usage and timeliness of data entry on an ongoing basis. As part of ongoing expansion efforts, the team continues to support the development and refinement of several PEIRS outcome reports in the data analysis and visualization system, Tableau. These reports assist PEI in effectively reporting data regarding home visiting services to relevant stakeholders. PEI research and evaluation staff are in the process of creating and rolling out a training plan to assist staff in understanding and utilizing the available data in PEIRS and on the Tableau server.

DFPS-PEI began contracting with Clear Impact in 2016 to bring training on Results-Based Accountability to PEI-funded early childhood coalitions across the state. Results Based Accountability provides shared language and framework for multiple stakeholders to align their work towards population outcomes. Embedded within RBA is a process that drives continuous quality improvement and accountability using a digital scorecard that tracks progress on indicated priorities. Six grantees continue this work in FY 2022. This training has also been offered to all PEI grantees at a Community Impact Summit and several Partners in Prevention conferences.

DFPS-PEI provides ongoing training and technical assistance to PEI grantees to empower them with skills necessary for them to engage with families in a meaningful way.

PEI provided/is in the process of providing the following technical assistance in FY22:

- Technical Assistance Vendor List: PEI has procured a pool of technical assistance vendors that can facilitate on-site training sessions, event workshops, and other opportunities for peer to peer learning for PEI sub-recipients statewide.
- PEI Grantee Webinars & PIP Learning Series: PEI piloted a new approach to professional development in FY 2022 through instituting PEI Grantee webinars. Trainings are held monthly on the 3<sup>rd</sup> Wednesday of the month. The training topics offered are specific to grantees and address different components of how PEI supports providers through training opportunities.
- PIP Learning series: a new approach to professional development in FY22 and is focused on providing training opportunities for the wider prevention partners community through engaging on a deeper dive into topics.
- Learning Hub: The PEI learning Hub is library of trainings that grantees can access. The trainings cover a variety of topics and includes recorded sessions from webinars and sessions from past trainings that grantees can access for reference.
- Partners in Prevention Conference: In fall of FY 2022, PEI will host our annual Partners in Prevention Conference (PIP). The conference provides comprehensive information on the prevention of child maltreatment and juvenile delinquency to professionals and stakeholders in the prevention field. The conference attracts parent educators, youth service grantees, civic

leaders, policy advocates, researchers and others with a professional interest in child and family well-being, youth development and juvenile justice. The conference will offer training sessions designed for participants to take away concrete skills and ideas so that they can connect what they have learned with the families that they serve and expand or deepen their knowledge base.

In FY2023, PEI will continue to provide training and technical assistance through:

- Hybrid (in-person and virtual) Partners in Prevention Conference.
- Continued implementation of Grantee Webinars, PIP Learning Series and the Learning Hub.
- Continued implementation of the Essentials of Home Visiting professional development courses.
- 14 Texas trainers to facilitate the revised National Family Support Network Standards of Quality for Family Strengthening and Support Virtual Certification Trainings which reflects an enhanced focus on diversity, equity, and inclusion and addressing community conditions that impact families' healthy development.
- Continued implementation of Parent Café certification trainings and providing technical Assistance for parent café Implementation.
- Continue to partner with The Office of Child Safety to ensure that staff and grantees are up to date on the latest in prevention strategies and child safety training.

## **IT Operations**

ITS plans and coordinates all activities in alignment with agency strategic and business planning by DFPS programs by continuously making improvements in IT infrastructure, maintain systems and networks, improving the information security posture in collaboration with the Information Security Office, and streamlining distribution of hardware and software for DFPS staff.

In FY 2022 DFPS performed the following operational activities:

- Migrated to Microsoft O365 and established an independent DFPS network
- Updated hardware devices (laptops, tablets and smart phones) in a cost-savings acquisition
- And other on-going efficiency evaluations, such as exploring third parties for quality IT services, reducing dependency on service providers, and exploring 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 Logistics Support manages space in offices and ensures regional office facilities meet the needs of staff.
- The 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 and resolving IMPACT data errors that cannot be corrected on-line by staff. The Data Support Unit provides guidance to staff regarding IMPACT common functions 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 person merges to eliminate duplicate person records in IMPACT, improving IMPACT accuracy and staff's ability to locate case history.
- The Worker Safety Support team provides tailored assistance and support to staff who are threatened, harassed or assaulted. They train staff on a variety of safety topics, and coordinate with leadership, Regional Administrative Services, and other partners to ensure staff safety. They also provide technical support and training for staff on the SafeSignal application.
- The Business Continuity Coordinator is responsible for continuity of operations planning to ensure DFPS mission essential functions for all programs continue or are restored quickly and efficiently following a disruptive event. DFPS will continue to enhance its capabilities to prevent, protect against, respond to and recover from all threats to our agency.

## **Texas Permanency Outcomes Project**

The Texas Permanency Outcomes Project (TXPOP), refocuses practice, strengthens the workforce, and transforms how systems treat families within foster care. The TXPOP vision is to build shared power with children and families to reinvent foster care. Creating authentic relationships between all parties involved in child welfare (youth, their families and everyone naturally connect to them, foster families, caseworkers, judges) will improve permanency outcomes and strengthen families. TXPOP has a three-pronged approach that includes, 1) system engagement at the local and the statewide level; 2) a practice model that will be implemented and evaluated at three private child welfare agencies; and 3) statewide capacity building to change attitudes and beliefs regarding the importance of birth families.

## **Practice Model**

To date, the TXPOP team was largely focused on full implementation in two project sites and preparing for full implementation in one pilot site. The TXPOP practice model has been implemented in two sites in regions 6 and 11. During FY22, the TXPOP Implementation team will focus on continued training, building an online learning community, supporting sites with the process of fully implementing the TXPOP practice model into their agencies, and deepening their understanding of the TXPOP approach. During the next reporting period the practice model team will expand its focus on not just implementing the TXPOP practice model into each agency, but on the important role supervisors and leaders play in implementation. The focus will be on the parallel process, using TXPOP tools in supervision, appreciative inquiry, and group supervision. Once a month a 90-minute implementation debriefing will focus on supervisors and leaders. An advanced and individualized workshop for supervisors and leaders will be created for each implementation site. Additionally, region 2 will continue to be onboarded as a practice model site. Pre-implementation activities with 2INGage will continue in FY22. The meetings are already scheduled with 2INGage and are a combination of in-person and virtual meetings. The practice team is working closely with 2INGage to make sure the coordination of meetings meets everyone's needs, therefore the practice team has been flexible and have made changes to the delivery of the meetings depending on need.

## **System engagement**

In terms of systems engagement, the TXPOP team has spent a significant amount of time developing and launching the Child Welfare Academy. The Child Welfare Academy online courses were released on March 1<sup>st</sup> via a 'soft launch' of the Academy and TXPOP website. In addition to the foundation course which are live online, the Academy offers two certificates and a series of courses for each certificate. The goal of these courses is to deepen the work of helping professionals in the child welfare system by using research, theories, lived experience, and case scenarios that are realistic to the realities of families involved in child welfare. As helping professionals work through these certificate courses, we want them to use the knowledge gained from the Foundations to increase their critical thinking and reflective skills. The following courses will be provided online through Thinkific and participants will have access to these courses starting June 2022. In-person trainings will be held monthly in regions 2, 6 and 11 on a rotating basis through September 2023.

Along with the Child Welfare Academy, the TXPOP team finished our Dare to Lead™ pilot cohort with region 6a. We had 16 participants in this first cohort. The training is currently 24 hours long which is difficult for DFPS employees. We held the training online for three-hour periods over six weeks. Based on our pilot experience, we are restructuring our approach with the permission of the Dare to Lead™. We are revising the training so that it can be facilitated with a hybrid model of independent learning and in-person or online live training. Our plan is to have our second cohort begin in Summer 2022.



TXPOP's statewide capacity building is focused on developing a multimedia campaign will do the following: 1) Address stereotypes that dehumanize youth in foster care and their families; 2) Address beliefs that discourage caregivers from engaging with birth family members; 3) Encourage family engagement; and 4) Humanize both parents and caregivers. The campaign materials and key messages will be determined by an advisory group of caregivers and parents. The TXPOP Multimedia Campaign Advisory Group is a team of paid consultants who have experience as foster or kinship caregivers, and parents who have lived experience in the child welfare system and may have had children in the system at some point in time. This group meets monthly to determine specific campaign goals, materials, and messaging. The TXPOP Multimedia Campaign Advisory Group will determine the appropriate materials to be developed based on the goals of the campaign. These materials could include but are not limited to: tip sheets or guides on how to engage with parents & families; website pages or online forums for caregivers; video testimonials of caregivers who initiated successful family engagement, or videos of families who experienced caregivers engaging with them; and commercials or short videos highlighting the campaign key messaging and promoting supportive materials, and social media assets.

The next Executive Advisory Group meeting will continue to meet quarterly. The Executive Advisory Group members are state leaders as well as those with lived experience in the system (former foster youth, parent and foster parent). As part of every meeting, the group will meet and be updated on the project. We are frequently in contact with the leaders on this group and will continue to ask for their guidance and input at the project moves forward and additional areas are added.

The Local Advisory Group meetings have been scheduled for the next reporting period for Regions 6 and 11. Those will be held quarterly. As region 2 begins implementation, a local advisory group will be established in that region. Local advisory groups help promote TXPOP locally, provide feedback and foster collaboration.

In FY2023 TXPOP will be featured in multiple ways at the Texas Child Care Administrators Conference. TXPOP will host a pre-session during the first day of the conference. This pre-session will be focused on the three facets of the TXPOP project. The pre-session will start with one large group session focused on the launch of the TXPOP Caregiver Multimedia Campaign. This large group session will promote the caregiver campaign through activities such as a caregiver panel and presentation of the process and ideas generated from the caregiver group. After the large group session there will be two smaller sessions, one will focus on content related to the TXPOP practice model and the other will focus on content related to the TXPOP Child Welfare Academy.

### **Quality Improvement Center for Adoption and Guardianship Support and Preservation**

The Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) was a 5-year federally funded project that promoted permanence

(when reunification is no longer a goal) and improved supports for adoptive and guardianship families. Working in partnership with eight sites, the QIC-AG identified and tested promising practices and evidence-based models of support and services for children and families both pre and post permanence. This federal project closed at the end of FY 2019.

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 implemented 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

Outcomes from the project were favorable and can be found in the [Texas Full Evaluation Report](#). Since the close of the federal project, DFPS has continued to implement Pathways to Permanence 2 in the project area, but limited resources have prevented DFPS from being able to provide the intervention statewide. DFPS has had preliminary

discussions with community stakeholders on ways to continue to support the training, but there is no definitive plan at this time. DFPS will continue to make efforts to utilize this intervention as appropriate with children in foster care and their families.

The COVID-19 Pandemic prevented DFPS from offering Pathways to Permanence 2 in the project area. Due to this, DFPS implemented five groups during FY 2021 which included some completely virtual groups and some in-person groups. DFPS is on target to hold four more series in 2022.

### **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. The Infant-Toddler Family Intervention Court Project in Houston is an intensive specialty program funded by both federal and local grants. The program provides a multidisciplinary approach to address the needs and improve outcomes of the families they serve. Participants are assisted with transportation, emergency housing/rental deposits, childcare/camp fees, counseling, treatment, and medical assistance.



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#### **Section V. Quality Assurance System**

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## **V. Quality Assurance**

**See Section III. Assessment of Performance for description of the agency's quality assurance program.**



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**Section VI. Services Description Update**

- A. **Stephanie Tubbs Jones child Welfare Services Program (title IV-B, subpart 1)**
- B. **Services for Children Adopted from Other Countries**
- C. **Services for Children Under the Age of five**
- D. **Efforts to Track and Prevent child Maltreatment Death**
- E. **Mary Lee Allen Promoting Safe and Stable Families (PSSF) (title IV-B, subpart 2)**
- F. **Service Decision-Making process for Family Support Services**
- G. **Populations at Greatest Risk of Maltreatment**
- H. **Kinship Navigator Funding**
- I. **Monthly Caseworker Visit Formula Grants and Standards for caseworker Visits**
- J. **Adoption and Legal guardianship Incentive payments**
- K. **Adoption Savings Expenditures**
- L. **Family First Prevention Services Act Transition Grants**

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**ACYF-CB-PI-22-01**

## **VI. Services Description Update**

### **A. Stephanie Tubbs Jones Child Welfare Services Program Title IV-B, subpart 1 – (CFS 101)**

### **B. Services for Children Adopted from Other Countries**

- *Describe the activities, including provision of adoption and post-adoption supports, that the state has undertaken since the submission of the 2022 APSR to support the families of children adopted from other countries and any changes to the activities the state plans to take to support 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 continues to aid in reporting of the data to ensure that all international adoptions are being captured and reported accurately.

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.

## C. Services for Children under the Age of Five

- *Describe the activities the state has undertaken since the submission of the 2022 APSR to reduce the length of time children under the age of five are in foster care without a permanent family.*
- *Describe the activities the state undertook in the past year to address the developmental needs of all vulnerable children under five years of age, including children in foster care, as well as those served in-home or in a community-based setting.*

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. Although the second grouping includes 5-year old's, not children 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.

<b>Outcome</b>	<b>Fiscal Year 2020 Children</b>	<b>Fiscal Year 2020 Average Months to Outcome</b>	<b>Fiscal Year 2021 children</b>	<b>Fiscal Year 2021 Average Months to Outcome</b>
Returned Home	2,687	12.5	2,389	12.6
Custody Given to Relatives, Fictive Kin, Kinship with Permanency Care Assistance	330	22.5	323	23.3
Custody Given to Relatives, Fictive Kin, Kinship Non-Permanency Care Assistance	1,768	12.2	1,737	13.0
Adoption Consummated Non-Relatives	1,503	21.8	1,346	22.8
Adoption Consummated Relatives	1,235	22.6	1,051	23.6
Other	84	10.9	98	11.6
<b>Total</b>	<b>7,607</b>	<b>16.3</b>	<b>6,944</b>	<b>16.8</b>

DFPS continues to review this data and work with regional staff on strategies which target achieving permanency for this population. There were less children under the age of five in FY 2021 that exited DFPS conservatorship than FY 2020. The average time to permanency increased across all areas, which resulted in a net increase of time to permanency.

In FY 2021, 10,328 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 timelier if family reunification is not achievable.

DFPS continues to provide 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 focused caseworkers are housed throughout each region and provide the means

for DFPS to support families in both urban and rural communities. Kinship Development Workers are paired with Conservatorship units to provide more connected and timely engagement with kinship families. The Kinship Program has identified processes to enhance safety, permanency, and well-being for children through the provision of direct and indirect services for kinship caregivers, and has developed ongoing programs to work with members of the community and within DFPS to improve our support to kinship families.

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 asked to coordinate on a case with a child who may meet waiver requirements or have special needs. These specialists are referred by and 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 2021 that reflected DFPS referred 8,147 children to the program for screening. This number reflects referrals from all stages of service.

COVID-19 has impacted the referral and enrollments starting April 2020. Starting September 2020, ECI saw a slight increase in referrals but the enrollment numbers are not showing an upward trend. Texas Education Agency added specific coding to capture data on students in foster care and education to their Public Education Information Management System (PEIMS), which identified 2,245 children in foster care who were enrolled in the free pre-kindergarten classes offered through Texas public school districts in 2020-2021. 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, including any child under the age of five. Additionally, regional staff and the Regional System Improvement Specialists examine regional progress 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. DFPS provided additional training to staff in the area of engagement and highlighted the importance of visitation. DFPS has policy reflecting the requirement that siblings have face to face visits weekly. 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 Decision Making meetings. In these meetings,

it is a requirement to discuss any barriers to achieve permanency for the child and to create action steps to overcome those barriers. Additionally, DFPS has worked with external partners to create a single case plan model which combines the permanency planning meeting with the development of the Child's Plan of Service. DFPS will continue to work with additional external partners to expand the single case plan model. 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's 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. 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?

Responses to these questions are used 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 years.

Children who come into the conservatorship of DFPS over the age of 3 receive a Child and Adolescent Needs and Strengths (CANS) Assessment within 30 days of entering care. Children who are under the age of 3 receive the assessment 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. 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. With the COVID-19 pandemic, the CANS Assessment was permanently made available via telehealth in March 2021 to include children and youth ages 3-17 yearsold.

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 and Supervisors to assist with reading case for a lens towards permanency and ensuring the developmental needs of vulnerable children are met.

Training of prospective foster parents is required by Health and Human Services, though the Minimum Standards and Guidelines for Child-Placing Agencies. These standards require all foster parents to receive an orientation and additional training in areas such as the developmental stages of children, fostering self-esteem of children, constructive guidance and discipline of children, strategies and techniques for monitoring and working with children, and normalcy. Other required pre-service training topics include: trauma informed care; different roles of caregivers; measures to prevent, identify, treat, and report suspected occurrences of child abuse (including sexual abuse), neglect, and exploitation; procedures to follow in emergencies, such as emergencies related to weather, volatile persons, or severe injury or illness of a child or adult; and preventing the spread of communicable diseases.

Foster parents are also required to complete cardiopulmonary resuscitation (CPR) and first aid training. Prospective foster and adoptive parents caring for children under two years of age must be trained in Shaken Baby Syndrome, Sudden Infant Death Syndrome, and early childhood brain development. Foster and adoptive parents caring for children taking psychotropic medications must be trained on the administration of psychotropic medications.

All caregivers, except individuals designated as kinship caregivers, must complete a maximum 35 hours of competency-based pre-service training before becoming verified to foster and/or approved to adopt. The Parent Resources for Information Development Education (PRIDE) curriculum is the prescribed training used for DFPS foster and adoptive home applicants. This curriculum is a competency-based training program that meets a majority of the pre-service training requirements specified in Minimum Standards. The Department may exceed 35 hours of pre-service training based on the needs of the child placed, including training regarding treatment of children with complex medical needs, sexual victimization, sexual aggression, emotional disorders, intellectual and developmental disabilities; the treatment of victims of human trafficking, and any other situation the Department determines would require additional training.

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 DFPS conservatorship not in a permanent home in FY 2021;**

Fiscal Year	Total Children
2021*	8,477

\* FY 2021 includes children under the age of five in DFPS conservatorship on 08/31/2021 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, 2021**

Legal Region	Total Children Under Age 5	AGE 0-2	AGE 3 - <5	Female	Male	Unknown Sex
001	626	423	203	297	329	0
002	569	383	186	279	290	0
003	2196	1563	633	1031	1165	0
004	795	546	249	390	405	0
005	580	404	176	300	280	0
006	1410	924	486	679	731	0
007	1909	1310	599	941	968	0
008	1615	1107	508	770	845	0
009	401	270	131	187	214	0
010	163	111	52	77	86	0
011	808	522	286	360	448	0
State Total	11072	7563	3509	5311	5761	0

**Statewide Substitute Care Population Demographics by Race and Ethnicity for Children Under Five As of August 31, 2021**

Legal Region	Total Children Under Age 5	African American	Hispanic	Anglo	American Indian	Asian	Multiple	Unknown Ethnicity
001	626	57	334	200	0	5	27	3
002	569	69	160	276	0	2	49	13
003	2196	664	610	715	5	14	154	34
004	795	175	114	412	0	1	82	11
005	580	178	53	290	0	1	47	11
006	1410	449	445	407	2	5	77	25
007	1909	483	655	584	0	7	154	25
008	1615	134	1170	263	0	1	24	23
009	401	21	235	130	1	1	9	4
010	163	16	135	11	1	0	0	0
011	808	13	718	64	1	0	1	11
State Total	11072256	2259	4629	3352	10	37	624	160

**Statewide Substitute Care Population by Characteristics for Children Under Five As of August 31, 2021**

Legal Region	Total Children Under Age 5	Physical	Medical	Drug Alcohol	Emotional	Learning	Sibling	Teen Parent
001	626	3	11	54	0	7	39	0
002	569	4	23	125	0	18	23	0
003	2196	9	65	339	13	50	58	0
004	795	0	24	120	6	46	128	0
005	580	2	24	93	9	26	84	0
006	1410	7	55	148	8	47	145	1
007	1909	6	51	284	6	69	252	0
008	1615	5	47	212	7	40	42	0
009	401	2	9	47	1	7	3	0
010	163	2	6	31	2	11	1	0
011	808	2	23	101	6	13	20	0
State Total	11072	42	338	1554	58	334	795	1

Notes:

A child may have no characteristic, one characteristic, or more than one characteristic.



## D. Efforts to Track and Prevent Child Maltreatment Deaths

- *Provide an update of the steps the state is taking to compile complete and accurate information on child maltreatment deaths to be reported to NCANDS, including gathering relevant information on the deaths from the relevant organizations in the state including entities such as state vital statistics department, child death review teams, law enforcement agencies, or offices of medical examiners, or coroners; and*
- *An update on the steps the state is taking to develop and implement a comprehensive, statewide plan to prevent child maltreatment fatalities that involves and engages relevant public and private agency partners, including those in public health, law enforcement, and the courts. Provide a copy or link to any comprehensive plan that has been developed.*

Texas ensures information regarding child fatalities is publicly available upon request, see Texas Family Code §261.203. The process for creating the reports has been automated to the greatest extent possible. DFPS provides the public information on Near Fatalities in much the same manner as information is provided on abuse/neglect related fatalities. Staff review the IMPACT information for the case and complete a form using summary information. The form is then reviewed by the Open Government Attorney to ensure that only releasable information is included. The information can then be provided to the public upon request.

The source of information used for tracking and reporting child maltreatment fatalities is the "reason for death" field and based on an allegation that has a disposition of "reason to believe" with a severity of "fatal" and the child has a date of death in the contained in the DFPS IMPACT system. The "reason for death" field indicates whether or not the fatality was related to abuse or neglect and whether or not CPS had been previously involved with the child/family.

DFPS uses information gathered by law enforcement and medical examiner's offices to reach dispositions in the child fatalities investigated by DFPS. Fields have been added in IMPACT to document preliminary or final medical examiner findings regarding cause and manner of death. Medical Examiner finding information is not transmitted to the federal National Child Abuse and Neglect Data System as it does not currently have a field to receive this information. Preliminary or final medical examiner findings regarding cause and manner of death reporting is considered as part of the decision-making process for the CPS Reason for Death.

DFPS is the primary agency required by law to investigate and report on child maltreatment fatalities in Texas when the perpetrator is a person responsible for the care of the child.

Information from the state's vital statistics department, child death review teams, law enforcement agencies and medical examiner's offices is often used to make reports to DFPS that initiate an investigation into suspected abuse or neglect that may have led to a child fatality. DFPS uses information gathered by law enforcement and medical examiner's offices to reach dispositions in the child fatalities investigated by DFPS. Other agencies, however, have different criteria for assessing and evaluating causes of death that may not be consistent with the child abuse/neglect definitions in the Texas Family Code and/or may not be interpreted or applied in the same manner as with DFPS. The ongoing coordination with other organizations such as the state's vital statistics department, child death review teams, law enforcement agencies, and medical examiners allows DFPS to report a complete and accurate data set to NCAND for those child fatalities that are investigated under the jurisdiction of DFPS.

DFPS produces an annual report regarding child fatalities investigated for suspected abuse and neglect. This report is published by March 1 of each year.

The FY2021 Child Maltreatment Fatalities and Near Fatalities Annual Report was published on March 1, 2022 and is available on the DFPS public website at the following location:

[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/documents/2021-03-01\\_FY2020\\_Child\\_Fatality\\_and\\_Near\\_Fatality\\_Annual\\_Report.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2021-03-01_FY2020_Child_Fatality_and_Near_Fatality_Annual_Report.pdf)

**As contained within the report published in March 2022, the general findings include:**

NOTHING	FY2017	FY2018	FY2019	FY2020	FY2021
<b>Child Population of Texas</b>	7,304,256	7,370,193	7,437,514	7,515,129	7,594,941
<b>Number of Intakes Assigned for Investigation or Alternative Response by CPI</b>	238,600	246,074	242,103	224,288	253,054
<b>Number of Investigated Child Fatalities</b>	807	785	772	826	964
<b>Number of fatalities where abuse/neglect was confirmed</b>	172	211	235	251	199
<b>Child Fatality Rate per 100,000 Children</b>	2.35	2.86	3.16	3.34	2.26
<b>National Rate for Equivalent Federal Fiscal Year<sup>i</sup></b>	2.28	2.39	2.48	2.38	***

*Source:* Data from US Census Bureau; Texas State Data Center; DFPS Data Books FY2010-FY 2021; DFPS Data Warehouse Report FT\_06; U.S. Department of Health and Human Services. Population Data Source: Population Estimates and Projections Program, Texas State Data Center, Office of the State Demographer and the Institute for Demographic and Socioeconomic Research, University of Texas at San Antonio. Current Population Estimates and Projections Data as of December 2021 – estimates were updated during FY2019 for population from 2010 through 2019.

\*\*\* Child Maltreatment 2020 is scheduled to be released in Spring 2021.

DFPS has partnered with the Department of State Health Services (DSHS) to analyze

and link DFPS-Child Fatality Review Data (DFPS-CFR) with other data sources including birth records, death records, and community-level risk indicators (for example, concentration of poverty, education levels, or mobility). The focus of these analyses is three-fold:

- (1) to understand the prevalence of abuse and neglect fatalities within the population;
- (2) to identify communities that are high risk for specific types of abuse and neglect fatalities; and
- (3) to explore which risk factors in the family are associated with abuse and neglect.

The collaboration between DFPS and DSHS aims to use these results to guide a strategic plan to coordinate support services between DSHS and DFPS. The ultimate goal of this plan is to reduce abuse and neglect fatalities by providing timely, coordinated, and evidence-based services to families and communities in need. By taking into consideration the entire population to understand, analyze, and build comprehensive strategies to target child abuse and neglect fatalities, DFPS and DSHS can leverage resources, programs, and community collaborations to target specific issues and geographical areas based on their individual needs.

DFPS, through the Prevention and Early Intervention (PEI) Division, has developed a five-year PEI Strategic Plan to align with the overarching recommendation of both the Federal Commission to Eliminate Child Abuse and Neglect Fatalities and Texas' Protect Our Kids Commission and CAPTA requirements to develop a statewide plan to prevent child maltreatment fatalities and near fatalities. Utilizing a public-health approach that recognizes the importance of strong, integrated and collective responsibility, and coordination across agencies and within communities, this plan ensures that the work of PEI reduces the risk of child maltreatment, fatalities and other childhood adversities.

The PEI Strategic Plan is updated every five years and has a corresponding business plan to support the ongoing work of the strategic plan.

- PEI Five Year Strategic Plan for FY2016 through FY2021:  
[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/documents/2017/2016\\_09-01\\_PEI\\_Five\\_Year\\_Strategic\\_Plan.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2017/2016_09-01_PEI_Five_Year_Strategic_Plan.pdf)
- FY 2021 Update on the PEI Five-Year Strategic Plan:  
[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/documents/2021/2021-09-01\\_PEI\\_Strategic\\_Plan\\_Update%20.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2021/2021-09-01_PEI_Strategic_Plan_Update%20.pdf)
- PEI Five Year Strategic Plan for FY2022 through FY2026:(published September 1,2021):  
[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/documents/2021/2021-09-01\\_PEI\\_Five\\_Year\\_Strategic\\_Plan.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2021/2021-09-01_PEI_Five_Year_Strategic_Plan.pdf)
- FY2022 PEI Business Plan  
[http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/documents/2021/2021-12-07\\_PEI\\_FY22\\_Business\\_Plan.pdf](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2021/2021-12-07_PEI_FY22_Business_Plan.pdf)

<sup>1</sup>U.S. Department of Health and Human Services, Administration of Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). *Child Maltreatment 2019*. Available at <https://www.acf.hhs.gov/cb/resource/child-maltreatment-2019>

## **E. Mary Lee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, subpart 2)**

- *Briefly describe the services provided since the submission of the 2022 APSR highlighting any changes or additions in services or program design for FY 2023 and how the services assisted or will assist in achieving program goals. Provide an update to the services the state offers under each category in title IV-B, subpart 2: family preservation, family support, family reunification, and adoption promotion and support services.*
- *Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act. Provide information on how the FY 2021 supplemental funding from Division X was used to strengthen the services provided by the state under the PSSF program. Describe any challenges or barriers the state has faced in being able to use these funds. The supplemental funding, like regular appropriations, is subject to a requirement that a significant portion be spent on each PSSF service area: family preservation, family support, family reunification, and adoption promotion and support services. If the amount of supplemental funding used for each service category did not approximate 20 percent of the supplemental grant total, provide an explanation for the disproportion used in any of the service areas*

### **Family Preservation Services**

Family Preservation Services are provided through Family Based Safety Services, described in detail earlier in this section. As previously indicated, staff provide direct services to: help families alleviate crises that might lead to the out-of-home placement of children; maintain the safety of children in their own homes; support families in obtaining services; and promote parent competencies and behaviors that will enhance the parent's protective actions and abilities to promote child safety in the home and successfully nurture their children. Most children receiving Family Preservation services continue to live at home, but some children may temporarily live elsewhere in what is called a Parental Child Safety Placement (voluntary) with relatives or close friends until it is safe for them to return home. The following Family Preservation Services are provided statewide:

- Purchased Client Services are provided to families receiving family preservation services. Examples include family counseling, crisis intervention, behavioral health services and treatment, domestic violence intervention, protective day care, professional psychiatric or psychological counseling services, substance abuse assessment and treatment counseling.
- Concrete Services are purchased for the provision of tangible goods to families

in family preservation, family substitute care (family reunification impending) or family reunification stages of service to alleviate crises that might lead to the out-of-home placement of children, maintain the safety of children in their own homes or expedite the return of the children to the home. Examples include minor home repair or cleaning, furniture for safe sleep for a child, professional house cleaning, kitchen appliances or equipment.

**Families and Children Receiving Family Preservation Services Fiscal Year 2021**

• (DFPS Data Book)

<b>Region</b>	<b>Families</b>	<b>Children</b>
<b>1 Lubbock</b>	1,192	2,964
<b>2 Abilene</b>	1,015	2,461
<b>3 Arlington</b>	5,581	14,445
<b>4 Tyler</b>	1,244	3,016
<b>5 Beaumont</b>	514	1,363
<b>6 Houston</b>	4,301	12,203
<b>7 Austin</b>	2,351	5,685
<b>8 San Antonio</b>	4,251	11,460
<b>9 Midland</b>	770	1,926
<b>10 El Paso</b>	910	2,369
<b>11 Edinburg</b>	2,178	6,250
<b>Out of State</b>	5	9
<b>Statewide</b>	24,312	64,151

## Monthly (Ave) Children & Families Receiving Purchased Services

Fiscal Year 2021 (2021 DFPS Annual Data Book)

Region	Total Clients ***	Total Adults	Total Children	Children Living at Home	Children Living Out of Home**	Children Post Adoption
<b>1 Lubbock</b>	1976	1361	615	226	397	7
<b>2 Abilene</b>	1139	767	373	135	249	2
<b>3 Arlington</b>	6280	4436	1844	663	1168	59
<b>4 Tyler</b>	2222	1659	563	247	324	6
<b>5 Beaumont</b>	1071	783	288	82	211	2
<b>6 Houston</b>	4972	3370	1602	717	954	25
<b>7 Austin</b>	5393	3799	1594	716	917	11
<b>8 San Antonio</b>	4716	3405	1311	582	762	13
<b>9 Midland</b>	973	729	245	79	168	3
<b>10 El Paso</b>	691	440	251	141	119	0
<b>11 Edinburg</b>	2722	2122	600	240	379	2
<b>Total</b>	32155	22871	9284	3828	5647	131

*\*Note: Averages are rounded to the nearest whole number.*

\*\*Labeled in Data Book as "Children in Sub Care"

\*\*\*Data available in Data Book as "Children & Adults"

## Average Monthly Children Receiving CPS Purchased Services by Region, Fiscal Year 2021

(2021 DFPS Annual Data Book)

Region	Number of In-Home Children Receiving Purchased Services	Total Number of Children in Substitute Care*	Number of Children In Substitute Care Receiving Purchased Services	% of Children in Substitute Care Receiving Purchased Services
1 Lubbock	226	1770	397	22.4%
2 Abilene	135	1551	249	16.1%
3 Arlington	663	5605	1168	20.8%
4 Tyler	247	1976	324	16.4%
5 Beaumont	82	1246	211	16.9%
6 Houston	717	3815	954	25.0%
7 Austin	716	4813	917	19.1%
8 San Antonio	582	4367	762	17.4%
9 Midland	79	1041	168	16.1%
10 El Paso	141	419	119	28.4%
11 Edinburg	240	2150	379	17.6%
<b>Total</b>	<b>3828</b>	<b>28753</b>	<b>5647</b>	<b>19.6%</b>

\*Based on FY21 children in substitute care on August 31.

### Family Support Services Community-Based Child Abuse Prevention (CBCAP)

PEI provides grants to local non-profits, governments, and schools to deliver community-based services to families PEI contracts with The University of Texas Health Science Center Tyler, Population Health to develop [community maltreatment risk maps](#) to strengthen our approach in identifying and allocating resources to communities where families could benefit from them. In FY 2021, PEI released updated maps, coinciding with the release of the PEI [2022-2026 five-year strategic plan](#). The new maps include interactive functionality utilizing both ZIP Code and county level data on risk and resiliency, as well as detailed, accessible descriptions of the various metrics used to assess risk in different agecohorts.

The following PEI programs are funded in full or in part with Community-Based Child Abuse Prevention (CBCAP) federal and/or supplemental American Rescue Act funding:

- **Fatherhood EFFECT (Educating Fathers for Empowering Children Tomorrow)** provides parent education and resources to fathers. Beginning in FY20, Fatherhood EFFECT's scope expanded to include community coalition and community level change efforts along with local organization improvements, increasing quality direct services targeted specifically at fathers and explicit inclusion and support of fathers across multiple programs. Services are available in the following counties: Bell, Cameron, Galveston, Harris, Jefferson, McLennan, Montgomery, Taylor, Travis
- **Community Youth Development (CYD)** provides services in selected ZIP code areas to promote protective factors in youth and prevent negative outcomes such as juvenile delinquency by funding local programs designed to provide an array of services such as mentoring, youth leadership development, and afterschool programs based on area needs. Services are available in the following counties: Bell, Bexar, Cameron, Dallas, El Paso, Galveston, Harris, Lubbock, McLennan, Nueces, Potter, Tarrant, Taylor, Travis, Webb, Willacy
- **Texas Service Members, Veterans, and Families (SMVF)** is an outgrowth of the Military Families and Veterans Pilot Prevention Program (MFVPP), intended to prevent child abuse and neglect and juvenile delinquency by enhancing Protective Factors of Youth and Families served and increasing inter-organizational collaboration in high risk counties. The program supports military families and veterans and their families in Bell, Bexar, Coryell, El Paso, Harris, Kleberg, Lampasas, McLennan, Montgomery, Nueces, Waller, and Williamson counties.

**Healthy Outcomes through Prevention and Early Support (HOPES)** is a flexible, community grant that funds a wide variety of innovative initiatives including parent education and support services to strengthen and promote protective factors for families of children ages 0 to 5; support safe, nurturing homes for children; and reduce the risk of child abuse and neglect across communities. Services are available in the following counties: Archer, Bell, Bexar, Brazoria, Brazos, Brown, Cameron, Chambers, Clay, Coleman, Collin, Colorado, Comal, Cooke, Coryell, Dallas, Denton, Dimmit, El Paso, Ellis, Erath, Fayette, Fayette Travis, Fort Bend, Galveston, Gregg, Guadalupe, Hardin, Harris, Harris Brazoria, Harris Tarrant, Harrison, Henderson, Hood, Jefferson, Johnson, Jones, Kleberg, Lampasas, Liberty, Lubbock, Maverick, McLennan, Milam, Montgomery, Navarro, Nolan, Nueces, Orange, Palo Pinto, Parker, Potter, Randall, Rusk, San Patricio, Shackelford, Smith, Somervell, Stephens Callahan, Taylor, Upshur, Waller, Waller

- **Texas Nurse Family Partnership** is a free, voluntary program through which nurses regularly visit the homes of first-time mothers to improve prenatal care and provide one-on-one child development education and counseling. Families start services by their 28th week of pregnancy and can receive services until the child



reaches two years of age. Services are available in the following counties: Bexar, Brazos, Chambers, Crosby, Dallas, El Paso, Floyd, Fort Bend, Galveston, Garza, Hale, Hardin, Harris, Henderson, Hidalgo, Hockley, Jefferson, Lamb, Lubbock, Lynn, McLennan, Orange, Smith, Tarrant, Terry, Travis, Webb, and Willacy.

- **Family Resource Centers (FRCs)** began operating in September 1, 2021 and are embedded within FRCs serve as a welcoming hub of support, services, and opportunities for families that reflects community needs, culture, and interests. All PEI FRCs are required to include resource navigation in their service delivery model. Other service activities include parent education, child development education and/or screening, parent leadership opportunities, skill-based workshops, basic needs assistance, and more. FRCs allow for families to engage in services at varying levels of intensity, depending on the service type. Each FRC is unique and responsive to their community's needs. Counties served include Cameron, Harris, El Paso, Hidalgo, Travis, Parker, and Bexar.

These PEI programs also support community-based prevention programming and are funded with state general revenue and other funding sources:

- **Family and Youth Success Program (FAYS), formerly known as the Services to At-Risk Youth program**, addresses family conflict and everyday struggles while promoting strong families and youth resilience. Every Family and Youth Success Program provider offers one-on-one coaching or counseling with a trained professional and group-based learning for youth and parents. Family and Youth Success Programs also operate a 24-hour hotline for families having urgent needs. Services are available in all Texas counties.
- **Statewide Youth Services Network (SYSN)** creates a statewide network of youth programs aimed at juvenile delinquency prevention and positive youth development for youth ages 6-17. PEI funds allow state-level grantees to identify areas of high need and vulnerability and target specific support to local communities. Statewide Youth Services Network services include school and community-based mentoring programs, such as Big Brothers Big Sisters and Texas Alliance of Boys and Girls Clubs. Services are available in most Texas counties. The level and extent of services by county varies.

**Help through Intervention and Prevention (HIP)** provides voluntary, in-home parent education using evidence-based or promising practice programs, and other support services to families who are experiencing adversity and have a newborn. The programs are designed to support healthy, nurturing, and safe homes for children and ultimately promote positive outcomes for children and families. Services are available in the following counties in FY 2022. (Note: these services are transitioning to PEI's other home visiting programs for FY 2023) : Anderson, Archer, Baylor, Bell, Bexar, Bowie, Brown, Callahan, Cameron, Cass, Cherokee,

Clay, Coleman, Collin, Comanche, Cooke, Coryell, Cottle, Dallas, Denton, Eastland, Ellis, Erath, Falls, Fisher, Foard, Gregg, Hardeman, Harris, Haskell, Henderson, Hidalgo, Hood, Jack, Johnson, Jones, Kaufman, Kent, Knox, Lamar, Lampasas, Marion, McLennan, Mitchell, Montague, Nolan, Palo Pinto, Panola, Parker, Red River, Runnels, Scurry, Shackelford, Smith, Somervell, Starr, Stephens, Stonewall, Tarrant, Taylor, Throckmorton, Travis, Upshur, Wichita, Wilbarger, Willacy, Williamson, Wise, Young

- **Texas Home Visiting** is a free, voluntary program through which early childhood and health professionals regularly visit the homes of pregnant women or families with children under age 6. Through the use of evidence-based models, the program supports positive child health and development outcomes, increases family self-sufficiency, and creates communities where children and families can thrive. THV also supports the coordination of local and state early childhood coalitions to build comprehensive early childhood systems. The unique Texas model utilizes both service and system-level strategies to improve broad child and family outcomes. Services are available in the following counties: Bastrop, Bexar, Cameron, Collin, Dallas, Ector, Gregg, Harris, Hays, Hidalgo, Midland, Montgomery, Nueces, Potter, Randall, San Patricio, Smith, Starr, Tarrant, Tom Green, Travis, Victoria, Wichita, and Willacy.

### **Time-Limited Family Reunification Services**

CPS provides family reunification services to families immediately before and after a child returns home from an out-of-home placement, while DFPS still has legal conservatorship of the child. The purpose of reunification services is to provide support to the family and the child during the child's transition from having been previously removed and living elsewhere to once again living in their parent's home. All of the following criteria must be met for a family to be eligible for family reunification services:

- At least one child has been removed from the home.
- Issues that placed the child at risk appear to be sufficiently resolved for the child to return home safely.
- Parents are working to complete goals and make behavioral changes listed on the family service plan.
- Parents have a reasonably stable living arrangement.
- A target date has been set for the child to make their transition to the home, or the transition process has begun.

### **Adoption Promotion and Support Services**

Adoption is a permanent lifelong commitment to a child. If CPS and the family cannot resolve the safety issues that created a barrier for the child to return and live at home safely, CPS may recommend to the court that the parent-child relationship be terminated and the

child be placed with permanent families or caregivers. As a result of reducing barriers to adoption, increased collaboration with private child-placing agencies and community stakeholders, child specific recruitment activities, and supporting foster family and relative adoptions, adoption consummations continue to remain high. Consummated adoptions numbered 4,627 in FY2021 (DFPS Data Book).

Adoption recruitment efforts have further been enhanced by the Texas Adoption Resource Exchange, which can be accessed through the DFPS Web site at [www.adoptchildren.org](http://www.adoptchildren.org). Texas Adoption Resource Exchange was established so that children with special needs and families who wish to adopt them are brought together in an expeditious manner Texas Adoption Resource Exchange services include:

- A listing of profiles and photographs of children on the Texas Adoption Resource Exchange website;
- Online submission of inquiry forms for approved adoptive families nationwide;
- Online submission of inquiry forms for prospective foster/adopt families statewide;
- Registration of all Texas Adoption Resource Exchange children with, Children Awaiting Parents, Adoption.com, AdoptUSKids, and the local Heart Gallery, if applicable;
- A toll-free Foster Care and Adoption Inquiry Line (1-800-233-3405); and
- Promotion of the statewide exchange of adoption information.

CPS has implemented several adoption initiatives to facilitate the adoption of waiting children and decrease the time required to achieve permanency by recruiting more foster and adoptive homes. These initiatives include work on the Texas Adoption Resource Exchange (TARE), Texas Heart Galleries, local media/outreach campaigns, regional leadership outreach, Foster/Adopt information meetings, the Advisory Committee on Promoting Adoption of Minority Children Adoption Forums, and the faith-based collaboration effort. CPS is partnering with AdoptUSKids on best practices for photo listing and adoption recruitment. More information on these initiatives can be found under the Foster and Adoptive Recruitment and Capacity and Recruitment sections of this report.

Annually, CPS conducts Operation PUSH (Placing Us In Safe Homes) by identifying children in the conservatorship of DFPS who are near adoption, but lack a few requirements for the adoption to be finalized (for example, completion of home studies, legal representation for new parents, cases readied for court). Each year, a new list of children is identified, and efforts are made to complete remaining requirements to continue success of placing children in safe, permanent homes. In 2021, Operation PUSH resulted in 1,546 consummated adoptions. The current effort, Operation PUSH XVIII, began in September 2021 and extends through August 2022. Regions are now asked to identify dates that permanency is achieved and what type of permanency was achieved including adoption, permanent managing conservatorship with permanency care assistance, and

permanent managing conservatorship without permanency care assistance for children in placements intended to be permanent. In addition to PUSH, regions are asked to report on the recruitment efforts made for children in placements not intended to be permanent in order to identify needs and develop strategies to enhance recruitment.

The “Why Not Me?” campaign includes the production and distribution of English and Spanish language TV and radio spots and many thousands of brochures, fact sheets, bookmarks, and other materials designed to help recruit adoptive parents. These recruitment materials were recently revamped to include new graphics and information for all new recruitment material for the “Why Not Me?” campaign.

Funded through the Department of Health and Human Services (HHS), Administration for Children and Families (ACF), and Children’s Bureau (CB), the National Adoption Competency Mental Health Training Initiative (NTI) has developed two standardized, web-based trainings to build the capacity of child welfare and mental health professionals. The training is evidenced-based and free to all U.S. states, tribes and territories. The NTI Training was delivered to CPS Adoption and FAD staff, and their supervisors to enhance their direct delivery skills with children and youth in foster care, families preparing to foster or adopt, and children and youth and their adoptive or kinship families. This training also has a component especially for Adoption Supervisors to support their staff in applying new practice skills along with providing coaching and activity guides for individual or group supervision. By participating in NTI, CPS staff learned more about the skills, strategies, and tools necessary for their work in supporting children to heal from trauma and loss, supporting parents with skills to parent more effectively, and improving child and family well-being to increase family stability. Implementation began in January 2021. It is part of a new staff training.

DFPS has an adoption assistance program to help defray some of the costs associated with adoption of a child with special needs. Program benefits include Medicaid health care coverage for the adopted child, reimbursement for certain one-time expenses directly relating to completing the adoption process (non-recurring adoption expenses), and monthly payments to assist with the child's needs. The monthly adoption assistance payments are determined based upon the child's special needs and the adoptive family's circumstances.

Adopted children who have suffered abuse or neglect often need help coping with the effects of trauma, abuse, and the loss of their birth family. DFPS contracts with private agencies to provide post adoption services to adopted children and their families. After consummation of the adoption, services are provided through contracts to help the child and family adjust to the adoption, cope with any history of abuse of the child, and avoid permanent or long-term removal of children from the adoptive family setting. Available services include community engagement, information and referral, case management and service planning, crisis intervention, support groups, parent training, Post Adoption counseling, day treatment services, therapeutic or specialized camps, intermittent alternate care (respite), and residential treatment services in critical need situations. Availability of services is dependent on funding and the individual child and family situation.

## **Division X Supplemental Funding from the Supporting Foster Youth and Families Through the Pandemic Act**

DFPS was awarded \$8,319,214.00 in emergency supplemental funding to support the activities allowable under the Mary Lee Allen Promoting Safe and Stable Families Program (PSSF). In an effort to advance community-based family support (including adoptive, foster, and extended families), family preservation, family reunification, and adoption and promotion and support services the department has contracted with the Texas Center for Child and Family Studies to distribute the supplemental funding to organizations that provide the allowable services. Specifically, the Center has been a hub for communicating this opportunity with eligible organizations, soliciting requests for funding, and reviewing those requests. Through a formal application and scoring process, the Center disbursed funds to 46 community-based child welfare provider agencies that serve a broad cross-section of clients ranging from children to young adults, families with open Child Protective Services cases, those experiencing homelessness, victims of abuse and neglect, survivors of human trafficking, survivors of domestic violence, and foster and adoptive families. Of the funding awarded across all providers to date, 37% has gone to community-based family support programs and services, 24% has gone towards adoption promotion and support services, 19% has done towards family reunification services, and 17% has done towards family preservation services.

Child Protective Services has used some of the emergency supplemental funds to support additional concrete needs of kinship caregivers who are caring for children in the conservatorship of the Department.

## **F. Service Decision-Making process for Family Support Services**

- *Provide an update on the agencies and organizations selected for funding to provide family support services and how these agencies meet the requirement that family support services be community-based. CB urges states to examine where family support services are located in communities and the degree to which they are or could be made more accessible to traditionally underserved populations.*

The Texas Department of Family and Protective Services (DFPS) contracts with a variety of vendors. Current procurement opportunities are posted on:

- The Health and Human Services Open Enrollment Opportunities page at: <https://apps.hhs.texas.gov/pcs/openenrollment.cfm>
- The Electronic State Business Daily (ESBD) page at: <http://www.txsmartbuy.com/sp>

### **PEI - Division of Prevention and Early Intervention**

The DFPS Division of Prevention and Early Intervention (PEI) is the only unit of Texas state government that is statutorily charged with preventing child maltreatment and juvenile delinquency and required by rule to administer programs that achieve those goals. As per Section 265.002, Texas Family Code, the division will plan, develop, and administer a comprehensive and unified system of prevention and early intervention services for at-risk children and their families. By Rule 704.3, Title 40, Texas Administrative Code, PEI shall administer programs intended to proactively create conditions and/or personal attributes that promote the well-being of people, in order to prevent child abuse and neglect. Among the critical services PEI provides are family support services. All PEI services are delivered by nonprofit organizations, school districts, local governments and other community-based organizations.

To develop and administer the system described above, PEI utilizes a competitive procurement process to establish grants with community-based organizations. PEI works with the Procurement and Contracting Services of Health and Human Services to develop a request for application specifying the child abuse and neglect prevention services, including family support, that PEI seeks to implement statewide or in certain regions. Procurement documents contain the schedule applicants must follow in submitting proposals, as well as the elements they must address in their responses in order to receive consideration, such as:

- Need for service
- Eligible population
- Client service requirement
- Service area
- Reports
- Minimum staff and organizational qualifications

Responding community-based organizations must also demonstrate knowledge of human services resources in their area, their ability to network with and refer clients to those resources, and involvement with community stakeholders. Respondents must state the cost to the state for providing services. Proposals are screened to ensure minimum requirements are met and then scored by an evaluation team. One or multiple finalists are determined based on funding available and ability to deliver services for the best value in non-duplicated proposed service area(s). Finally, agency approval is secured, and PEI and Procurement and Contract Services staff negotiate grant details with finalists. Upon successful negotiation of terms, Procurement and Contract Services electronically posts a notice of award and DFPS initiates contract execution

PEI ensures grantees effectively serve clients by monitoring their performance according to output and outcome measures. Outputs involve reaching quantitative goals, e.g., tracking

the number of unduplicated clients served. Outcomes assess whether participation results in client changes. All child abuse and neglect grantees are assessed for the following two client outcomes: ability to strengthen and increase the resiliency of clients (families or youth) and ability to keep children safe by not having any reported cases of child abuse or neglect among clients served during or immediately after receipt of services

### **CPS Direct Services**

Examples of direct services include:

- Evaluation and treatment services
- Substance Use Disorder assessments and treatment (individual, family and group counseling)
- Home study/screenings and assessment reports
- In-state adoption
- Out-of-state adoption
- Supervised visitation services
- Preparation for Adult Living (PAL) services.
- Post-adoption services

### **Support Services**

DFPS enters into Support Services contracts to improve the effectiveness of direct client

services and to support organizations that provide indirect assistance to clients. Examples of support services contracts include contracts with

- Foster parent associations, and eligible councils and organizations who are volunteers.
- Title IV-E county child welfare services.
- Title IV-E county legal services.
- Burial services for deceased children in the managing conservatorship of DFPS.

Policy and protocol for procurement is posted on the agency's public webpage:

[http://intranet/Contract/Handbook/Chapter\\_2/default.asp](http://intranet/Contract/Handbook/Chapter_2/default.asp)

In order to ensure appropriate organizations are selected for funding, DFPS staff comply with specific policy and protocol. Key excerpts from DFPS contracting policy include the following:

following:

DFPS relies on the Procurement and Contracting Services (HHS-PCS) division of Health and Human Services for the procurement of goods and services for our agency. While DFPS provides subject matter expertise for the goods and services it purchases, HHS-PCS provides the subject matter expertise for the procurement process.

DFPS Contracts Legal is an essential stakeholder in procurement planning and development and must be included in this process.

DFPS staff must coordinate with the appropriate internal stakeholders during procurement planning and development which may include:

- program divisions,
- contract divisions,
- contract performance,
- IT, and
- Executive Leadership.

DFPS is responsible for submitting the procurement requisition.

Procurement planning requires timelines to ensure that a contract can be in place by the designated start date. DFPS must consider several factors in order to ensure enough time to plan and develop a procurement including dollar amount, scope, type, and complexity of the procurement.

Depending on the type of procurement, there may be external reviews required, which will need additional time factored into the procurement planning timeline.



Examples of external reviews and coordination that may be required, dependent on type and scope of the procurement, include:

- *Contract Advisory Team (CAT)*, includes members from the Comptroller of Public Accounts, Department of Information Resources, HHSC, Office of the Governor, Texas Facilities Commission, and Department of Public Safety. The CAT reviews and makes recommendations about the procurement documents for contracts with an estimated value of \$5 million or more.
- *Quality Assurance Team (QAT)*, includes members from the Legislative Budget Board (LBB), Department of Information Resources, Comptroller of Public Accounts, and State Auditor's Office. Required for Major Information Resources purchases with an estimated value of \$10 million or more.
- *Department of Information Resources (DIR)*, coordinates and supports the IT and telecommunications needs of the State, which includes procuring and managing statewide cooperative contracts for IT products and services. Reviews of Statements of Work are required for select DIR contract types.

Procurement planning happens in coordination with the key stakeholders in order to ensure that all required elements are included, sufficient time is given to procurement development, and Contracts Legal is consulted throughout the process.

A determination, also referred to as a need's assessment, must be completed to justify the need before DFPS purchases goods or services. Determining the need for a contracted service is done by using a systematic approach to gather and document information about the specific components of the need.

The determination of need should achieve the following results:

- Promote a common understanding of the need to make the purchase.
- Determine the type and level of service required to meet the need.
- Determine how to measure, document, and track performance and quality of service delivery.
- Facilitate prioritization of the funding required to make the purchase.
- Provide a formal review and approval process for committing DFPS resources to a purchase.

The information gathered through the determination of need process is vital for the success of the procurement and the resulting contract(s).

DFPS relies on HHS-PCS for the procurement of goods and services, therefore, having a clearly defined need also serves to inform the HHS-PCS purchaser of the need in order for them to best support and coordinate the procurement.

DFPS staff responsible for entering the procurement requisition into CAPPs FIN 9.2 will be required to include the information gathered through the determination of need process.

## **Determination of Need Considerations**

Services that DFPS purchases may be legislatively mandated. If applicable, the mandate must be noted in the determination of need documentation.

DFPS staff responsible for the determination of need should consider the following in their documentation:

- Type, intensity, and frequency of the need
- Potential benefit to the eligible population
- Accessibility of appropriate resources to meet the need, including cost, location, and eligibility conditions
- Other available goods or services that have already been purchased that may meet need
- Appropriateness of DFPS being the primary purchaser of the service, rather than other community resources providing it
- Collaboration and communication with internal and external stakeholders
- Identification of preliminary funding resources
- Legal issues associated with the purchase

DFPS staff may access the following potential data resources available when documenting the determination of need:

- Objective data: For example, DFPS management and service data, census reports, professional literature.
- Statistical data: For example, management reporting and statistic data, IMPACT data, and data from special projects and surveys and research findings of other agencies and organizations.
- Subjective data: For example, information obtained from clients and persons working in the service area (both inside and outside the agency).

## **Best Value Considerations**

DFPS must comply with best value standards when making a decision to contract for goods or services. Evaluation, determination and documentation requirements for best value differ based on the procurement method.

DFPS staff is responsible for working with HHS-PCS, Legal, program and contract divisions in documenting requirements regarding the determination of need and best value factors.

Factors used to determine best value may vary depending on the procurement method. For competitive procurements these factors must be included in the solicitation. In addition to

purchase price and whether the goods or services meet the specifications of the solicitation, other relevant factors to consider include, but are not limited to:

- Installation costs

- Total life cycle costs
- Quality and reliability of the goods and services
- Delivery terms
- Vendors past performance, experience, ability to perform, and financial resources
- Cost of employee training associated with the purchase
- Effect of the purchase on DFPS productivity
- Vendor's anticipated economic impact to the state (i.e. potential tax revenue and employment)

## **G. Populations at Greatest Risk of Maltreatment**

- *Provide an update noting any changes or emerging trends in the populations the state has identified as at greatest risk of maltreatment and how services will be targeted to these populations during the coming year.*

DFPS utilizes a suite of assessment tools during investigation and ongoing services to assess the risk and safety of children. The 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. Child Safety Specialists may also consult on high-risk cases in Investigation and Alternative Response to ensure child safety.
- In FY 2022, PEI published a five-year strategic plan shaped by input from hundreds of community stakeholders, researchers, advocates and staff. The strategic plan further reflects DFPS's shift from primarily investigation-based efforts aimed at protecting children to including a public health approach aimed at strengthening families. The plan includes seven high-level goals with strategies, actions and measures of success for each. Utilizing tools such as community needs assessments, evaluation data and evidence-based practices validated across the country, PEI will ensure that funding and other resources go to the communities and populations that need them most and are spent for services that will make a difference; this strategy will ensure the highest level of impact for areas of highest need.
- 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 FY2020, procurements and services for the HOPES program,

fatherhood engagement, and services for high-risk parenting were launched with services tailored to meet the specific needs in each community. PEI coordinated four community grant opportunities in FY21 including procurements for the Texas Nurse Family Partnership (TNFP), Community Youth Development (CYD), and Healthy Outcomes through Prevention and Early Support (HOPES) programs. PEI is also piloting the use of Family Resource Centers with existing HOPES and Family and Youth Success Program (FAYS) providers. In FY22, PEI completed procurements for the Texas Home Visiting (THV) program and Statewide Youth Services Network (SYSN) to expand services for both early childhood home visiting programs and youth-serving programs across Texas. In FY22, a new procurement was published to execute updated grants in FY23 for the Family and Youth Success Program (FAYS formerly STAR) program that will help provide services in all 254 counties in Texas. PEI continues to offer an array of services through these various programs to help support high risk families. This includes serving specialized populations such as families with children 0-5, fathers, military-connected families, those with prior child welfare involvement, youth, and youth that are pregnant or parenting.

- The 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 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 September 2021, updated the community maltreatment risk maps were released to help more effectively allocate resources and provide support to communities with the highest need to help families before they are in crisis.
- Project HIP (Helping through Intervention and Prevention) provides home-visiting services to a narrow set of high-risk families who have a newborn and have prior CPS history, or when a youth in DFPS conservatorship is pregnant or parenting.

During 2020-2024 DFPS plans to continue to provide ongoing services to these targeted populations at risk of maltreatment and continue to work upstream to support children and families in their community through partnership with other state agencies, local service providers, and community-based supports. With overall outcomes based on the prevention of child maltreatment and strengthening of family resiliency, these collaborations are designed to address the needs of parents while also ensuring the growth and support needed for each child in the family.

## H. Kinship Navigator Funding

- *How the state has used FY 2021 funds;*
- *How kinship caregivers are made aware of kinship navigator programs and resources (e.g., through a kinship navigator hotline and/or resource website); and*
- *The accomplishments achieved with use of the funds appropriated in fiscal FYs 2018 – 2021 to develop, enhance, expand or evaluate kinship navigator programs in the state, including, if available, any estimate of families served in the previous year.*

Since receiving the kinship navigator grant funding in September 2018, DFPS has used a portion of the 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.

With the information obtained from research, in FY 2018 and FY2019, DFPS partnered with Texas Health and Human Services 2-1-1 to enhance the support that 2-1-1 provides kinship caregivers. Funding was used to strengthen the 2-1-1 infrastructure (equipment and security) that allows for continued service to kinship related calls. Additionally, training was procured and developed for roughly 250 call specialists who are responsible for handling inquires that come into the call center to enhance cultural competency of call specialists' serving kinship caregivers.

In FY 2022, DFPS continued to partner with Texas Health and Human Services to enhance the 2-1-1 system to better support kinship caregivers. A portion of the Kinship Navigator funds has been used for 2-1-1 to complete a customized needs assessment and data analysis on kinship care callers to 2-1-1 and develop a custom contact form for 2-1-1 kinship care callers. The specialized kinship contact form was built to capture additional data elements based on DFPS research and programmatic needs to foster the development of expanded navigation systems for kinship care callers. The data was analyzed and included in a report developed to assist DFPS in assessing kinship caregiver needs across the state.

The DFPS Prevention and Early Intervention Division used a portion of the Kinship Navigator funds to award four kinship navigator planning grants to conduct 12 months of planning activity including assessing and planning for implementation of a holistic kinship navigator program (KNP) including service components to help prepare for implementation and evaluation of a KNP. This planning includes ongoing state level planning activities around the capacity, infrastructure, resources and supports needed to successfully expand services to kinship caregivers throughout the state. This portion of the grant funding was renewed for FY 2022, and the PEI planning project is ongoing. At this time the four grantees are in the process of developing limited scope kinship navigators in four separate geographical areas of Texas and are working toward

implementation of these programs.

A portion of the Kinship Navigator grant funds was used to evaluate the Harris County Protective Services Family Navigation Program. The family navigators are staff members who have lived experiences interacting with DFPS and other parts of the child welfare system. In addition, the program allows kinship families to access trauma-informed psychiatric and mental health therapies through its integrated healthcare services and mental health therapy programs. An evaluation of the Kinship Family Navigator Program Outcome Evaluation Report was completed early in FY 2022. The program did see successes in reducing both the stress and health needs of caregivers (as this program's primary intention was to meet the needs/stabilization of the caregiver), limited post-program surveys and data made it difficult to assess its effects on children and youth returning to care post-Kinship Family Navigation Program involvement. The assessment did yield positive results regarding connecting kinship caregivers to both concrete goods (such as help with decision-making, emotional support, diapers, clothing, furniture and gift cards) and service referrals (such as childcare, medical/mental health care and public benefits). Its evaluation information will inform DFPS' plan for potential future use of a Kinship Navigator Program in Texas. Specific to the needs of such a program in the Houston area (Harris County), the report included recommendations for future inclusion in FFPSA Kinship Navigator Programs. Like many other assessments, the COVID-19 pandemic did have an impact on this evaluation, as most caregiver contact was limited to virtual, offering its own limitations and hinderances.

Beginning September 1, 2021, a portion of the Kinship Navigator Grant funding has been used by DFPS and Community Based Care agencies which have reached Stage II for direct kinship caregiver support. These funds have been utilized to assist current kinship caregivers engaged in the DFPS process who are pursuing verification as a foster or adoptive home, who needed assistance with the expenditures required for the verification process. Additionally, these funds have been utilized for the expansion of concrete services to kinship caregivers, providing an increase in the maximum annual assistance for basic needs assistance from \$200 per annum to up to \$1000 dollars in order to better support kinship caregivers.

## I. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

Describe:

- *How the Monthly Caseworker Visit Grant has been used in the past year to improve the quality of caseworker visits; and*
- *Continued action steps to ensure that statutory performance standards are met. If the state has missed previous performance standards, describe the reasons the state's performance has fallen short and the steps the agency will take to ensure compliance.*
- *As applicable, information on policies, procedures, or training to support quality virtual caseworker visits to ensure children and youth's privacy and safety when in-person visits are not able to be safely conducted.*
- *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.*
- *At least 50 percent of the total number of monthly visits made by caseworkers to children in foster care during a fiscal year must occur in the child's residence.*

See [ACYF-CB-PI-12-01](#) for more information on monthly caseworker visit performance standards and data requirements.

### 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 Information Management Protecting Adults and Children in Texas (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 should:

- 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 their siblings are together.

During the visit with the child, the child's worker must address and assess safety, permanency, and well-being. This may include asking about and discussing 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 they are 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 their service plan; and
- Youth's opinion of their plans for transitioning to a successful adulthood, 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 they feel about the situation and what needs the child may have. The worker also must help the child prepare for being reunited with their 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 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.

For FY 2021, caseworker face-to-face contact with children was 98.8% with the majority of those visits occurring in the child's residence being at 91.9%. For FY 2022, as of March 2022, caseworker face-to-face contact with children is at 98.7% with the majority of those visits occurring in the child's residence being at 92.5%.

In March 2020, with the declaration of state and federal emergency circumstances related to COVID-19, DFPS implemented the use of "virtual visits" to protect public health for several months. Specific data about visitation during the health emergency is not available at the time of this submission. In June 2020 and updated in October 2020, DFPS issued guidance to CPS staff on face-to-face in-person and virtual visits. These communications focused on maintaining public health while also ensuring safety of children in DFPS conservatorship. The guidance outlined screening questions for symptoms, what to do when a child tested positive for COVID-19, and when to conduct a virtual vs. in-person face-to-face visit. It also reiterated that face-to-face visits must continue to be in line with policy requirements, which remain at a minimum of one face-to-face visit per month. Additionally, this guidance specified that there are no exceptions to face-to-face in-person visits when there is any concern regarding the safety of the child or when an operation (both child placing agencies and general residential operations) is on Heightened Monitoring. Directions for other situations, such as routine medical exams and assessments, Family Group Decision Making conferences, and Preparation for Adult Living (PAL) services was also a part of this guidance to staff.

**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 2019 and ongoing in FY 2020, DFPS has provided an Engagement video series for caseworkers. These videos provided guidance on the best ways to build engagement with children, youth and families. A Father's Video series and tip sheet for engaging father's was also provided to assist caseworkers in working with and engaging fathers and their children. During COVID-19, DFPS has not been able to hold conferences or in person meetings, however DFPS plans to resume in person staff meetings in FY 2022 and plans to continue to have conferences yearly with leadership and staff that focus on engagement and quality visits with children and families. 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.

DFPS has issued policy and practice guidance to conservatorship staff in the form of

multiple Meetings-in-a-Box to address face-to-face visits for children in DFPS conservatorship. DFPS has also broadcasted email guidance several times over the course of the pandemic to specifically address face-to-face visits, sibling visits, and parent-child visitation, with targeted information to keep safety and public health at the forefront. This guidance was also designed to address the worries and concerns of staff, children, and parents as they resumed face-to-face visitation in those circumstances where they had converted to virtual visitation. The DFPS Medical Director created two video messages – one for staff and another for parents – that aided in the transition back to face-to-face visitation.

In-person visits have resumed statewide as of May 2020 except in limited circumstances, such as children with primary medical needs. Concerns regarding known symptoms or infections continue to be monitored. Surveys are routinely monitored and if positivity reaches a certain threshold in a facility, visits revert back to virtual until positivity rates decline.

## J. Adoption and Legal Guardianship Payments

*Describe:*

- *How Adoption and Legal Guardianship Incentive Payment funds received by the state have been used in the past year and the services the state expects to provide to children and families using the Adoption and Legal Guardianship Incentive funds in FY 2023.*
- *Any changes, issues, or challenges the state has encountered to the plan outlined in the 2020-2024 CFSP and subsequent APSRs for timely expenditure of the funds within the 36-month expenditure period*

The FFY 2020 Adoption and Legal Guardianship Incentive Payment grant 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 plans to utilize FFY 2021 funds during SFY 2023 as a portion of the funding for Child Protective Services (CPS) Other Purchased Services. Should the grant award increase and as needs are identified, DFPS may also utilize funding for Purchased Adoption Services, and CPS Direct Delivery Staff activities.

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. 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.

DFPS has had no difficulties expending these funds in a timely manner previously and does not foresee any future changes, issues or challenges.

## **K. Adoption Savings Expenditures**

- *Provide an update to the services the state provided to children and families using the Adoption Savings since the submission of the 2022 APSR.*
- *If needed, provide an update to the services the state expects to provide to children and families using the Adoption Savings over the next year.*
- *Provide an estimated timetable for spending unused savings calculated for previous years.*
- *Discuss any challenges in accessing and spending the funds.*

The state expects to use Adoption Savings on Protective Day Care, Post Adoption Client Services, Post-Permanency Purchased Service, Domestic Violence Services, Client Services for Family Preservation, Foster Care Assistance Payments, Adoption Assistance Payments, Guardianship Assistance Services, and Prevention and Early Intervention Services such as Family and Youth Success Program (FAYS) and CYD (Community Youth Development).

Based on appropriated funds the agency historically spent anywhere from 40% to 75% of the savings earned each year including unused savings from previous years. Any challenges our Agency has are attributable to the non-supplementation requirement as our appropriations grow each Fiscal Year. This can be compounded as the savings continue to increase as the eligible population expands. DFPS has been unable to spend accumulated savings for the past two years due to how the agency was appropriated funds in conjunction with the non-supplantation requirement. The agency anticipates further challenges in spending the savings in the current year due to similar issues.

## L. Family First Prevention Services Act Transition Grants

*Report the following information on the use of FFPSA Transition Grants:*

- *If applicable, how FFPSA Transition Grant funds have been used to implement each part of FFPSA, with a separate statement with respect to each such part;*
- *All programs, services, and operational costs for which the grant has been used;*
- *The characteristics of the families and children served;*

*If the state has not yet used any funds, please provide information on the planned use of funds.*

In September 2020, DFPS released the agency's Family First Prevention Services Act (FFPSA) Strategic Plan. This plan included several options for the 87<sup>th</sup> Texas Legislature, which convened in January 2021, to consider how to best move forward with FFPSA implementation in the state. All of these options meet the intent of the FFTA Transition Grant funds. Upon conclusion of the 87<sup>th</sup> Legislature, the Department of Family and Protective Services anticipates having legislative direction on which options from the Strategic Plan it will implement using the FFTA funding.

Additionally, as a part of the Strategic Plan and using a part of the state's FFTA Transition Grant, DFPS outlined a high-level implementation plan for a Qualified Residential Treatment Program pilot, as well as changes that would be needed to the state's case management system, in order to support the funding components inherent in FFPSA by the end of September 2021.

FFPSA Transition Grant funds are being utilized to implement the following parts of FFPSA:

- Section 50722 of FFPSA: Foster Care Prevention Services and Programs. DFPS and the Office of Community Based Care Transition Services began an effort to pilot evidence-based interventions as determined through the Family First Prevention Services Act Clearinghouse in areas of the state where Community-based Care is underway. These services will be obtained through the Single Source Continuum Contracts and will serve families through the Child Protective Services Family Based Safety Services program. FFTA funds will be used to support the purchase of services as well as dedicated staff positions to support implementation and oversight efforts.

To expand Nurse Family Partnership (NFP) capacity as allowed by FFPSA, DFPS' Prevention and Early Intervention (PEI) division is in the process of finalizing contract updates to incorporate additional funds into four existing NFP contracts to serve pregnant and parenting youth in foster care. In addition, PEI is working to add



mental health consultation services to the contract with the NFP National Service Office (NSO) to better support NFP sites providing services to pregnant and parenting youth in foster care. program to expand.

FFTA funds are also being used to purchase consultative services from Texas A&M University to analyze and provide recommended financial model implementation options for purchasing Family Based Safety Services as a part of Community-based Care.

DFPS is in the process of designing a pilot to establish additional room and board payments for children in conservatorship who are living with their mothers while the parent receives inpatient substance use treatment.

- Section 50741 of FFPSA: Limitation on Federal Financial Participation for Placements that are not in Foster Family Homes.

DFPS began an Information Technology project in October 2020 to make enhancements to the Statewide Automated Child Welfare Information System necessary to ensure foster care maintenance payments for children in congregate care placements are paid in accordance with FFPSA Title IV-E claiming rules. These Information Technology changes went live on September 29, 2021.

- Section 50742 of FFPSA: Assessment and Documentation of the Need for Placement in a Qualified Residential Treatment Program (QRTP).

CPS has four dedicated positions to support the development of the Texas-specific QRTP model.

Two QRTP Program Specialists were hired in March 2021 and have been working on development and procurement documents, program model, communication, training needs and workgroups necessary to create and implement the QRTP pilot. These subject matter experts have worked to ensure all requirements for QRTP under FFPSA are met. Two additional positions have been provided to support placement and eligibility activities. These positions are set to be hired, trained and ready to serve the first youth by the end of June 2022. The positions will be responsible for drafting policy, best practice guides and placement and court forms to support this program. The positions will also provide technical assistance to staff, providers and other stakeholders to support the implementation of the QRTP pilot.

Simultaneously the agency is developing a QRTP pilot procurement in conjunction with the Texas Health and Human Services Commission. DFPS anticipates the QRTP pilot will begin June 2022. FFTA Transition Grants funding was used to support the staff positions to serve as the subject matter experts on the Texas QRTP model, as well as direct the implementation of the pilot. These four staff positions are responsible for:

- Coordinating development and implementation with internal and external stakeholders;
- Guiding the development of the service delivery model that is compliant with FFPSA, and meets the needs of the children in DFPS conservatorship; and
- Providing guidance on establishing state policies and procedures required to implement the program.

The Texas QRTP pilot model and implementation development has included workgroups with The Texas Children's Commission, Texas Alliance for Children and Family Services, residential providers, other legal stakeholders, Youth for Tomorrow, DFPS program and field staff, DFPS Contracts, DFPS Finance, CLOE training, Information Technology and Data Analysis and Support.

DFPS released the procurement on April 1, 2022. Trainings will be conducted throughout May and June 2022. Resource Guide documents, QRTP forms and processes have been updated and the pilot is currently on track to serve the first youth by the end of June 2022.

DFPS will utilize FFTA funds for the pilot.



## **TEXAS**

**Department of Family  
and Protective Services**

### **The State of Texas**

## **2023 Annual Progress & Services Report**

### **Section VII. Chafee and ETV**

- A. Chafee Foster Care Independence Program (CFCIP)**
- B. Education and Training Vouchers Program (ETV)**

**Texas Department of Family and Protective Services  
ACYF-CB-PI-22-01**

## **VII. Chafee and ETV**

### **A. Foster Care Independence Program (CFCIP)**

- *Provide an update on the state's activities to collaborate with and solicit feedback from diverse groups of youth and young adults about their service needs and desired outcomes for the Chafee programs (both on the individual and system level). Include information learned from Youth Advisory Boards, town halls, virtual forums, and other state activities. Provide an overview of how the information collected was used to inform service delivery and how the agency has provided feedback to participating youth/ young adults on the impact of their input.*
- *Briefly describe the services provided since the submission of the 2022 APSR, highlighting any changes or additions in services or program design for FY 2023 and how the services assisted or will assist in achieving program goals. Indicate how these activities have been integrated into the state's continuum of services and align with the state's vision.*
- *Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.*
  - *Provide information on how the agency used the additional funding provided by Division X during FY 2021, when the additional flexibilities were in place (e.g., the ability to serve youth up to age 27 and the ability to exceed the limitation on the percentage of funds that may be used for room and board).*
  - *Describe how the state has used and/or plans to use the remainder of the funding in FY 2022. (Funds must be obligated by September 30, 2022.)*
  - *Describe accomplishments to date in using this supplemental funding to assist young people, including available quantitative information on the numbers of youth/ young adults assisted, the amount of funding provided for direct assistance to young people, and available information on the characteristics and demographics of youth assisted.*
  - *Provide information on the strategies the agency is using or used to engage youth/young adults and how those strategies will be incorporated for use in the future to meaningfully engage young people. Include information on any efforts to hire or contract with youth/young adults with lived expertise to support outreach and engagement efforts.*
  - *Describe any challenges or barriers the state has experienced in being able to use the additional Chafee funds.*
- *Provide an update on the state's actions and plans to strengthen the collection of high- quality data through NYTD and integrate these efforts into the state's quality assurance system.*
- *Provide an update on how the state involves the public and private sectors in helping youth in foster care achieve independence.*

- *Provide information on the services to support LGBTQI+ youth/young adults. Include information on appropriate activities and activities specific to the needs of individual youth in care, such as LGBTQI+ youth. Include information on partnerships with community organizations or resources to support resources to LGBTQI+ youth and young adults.*
- *Provide an update on coordinating services with “other federal and state programs for youth (especially transitional living programs funded under Part B of Title III of the Juvenile Justice and Delinquency Prevention Act of 1974), abstinence education programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies.”*
  - *Provide information on the actions taken to address the housing needs of young adults in transition from foster care. Describe how the state utilized the funds from Division X and the flexibility in using Chafee for “room and board” to support the housing needs of young adults and any lessons learned or new practices adopted as a result. Outline the federal, state, local, and public/private resources utilized to support a range of safe, affordable, and age-appropriate housing options for young people.*
- *As part of the update on the coordination of Chafee services with other federal and state programs, provide information on the state’s efforts to support and facilitate the coordination of child welfare agencies and Public Housing Authorities (PHAs) to utilize FYI vouchers, including any relevant data. Identify any barriers or challenges in working with the PHA to utilize FYI vouchers in their state.*
  - *Provide an update on how the state is supporting and reaching out to youth and young adults in or formerly in foster care to promote wellness and proactively address mental health needs.*
  - *Provide information on the title IV-B/IV-E agency’s efforts to coordinate with the state’s Medicaid agency to support the state’s implementation of requirements to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023.*
  - *Discuss efforts to provide former foster youth in your state with information and resources to support their enrollment in Medicaid in the case that they move to another state. This could include providing youth and supportive adults they identify with access to documentation, websites, contact information or other resources to facilitate enrollment.*

DFPS provides Chafee Foster Care Independence and state-paid program services and

benefits on a statewide basis through its Transitional Living Services Program, which incorporates Preparation for Adult Living (PAL), Education and Training Vouchers (ETV), and other related services in support of young people starting at age 14 for some youth up to 22 years of age, and in some cases 23, who are currently or formerly in foster care, or transitioning out of care to a successful adulthood. In addition, a life skills assessment is provided to youth in the Permanent Managing Conservatorship at age 14 years. Other services are provided as funding or resources are available to youth 14 and 15 years of age.

Transitional Living Services are provided on a statewide basis by DFPS staff, contracted service providers, or through available community resources such as Transition Centers across Texas. Each DFPS region offers various Transitional Living Services and events to youth and young adults. This plan addresses the eight broad program purposes of the Chafee Foster Care Independence Program. With the passage of the Family First Prevention Services Act (FFPSA), P.L. 115-123, DFPS is in the process of expanding the eligibility age for ETV services from 23 to 25. Currently due to the passage of the Supporting Foster Youth and Families through the Pandemic Act, P.L.116-260, the age of eligibility was extended to 27 through September 2021, after which the eligibility age will change to 25 through September 30, 2022 as funds are available. In addition to the age expansion, the pandemic relief bill also extends the maximum allowed award per academic school year from \$5,000 to \$12,000 through September 30, 2022.

DFPS uses objective criteria to determine eligibility for benefits and services which includes information such as age, legal status, the completion of training for the transitional living allowance, funding availability, and available resources. In addition, DFPS considers the individual needs of youth to ensure fair and equitable treatment. For example, all youth and young adults who meet the eligibility criteria for the Education and Training Voucher are awarded up to \$5,000 per academic school year based on the institution of higher education's cost of attendance the student attends.

DFPS uses data available on a national and state level to determine service needs as part of continuous quality improvement efforts. Data that is captured in the DFPS data system such as for the National Youth in Transition Database (NYTD) collection is used to make this determination. Through this DFPS tracks outcomes in various important areas. There are comparisons drawn to the starting point from previous cohorts. For example, after a comparison of 17-year-old survey responses from Cohort 1 (FY20) to Cohort 1 (FY17) it was determined there was improved starting point in most areas with the exception of experiences of homelessness. As a result, DFPS is working on ways to improve in this area and created a State Office Housing Specialist position to work towards improved housing outcomes. DFPS is working on a Memorandum of Understanding template to provide the regions with assistance on HUD voucher applications. Regions provide information in their annual reports to state office outlining the type of services provided, the number of services provided, accomplishments, challenges, and collaborations. Data from these reports is provided throughout this

Chafee plan. For example, the data for teen conferences and aging-out seminars, in addition to youth evaluation results, are reviewed and discussed by regional staff and state office to determine if services should be modified to ensure youth are receiving the needed services to prepare them for their successful transition to adult living. As a result of feedback and data, the aging-out seminar materials and process are being updated to ensure youth receive more experiential activities and to ensure more youth attend the seminars.

The general objective of the DFPS Transitional Living Services Program is to continue to implement a systemic and integrated approach in transition planning and services affecting youth beginning at age 14 in DFPS conservatorship that improves outcomes for youth and young adults. The program is without regard as to whether the youth is placed with a parent/guardian, was emancipated by a court order while in DFPS conservatorship, aged out of DFPS conservatorship (regardless of whether placed with a parent/guardian at the time they aged-out of care at 18), or is a young adult enrolled in the DFPS extended foster care program or exiting the DFPS extended foster care program. CAPTA funding was used to expand the Transitional Living Services team in 2021 to include a Youth Employment Specialist and Youth Housing Specialist. These positions are charged with implementing programs and community partnerships that improve employment and housing outcomes for youth and young adults formerly in foster care.

The Transitional Living Services Program is comprehensive and includes:

- Experiential Life Skills Training
- Planning for a Successful Adulthood and Circles of Support
- Permanency Planning for Older Youth
- Provision of personal documents for Youth before ages 16 and 18
- Youth Transition Portfolio
- Credit Reports for youth
- Driver license and state identification card fee waivers
- Community Engagement and collaborations
- Youth Engagement and Youth Leadership Councils
- Employment Services for Youth and Young Adults with Special Needs
- Preparation for Adult Living Program
- Aging-Out Seminars at age 17
- Transition and financial Support Services for young adults aged out of care until age 21

- Data collection for the National Youth in Transition Database
- Annual Higher Education Data Report of Foster Care Students
- Tuition and fee waivers
- Education and Training Voucher Program
- DFPS Scholarships
- Transition centers
- Collaborations with Colleges and Universities
- Partnerships with local Workforce Boards and Workforce Centers
- Extended Foster Care Program
- Supervised Independent Living Placement Options for Extended Foster Care
- Trial Independence Period and return capability for Extended Foster Care
- Former Foster Care Children Program (Medicaid Coverage) for Young Adults ages 18 through 25
- Information about temporary housing assistance between academic terms
- Youth Take Flight Instagram page

Four principles guide the DFPS Transitional Living Services Programs:

- Engage young people in all aspects of the work;
  - Engage the community - to build and strengthen community partnerships;
  - Collaborate to improve systems, programs and services; and
  - Collect and evaluate data, document what works and communicate the results.
1. **Support all youth who have experienced foster care at age 14 or older in their transition to adulthood through transitional services such as assistance in obtaining a high school diploma and post-secondary education, career exploration, vocational training, job placement and retention, training and opportunities to practice daily living skills (such as financial literacy training and driving instruction), substance abuse prevention, and preventative health activities (including smoking avoidance, nutrition education, and pregnancy prevention).**

### **Opportunities to Practice Daily Living Skills**

Foster parents and other providers are required to include training in daily living skills through practical activities such as meal preparation, nutrition education and cooking, use



of public transportation when appropriate, financial literacy training to include money management, credit history, preparing a monthly budget, and balancing a bank account, learning about insurance, the process to register to vote, performing basic household tasks, and other areas developmentally appropriate for youth age 14 and older. If the youth has a source of income, the provider must assist the youth in establishing a savings account. Foster parents and caregivers must connect youth and young adults to community resources such as post-secondary education; employment opportunities; and vocational/technical school opportunities. The youth's opportunities to practice daily living skills while in foster care and the receipt of PAL services should complement one another and are discussed and addressed in each core life skill area within the youth's Child's Plan of Service. Foster parents receive training on normalcy from their Child Placing Agency to understand their role in allowing youth to participate in normalcy activities, such as going on outings with friends, going on dates, taking a driver's education course, participating in extracurricular activities, etc. Updates have been made to the Residential Requirements Guide to strengthen the experiential life skills requirement and normalcy activity language and includes an updated link to the DFPS website of recently updated resources to aid foster care providers with access to web-based information about life skills and normalcy activities.

### **Planning for a Successful Adulthood and Circles of Support**

DFPS uses a personalized transition planning process that builds on a youth's strengths, assessments, supports, and current service planning needs. The Child's Plan of Service is used to identify what supports or services are needed to accomplish goals for transitioning to a successful adulthood. It includes any "caring adults" who make up the youth's support system, which can include family. The Child's Plan of Service addresses housing, Medicaid/insurance coverage, employment, education (secondary and post-secondary), mentoring opportunities, continuing support services, workforce supports and employment services as well as addresses immigration/citizenship needs, personal identification documents, and normalcy activities.

The transition plan is part of the Child's Plan of Service and helps to ensure all youth are receiving the services they need to meet their unique needs. The Circle of Support and Child's Plan of Service include dedicated sections on the youth's hopes and dreams, strengths, talents and abilities, fears, and concerns, educational, housing and employment goals, finances, physical and mental health including medications, and emotional well-being. Planning for the youth's transition to a successful adulthood – regardless of permanency plan – begins at age 14, with more detailed sections used starting at age 16.

The Child's Plan of Service is a living document where progress is tracked as needed and at regular intervals and over time by the youth, the caregiver, the youth's caring and supportive adults including family, professionals such as the youth's attorney or volunteer advocate, and DFPS. All students receiving special education services in public schools

begin transition planning at age 14, as directed by state and federal laws. DFPS, school staff, and the student may collaborate in developing the student's unique transition plan. Sections of the Child's Plan of Service address special needs for youth with intellectual and developmental disabilities or immigration needs, and ensure all youth leave care with important personal documents they need, such as a certified or original birth certificate, Social Security card, and state/personal identification cards. The Child's Plan of Service information is accessible to the youth and those caring/supportive adults the youth chooses. It also includes normalcy activities that the youth is currently participating in as well as any activities the youth would like to be involved in. There are no restrictions to a youth participating in particular normalcy activities unless they are specifically excluded and documented in the Child's Plan of Service.

Circles of Support are youth-driven/focused meetings based on the Family Group Decision Making philosophy and are offered to youth beginning at 16 though a Circle of Support and can be held as early as 14, when needed. They enable youth to develop or update a plan for moving from care to successful adulthood regardless of permanency plan and connecting with supportive and caring adults who can help the youth after the youth leaves care.

Circles of Support operate in all regions in the state and are facilitated meetings with participants that youth identify as "caring adults" who make up their support system and professionals with subject matter expertise (for example, a developmental disability specialist for a youth with an intellectual or developmental disability). Circle of Support participants can be the youth's family members including family of origin, substitute care providers, teachers, relatives, church members, mentors, and others. These participants come together to develop and review the youth's specific plans for transitioning to a successful adulthood and other relevant sections of the Child's Plan of Service, including all Preparation for Adult Living life skills training components.

Each caring adult participant identifies a personal way to help support the youth's transition to successful adulthood and the youth's efforts to attain short-term and long-term goals toward self-sufficiency. The caring adult signs the Child's Plan of Service to seal the agreement. If a youth declines to participate in a Circle of Support or the Circle of Support cannot be convened, plans for transitioning to successful adulthood are reviewed at a regularly scheduled review meeting of the Child's Plan of Service. A Circle of Support is the preferred method for developing and reviewing the youth's plans for youth who are age 16 and older.

DFPS uses data to track what percentage of eligible youth have participated in a Circle of Support and gathers information to determine capacity for holding Circles of Support. This information is used to determine if adjustments need to be made to ensure that DFPS is providing Circles of Support to as many eligible youths as possible.

### **Permanency Planning for Older Youth**

For youth 14 years and older in DFPS conservatorship or in voluntary extended foster care,

DFPS uses Circles of Support for permanency planning whenever possible. This allows the youth to be an active participant in their permanency planning and aids in the preparation of the youth when they transition from care. To strengthen achieving permanency for this population, all permanency planning meetings include discussing permanency options that could be explored prior to the youth turning age 18. Youth identify current connections to caring adults and any potential family or kinship relationships that they would like to explore for placement and permanency, including relational permanency – for when a caring adult will support the youth after they turn 18 but cannot be a placement option. In FFY 2020, the National Youth in Transition Database results from youth who took the survey at age 17 a reflected 94.56% reported having a current connection to an adult.

The Child's Plan of Service includes exploration of barriers to permanency and all possible permanency options. The DFPS goal is to achieve positive permanency for all youth in conservatorship, regardless of age. To achieve permanency, Case Planning and Concurrent Permanency Goals tools are used to identify the appropriate permanency goal for a youth and determine a course of action to achieve permanency.

Assessments of youth address specific behavioral, emotional, cultural, therapeutic, educational, physical, or medical issues/conditions that have been identified and would help clarify current needs, identify a plan of treatment, or rule out the need for further services. In some cases, a psychological or psychiatric evaluation might be required for a placement or might be requested by the courts. Beginning with youth removed on or after September 2016, all youth have a CANS assessment conducted upon entering DFPS foster care and at least annually thereafter.

### **Personal Documents for Youth Before Ages 16 and 18**

Before a youth turns 16 and again before the youth exits care at 18 or older (unless the young adult already has the document), youth must be provided copies and originals (or certified copies in place of the original) of certain personal documents to assist them in gaining employment, enrolling in school, leasing an apartment, opening a bank account, setting up utility services, getting a driver's license and accessing other resources.

A youth in DFPS conservatorship on or before the date the youth turns age 16 must be provided with a photocopy and original document (or certified copy in place of the original) of the youth's:

- Birth certificate;
- Social Security card or replacement Social Security card, as appropriate; and
- Personal identification card issued by the Texas Department of Public Safety (DPS).

A youth who is discharged from DFPS foster care and is age 18 or legally emancipated will receive a photocopy and original/certified personal documents (if not already provided)

and other information. These include:

- A birth certificate;
- A Social Security card or a replacement Social Security card;
- A personal state identification card issued by DPS;
- Immunization records;
- Information contained in the youth's Health Passport;
- Medicaid card or other proof of the youth's enrollment in Medicaid or an insurance card from a health plan that provides health coverage to youth in foster care;
- Medical Power of Attorney Information-Forms 2559 A and B
- "Almost 18" Letter; and
- Youth Transition Portfolio

DFPS is in process of updating policy to ensure that before a youth leaves foster care, each youth who is 14 years of age or older has an email address through which the youth may receive encrypted copies of personal documents and records. Also required, the caseworker will assist the youth with developing a plan for keeping the documents in a safe place and providing information to the youth about the documents they are required to receive before the date the youth transitions from foster care.

### **Youth Transition Portfolio**

As part of a youth's transition to adulthood at age 18, DFPS ensures that the youth is provided with a Youth Transition Portfolio at least 90 days before the youth turns 18. The Youth Transition Portfolio includes personal documents, education records, credit reports, Health Passport records, an updated version of the youth's transition plan (child's plan of service) document, and other information.

Former youth that lose or misplace their personal identification documents can request copies of these documents, which are stored in a separate section from the case records for easy accessibility by the Records Management Group. Caseworkers send personal documents through a separate system to be stored and made available to youth at least 30 days before leaving care. Upon request by the young adult, these records will be sent securely through an encrypted email to the young adult's personal email or will be mailed or faxed to them. Instructions are provided to the young adults regarding email server security access to encrypted documents. The Records Management Group developed a form that young adults can submit indicating which personal documents they are requesting copies of. This information is shared with the Preparation for Adult Living staff,

CPS caseworkers, providers, and other stakeholders.

### **Credit Reports**

Youth 14 to age 18 years are notified by caseworkers that their consumer credit report is run annually until discharged from DFPS care. In September 2021, DFPS compiled personal youth data from the DFPS IMPACT system by each region. This data was later formatted to required specifications and used to request batch files of consumer credit reports from each of the credit reporting agencies. Individual reports may be requested by the caseworker if there is suspicion of fraudulent credit activity, by a court order, or if the youth came into the conservatorship of DFPS at age 17 or older. In addition to ensuring the youth is notified that a credit report has been run, the caseworker is also required to document this information in the case files, explain the credit report, and convey the importance of maintaining good credit and correcting any inaccuracies in the report. Agreements with the three credit reporting agencies allow credit reports to be run for youth who are still in the conservatorship of DFPS. Young adults in extended foster care are provided with instructions, information, and assistance on how to access their own credit reports.

For FY21, DFPS processed credit report files with Equifax, Transunion, and Experian for eight regions regarding 5,095 youth ages 14 up to 18. The batch files processed for all three agencies totaled 15,285 files. There were 365 youth whose files contained credit discrepancies or 7.16% of total files run. Each agency requires specific documents (birth certificate, Social Security card, and custody orders) be submitted for each report with a discrepancy. Providing a report ensures youth are protected from fraudulent and inaccurate information on their credit reports. A consumer credit report exists only if the youth has credit activity, with a credit account opened using the youth's Social Security number. General (soft) inquiries or address changes do not create a credit history.

Youth should understand how to interpret a consumer credit report and the importance of maintaining accurate information in their consumer credit report. Youth who participate in Preparation for Adult Living Life Skills Training classes attend a Financial Management class and learn about credit, its importance, and how to interpret credit reports. CPS continues to seek video training resources for both caseworkers and youth that will easily explain how to read and interpret credit reports. General credit report information is shared on the Youth Take Flight Instagram page.

### **Driver License and Texas Identification Fee Waivers**

Texas Driver license and Texas Identification Card fees are waived for youth in DFPS conservatorship and young adults, 18 up to 21 who reside in a paid foster care placement, as long as there are available funds collected by the Texas Department of Public Safety via donations to cover the costs of the fees. When these funds are not available, DFPS resources are used to pay for the fees, or the caseworker/caregiver/youth can seek funding from local resources, such as child welfare boards.

DFPS and other community stakeholders meet on a regular basis to discuss barriers and solutions to youth obtaining their driver license. Recent legislation requires the Texas Workforce Commission, shall on request, pay for fees and costs from the Department of Public Safety fee exemption account associated with driver education and safety courses and driver license exams for youth currently or formerly in foster care or who are homeless and who meet certain criteria. This program is schedule to start in late summer 2022.

## **Community Engagement**

DFPS Preparation for Adult Living program staff and contractors statewide in each of the regions collaborate with community organizations to help youth make the transition to self- sufficiency. DFPS regions contract or partner with community entities to provide transitional living and Preparation for Adult Living services to youth and young adults, 14 to 21 years of age. A life skills assessment is provided to youth starting at age 14 years in Permanent Managing Conservatorship. Other services are provided as funding or resources are available to youth 14 and 15 years of age. Transition centers are one of the many community organizations that DFPS staff use for transitional living services.

Preparation for Adult Living services use other community resources to assist youth and young adults in developing skills to help with their transition to a successful adulthood. PAL staff provide information, assistance and presentations at staff meetings and to new caseworkers in training, community groups, foster parents and tenured caseworkers.

Involving community partners is integral in assisting former youth in their transition to self-sufficiency. DFPS works closely with the regional Community Engagement Specialists to ensure that outreach and engagement with local organizations and other community resources will raise awareness of the needs of youth and young adults in care. Community Engagement Specialists (in some instances with the PAL staff) provided presentations about the tuition fee waiver and other resources available to all of the Community Resource Coordination Groups in Texas (140). Regions have provided back to school, prom, graduation, and holiday celebrations for youth and young adults with help from community partners.

The State Office Transitional Living Services Program Youth Employment Specialist and a Youth Housing Specialist position are aimed at improving outcomes for former foster youth. These positions help to develop, implement and monitor projects and programs associated with increasing employment and housing opportunities. The youth employment specialist partners with local workforce solutions boards and other community partners to enhance employment options. The housing specialist works with local housing authorities and other community resources to secure housing vouchers and other housing support and resources.

## **Collaborations to include Other Private and Public Agencies including youth**

Transitional Living Services program staff engage youth and young adults, CPS staff, community partners, service providers, private and public agencies, foster parents, higher

education, and other stakeholders in program and policy improvements, as part of the systemic and integrated approach to transition planning and services affecting youth and young adults. DFPS collaborates with the purpose of helping youth in foster care achieve independence by 1) participating on regional and statewide workgroups which includes public and private agencies, 2) inviting public and private sector agencies and individuals to provide input on policy, protocol and practices and 3) providing information to private and public agencies as requested. Examples of collaboration with public and private agencies include participation on 1) driver license, state identification card and documents workgroup led by Texas CASA with the goal of easing requirements and fees for youth to obtain their essential documents; 2) Career Development and Education Program, Foster Care and Education, Education Reach for Texans workgroups with the goal of improving education outcomes and making state resources known; 3) Summer - Internship with Workforce Solutions for North Central Texas with the goal of providing youth with useful job skills and 4) other related workgroups. Regional youth specialists and the Youth Leadership Council provide guidance, information and advocacy supports to regional Youth Leadership Councils and to policy makers and decision makers.

DFPS collaborates with TYNOS, TACFS, our youth at Regional and Statewide Youth Councils, field staff, and other external partners to get feedback from diverse groups on meeting the needs of our Chafee eligible youth.

### **Human Trafficking**

DFPS utilizes resources such as Traffick 911, the Central Texas Coalition Against Human Trafficking, and Mosaic Family Services to educate youth about human trafficking and its dangers during Youth Take Flight for Success Seminars, PAL life skills classes, and workshops at the Texas Teen Conference. Additionally, DFPS compiled information for youth and staff about the risks of human trafficking and how to access needed help. This information is posted on the DFPS website and is periodically posted to the Youth Take Flight Instagram page. The upcoming Texas Teen Conference (Summer 2022) will have a session regarding Human Trafficking.

Further, trainings surrounding human trafficking are now required of casework staff. New caseworkers are required to complete Foundations of Human Trafficking training upon hire and annually thereafter. Existing caseworkers will take the course annually

### **Youth with Other Needs**

DFPS has been working in collaboration with advocates to explore evidenced-based practices to enhance positive permanency outcomes based on the unique needs of children and youth while providing CPS staff the tools they need to support these youth's individual and diverse needs. Through their websites, CPS continues to offer resources and information on diversity to better serve the needs of these youth and young adults.

Although the Residential Child Care contracts require residential providers to transport

youth or young adults to life skills training classes, youth leadership council meetings, aging out seminars and Texas Workforce Centers, transportation continues to be an issue. DFPS staff arranging these activities who experience difficulty with providers transporting the youth are advised to report transportation issues to the residential contract manager for resolution. Residential providers are reminded of the transportation provisions in their contracts and the requirement that youth have access to community vocational technical training programs, volunteer opportunities, and workforce services. Providers were also reminded to encourage youth to actively participate in PAL events such as PEAKS camps, Teen Conference, College tours, Youth Take Flight for Success Seminars and regional youth leadership councils. They were further encouraged to contact the regional Preparation for Adult Living staff if a presentation to providers is needed about Transitional Living Services. Though many events had to be cancelled in 2020-2021 due to the pandemic, some events have been modified and are being offered virtually. Individual regions are in various stages of returning to in person events. The Texas Teen Conference was held virtually in June 2021 but is being planned for an in-person event during the summer of FY22.

DFPS provides LBGTQI resource information to youth and young adults individually, during Preparation for Adult Living training classes and conferences, and through other community resources. Workshops have been provided at the Statewide Teen Conference related to diversity and LBGTQI. The STAR Health program provides LBGTQI resource information in their Transitioning Youth Program Community Resource Guide. During the PAL Life Skills Training Life Decisions and Responsibilities Core Element, youth are provided with social service agencies and resources offered in their community including LBGTQI organizations and how to access services

## **Secondary Education**

DFPS staff collaborates with the Children's Commission, the Texas Education Agency, the Texas Association of School Boards, and other state and local agencies. The Post-Secondary Education and Transition committee identified areas which contribute to a youth's more successful entry into the workforce: gaining training through a certificate program, transition planning mirrored by DFPS and the high school counselors, high school students in foster care enrolling in dual credit classes or early college start classes, and encouraging assessments for general work skills, aptitude and interests.

DFPS collaborates with agencies and programs that serve youth and young adults receiving special education services. Additionally, DFPS staff collaborates with community groups and service providers such as Communities in Schools, college vocational programs, Goodwill training programs, Texas Workforce Commission Vocational Rehabilitation Services, Texas Education Agency, and Transition Centers.

DFPS Regional Education Specialists continue to develop regional consortiums to identify and facilitate services for youth in care. DFPS and Health and Human Services agencies



meet with local school administrators, school counselors, and special education directors to discuss DFPS policy, education, or school issues. Community groups, including other care providers, private therapy providers, foster care family groups, and faith-based organizations also participate in these consortium meetings. DFPS Education Specialists work with CASA volunteers and community groups to advocate for educational services for children in care.

All students in DFPS conservatorship have an education decision-maker named to make education-related decisions. A form names the student's caregiver, caseworker, and education decision-maker. Students who receive special education services have a surrogate parent named to make decisions on special education issues. The names of the education decision-maker and surrogate parent must be filed with the court and named parties within 5 days of the adversary hearing and with any change in the education decision-maker or surrogate parent. School districts are required to designate a foster care liaison who is responsible for enrolling and securing school records in a timely manner for students in care. The Texas Education Agency has created and funded a state level position dedicated to improving the educational outcomes for youth in care.

Federal law, Every Student Succeeds Act, directs local school districts to work with foster childcare systems to ensure children and youth in foster care remain in their school of origin, unless it is not in the child's best interest. DFPS staff make every effort to identify an appropriate placement, which meets the education needs of the student and allows the student to attend the same school they attended at the time of placement. The school district and DFPS collaborate and make transportation plans for the student, as appropriate. If placement is not possible in the school of origin, DFPS staff are directed to seek a placement within the student's same school district.

There are state initiatives which added specific rules to the Texas Education Code and direct schools to enhance services to students in care. Every school district must name a Foster Care Liaison to facilitate enrollment and services to students in foster care. The duties of a foster care liaison are to advocate for the needs of students in foster care. Coordinate with various school personnel and departments to ensure the required supports, practices, and best practice strategies for serving students in foster care are implemented within the Local Education Agencies. Services include timely records transfer (within 10 days), course completion for graduation requirements, post-secondary assistance and services, excused school absences for requirements in a child's service plan, awarding partial credit for coursework completed prior to a student's placement and school changes. All students must have a Personal Graduation Plan by the time the student enters 9<sup>th</sup> grade or enters a new secondary school setting. The Personal Graduation Plan is prepared by the student, school counselor, and parent and is reviewed and updated at least annually. State law also requires Texas public colleges, universities, and state technical schools to designate a Foster Care Liaison to provide services, facilitate student enrollment, and resolve multiple issues post-foster care students may experience. Local Education Agencies are required to hold enrollment conferences within the first two weeks of enrollment at a new school. Enrollment conference is a student-

centered meeting for a newly enrolled student designated to:

- Identify academic and extracurricular interest
- Introduce school processes and opportunities for engagement
- Develop course and instructional strategies
- Review credits and assessment information
- Determine social-emotional support
- Communicate confidential information that may impact a student's success, if needed

Services include assistance with ETV, financial aid, housing, student employment, transportation, and priority in class selections. The Texas Education Agency has worked with DFPS to expand the capability to collect and share specific data on students in foster care.

DFPS continues to work with Texas Education Agency, the Children's Commission, and Texas Association of School Boards in fulfilling the commitment to improving the educational outcomes for children and youth in care. DFPS participates in several state and community level working committees to identify barriers to providing seamless education services to children in care. DFPS Regional Education Specialists have completed presentations on ensuring education stability for students in care through Education Service Centers, local school districts, CASA, child placing agencies, and community organizations. Each DFPS region has established and operates at least three community consortia, which include community and post-secondary education stakeholders, local family court judges, youth, school administrators, and DFPS staff. Consortia meet at least quarterly to identify and resolve barriers to students in foster care. The Meadows Center at the University of Texas at Austin has developed professional development trainings/webinars for teachers working with students in care and sponsored statewide workgroups to implement changes in working with students in care and developing best practices.

DFPS faces challenges to meeting the educational needs and goals of youth in care. Limited information from schools about vocational/technical training opportunities for students who would prefer to learn a marketable job skill and not pursue a two or four-year college degree exists. Other challenges include facilitating school enrollment and transfers; maintaining educational stability; resolving transportation related issues for students in rural communities; and using data-driven evidence to develop best practices in the provision of services. DFPS staff continue to coordinate with caregivers to help interested students enroll in workforce services provided by the Workforce Advocate in Transition Centers or Workforce Solutions offices to explore career opportunities and the training and education needed to pursue identified careers.

Students with disabilities have post-secondary programs available in seven colleges and

universities. Regional Education Specialists provide caseworkers with program information.

DFPS Education Specialists and caseworkers participate in school transition planning beginning at age 14. Students are encouraged to explore careers through job shadowing, career days, and internships. DFPS caseworkers and school counselors share information on transition services available for eligible students in foster care through community resources. School counselors are required by state law to review the DFPS Education and Training Voucher program and the college tuition waiver with each student in foster care and enrolled in their school district.

DFPS provides additional resources to internal and external stakeholders on transition services for youth and young adults in care. The DFPS Education program offers quarterly newsletters with current school and community resources to school administrators, foster care liaisons at local schools and colleges, and community colleges, as well as to 20 Education Service Centers, service providers, and community resources. The Education program also provides monthly webinars, available for free and open to the public, on various topics: Transition Services for Students in Foster Care and Receiving Special Education Services, Multiple Resources for Students in Foster Care from the Texas Workforce Commission, ETV and Fee Voucher Training, and Preparing for an Admission, Review, and Dismissal (ARD) Meeting (includes Social Security, Housing, Medical, Transportation, and Workforce Commission representatives).

The College for All Texans website allows youth to select a Texas school, plan for costs, fill out school applications, and apply for financial aid. Career schools and colleges that are privately owned institutions offer classroom or online training to teach the skills needed to perform a particular job. The Texas Workforce Commission licenses career schools and colleges that offer programs where students can receive certificates for various skills trainings and provides information and technical assistance to schools, students and the public. DFPS works with the Texas Workforce Commission to obtain services available to youth interested in pursuing specific career paths. The Texas Workforce Commission offers regular presentations on post-secondary career options available to students in foster care to school counselors, DFPS/CPS consortia meetings with community stakeholders offered throughout the state, and training to foster care liaisons at the school and college level.

The most recent National Youth in Transition Database results available (In FFY2020) indicated 5.19% -of the young adults age 17-19 reported finishing high school or obtaining a GED.

### **Post-Secondary Education**

*Education Reach for Texans* is a 501(c) (3) group of current educators and administrators from several Texas colleges and universities who partner with DFPS staff to provide support, technical assistance, and advocacy for youth formerly in youth care and enrolled within higher education institutions. This group has annually convened at different

campuses in Texas, bringing together other colleges, universities, advocates, stakeholders, caregivers, youth, and DFPS staff. The 13<sup>th</sup> Annual conference is scheduled for June 8-9, 2022 and, as in 2021, will be a virtual conference. The plan is to return to in-person conferences in FY23.

The *Education Reach for Texans* group focuses on using existing student support services to assist youth currently and formerly in care with their academic efforts, to navigate the school's system, and to help improve educational outcomes. One of the primary barriers to effectively supporting these students is being able to identify the students so that outreach efforts can occur. Some schools work with the financial aid office when students submit the tuition and fee waiver exemption to identify the students. DFPS works with *Education Reach for Texans* to encourage more Texas colleges and universities to participate and develop student support services to serve youth formerly in care who are enrolled in Texas colleges and universities.

The Texas Higher Education Coordinating Board added an additional question to identify youth in DFPS Conservatorship on or after age 14 to the Apply Texas application used to apply to Texas colleges and universities starting July 2018 (2018-2019 application cycle).

The Education and Training Voucher program, the Texas college tuition and fee waiver, and two DFPS scholarships are available for youth and young adults who want to go to college. These programs and scholarships are promoted at conferences, events, life skills classes, and aging-out seminars youth and young adults attend. Each youth and young adult are encouraged to utilize all financial benefits available to them.

The Children's Commission facilitates the Foster Care Post-Secondary Education workgroup, with membership consisting of former youth, colleges and universities, Preparation for Adult Living staff and providers, CASA, Texas Education Agency, the Texas Higher Education Coordinating Board, and legal advocates. The workgroup created a comprehensive resource guide for college foster care student liaisons, high school counselors, caseworkers, caregivers, and students. It identified an online tool that provides a one-stop resource of helpful links to CPS programs and other important information for students formerly in foster care and identify available data to track post-secondary outcomes of youth and young adults in foster care. The workgroup meets on an occasional basis to discuss objectives, collaborate to find solutions, and develop resources.

The workgroup began a series of webinars aimed at informing and training foster care liaisons, high school counselors, and other educational advocates on benefits, services and resources available to current and former foster youth. Webinars have been aimed at informing and equipping the secondary/ISD foster care liaisons across the state to better assist foster youth in pursuing post-secondary options and benefits and at providing the same support to post-secondary faculty, including financial aid staff, admissions staff, and foster care liaisons. Though the workgroup has previously held meetings in person, meetings are currently being held virtually due to the pandemic.

The Texas Legislature directed all public community colleges, junior colleges, and four-year colleges to designate a foster care liaison to assist former foster care students transitioning from high school to college. The list of college liaisons is maintained by the Higher Education Coordinating Board and is posted on the College for All Texans webpage.

The most recent National Youth in Transition Database results available (FFY2020) indicate 92.42% of the young adults age 17 are currently enrolled in and attending high school, GED classes, post-high school vocational training, or college.

### **Secondary and Post-Secondary**

DFPS established a workgroup comprised of representatives from the Texas Education Agency, Transition Centers, post-secondary institutions of higher learning, vocational college, alumni of foster care and other stakeholders. Workgroup meetings were held August 25, 2021, December 26, 2021 and the next meeting is planned for summer 2022. - to discuss organizational updates, changes to programming, proposed solutions and actions to take by agencies to strengthen policies and practice. DFPS posted and periodically updates information about the Career Development and Education Program on the DFPS website under Transitional Living Services, as the workgroup agreed that Texas has many career and education resources but identified the need to place them in one central location.

### **Transition Centers**

There are 18 independently operated, one-stop transition centers across Texas, with at least one in each DFPS region. Transition centers are a central clearinghouse for community partners to serve the diverse needs of older youth, ages 15½ to 25, who are aging out or have aged out of care. The centers provide services such as PAL life skills training classes, job readiness, career preparation, summer youth employment programs, job search classes, youth leadership trainings, activities, and mentoring. Transition Centers may partner with providers of substance abuse and mental health counseling and with local housing authorities. Centers are located in Austin, Beaumont, Central Texas (Belton, and Killeen), Corpus Christi, Dallas, El Paso, Houston, Kerrville, San Antonio, Fort Worth, San Angelo, Tyler, Longview, McAllen, Lubbock, Amarillo, Abilene and Harlingen.

The Texas Workforce Commission financially supports Workforce Advocate positions in all 18 Transition Centers with a goal of improving employment outcomes for youth currently and formerly in care and helping develop a comprehensive long-term career path. DFPS supports Transition Centers at the state and local levels and encourages the expansion and sustainability of transition centers, including referencing Transition Center as models for best practices. DFPS does not fund Transition Centers, although some of the Transition Center operators' contract with DFPS to provide PAL Services.

## **Mental and Physical Health**

The Transitional Living Services team addresses empowerment and normalization when preparing youth to age out of care by seeking input from youth currently and formerly in foster care and providing technical assistance to create opportunities for normalcy in placement settings. The most significant challenges are a lack of resources, behavioral health services, and providers in both rural and urban communities. Enhancements by STAR Health have emphasized youth and young adult's empowerment in well-being appointments, such as a well woman's annual exam or dental check-up. An online application is available for a youth or young adult's smart phone or computer, which promotes the youth meeting his or her healthcare needs.

DFPS provides information about wellness and mental health resources through PAL Life Skills training classes during the Health and Safety core element which includes personal health care, substance abuse, sexual responsibility and coping and stress management and Life Decisions and Responsibilities core element which include community resources and awareness. DFPS provides information about wellness and mental health during statewide and regional conferences and events. DFPS discusses and gets feedback about wellness and mental health during statewide and regional Youth Leadership Council meetings. DFPS regularly posts resource information and messages related to wellness and mental health on their Youth Take Flight Instagram page and DFPS website.

## **Preparation for Adult Living Services and Data**

DFPS continues to review policies and procedures related to Chafee funded services to determine how services meet the needs of youth and young adults statewide. As contracts are procured, opportunities become available to ensure DFPS is providing quality services that meet the needs of the youth and young adults. Contractors are required to meet certain performance measures tied to outcomes. DFPS is available to cooperate with any national evaluations on the effects of the programs in the achieving the purposes of Chafee Foster Care Independence Program. DFPS will provide information that is requested and will be available to respond to questions related to a national evaluation.

Current Chafee services provided statewide by the PAL program include the following:

- Life Skills Assessment ([www.caseylifeskills.org](http://www.caseylifeskills.org)) starting at 14 for youth in Permanent Managing Conservatorship and at age 16 for any youth in foster care to assess the strength and needs in life skills attainment. Caregivers provide input on the youth's assessment and are invited to an interpretation of the youth assessment results;
- Life Skills Training classes (ages 16-18) and Independent Study Guides in the following core elements: Health and Safety, Housing and Transportation, Job Readiness, Financial Management, Life Decisions and Responsibilities and Personal and Social Relationships;

- Supportive Services to address youth expenses such as graduation expenses, tutoring, driver's education fees, mentoring; normalcy activities, and some transition costs;
- Transitional Living Allowance of up to \$1,000 (to help with initial start-up costs of adult living) distributed in increments of up to \$500 per month, for young adults up to age 21 who meet the DFPS criteria, including participating in Life Skills Training and living in a DFPS-paid or Medicaid paid placement within the 24-months before the allowance is initiated;
- After Care Room and Board Assistance (ages 18-21) based on need of up to \$500 per month for rent, utilities, utility deposits, food (not to exceed \$3,000 of accumulated payments per young adult); and
- Case Management to help young adults with self-sufficiency planning and resource coordination.

Youth and young adults who are potentially eligible for services statewide are as follows:

- youth who are at least 16 and in DFPS conservatorship;
- youth who were emancipated by a court order while in DFPS conservatorship (up to age 21);
- young adults who aged-out of DFPS conservatorship at age 18 (up to age 21); and
- young adults enrolled in the DFPS extended care program and those who exit the DFPS extended care program (up to age 21).

Life Skills Assessments are provided to youth ([www.caseylifeskills.org](http://www.caseylifeskills.org)) starting at 14 in Permanent Managing Conservatorship and at age 16 for any youth in foster care. When funding is available, youth as young as age 14 may receive appropriate transitional services.

In addition, youth who are placed in foster care in a Title IV-E placement by the Texas Juvenile Justice Department or a county juvenile probation department are eligible for PAL Life Skills training if they are ages 16 through 17, receiving Title IV-E foster care maintenance payments, and will stay in that placement until they turn age 18. Such youth may also be eligible for PAL Aftercare Room and Board payments and case management.

In FY2021, 6740 youth and young adults received services through the Preparation for Adult Living program, including 910 youth ages 14-15. This is a decrease in the number of youth ages 14-15 who received a PAL services during the prior year; this could have to do with increased permanency efforts, but for more conclusions to be drawn the data will

need to be observed over a lengthier time period. In FY 2021, 1,227 youth exited DFPS conservatorship through emancipation.

Life Skills Training is part of a continuum of learning youth in care receive starting at age 14. Foster parents and residential providers are required to include training in experiential life skills by providing an opportunity to practice daily living skills, such as grocery shopping, meal preparation and cooking, use of public transportation, financial literacy, and performing basic household tasks. The resource guides and Residential Requirements Guide include enhancements to experiential life skills and normalcy activity requirements in the youth's placement. The Residential Requirements guide will be updated in 2022 to reflect new legislative requirements related to the documents the youth is required to receive prior to being discharged from foster care and how those documents may be used.

The Casey Life Skills Assessment is provided to youth prior to the start of Life Skills Training Classes. Caregivers are asked to complete the assessment on the individual youth in their care so that a comparison can be generated which includes both the youth and caregiver responses. The Individual Youth Report is used when caregiver responses are not available. Youth and their caregivers or providers are invited to the interpretation of the completed life skills assessment results and are provided copies of the scored assessment. During the interpretation the youth's strengths and needs are discussed. The youth's caseworker receives a copy of the report and incorporates specific service needs into the child's plan of service from the assessment. PAL staff determined that in FY2021, 1,778 Casey Life Skills assessments were completed. Texas Family Code §264.121 requires DFPS to conduct an independent living skills assessment for youth in DFPS Permanent Managing Conservatorship who are age 14 or 15. If a youth was not eligible to receive the assessment at age 14 or 15, an assessment will be provided to all youth in DFPS conservatorship at age 16 or older. As a result, youth will be assessed only one time, which is the youth preference according to feedback from youth. DFPS will conduct an annual update of the independent living skills the youth learned the preceding year to ensure the youth is being prepared for his or her successful transition to adulthood. The annual update will be 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 includes a review of the original assessment responses and documentation of the youth's progress and continued needs.

Transition planning sections within the child's plan of service are used to determine needs and to make informed choices regarding the provision of services. Preparation for Adult Living staff participate in Circles of Support meetings where transition planning is reviewed.

Starting at age 16, youth either attend at least 30 hours of Life Skills Training Classes or complete an Independent Study Guide (paper or web version). A curriculum outline is available for statewide use. During FY2021-FY2022 there was also the pilot of an online



life skills training service, Life Skills Reimagined. Youth have the opportunity to provide feedback through an evaluation along with a knowledge assessment at the end of class sessions or completion of the independent study guide as a measure of the life skills learned. Additionally, PAL contractors assist youth with services to develop skills in food preparation and in nutrition education that promotes healthy food choices in addition to providing financial literacy education. In FY2021, 1,529 youth received life skills training classes, 169 youth received training through the web based Independent Study Guide, 96 youth received training through the paper Independent Study Guide, 4 completed through the Life Skills Reimagined pilot, and 123 youth received training at school and was documented in their Individual Education Plan (IEP). DFPS is in process of updating the Independent Study Guide to incorporate more interactive activities and exploring different media types that are more accessible and familiar to youth to improve the comprehension and retention of the training.

Efforts are underway to increase the number of youths who complete life skills training and are 18 or older and leave substitute care. A logic model was created for this effort and includes 5 main objectives:

- Increase the life skills training completion rate to at least 85% statewide and for every region by the end of FY18. This was increased to a goal of at least 92% in FY19. The goal for FY20 is to maintain that 92% completion rate. The goal for FY21 was to increase the rate to 95%, with the goal for FY22 to maintain that 95%.
- Improve communication and education to state office, regional staff and kinship providers. Monthly support calls are held with regional PAL staff to discuss successes, needs and status of completion. A memo was sent to kinship providers with information about life skills training and benefits to participation.
- Develop new training options for youth. A paper version of the Independent Study Guide was created for use with youth who do not have computer access. During FY21 the Independent Study Guide went through a refreshing and redesign, including input from youth with lived experience in foster care. CAPTA funding was also secured to pilot a new online life skills training program. The pilot took place over the second half of FY21, and during the first half of FY22.
- Conduct youth surveys and gather information to improve training options for youth. A survey was conducted with youth about their preferred method of training, which resulted in a high number of youths preferring classroom training over other methods because it provides an opportunity for interaction with their peers.
- Residential contract providers support and provide life skills training as outlined

in contract requirements. Regions are offering some classes at Residential Treatment facilities. CPS PAL staff report youth to the Residential Contract Manager if youth who are scheduled to attend the class do not attend.

DFPS exceeded their life skills training completion goal and increased performance year-over-year through FY21, ending with 94.9% completion.

Youth ages 16 and older have the opportunity to participate in a statewide or regional event where they receive information and participate in experiential activities to enhance their knowledge of life skills. Youth age 14 and 15 are invited when funding is available. The youth's experiential learning while in care and through PAL program activities complement one another and are addressed in each core life skill area in the youth's service and transition plan. Additional state funding was received to add an additional teen conference 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 who live in Residential Treatment Centers. A College, Career and Technical Conference has been held at Austin Community College in recent years. However, due to the - COVID-19 crisis this conference was cancelled in FY20 and FY21, but the event is returning in FY22 to be held on July 14-15, 2022.

DFPS was legislatively required to collaborate with stakeholders to develop a plan to standardize the curriculum for the Preparation for Adult Living (PAL) program that ensures that youth 14 years of age or older (but younger than age 21) enrolled in the program receive relevant and age appropriate information and training. Workgroup meetings were held to develop the plan which resulted in a report that was submitted to the legislature and will take action to meet recommendations in their plan with continued collaboration with stakeholders in FY19 and beyond. DFPS has taken action in FY22 to make progress on these recommendations to include the following:

- 1) DFPS updated the current Knowledge Assessment to make needed revisions.
- 2) DFPS will explore high school or college credit for the entire series of life skills training classes while being mindful youth must meet certain criteria to be eligible for the tuition fee waiver. DFPS has led a post-secondary workgroup around this topic during FY22, including staff from the Texas Higher Ed Coordinating Board, and faculty from both rural and urban colleges and universities across the state.
- 3) DFPS will look at other available life skills assessment tools and assess any costs associated with changing the tool.
- 4) During FY21-FY22 DFPS entered into a pilot program of an online life skills training curriculum, Life Skills Reimagined by Lyft Learning, in attempting to seek other tools for providing training, and to assess their efficacy against what we have currently been doing.
- 5) DFPS plans to review the Aging-out seminar curriculum outline and materials to update the information and to ensure more experiential activities are included.

- 6) DFPS will explore with the Child and Family Services Review Team and DFPS monitoring staff ways to assess and report to the agency if youth receive experiential and normalcy activities.
- 7) DFPS will determine the costs associated with hiring curriculum development experts to make changes to the PAL Life Skills Training curriculum and costs associated with extending the number of classroom hours and adding specific training for 14 and 15-year-old youth.

## **Division X – Supporting Foster Youth and Families Through the Pandemic Act**

On December 27, 2020 the federal government enacted into law The Consolidated Appropriations Act, 2021, P.L. 116-260. Division X of P.L. 116-260, titled the “Supporting Foster Youth and Families Through the Pandemic Act” included additional, supplemental or enhanced funding. Taken with the ACYF-CB-PI-21-04 guidance received from the ACF on March 9, 2021 the state of Texas received additional Chafee funding with no need of matching state dollars. Texas received traditional Chafee grants of \$25,322,153 as well as grants for the Educational Training Voucher (ETV) program in the amount of \$3,680,546.

During federal fiscal year 2021 the ACF and federal partners allowed for expansions to eligibility, including youth who experienced foster care after age 14 up to their 27<sup>th</sup> birthday. Although the flexibilities expired September 30, 2021, the funds are able to be carried over until the end of federal fiscal year 2022, September 30, 2022. DFPS has worked to obligate these funds to existing Transitional Living Service and DFPS programs, to identify existing programs outside of the Department that could be supported with funds, and to create new initiatives and programs to utilize the funding.

The major sources for expending these funds have fallen into three programs:

1. Preparation for Adult Living staff – Claims processing contracts utilized by our PAL staff to support the successful transition to adulthood of youth in DFPS custody were increased by the maximum amount allowable under Texas contracting law, obligating \$7,294,000 for staff usage in FY21-22. The primary group targeted for support were youth and young adults in care or in extended foster care, aged 14-20. During FY21 this funding also provided emergency support for young adults who aged out of care up to age 27 utilizing the increased eligibility provided by the federal authorities. These funds were able to be utilized for eligible housing costs including rent and utilities, transportation needs including car repairs and insurance, and other types of educational support, vocational support, and other supportive auxiliary transitional living needs. During FY21 there were 4,258 individual supportive services offered utilizing these funds.
2. Transition Support and Aftercare Services – DFPS increased our existing

- Transition Support and Aftercare contracts by the maximum amount allowable under Texas contracting law, obligating \$3,110,038.80 towards the support of young adults who aged out of care up to age 21. These funds provided for an increase to Aftercare Room & Board funds from the normal cap of \$3,000 up to \$4,000, as well as funding other educational, vocational, and auxiliary transitional needs to ensure the successful transition of the program clients.
3. PanAid program – DFPS entered into open procurement, securing contracts with the Texas Alliance of Child and Family Services (TACFS) and Monarch Family Services. This program obligated \$11,250,000 to provide emergency pandemic assistance to young adults aged 18 until their 27<sup>th</sup> birthday in support of their pandemic needs and other transitional needs. This support came in the form of both direct Pandemic Assistance Payments, as well as targeted reimbursements of eligible expenses. The procurement process left a small window in which to expend the funds, and in the end \$9,582,930.44 was expended, providing \$8,991,623.21 in support to 2,372 unique young adults.

Other projects initiated through this funding source include \$171,113 to partner with Texas State University in order to provide employment readiness/mentorship programs for young adults with lived experience in foster care; \$120,000 to fund experiential and developmental camps to help prepare current foster youth for successful transitions to adulthood. DFPS continues to search for additional universities to replicate the employment readiness model, as well as partners for other appropriate ventures in efforts to fully expend the funding.

### **Youth Take Flight for Success Seminars**

At age 17, youth participate in a one-day regional Youth Take Flight for Success Seminar where they receive information about human trafficking, healthy relationships, financial literacy, nutrition, self-advocacy, transitional living services resources and benefits. Based upon feedback from past youth and staff participants, the decision was made to rebrand and rename these seminars. Aging out Seminars are now called Youth Take Flight for Success seminars. In addition, materials and tools have been updated to ensure more experiential learning activities are included. In FY21, Youth Take Flight for Success Seminars were provided to 304 youth, the downturn having to do with prolonged COVID protocols and difficulties.

Youth and young adults ages 16 to 21 may participate in contracted Case Management Services. Through these services, the case manager works with the youth or young adult to update or develop their individual transition plan. Aftercare Room and Board assistance is provided through case management to eligible young adults who have established through their financial plan there is a need and who are no longer in DFPS conservatorship or a DFPS extended care placement. In FY21, 4,465 youth and young adults received case management services and 1006 young adults received Aftercare Room and Board

assistance. In FY21, PAL staff report a Transitional Living Allowance was provided to 1,595 young adults to help with basic start-up costs in adult living.

Services provided to youth and young adults are reviewed to determine what types of services are provided and by what frequency. DFPS analyzes the data by region to help identify patterns or trends in certain parts of the state and to determine if services need to be strengthened. The National Youth in Transition Database data can be used to run additional reports tailored to the specific information we would like to review. Currently, data is pulled to determine what Life Skills training core elements were provided to youth prior to leaving care, to help meet the statewide goal of a 95% completion rate for youth age 18 or older exiting substitute care in FY21. Each region completes and submits an annual report that includes service data and a description of services provided. Data from these regional reports is disseminated and incorporated into the state plan.

National Youth in Transition Database outcomes have motivated regions to offer more services either through PAL contract providers or through community organizations around housing, employment and education. Region 1 opened a Supervised Independent Living (SIL) program at the beginning of FY2018. Children's Home of Lubbock was the first SIL program in Region 1 and offers older youth the opportunity to remain in extended foster care. In FY2020 West Texas A&M University became the second SIL provider in the region. In Region 2, PAL youth are referred to the Texas Workforce Commission Advocate through Baptist Child and Family Services to provide training and employment assistance to youth. The Texas Workforce Commission creates partnerships with local businesses in efforts to provide youth entry level positions that allow for growing opportunities within the business. In Region 3, the PAL program collaborates with 7 separate area and county Housing Authority's across both the legacy and SSCC areas to secure housing vouchers to help youth with their successful transition to adult living. Region 4 has a working relationship with 4 separate local non-profit organizations to outreach to and meet the needs of youth formerly in foster care experiencing homelessness. In Region 5, worked to increase cross- system cooperation and resource coordination between their Aftercare contractor and Workforce center advocates during FY21. In Region 6, The Houston Alumni and Youth Center continues to pair youth age 16 and older with transition coaches who serve as friend and guide to help them in their successful transition to adulthood. Region 7 coordinated 9 tours for youth at different colleges and universities to explore higher education options, and also has developed and holds a financial management workshop with a local banking authority. Region 8 regularly meets with the Housing Coalition to develop strategies to decrease the homeless population of foster care youth and has partnered with Thrive Youth Center who provides supportive services for LGBTQ youth in the region. They also partner with multi-agency workgroups such as The Interagency Foster Care Collaboration and Bexar County Fostering Educational Success group. Region 9 opened a SIL on the campus of San Angelo State and has established agreements for housing vouchers for foster youth with three counties. Region 10 identified employment needs in the data and worked to incorporate Texas Workforce Borderplex to meet with youth during some of their events to discuss the topic. During FY21 Region 11

partnered with Cameron Workforce to explore more workforce meetings and job trainings for regional youth.

Service data is entered into IMPACT by PAL staff and reported to the National Youth in Transition Database. Regular training and reminders are provided to PAL staff to ensure statewide consistency of service data entry. PAL staff educate contract providers to clarify service definitions and other documentation needs. A report is available to determine how many youths received training prior to leaving care and is shared with each region monthly to look for any discrepancies and determine if improvements are needed on the provision of life skills trainings. Regional case reviews have been conducted periodically on an informal basis and at the end of a reporting period to ensure statewide consistency of data entry and collection of high-quality data. The review consists of a cross check of what has been entered into the DFPS system as compared to service documentation received from contract providers. Feedback and technical assistance are provided to staff entering information depending on the results of the review. Regional PAL Staff were provided with tools to help them understand data entry requirements such as the National Youth in Transition Database Manual for PAL staff. Regular training, case reviews and reminders to PAL staff have helped to have more accurate and consistent data statewide. A workgroup of PAL staff participated in modernization efforts to improve the DFPS electronic reporting and case recording system (IMPACT). Improvements resulted in a more user-friendly system and include additional details about services and training provided to youth and young adults. Roll out was in April of 2019.

DFPS has provided information regarding the National Youth in Transition Database outcomes and service data results at a variety of venues and events, such as PAL staff meetings, internal DFPS meetings, Youth Leadership Council meetings, Youth Take Flight for Success Seminars, and regional or statewide presentations to the community, including to CASA, PAL contract providers, and Child Placing Agencies. DFPS continues to look at ways to branch out to other stakeholders to provide this information. The Youth Leadership Council made suggestions for updating the survey instrument to include Texas specific information in the descriptions which will help youth to better understand the questions and more accurately provide a response. Updates to the descriptions will be added as part of the DFPS electronic reporting and case recording system (IMPACT) modernization efforts. One region provides this information at youth service review hearings. DFPS continues to collect high quality data using existing staff positions, tools, and processes known to be effective for DFPS in the past. The state plan is posted on the public DFPS website, which includes National Youth in Transition Database data. DFPS continues to explore the best ways with youth and young adults to post data.

The data for FY2020 is posted on the DFPS website in the 2023-2027 DFPS Strategic Plan at this link: [https://www.dfps.state.tx.us/About/DFPS/Strategic\\_Plans/documents/2023-2027-DFPS\\_Strategic\\_Plan.pdf](https://www.dfps.state.tx.us/About/DFPS/Strategic_Plans/documents/2023-2027-DFPS_Strategic_Plan.pdf) .

Eligibility for both Chafee Foster Care Independence Program services and other transitional living services is outlined in the CPS policy handbook and Transitional Living Services Resource Guide and cites both federal and state eligibility criteria. This information is updated periodically based on new federal and state legislation. DFPS uses objective criteria for determining eligibility for services and the HHS Foster Care Ombudsman for youth under 18 and DFPS Office of Consumer Affairs is available to young adults over 18 to respond to complaints about unfair treatment and provides objective unbiased investigations on complaints filed. Both offices have conducted outreach efforts at regional and statewide PAL events to inform youth and young adults about their services. Information about how to file a complaint is posted on the DFPS website in the Texas Foster Care Handbook for Children, Youth and Young Adults. Contract language includes assurances that providers will provide fair and equitable treatment that meets the individual needs of each youth or young adult.

PAL staff monitor for quality and content of services provided by a contractor and contract managers monitor for contract compliance (programmatic and fiscal). Monitoring tools (forms) and a process guide are utilized.

### **Employment, Career Exploration, Vocational Training and Job Placement and Retention**

Preparation for Adult Living staff, contractors, and workforce partners in all regions and statewide continue to help youth gain job opportunities and work experiences while in care and upon exiting care. The most recent National Youth in Transition Database results available (FFY 2020) indicate 15.75% of young adults age 17 who were in foster care were either working full or part-time.

In FY21, DFPS hired a Youth Employment Program Specialist as part of the Transitional Living Services team to 1) expand and grow internships and apprenticeships, 2) increase youth and young adult job preparedness and readiness especially through hands on activities and 3) strengthen and define DFPS relationship and roles with Texas Workforce Commission and local Workforce Advocates, Boards and Centers.

DFPS and the Texas Workforce Commission have a formal Memorandum of Understanding, which renewed for five years from September 1, 2021 to August 31, 2026. Some changes to the agreement included coordination of social media efforts, coordination of relevant trainings and to ensure the new DFPS Employment Program Specialist collaborates with Transition Center and local office liaisons to address youth employment and training needs. The agreement ensures that PAL objectives are met and youth currently and formerly in care receive priority for workforce services through other formal agreements between regions and local workforce boards. DFPS and the Texas Workforce Commission continue to collaborate and partner statewide. With the involvement of the Texas Workforce Commission, PAL staff are informed of workforce services, including summer youth employment opportunities offered through the local workforce centers, make referrals for workforce services, and determine how these services benefit and assist youth to become self-sufficient when transitioning from care.

The Texas Workforce Commission virtually hosted their 5th annual youth in foster care conference on -March 30 and -April 1, 2022. Invitees were representatives of each Transition Center, regional CPS Preparation for Adult Living staff, CPS State Office staff, local Workforce Boards and Centers, employers and community advocates. DFPS presented in several workshops during the conference related to DFPS services, housing resources, and how to work effectively with youth and young adults currently or formerly in foster care.

DFPS established a legislatively required summer internship pilot which concluded September 2021. The purpose of the internship was to provide youth and young adults with an opportunity to develop marketable job skills and obtain professional work experience. DFPS collaborated with Workforce Solutions for North Central Texas and Marshall's to provide a summer internship pilots. The pilot internships did not occur in 2020 due to Covid- 19 limitations. Despite efforts by DFPS staff and Workforce Solutions for North Central Texas, there was limited interest by youth to participate in 2021. While the pilot ended, plans are underway to continue with plans for a 2022 summer internship in the Workforce Solutions for North Central Texas area but with various employers based on youth needs. Youth who participate in the internship will be paid a matched wage to others employed at the same location. Additional previously established internships for youth who are or were in foster care in Texas included a paid internship through the Houston Alumni and Youth Center, El Paso County Attorney's office, and Superior Star Health Plan (contractor for Star Health) were suspended in 2020 due to Covid-19 concerns. However, the Houston Alumni and Youth Center provided a summer internship in 2021 and has plans to provide a summer internship in 2022.

Preparation for Adult living staff refer youth to AmeriCorps and Job Corps, as well as refer youth to job skills trainings and enrollment in summer employment programs, job readiness and career exploration classes, vocational rehabilitation services and other services administered through the workforce development boards, Goodwill Industries, and the Salvation Army, for youth with disabilities to receive job training and employment. Job Corps has resumed accepting new students on campus. Transition Centers continue to offer career exploration, job readiness, and job search assistance in collaboration with the Workforce Advocates. CPS expects more out-of-school youth will receive services provided under the Workforce Innovation and Opportunity Act for work experiences, such as summer and year-round employment, pre-apprenticeship, on-the-job training, or internships and job shadowing. The Texas Workforce Commission has a variety of resources, posted on their website <http://www.twc.state.tx.us/>, to include career and education tools, work preparation information, market data, educational requirements to obtain a high demand job in Texas and vocational rehabilitation services. Additionally, the Texas Workforce Commission started to provide bi-annual employment skill demand data broken down by statewide and the 11 DFPS regions in FY21. As of October 27, 2021, the following are the top skills in demand in Texas:

Programs of Study: General Business Administration and Management, Nursing Science and Computer Science



Specialized and Technical Skills: Customer Service, Scheduling, and Sales

Baseline or Soft Skills: Communication skills, Teamwork or Collaboration, and Organizational Skills

Computer Skills: Microsoft Excel, Microsoft Office and Microsoft Word

Youth and young adults are informed about Workforce resources through their Workforce Advocate and various PAL activities and events.

DFPS uses the calendar year reports provided by the Texas Workforce Commission to identify how many youth or young adults received a workforce service. In calendar year 2021, a total of 382 of 591 (65%) referred unduplicated youth and young adults received workforce services through either the Workforce Solutions offices or from the workforce advocates located at the Transition Centers. A reduction in participation may be reflected March 2020 forward due to COVID. Workforce Solution offices have been providing virtual services in FY21 and have re-opened in FY22. Youth continue to be referred for Workforce services in FY22. Workforce Solutions offices help with some supportive resources to eliminate barriers to employment such as interview and work clothing, childcare, mileage reimbursement and bus passes.

Chafee funds are used to help youth obtain clothing for employment or interviews and case management services to help youth get connected to community resources they need to obtain or maintain employment. In FY21, there were 765 youth and young adults, as reported by PAL staff, who received educational or vocational Chafee services. These services included vocational assessments, vocational training, tutoring, graduation items (cap, gown), high school completion supports, and fees for GED tests

Community resources provided are not reported to the National Youth in Transition Database as they are not provided or paid for by the state agency. However, both quarterly and annual data is exchanged with the Texas Workforce Commission as part of an agreement between DFPS and the Commission to determine which youth are receiving workforce related services from the referrals provided.

DFPS is currently working with the Texas Workforce Commission to create additional career exploration and employment opportunities for youth and young adults in a targeted area in Texas through an interagency agreement utilizing Pandemic Act funds.

### **Employment Services Youth and Young Adults with Special Needs**

DFPS developmental disability specialists coordinate with schools, the Texas Workforce Commission Vocational Rehabilitation Services, and Health and Human Services to obtain vocational training and employment services for youth and young adults with disabilities. The Texas Legislature created the Employment First Policy and Task Force related to promoting competitive employment opportunities that provide a living wage for individuals with disabilities. The task force is comprised of DFPS, the Health and Human Services agencies, the Texas Education Agency, and the Texas Workforce Commission.

To date, Health and Human Services has adopted the Employment First policy and agencies involved have developed a work plan to incorporate this policy into their own policies and rules.

As a requirement of the interagency memorandum of understandings between DFPS and the Texas Workforce Commission and local DFPS offices, local workforce boards and Transition Centers to address the challenges facing youth currently and formerly in care youth, the Commission designated a point of contact at the local workforce boards for youth, PAL staff, foster care providers and other DFPS staff to access assistance and services. The agreement also directs local workforce development boards to ensure that workforce services are prioritized and targeted to meet the needs of eligible youth. DFPS ensures that interested youth and young adults have access to workforce services available at the Texas Workforce Solutions offices and at the Transition Centers.

Transition Centers serve youth and young adults formerly in foster care up to age 25 using various funding sources. In addition to providing other supportive services for young adults there is a designated Workforce Advocate funded by the Texas Workforce Commission at all Transition Centers who offers career exploration services, job readiness and job search programs and job placement assistance.

### **Texas Workforce Commission and Transition Center Data**

The Texas Workforce Commission, through an interagency agreement with DFPS state and regional offices and local workforce development boards, matches data records submitted by DFPS for both quarterly and calendar year reports. These data reports include the number of youths referred for workforce services at local Workforce Solutions offices and the number of those youth who received a workforce service. Annual data collected and reported by the Texas Workforce Commission includes how many youths were employed, the average wage earned each quarter and the number of youth and young adults who received a service at one of the Transition Centers funded by the Texas Workforce Commission. As reported by the Texas Workforce Commission from January to December 2021, a total of 382 out of 591 (65%) unduplicated youth and young adults received workforce services through either the Workforce Solutions offices or from the workforce advocates located at the Transition Centers.

### **Help youth prepare for and enter postsecondary training and educational institutions.**

Chafee funding is used to provide educational and vocational services such as vocational assessments, vocational training, tutoring, high school completion supports, and fees for General Educational Development tests. In FY21, PAL staff reported there were 765 youth and young adults who received educational or vocational Chafee services.

PAL staff collaborate with community organizations to provide graduation celebrations for high school and General Educational Development Certification achievements.

Certificates signed by the Governor were provided in FY21 and Governor's certificates will be requested again in FY22 as a way to recognize each youth or young adult's high school or General Education Development Certification completion. In FY21, Graduation celebrations occurred in all 11 regions. Regions are exploring creative ways to celebrate youth for their graduation accomplishments other than in person gatherings due to Covid-19 limitations. Many community organizations provide independent living supplies, such as cookware, sheets, towels, microwave ovens, and other household supplies or gift cards, as recognition of the youth or young adult's accomplishments. The Transitional Living Services team at state office has worked with Day 1 Bags, a 501 c (3) non-profit, in providing backpacks, books, document folders, and gift certificates to all graduates across the state of Texas. Beginning in FY21 Day 1 bags began working with other local charities to also provide hand quilted blankets as well.

Tours to universities, community colleges, and vocational/technical schools are conducted annually both regionally and statewide. PAL staff and contractors provide help to youth in completing forms needed for postsecondary training and education programs. DFPS partners with colleges and universities across the state to help students. Several universities including the University of Texas at Arlington, University of Texas at Pan-American, and Texas State University continue to provide residential housing scholarships for former foster care youth. PAL college conferences are held at different colleges or universities annually. The PAL Statewide College Conference began a partnership with a new campus, Texas A&M San Antonio in FY21. The planned event was unable to be held due to the COVID Pandemic. The event for FY22 was originally slated for October 2021, but was postponed due to the pandemic, and held in person on April 27-28, 2022. With Texas A&M San Antonio taking over the Texas Teen Conference, DFPS is currently seeking a new partner for the college conference beginning FY23. Austin Community College has a statewide event scheduled to occur July 14-15, 2022. The annual statewide Teen Conference was held virtually, hosted by Texas Woman's University June 15-17, 2021. Following the event, Texas Woman's University made the decision to not pursue hosting the event in future years due to internal reasons. A new partnership began with Texas A&M San Antonio to host beginning in FY22, with the planned annual event scheduled to take place June 22-24, 2022.

The most recent National Youth in Transition Database results available (FFY 2020) indicated 5.19% of young adults age 17 sampled completed high school or a General Education Development Certification and 92.42% were enrolled in and attending high school, GED classes, post-high school vocational training, or college. DFPS staff reviewed comparisons of the data across the first cohort of youth from ages 17 to 21 provided by the Administration for Children and Families in a data snapshot and have shared with staff and the community. National Youth in Transition Data Base Data is shared with state legislators when data is requested.

## **State Tuition and Fee Waiver**

College tuition and fees are waived for students who were in DFPS conservatorship:

- On the day preceding their 18<sup>th</sup> birthday;
- On or after the day of the student's fourteenth birthday, if the student was eligible for adoption on or after that day;
- On the day the student graduated from high school or received the equivalent of a high school diploma;
- On the day the student is adopted if that date is on or after September 1, 2009;
- On the day permanent managing conservatorship of the student was granted to an individual other than the student's parent, if that date is on or after September 1, 2009;
- If a youth was returned to the legal responsibility of the parent on or after June 1, 2016
  - At age 14 and older and were in DFPS's permanent managing conservatorship; or
  - At age 16 and older and were in DFPS's temporary managing conservatorship; or
  - On the day, the student enrolls in a dual credit course or other course for which a high-school student may earn joint high school and college credit.

The student must enroll, no later than their 25<sup>th</sup> birthday, in an institution of higher education as an undergraduate student.

Tuition and fees are waived for youth enrolled in dual credit courses or other courses for which a high school student may earn joint high school and college credits, if the student is in the conservatorship of DFPS at the time of enrollment in these courses. Dual credit courses include both academic courses as well as technical courses that are covered by the tuition waiver. Additionally, students enrolled in dual college credit courses must be attending school full-time to be able apply for the Education and Training Voucher program to cover certain college costs such as tuition and fees not otherwise covered, transportation, and books.

### **Annual Higher Education Data Report-Foster Care Students**

DFPS has a collaborative partnership and an interagency agreement with the Texas Higher Education Coordinating Board to collect college data on current and former youth and young adults that attend state-supported universities and colleges. Data also includes the number of youths that utilized the tuition and fee waiver.

The agreement outlines data elements to be exchanged to facilitate DFPS's evaluation of educational outcomes of students formerly in DFPS's conservatorship. DFPS and the Texas Higher Educating Coordinating Board are in process of renewing this agreement. The agreement between DFPS and the Board includes the following:

- The exchange of information will facilitate the evaluation of educational outcomes for former foster care students;
- CPS will provide annual demographic information to the Board of former foster care students enrolled in state colleges/universities;
- The Board will provide CPS aggregate data on the identified educational outcomes with demographic information received;
- CPS and the Board will determine educational outcomes that will include student's academic achievement, graduation rates, attendance, and others to be identified and relevant to the purpose of the evaluation.
- CPS may authorize the Board to provide education research centers demographic information that allows the centers to perform additional analysis for educational outcomes only for youth in foster care.

The Higher Education Coordinating Board submits an annual report to DFPS showing the number of adopted youth and foster youth that have utilized the tuition waiver each academic year by school. This report is used for the federal match requirement for the Education and Training Voucher program. For the 2019-2020 academic year, the Board reported that there were 3771 tuition exemptions granted to foster care students and 3184 for adopted youth. DFPS consults regularly with the Coordinating Board on issues or questions about the tuition and fee waiver. The Board posts a list of state colleges and universities who are required to appoint foster care student liaisons, on the Colleges for All Texans webpage.

The Children's Commission facilitates the Foster Care and Education Postsecondary Education workgroup. The members of the workgroup consist of youth, colleges and universities, Technical school, PAL staff and providers, CASA, Texas Education Agency, Texas Workforce Commission, Transition Center, the Higher Education Coordinating Board, and legal advocates. The workgroup has created a comprehensive resource guide for college foster care student liaisons, high school counselors, caseworkers, caregivers, and students. It identifies a website or online tool that provides a one stop resource of helpful links to CPS programs and other important information for former foster care students and identify available data to track post-secondary outcomes of youth and young adults in foster care. The workgroup recently began a series of webinars geared towards foster care liaisons, school counselors and other educational advocates. The first webinar was held in February 2021 with a targeted audience of school counselors, followed by one in June 2021 targeted at college and university faculty including financial aid staff, foster

care liaisons, and admissions staff. Discussions of additional webinars are ongoing in FY22.

## **Education and Training Voucher Program**

Youth and young adults potentially eligible for the program are as follows:

Eligibility for ETV includes the following criteria:

- youth at least 16 and in DFPS conservatorship and young adults in DFPS Extended Foster Care; or
- youth who have aged out of DFPS foster care and are not yet age 23; or
- youth who have been adopted from DFPS foster care after turning age 16 and not yet age 23; or
- youth who have entered the Permanency Care Assistance (PCA) program from DFPS foster care after age 16 and are not yet age 23.
- youth placed in the custody of the Texas Juvenile Justice Department AND in a Title IV-E paid placement when turning age 18 and are not yet age 23; or
- tribal youth or young adults in tribal foster care who are not yet age 23.
- youth who have been legally emancipated while in DFPS conservatorship and are not yet age 23.

Additionally,

- Students participating in the ETV program can remain eligible up until the month they turn age 23 as long as they remain in good standing with the school towards completing their degree. In no event can a student participate in the program for more than 5 years, whether those years are consecutive or not.
- Eligible youth enrolled in dual college credit course(s) where joint high school and college credits are earned can apply to the ETV Program for college related expenses such as books, transportation to and from the college, and tutoring services.

From May 2021 through September 30, 2021 the eligible age was increased to until their 27<sup>th</sup> birthday due to federal guidance for the pandemic. From October 1, 2021 until all pandemic funds for ETV are expended DFPS has increased the age cap to the 25<sup>th</sup> birthday, being the highest age allowed by the federal guidelines of the grant program.

The Education and Training Voucher Program is a statewide program that is contracted to Baptist Child and Family Services Health and Human Services of San Antonio. The contractor has an Education and Training Voucher Lead staff and four staff members to administer the program statewide and the current contract is in place through FFY23. The

contractor's staff collect certain demographic information (gender, age, and race), which higher education institution the students are enrolled in and track student spending. The Education and Training Voucher program will serve youth who age out of from another State's foster care system and move to Texas to attend school, if federal funding is available. Students who move to Texas and were previously receiving funds from another state need to continue to receive funds from the original state. Out-of-state students are provided contact information for their states Independent Living Coordinator if they were previously receiving funds in that state to inquire about continuing in the Education and Training Voucher program in the new state.

When students live with a parent or guardian, Baptist Child and Family Services Health and Human Services will verify whether DFPS adoption or permanency care assistance payments are being paid to the parent or guardian. This is to ensure that Education and Training Voucher funds are not being used for the same services currently funded by DFPS. Upon approval for the Education and Training Voucher program, these individuals are required to enter into a rental agreement with the parent or guardian that describes each party's financial obligations for living expenses (housing, room and board and utilities). Once the agreement is signed, the youth or young adult is paid directly and is responsible for paying the parent or guardian as agreed to in the rental agreement. Parents or guardians are not directly being paid Education and Training Voucher funds, which are meant for the youth, or young adult, and youth and young adults learn financial management and responsibility. The PAL staff, regional youth specialist, and Baptist Child and Family Services Health and Human Services staff help youth and young adults applying for the Education and Training Voucher program.

The Education and Training Voucher program follows the federal fiscal year schedule to report data including the unduplicated number of Education and Training Vouchers awarded for academic years (Fall to Summer) since the vouchers are primarily used during this time period and for the school year (July to June 30). DFPS reports Education and Training Voucher services provided to youth and young adults to the National Youth in Transition Database each reporting period. Service data is reviewed for continuous quality program improvement. For the 2020-2021 School Year, 508 vouchers were awarded and 191 were new program participants.

In an effort to increase enrollment, improve services and outcomes for Education and Training Voucher participants, the contractor is required to increase awareness, promote opportunities, report retention, recruit participants, expedite processing, identify common trends regarding barriers, and perform other quality assurance activities.

### **DFPS Scholarships**

DFPS provides scholarship opportunities to college bound students to cover basic non-tuition related expenses for former youth. The *C. Ed Davis Scholarship* fund provides up to

\$1,000 annually for basic non-tuition needs for youth formerly in care who are majoring in government, political science, history, or another pre-law field. The Freshman and Sophomore Success Scholarship (formerly the Freshman Success Fund for Youth) is for young adults formerly in DFPS foster care attending a Texas state-funded institution of higher education. This includes community colleges, colleges, universities, and Texas State Technical College. Only students awarded the scholarship both semesters as a freshman may apply for the scholarship as a sophomore or as a 2nd year student at a Texas state-funded institution of higher education. Scholarships are \$1,000 per semester or academic term or \$2,000 for two semesters or academic terms.

### **College Collaborations**

The DFPS partnership with various Texas colleges and universities and the Texas Education Agency provide outreach and communications services to help eligible youth attend state-supported universities and colleges. The 12<sup>th</sup> annual Education Reach for Texans conference will be held June 8-9, 2022 and will again be a virtual affair. Plans are in place to return to in-person events beginning in 2023. The conference will feature training for Foster Care Liaisons.

### **2.Help Children who have experienced foster care at age 14 or older achieve meaningful, permanent connections with a caring adult.**

Connection to a caring adult is captured through outcome reporting data to the National Youth in Transition Database each reporting period. The most recent National Youth in Transition Database results available (FFY 20) reported 94.56% of 17-year old's have a current positive connection to an adult.

Regions continue to explore potential mentor programs and collaborations for both formal and informal mentors for youth aged 14 or older. Regions report that self-selected or group mentorships and mentoring programs that focus on an independent living topic such as financial management seem to work better for youth. Regions 5, 6, 7, and 8 had active, established mentoring relationships in their communities for youth during FY21. In Region 5, the Junior League of Beaumont is currently providing mentoring and educational services, and several faith-based organizations expressed an interest in providing mentoring services during the year. Overall, 107 youth received mentoring services. The Region 6 Houston Alumni and Youth Center provides a transition coach who maintains contact after the youth leaves care. Youth form a bond and connection with a caring adult who they can maintain contact with after they leave care. Mentoring services were provided by the Houston Alumni and Youth Center to 24 youth.

ReVision addresses the population of youth with dual status (Texas Juvenile Justice Department and DFPS) and connects them with a mentor to visit them while incarcerated and provide guidance and support. Region 7 has three Memorandums of Understanding with Up Mentoring in Bryan, Transforming Life Center in Killeen and YES Mentoring in



Travis County to provide mentoring to youth in care. In Region 7, 104 youth in care were matched with mentors during FY20. Region 8 has a collaborative effort with Project Thru and mentored 312 youth during FY21. In FY19, a directory of contact information for all known mentoring programs for youth currently or formerly in foster care was posted to the DFPS website <https://www.dfps.state.tx.us/volunteer/Opportunities/mentor.asp> and remains in use at this time.

DFPS is legislatively required, along with single source continuum contractors in Texas in collaboration with local governmental entities and faith and community organizations, to examine the feasibility of designing a volunteer mentor program for children in congregate care settings. A report will be submitted to the legislature by December 31, 2022 reporting the findings and recommendations for establishing a mentoring program.

PAL staff, contracted providers and other community resources provide case management services to youth before or as the youth is leaving care. Case Management services may begin at age 16, but typically do not begin until just before a youth turns age 18. This service can continue for the youth up to age 21 years old to help identify individual support persons or supportive networks in adult living. In FY21, 4,465 youth and young adults received contracted case management services. Moving in to FY22 these services were redesigned, with youth at 17 qualifying for Pre-Transition Support services, and young adults at age 18 up to 21 whom have aged out and left care qualifying for Post-Transition Support services and case management.

Circles of Support are youth-driven/focused meetings offered to youth beginning at 16 years old. They enable youth to develop plans for a successful transition to adulthood and connect with supportive and caring adults who can help the youth after the youth leaves care. Circles of Support operate in all regions and are facilitated meetings with participants that youth identify as “caring adults” who make up their support system. Circles of Support participants can be the youth’s birth family members, substitute care providers, teachers, relatives, church members, mentors, and others.

Special consideration is given when a youth wants to reconnect in a healthy way with the youth’s biological family, including after parental rights have been terminated. In these situations, significant preparation with the youth and conference participants takes place to ensure that all participants understand the youth's desire to reconnect with their biological family and that the conference process can be achieved in a safe and supportive manner.

The Texas chapter of the national Foster Care Alumni Association provides alumni contacts who serve as mentors to youth in care in several regions. The PAL program continues to link with the DFPS Texas Youth Helpline (1-800-989-6884) to provide support and outreach to youth living independently after foster care. Youth Hotline volunteers are trained on the needs of youth, such as emergency housing and legal assistance, and sometimes are the only “caring adult” a youth has as a point of contact. Youth who exit care continue to be provided with the toll-free number to call for counseling and to locate services available in their communities. Youth or young adults can call, text, or chat online

24 hours a day.

DFPS staff continues to work closely with Texas Rio Grande Legal Aid which works with individual young adults on various legal issues such as receipt of Medicaid, tuition and fee waivers, and accessing other transitional living services benefits.

**3.Help children who have experienced foster care at age 14 or older engage in age or developmentally appropriate activities, positive youth development and experiential learning that reflects what their peers in intact family's experience.**

### **Positive Youth Development**

DFPS engages youth and young adults from all DFPS regions as partners and advisors in many DFPS efforts. They attend leadership trainings with CPS managers, serve on advisory committees, participate in surveys and interviews about program services, and conduct presentations with CPS staff. Youth and alumni meet approximately three times a year to address issues and make recommendations for improving services to children and youth in care and preparing to age out of care. DFPS continually requests input from a youth and young adult perspective for policy and practice development, as well as on a particular subject, activity, or service that impacts their time in care or transition to adulthood.

Regional Youth Specialists support youth and young adults while educating the community, stakeholders, and DFPS on issues facing youth as they transition out of care. They more formally infuse the voice of foster care youth in actual practice, as Youth Specialists are former youth. Regional Youth Specialists play a key role in the development and support of Youth Leadership Councils. DFPS employ a second State Office Youth Specialist in addition to the state office DFPS Youth Specialist/Education and Training Voucher Program Specialist. They are both-alumni of DFPS foster care.

Each of the DFPS regions are expected to employ either a full time or part-time Youth Specialist to support the ongoing development of local Youth Leadership Councils and act as consultant to DFPS across a continuum of youth services. As of April 11, 2022, 2 Youth Specialist positions are currently filled. While positions are vacant, the PAL staff ensure Youth Leadership Councils meetings and events are occurring regularly. Options for part-time positions were created to help recruit eligible Youth Specialist candidates who are engaged in post-secondary education opportunities. The Youth Specialist positions were upgraded to Program Specialist I level in FY20.

The Youth Specialists help to ensure that youth are aware of benefits, services, and resources available to them and understand how to access them prior to and after leaving care. In addition, Youth Specialists help inform and educate youth about the Foster Care Bill of Rights.

### **Youth Leadership Councils**

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. Feedback is incorporated for review and may be incorporated into program policies, best practices, or other program initiatives. DFPS also utilizes the Youth Leadership Council to obtain input on the changes to policy to ensure input is received from youth in care and accurately meet the needs of this population.

Statewide changes in protocol and requirements for all advisory councils changed the Youth Leadership Council structure, scope, and deliverables. Committee changes are intended to ensure that vital constituencies are represented to effectively address the scope of the committee's work. Rules were developed and posted for public comment. Although neither the Youth Leadership Council membership nor purpose changed, the council must compile and submit an annual report of activities and events to the CPS Associate Commissioner. Agency rule, 40 Texas Administrative Code §702.515 formally established the Youth Leadership Council and includes its purpose, tasks, reporting requirements, membership, meeting schedule, decision-making process, and date of abolishment. This rule also exempts the Youth Leadership Council's from the "Open Meetings Act" and requirement to submit names of council members for privacy reasons. Council by-laws, created and approved by a majority of the members, guide the Statewide Youth Leadership Council.

Like many activities, the COVID pandemic has created challenges and resulted in the use of virtual meetings for much of the Fiscal year. Statewide in-person meeting was held July 2021. In these meetings normalcy was discussed, and youth were able to discuss concerns and give input on things that work well and things that can be improved in foster care. Some of the topics that were discussed were employment barriers, sexuality, education benefits and coping with the pandemic. Recently passed legislation was also discussed at the July meeting.

The Texas Teen Conference, an event geared at was held virtually and included a fishbowl activity in which attendees (foster youth) were able to discuss normalcy and express feeling about what could be improved in foster care. Youth participants were able to present the information directly to DFPS leadership. Also included in this event were break-out sessions related to human trafficking and various topics related to transitioning to adulthood.

Across the state, Regions are at various stages of returning to in person meetings. All youth and young adults who participated in these meetings were between the ages of 16-21 and from a variety of placement settings, including foster homes, congregate care facilities, kinship placements, and Supervised Independent Living.

## **Activities for FY 2022**

Several meetings have been held across the regions to discuss benefits, services, and

resources available to youth to increase awareness of where they can receive support while in foster care and when they age out of foster care.

The last Youth Leadership Council Meeting was held in March 2022. On March 4<sup>th</sup> and 5<sup>th</sup>, 22 youth from statewide met in Dallas Texas. The first day, consisted of youth getting acclimated with their peers by doing a brief introduction and icebreaker then ending the day with a normalcy activity, at Andretti Indoor Karting followed by dinner. The second day consisted of breakfast, an icebreaker, a presentation from the Foster Care Ombudsman, Transitional Housing Options/ Voucher Programs, National Youth in Transition Database information and mentorship program. The conference ended with lunch and a debrief about the meeting (1 thing they learned and 1 thing they want to learn, Instagram, etc.) and recommendations for future Youth Leadership Council meetings. The youth stated they would enjoy learning more about their benefits and that they would enjoy the next Youth Leadership Council meeting to be in South Padre or in Austin, Texas.

The next In-Person Statewide Youth Leadership Council meeting will be held in Austin, Texas on June 6 – 8, 2022. The purpose of this meeting is to give youth who are, or were in foster care, a forum to address issues that affect children and youth and make recommendations to DFPS. Education Presentations will include Supervised Independent Living and Education and Training Voucher presentations, Human Trafficking, Superior Health Plan, DFPS Employment Specialist/ Texas Workforce Commission and a Panel presentation.

The Texas Legislature appropriated state funds for 2022 to support regional and state youth leadership councils and Youth Specialist activities. The primary purpose of this funding is to:

- Assist regional Youth Specialists to coordinate and facilitate youth leadership activities and councils;
- Assist DFPS with the development of services, policies, and procedures for youth;
- Create and coordinate leadership opportunities for youth;
- Assist youth in understanding the foster children's bill of rights; and
- Train state and regional youth specialists.

Funds have allowed staff to seek creative, youth-oriented meeting venues and activities to generate interest and encourage youth participation. Activities and events happen at bowling alleys, holiday gatherings at restaurants, movie nights with snacks, and at multipurpose entertainment and restaurant establishments. This allows for youth to also experience normalcy opportunities. Staff reached out to young adults who recently left foster care and offered them paid opportunities to discuss the transition process from foster care into independence and provide advice on how to become more successful as they transition into adulthood. In addition, the funds have improved participation at the Statewide Youth Leadership Council by allowing for overnight meetings. The overnight Youth Leadership Council meetings have been successful in reducing travel stress and

fatigue, allowing for a longer and more robust meeting time, and promoting bonding between members who otherwise would not have much time to build rapport with each other. If additional funds are needed to supplement state funds to support the Youth Leadership Council meetings, staff seek out community resources such as through CASA, Child Welfare Boards, Transition Centers, Post-secondary Institutions of higher learning and faith-based community and other local stakeholders.

### **Opportunities to Practice Daily Living Skills through experiential learning**

Foster parents and other providers are required to include training in daily living skills through practical activities such as meal preparation, nutrition education and cooking, use of public transportation when appropriate, financial literacy training (money management, credit history and banking), and performing basic household tasks for youth age 14 and older. If the youth has a source of income, the provider must assist the youth in establishing a savings account. Foster parents and caregivers must connect youth and young adults to community resources such as post-secondary education; employment opportunities; and vocational/technical school opportunities. The youth's opportunities to practice daily living skills through experiential learning while in foster care and the receipt of PAL services should complement one another and are discussed and addressed in each core life skill area within the youth's Child's Plan of Service. Foster parents receive training on normalcy from their Child Placing Agency to understand their role in allowing youth to participate in normalcy activities, such as going on outings with friends, going on dates, taking a driver's education course, participating in extracurricular activities, etc. The 24-hour Residential Requirements Guide includes a link to the DFPS website of updated resources to aid foster care providers with access to web-based information about life skills and normalcy activities.

### **4. Provide financial, housing, counseling, employment, education and other appropriate support and services to former foster care recipients between 18 and 21 years of age to complement their own efforts to achieve self-sufficiency and to assure that program participants recognize and accept their personal responsibility for preparing for and then making the transition from adolescence to adulthood.**

DFPS continues to contract and collaborate at the state and regional levels to provide services and supports to youth aging out of DFPS conservatorship. Approaches include case management to help youth access housing, health care, job training and financial support. Agreements between DFPS regions and local workforce boards include strategies for engaging community interest in developing short term housing referrals for youth in transition in all regions, in addition to streamlined referrals, case management, improved employment readiness, job training, and placement opportunities.

To assist youth under 18 in becoming financially independent, the PAL staff have researched banks and credit unions in each region to find youth friendly financial institutions that allow a minor to open a bank account without an adult co-signor, which is

helpful as CPS caseworkers cannot co-sign for a bank account, and while providers can volunteer to co-sign, few of them offer to do this youth are encouraged by CPS staff and providers to enter into employment when appropriate and as schedules permit to begin saving to become more financially independent when they age out of care.

### **Financial Assistance in coordination with Case Management for Young Adults Ages 18-21.**

Youth 18 to 21 years of age who have aged out of DFPS conservatorship or leave the DFPS extended foster care program are eligible for up to \$3,000 (with a limitation of no more than \$500 per month) in Chafee "After Care Room and Board" assistance if there is a need or emergency. Beginning in May of 2021, until September 30, 2022 this number has been increased to \$4,000 due to the HR133 pandemic funding received, and increased needs of young adults during this period. In FY 21, PAL staff report 1,006 young adults received Aftercare Room and Board assistance.

Aftercare Room and Board includes rent, rent deposit, utilities, utility deposit, host home and food. In a host home, a young adult rents a room in a family or single adult's home and agrees to basic rules while being largely responsible for meeting their own needs. Aftercare room and board assistance is coordinated with other services and benefits available to this population, such as Temporary Assistance to Needy Families, Supplemental Nutrition Assistance Program (food stamps), Medicaid, subsidized housing and social support.

Aftercare Room and Board services are offered through regional Case Management and After Care services contracts. Through these contracts, services are available to youth both in and out of care from ages 16 to 21. A case manager works with the youth on their budget and individual needs prior to providing financial assistance. Aftercare Room and Board payments are allowed for young adults living with their parent with the following assurances in place: a determination is required by PAL staff that the parent (if a designated perpetrator) not be a threat to the health and safety of the youth; PAL Staff provide contractors with the names of the parents on the service authorization; a rental agreement is in place between the youth and parent; and payment is made to the youth who is then responsible for paying their parent if there is a not a third party to make payment to.

A transitional living allowance of up to \$1,000 to help with initial start-up costs of adult living is distributed in increments of up to \$500 per month, for young adults up to age 21 who meet the DPFS criteria, including participating in Life Skills Training and living in a DFPS or Medicaid paid placement within the 24 months before the allowance is initiated (this criteria can be waived by the PAL Supervisor). Beginning May 2021, through September 30, 2022 these funds have been increased to \$2,000 caps due to increased needs during the pandemic, and the availability of the HR133 pandemic funds provided by the federal government. In FY2021, PAL staff report a Transitional Living Allowance was provided to 1,595 young adults to help with basic start-up costs in adult living.

During FY21 and FY22 DFPS also entered into a procurement and executed the PanAid program which provided pandemic assistance to young adults aged 18 up until their 27<sup>th</sup> birthday to support their continued successful transitions to independence. Through this program, funds had to be obligated to young adults by September 30, 2021 (due to federal guidelines on the use of the funds for young adults ages 21 -26), and funds had to be liquidated by December 20, 2021. This program was able to provide support to 2,372 unique individuals, and disbursed \$5,083,010 in living expenses (reimbursements for eligible rent and utilities payments to help young adults maintain housing), \$1,244,143 in eligible transportation expenses, and \$2,663,469 in direct Pandemic Assistance Payments to assist young adults in maintaining their independence.

## **Housing**

PAL staff refer young adults ages 18 to 21 to the Texas Runaway and Homeless Youth grantees of the Family and Youth Services Bureau for transitional housing, as appropriate. DFPS has a new Housing Program created by the new Housing Specialist. The Housing Program focuses on monitoring the young adult targeted rental assistance programs including the new Foster Youth to Independence (FYI), the Family Unification Program (FUP), and the Section 811 Rental Assistance project. The goals of the DFPS Housing Program within the Transitional Living Services Division are to 1) assist in locating housing for as many youths as possible, and 2) end homelessness for those transitioning from foster care to a successful adulthood.

The strategies to achieve these goals include:

- Providing information and training about youth targeted rental assistance programs and voucher options throughout Texas.
- Creating materials and this dedicated webpage to share related information.
- Designating regional housing liaisons as local points of contacts.
- Conducting outreach to public housing authorities and increasing partnerships.
- Increasing referrals to these rental assistance programs, and
- Supporting additional housing options such as the Supervised Independent Living (SIL) program, Transitional Center Housing programs, Transitional independent Living programs, and traditional Housing Choice Voucher programs.

Each region now has a DFPS staff who is the designated Housing Liaison that serves at the point of contact at the local level. The Housing Liaisons work with the Housing Specialist, transition centers, and local housing authorities on behalf of youth aging out of care. Since the Foster Youth to Independence (FYI) rental assistance program requires an agreement between DFPS and local housing authorities, the Housing Specialist and the Regional Housing Liaisons actively pursue partnerships to expand the Foster Youth to Independence programs statewide. The Family Unification Programs are implemented

by local housing authorities without an agreement with DFPS, but DFPS refers young adults to these programs. The Section 811 Project Rental Assistance program does require an agreement between the agencies and DFPS refers youths to this program. This program also requires trained referral agents that can apply directly to the program on behalf of young adults. DFPS staff can apply directly to local housing authorities for the Foster Youth to Independence and -Family Unification Programs.

**Foster Youth to Independence (FYI) Summary:** This is a program that serves young adults 18 to 24 and requires a partnership between DFPS and local Housing Authorities. DFPS verifies foster care involvement and refers young adults to the local Housing Authorities who administer the voucher program. There has been progress securing partnerships with local housing authorities across the state.

- Region 1 – Has a new Housing Liaison Alexandra Cuevas with St. Francis. This region is finalizing agreements with Lubbock and South Plains. There is an agreement with the Panhandle. This will be a total of 3 partnerships.
- Region 2 – Is in the process of finalizing an agreement with Abilene for a total of 1 partnership.
- Region 3 – Is in the process of adding Texoma and as a partner. They have partnerships with Mesquite, Tarrant County and Denton for a total of 4 partnerships. They are in the process of adding Grand Prairie too.
- Region 4 – Is in the process of adding Texarkana and Paris as partners. They have a partnership with Longview, and they are in the process of adding Athens. They have 3 partnerships overall.
- Region 5 – Is finalizing an agreement with Deep East Texas to add to the partnership with Port Arthur for a total of 2 partnerships. They are in the process of adding Nacogdoches.
- Region 6 – Has finalized a partnership with Rosenberg to add to their partnerships with Houston, Harris County, and Galveston County for a total of 4.
- Region 7 – Has added Austin as a partner to add to their partnerships with Waco, Round Rock and San Marcos for a total of 4.
- Region 8 – Has finalized a partnership with Bexar County for a total of 1. They are in the process of adding San Antonio.
- Region 9 – Is finalizing new agreements with Odessa and San Angelo to add to their partnership with Midland for a total of 3.
- Region 10 – Is finalizing new agreement with El Paso County to add to their partnership with El Paso City for a total of 2 partnerships.
- Region 11 – Has secured 9 partnerships overall including Brownsville, Corpus



Christi, Harlingen Kenedy, Laredo, Pharr, Port Isabel, Robstown, and San Benito.

Over the past year, DFPS doubled their partnerships from 18 to 36 agreements. In addition, DFPS more than tripled the number of young adults housed in the Foster Youth to Independence program to 143.

**Family Unification Program (FUP) Summary:** This program is administered by local Housing Authorities and does not require a partnership with DFPS. However, DFPS does refer to these programs across the state and is now monitoring activities. There are 26 partnership across the state. The Family Unification Program is divided into two categories: Family Unification Program families and young adults. Foster care involvement is not verified. However, the majority of those using the Family Unification program are families. These are families at risk of losing a child to foster care due to homelessness, so services are a preventative measure. The remaining are Family Unification Program young adults and some housing authorities verify foster care involvement. The totals are not a summary of totals, but a snapshot in time. In November 2021, Housing and Urban Development reported that 761 participants were using this voucher program.

**Section 811 Project Rental Assistance Summary:** This is a rental assistance program that targets young adults with disabilities leaving foster care ages 18 to 62. There is a partnership between DFPS, who refers to the program, and the Texas Department of Housing and Community Affairs who administers the program. There have been 3 statewide referral agent trainings over the year. There have been over 60 participants and approximately 35 new referral agents are registered. Section 811 requires training as a referral agent to be able to apply directly to the program. Previously, there was one referral agent for the entire state and now there are 35. There is not as much availability in this program and it is restricted geographically, but for those who obtain this voucher it can be a permanent housing solution. This program has announced that they plan to open up some waiting lists and give preferences to young adults leaving foster care, so DFPS plans to reach out to them regularly. To date, DFPS has made 45 applications to this program, housed 13 young adults overall, and currently houses 7 young adults. There are 11 young adults on the waitlist. DFPS and Texas Department of Housing and Community Affairs are working closely to update our agreement to eliminate barriers to the program, develop preferential waitlists for young adults, open up waitlists, and increase the number of young adults in this program overall.

Texas institutions of higher education are required to assist full-time students formerly in DFPS conservatorship or who have legally emancipated in locating temporary housing between academic terms (Christmas and summer holiday breaks). On campus housing is dependent upon availability and if the school chooses to provide housing for the student. Students must request the housing assistance and are encouraged to inquire at financial aid offices, student affairs offices, admissions offices, or housing/residence life/residential living offices. PAL staff provide this information to youth aging out of DFPS

foster care. Housing opportunities do not always meet the housing needs of young adults that attend during regular semesters. Additionally, the cost of student housing has risen and is not keeping pace with the college funds currently available to former foster care students. College is becoming increasingly more expensive, which affects the ability of the student to complete their academic program and goals if there is no stable housing available. The Education and Training Voucher funds housing and room and board but these funds are usually not adequate for sufficient housing.

Young adults are offered the opportunity to stay in foster care after age 18 in the Extended Foster Care program and DFPS provides additional housing options for this through the Supervised Independent Living program. Currently, there are 33 contracted Supervised Independent Living providers offering placements in 10 regions in the state.

An increase in transitional living opportunities, particularly in rural communities, is needed to help meet growing needs for safe and affordable housing and provide stability for youth aging out of care.

According to the most recent National Youth in Transition Database data available (FFY20), 21.60% of 17-year-old respondents reported having been homeless -ever. PAL staff reviewed the comparison of the National Youth in Transition Data full cohort of surveys 17- 21 provided by the Administration for Children and Families and shared with staff and community.

The PAL staff and contractors' partner and coordinate with several Runaway and Homeless Youth Act grantees on the prevention of homelessness through the provision of aftercare case management services. Some of these Transitional Living programs include Lifeworks/Youth and Family Alliance in Austin, Central Texas Youth Services Bureaus in Belton, and Roy Maas Youth Alternatives in San Antonio.

### **Extended Foster Care Program**

Under the current Extended Foster Care program policy, a young adult who ages out of conservatorship at age 18 can stay in Extended Foster Care provided the young adult signs a voluntary extended foster care agreement and meets of the eligibility requirements below:

The young adult can stay up to the end of the month of the 22nd birthday if regularly attending high school or enrolled in a program leading toward a high school diploma or school equivalence certificate (GED); or 21st birthday if:

- regularly attending an institution of higher education or a post-secondary vocational or technical program (minimum six hours per semester);
- actively participating in a program or activity that promotes, or removes barriers to employment;
- employed for at least 80 hours per month; or

- is incapable of doing any of the above due to a documented medical condition.

Services for young adults participating in the Extended Foster Care program include placement, monthly casework, continued work on Transition Plan goals, Circles of Support, access to the college tuition and fee waiver, use of the Education and Training Voucher funds to assist with educational expenses not related to housing (such as books, supplies, and transportation), and access to PAL classes and staff for assistance with transitional living services. With the exception of After Care Room and Board financial assistance, young adults continue to receive other Chafee Foster Care Independence Program services as noted. Implementation of the Extended Foster Care program optimized the ways that Chafee Foster Care Independence Program services are utilized. Caseworkers and providers ensure young adults are aware of and have access to all services and benefits needed to transition to self-sufficiency.

While in Extended Foster Care, the court continues jurisdiction but DFPS does not maintain legal custody (managing conservatorship in Texas). This allows the court to continue permanency hearings every six months to review progress on transition plan goals and services.

In state fiscal year 21, there were 1466 young adults that participated in the Extended Foster Care program. The average stay in Extended Foster care in fiscal year 21 was 16.6 months.

Data collected assists in continuous quality improvement for delivery of Chafee Foster Care Independence Program services, particularly in relationship to the growth of the Supervised Independent Living program.

The foster care reimbursement rates are determined by a Health and Human Services rate setting committee and approved by the Texas Legislature. Texas continues to pay a foster care reimbursement rate to a contracted provider rather than paying an amount directly to the young adult in the approved placement.

Regular providers serve all ages of youth and young adults in their programs and are required to be licensed by the Health and Human Services Commission. Young adults have expressed dislike of the continued use of the term foster care for their situation, continued levels of supervision and restrictions on their activities, and limitations due to licensing restrictions. As a result, DFPS has changed the terminology in policy to reflect that these are young adults, not children or youth. A guide was developed by CPS program and contract staff and by Licensing for providers to encourage age-appropriate activities and to delineate the options currently allowed. DFPS developed a Supervised Independent Living program to allow a young adult more independence while still in care.

Many young adults leave or never enter extended foster care because they want to begin making their own decisions free of governmental oversight or they do not agree with the provider restrictions. Young adults who leave prematurely tend to have poor outcomes. When extended foster care placements break down, it is difficult to find another provider

willing to accept the person for placement, especially when they have other children and youth in their placement setting.

Unfortunately, some young adults stop meeting the eligibility requirements related to education or work. Since extended foster care is voluntary and conditioned upon eligibility requirements, DFPS does not continue the foster care placement unless the young adult meets eligibility requirements.

Information about Extended Foster Care is updated regularly and posted on the DFPS public website. DFPS regularly monitors an Extended Foster Care e-mail account for young adults and others interested in knowing more. CPS staff, PAL program staff, and Youth Specialists continuously encourage youth and young adults to consider staying in Extended Foster Care to complete their education and employment goals.

### **Supervised Independent Living Placement Program**

Texas developed a Supervised Independent Living placement program that utilizes providers obtained through the state's procurement process. Young adults are able to live in age appropriate, non-traditional foster care settings that are regulated by contract. These settings may include apartments, shared housing, college and non-college dorms, as well as host homes. As of March 2022, DFPS has 33 contracted providers (including 7 universities) in ten regions. In March 2022 there were 207 young adults in Supervised Independent Living placements. Information about the Supervised Independent Living program is posted on the DFPS Web site. DFPS continues procurements to increase the number of providers and placements. DFPS hosts bi-monthly conference calls with current providers to discuss best practices, issues and barriers encountered by young adults enrolled in their programs. There are now seven universities contracting directly with DFPS through Inter-Agency Contracts.

The Supervised Independent Living program foster care reimbursement rates are determined by the Texas Health and Human Services rate setting committee and approved by the Texas Legislature. Texas continues to pay a foster care reimbursement rate to a contracted Supervised Independent Living program providers rather than paying an amount directly to the young adult so he or she can gain experience managing finances to address basic needs (purchasing food, etc.).

### **Trial Independence Period**

After federal law authorized young adults to have a trial independence period after leaving care that would allow them to return for Extended Foster Care if needed and resume their foster care eligibility, the Texas Legislature amended the statutes on extended court jurisdiction. Under current Texas law, young adults turning 18 years in DFPS conservatorship may have a six-month trial independence period that may be changed to a twelve-month trial independence period, if court ordered. During this period, the young adult can still contact their former caseworker for limited assistance, if needed. They can also contact their PAL staff for other transitional living services. In Texas, the court jurisdiction continues during the six or twelve-month trial independence period and issues can be presented to the court, as needed.

## **Education**

The most recent National Youth in Transition Database data available (FFY 20) indicated - 5.19% of surveyed 17-year old finished high school or a GED Certification and 92.42% were attending school currently (high school, GED Certification classes, post-high school vocational training or college). DFPS staff will also analyze data such as patterns across the full cohort of youth from ages 17 to 21 snapshot provided by the Administration for Children and Families to find other opportunities to improve.

PAL staff and other DFPS staff ensure that young adults are aware of post-secondary education programs and resources are available for those wanting to pursue higher education goals, including the Education and Training Voucher program, Texas college tuition and fee waiver, and two DFPS scholarships. DFPS staff and providers encourage youth and young adults to explore opportunities available through vocational/technical classes and career schools where the young adult can learn a skill and receive a certification in a shorter period of time than it would take to receive a two or four-year degree and that would fit with the goals of the young adult.

## **Employment and Other Services to Youth with Disabilities**

Services to youth and young adults with disabilities and special health care needs are provided through the team effort of specialized CPS staff in coordination with the child's primary caseworker. CPS employs Developmental Disability Specialists across the state to improve well-being outcomes for children in DFPS Conservatorship. DFPS Developmental Disability Specialists coordinate with the Texas Workforce Commission and Health and Human Services to obtain vocational training and employment services for youth and young adults with disabilities. Texas offers supported employment services through programs such as the Medicaid Waiver programs, and the Texas Workforce Commission provides training and support with finding and maintaining employment for youth with disabilities through their Vocational and Rehabilitation Services. Additionally, DFPS is a member of the Employment First Task Force that is focused on creating statewide opportunities and policies for individuals with disabilities of working age to obtain and maintain competitive employment and to earn a living wage.

DFPS Developmental Disability Specialists work with the Local Intellectual and Developmental Disability Authorities to identify and obtain long term services and supports for transitioning youth and young adults with disabilities. DFPS is also represented on Community Resource Coordination Groups, along with the Texas Workforce Commission, Texas Education Agency and local community leaders. Community Resource Coordination Groups ensure every youth transitioning from care, including those with intellectual and developmental disabilities, have an opportunity to prepare and be equipped for a job or become more independent. The intent of the Community Resource Coordination Groups is to promote cross-agency partnering and resource sharing in support of youth transitioning from foster care and from school. The DFPS goal, through coordination of efforts by various specialized staff, is to ensure the individual needs of youth and young adults with disabilities and special health care needs

are met.

DFPS Development Disability Specialists assist youth and young adults with intellectual and developmental disabilities to access long-term services and supports such as obtaining a determination of disability eligibility, accessing local employment assistance, day habilitation or acquiring daily living skills, accessing transportation and other housing assistance, if needed. Other assistance includes obtaining adaptive assistance aides or equipment, specialized therapies, and referrals to help young adults' transition from care. DFPS works closely with other state agencies that may include offering long-term supports through Medicaid waiver programs such as Home and Community-based Services that provide a comprehensive array of services that include residential services to support their success in the community.

### **Texas Youth Helpline**

The Texas Youth Helpline is a resource for parents and youth up to 21 years of age, including those who have aged out of care. Youth may contact the helpline if they are thinking about running away for toll free telephone counseling, information and referrals. The helpline can also help young adults locate services available in their communities. The Texas Youth Helpline provides a number where youth or young adults who need assistance can chat or send a text instead of calling the helpline. DFPS Transitional Living Services staff makes regular efforts to ensure The Texas Youth Helpline resource information is current.

### **Outreach**

Outreach efforts to youth and young adults includes flyers, newsletters, brochures, training, local and statewide teen and college conferences, Youth Take Flight for Success Seminars (Aging-out Seminars), youth development events and activities, memos to foster care providers and program updates to external partners, and networking with residential treatment centers, homeless shelters and transitional living facilities. Regional Youth Leadership Councils assist in getting the word out about Youth Take Flight for Success Seminars (Aging-out Seminars) to eligible youth. DFPS staff, stakeholders, youth and young adults contribute to updating information, on the DFPS website.

The phone, in person or mail continue to be the most frequently used methods to complete the National Youth in Transition Database survey. DFPS no longer has a Texas Youth Connection Facebook page, as the majority of youth identified Instagram as their preferred social networking choice. As a result of youth feedback, DFPS launched their Instagram page called Youth Take Flight located at <https://www.instagram.com/youthtakeflight/>. Positive success stories, motivational/uplifting quotes and resource information is posted on the Instagram page by the State Office Youth Specialists.

DFPS does not have a singular awareness campaign on the needs of youth in care but instead relies on regular Instagram postings, the Texas Foster Care Handbook for Children, Youth and Young Adults, website stories on "DFPS Delivers", fliers and brochures for specific programs such as the Supervised Independent Living Program,

Extended Foster Care program, Circles of Support, the Education and Training Voucher program, and the National Youth in Transition Database. Updates to the Transitional Living Services program section of the public website are made regularly. DFPS staff meet with the agency's Media department to maintain the webpage.

- States or tribes that have amended their title IV-E plan to offer extended foster care to eligible youth to age 21 or are operating a comparable program for youth up to age 21 through state or tribal funding may offer services outlined in purpose #4 to youth up to age 23.

### **5. Make available vouchers for education and training, including postsecondary education to youth who have aged out of foster care.**

The Education and Training Voucher Program, as described above, is administered statewide through a DFPS contract with Baptist Child and Family Services and Human Services of San Antonio. A five-year renewal on this contract was entered into in October 2018 ending in September 2023. Due to the Supporting Foster Youth and Families through the Pandemic Act, the contract has been amended as of April 2021 to extend services to eligible youth up to age 27 and to allow for the other flexibilities the Act provided, including payment for items and services that are not a part of the student's cost of attendance and the suspension of the requirement to make satisfactory progress toward completion. These flexibilities and increase in age eligibility are effective thru September 2021. After this time, the normal age of eligibility will increase from 23 to 25. DFPS was given discretion to increase the age of eligibility as a result of FFPSA and after assessing budget and past spending it was determined that we could accommodate the change through September 2022 as funding is available.

The contractor works closely with each region and the Transition Centers. The contractor operates a personalized, individualized model with special attention to youth and timely distribution of information and awards. An electronic Education and Training Voucher application is available at <http://discoverbcfs.net/texasetv> to further streamline services for students. Baptist Child and Family Services Health and Human Services also has paper applications that can be filled out and submitted and a toll-free number for individuals to inquire about the program. The contractor uses informational services provided by the Texas Higher Education Coordinating Board to maintain current information of post- secondary education schools cost of attendance, collects demographic information and tracks youth

From the FY20 to FY2021 period, there was a decrease in enrollment and new applications in the Education and Training Voucher program. A good portion of this decrease can be attributed to the pandemic. Baptist Child and Family Services has attributed some of the other issue's students may have with enrollment as follows:

- Not meeting the school policies for satisfactory academic progress with a drop in the GPA affecting continued receipt of financial aid;

- Exceeding the cost of attendance for students applying for loans and then applying for Education and Training Voucher funds without understanding the impact;
- Not accessing all funding available even when reminders are sent from staff;
- Not sending all documents that are needed to complete the application despite follow up from the staff.
- Per outreach surveys conducted by the contractor, some youth are unaware of the program and are not applying.

Baptist Child and Family Services Health and Human Services continued in FFY 2020 to FFY 2021 to prioritize improving services as follows:

- More social presence by updates to the Education and Training Voucher website to make it more user friendly and the addition of an Education and Training Voucher Facebook page;
- More flexibility with application deadlines and quicker processing times;
- Monthly follow up to pending applications in an effort to enroll youth sooner in the program;
- Increased outreach and communication with youth, staff and the community;
- Partnered with Transition Centers, DFPS PAL staff and Foster Care Liaisons to host ETV days;
- Implementation of sending out mass email reminders for application open dates, deadlines, documents needed, etc. to both youth and staff;
- Implementation of new Chat feature on the ETV website; and
- Implementation of texting youth for follow up purposes.

Baptist Child and Family Services Health and Human Services staff outreach to these students to discuss the effects of loans and receiving the voucher, refer underperforming students to the appropriate college offices to sign up for tutoring and mentoring, and notify students to access the remainder of their funds and submit the missing documents to complete the application. If the student is still living with their parent or guardian upon approval for the Education and Training Voucher (ETV) program, these individuals are required to enter into a rental agreement with the parent or guardian that describes each party's financial obligations for living expenses (housing, room and board, and utilities). Once the agreement is signed, the young adult is paid directly and is responsible for paying the parent or guardian per the rental agreement. This ensures that parents are not directly being paid ETV funds, which are meant for the young adult, and young adults learn financial management and responsibility.

The ETV program will serve youth who were in foster care from out of state that move to Texas to attend school, if funding is available. Students who move to Texas and were previously receiving funds from another state should continue to receive funds from that



state. Out of state students are provided contact information for their states' Independent Living Coordinator if they were previously receiving funds in that state to inquire about continuing in the ETV program through their state of origin. If students are unable to access funds in their state of origin, the ETV Program will still serve these students as long as funding is available.

The DFPS Education and Training Voucher Specialist assumes certain responsibilities related to individual inquiries received about the program, monitor monthly data entry requirements, clarifies policy, provides training and technical assistance and organizes and disburses information packets to educate and inform communities and assists in the recruitment of youth participants. DFPS uses a handout, in English and Spanish, as an additional tool to inform individuals of the ETV program. These are handed out at various conferences, meetings, and venues to youth, staff and stakeholders. Baptist Child and Family Services Health and Human Services created additional marketing materials for youth, providers, colleges, and other stakeholders. Baptist Child and Family Services added a Chat feature to their website to provide youth with another method of contact.

### **3. Provide services to youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption.**

Youth who are the subjects of adoption assistance or permanency care assistance agreements after turning age 16 years old are eligible for the ETV Program. Until recently, the ETV Program allowed eligible youth ages 16 years through age 23 to receive up to \$5,000 annually to cover the cost of attendance for higher education or vocational training. The Supporting Foster Youth and Families through the Pandemic Act was passed in December 2020, allowing ETV and PAL services to be temporarily extended to youth up to age 27. The federal law also gave states temporary additional funding to help support the temporary age increase. This age increase extends thru September 2021. The FFPSA gave discretion to raise the age of eligibility for ETV services. As a result, DFPS amended the Education Training Voucher contract effective September 1, 2021 to include the following:

- Up until their 25<sup>th</sup> birthday, students may receive up to \$12,000.00 for Cost of Attendance (COA) through September 30, 2022, or as the availability of the additional HR133 ETV federal funding remains.
- Additional ETV funds provided through HR 133 will be used for all the COA award students aged 23-24
- Students whose ETV award was based on the \$5,000.00 cap prior to this amendment, their applications will be reviewed, and funds granted based on the \$12,000.00 cap mentioned above.
- If HR 133 funding is exhausted, the age criteria reverts to until the student's 23rd birthday with a COA up to \$12,000.00 through September 30, 2022, or as the availability of the regular Chafee grant remains.
- If the regular Chafee grant will be exhausted prior to September 30, 2022 the COA

amount will revert to \$5,000.00; and age will remain until the student's 23rd birthday.

These funds assist students in achieving their post-secondary educational goals. The caregiver may receive the permanency care assistance monthly benefit of up to \$400 for youth whose authorized service level need is basic. These youth are also eligible for Medicaid. Youth who have left foster care after age 16 through adoption can also qualify for extended adoption assistance. This helps to defray some of the costs associated with adopting a youth with special needs. Other benefits include Medicaid coverage until age 21.

Any person adopted from DFPS conservatorship on or after September 1, 2009 and youth in DFPS conservatorship for whom permanent managing conservatorship was awarded to an individual other than the student's parent on or after September 1, 2009 is eligible for the Texas college tuition and fee waiver.

Information and resource materials related to both the Texas college tuition and fee waiver and the Education and Training Voucher program are provided by DFPS staff, as well as posted on the DFPS public and Education and Training Voucher contractor websites.

**4.Ensure children who are likely to remain in foster care until age 18 years of age have regular, on-going opportunities to engage in age or developmentally appropriate activities as defined in section 475(11) of the Act.**

Youth are offered various opportunities both in the region and statewide to engage in age or developmentally appropriate activities necessary to transition to successful adulthood. The PAL program provides life skills assessments to youth in permanent managing conservatorship who are ages 14 and 15, and optional services such as age-appropriate activities and trainings for youth who are ages 16-20; independent living supplies; graduation expenses when not available from other sources. Life skills trainings include age appropriate activities and normalcy opportunities. Opportunities for normalcy, however, apply to youth of all ages.

The PAL program contracts for statewide conferences such as the Teen Conference at Texas A&M – San Antonio, College Conference with Texas A&M San Antonio (seeking a new partner for FY23 with Texas A&M-SA taking over Teen Conference), and Career and Technical conference with Austin Community College, to learn about life skills, interact with their peers and have fun while learning. The PAL staff provide Youth Take Flight for Success seminars to youth at age 17 to further enhance what they learned in PAL life skills training classes and provide another opportunity to learn and engage with their peers. The PAL staff provide regional teen conferences and college conferences to help youth further develop life skills and prepare for post-secondary educational decisions. The PAL Staff work with community providers to ensure youth celebrate their achievements by offering graduation celebrations, prom events, holiday events, and back to school nights. These events target promoting normalcy in addition to being informative. The CPS state and regional Youth Specialists regularly speak to youth and caregivers about the

importance of youth being able to engage in age appropriate activities. DFPS was appropriated state funds to support regional and statewide youth leadership activities to include Teen Conferences, Aging-out Seminars and Youth Leadership Councils.

DFPS amended rules to strengthen the minimum standards for normalcy. The amendments added definitions for babysitting, normalcy, and unsupervised activities. Normalcy training requirements for licensed child placing staff and caregivers have also specifically been added to minimum standards 26 Texas Administrative Code §749.882. Staff and caregivers are required to have two hours of pre-service and annual normalcy training. DFPS has added the requirement to discuss normalcy in the Child's Plan of Service as well as the permanency hearings for the youth.

**Report activities to coordinate services with other Federal and State programs for youth (especially transitional living programs funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974, abstinence programs, local housing programs, programs for disabled youth (especially sheltered workshops), and school-to-work programs offered by high schools or local workforce agencies in accordance with section 477(b)(3)(F) of the Act.**

The Texas Juvenile Justice Department and DFPS state office staff participate in quarterly meetings with regional DFPS staff to better coordinate federal Chafee Foster Care Independence Act programs and other services for older youth and those aging out of care. Special management level meetings are held if needed. DFPS, as the state's IV-E agency, coordinates with Texas Juvenile Justice Department for the pass through of IV-E funds for Texas Juvenile Justice Department and local/county juvenile probation department placements that qualify for IV-E funds. Changes are currently being discussed with the Texas Juvenile Justice Department regarding the IV-E program, which has proposed discontinuing new youth being added to the program and revision of their approach.

Historically, DFPS contracted with the Texas Juvenile Justice Department to provide Life Skills training for up to 25 youth placed in Title IV-E foster care by the Texas Juvenile Justice Department or a local/county juvenile probation department and have a Child Service Plan which includes a permanency goal of Another Planned Permanent Living Arrangement, Another Planned Living Arrangement Independent Living, or Another Planned Living Arrangement Community Care. However, this contract will not be renewed as the Texas Juvenile Justice Department no longer has youth that meet the eligibility criteria and they now have their own independent living program. Additionally, DFPS coordinates and provides After Care Room and Board services for eligible young adults that have been placed by local/county juvenile probation department in Title IV-E placements.

DFPS works with local/county juvenile probation departments as needed to support efforts to coordinate service planning regarding youth and families that interact with both systems.

DFPS staff and PAL staff inform youth before they leave care about the Extended Foster Care and Supervised Independent Living programs and the positive advantages of staying in care past age 18 in order to meet their educational or employment goals before they are on their own. Youth and young adults are also informed about the option to return to care, in case this is needed to help with preventing homelessness, to achieve other goals or to access other immediate services. DFPS has discussed with youth how to rebrand the Extended Foster Care program that would not directly associate a young adult with being in "foster care".

The PAL contract case managers refer youth and young adults to community housing services such as homeless shelters, local housing authorities, and other Transitional Living programs offered by providers that may contract with DFPS. A list of available housing resources is maintained in each region. Additionally, DFPS involves other state agencies such as the Department of Aging and Disability Services to staff the more difficult cases where the risk of homelessness is greater because of the needs and challenges to a young adult.

In FFY2020, the most recent National Youth in Transition Database data available, 21.6% of youth age 17 who were surveyed reported having been homeless ever which may include couch surfing.

DFPS has collaborative relationships with the Texas Education Agency, Texas Workforce Commission, and the Department of Assistive and Rehabilitative Services (school transition program, transition counselors, and developmental disabilities staff) to ensure youth transitioning from care and from secondary school have the help and support they need to obtain skills for adult living, increased independence, and employment experience and jobs. The Texas Education Agency offers learning support and programs on career and technical education programs with a sequence of courses that provides students with coherent and rigorous content. This content is aligned with challenging academic standards and relevant technical knowledge and skills needed to prepare for further education and careers in current or emerging professions. Youth are offered the opportunity to participate in these programs if interested and as appropriate.

One of the more successful and ongoing initiatives involve building community consortia, which address and resolve barriers students in foster care face as they meet graduation requirements and move into the workforce or continue in completing their post-secondary opportunities.

DFPS and the Texas Workforce Commission share data regarding youth and young adults for the purpose of increasing the number of youths receiving employment and supportive services. For calendar year 2021/2020, 65% of youth and young adults referred to local workforce offices or Transition centers received a workforce service. DFPS State Office and Texas Workforce Commission State Office renewed their agreement in 2021 to continue their efforts to provide youth currently or formerly in foster care priority Workforce services. In addition, the eleven local DFPS regions have completed renewals or are in process of renewing local agreements with the 28

Workforce Solutions Boards and corresponding Transition Centers. The Transition Centers were included in these renewals to better define and outline roles and responsibilities of each entity (DFPS, Boards and Transition Center) in addressing the job readiness, career development and employment needs of youth and young adults currently or formerly in foster care.

These agreements will improve educational, training and employment outcomes for youth through effective workforce collaborations. Additional requirements will include cross training of agencies, increased frequency of meetings between agencies for more accountability, and increase internship and apprenticeship opportunities. DFPS submits quarterly data on the number of PAL eligible youth referred to workforce centers and transitions and receives a report back from the Texas Workforce Commission of those same youth that received a workforce service or transition center service from the Workforce Advocate. DFPS worked with Texas Workforce Commission during this reporting period to improve the structure of the report and better understand the information provided. Texas Workforce Commission started providing an additional report twice a year to include skill demand data broken down by DFPS region to better assist youth and young adults to know what employers want in an employee. DFPS staff, providers and caregivers provide encouragement to youth and young adults to access local Workforce Solutions Centers for employment and training related opportunities, benefits and resources and to register in the Texas job search system, Work in Texas. DFPS has partnered with the Workforce Solutions for North Central Texas to provide future internships. In addition, DFPS Regions 6 and 10 have offered formal internship opportunities but were limited due to the Covid pandemic.

DFPS coordinates with the Texas Education Agency, local school districts, and local workforce agencies to introduce youth to employment opportunities and trainings offered. Since Texas law prioritizes workforce services for youth, CPS works to ensure youth are enrolled in employment programs offered by local workforce centers. CPS has a point of contact list for each local Workforce Development Board or Center in case youth are having difficulty in accessing workforce services. PAL staff receive updates to the contact list as provided. Having access to these contacts is beneficial to CPS staff and providers who assist youth with information about workforce programs and other employment services.

DFPS coordinated regular meetings with Texas Workforce Commission Vocational Rehabilitation Services staff to educate and strategize ways to increase the number of youth and young adults receiving services. The Texas Workforce Commission Vocational Rehabilitation staff provided presentations during this reporting period to multiple groups of DFPS staff (Education Specialists, Preparation for Adult Living Staff, Circle of Support facilitators) and Court Appointed Special Advocates to create awareness of their available services and how to enroll youth.

If a youth runs away from care, DFPS tracks the event in IMPACT and reports the runaway to law enforcement. An IMPACT enhancement went live in April 2022 to provide an opportunity to capture the physical location of a youth when temporarily absent from a

paid placement, with an intent to return. DFPS has policy and protocols that have special staff assisting the caseworkers with efforts to locate youth who runaway. The Regional Director Assistant serves as the Missing Child Regional Liaison to coordinate runaway issues between the special investigators and conservatorship staff and ensure regional protocols are in place for completion of regional reports. Staff notify the liaisons when a youth goes missing. The liaisons track this data and report it to state office weekly. This information is reviewed monthly with the liaisons to ensure substantial efforts are made to locate the children. CPS makes efforts to ensure PAL services are available to youth who return from runaway.

DFPS collaborates with the National Center for Missing and Exploited Children and the Texas Department of Public Safety to promote a safe transition to adulthood by reducing the risk that youth and young adults will be victims of human trafficking. The Texas Youth Connection website contains a section that provides youth information about human trafficking that includes the National Human Trafficking Hotline, YouTube public service announcements, and regional resources and contacts. This information is shared through the PAL program at Youth Take Flight for Success seminars, statewide and regional teen conferences, and Circle of Support meetings. Staff are required to complete a webinar training on human trafficking.

The Office of Governor Greg Abbot, Texas Workforce Commission, and the Child Sex Trafficking Team identified a need to serve victims, age 16-25, of sex trafficking and deter repeat victimization of these youth. The Texas Employment Empowerment Model for Disenfranchised Youth and Young Adults pilot has been developed in response to this need.

The goal of this initiative is to develop a tailored process and experience lead by a training and employment navigator to increase the chance of finding and maintaining employment.

Four Local Workforce Development Boards were identified as participants in this pilot due to the number of sex trafficking victims in their areas and having a Foster Youth Transition Center also in their areas that can provide referrals to this pilot. The Boards are as follows:

- Dallas – City Square – TRAC - Dallas
- Gulf Coast – HAYS Center
- Alamo – BCFS San Antonio
- North Central -City Square TRAC – Fort Worth –there is not a board in North Central either City Square Dallas and Ft. Worth can serve that area

Each Board will hire at least one Employment and Training Navigator that will be provided training from the Child Sex Trafficking Team in the Office of Governor Greg Abbot. The navigator will guide each individual through the workforce center processes. Additional Navigators may be added, with additional funding, if needed. The participants will be

referred from only two sources: Child Sex Trafficking Team Advocates or the Foster Youth Transition Centers. The Navigator will be the only contact for the participant, other than training, who will provide specialized intake and assessment, determine needs, and training. The Navigator will also identify a committed pool of Texas employers who will commit to hire and support program participants.

As mentioned above, all child-placing agency administrators, treatment directors, child placement staff, child placement management staff, and full-time professional service providers, except those exclusively assigned to provide adoption services must receive 2 hours of pre-service and 2 hours of annual training regarding normalcy (including the prudent parent standard). This must be completed before the person can be a designated person that makes decisions regarding a child's participation in childhood activities. DFPS staff (caseworkers, Foster/Adoptive Development staff and Kinship Development staff), are required to provide Preparation to Adulthood experiential training. Providers are expected to utilize the following newly updated guides and tools.

CPS provides training to unverified relative and kinship caregivers through Kinship Development Workers. Training includes, but is not limited to defining permanency, recognizing the importance of participation in normalcy activities, supervision and applying reasonable and prudent parent standard, and assessing age appropriate activities. Since this is state mandate, licensing standard, and DFPS policy, each child-placing agency offers this as a part of its pre-service training and annual training requirement. DFPS delivers this training through classroom, webinar, and face-to-face training throughout the year.

Youth in DFPS conservatorship are able to obtain contraceptive services through Medicaid- approved programs. PAL staff and contractors refer and provide youth and young adults to resources available in the community in which they live. Information is provided in PAL Life Skills Training classes about sexual responsibility, healthy relationships and resources. The Texas Teen Conference to be held in June 2021 will offer a workshop on sexual responsibility. The DFPS Prevention and Early Intervention program offers pregnant and parenting teens in DFPS foster care parenting education and basic needs support through the Helping through Intervention and Prevention program. This is an initiative that began in 2014 and is designed to provide services to high risk families with newborns. A young adult over age 18 who is pregnant, or parenting may be referred from the Extended Foster Care program and the PAL program to the Helping through Intervention and Prevention program. This program provides home-based assessments and a home visiting program. [https://www.dfps.state.tx.us/Prevention and Early Intervention/About Prevention and Early Intervention/programs.asp#hip](https://www.dfps.state.tx.us/Prevention%20and%20Early%20Intervention/About%20Prevention%20and%20Early%20Intervention/programs.asp#hip)

This program is offered in a limited number of DFPS regions and counties in Texas.

**Describe any activities undertaken to involve youth (up to age 21) in the CFCIP plan and other State agency efforts such as the CFSR/PIP process**

**and agency improvement planning efforts.**

DFPS engages youth and young adults in all aspects of their work including the development of policy and best practices at the local, state and national levels. Youth in care and alumni participate as partners and advisors. These youth and young adults attend leadership trainings with CPS managers, participate on advisory committees, and conduct presentations with CPS staff. The statewide Youth Leadership Council representatives meet three to four times a year via conference calls or in face-to-face meetings to address issues and formulate recommendations for improving services to children and youth in care and those preparing to age out of care. This information is used to development or modify action steps/strategies in the agency's Child and Family Services Plan.

DFPS receives ongoing input from youth and young adults through evaluations provided at the conclusion of contracted service and events, from Youth Take Flight for Success Seminars (Aging-out Seminars) and through one on one contact with DFPS staff and CPS leadership. During these meetings and events, DFPS staff receive input from youth and young adults about ways to improve activities related to the National Youth in Transition Database, Child and Family Services Review statewide assessment development and Chafee Foster Care Independence Program efforts. Normalcy activities are a part of quarterly structured case readings. Regional and statewide Youth Leadership Council members provide input into the continuous quality improvement of Chafee Foster Care Independence Program, National Youth in Transition Database and Child and Family Services Review activities and services. National Youth in Transition Database data is shared with youth during regional and statewide events, Aging-out seminars and regional and statewide Youth Leadership Council meetings.

DFPS collaborates with TYNOS, TACFS, our youth at Regional and Statewide Youth Councils, field staff, and other external partners to get feedback from diverse groups on meeting the needs of our Chafee eligible youth.

**Describe, if applicable, how the State utilizes, or plans to coordinate with the state Medicaid agency to implement provisions of the Patient Protection and Affordable Care Act (ACA) that requires mandatory medical coverage to individuals who are under the age of 26, were in foster care under at age 18.**

DFPS and the Health and Human Services Commission developed a process for youth to access Medicaid coverage as seamlessly as possible. The *Former Foster Care Children* program provides continuous healthcare coverage through age 25 to young adults who age out of Texas foster care and who were receiving Medicaid when they aged out of care.

These young adults are eligible to receive services in two separate programs based on age. Young adults aged 18 through 20 are enrolled in STAR Health and young adults



aged 21 through 25 receive Medicaid through the STAR plan of their choice. The Medicaid for Transitioning Youth continues to be available for young adults up to age 21 who were otherwise not eligible for the Former Foster Care Children healthcare program. This category covers youth who age out of foster care and are not receiving Medicaid, such as youth, who at age 18, still had an immigration application pending with the United States Citizenship and Immigration Services. DFPS continues to ensure that information is available to Medicaid-eligible older young adults that do not have regular contact with DFPS staff, such as young adults that are at 21 years and older. Information about the STAR and STAR Health Services is available on the DFPS and Texas Youth Connection websites:

[http://www.dfps.state.tx.us/Child\\_Protection/Youth\\_and\\_Young\\_Adults/Transitional Living/medical\\_benefits.asp](http://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transitional_Living/medical_benefits.asp).

Current and former youth in DFPS conservatorship who reside in another state are covered under the Medicaid for Transitioning Foster Care Youth healthcare program if there is an Interstate Compact for the Placement of Children in place.

Health and Human Services does not automatically provide Medicaid services to both young adults who aged out of care from another state and moved to Texas and to young adults that aged out of Texas foster care and moved to another state. These young adults are advised by DFPS staff to apply for other Medicaid services available in the state they were residing in and are also provided 2-1-1 information to find out if other Medicaid or healthcare programs are available to them in Texas.

The National Youth in Transition Database outcome data provides DFPS with Medicaid coverage data at ages 17, 19 and 21. In FFY2020, the most recent National Youth in Transition Database results available, reported 88.95% of 17 year olds surveyed had Medicaid coverage and 1.73% reported having other health insurance. Revisions were requested during the IMPACT modernization project. It was determined this update would need to be made internally though DFPS IT outside of this project. Survey explanation updates needed were provided to IT, but this update remains on a list to be completed in the future. Input was received at the July 2017 statewide Youth Leadership Council Meeting, to ensure the terminology is more youth friendly and Texas specific, which may affect outcome responses about Medicaid coverage. HHSC, at the direction of the Governor in response to federal HR 6201 and in collaboration with DFPS, took steps to ensure no Medicaid recipient discontinued Medicaid coverage during the Covid-19 crisis.

Information about the Former Foster Care Children healthcare program is provided to youth during Circles of Support, Transition Planning meetings, during PAL services, in Aging-out Seminars, to young adults participating in the Extended Foster Care program, and through the Texas Youth Connection and DFPS public websites. Young adults access the 2-1-1 system and the Your Texas Benefits ([www.YourTexasBenefits.com](http://www.YourTexasBenefits.com)) Self Service Portal to make changes and apply or re-apply for benefits. Individuals can now download the Your Texas Benefits Mobile App to their phones in order to find a

Health and Human Services office, create an account, report changes such as addresses, check status of their case, upload documents, and sign up for alerts.

A two-page Medicaid healthcare coverage chart is used as a handout for young adults. Health and Human Services has developed a power point to be used as a training guide for PAL staff, other DFPS staff and individuals in the community.

DFPS Transitional Living Services team has offered assistance to coordinate with the Health and Human Services Commission to support the state's implementation of requirements to offer Medicaid to eligible young adults formerly in foster care who move to a new state after January 1, 2023. DFPS Transitional Living Services team provided the Health and Human Services Commission with the current process used by DFPS staff to verify if a youth was in foster care in another state.

**Describe the results of the Indian Tribe consultation (Section 477(b)(3)(G)), specifically, as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care:**

DFPS entered into a Title IV-E agreement for the purposes of IV-E eligibility with the Alabama Coushatta Tribe on April 12, 2012, although it was not renewed after FY2016. DFPS continues to discuss Title IV-E Tribal/State agreements with the other two Tribes. PAL staff or other DFPS staff coordinate and conduct biannual face to face meetings with the three federally recognized Native American Tribes in Texas (the Ysleta Del Sur Pueblo/Tigua, Kickapoo, Traditional Tribe of Texas and Alabama-Coushatta Tribes) to discuss the provision of transitional living services, including Chafee Foster Care Independence Program services, to eligible Native American youth. PAL staff provide each Tribe with updated information about eligibility for benefits and services of the PAL programs and the Education and Training Voucher program as needed and upon request. The PAL staff are available to train the tribal staff about how tribal youth can apply for the Education and Training Voucher program through the Education and Training Voucher website at [www.texasetv.com](http://www.texasetv.com). On an annual basis, DFPS State Office staff present updates on Chafee benefits to the three Tribes in Texas during biannual Tribal-State meetings and seek their consultation on the adequacy of services provided to tribal youth. Contacts for Chafee Foster Care Independence Program services this year include the following:

- In Region 5, DFPS PAL staff met with caseworker Melissa Celestine and Michelle Thompson-Janis who is the Social Service Director with the Alabama Coushatta Tribe on August 25, 2021. Information was shared regarding transitional services including those offered through the Preparation for Adult Living and the Education and Training Voucher Programs. This included sharing information regarding life skills training in addition to the importance and use of the Casey Life Skills Assessment as a tool and resource, and the NYTD surveys and data collection.

The availability of HR133 pandemic funds was also covered. Mrs. Thompson-Janis shared that there was a youth set to turn 18 in March, who would like to receive services through the PAL program. A PAL stage was created, and the youth was offered services through region 5 PAL staff and contractors.

In Region 8, DFPS scheduled a meeting with the Kickapoo tribe, but due to COVID restrictions the in-person meeting was never held. Updated benefit and contact information for PAL staff was shared electronically to Tribal staff DFPS PAL staff contact information was provided during the meeting. A virtual meeting was attempted, but due to repeated scheduling conflicts it was never held. No youth currently qualified or were referred for any services, although several cases were discussed.

- In Region 10, the DFPS PAL staff continue to work with the Ysleta Del Sur Pueblo (Tigua Tribe) to help youth continue their heritage and have access to the programs that are available to them through the Tribe. Region 10 currently has no PAL aged youth who are tribal members. The Department has open communication with the Tribe and when a tribal youth is identified we will set up a meeting to discuss PAL in further detail. Leah López, LMSW is the Social Services Coordinator for the Tribe. The Tigua Tribe has many employment and educational opportunities available PAL staff keep in contact with the Tribes about youth and young adults eligible to take the National Youth in Transition Database survey and request their participation.

The tribes have not expressed any concerns about accessing the PAL or the Education and Training Voucher programs. Baptist Child and Family Services reports no tribal students applied for the Education and Training Voucher for the 2019-2020 fiscal year.

**Report on the state's CFCIP specific accomplishments achieved since the 2015-2019 CFSP and 2016 APSR submission.**

DFPS provides statewide Chafee Foster Care Independence and state-paid program services and benefits through its Transitional Living Services Program, which incorporates Preparation for Adult Living, Education and Training Vouchers, and other related services in support of young people 16 to 22 years of age, and in some cases 23, who are currently or formerly in foster care, or transitioning out of care. In addition, the life skills assessment is provided to youth in the Permanent Managing Conservatorship at age 14 and 15. Other services are provided as funding or resources are available to youth 14 and 15 years of age. Furthermore, during the pandemic there were periods of FY21-FY22 where eligibility for some Transitional Living Services programs was increased to either 24 or 26 due to federal direction received for pandemic funding.

DFPS updated policy and other documents to include the language "transitioning to a successful adulthood". When information is identified with the former language used ("independent living"), efforts are made to update the materials.

As a result of internal audit recommendations, the Life Skills Training Curriculum Outline

has been published in the CPS Policy Resource Guide to meet the auditors' recommended changes to the Financial Management and Life Decisions/Responsibilities core element sections. A standard quality review process for Life Skills Training Class observations was implemented for consistency and uniformity statewide to include ratings criteria and separate evaluations for trainers or guest speakers. PAL staff share results of the completed reviews with contract staff and state office for contract performance monitoring. The audit recommendations formalized a review process for life skills training and case management services when the contract is on the statewide monitoring plan. PAL staff now monitor for quality and content of services provided by a contractor and contract managers continue to monitor for contract compliance (programmatic and fiscal). Monitoring tools (forms) and a process guide are being utilized.

In an effort to increase completion of life skills training by youth who are 18 and older and leave substitute care, the Independent Study Guide was revised and a paper version for those youth who do not have computer access was completed in the summer 2017. An additional revision was begun during FY20, including work from community partners and feedback from a large group of youth and young adults with lived experience in care. An initial revision was released in January 2021, with a deeper revision of the study guide released summer 2021.

### **CPS Rights for Children and Youth in Foster Care (Foster Care Bill of Rights) Updates**

Changes were made to the CPS Rights of Children and Youth in Foster Care. Two new rights were added related to children and youth being kept informed about any investigations that involve them and also kept informed about the outcomes of any complaints made to the Ombudsman for Children and Youth. These updates were finalized in FY20. Additional updates occurred in October 2021 to align three of the Rights with current policy and contracts/Minimum Standards, as well as clarify time frames for when a youth must have their personal documents.

**Personal Documents-Federal and State Legislation** DFPS currently provides certain personal documents and other information to a youth:

- when a youth exits DFPS conservatorship,
- when the youth ages out, or
- before age 16 and before the youth turns age 18.

DFPS provides a copy and the *original* (or certified copy) of the youth's birth certificate, Social Security card, and a state identification card before age 16. Just prior to age 18, DFPS provides the youth their birth certificate, Social Security card, and state identification card 30 days before leaving care, unless the youth already has these documents. The youth and caregiver now sign a form and indicate they are in receipt of these documents.

### **Credit Reports**

Youth ages 14 up to age 18 are notified by their caseworker when their credit report was processed. These reports are batch processed annually, until the youth is discharged from DFPS care or turns 18. An email address is available for staff to submit individual credit report requests or seek technical assistance. The address is: CPSCreditReports@dfps.state.tx.us.

### **Post-Secondary Education Event**

The 2021 *Education Reach for Texas* conference held virtually on June 1-2, 2021 due to the pandemic. This year's conference will be held June 8-9, 2022 and will also be virtual. Plans to return to in person Education Reach conferences in 2023 are in place. DFPS Transitional Living Services staff helps plan these annual conferences and conducts workshops to inform the college foster care student liaisons about youth and transitional living services. Day one of this year's conference will feature training for Foster Care Liaisons.

### **Human Trafficking**

The CPS PAL policy contained in the CPS Handbook includes human trafficking requirements as it relates to the federal legislation. The PAL Life Skills Training Curriculum includes training on what services and supports are available to victims of human trafficking, including reporting alleged abuse to local law enforcement. Life Skills training contracts and PAL contracts for case management services include this same information.

DFPS has information on the DFPS website about how to find out more about human trafficking and where to go to get help.

In the contract, sections on the Education and Training Voucher website resources about Human Trafficking were added to include contacting the PAL staff for help or to call the 800- number posted. The Transitional Living Services team partner with the Human Trafficking division of DFPS to ensure policies on both sides are current and consistent.

### **College Foster Care Student Liaisons and Memorandum of Understanding- State Legislation**

State colleges and universities are required to appoint foster care student liaisons. Legislation also requires DFPS and the Texas Higher Education Coordinating Board to enter into a memorandum of understanding to:

- Exchange information to facilitate the evaluation of educational outcomes for former foster care students;
- CPS will provide annually a demographic information to the Board of former foster care students enrolled in state colleges/universities;
- The Board will provide CPS aggregate on the identified educational outcomes with demographic information received;

- CPS and the Board will determine educational outcomes that will include student's academic achievement, graduation rates, attendance, and others to be identified and relevant to the purpose of the evaluation;
- CPS may authorize the Board to provide education research centers demographic information that allows the centers to perform additional analysis for educational outcomes only for youth in foster care.

This Memorandum of Understanding was finalized in January 2016 and data exchange occurred between DFPS and the Board in December 2016 and annually thereafter. Data from the most recent annual data exchange is still being analyzed and a final annual report is in process. The report will be shared with CPS staff, stakeholders and members of the Commission and the Post-postsecondary and Secondary education workgroup. Utilizing the data, several articles were published in the 1) Children and Youth Services Review Journal in 2020 titled "The Texas tuition and fee waiver program for youth who have experienced foster care: An assessment of waiver utilization and impact" and in the 2) Child and Adolescent Social Work Journal in 2018 titled "Foster Care Alumni and Higher Education: A Descriptive Study of Post-Secondary Achievements of Foster Youth in Texas". DFPS is in process of renewing the Memorandum of Understanding between DFPS and the Higher Education Coordinating Board.

### **Reasonable and Prudent Parent Standard-State Legislation**

Statute empowers substitute caregivers to approve or disapprove a child's participation in activities based on a caregiver's own assessment and availability to help facilitate a child's access to these activities, using reasonable and prudent parent standards, without prior approval of DFPS. CPS policy specifies that, unless indicated on the child's plan of service, the caregiver may make decisions regarding normalcy activities based on the use of the reasonable and prudent parent standard. Webinars were used for staff to ensure they understand the importance of normalcy for all foster children and youth and staff receive refresher training on an annual basis.

### **Public Private Partnership**

The Public Private Partnership was appointed as the group to assist with Foster Care Redesign and the new model, Community Based Care. The partnership includes participation by a young adult formerly in foster care, as well as members of the judiciary, foster care providers, advocates, provider associations, a DFPS Advisory Council member, and DFPS executive staff.

### **Improve activities related to National Youth in Transition Database, Child and Family Service Review, and Chafee Foster Care Independence Program**

During Youth Take Flight for Success seminars and other youth events, DFPS staff receive input from youth and young adults about ways to improve activities related to National Youth in Transition Database, Child and Family Service Review and Chafee Foster Care Independence Program services. Normalcy activities are now a part of

structured quarterly case readings. Regional and statewide Youth Leadership Councils are other venues where youth and young adults provide input into the continuous quality improvement of Chafee Foster Care Independence Program, National Youth in Transition Database and Child and Family Service Review activities and services.

National Youth in Transition Database data is shared with youth during regional and statewide events, Youth Take Flight for Success seminars, Circle of Support meetings, and regional and statewide Youth Leadership Council meetings. Use of the data snapshot materials provided by the Administration for Children and Families has helped with the discussions as youth have stated it is easy to follow. PAL staff continue to increase their efforts to share the National Youth in Transition Database data with stakeholders. Information is shared in a variety of ways such as during community meetings with Court Appointed Special Advocates, meetings with tribal representatives, internal DFPS foster parent trainings, internal unit meetings with DFPS caseworkers, meetings with Child Placing Agencies, court hearings and during PAL contract provider meetings. As a result of these discussions, efforts have been made to increase employment opportunities and relationships with Workforce Boards, increase the number of youth who go on to pursue post-secondary education, increase the number of youth who complete life skills training, and increase the number of mentors available since caring adults are an essential piece to a youth's success. The Annual Report template, which is filled in by regional PAL staff, includes progress on these efforts. Here are questions that are asked in the Annual Report template:

**National Youth in Transition Database (NYTD). Describe regional efforts made with the following:**

- discussion of NYTD data with stakeholders to include youth, courts and other stakeholders;
- service improvements made as a result of NYTD data results; and
- break down of any NYTD data with other system data available to region and use to determine any local patterns and trends for example in the areas of housing or education.

The following represent some regional examples of improvements that are in process.

Region 1 shared NYTD data during conservatorship unit meetings to educate staff, and through the virtual Education Consortium meetings for both Lubbock and Amarillo. A meeting was scheduled with CASA in Lubbock to share this information but was cancelled without notice provided to PAL staff and did not get rescheduled during FY21.

Region 3 continues to discuss the data results with the PAL contract provider through contract meetings to tailor services to better suit the needs of youth and

young adults. Region 3 has strengthened its relationships with local Workforce Boards, and CASA by meetings with these entities regularly to share ideas and resource information to help youth to gain employment. NYTD data is also discussed with youth in their Circles of Support, as well as at the Aging Out Seminars and Youth Leadership Council meetings held throughout the region during the fiscal year.

Region 4 has ensured that youth surveyed in their region have consistent access to Medicaid and staying connected to PAL aftercare services. Data is shared with youth in “welcome to PAL” packets that are sent out when they first come into PAL services, as well as at their regional Aging Out Seminars, and at other youth meetings.

Region 5 continues to work on increasing awareness of the Workforce Center and employment opportunities for youth and awareness of PAL services. They also share NYTD data in PAL aftercare provider quarterly meetings to inform the work of services provided. Data was also shared with youth, as well as literature provided, during the Regional Teen Conference in August 2021.

Region 6 continues to discuss NYTD data and identify areas for improvement with residential providers, foster parents, child-placing agency staff, caregivers and other stakeholders throughout the fiscal year. There were a range of other meetings with service providers and legal stakeholders throughout the year during which the information was shared and discussed.

Region 7 used the data during FY21 to help stress to youth the importance of making connections and having a support system or a connection to caring supportive persons. It helped PAL to encourage youth to make educational/vocational plans for their future.

Region 8 PAL staff have continued to attend and provide information to SARAH a local non- profit that works to connect and create housing opportunities for regional youth. We have seen an increase in housing options through SARAH and other community partners as well as department-based programs like Supervised Independent Living. Region 8 PAL staff has also assigned a PAL staff to act as an education liaison. This staff works with the local schools and colleges and assist with sharing information about NYTD, PAL staff and benefits. They also track important regional contacts and services provided by the schools. This staff also works with the Bexar County Fostering Educational Success (BCFES) which is working directly on the issue of college enrollment. These include monthly meetings and work groups which are attended by the designated PAL staff.

In Region 9, the Ector County Child Protection Court Judge has developed a “community committee” which meets on a quarterly basis in the Odessa area. The committee is made up of community stakeholders, CPS staff, teachers and professors from the local education facilities, as well as local child placing



agencies, etc. During these meetings, the survey results are discussed to identify resources within the region to better assist youth. A lot of focus this year in the discussions was related to housing outcomes for youth, and region 9 now has a Supervised Independent Living program at Angelo State University, and HUD agreements in multiple counties.

Region 10 provided youth in attendance with post-secondary information at their Regional Teen Conference. They use the feedback received to drive the development of regional teen conferences and other programming. Data is also used to prepare for youth events such as Aging Out Seminars and Teen Conferences.

Region 11 is working on normalcy improvement and employment. Its contract provider has added a new Transition Center in Harlingen, which has some of the highest unemployment rates in the state. They are also working with Cameron County to get housing vouchers. Region 11 developed a relationship with Cameron Workforce Solutions to explore more on the job training and other workforce development opportunities for youth.

All regions continue work toward increasing life skills training completion rates for the number of youths who leave substitute care at age 18 or older. Youth were surveyed previously to get input on their preferred method of training, incentives, and whether they get the opportunity to practice life skills in their placement. Results of these surveys was shared with internal staff to help with locating potential incentives to provide youth who complete the training. General results were shared with a statewide workgroup working on recommendations to enhance life skills training. A high percent of youth surveyed prefer classroom training over online training which will be considered during the workgroup discussions.

National Youth in Transition Database data collection has continued to improve. Regular technical assistance is provided by State Office to staff who input the information into our IMPACT system. Additionally, a NYTD Manual is available to staff to utilize when they have questions or need details about the data collection. State Office continues to review PAL contract provider documentation as compared to what is entered in IMPACT prior to NYTD submissions. Feedback is provided to the staff on what is working and areas for improvement which they in turn make efforts to correct or educate their provider on needed changes to documentation on forms. These efforts have improved the accuracy and consistency of data entry statewide. Texas continues to offer an incentive to youth ages 19 (\$50) and 21 (\$100) to complete the survey and maintains regular contact with the random sample of youth selected to take the survey, which has contributed to in a high survey completion rate. Also, Texas continues to utilize the statewide PAL staff to enter service data and collect survey outcomes data. Having a well-trained, small group to enter this data has contributed to our success. Texas has been in compliance with National Youth in Transition Database reporting requirements since data collection started in 2010.

Texas is not currently on the federal review schedule for NYTD during FY21 or FY22. Texas volunteered and successfully participated in a federal review in 2013. Since the review, Texas has made efforts to make improvements based on-site visit recommendations such as correcting how some data is reported and mapped in the system. Once Texas is notified about a review date, general and personal notifications will go out to appropriate parties both within and outside the agency to outline how input will be helpful to the review. Since Texas has experienced a prior review, lessons learned will carry forward with any future reviews.

PAL staff continue to provide recent Texas NYTD data results and have discussions about the data with DFPS staff, youth and community partners such as CASA, Post-secondary institutions, Judges, and contract providers. Staff will assess input they receive and incorporate suggestions to improve services or data collection going forward.

### **Education and Training Voucher program for Tribal Youth**

The PAL staff inform and are available to train tribal staff about how tribal youth can apply for the Education and Training Voucher program through the Education and Training Voucher website at [www.texasetv.com](http://www.texasetv.com). Baptist Child and Family Services is available to meet with tribal representatives and tribal youth to assist in applying for the Education and Training Voucher program. From the FY17 contract amendment, the Education and Training Voucher staff began outreach and marketing activities to tribes in 2017. Contact information is available on the program's website or from the PAL staff. DFPS has not received any suggestions from tribes for improvement of National Youth in Transition Database data collection. PAL staff will keep in contact with the tribes about youth and young adults eligible to take the National Youth in Transition Database survey and request their participation. As reported by Baptist Child and Family Services (as of April 2022), no tribal youth have applied for the Education and Training Voucher program.

## **A. Education and Training Vouchers Program (ETV)**

- *Briefly describe the services provided since the submission of the 2022 APSR, highlighting any changes or additions in services or program design for FY 2023 and how the services assisted or will assist in establishing, expanding, or strengthening program goals.*
- *Provide an update on the state's efforts to engage or re-engage students whose post-secondary education has been disrupted by the COVID-19 pandemic and national public health emergency.*
- *Describe any collaborative efforts with college campus support programs designed to increase student enrollment, retention and graduation.*

### *Division X Additional Funding from the Supporting Foster Youth and Families Through the Pandemic Act.*

- *Provide information on how the agency used the additional funding provided by Division X during FY 2021, when the additional flexibilities were in place (e.g., the ability to pay for items not in the student's cost of attendance). Note: The maximum award of an ETV remains \$12,000 until September 30, 2022.*
- *Describe how the state has used and/or plans to use the remainder of the funding in FY 2022. (Funds must be obligated by September 30, 2022.)*
- *Describe accomplishments to date in using this supplemental funding to assist young people, including available quantitative information on the numbers of youth/young adult assisted and available information on the characteristics and demographics of youth assisted.*
- *Provide information on the strategies the agency is using or used to engage youth/young adults and how those strategies will be incorporated for use in the future to meaningfully engage young people. Provide information on any collaborations with higher education institutions, college campus support programs to ensure that eligible youth are accessing ETV funds.*
- *Describe any challenges or barriers the state has experienced in being able to use the additional ETV funds.*
- *If applicable, address any change in how the ETV program is administered, whether by the state child welfare agency in collaboration with another state agency or another contracted ETV provider.*
- *Provide to CB an unduplicated count of the number of ETVs awarded each school year (July 1st to June 30th). (Please see Section F2 and Attachment C).*

Education and Training Voucher program operations are provided on a statewide basis by Baptist Child and Family Services of San Antonio under a five-year contract (FFY 2018- 2023). Baptist Child and Family Health Services Health and Human Services employs an Education and Training Voucher Lead staff and four Education and Training Voucher staff members to administer the program statewide Baptist Child and Family Services Health and Human Services has two staff that specifically provide case management activities, outreach, and marketing services for the Education and Training Voucher program in an effort to increase enrollment in the program, retain more students in the program, and to promote

and introduce more students to short term vocational/technical certification programs to learn a specific skill. In addition, the primary responsibility of Baptist Child and Family Services is to verify Education and Training Voucher eligibility, collect certain demographic information (gender, age, and race), track which institutions of higher education the students are attending, process applications and issue voucher payments either to the student or to vendors. Policies, processes, and forms are continually fine-tuned with Baptist Child and Family Services and solutions for improvements are discussed. The program continues to receive regular feedback from the Texas Statewide Youth Leadership Council, Education and Training Voucher participants, DFPS staff, providers, partners and other public and private organizations. DFPS Transitional Living Services and Legal staff submit questions to the Administration for Children and Families to obtain additional guidance on the Education and Training Voucher program.

Baptist Child and Family Health and Human Services provides information to students and providers on the Education and Training Voucher Program through their website at <http://discoverbcfs.net/texasetv>. A Chat feature was added to their website in FY2019. The Education and Training Voucher Facebook page provides reminders, updates and other pertinent information at <https://www.facebook.com/texasetv>. The contractor offers both paper and electronic versions of the Education and Training Voucher application on this website, which further streamlines services for applicants. This webpage is linked with the Texas Youth Connection Web site to provide additional information about the Education and Training Voucher program and other educational resources such as the state college tuition and fee waiver, college housing information and information about two DFPS Scholarships. Both websites have links to the [College for All Texans](#) website, sponsored by the Texas Higher Education Coordinating Board, and offer information about paying for college, finding the right college, and college costs. The Board approved adding whether the student was a dependent or ward of the court on the Apply Texas application which helps schools with outreach and support efforts. This common application is used by students to apply to higher education institutions in Texas and is currently available to applicants.

Baptist Child and Family Health and Human Services maintains and updates a toll-free number (877-268-4063) to provide information and answer questions about the Education and Training Voucher programs. On the Education and Training Voucher website is a section about Human Trafficking resources and where an applicant or the staff can call for assistance.

**Report on the state's specific accomplishments achieved since the 2020-2024 CFSP submission.**

Baptist Child and Family Health and Human Services provided case management activities, outreach, and *marketing services for the Education and Training Voucher program as an effort to increase enrollment in the program, retain more students in the program, and promote and introduce more students to short term vocational/technical*

certification programs to learn a specific skill. The contract states that Baptist Child and Family Services Health and Human Services is to:

- Increase awareness of the Education and Training Voucher program statewide through outreach, marketing and training;
- Promote opportunities and awareness to eligible students and others about vocational/technical schools and certification programs;
- Explore efforts to retain existing Education and Training Voucher participants and recruit new Education and Training Voucher participants;
- Explore options with students on how to expedite processing the Education and Training Voucher application by allowing Education and Training Voucher Coordinators access student enrollment records;
- Explore any common trends explaining why students are not completing or fully utilizing the Education and Training Voucher program;
- Report on the "Outreach, Market, and Training" activities including efforts to increase contacts;
- Track an increase in the number of new Education and Training Voucher participants associated with the expectations of the amendment; and
- Request that Education and Training Voucher applications be reviewed and approved if appropriate (meet ETV program criteria and attending school), if submitted after the deadline period.

Baptist Child and Family Health and Human Services employs two personnel (Education and Training Voucher Specialists) to meet the expectations of the Education and Training Voucher contract. DFPS continued to introduce and promote to youth and young adults' vocational/technical training opportunities available through community college where the college tuition waiver can also be utilized, and which can lead to more employment opportunities in a shorter time frame.

In addition to assisting and supporting Education and Training Voucher participants with 2 or 4-year degree plans, the Education and Training Voucher Specialists promoted vocational/technical programs to current and former foster care students and others as another post-secondary education option. This included:

- Researching and visiting colleges, universities, etc. to determine the types of vocational/technical training program opportunities available;
- Informing students and other interested parties on how to locate and enroll in

these programs;

- Providing the schools program contact information to interested parties;
- Posting on the ETV webpage examples of training programs available by school and region;
- Developing or using existing material related to vocational/technical skills training programs;
- Informing entities listed in **Outreach, Market, and Training** about vocational/technical school opportunities either individually or at conferences and events;
- Creating a separate section on the BCFS ETV webpage with the above information; and
- Other activities associated with promoting vocational/technical opportunities.

The Education and Training Voucher Specialists, in conjunction with the Education and Training Voucher Coordinators, provided support services as needed to students in an effort to maintain existing participation. The specialist reviewed student files each semester to determine who may be at risk of dropping out or losing federal financial assistance and/or Education and Training Voucher funds, how many incomplete applications were received and finding out why, how many are showing a grade point average below 2.5, and situations where a student may need assistance to stay in school or need a new evaluation of their educational goals. The Education and Training Voucher Specialists, in coordination with the Education and Training Voucher Coordinators, may also contact students and provide referrals or information about the appropriate school or community support services or school resources that a student may need.

When necessary, programmatic and policy updates were provided at the Statewide Preparation for Adult Living staff meetings throughout the year and at Chafee or state funded College and Teen conferences and other events such as at the Education Reach for Texas conferences where youth, young adults, DFPS staff, providers, community partners and institutions of higher education are in attendance

Since 2016, a post-secondary education committee has been led or attended by the Transitional Living Services Team Lead staff and a University of Texas at Austin staff with the assistance of the Children's Commission, stakeholders and staff, addressed foster youth and young adults as they achieve higher education goals, as part of recommendations identified in the Texas Blueprint report. This committee distributed the "Texas Higher Education Foster Care Liaisons Information and Resource Guide" to schools and stakeholders. A workgroup of members from the post-secondary education committee have created resources for youth and young adults and Foster Care Liaisons which were completed and made available in 2020. Workgroup members contributed

information about known services, gaps, solutions and recommendations and have started a series of webinars to assist foster care liaisons, school counselors and other advocates in educating current and former foster youth about the benefits, services and resources available to them. The first webinar was held in February 2021 and was targeted at high school foster care liaisons across the state. The second webinar was held in June 2021 and targeted post-secondary faculty, including financial aid staff, foster care liaisons, and admissions staff. DFPS posted information about the Career Development and Education Program on the DFPS website under Transitional Living Services, as the workgroup agreed that Texas has many career and education resources but identified the need to place them in one central location.

The Education and Training Voucher state office program staff continue to work with DFPS Legal, Purchased Client Services and the Finance/Budget departments, the Texas Education Agency and the Texas Higher Education Coordinating Board to refine and streamline program operations, practices and policies and to promote the Education and Training Voucher program. Currently, when a student who was in foster care fills out the Free Application for Federal Assistance, the student is directed to the lead state Independent Living Coordinator to verify whether the student was in foster care at the age 13 to qualify for federal student aid and to determine what other CPS benefits may be available to the student such as the Education and Training Voucher and Tuition Fee Waiver. DFPS staff and providers are regularly encouraging youth and young adults to explore opportunities available through career and technical classes or schools where the young adult can learn a skill and receive a certification in a shorter period of time than it would take to receive a two or four-year degree and that may fit with the goals of the young adult.

DFPS reports Education and Training Voucher services provided to youth and young adults to the National Youth in Transition Database each reporting period. Service data is reviewed for continuous quality program improvement.

The Education and Training Voucher program serves youth who were in foster care from out of state and moved to Texas to attend school, when funding is available. Students who move to Texas and were previously receiving funds from another state will need to continue to receive funds from that state. Out of state students are provided contact information for their state's Independent Living Coordinator if they were previously receiving funds in that state to inquire about continuing in the Education and Training Voucher program in their state of origin.

Education and Training Voucher funds are not used to pay for any living costs of youth ages 16 through age 17 who are in DFPS conservatorship and living with a parent/guardian or if they are young adults enrolled in the Extended Foster Care or Supervised Independent Living program. If a student (over age 18) is living with a parent and attending school, a rental agreement between the parent and student is strongly recommended with each party agreeing to pay their share of living expenses like rent and utilities. The student receives the funds and is responsible for paying the parent the expenses agreed to in a

rental agreement. In addition to Baptist Child and Family Services monitoring how funds are spent, this payment method also teaches the student about financial management and responsibility.

The Education and Training Voucher program website has information to assist staff and victims of human trafficking on how to receive assistance. Additionally, the home page was revised to promote and encourage students to explore vocational and technical schools for skills trainings and certifications.

**Describe the methods the state will use to: (1) ensure that the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance (as defined in section 472 of the Higher Education Act of 1965); and (2) to avoid duplication of benefits under this and any other federal or federally assisted benefit program. (See sections 477(b) (3) (J) and (i) (5) of the Act, and Attachment C of this PI.)**

Baptist Child and Family Services Health and Human Services, the Education and Training Voucher program provider, ensures that educational assistance to students who have applied for the Education and Training Voucher program and other federal financial assistance do not exceed the total cost of attendance. A student must submit a budget worksheet, along with the school's financial aid award letter/notification or a school payment voucher, which indicates the amounts and sources of any financial aid (federal and state) the student is receiving for the academic year. All eligible students are required to submit a Free Application for Federal Assistance to determine the federal student aid program to which the student may be eligible. Students must submit a renewal Free Application for Federal Assistance each year they enroll in school. DFPS worked with Baptist Child and Family Services to implement a direct deposit requirement that went into effect in FY21.

In Texas, the state college tuition and fee waiver is factored into the costs of attendance. The Education and Training Voucher staff uses this information to calculate the amount of Education and Training Voucher funds the student is eligible for each academic or school program year. If the student's cost of attendance, as set out by the institution the student is attending, is fully covered through other funding sources Education and Training Voucher funds cannot be awarded. In cases like this, students are advised to visit the financial aid office to see if a cost of attendance adjustment can be made if there is proof that class costs cannot be met with existing funds, for example a required specialized software program is needed for a class. If approved, the student can resubmit a revised financial aid letter and budget sheet with a request to have Education and Training Voucher funds pay for these additional costs if funds are available to the student.

From the FY 2020 to FY2021 period, there was a decrease in enrollment and new applications in the Education and Training Voucher program. A good portion of this decrease can be attributed to the pandemic. Baptist Child and Family Services Health and Human Services has attributed some of the other issue's student may have with



enrollment as follows

- Not meeting the school policies for satisfactory academic progress with a drop in the GPA affecting continued receipt of financial aid;
- Exceeding the cost of attendance for students applying for loans and then applying for Education and Training Voucher funds without understanding the impact;
- Not accessing all funding available even when reminders are sent from staff; or
- Not following through with sending all documents that are needed to complete the application despite follow up from the staff.
- Per outreach surveys conducted by the contractor, some youth are unaware of the program and are not applying.
- Baptist Child and Family Services Health and Human Services followed these programs new or ongoing improvements in FY2020 and FY2021
- More social presence by updates to the Education and Training Voucher website to make it more user friendly and the addition of an Education and Training Voucher Facebook page;
- More flexibility with application deadlines and quicker processing times;
- Addition of monthly follow up to pending applications in an effort to enroll youth sooner in the program;
- Increased outreach and communication with youth, staff and the community;
- Partnered with Transition Centers, DFPS PAL staff and Foster Care Liaisons to host ETV days;
- Implementation of sending out mass email reminders for application open dates, deadlines, documents needed, etc. to both youth and staff;
- Implementation of new Chat feature on the ETV website; and
- Implementation of texting youth for follow up purposes.

Baptist Child and Family Services Health and Human Services staff will continue to outreach to these students to discuss the effects of loans and receiving the voucher, refer underperforming students to the appropriate college offices to sign up for tutoring and mentoring, and notify students to access the remainder of their funds and to submit the missing documents to complete the application.

Baptist Child and Family Services Health and Human Services staff will continue to contact all students who do not receive the full, allowed fund amount to return to the financial aid office to discuss having the cost of attendance adjusted so that the student can receive the full amount of the benefit. Information on how students can request an adjustment is posted on the website. In the Extended Foster Care or Supervised Independent Living programs where student's housing or room and board expenses are paid for from these programs, Baptist Child and Family Services Health and Human Services ensures that Education and Training Voucher funds are not duplicating these

same expenses. The Education and Training Voucher eligibility form requires the Preparation for Adult Living staff to indicate if a student is in the Extended Foster Care program or if the student is living with a parent. The Education and Training Voucher eligibility form was revised in FY20 to include youth up to age 23, removing the requirement to be enrolled at age 21. The form was updated again in 2021 to include youth up to age 25.

**Collaborations with Tribes (section 477 (b) (3) (G), Social Security Act.**

Preparation for Adult Living staff provide each of the three federally recognized Tribes located in Texas with updated information about eligibility for benefits and services of the Preparation for Adult Living programs and the Education and Training Voucher program as needed and upon request, including where tribal youth can go to apply for the Education and Training Voucher program which is at [www.texasetv.com](http://www.texasetv.com). The Preparation for Adult Living staff are available to provide training to tribal staff in order to better inform tribal youth about Chafee Foster Care Independent Program benefits. Baptist Child and Family Services Health and Human Services will 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 website or from the Preparation for Adult Living staff and meetings are coordinated with these staff. Preparation for Adult Living staff, regional directors or the CPS Tribal Liaison consult annually or upon request with the tribes.

Consultations include which tribal member was contacted, location, dates, and information about what was discussed, including child specific cases if necessary. As of April 2022, no tribal youth have applied to the Education and Training Voucher program.

**Report on the state's postsecondary specific accomplishments achieved since the 2020-2024 CFSP submission.**

Baptist Child and Family Health and Human Services provides case management activities, outreach, and marketing services for the Education and Training Voucher program in an effort to increase enrollment in the program, retain more students in the program, and promote and introduce more students to short term vocational/technical certification programs to learn a specific skill. In FY20, DFPS and Baptist Child and Family Services implemented a direct deposit requirement, which has helped to streamline payments to youth and young adults. In addition, a policy was put into effect to deal with issues of fraud.

The Supporting Youth and Families through the Pandemic Act allowed eligible youth up to age 27 to apply for ETV services thru September 2021, which DFPS implemented. In addition to age eligibility, the relief bill also raises the ETV maximum yearly benefit amount from \$5,000 to \$12,000 until September 30, 2022.

DFPS amended the Education Training Voucher contract effective September 1, 2021 to include the following:

- Up until their 25<sup>th</sup> birthday, students may receive up to \$12,000.00 for Cost of Attendance (COA) through September 30, 2022, or

as the availability of the additional HR133 ETV federal funding remains.

- Additional ETV funds provided through HR 133 will be used for all the COA award students aged 23-24
- Students whose ETV award was based on the \$5,000.00 cap prior to this amendment, their applications will be reviewed, and funds granted based on the \$12,000.00 cap mentioned above.
- If HR 133 funding is exhausted, the age criteria reverts to until the student's 23rd birthday with a COA up to \$12,000.00 through September 30, 2022, or as the availability of the regular Chafee grant remains. DFPS expanded the eligibility criteria for ETV utilizing the supplemental funds. Currently, students receive ETV until the student's 25<sup>th</sup> birthday with COA cap up to \$12,000 through September 30, 2022, or as the availability of the regular Chafee grant remains. If the regular Chafee grant exhausted prior to September 30, 2022, the COA will revert back to the prior practice of up to \$5000 and the age will remain until the student's 23<sup>rd</sup> birthday.
- If the regular Chafee grant will be exhausted prior to September 30, 2022 the COA amount will revert to \$5,000.00; and age will remain until the student's 23rd birthday.

DFPS staff and providers encourage youth and young adults to explore career or technical class opportunities available through community colleges where the young adult can learn a skill and receive a certification in a shorter period of time than it would take to receive a two or four-year degree and that may fit with the goals of the young adult.

The Preparation for Adult Living staff are available to provide training to tribal staff in order to better inform tribal youth about Chafee Foster Care Independent Program benefits. Baptist Child and Family Services is 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.

**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>
<b>2021-2022 School Year*</b> (July 1, 2021 to June 30, 2022)	* 490(*estimate)	*221 (*estimate)
<b>Time Period</b>	<b>Number of Education and Training Vouchers Awarded</b>	<b>Number of New Education and Training Vouchers Awarded</b>
<u>Final Number:</u> <b>2020-2021 School Year</b> (July 1, 2020 to June 30, 2021)	508	191

The methodology used to gather and report data includes the following: The contract with Baptist Child and Family Health and Human Services to provide ETV services outlines how information is to be captured, the methodology, and how monitoring is performed by DFPS contract staff to review their accounting practices, records and how information is captured in their system. The contractor assigns each youth a unique number when they enter their name into their database. Each of these youth’s personal information is entered into their system. If duplicate information is entered, their system notifies the contractor. The contractor is able to provide the number of youths awarded vouchers during certain time periods based on information entered into their system.

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, f and 2.4 g.

**Planned and Actual Use of Additional Chafee/ETV Funding**

DFPS was awarded \$25.3M in supplemental Chafee funding, as well as \$3.7M in additional Education Training Voucher funding. This is a new, time-limited supplemental Chafee program funding, intended to be used to aid, protect, and support youth/young adults currently or formerly in foster care as they transition to adulthood during the time of the pandemic. While the grant is available from October 1, 2020, to September 30, 2022, there are certain funding flexibilities allowed through September 30, 2021.

DFPS has begun spending these federal funds in the current biennium and then will continue to spend the remainder of the grant in FY2022-23.

DFPS is in the process of allocating these additional funds for the following purposes:

- \$11.25 million was awarded to two youth serving organizations to allocate funds directly to youth and young adults ages 21-27, that have transitioned out of the foster care system, as well as help with allowable transportation costs for young adults age 18-27.
- \$3.1 million supported the expansion of Preparation for Adult Living Transition Support Services and After Care Contracts. These funds are being used to assist youth up to age 21, that are no longer a part of the extended foster care program.
- \$7.3 million is being distributed to youth in foster care and young adults in extended foster care to support transitional costs.
- \$120,000 to fund a developmental/experiential camp for PAL youth during the summer of 2022.
- \$171,114 to fund an employment readiness/job training program for eligible young adults attending Texas State University. Work is being done to seek other post- secondary partners willing to replicate this program.

The remaining \$3.4M which has not been allocated towards programs thus far will be allocated to support youth and young adults transitioning out of foster care in several ways which are being explored.

DFPS is meeting with youth and young adults eligible for the funding to determine greatest areas of needs, which may result in further contract amendments and potentially new methods for distribution. This may include direct aid to youth with lived foster care experience.

Additionally, DFPS has been awarded an additional \$3,681,000 in supplemental Chafee Education and Training Voucher (ETV) program grant funding. The ETV grant is available from October 1, 2020 to September 30, 2022, however certain flexibilities offered under this grant expire on September 30, 2021. DFPS has amended the existing ETV contract with Baptist Child and Family Services Health and Human Services, (formerly Baptist Child & Family Services), to add in the supplemental funds for distribution to eligible youth and young adults.



**TEXAS**  
Department of Family  
and Protective Services

## **The State of Texas**

### **2023 Annual Progress & Services Report**

#### **Section VIII. Consultation and Coordination Between States & Tribes**

**Texas Department of Family and Protective Services  
ACYF-CB-PI-22-01**

## **VIII. Consultation and Coordination Between Tribes and States**

- *Describe the process used to gather input from tribes since the submission of the 2022 APSR, 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 CFSP/APSR. Describe any barriers to this coordination and the state's plans to address these barriers.*
- *Provide an update, since the submission of the 2022 APSR, on the arrangements made with tribes as to who is responsible for providing the child welfare services and protections for tribal children, whether the children are under state or tribal jurisdiction. These services and protections include operation of a case review system for children in foster care; a preplacement preventive services program for children at risk of entering foster care to remain safely with their families; and a service program for children in foster care to facilitate reunification with their families, when safe and appropriate, or to place a child in an adoptive home, legal guardianship or other planned, permanent living arrangement subject to additional requirements.*
- *Provide a description, developed after consultation with tribes, of the specific measures taken by the state to comply with ICWA.*
- *Describe the results of the state's consultation with each Indian tribe in the state as it relates to determining eligibility for Chafee/ETV benefits and services and ensuring fair and equitable treatment for Indian youth in care. Specifically:*
  - *Describe how each Indian tribe in the state has been consulted about the programs to be carried out under the Chafee program.*
  - *Describe the efforts to coordinate the programs with such tribes.*
  - *Discuss how the state ensures that benefits and services under the programs are made available to Indian children in the state on the same basis as to other children in the state.*
  - *Report the Chafee benefits and services currently available and provided for Indian children and youth.*
  - *Report on whether any tribe requested to develop an agreement to administer, supervise, or oversee the Chafee or an ETV program with respect to eligible Indian children and to receive an appropriate portion of the state's allotment for such administration*

*or supervision. Describe the outcome of that negotiation and provide an explanation if the state and tribe were unable to come to an agreement.*

- *State agencies and tribes must also exchange copies of their APSRs Describe how the state will meet this requirement for the 2023 APSRs.*

**Response to the five major components of the Indian Child Welfare Act:**

1. Identification of children subject to ICWA by the State child welfare services agency.
2. Notification of parents subject to ICWA and Tribes of State proceedings involving Indigenous children and their right to intervene.
3. Placement preferences of children subject to ICWA in foster care, pre-adoptive and adoptive homes.
4. Active efforts to prevent the breakup of families subject to ICWA 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.

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. The 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. There is a discussion regarding barriers to coordination and collaboration with the three federally recognized tribes at annual state/tribal meetings and the regional tribe specific meetings. A Tribal/State format and its frequency, agreed upon at a joint meeting in August 2019, provides the tribes, state office leadership, regional leadership, 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, regional leadership, and tribes to come to a resolution. Participants include the tribes, DFPS, and other interested stakeholders. A combination of in-person and virtual meetings was planned for FY2022. During FY2022, challenges related to the COVID-19 pandemic and its unintentional consequences has impacted work at the regional level and coordination with the tribes.

Since September 2020, the state/tribal meetings have been held virtually. In-person meetings will be held when mutually agreed upon by the state and tribes. The state/tribal



meeting includes state office leadership including the CPI and CPS Director of Field, ACF representative, CASA representative, Supreme Court Children's Commission representative, CPI and CPS regional directors, representatives from all three federally recognized tribes, DFPS Legal, and tribal liaisons. The meetings focus on knowledge building related to DFPS programs and strategic planning for ongoing collaboration between DFPS and all three federally recognized tribes. The goal is to encourage joint strategic effort by DFPS and Tribal representatives to improve safety, permanency and well-being for Indigenous children and their families through the Texas child welfare system.

In January 2021, DFPS partnered with the Children's Commission to host the Texas Indian Child Welfare Act Summit. This one-day conference provided several hours of continuing education to strengthen knowledge and understanding of the Indian Child Welfare Act among caseworkers, CASAs, attorneys, and judges

Restrictions related to COVID-19 and turnover of key staff in both the Tribes and DFPS resulted in planned in-person meetings being further delayed. Throughout FY2022, attempts to schedule virtual meetings were initially not fruitful due to changes in key staff for both DFPS and the Tribes; however, starting in March 2022, DFPS has began hosting a virtual ICWA Monthly Meeting. These have occurred on 3/16/2022, 4/20/2022, 6/17/2022, and 8/17/2022. Any monthly meetings where this did not occur were at the request of either the attending Tribes and/or DFPS. During each meeting, each Tribe is surveyed regarding availability to host or attend an in-person meeting; however, COVID-19 is still preventing this from occurring to date. These virtual meetings also include DFPS Disproportionality managers and staff from the Texas Children's Commission. Discussions include, but are not limited to, updates learned during the National Indian Child Welfare calls, identified areas to improve child welfare policies and practices, and other resources beneficial for improving positive permanency outcomes for Indian children.

DFPS enters into and operates in conjunction with the three Native American Tribes in Texas by means of either an Intergovernmental Agreement or Memorandum of Understanding (both are further referred to as "Agreements" throughout this document). In FY2020, CPI and CPS Region 10 Directors, DFPS Legal, the CPS Disproportionality Manager/ICWA Liaison, and the Ysleta del Sur Pueblo/Tigua Social Services Manager and Attorney began the process of updating the *"Agreement Between Ysleta Del Sur Pueblo/ Tigua Social Services and Texas Department of Family and Protective Services"*. The Agreement was finalized in December 2021. DFPS and Tigua representatives continue to meet as needed to resolve issues and maintain a collaborative relationship. Since updating the Agreement, DFPS and Tigua representatives . have collaborated on joint trainings by Tigua and DFPS for DFPS staff. DFPS State Office staff attended one of the in-person training sessions during July 2022.

In March 2022, discussions were initiated with the Alabama-Coushatta Social Services Director to begin the process of updating the Agreement between the department and the

tribe. The 2010 Agreement is currently being reviewed by the tribe for updates and will then be forwarded to CPI and CPS Region 05 Directors, DFPS Legal, the CPS Disproportionality Manager, Director of Permanency, state office ICWA Liaison, and the Alabama-Coushatta Social Services Director and Attorney with the expectation to finalize in the next fiscal year.

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 partners with DFPS in supporting Tribal/state collaborative meetings and collaborates with the National Center for State Courts and the participants of the Texas Court Improvement Project (CIP) ICWA Constituency Group. A representative from Ysleta currently serves on the Statewide Collaborative on Trauma Informed Care at the request of the Children's Commission.

The Children's Commission issued a Jurist in Residence Letter in August 2019, 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 lower court's decision has been stayed pending appeal. The Fifth Circuit held oral arguments in March 2019 and the case was again heard by the Fifth Circuit in 2020. The 5<sup>th</sup> Court of Appeals issued a ruling in April 2021. The United States Supreme Court has granted cert for the petition and oral arguments are scheduled for November 9, 2022. 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. DFPS leadership continue to coordinate with tribe representatives in an effort to strengthen lines of communication and their willingness to meet at the Tribes request.

The state office ICWA Liaison also participates in national Indian Child Welfare Act calls with the Child Welfare League of America to enhance the agency's ability to provide services and collaborate with Tribal partners.

DFPS effectively ensures compliance with ICWA through established policy and procedures. Current policy provides DFPS employees with detailed information regarding the Indian Child Welfare Act and DFPS responsibilities under the Act. DFPS policy details specific child-placing requirements of the Indian Child Welfare Act and related guidelines and regulations to ensure compliance in any court action involving a Native American child who is subject to the Act. The policy can be found in CPS Handbook 1225, 5330, 5340 and 5740, and the Court Related Issues Resource Guide. An update to the current ICWA Resource Guide began in January 2022 and will include input from tribal representatives with lived experiences. The ICWA Resource Guide will outline best practices and policy related to ICWA and assist in DFPS compliance with ICWA.

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.

All new caseworkers are required to attend the CPS and CPI Professional Development training that includes a required computer-based training on the Indian Child Welfare Act. 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, Disproportionality Manager, and Permanency staff work collaboratively to review policy to determine the need for updates. Ysleta representatives recently reviewed the computer-based training and provided feedback. This feedback was used to revise the computer-based training. The computer-based training was revised in 2020 and is now available to DFPS.

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. IMPACT began undergoing further development in February 2022 for an Indian Child Status page. This page will include Indian child status, tribal membership or eligibility for membership, confirmation of membership, and legal notice to a tribe. The finalization of the Indian Child Status page should be complete and begin being used by DFPS staff in October 2022.

DFPS continues to analyze race and ethnicity data to determine trends and inform strategies to best serve children and families. DFPS released the FY 2020 Disproportionality Report in June 2021, which focused on the race and ethnicity of children involved with DFPS at various stages, over time, and compared to the Texas child population. This report provided detailed information about how children progress through DFPS with a lens focused on disproportionality and disparity. The report is available at

the following URL:

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/CPS/documents/20\\_21/2021-06-30\\_Disproportionality\\_Report\\_FY2020.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/20_21/2021-06-30_Disproportionality_Report_FY2020.pdf)

In October 2021, DFPS released the Rider 33 Report for the FY 2021 Disproportionality and Disparity Analysis. This report analyzes disproportionality and disparities within Harris, Dallas, Tarrant, Bexar, Hidalgo, Travis, and El Paso Counties and presents the prevalence of racial and ethnic disproportionately and disparity at DFPS. Rider 33 can be located at the following URL:

[https://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/Rider\\_Reports/documents/2021/2021-10-01\\_Rider\\_33\\_Report.pdf](https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/Rider_Reports/documents/2021/2021-10-01_Rider_33_Report.pdf)

DFPS caseworkers are trained to ask about possible Native American heritage initially, as a case progresses, or 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 who is 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 2021, the Data Book race and ethnicity data indicates that 52 Native American children were served through Family Preservation Services throughout the state and 57 children were in DFPS custody at some point during the same time period. These numbers do not reflect the number of ICWA cases but rather the number of children listed as Native American by the caseworker. This aspect of data collection requires further efforts on the part of the Department. 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 (specific to the Ysleta del Sur Pueblo/ Tigua tribe, this is referred to as an Intergovernmental Agreement) both are further referred to as "Agreements". The Agreements 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 is currently being updated, the parties continue to work cooperatively. The Agreement with Ysleta del Sur Pueblo/Tigua was originally established in 2014 and an updated version was finalized in December 2021 as the "*Agreement Between Ysleta Del Sur Pueblo/ Tigua Social Services and Texas Department of Family and Protective Services*". 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. Due to COVID-19 and liaison vacancies, these in-person meetings were stopped; however, communication continued between DFPS and the tribes. Virtual meetings began again in March 2022 and are scheduled monthly. In-person meetings will resume quarterly once state and tribal representatives mutually agree for in-person meetings.

**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 Division Administrator for Permanency 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 responsive 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. Ysleta del Sur Pueblo representatives indicated that Family Team Meetings occur at the investigative level in approximately 99% of their cases to ensure families receive the services they need and to prevent a removal in the future.

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 solicits feedback from the Tribes in attendance at meetings and on conference calls. The Tribes are encouraged to provide feedback during meetings, calls, or through personal contact with DFPS after meetings. DFPS discusses CPS initiatives and existing CPS programs during the 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 meetings including amendments made to the case review system. The state plan is shared with the Tribal partners to elicit feedback prior to the annual meetings.

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 and partnerships for recruiting homes.

**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 any of the three federally recognized Tribes in Texas. A Title IV-E agreement with the Alabama-Coushatta Tribe 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 Pueblo 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.



Regions 5, 8 and 10 have federally recognized tribes: Alabama Coushatta Tribe with a youth in care that participated in Transitional Living Services to include PAL Benefits and Chafee Funding benefits. Kickapoo Tribe has no referrals during FY21. Tigua Tribe has no PAL aged youth who are tribal members.

**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 annual plan will be shared with the Tribes each year. The 2021 plan was shared via e-mail in March 2021. A draft copy of the 2022 annual report was shared via e-mail in May 2022.

Throughout FY2022, DFPS has continued to collaborate with each Tribe to meet any needs identified for improving the policies and practices related to Indian child welfare. For example, when the need for joint-agency training of the Ysleta Del Sur/Pueblo Tribe was identified, DFPS coordinated with the Region 10 Regional Director, who assisted with ensuring DFPS staff completed the needed training. To ensure the voice of the Tribes are represented throughout policies and practices, DFPS and Tribal staff are jointly working on a needed update of the ICWA Resource Guide.

DFPS plans to continue efforts to assess availability to resume in-person meetings with each of the Tribes throughout FY2023. Until such time, DFPS will continue to host monthly virtual meetings with the Tribes. These monthly meetings will continue to include DFPS leadership staff from both divisions (CPI and CPS), Permanency and Disproportionality. In addition, DFPS will continue to collaborate with the Tribes and various community stakeholders to assess the benefits of another ICWA Summit.



**TEXAS**  
Department of Family  
and Protective Services  
**The State of Texas**

**2023 Annual Progress & Services Report**

**Section IX. CAPTA**

- A. Descriptions, Accomplishments and Proposal of Projects/Initiatives Using CAPTA Funds**
- B. Texas Citizen Review Teams – Annual Report**
- C. Neonatal Update (Fetal Alcohol Spectrum Disorder) Update**
- D. American Rescue Plan Act Funding**

**Texas Department of Family and Protective Services  
ACYF-CB-PI-22-01**

## **IX.2023 CAPTA State Plan**

### **CAPTA Coordinator**

**The name, address and fax number of the applicant agency.**

Texas Department of Family and Protective Services 4900 N. Lamar Blvd.  
Austin, TX 78751  
Telephone (512) 929-6900  
Fax: (512) 339-5927

**The name, title, and telephone number of the individual designated to serve as the Child Abuse and Neglect State Liaison Officer with the National Center on Child Abuse and Neglect (NCCAN).**

Liz Kromrei, LCSW  
Director of Services, Child Protective Services Texas Department of Family and Protective Services  
P. O. Box 149030, Mail Code W-157 Austin, TX 78714-9030  
(512) 289-7816

**The name and telephone number of a contact person who will be able to answer questions about the application.**

Max Villarreal  
Division Administrator for Federal/State Support Unit, Child Protective Services Texas Department of Family and Protective Services  
P. O. Box 149030, Mail Code W-157 Austin, TX 78714-9030  
[Max.villarreal@dfps.texas.gov](mailto:Max.villarreal@dfps.texas.gov)  
(512) 568-4811

**The applicant agency's Employer Identification Number (EIN).**

The EIN of the applicant, Texas Department of Family and Protective Services, is 74-2639167.

## **A. Descriptions, Accomplishments and Proposal of Projects/Initiatives Using CAPTA Funds (Descriptions)**

**Listed below are the descriptions of FY 2022 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 Office of Data and Systems Improvement. 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.**

In 2005 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. Since 2005, DFPS has actively worked to eliminate disproportionality and disparities in the child welfare system.

With CAPTA funding for 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 and engaging in community partnerships.

As of January 2022, The Office for Addressing Disproportionality and Disparities continues to implement an aggressive approach to addressing practices or behaviors that may contribute to disproportionate and disparate outcomes for children and families involved in the Texas child welfare system. The Office will review current curriculum for relevancy and accuracy. The Office will build the team to four staff to broaden the scope, travel to more communities, and engage with alumni youth, parents, and stakeholders to gain real-time feedback that help shape our work. There will be an emphasis on prevention by focusing on addressing the factors seen contributing to disproportionality with hopes to connect families to services and programs more quickly. The prevention efforts should help mitigate those tertiary risks associated with families with active child protection cases.

### **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 child, the specialized staff may include specialized Placement Team members, Developmental Disability Specialists, Well Being Specialists, Education Specialists, and Nurse Consultants. The focus of the Children with Disabilities Project 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 Specialists assist 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, Community-Based Care regional 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 placement options. Developmental Disability Specialists help to negotiate placements in the following targeted institutions, as defined by Texas Government Code 531.151:

- 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 and the child in transition 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 Advisory Committee 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 sharing their lived experience and providing their unique and valuable perspective regarding work with families and children.

The mission of the statewide Parent Collaboration Group (PCG) Advisory Committee 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 by linking parents and DFPS in partnerships.

The goals of the committee include:

- Elevate the value of parent voice and parental engagement to staff;
- Increase parent participation in regional parent support groups;
- Increase father involvement;
- Support efforts to address disproportionality at the regional and state level;
- Focus on Investigations, Family-Based Safety Services and Foster Care; and
- Improve services for children and families by implementing policy changes recommended by the committee.

Regional Parent Support Groups provide local opportunities for parents with open DFPS cases to obtain greater insight into the DFPS 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 Texas Child and Family Services Review process, the Title IV-B State Plan, and the significant shift to a more family-focused DFPS Practice Model.

Parent Support Groups throughout Texas are being held in Regions 1, 2, 3, 4, 5, 6, 7, 8, 9, and 11 with continued coordination to conduct support groups in the remaining regions. There are currently eight Regional Parent Support Groups in the rural areas of Texas, and they 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 and to assist with the efforts to better achieve safety of children and



families. The CPI Best Practice Project is focused on improving work in investigations for abuse and neglect. CAPTA-funded positions provide leadership for strategies that support improving safety outcomes with children and families involved in child abuse and neglect investigations.

A CPI Deputy Director of Field and three CPI Division Administrators 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 CPI Division and at all levels of the organization.

- The CPI Deputy Director of Field position supports the Director of Field by providing direction and oversight to enhancing policy and practice. The Deputy Director reviews internal processes and procedures to ensure quality training, practice, and evaluations of casework.
- The CPI Division Administrator for Alternative Response is responsible for the policy and protocol regarding the program statewide, as well as strengthening the Alternative Response program to ensure that it is embedded into practice.
- The CPI Division Administrator of Best Practice 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 providing materials that assist field management in ensuring staff are updated regularly on any policy or procedure practice changes. Materials include any tip sheets to ensure best practice.

Six program specialist positions are included in the project:

Two Behavioral Health Program Specialists serve as the statewide subject matter experts for behavioral health issues of children related to the Investigation stage of service. The Behavioral Health staff assist regional staff with accessing community resources for families seeking assistance with their child's mental health. Additionally, the Behavioral Health Program Specialists collaborate with HHSC on opportunities for diverting children and youth from entering DFPS conservatorship when an inability to access appropriate behavioral health services is the primary concern and refer those families to the HHSC Residential Treatment Center Bed Program. Behavioral Health Program Specialists also provide training support to regional staff around mental health topics, update and maintain CPI mental health related policy, and update tip sheets and resource guides for staff.

Two program specialists, the CPI Substance Use Program Specialists, report to the CPI Division Administrator of Best Practice and their roles are described in the 12) Substance Abuse Project and are discussed later in this document.

One Best Practice Improvement Specialist serves as the subject matter expert for strengthening investigation practice.

On Specialist is the lead for safety and risk assessment 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.

A Best Practice Generalist Program Specialist positions is responsible for project management for strategies 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, the Program Specialist is responsible for providing education, direction, and assistance as needed with compliance around state statute 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.

The Adaptive Coaching Program Specialist position was moved to the Division of Alternative Response to better support the agency's efforts to advance Alternative Response practice throughout the state. This position is responsible for developing policy, working with stakeholders in community, and serving the alternative response program as a trainer to support staff in understanding best practices in casework and engagement with families utilizing the Alternative Response philosophy and model.

There are ten CPI Mentor Program Specialist positions, three of which are CAPTA funded positions within CPI Best Practice project. The Mentor Specialists report to the CPI Division Administrator of Leadership and Staff Development. These Mentor Program Specialists model the leadership characteristics CPI expects its mentors to carry on, to prepare the next generation of supervisors and to eventually replace us in our roles in the agency.

The Mentor Program Specialists infuse best practice and leadership development with the following responsibilities, including but not limited to:

- Recruitment of mentors
- Facilitating Mentor Orientation and pairing of protégés with mentors
- Tracking mentor training and supporting completion of Individual Training Plans and Competency Evaluations
- Consulting with staff at all levels from protégé and mentor, to supervisor and program director
- Facilitating growth and development of the mentor program through the facilitation

of recognition events, developing/updating resources, facilitating Mentor Support and Cohort feedback groups, etc.

- Analyzing mentor and protégé collaboration and successful training, including assessment of mentor qualifications and progress
- Attending and presenting data at staff and leadership program gatherings

## **8)Child Protective Services (CPS) Best Practices**

### **The CPS 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 CPS 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, permanency and well-being of children and families when a child is served in ongoing services beyond investigation.

The CAPTA-funded positions in this project provide leadership for strategies to address areas with an ongoing need for improvement, as identified through quarterly Child and Family Services Review case reads. Examples include the need for better engagement of families in case planning (especially fathers), reduction of permanency barriers, and strengthening access to substance abuse and other behavioral health services.

There are nine positions assigned to the following subject matter areas: domestic violence, parent engagement, fatherhood engagement, positive permanency (2 positions), medical services, Interstate Compact for the Placement of Children (2 positions), and eligibility determination for IV-E. 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 better 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. 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 an active voice on the legal representation and parent resource workgroups. Each workgroup is designed to receive and give input on best practices around serving children and families. The Fatherhood Program Specialist helps to increase the involvement of fathers when CPS is working with families at all stages of service delivery. The Fatherhood Program Specialist regularly shares information, resources, and

time with fellow agency personnel and community stakeholders working with fathers and families. The Fatherhood Program Specialist routinely presents and actively conversate with staff, and community organization on methods to better in engage fathers. The Fatherhood specialist acts as a mentor for several young individuals along with multiple service providers.

The Domestic Violence Program Specialist serves in a leadership role to strengthen the intervention into and prevention of domestic violence in partnership with adult victims and children while challenging behaviors and encouraging the person using violence to stop. The Domestic Violence Specialist co-chairs 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 involving the Women's Health Coordinator and Aging Services Coordination, and the Texas Council on Family Violence, which coordinates policy and practice support to staff within the state agencies and those working in the local community-based Family Violence Programs. The specialist is the agency lead for joint efforts to enhance victim safety and services, engage with persons using violence, policy development, practice guidance 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 areas that help children and youth achieve positive permanency, including the Family Group Decision-Making process of permanency planning, the engagement of caregivers and caring adults, and the 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 and assisting in achieving permanency for children moving across 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. Additionally, they ensure that all home study requests and completed home studies are processed timely so that children can be moved safely without placement barriers, as well as, ensure children are being monitored and are receiving the services needed for the placement to be successful.

A Medical Services Program Specialist helps develop policy, practice and protocol to assist caseworkers and caregivers in responding appropriately when medical services are required for foster youth. They assist when claims 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 receive medical care needed for children and respond to denials helps to reduce caregiver frustration, improve

care to children, and positively impact placement stability and permanency.

A Child Fatality Specialist is responsive to CAPTA and state law requiring DFPS to release specific information to the public regarding abuse/neglect fatalities and near fatalities. The type of information released requires a combination of data elements and a written report. In order to ensure that these reports are available timely and meet all legal requirements, the work needs to be centralized to a specific team. A Child Fatality Program Specialist is responsible for ensuring the completion of fatal and near fatal reports for public release. The specialist also is responsible for tracking and reviewing fatal and near fatal reports for public release. The specialist ensures the Regional Child Death Review Committees and Citizen Reviews Teams are functioning as required by reviewing and tracking all recommendations coming from the groups. The specialist identifies statewide trends in recommendations and ensures they will be reviewed by the Child Safety Review Committee and then tracks recommendations and actions coming from the committee. The recommendations from the Regional Child Death Review Committee/Citizen Review Team and the Child Safety Review Committee consider issues that have statewide implications for policy, training, resource development, casework practice, and coordination with external entities. They are shared with regional and State Office staff to determine improvement in safety outcomes with children and families involved in CPI and CPS cases.

A Mental Health Specialist Lead helps to address the increasing prevalence of high acuity needs to children and youth in conservatorship. The impact of abuse and neglect trauma in an environment with increased social distancing and stress due to COVID has seen an increase in psychiatric hospitalizations and needs for intensive behavioral health services. This position helps to monitor youth for whom there is a challenge in obtaining services to address the higher acuity needs, focusing expertise on referrals to services within the Texas public mental health system

A Federal/State Support Services Program Specialist supports billing and eligibility changes with new federal and state policy. In addition, this position assists in ongoing Title IV-E quality assurance reviews/efforts to include the ongoing efforts to transition eligibility related documentation into the One Case electronic record system.

DFPS hired a Youth Housing Specialist in April 2021. The overall goal was to create a Housing Program. The goals of the Housing Program within the [Transitional Living Services Division](#) are to 1) assist in locating housing for as many youth as possible, and 2) end homelessness for those transitioning from foster care to a successful adulthood.

The strategies to achieve these goals include:

- α. Providing information and training about rental assistance programs and voucher options throughout Texas.
- β. Creating materials and a dedicated Housing Program webpage to share related information.
- γ. Designating [regional housing liaisons](#) as local points of contacts.
- δ. Conducting outreach to public housing authorities and increasing partnerships.

- ε. Increasing referrals to these rental assistance programs.
- φ. Supporting additional housing options, such as the Supervised Independent Living (SIL) program, Transitional Center Housing programs, Transitional Independent Living programs, and traditional Housing Choice Voucher programs.

DFPS hired an employment specialist in February 2021. The goals of the employment specialist are to expand and grow internships, apprenticeships and vocational rehabilitation services, increase youth and young adult job preparedness and readiness especially through hands on activities, and to strengthen and define DPFS relationships with the Texas Workforce Commission, Workforce Solutions Boards and Transition Centers.

New to the CPS Best Practice project and mirroring the CPI Best Practice project, are Mentor Program Specialist positions, two of which are new CAPTA funded positions. The CPS positions report to the CPS Division Administrator of Training Support within the CPS Division of Field. Similar to the CPI Best Practice project, these Mentor Program Specialists model the leadership characteristics CPS expects its mentors to carry on, to prepare the next generation of supervisors and to eventually replace us in our roles in the agency.

The Mentor Program Specialists will infuse best practice and leadership development with the following responsibilities, including but not limited to:

- Recruiting of mentors
- Facilitating Mentor Orientation and pairing of protégés with mentors
- Tracking mentor training and supporting completion of Individual Training Plans and Competency Evaluations
- Consulting with staff at all levels from protégé and mentor, to supervisor and program director
- Facilitating growth and development of the mentor program through the facilitation of recognition events, developing/updating resources, facilitating Mentor Support and Cohort feedback groups, etc.
- Analyzing mentor and protégé collaboration and successful training, including assessment of mentor qualifications and progress
- Attending and presenting data at staff and leadership program gatherings

**9)Community-Based Care**  
**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 to meet children and youth needs.

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 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 now 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 becomes the responsibility of the Single Source Continuum Contractor.

The guiding principles for Community-Based Care are aimed at improving quality of care and include:

- γ. Keeping children and youth safe from abuse and neglect;
- η. Placing children and youth in their home communities;
- ι. Placing children and youth in the least restrictive setting that meets their needs;
- φ. Minimizing moves that disrupt children's or youth's personal connections and educational progress;
- κ. Placing children and youth with siblings;
- λ. Respecting the culture of each child and youth;
- μ. Providing children and youth with opportunities, experiences, and activities similar to those enjoyed by their peers who are not in foster care;
- ν. Preparing youth for successful adulthood;
- ο. Providing children and youth opportunities to participate in decisions that affect their lives.
- π. Reunifying children and youth with their biological parents when possible; and
- θ. Placing children and youth with relative or kinship caregivers if reunification is

not possible.

Implementation of the community-based care system is anticipated to:

- ρ. Increase the number of children and youth placed with their siblings and in their home communities;
- σ. Increase the number of children and youth who remain in their school of origin;
- τ. Decrease the average time children and youth spend in foster care before achieving permanency;
- υ. Decrease the number of moves children and youth experience while in foster care;
- ϖ. 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
- ω. Create robust and sustainable service continuums in communities throughout Texas.

Senate Bill 1896, 87<sup>th</sup> Regular Legislative Session, created the Office of Community-Based Care Transition. The Office of Community-Based Care Transition (OCBCT) is managed by the Statewide Community-Based Care Director, who supervises four directors within the Office; two directors of implementation, one contracts director, and one outreach and legislative relations director. The Office of Community-Based Care Transition supports successful implementation of community-based care across the state and ensures a robust continuous quality improvement process by which community-based care is evaluated. The Office of Community-Based Care Transition is responsible for working with stakeholder partners and agency staff to establish the model and support statewide implementation. DFPS and OCBCT include expertise in contracts and financial oversight of Single Source Continuum Contracts. Additionally, DFPS maintains resources in its Data and Systems Improvement division to support ongoing data production and analysis for performance-based contracting and continuous quality improvement. 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 with lived experience in the DFPS system an opportunity to share their experiences and knowledge of the system with kinship caregivers currently involved with DFPS. These groups 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 are being held regionally throughout the state, with collaboration and coordination to conduct statewide support groups using virtual platforms.

**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 increase access to substance abuse, mental health, and in-home parent skill 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 assessed fiscal impact to the state, needed changes to statute and an examined 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(k)(1)(B) and 475A(c) of the Act: Qualified Residential Treatment Program (QRTPs).

The FFPSA Project will help DFPS and stakeholders:

- Analyze the federal legislation and determine the impact to DFPS, service providers, residential childcare 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.
- Participate in implementation activities related to the federal legislation

The CAPTA funded FFPSA program specialist works within a specialized FFPSA Division to project manage, advise, and provide technical assistance to DFPS staff with assignments and tasks associated with the federal legislation. The FFPSA Project oversees the development, analysis and implementation of federal Family First Prevention Services Act mandates 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, and other social service providers to provide program guidance relating to the FFPSA.

A new CAPTA funded FFPSA budget analyst was created to help internal and external stakeholders understand the FFPSA, state direction for a response, and the complex funding requirements associated with options under state considerations.

### **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 the Department of State Health Services (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. Two dedicated positions within CPI (two Substance Use Disorder Program Specialists) and four dedicated positions within CPS (a Behavioral Health Services Division Administrator and three Substance Use Disorder Program Specialists) are used to assist staff and stakeholders who work with the Texas child welfare system, 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 and development of 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 plan of safe 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.

### **13)Trauma Informed Care Project**

#### **The Trauma Informed Care Project responds to priorities (6), (7), and (13) in the Child Abuse Prevention and Treatment Act Amendments.**

The Trauma Informed Care Project supports the collaborative relationship between DFPS and stakeholders including the Statewide Trauma Informed Care Collaborative sponsored by the Children’s Commission, Child Placing Agencies, Therapeutic Service Providers, and Legal Stakeholders including Courts in an effort to address trauma related issues that impact the well-being of children involved with the Texas child welfare system. In 2021, the CPS Trauma Informed Care team (a Trauma Informed Care Manager and six regional Trauma Informed Care Specialists) were hired to assist internal DFPS staff and stakeholders who work with the Texas child welfare agency, social services agencies, mental health agencies, and kinship and foster placements.

Specifically, the project seeks to ensure that DFPS staff are thoroughly trained on Trauma Informed Care practices and approaches. The team helps to develop expertise in knowledge of and coordination of Trauma Informed Care Services for children and families in any stage of service, improve the coordination between DFPS and stakeholders including Statewide Trauma Informed Care Collaborative sponsored by the Children’s Commission, Child Placing Agencies, Therapeutic Service Providers, and Legal Stakeholders, including Courts, and provide trauma related consultation and training to DFPS staff members.

## **A. Descriptions, Accomplishments and Proposal of Projects/Initiatives Using CAPTA Funds (FY 2022 Accomplishments)**

Listed below are the major accomplishments for each of the FY 2022 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 FY 2022 are as follows.

- Streamlined the external research request process to improve efficiency of CPS program staff review and support collaboration with external researchers.
- Supported efforts on tracking, reporting and analyzing runaways and human trafficking.
- Continued to evaluate DFPS efforts to reduce disproportionality and completed the legislatively mandated, annual Rider 17 report and an annual disproportionality report.
- Evaluated the effectiveness of a new concurrent stages joint program initiative between Child Protective Investigations and Family Based Safety Services.
- Supported efforts to reduce the number of children without placement through support with tracking, daily and monthly dashboards, and in-depth data analysis.

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, such as the following ongoing activities:

- Supported efforts to address Disproportionality: The Analytics and Evaluation team continued to support the monitoring of disproportionality with the legislatively mandated Rider 17 report and the annual report for DFPS.
- Hire, develop, and retain quality employees: Evaluate the use of Title IV-E tuition stipends to develop and retain a strong workforce.
- Increase permanent placements to kinship families when not reunifying: Designed and currently analyzing a survey to caregivers about permanency care assistance.

## **2)Disproportionality Efforts**

**The Disproportionality Program responded to priorities (3) and (11) of the Child Abuse Prevention and Treatment Act amendments.**

**The Disproportionality Program responds to priorities (3) and (11) of the Child Abuse Prevention and Treatment Act amendments.**

DFPS continues with its commitment to addressing disproportionality and disparate outcomes throughout the agency. In FY2021, the DFPS Commissioner expanded the disproportionality staff to four to cover the robust work in Texas.

The following activities were accomplished in FY 2022:

Note: Activities in FY2022 continue to be impacted by COVID-19 regulations.

- The Office for Addressing Disproportionality and Disparities hosted workshops for all staff levels and community partners around equity, bias, and addressing systemic issues that result in negative outcomes for the children and families.
- The Disproportionality Manager, with regional assistance, continued to facilitate poverty simulations for external stakeholders to increase the understanding of vulnerable populations, specifically children and families who are impoverished. 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 continued and consisted of topics that intersect with the DFPS ongoing commitment to reduce disproportionality in child welfare. Webinar attendance continues to gain momentum and include the following topics: *LGBTQ and Race Equity II, Domestic Violence and Race Equity, A Ground Water Analysis of Racial Inequities, Representation Matters, Black History Month Celebration of Black Fathers, Listening to the Voices of Brown Fathers, and Asians and Racism.*
- “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. A virtual pre- learning course replaced the online pre-learning program.
- Computer-based training on race and bias training continues to be available in the Learning Station for employees.
- 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.
- Collaboration continued with the three federally recognized tribes in Texas. This work is described more in the Tribal Section of the report. In January 2022, the 2022 Texas ICWA Summit was held virtually, and a video of the Summit is scheduled to be posted on the Children's Commission website in late 2022.
- The CPS Disproportionality Manager continues to present at stakeholder requests. The Disproportionality presented virtually at numerous local, state, and national events in FY2022.

FY2021 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 virtual pre-learning.</li> <li>• Texas, with approximately 100 Knowing Who You Are facilitators., Certification of facilitators, certifiers, and coaches will resume once all COVID restrictions are lifted.</li> <li>• Continue to offer Undoing Racism Workshops with staff, community, and external stakeholders.</li> <li>• Continue to offer disproportionality webinars.</li> <li>• Continue to deliver Woke Wednesdays to staff.</li> <li>• Continue to procure courses to enhance cultural responsiveness.</li> </ul>
African American children are placed with family members when possible	<ul style="list-style-type: none"> <li>• 1,705 African American children exited to permanent kinship caregivers in FY 2021 compared to 1723 African American children in 2020. (information obtained from FY 2021 Data Book and includes children exited to relatives with and without PCA and relative adoptions).</li> </ul>
Increased recruitment of African American foster and adoptive homes	<ul style="list-style-type: none"> <li>• In FY21, CPS added 219 African American foster and adoptive home.</li> <li>• Work with foster/adoptive home development staff on issues related to disproportionality and disparities.</li> </ul>
Collection and Dissemination of Data	<ul style="list-style-type: none"> <li>• Released Rider 40 report on removals by race and ethnicity.</li> <li>• Release disproportionality report in 2022.</li> </ul>
	<ul style="list-style-type: none"> <li>• State/Tribal Meeting held in 2021.</li> <li>• Participation in national level ICWA calls.</li> <li>• Participation in Children's Commission disproportionality efforts, collaborative council, and training committees</li> </ul>

<p>Cross Systems Collaboration</p>	<ul style="list-style-type: none"> <li>• Intergovernmental agreement with Ysleta del Sur Pueblo slated to be enacted in FY 2021</li> <li>• Participation in external workgroup to improve outcomes for LGBTQ youth in care</li> <li>• In March 2021, Casey Family Programs convened child welfare and race equity advocates from several states to discuss disproportionality efforts. The CPS Disproportionality Manager participated in the convenings.</li> <li>• The CPS Disproportionality Manager continues to present at stakeholder requests.</li> <li>• Participation in Statewide Collaborative on Trauma Informed Care.</li> <li>• Participation in Travis County Child Welfare Race Equity Collaborative.</li> </ul> <p>Participate in Judicial Trauma Institute.</p>
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In May 2021, the DFPS Commissioner repurposed the role of the Disproportionality Manager to assume a broader scope across the agency’s disproportionality work. In addition to the focus areas, the office will increase its infrastructure to four staff (two Managers and two Disproportionality Specialists), address community regarding inequities around children with special needs, certain disabilities, medical care, and father engagement.

**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 needs. Six of the twelve Developmental Disability Specialist positions are located in close proximity to General Residential Operations serving children with intellectual and developmental disabilities (Mission Road Developmental Center, Whispering Hills, the Autism Treatment 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 basis. The Regional Developmental Disability Specialists transitioning to the Community- Based Care model provided several trainings on the role of the Developmental Disability Specialist, the Medicaid Waiver programs, and guardianship to the Single Source Continuum Contractors and their staff. 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 utilized a quarterly report providing data on children who are deaf or hard of hearing to improve services and provide community resource options. If the child is identified as deaf or hard of hearing, the Developmental Disability Specialist can work with the child's team to explore any service and waiver options, including community resources as well as resources internal to the agency such as Medical and Nursing Services, Education Specialists, and Well Being Specialists.

The Developmental Disability Specialists held quarterly teleconferences facilitated by the State Office Developmental Specialist. Topics covered in these teleconferences included training to increase awareness of and resources for children with intellectual and developmental disabilities, permanency planning, policy clarification, trends within the Local Authorities and the Home and Community Services enrollment process, availability of services under the Home and Community Services waiver programs, 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.

The State Office Development Disability Specialist held an in-person meeting with all the Developmental Disability Specialists. Multiple agency and community partners attended

to provide training and updates in the areas of housing options, the waiver programs, guardianship, social security processes, deaf and hard of hearing resources, and mental health resources. The Development Disability Specialists were provided with training and resources to share within their regions. The State Office Developmental Disability Specialist will be meeting with the supervisors of the Regional Development Disability Specialists to clarify responsibilities and expectations of the Disability Specialist role while ensuring consistent service is provided across all regions.

An interagency partnership arrangement that provides an innovative, long-term supportive housing program through Section 811 whose purpose is to meet the needs of people with disabilities who are part of the program's Target Populations has existed since 2008. 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. 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. The Developmental Disability Specialists will continue to utilize this program and as of August 31, 2022 expect to see several younger adults benefitting from the Urban Affairs 811 Program.

The State Office Developmental Disability Specialist worked closely with Health and Human Services staff to create and coordinate training detailing the guardianship referral process and the roles of both CPS and HHSC in obtaining guardianship for youth when appropriate. This interagency training was presented to regional staff beginning in the summer of 2021 and concluded in September. The Developmental Disability Specialists presented the training along with HHSC staff in their individual regions.

The State Office Developmental Disability Specialist served as a member of the Aging Out of Care Workgroup tasked with assisting with transitional planning for youth aging out of CPS care. The State Office Developmental Disability Specialist presented youth aged 17 or older with intellectual and developmental disabilities or significant mental health issues to the workgroup to review and staff with the youth's CPS or Community-Based Care teams. Monthly staffing's were held to ensure an appropriate plan for the youth was in place prior to the youth turning age 18. The State Office Developmental Disability Specialist followed up with the youth's CPS caseworkers to ensure recommendations were followed and needed actions were being taken.

The State Office Developmental Disability Specialist participated in the Texas Story Workshop with Person Centered Training to re-write training vignettes to ensure more continuity with issues related to CPS casework. The group was tasked with re-writing 3 training scenarios. This project is ongoing with further revision to the training pending.

The State Office Developmental Disability Specialist conducted visits at several of the facilities providing placement for children with intellectual and developmental disabilities

including Mission Roads, Casa Esperanza, Whispering Hills, and the Autism Treatment Center. The State Office Developmental Disability Specialist was able to visit with the children and meet with the agency directors and therapeutic teams to determine plans for the children in these placements as well as talk about supports that could be provided to ensure all the children's needs were being met. The State Office Developmental Disability Specialist will return this summer to the institutional placements of Mission Road and Casa Esperanza to continue to staff permanency goals and ensure children ready for a less restrictive placement are being considered for other placement options.

The State Office Developmental Disability Specialist worked closely with the DFPS Community-Based Care Team including program and subject matter specialists to create workflow processes for the Single Source Continuum Contractors to guide these agencies in working with the Development Disability Specialists and the State Office Development Disability Specialist to ensure continuity of services for our youth with intellectual and developmental disabilities. These processes included guidelines for placement into General Residential Operations Mission Road and Casa Esperanza, guidelines for the Medicaid Waiver programs, and guidelines for placements into Home and Community Based Child Specific Contracts. All workflow processes have been shared with the Community-Based Care Teams. The State Office Developmental Disability Specialist continues to provide training and guidance to the Community-Based Care Teams on these processes and other issues regarding youth with intellectual and developmental disabilities.

The State Office Development Disability Specialist assisted the Supreme Court of Texas Children's Commission with updating the Children's Commission Bench Book. This guide presents the courts with a list of available Department and community resources to assist court officials when working with children or other family members with disabilities or significant medical needs.

The State Office Developmental Disability Specialist presented as a panel member at the Child Welfare Judges Conference. The presentation covered the definitions of intellectual and developmental disabilities and how to identify an individual who may be eligible to receive services under the Medicaid waiver programs.

The State Office Developmental Disability Specialist coordinated with community partner EveryChild Incorporated to review and staff the children residing at Mission Road and Casa Esperanza to ensure least restrictive placement options were being explored. Recommendations were obtained from the youth's therapeutic teams at Mission Road and Casa Esperanza to determine if the child was ready to move to a less restrictive setting. The State Office Developmental Disability Specialist met with representatives from HHSC to discuss how to best utilize EveryChild as well as how to develop a process of review and searching for potential placements that is not disruptive to the child.

During 2022, the State Office Developmental Disability Specialist served on the following workgroups with external stakeholders: Policy Council on Children and Families including participation in the legislative workgroups addressing Long Term Services and Education,

Employment, and Childcare, Texas Respite Advisory Committee, Promoting Independence Advisory Council, Parallel Tracks, Aging and Disability Resources, the Youth Peer Partnering Together Committee, the Employment and Meaningful Day Workgroup, and the Interagency Steering Committee. The State Office Developmental Disability Specialist also provides monthly training and resources to newly promoted supervisors during their Basic Skills Development training and participated in monthly calls with Youth for Tomorrow the DFPS 3rd Party Reviewer of child service levels.

Multiple training sessions presented by HHSC and the Social Security Administration were held to ensure all resources available to the youth are utilized. Priority is being given in SSI claims to youth identified as having a disability. Open communication continues with HHSC to ensure continuity of care with in the HCS programs.

#### **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 support students and caregivers during the COVID pandemic and build community collaborations that support children in foster care. The Education Project activities in 2022 included the following accomplishments:

- Education Specialists continue to ensure school age children have an Education Portfolio. 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 given to the Education Specialists to resolve issues. Education Specialist have continued to promote the use of education portfolios and have started an 'education portfolio initiative/push across the state. The goal is to increase the number of children with portfolios.
- 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 worked with caseworkers and community-based care

agencies to support DFPS policies that ensure educational stability for children in foster care directed by federal laws, such as 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. Education Specialist have been holding 'Ask the Expert' panels to clarify ESSA rules. Build up Conferences held by Education Specialist create strong advocating teams for students.

- 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 2021 and report 8,147 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 8,147 children referred to ECI who were "CPS Involved".
- 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 2021, 2,202 children in foster care enrolled in free pre-kindergarten programs available at Texas public schools. DFPS sent Letters of Verification that were requested to parents and caregivers of children, ages 3, 4, and 5 to use for pre-kindergarten enrollment.
- 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 published its quarterly 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 FY2022 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; Creating a Trauma-informed Classroom and Foster Care Student Success Guide 101.
- The Children's Commission, Texas Education Agency, and DFPS continued to collaborate on recommendations by the combined Education Committee. The Education Committee divided into subcommittees to work on guidance specific to educational needs of children and youth in residential treatment facilities,

Every Student Succeeds Act, and special education.

- Education Specialists completed approximately 85 virtual and 25 in-person 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 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 placements moves which required students to also change schools. Education Specialists worked with students without placement to ensure education stability by informing others on education laws. They worked to address any unmet needs for students needing special education services while in the situation of children without placement.
- 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. Education Specialists attend annual Texas Reach Conferences within the state.
- The state level Education Specialist has partnered with DFPS Transitional Living Services Employment Program.
- Regional Education Specialists collaborated with DFPS staff in Transition Planning events, Preparation for Adult Living classes, Circles of Support, and case planning. Education Specialists are working with the PAL staff to ensure educational outcomes for graduating high school students.
- 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.

- The Education Program Specialist provided training to staff on documenting school enrollment in IMPACT to better collect data on children remaining in their school of origin.

#### **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 two meetings in FY2022, two in person and one Executive Committee with Zoom. Due to COVID, committee meetings were held by Zoom also. 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 Faith Based and Community Engagement 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. Throughout the year received additional resource requests that after review, as appropriate, were added.
- The TNOYS Conference in 2021 was a virtual conference. The Texas Council was a sponsor and will be a sponsor again at the 2022 conference which will be a virtual as well as an in-person conference. The President and Executive Director will again present a workshop on The Role of County Child Welfare Boards in Texas.
- 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. Fostering Brighter Futures has a college student intern for one semester to assist with the campaign. In 2021 became a standing committee of the Texas Council of Child Welfare Boards. Fostering Brighter Futures also has a former

local Child Welfare Board member volunteer whose focus is securing additional funding opportunities through grants, external partners, or private donations.

- In partnership with Day One Bags, the Council received and distributed to local child welfare boards and Rainbow Rooms a supply of 4000 bags for youth entering foster care and also to graduating seniors in the foster care program. All were posted on the website and the local boards on the website were updated.
- In September 2021 the Council honored outstanding foster youth and outstanding volunteers, community group, and DFPS staff at the annual awards presentation and luncheon held in Austin.
- 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.
- The Council updated the county child welfare board membership rosters with the assistance of the Faith Based and Community Engagement Specialists and the regional child welfare boards across the state. The Council also provides and updates roster and lists for all Rainbow Rooms.
- 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.
- The Council's Education Committee reviewed the child welfare board training manual posted 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 Texas Council has selected the David M. Williams Award winner, presented to Representative James Frank in 2022. This award is for over and above efforts in a community championing for children.
- TCCWB members operate a private Facebook group page exclusively for its members to informally share information, ideas, suggestions, and promote convenient dialogue and communication for them throughout the state.
- 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.

#### **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 Advisory Committee meetings were held, expanded to include virtual meetings due to the COVID-19 pandemic. The Statewide Parent Collaboration Group Advisory Committee, or its individual members, accomplished the following:

- Presented to the Children’s Commission on Birth and Foster Parent Partnership;
- Presented at the Texas Foster Care Association Conference;
- Presented at the Prevent Child Abuse America Conference;
- Presented at the Child Judges Conference;
- Presented at the Texas Foster Care Conference;
- Participated at the National Federation of Families Conference;
- Participated at the Child Protective Workgroup hosted by Texans Care for Children on issues that greatly impact the field of child welfare;
- Provided parental input on discussions regarding the Family First Protection Service Act (FFPSA);
- Participated on the Children’s Commission work, including serving on the actual Children’s Commission as well as the Task Force for Court Appointed Legal Representation Workgroup and the
- Parent Resource Workgroup led by the Children’s Commission;
- Participated in the Texas Prevention Framework, including being a panelist for Community Response to Nurturing Families, led by Prevention and Early Intervention;
- Served on the Texas Informed Trauma Online Portal Advisory Committee led by the Children’s Commission; and
- Provided numerous parental inputs to policy;

#### **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 for Best Practice facilitated 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 CPI Division Administrator for Alternative Response completed statewide implementation of the Alternative Response program. The Adaptive Coaching Institute sent additional staff through professional coaching training as well as had two staff

become certified as professional coaches. The Institute has also created an interagency webpage, publication materials, developed training and a process to onboard more coaches, conducted presentations to leaders in the agency about the program.

The Behavioral Health Program Specialists in this project are the statewide subject matter experts 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. These program specialists 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 maintaining and responding to mental health email box questions, serving as liaisons between field staff and stakeholders, working in partnership with families, and assisting in critical thinking as it relates to engagement and best practice. During the past year, the Behavior Health Program Specialists assisted CPI staff with training, consulting, and processing referrals to the Mental Health Diversion Bed Project. The Behavioral Health Program Specialists updated policy, practice, and procedures related to Mental Health Support Protocols and Post Adopt Services

Another CPI Best Practices specialist assisted the field staff with education on best practice as it relates to assessing risk and safety. The specialist assisted with ensuring that best practice and policy were aligned. They assisted with various tasks set forth by the Division Administrator of Best Practice and the Division Administrator of Field. The program specialist position assisted Regional Directors with case reviews and training specific to the case reviews to help improve practice throughout the regions and the State.

The Best Practice Specialist, focused on risk and safety, reviewed serious physical abuse cases of children aged 5 and under and reviewed cases of parents who have had prior terminations of their parental rights and gave birth to new children. This Best Practice Specialist worked effectively with investigations caseworkers, supervisors, and program directors to come up solutions, strategies, and tasks to ensure the safety and well-being of children that met specific criteria. This specialist also identified information needed for "Meeting in a Box" to ensure staff were kept up to date on policy and practice changes.

The Child Fatality Program Specialist ensured the completion of fatal and near fatal reports for public release and tracked these reports. The specialist assisted regional and state office staff with ensuring the Regional Child Death Review Committees and Citizen Reviews Teams were functioning as required, accomplished by reviewing and tracking all recommendations coming from the Regional Child Death Review Committees and Citizen Review Teams. The specialist analyzed statewide trends in recommendations and ensured their review by the Child Safety Review Committee, tracking all recommendations and actions coming from the Child Safety Review Committee. The recommendations from the Regional Child Death Review Committee/Citizen Review Team and the Child Safety Review Committee consider issues that have statewide implications for policy, training, resource development, casework practice, and coordination with external entities. They were shared with regional and State Office staff

to help improve safety outcomes with children and families involved in CPI and CPS cases.

### **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 following accomplishments by all staff within this project occurred during 2022:

- Resource Guide maintenance for policy and protocol related issues
- Monthly Meeting-In-A-Box distribution, informing regional direct delivery staff of policy updates and initiatives affecting children in conservatorship
- Interagency Collaboration Groups regarding parent engagement, father engagement, and domestic violence groups.

**Parent Engagement Specialist position:** The Parent Engagement 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 providing parental feedback and input on the following policies:

- Abuse and Neglect Investigation of Placements Regulated by the Health and Human Service Commission
- Required Background Check Tables
- Transitional Living Services Resource Guide
- Administration of Medication
- Obtaining Qualified Interpreters
- Removing a Child and Initial Conservatorship Caseworker Activities
- Records Checks
- Confidentiality of Information

The Parent Engagement Specialist also facilitated implementation of eight rural parent support groups across the state.

**Fatherhood Engagement Specialist:** The Fatherhood Specialist helped plan and moderate multiple Fatherhood engagement activities across the state which included the two culture-relevant father panels featuring Black and Brown fatherhood practitioners from across the state. The Fatherhood Specialist conducted a series of webinars addressing disproportionality and working with families/fathers with incarceration history. The Fatherhood Specialist moderated a series of Fathers Panels with external stakeholders to foster a better understanding of resources needed and or available for

fathers throughout the state. 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 conducted a series of training sessions with community partners such as Texas CASA and the Texas Juvenile Justice System and is working with the Domestic Violence Specialist and Texas Council on Family Violence to develop as a series of webinars addressing fathers and domestic violence.

Due to interest, the Fatherhood Specialist created a quarterly report that provides staff with insight on father engagement levels within their region. The Fatherhood Specialist served on both the Children's Commission's Legal Representation and Parent Resource workgroups with a focus on providing fathers and parents access to legal representation as soon as possible. The Fatherhood Specialist served on the 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 often invites formerly incarcerated fathers to meetings with staff to add a personal voice to the work and challenges around the incarcerated community.

The Fatherhood Specialist joined the Fatherhood Interagency Workgroup to better facilitate and to establish improved communication with services providers. The Fatherhood Specialist meets routinely with the Parent Collaboration Group to consult with parents and staff, to ensure elevation of the voice of fathers. The meeting gives fathers the opportunity to be heard by staff and community stakeholders and to share the point of view and lived experiences of a father within the child welfare system.

**Domestic Violence Program Specialist:** The Domestic Violence Program Specialist co-chaired the Texas Family Violence Interagency Collaborative, comprised of staff at Health and Human Services Family Violence Program, the Aging Services Program and Women's Health Coordination, multiple DFPS divisions, and the Texas Council on Family Violence. Note the Collaborative recently invited conservatorship staff to participate in our work and to assist us to obtain more feedback and input from the contracting entities in Regions 2, 3A, 3B, and 8.

The Collaborative revised the statewide Memorandum of Understanding (MOU) template for DFPS and Family Violence Shelter Centers and Non-Residential Programs to reflect changes in both state and federal laws, as well as policy and practice improvements. All state level agreements have been signed. Members of the Collaborative continue to work towards ensuring that the local section of the Memorandum of Understanding is signed by the local family violence programs and DFPS regional staff. The new MOU incorporates a review process with the state level section examined in odd-numbered years and the local section in even-numbered years. This ensures the MOU remains timely, useful and is signed by appropriate parties whenever changed.

Training for new workers on intervening with persons who are harming children and their

mothers, or an adult caretaker has been expanded from 8 to 12 hours and was implemented across the state in cooperation with the Center for Learning and Organizational Excellence (CLOE). This training is updated continuously for CLOE trainers as policy and practice guidance improves. The Domestic Violence Specialist typically presents workshops at statewide conferences for the executive directors and staff of local Family Violence Shelter Centers and for providers of the Battering Intervention and Prevention Programs. In-service training is provided for DFPS staff in SWI, APS, CPI, and CPS, as well as Attorneys and the Faith and Community Engagement staff. Staff are also able to request case consultation with the Domestic Violence Specialist whenever needed to obtain a more effective intervention and to ensure the best practice and policy guidance is followed.

The Domestic Violence Program Specialist and the Fatherhood Program Specialist are collaborating on a series of trainings to increase the effectiveness of staff in working with persons using violence. In coordination with the Texas Council on Family Violence there will be four computer-based trainings involving webinars supplemented by written reference materials to assist caseworkers and supervisors in outreach and intervention with persons using violence. The content includes the nine computer-based trainings as well as resources developed by other agencies and organizations. The goal is to increase caseworker confidence in working with persons using violence in FY 2023.

In cooperation with the Texas Council on Family Violence and the Texas Department of Criminal Justice, Community Justice Assistance Division, outreach to increase the number of Battering Intervention and Prevention Programs contracting with DFPS is underway and will continue until every region in the state has providers who can assist persons using violence. In 2021, work with DFPS Contract staff was completed to streamline the Battering Intervention and Prevention Program from an over 200-page solicitation to make it free-standing for nonprofit organizations and private accredited providers to apply. This went into effect September 2021 and the number of contractors has increased. Along with the review of the MOUs, potential revisions to the Disposition Guidelines for Domestic Violence will be reviewed. These guidelines were adopted in 2016 and previously reviewed in 2019. Continued reviews allow the opportunity to be sure language is clear and policy guidance is appropriate with other policy shifts and training.

**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 (FGDM) process of permanency planning. The specialist also focused on practices to strengthen the engagement of caregivers and caring adults in helping children and youth achieve positive permanency, as well as practice to improve the effective use of the child's plan of service as a vehicle to help achieve positive permanency.

The FGDM program specialist oversees policy and best practice for the implementation of the 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 FGDM issues. This position acted as the main liaison with the three major credit bureaus, Equifax, Experian, and TransUnion, and instructed a team of program specialists on running batch reports for each region, to be completed by the end of the fiscal year, in order to better prepare youth for their exit from care. Any negative information is disputed in order to clear the youth's credit. This position has been involved in policy changes for youth who are pregnant or parenting, services to families, notification to relatives and fictive kin (close family friends) of the child entering conservatorship and notification when parental rights are terminated, updates to the Child's Plan of Service to capture data and ensure children who have been trafficked receive appropriate services, reinstatement of parental rights, and the Rights of Children and Youth in Foster Care.

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 permanency and placement trends together, the emphasis of urgency needed to help children safely exit care to a permanent home as soon as possible is strengthened. This position:

- Reviewed best practice guides and policy updates regarding areas such as child sexual aggression and sexual victimization training materials and practice guides, caregiver notification, positive permanency, concurrent planning, and improving training for conservatorship and ongoing services staff.
- Participated in development of permanency related tools, such as the conservatorship case read training and dashboard, caregiver provider portal, and reunification stage monitoring and coordination with Family Preservation.
- Scheduled, coordinated, and facilitated monthly calls with subject matter experts as well as primary and secondary caseworkers, supervisors, program directors, and program administrators to assess permanency and strengthen practice around youth aging out of care or exiting as older youth.
- 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.
- Developed a presentation for staff that will be a tool for training, policy, and best practice knowledge around international and immigration issues.
- 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 for technology changes

related to Permanency.

**Division Administrator for Permanency:** A new position in Permanency was added to directly supervise the following subject matter expert positions: domestic violence, parent engagement, fatherhood engagement, and positive permanency (2 positions). The new Division Administrator has begun partnering with subject matter experts to strategize ways to strengthen services necessary to better achieve safety, permanency and well-being of children and families.

**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 and assigned to the ICPC unit, to focus on improving time frames to achieve permanency for children moving across state lines. The two ICPC specialist process home study request and completed home studies within time frames that allow children to be placed across state lines within the time from regulated by the Association of Administrators of the ICPC. The two Texas ICPC specialist ensure barriers to the processing of a home study requests and completion of a home study is identified and amended in a timely manner.

The two Texas ICPC specialists have assisted in ensuring incoming home study requests are processed and assigned in a timely manner to comply with the Safe and Timely Interstate Placement Act. The two Texas ICPC specialists have helped reduce the length of time it takes to process a home study request, allowing the Texas ICPC team lead specialist to focus on the barriers that prevent home studies to be completed in a timely manner. In FY 2021, the ICPC unit processed 2066 incoming home study requests and 2370 outgoing home study requests. The two Texas ICPC specialists have prevented excessive backlog in processing home study requests as well as completed home studies, 100B placements, supervisory reports, case closures while maintaining a caseload.

**Foster and Adoption Development:** Foster and Adoption Development (FAD) promotes adoptions of children in DFPS conservatorship. DFPS will utilize CAPTA funding to send 14 CPS Adoption Management staff members from across the state to the North American Council on Adoptable Children annual conference which is being held virtually in July 2022. Adoption staff will have the opportunity to develop knowledge and skills in the core issues in adoption, trauma and loss, effective therapeutic techniques in adoption, kinship care and birth family connections, parenting children with disabilities and many more topics. The Foster Adoptive Home Development Division will develop and distribute promotional items for FAD, Adoption, and TARE. Regional FAD and Adoption staff attend recruitment and adoption events which require them to interface with the public. These promotional items will be to assist DFPS in recruiting foster and adoptive families as well as adoptive homes for children who are awaiting adoption. The items include but are not limited to, hand sanitizer, post-it notes, flyer, banner, and bookmarks, tablecloths, and pens. These items display the DFPS, FAD, or TARE logo in order to promote the work done by DFPS and encourage engagement by the public.

**Medical Services Program Specialist:** The Medical Services Program Specialist continues to receive and track notification of denials due to “lack of medical necessity” and “services not being a Medicaid benefit”. The program specialist tracks individual denials and reviews for trends. A process to escalate requests for assistance and educate the field and caregivers about denials and available support was created. The emphasis ensures caseworkers have the support and technical assistance needed to help kinship and residential caregivers respond to denials, which has a time sensitive protocol. The goal is to reduce caregiver frustration, improve care to children and positively impact placement stability and permanency.

**Medical Services Well-Being Specialist Manager:** The position enables the support of Well-Being Specialists and Regional Nurse Consultants to be divided into two geographic teams. The position ensures every region, whether served by legacy CPS staff or a Single Source Continuum Contractor, to have access to assistance regarding the STAR Health managed Medicaid program for children in foster care.

New positions in Transitional Living Services, focused on **Housing** and **Employment** were added to help address two of the largest barriers for youth successfully transitioning to adulthood. The new Specialists have begun partnering with older youth and young adults with lived experience to strategies ways to strengthen services.

**Mental Health Program Specialist Lead:** The Mental Health Program Specialist Lead supports the state with expertise in public Children’s Mental Health Services provided by HHSC and 39 Local Mental Health Authorities across the state. Complex eligibility and a network of services make access to the services confusing to direct delivery staff. With the services provided by this team lead, information regarding State Hospital eligibility and services, Mobile Crisis Teams, services provided by LMHA’s, how to access emergency assessments for youth being discharged from psychiatric hospitals, eligibility for the YES waiver, and other services are explained and technical assistance provided when needed.

**Federal/State Support Services Program Specialist:** The Federal/State Support Services Program Specialist played a key role in helping assess a One Case pilot involving the eligibility staff in two pilot region whereby key eligibility documents were saved with key words. These key words would support the retrieval of these documents during federal audits. The specialist also supported the resolution of billing related errors. In addition, this position also supported several regions Title IV-E foster care eligibility related functions when these regions were experiencing staffing issues.

**Youth Housing Specialist:** This position facilitated, presented, participated or produced the following:

- Facilitated meetings with the 6 Housing and Urban Development (HUD) Offices that cover Texas to build a professional relationship.
- Participated in weekly meetings with HUD Offices to learn about Youth



Targeted Rental Assistance Programs including the Foster Youth to Independence (FYI) Program and the Family Unification Program (FUP). These meetings also helped clarify policy and practice issues and provided program development guidance. These meetings helped obtain information helpful in training staff about such programs.

- Facilitated development of DFPS Housing Program to include oversight of Youth Targeted Rental Assistance Programs including Foster Youth to Independence (FYI), Family Unification Program (FUP), and the Section 811 Project Rental Assistance Program administered by Texas Department of Housing and Community Affairs. FYI and FUP are administered by local Public Housing Authorities.
- Produced Outreach and Housing Program materials including Housing Plan, Housing Readiness Document, Rental Assistance Program Eligibility Screening Documents, Power Point Training Document and Youth Success Story which was published DFPS Delivers Newsletter. Also, created a Housing Program Meeting in a Box.
- Facilitated and secured Regional Housing Liaisons to be the point of contact in each region for Housing Program information and options. Recruited 4 new staff to fill vacant positions. All regions are now fully staffed with a Housing Liaison. Created quarterly Housing Report and facilitates quarterly Housing Liaison meetings that include a HUD representative and a Section 811 representative.
- Participated in weekly meetings with the Section 811 program to advocate for more fair and equitable involvement of youth aging out of care. Facilitated updating new Interagency Agreement which led to a new policy at Section 811 that created a preferential waitlist policy for youth aging out of care (Effective March 2022).
- Presented at numerous conferences and meetings including DFPS Program Directors, CVS program staff, FSB program staff, Disability staff, and various units across the state. Presented at 2 statewide Youth Conferences and other conferences such as TNOYS meetings. Facilitated 3 Section 811 Program Referral Agent Trainings. Section 811 requires this training to be able to apply for this program directly. Prior to these trainings we had 1 referral agent for the entire state. We now have over 30 referral agents and plan to continue to train more staff as needed.
- Facilitated outreach to local Public Housing Authorities to introduce Foster Youth to Independence (FYI) Program to increase partnerships to expand this program statewide. Produced 36 partnership agreements doubling the program within a year and now each region has at least one partnership. Maintaining 26 Family Unification Program (FUP) partnerships across the state. Facilitating increase

utilization of the Section 811 program statewide.

- Produced Housing Program Master List to track all outreach and program activities.
- Facilitated 344 FYI applications, 232 vouchers issued, and 143 youth housed overall. Facilitated 761 FUP vouchers utilized as of 11/21. Facilitated 42 Section 811 applications, 13 youth housed overall, and 7 currently housed.

**Employment Specialist:** This position facilitated, presented, participated or produced the following:

- Facilitated and/or provided technical assistance which resulted in formal agreements between 1) DFPS State Office and Texas Workforce Commission and 2) the DFPS regional offices, 23 out of the 28 (remaining 5 are in process) local Workforce Development Boards and local Transition Centers. These agreements were jointly developed and entered into to address the unique challenges facing youth and young adults currently or formerly in foster care transitioning to a successful adulthood, including improving employment outcomes for these youth and young adults. This year the corresponding Transition Center covering the Board area were included in the local agreements to better define and outline roles and responsibilities of each entity (DFPS, Board and Transition Center) in addressing the job readiness, career development, vocational rehabilitation and employment needs of youth and young adults currently or formerly in foster care.
- Presented at the Texas Workforce Commission Commissioner's Meeting to accept the Governors Proclamation of Foster Care Awareness Month May 2021 on behalf of DFPS, Preparation for Adult Living Teen Conference June 2021, Texas Workforce Commission Foster Youth Conference March 2022, Texas Workforce Commission Foster Youth Month May 2021 and 2022, Statewide Youth Leadership Council meetings July 2021, March 2022 and planned for June 2022, and regular CPS Supervisors training in 2021 and 2022.

Participated and/or led meetings or workgroups related to employment or barriers to employment such as: ongoing SB2054 driver education and exams waiver implementation meetings, quarterly Drivers meetings, Monthly HHSC Employment and Meaningful Day workgroup, quarterly Texas Workforce Commission Foster Youth Transition Center meetings, periodic Region 3 North Central Texas Workforce Solutions Board internships, bi-annual SB1220 Career Development and Education workgroup with community partners, monthly Vocational Rehabilitation Services meetings, periodic DFPS State Office ordering birth certificates for youth at age 15, weekly HB 700 implementation meetings to include important documents, quarterly and periodic federal meetings related to employment and other independent living services, and monthly statewide Preparation for Adult Living staff technical support meetings.

- Produced DFPS responses to SB 2054 driver education and exams Texas Workforce Commission rule, Meeting in a Box memo to CPS staff related to technical assistance to obtain driver license or state identification cards and Texas Department of Public Safety contacts, Meeting in a Box memo to CPS staff related to documents policy, Memo to staff regarding distribution of encrypted flash drives to store essential documents, draft policy related to HB700 implementation related to documents and included employment and document related content in the DFPS state plan.
- Provided regular employment related resource materials to DFPS Preparation for Adult Living Staff, Transition Center staff, Preparation for Adult Living Contractors and other community advocates. Also, this position worked with Texas Workforce Commission to improve and provide regular reports to DFPS to include the DFPS/Texas Workforce Commission referral match data, bi-annual What Employers Want? Skill Demand Data broken down by DFPS region, and an Employment Outcomes Dashboard that includes data provided by the Transition Centers Workforce Advocate to the Texas Workforce Commission.

Texas Workforce Commission provides funding to each independently operated Transition Center to hire a Workforce Advocate specifically to assist youth currently in or formerly in foster care with their employment goals and navigate Workforce services and resources. DFPS staff, Workforce Advocates at Transition Centers, caregivers, and PAL contractors refer youth ages 16 and older to local Texas Workforce Solutions office's for job search and readiness assistance, career exploration, and employment and training services. Each Board has designated a point of contact for staff and youth to access for assistance and services. All youth and young adults are encouraged to register in the state job search system [www.WorkInTexas.com](http://www.WorkInTexas.com) For more information about foster care programs at Texas Workforce Commission: <https://www.twc.texas.gov/partners/foster-care-programs>

### **9)Community-Based Care**

#### **Community-Based Care responded to priorities 3, 11 and 13 of the Child Abuse Prevention and Treatment Act amendments.**

During FY 2022, DFPS and the Office of Community-Based Care Transition (OCBCT) continued to develop the Community-Based Care model through legislative direction, guidance from the Public Private Partnership, work with a contracted independent consultant at Chapin Hall of the University of Chicago, work with a contracted independent evaluator with Texas Tech University, and work with Texas A&M on the SB910 study.

Beginning in Fiscal Year 2018, DFPS secured a five-year contract with Texas Tech University to conduct a process evaluation of implementation of Stage I of Community-Based Care. They are going to do another process evaluation for DFPS/OCBCT.

DFPS and OCBCT continue to work with Chapin Hall to provide independent data analysis of each Single Source Continuum Contractor's performance on placing children within their home communities and reducing paid foster care days. Continuously reducing the number of paid foster care days, either by having more permanent exits or shorter foster care stays, will result in payment of financial incentives in Stage III. OCBCT, DFPS, and Chapin Hall are working on figuring out Stage III.

DFPS and OCBCT continued to meet quarterly with the Public Private Partnership, a representative group of stakeholders and advocates who serve as the guiding body for Community-Based Care. The Public Private Partnership plays an important role in guiding implementation decisions and making recommendations. In FY 2022, the CPS Associate Commissioner, the Statewide Community-Based Care Director, and stakeholder representative co-chair used the partnership meetings to:

- Reviewed Community-Based Care progress throughout Texas,
- Received updates and provide recommendations on Stage I implementation activities from the published CBC Process Evaluation, CPS and Single Source Continuum Contract leadership partners in Regions 1 and 8b.
- Received updates on Stage II implementation planning and updates from the Community-Based Care implementation team and CPS and Single Source Continuum Contract (SSCC) leadership partners in Regions 3b, 2, and 1.
- Received updates on collaborative work among Single Source Continuum Contractors around standardization of shared processes.
- Gathered input on the intersection of Community-Based Care and other system level projects and procedures.

The Information Technology / Data Access and Standards Governance Council continued meeting in FY 2022. The purpose of the Council is to discuss the:

- Needs of the SSCCs;
- Prioritize the needs – especially implementation of interoperability;
- Establishment of file transfer protocols and procedures, including procedures for them and future SSCCs.

Key planning and implementation tasks DFPS/OCBCT accomplished in FY2022 include:

- Successfully implemented Stage II in Region 1.
- Successfully implemented Stage I in Region 8B.
- Successfully completed the CBC procurement for Regions 3E, 4, 5, and 9.
- Continued to modify contracts and operations as necessary to ensure compliance with federal court orders.

DFPS and OCBCT published a detailed Community-Based Care Implementation Plan in December of 2021. The scope and timeframe for implementation is dependent on legislative appropriation and the plan is required in statute to be updated each fiscal year.

The implementation plan includes:

- Community-Based Care expectations and goals
- Community-Based Care implementation approach
- Timeline for implementation
- DFPS and Source Continuum Contractor roles and responsibilities
- Communication plan
- Readiness tasks
- Implementation tasks
- Training plan
- Evaluation and oversight plan
- Progressive intervention plan
- Contingency plan

### **Implementation Activity**

The 87<sup>th</sup> Texas Legislature continued support for implementation of five total Community-Based Care catchment areas to Stage I over the FY 2022-2023 biennium and expansion to Stage II into 2 areas.

- 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 2020, DFPS and Our Community Our Kids announced the beginning of the start-up period for Stage II implementation in the Metroplex West (formerly DFPS Region 3b) community and successfully completed all start-up activities. DFPS formally certified OCOK readiness on February 27, 2020. On March 1, 2020, OCOK assumed responsibility for all substitute care services to children and families in the Metroplex West community. Stage II continues for this SSCC.
- 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 the Big Country and Texoma (formerly DFPS 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 period. DFPS and 2INgage announced the beginning of the six-month start- up period for Stage II in December 2019.
- On June 1, 2020, 2INgage assumed responsibility for all substitute care services to children and families in the Big Country and Texoma (formerly DFPS Region 2) community.
- In July 2019, DFPS awarded a contract to St. Francis Community Services, Inc. to serve as the Single Source Continuum Contractor for the Panhandle area (formerly DFPS Region 1, Amarillo/Lubbock). St. Francis began serving children in the Panhandle community on January 6, 2020, after a 6-month start-up period. On March 2, 2022, St. Francis assumed responsibility for all substitute care services for children and families in the Panhandle community.

- In September 2020, DFPS release a Request for Application (RFA) for the South Central and Hill Country community (formerly DFPS Region 8b, for, 27 counties in DFPS Region 8 excluding Bexar County), which closed on December 1, 2020. DFPS awarded a contract on March 29, 2021 to BELONG, a division of SJRC Texas, to serve as the Single Source Continuum Contractor for the South Central and Hill Country community. Implementation of Stage I began on October 27, 2021 and startup activities for Stage II began on April 1, 2022. Contingent upon readiness, BELONG is projected to assume full responsibility of foster care services in the South Central and Hill Country community in October 2022.
- DFPS/OCBCT received funding for four new catchment areas in the 2022-23 biennium. The Requests For Application (RFA)s were released in the following catchment areas in April 2022: Metroplex East (formerly DFPS Region 3E), Permian/Concho (formerly DFPS Region 9), Piney Woods (formerly DFPS Region 4), and Deep East Texas (formerly DFPS Region 5).

### **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 and OCBCT begin tracking performance in Stage I and expects additional improvement to occur once a Single Source Continuum Contractor has fully implemented Stage II.

DFPS and OCBCT tracks contractor performance against an established historical baseline target specific to the area contracted. The baseline target is established by the area's performance in prior fiscal years. Regions 3b, 2 and 1 have performance data available for fiscal year 2021 and fiscal year 22, quarter 2 (FY22 Q2). For Region 8b, performance data for some measures reflects a partial population of children served and cannot yet be compared to baseline. In addition, Regions 2 and 3b have performance data available for Stage II performance measures for fiscal year 2021 and FY22 Q2. Fiscal year 2021 performance on Stage II measures are "mixed" performance between the SSCC and Legacy systems as both catchments transitioned to Stage II mid- fiscal year.

Our Community, Our Kids (OCOK) provides case management and kinship services for all children in conservatorship in the Metroplex West community. For performance evaluation, the average performance for fiscal years 2018 and 2019 is used as the baseline average for comparison. With Stage II, performance data shows that OCOK has improved placements to kinship compared to baseline years. Turnover has continued to be a focus and remains higher than baseline.

The Big Country and Texoma community are comprised of 30 counties covering a large rural area with historical capacity challenges. The average performance for fiscal years 2017 and 2018, the two years prior to Stage I implementation, is used as the historical average for comparison. As of FY22 Q1, 2INGage has operated for six full quarters (18 months) in Stage II. Performance data shows that 2INGage placement to kinship has dropped in FY21 but remains similar to baseline years. 2INGage was successful in

preparing youth for adult living, maintaining the PAL completion rate well above baseline to a consistent 100% in FY21 and FY21 Q2. Turnover remains an area of focus.

Saint Francis began serving children on January 6, 2020. The Panhandle community is in an area of the state that faced significant capacity challenges prior to community-based care implementation. The average performance for fiscal years 2018 and 2019, the two years prior to implementation, is used as the historical average for comparison.

BELONG began serving children on October 27, 2021. At the end of FY22 Q1, only about 40% of the South Central and Hill Country's catchment area total child population had transitioned to BELONG'S responsibility. Because only a small proportion of the population in the region is under SSCC care, FY22 Q1 SSCC data are not comparable to historical data and are therefore not a good measure of performance.

**Performance: STAGE I FY2022 YTD Q2 Saint Francis**

<b>INDICATOR</b>	<b>BASELINE</b>	<b>FY21</b>	<b>FY22 Q1</b>
Safe in Foster Care	<b>100%</b>	97.8%	99.6%
Foster Care placements per child	<b>1.51* (Q1: 1.16)</b>	1.59	1.19
Percent Foster Care days in a Foster Home	<b>68.80%</b>	69.2%	69.5%
Placed within 50 miles	<b>44.6%</b>	43.0%	42.4%
Sibling groups placed together in Foster Care	<b>61.2%</b>	62.4%	64.6%
Turning 18 years old completing PAL	<b>92.2%</b>	92.5%	83.3%

\*Partial-year data are not comparable to full-year data for Placement Stability

**Performance: STAGE II FY2022 YTD Q1 for OCOK and 2INgage**

Indicator	OCOK Baseline	OCOK FY21	OCOK FY22 Q1	2INgage Baseline	2INgage FY21	2INgage FY22 Q1
Safe in Foster Care	<b>100%</b>	97.6%	99.8%	<b>100%</b>	99.1%	100%
Foster Care placements per child	<b>1.46 (Q1: 1.16)</b>	1.52	1.17	<b>1.40 (Q1: 1.14)</b>	1.43	1.14
Percent Foster Care days in a Foster Home	<b>83.2%</b>	83%	82.1%	<b>87.8%</b>	88.6%	88.5%
Placed within 50 miles	<b>73.2%</b>	72%	71%	<b>46.9%</b>	38.8%	39.7%
Sibling groups placed together in Foster Care	<b>65.9%</b>	63%	62.3%	<b>67.3%</b>	60.4%	63%
Children placed with Kin at 60 days **	<b>19.2%</b>	26.1%	Pending	<b>47%</b>	46.6%	Pending
Turning 18 years old completing PAL	<b>77.6%</b>	91.8%	87.0%	<b>89.5%</b>	100%	100%

\* Partial-year data are not comparable to full-year data for Placement Stability

\*\* Kin data is delayed by 1 quarter due to measure requirements

\*\*\* FY20 as a transition year - OCOK

*\*Measures cannot be reported against baseline in the transition year due to a partial population in the transition year and reporting period of less than one year*

As required by Rider 15, 86<sup>th</sup> Texas Legislature, DFPS/OCBCT is required to report on March 31<sup>st</sup> and September 30<sup>th</sup> each year selected performance measures that allow for comparative analysis between the legacy foster care and redesigned foster care systems. The report includes 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 September 2021 and March 2022 Rider 15 reports, as required. The next report will be released with FY 2022 quarter 3 data in September 2022.

**10) Kinship Project**

**The Kinship Collaboration Group responded to priority (3) in the Child Abuse Prevention and Treatment Act Amendments.**

The Kinship Collaboration Group meetings are held quarterly and consist of up to 11 regional DFPS Kinship Liaisons and 12 Kinship Advocates, kinship caregivers whose DFPS cases have been closed. Kinship Support Groups are held regionally, with continued efforts to grow the program. Since development in September 2017, at least 194 Kinship Support Group meetings have been held throughout the state, providing support to approximately



1325 caregivers.

Accomplishments for FY 2022 include providing input on policy, adding the Kinship Video Series to staff trainings, and updating the Kinship Caregiver Training. The Kinship Collaboration Group developed the After the Call Brochure, which is distributed to new kinship caregivers at the time of placement and is now working on several brochures to assist and educate caregivers regarding the verification process and permanency options for children in kinship placements. This group is also providing the voice of lived experience to the Kinship Caregiver Steering Committee, a statewide multi agency collaboration of stakeholders, working on plans to better support kinship caregivers. The Kinship Video Series serves as a training tool for CPS staff regarding the kinship caregiver experience. The Kinship Caregiver Training was updated to include the most recent legislative changes, with input by the Kinship Advocates regarding content and implementation. The Kinship Collaboration Group has developed a Kinship Values training using the Kinship Video Series. The Kinship Collaboration Group will also be working towards creating a co-parenting model for 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 potential impact to the Texas 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 and where capacity would need to be developed. The study was received in March 2019 and helps to inform decisions regarding implementation of a kinship navigator program in Texas. Texas received another federal grant to assist in exploring the recommendations provided in the study.
- DFPS has been awarded a federal grant to receive funding to assist Texas in implementing an electronic case-processing system for ICPC cases. The planning for implementing the grant has begun.

The CAPTA funded Family First Prevention Services Act (FFPSA) specialist remains critical in the success of DFPS' accomplishments in both the understanding of this federal legislation and the development of the analysis, with the following FY2020 accomplishments:

- The FFPSA specialist has worked under the direction of a Division Administrator for FFPSA to project manage, advise, and provide technical assistance to DFPS staff with assignments and tasks associated with the federal legislation.
- The FFPSA specialist continues to oversee the development of responses and analysis of new guidance, as required by the federal Act and the Administration of Children and Families. These positions will oversee implementation, as directed.
- The FFPSA 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 specialist provided consultation and guidance regarding the planning, development, implementation, and monitoring of projects and programs associated with Family First Act initiatives.
- The FFPSA 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 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 specialist facilitated completion of studies, analyses, and research regarding program strategy policies and procedures, and develop recommendations for program and agency leadership.
- The FFPSA specialist facilitated completion of studies, analyses, and research regarding program strategy policies and procedures, and develop recommendations for program and agency leadership.
- The FFPSA budget analyst was created and has worked to help internal and external stakeholders understand the FFPSA, state direction for a response, and the complex funding requirements associated with options under state considerations. This position has served as the finance subject matter expert to help guide implementation of financing changes related to FFPSA implementation.

## **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.**

There are two Substance Use Disorder Specialists within CPI, supporting staff working within Investigations to address the needs of families experiencing investigations or alternative response contacts. Within CPS, the positions operate within the CPS Behavioral Health Services Division and consist of a Division Administrator and 3 CPS Substance Use Disorder Specialists. These staff address the needs of families receiving

Family Based Safety Services or who have a child in DFPS conservatorship. The Substance Use Disorder Specialists are housed in different parts of the state and cover all regions.

Substance Use Disorder Specialists provide support, resources, and technical assistance to direct delivery staff in their work with families experiencing Substance Use Disorders through every stage of service.

During the past year, the two CPI specialists and three CPS specialists provided training and support related to substance use disorders and substance use treatment to DFPS field staff, leadership, and stakeholders. The Substance Use Disorder Specialists worked with DFPS regional staff and stakeholders to strengthen compliance with federal Plans of Safe Care requirements.

An interagency workgroup was created to strengthen services to families with Substance Use Disorders and to improve Plans of Safe Care, 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 Harris County Plan of Safe Care Steering Committee collaboratively worked from January 2020 to August 2021 to develop, pilot test and implement Plan of Safe Care. The Plan of Safe Care is designed to improve services to families involved with DFPS due to substance use issues. An emphasis was placed on collaborative efforts 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. A Plan of Safe Care toolkit was produced to provide direction to providers, agencies and programs as they begin to implement the Plan of Safe Care.

The Division Administrator and two Substance Use Program Specialists (CPS and CPI) participate in the Infant/Toddler Drug Court project (Harris County), as part of the Quality Improvement Center for Collaborative Community Court Teams grant. All Substance Use Disorder Specialists, the Behavioral Health Services Division Administrator, and the CPS Medical Director participated in the annual Neonatal Abstinence Syndrome Symposium.

The Substance Use Program Specialist team (CPS and CPI) participates in monthly collaborative meetings with HHSC and statewide Outreach, Screening, Assessment and Referral (OSAR) service agencies to strengthen and improve communication that

ensures access to coordinated service delivery, or other support services, related to substance use treatment.

The CPI and CPS Substance Use Disorder Specialists participated in regional meetings with direct delivery staff providing presentations for knowledge development and consistency in regional support including:

- Responding to questions related to substance use, various drug testing methods, and treatment programs statewide.
- Presenting on topics related to Substance Use Disorder, resources, and access to services, including two DFPS Leadership conferences.
- Providing training to staff and community stakeholders about substance use disorders, plans of safe care, engagement of family, and available resources.
- Participating in child and family service planning activities and in identifying needed services for families involved with child welfare.
- Facilitating communication with DFPS staff and local OSAR's (Outreach, Screening, Assessment, and Referral Centers). Specialists attend the TAAP (Texas Association of Addiction Professionals) monthly meetings and participate in Drug Court meetings/staffing statewide.

### **13)Trauma Informed Care Project**

**The Trauma Informed Care Project responds to priorities (6), (7), and (13) in the Child Abuse Prevention and Treatment Act Amendments.**

There is one CPS Trauma Informed Care Manager and six CAPTA-funded regional Trauma Informed Care Specialists. This program is part of the CPS Behavioral Health Services Division. These staff address the needs of families receiving Family Based Safety Services or who have a child in DFPS conservatorship. The Trauma Informed Care Manager is housed in Austin, and the Trauma Informed Care Specialists are housed in six different regions of the state.

Trauma Informed Care Specialists will provide support, resources, and technical assistance to direct delivery staff in their work with families experiencing Trauma and Trauma Related Behavioral Health issues through every stage of service.

An internal Secondary Trauma workgroup has been created to address staff needs. DFPS partnered with the University of Texas at San Antonio to implement a pilot project for secondary traumatic stress virtual support groups for staff. The pilot is anticipated to begin in the fall of 2021 and will be facilitated by UTSA counseling interns. The meetings began in February of 2020 and occur monthly. This collaboration is designed to provide DFPS staff with support, education, and resources related to secondary traumatic stress. Due to the pandemic, this project has been delayed.

The Trauma Informed Care Manager participates in monthly meetings with the Statewide Trauma Informed Care Collaborative sponsored by the Children’s Commission.

In conjunction with the Children’s Commission, DFPS has adopted definitions of “trauma” and “trauma-informed and facilitated the integration of the definitions being adopted into rule. Initial discussions on the definition and input on their development was guided by the Statewide Trauma Informed Care Collaborative. The definitions developed by the Policy and Practice Workgroup took into consideration existing and commonly used definitions and agreed on draft language taken primarily from SAMHSA, with additional language from National Child Traumatic Stress Network to more fully round out the definition for “trauma- informed”. The definitions were formally adopted and are now in the Texas Administrative Code.

The CPS Trauma Informed Care Manager participated in regional meetings with direct delivery staff providing presentations addressing:

- The importance of Trauma Informed Care service delivery.
- The impact of Adverse Childhood Experiences (ACEs) and appropriate resources for such.
- The impact of Secondary Traumatic Stress and the importance of appropriate self-care. Case specific staffing related to complex trauma history and/or needs.

## **A. Descriptions, Accomplishments and Proposal of Projects/Initiatives Using CAPTA Funds (FY 2023 Proposals)**

Listed below is an outline of activities that the state intends to carry out with State Grants funds received during FY 2022 pursuant to section 106(b)(2) 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 Amendments.**

The Analytics and Evaluation Team is a division within the Office of Data and Systems Improvement. 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**

7 FTE's:

- 5 Research V FTE's
- 1 Manager IV FTE
- 1 MRS Ad Hoc Systems Analyst V FTE

L1001	Personnel (Salary and Wages)	\$482,098.00
L1002	Other Personnel Costs	\$ 8,171.00
L2009S	Other Operating Expenses Salary	\$ 4,821.00
FRINGE	This cell intentionally left blank	\$158,589.00
OVERHEAD	This cell intentionally left blank	\$ 83,006.00
IT COSTS	This cell intentionally left blank	\$ 33,831.00
L2005	Travel	\$ 23,695.00
L2005M	Travel Mileage	\$ 2,737.00
L2009	Other Operating Expenses	\$ 9,548.00
L2001	Professional Fees & Services	\$ 20,435.00
<b>Subtotal for 7 FTE's</b>	<b>This intentionally left blank</b>	<b>\$826,931.00</b>
Equipment for databases and licenses (additional L2009)	This intentionally left blank	\$ 50,000.00
<b>Total</b>	<b>This intentionally left blank</b>	<b>\$876,931.00</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 will 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 in improved 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, with Disproportionality Specialists on the team, 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.

Efforts will identify and strengthen 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 will actively work to both increase awareness of and control for factors that create identified disparities. Each region will test 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;
- Adherence to 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;
- Further strengthening a family-centered system that provides access to programs, services and supports equitably to all children and families.

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.

**Budget**

1 FTE:

- 1 Disproportionality Manager IV FTE

L1001	Personnel (Salary and Wages)	\$ 72,752.00
L1002	Other Personnel Costs	\$ 604.00
L2009S	Other Operating Expenses Salary	\$ 728.00
FRINGE	This intentionally left blank	\$ 23,730.00
OVERHEAD	This intentionally left blank	\$ 11,858.00
IT COSTS	This intentionally left blank	\$ 5,102.00
L2005	Travel	\$ 4,537.00
L2005M	Travel Mileage	\$ 1,546.00
<b>Subtotal for 1 FTE</b>	This intentionally left blank	<b>\$120,855.00</b>
Funding for Specialized Training (L2009)	This intentionally left blank	\$ 50,000.00
<b>Total for 9 FTE's</b>	This intentionally left blank	<b>\$170,855.00</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.
- 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

9 FTE's:

- 1 Developmental Disability Program Specialist V FTE
- 8 Regional Developmental Disability Specialists FTE's

L1001	Personnel (Salary and Wages)	\$496,710.00
L1002	Other Personnel Costs	\$ 19,524.00
L2009S	Other Operating Expenses Salary	\$ 4,966.00
FRINGE	This intentionally left blank	\$166,953.00
OVERHEAD	This intentionally left blank	\$101,106.00
IT COSTS	This intentionally left blank	\$ 44,871.00
L2005	Travel	\$ 5,166.00
L2005M	Travel Mileage	\$ 13,086.00
L2009	Other Operating Expenses	\$ 64.00
<b>Total for 9 FTE's</b>	This intentionally left blank	<b>\$852,446.00</b>

## 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 and Objectives

- 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 FY2022 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;
- 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;
- Work with Texas Education Agency and the Children's Commission to update the Foster Care and Education Success Resource Guide;
- 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.

The project also funds 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**

2 FTE's:

- 1 Education Program Specialist V FTE
- 1 Regional Education Program Specialist FTE

L1001	Personnel (Salary & Wages)	\$123,207.00
L1002	Other Personnel Costs	\$ 5,176.00
L2009S	Other Operating Expenses Salary	\$ 1,232.00
FRINGE	This intentionally left blank	\$ 41,519.00
OVERHEAD	This intentionally left blank	\$ 23,014.00
IT COSTS	This intentionally left blank	\$ 9,157.00
L2005	Travel	\$ 1,800.00
L2005M	Travel Mileage	\$ 700.00
L2009	Other Operating Expenses	\$ 164.00
<b>Total for 2 FTE's</b>	<b>This intentionally left blank</b>	<b>\$ 205,969.00</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 five standing committees: education, advocacy, resource development and awards and Fostering Brighter Futures. 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**

No FTE's

Partial funding of Texas Council of Child Welfare Boards Executive Director (L2001)	\$ 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 regional and state level efforts to reduce disproportionality;
- Improve policy and practices related to engagement of fathers; and
- 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:

- Elevate the value of parents' voices and parental engagement to staff;
- Increase father involvement;
- Increase parent participation in regional parent support groups;
- Support regional and state level efforts to reduce the disproportionality;
- Provide focused input on Investigations, Family-Based Safety Services and Foster Care; and
- Improve services for children and families through implementing policy changes recommended by 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 DFPS 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 DFPS 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 except region 10 and these groups continue to be nurtured and sustained.

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 up to four 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 DFPS system. Parent representatives will identify those practices that work effectively and those that are problematic or need improvement. They 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 DFPS management and program specialists regarding service gaps and casework practices that need improvement.

In FY2023 the plan is to strengthen the voice of 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 DFPS, as well as meaningful engagement of parents and families.

Activities will include:

- Educate other constituent groups about parent issues/voice (e.g. 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 to assist parents in understanding the processes of DFPS and enhance the partnership between parents and DFPS;
- Increase the number of parent liaisons, emphasizing participation by more fathers;
- Revise DVD Video on Child Protective Services from a parent's perspective;
- Increase community outreach (regional awareness of the Parent Support Groups); and
- Enhance the Parent Collaboration Group training and exposure to key community stakeholders.

Expected Outcomes include:

- Improved cooperation and collaboration between parents and DFPS;
- Enhanced ability for DFPS staff to work effectively with families;
- Increased father involvement in DFPS activities, especially those of 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 2022 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.

No FTE's

L2005	Travel	\$ 41,431.00
L2009	Other Operating Expenses	\$ 10,106.00
L3001	Client Services	\$ 52,731.00
L2001	Professional Fees & Services	\$ 31,323.00
L2006	Rent – Building	\$ 6,215.00
<b>Total</b>	This intentionally left blank	<b>\$141,806.00</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 Child Protective Investigation Best Practice project is to identify and promulgate intake and investigation 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. Child Protective Investigations Best Practice is focused on improving work in the Investigations for abuse and neglect.

The 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 several management staff in this project.

Key management positions provide vision and focus on best practices relating to quality investigations, child safety, and leadership development. These positions will collaborate to streamline processes and establish practice consistency across the CPI Division.

- A CPI Director position will provide direction and oversight to enhancing policy and practice. The Director position would assist in strengthening the analysis of risk and safety reviews of investigations. It will supervise the Risk Managers and Child Safety Specialists statewide, to better identify trends and needs and strengthen best practices.
- Three new CPI Mentor Specialists will strengthen the Mentor Program and ensure best practices are integrated into casework protocol and practice.

- The CPI Division Administrator for Investigations and Alternative Response will continue implementing and strengthening the Alternative Response program as it is embedded into practice as well as manage IT changes necessary to support these practice changes. Efforts are underway to maintain practice standards and assess needs of the program for sustainability.
- The CPI Division Administrator of Best Practice will continue to be involved and make decisions regarding policy and practice changes, as well as the implementation of those changes throughout the state. The CPI Division Administrator of Best Practice will manage the two Behavioral Health Specialists and two Substance Use Specialist, and the Program Director for the Master Investigator program. These specialists will continue to partner with one another and the regions in an effort to support the field in practice and policy changes.
- The CPI Director of Leadership and Staff Development is a new position that will manage a Best Practice Specialist, one Behavior Health Specialist, and the generalist position. These positions will partner with one another to provide staff and leadership opportunities while focusing on their subject matter expertise. These positions will liaise with CLOE; however, these positions will provide training opportunities that are specific toward each region. The CPI Director of Leadership and Staff Development will continue to focus on ensuring that staff and leadership development opportunities are provided to employees at all levels in an effort to improve their skill set and empower growth through training, workshops and identified enrichment opportunities. The CPI Director of Leadership and Staff Development will be responsible for the delivery of “Meeting in a Box” for the upcoming fiscal year since this area will be responsible for anything training related that is delivered to the field. This Director will liaise with other CPI programs in an effort to ensure that training opportunities are developed and provided to assist staff in all specialized areas such as special investigations and human trafficking.
- Subject Matter Experts in the areas of safety and risk, coaching, substance abuse, mental health, and training support best practices by providing consultations, developing and delivering training, and researching and providing access to nationally recognized best practices.

The CPI Behavioral Health Program Specialists will continue to serve as the statewide subject matter experts 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. For the upcoming fiscal year, Behavior Health Program Specialist will focus on efforts to educate and inform staff as they make decisions related to the safety of children and families and work with stakeholders to identify appropriate resources for

the population being served.

The CPI Best Practice Program Specialist will serve as the subject matter experts for safety and risk assessment across the Investigation Division, and work to improve the overall quality of investigations through sound decisions around child safety and future risk. The position will be responsible for providing guidance, direction, and training as needed to further develop critical thinking skills of investigators and supervisors. During the next year, these staff will work with investigations field staff on strengthening the protective capacities of families and ensuring staff get the appropriate services that will meet their family's needs.

The generalist Program Specialists will 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.

**Budget**

12 FTE's:

- 1 CPI Director III FTE
- 1 Director I FTE
- 2 Manager IV FTE's
- 1 Best Practice Lead Program Specialist VI FTE
- 2 Behavioral (Mental) Health Program Specialist V FTE
- 1 Best Practice Generalist Program Specialist VI FTE
- 1 Alternative Response Program Specialist VI FTE
- 3 Mentor Specialist VI FTE

L1001	Personnel (Salary and Wages)	\$ 845,097.00
L1002	Other Personnel Costs	\$ 14,544.00
L2009S	Other Operating Expenses Salary	\$ 8,488.00
FRINGE	This intentionally left blank	\$ 278,069.00
OVERHEAD	This intentionally left blank	\$ 142,296.00
IT COSTS	This intentionally left blank	\$ 42,394.00
L2005	Travel	\$ 10,450.00
L2005M	Travel Mileage	\$ 9,986.00
L2006	Rent – Building	\$ 250.00
<b>Subtotal for 11 FTE's</b>	This intentionally left blank	<b>\$1,351,534.00</b>
Media campaign for abuse and runaway youth hotlines (L2001)	This intentionally left blank	\$ 100,000.00
<b>Total</b>	This intentionally left blank	<b>\$1,451,534.00</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 Child Protective Services (CPS) 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 experiencing ongoing services through CPS.**

The positions in this project will provide leadership for strategies that were contained within the Round 3 Program Improvement Plan that, although the plan was successfully completed, address areas that CPS continues to work to improve in order to strengthen safety, permanency and well-being and moves toward substantial conformity in the next federal Child and Family Services Review for Texas. These areas include both outcomes and systemic factors. Key areas needing improvement include: transition from investigation to Family Based Safety Services (FBSS) stages of service, a need for better engagement of families in case planning (especially fathers) in FBSS and conservatorship stages, reduction of permanency barriers, strengthened support for youth with lived experience as they prepare for permanency, strengthened support for entry into adulthood in the areas of housing and employment, placement stability and enhanced placement resources for children and youth with complex needs.

Emphasis will be on systemic improvement to ensure improved outcomes are developed statewide and sustained. Leadership and statewide training, external training, and staff development will be used.

### **Approach**

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:

- Subject matter expert positions will continue in the following subject matter areas: domestic violence, parent engagement, fatherhood engagement, placement practice (2 positions), 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). A Division Administrator for CPS Best Practice Development guides the practice improvement work for CPS and ensures training needs are addressed in a manner that helps embed improvement strategies in direct delivery work. 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 and stages of CPS.

- A Family Based Safety Services Division Administrator will supervise the development of protocols and policy that aim to sustain system improvements, support best practices and oversee program practice improvement initiatives.
- CPS Regional Directors and CPS Program Administrators will have a statewide conference dedicated to Leadership Development.
- In partnership with AdoptUSKids, training and skill development will be used to increase opportunities for youth available for adoption to create a brief video using their own talents, words, interests for use in the recruitment process.
- 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.
- A position focused on housing and added to the Transitional Living Services team will assist communities in improving access to safe, affordable housing with support to reach self-sufficiency and attainment of education and employment goals. Housing and Urban Development (HUD)'s Foster Youth to Independence Initiative is an initiative that provides housing assistance and supportive services to young people with a child welfare history who are at-risk-of or experiencing homelessness. The work will guide regional partnership with local housing authorities and other community partners to secure housing vouchers, services and supports to assist the young adult in maintaining their voucher/housing for three years (life of the voucher).
- A position focused on employment and added to the Transitional Living Services team will provide expertise and support in areas of internship experience and employment for older youth and young adults. The focus will include expansion of internship and part-time work options for youth in conservatorship, increased skill and knowledge for supporting youth in preparation for application, interview and employment will be the focus of the position. Partnerships with local workforce development boards will be strengthened to enhance employment options for young adults who have lived experience.

- A subscription to a virtual, online option for Life Skills Training will be used, initially with a small group of youth, and assessed for effectiveness. If successful, it will be used as a supplement for youth with access to classes or in lieu of classes for those unable to attend in person. “Life Skills Reimagined” is an innovative online platform revolutionizing education for youth and adults working towards self-sufficiency. Built-in assessments demonstrate their progress over time. This online option will provide engaging content that maximizes retention; animated microlearning; multiple reinforcement points; and a mobile app with offline viewing. Youth Specialists have tested the option and recommend it for use in Texas.
- A Mental Health Specialist Lead and two additional Mental Health program specialists will strengthen protocol and practice for getting needs met for children and youth with high acuity needs or dual medical and behavioral health needs requiring specialized services.
- Resources to support Mental Health First Aid Training and Motivational Interviewing Training for CPS staff working with youth challenged with the impact of trauma and complex behavioral health needs will be supported.
- Resources with a specialized skill set to analyze models of residential or behavioral health services and/or to facilitate provider input to ensure the use of an evidence-based, trauma-informed approach in model and practice development will be purchased.
- A Federal/State Support Services Program Specialist will support billing and eligibility changes with new federal and state policy.
- Supplies for collaborative conferences and external communications will be used, such as space, materials and speakers for conferences, booth supplies, fliers, website development, and other tools.
- All Local Permanency Specialists will have a statewide meeting to emphasize practice and quality casework, including documentation.

Additional staff in the Center for Learning and Organizational Excellence Division will manage an external Learning Management System. This will track completion of trainings for new practice initiatives with a target audience of external stakeholders, such as foster parents or other residential caregivers. Staff include two System Administrators (Systems Analyst IV and Systems Analyst V) to perform back and front end tasks, such as run queries to produce reports or customize application or plug ins, perform course settings, and customize settings; a Registrar (Systems Support Specialist III) to provide users with information around scheduling, registration and records and serve as the single point of contact for users with administration issues; and a Tier 2 Support Specialist (Staff Services Officer V) to provide user supports around quiz attempts, troubleshooting, course resets and other technical issues.

- Two new Mentor Specialists will be used to strengthen the mentor program and



ensure the integration of best practice methods into protocol and practice.

**Budget**

25 FTE's:

- 2 Manager IV FTE's
- 5 Best Practice Program Specialist V FTE's
- 2 Transitional Living Program Specialist V FTE's
- 1 Well Being Specialist Manager I FTE
- 1 Medical Services Program Specialist V FTE
- 2 ICPC Program Specialist IV FTE's
- 1 Placement Lead Program Specialist VI FTE
- 1 Placement Program Specialist V FTE
- 1 Systems Analyst V FTE
- 1 Systems Analyst IV FTE
- 1 Systems Support Specialist III FTE
- 1 Staff Services Officer V FTE
- 1 Mental Health Specialist VI FTE
- 2 Mental Health Program Specialist V FTE's
- 2 Mentor Specialist VI FTE's
- 1 Program Specialist III

L1001	Personnel (Salary and Wages)	\$ 1,544,570.00
L1002	Other Personnel Costs	\$ 41,337.00
L2009S	Other Operating Expenses Salary	\$ 14,713.00
FRINGE	This intentionally left blank	\$ 513,675.00
OVERHEAD	This intentionally left blank	\$ 296,450.00
IT COSTS	This intentionally left blank	\$ 122,737.00
L2005	Travel	\$ 32,822.00
L2005M	Travel Mileage	\$ 12,557.00
L2009	Other Operating Expenses	\$ 1,446.00
L2001	Professional Fees & Services	\$ 25,654.00
L2006	Rent – Building	\$ 8,867.00
<b>Subtotal for 22.5 FTE's</b>	This intentionally left blank	<b>\$ 2,614,828.00</b>
Leadership Development Facilitation (L2009)	This intentionally left blank	\$ 25,000.00
Conference for Local Permanency Specialists (L2009)	This intentionally left blank	\$ 25,000.00
Purchase of flash drive bracelets and state ID's for older youth (L3001)	This intentionally left blank	\$ 50,000.00
Life Skill Application for virtual training	This intentionally left blank	\$ 100,000.00
Training resources for Motivational Interviewing and Youth Mental Health First Aide and other targeted special trainings	This intentionally left blank	\$ 25,000.00
Resources for placement and services model technical assistance	This intentionally left blank	\$ 207,032.00
<b>Total</b>	This intentionally left blank	<b>\$ 3,046,860.00</b>

## 9) Community-Based Care

**Community-Based Care responds to priorities (3), (11), and (13) of the Child Abuse Prevention and Treatment Act amendments.**

The Texas Legislature directed DFPS and OCBCT to implement a community-based care model, which changes the manner in which DFPS/OCBCT procures, contracts and pays for foster care and other purchased services.

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 for the Texoma and Big Country area (formerly DFPS Region 2). On June 1, 2020, DFPS transitioned case management and other Stage II

services to 2INgage.

In June 2019, DFPS awarded a contract to **St. Francis Community Services** to serve as the Single Source Continuum Contractor for the Panhandle area (formerly DFPS Region 1) Stage II began on March 2, 2022.

DFPS renewed its existing contract with **Our Community Our Kids**, a division of ACH Child and Family Services, in the Metroplex West area (formerly DFPS Region 3b) on September 1, 2018, to include all Community-Based Care services. DFPS transitioned case management and other Stage II services in the Metroplex West area on March 1, 2020.

In April 2021, DFPS awarded an SSCC contract to **Belong**, a division of St. Jude's Ranch for Children-Texas Region, Inc. dba SJRC Texas, in the South Central and Hill Country area (formerly DFPS Region 8b). Belong began Stage I in October 2021 and is anticipated to begin Stage II based on readiness in October 2022.

Additionally, RFAs have been posted for SSCCs in Regions 3E, 4, 5, and 9.

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.
  - The 10 focus areas of SB1896

## **Budget**

2 Full Time Employees to support fiscal monitoring and oversight as well as performance and evaluation of the Single Source Continuum Contracts.

2 FTE's:

- 1 Budget Analyst FTE
- 1 Program Specialist VI FTE

L1001	Personnel (Salary & Wages)	\$ 131,749.00
L1002	Other Personnel Costs	\$ 2,099.00
L2009S	Other Operating Expenses Salary	\$ 1,317.00
FRINGE	This intentionally left blank	\$ 43,297.00
OVERHEAD	This intentionally left blank	\$ 17,788.00
IT COSTS	This intentionally left blank	\$ 5,772.00
L2005	Travel	\$ 1,920.00
L2001	Professional Fees & Services	\$ 164,637.00
<b>Subtotal for 2.5 FTE's</b>	This intentionally left blank s intentionally left blank	<b>\$ 368,593.00</b>
Enhancements to Statewide Automated Child Welfare Information System (L2009)	This intentionally left blank This intentionally left blank	\$ 140,000.00
Single Source Continuum Contract Statewide Conference (L2009)	This intentionally left blank	\$ 50,000.00
<b>Total</b>	This intentionally left blank	<b>\$ 558,593.00</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;
- Maintain and sustain the Kinship Collaboration Group Advisory Model throughout the state; and
- Provide a link between CPS, kinship staff, and kinship caregivers.

## **Approach**

The Kinship Project emphasizes partnership to enhance services and communication between DFPS and families who receive DFPS services. The Kinship Collaboration Group is led by kinship caregivers who are former recipients of CPS kinship services and supported by CPS state office. CPS State Office works with regional staff to select kinship caregiver representatives for the state Kinship Collaboration Group.

CPS Kinship Program Specialists coordinate the statewide Kinship Collaboration Group. The CPS Kinship Program Specialists are responsible for full coordination of quarterly meetings, submitting travel reimbursement forms for payment of expenses, travel, meals and childcare. These Kinship Program Specialists provide technical assistance and support for regional Kinship Support Group activities as well as building relationships with community-based partners who work with kinship caregivers involved with CPS.

A CAPTA funded Kinship Program Specialist was added in 2019 to further improve practice and protocol for exits to positive permanency with a relative or other kinship caregiver. This position aids in providing ongoing support and technical assistance to the regions by providing a renewed emphasis for encouraging kinship caregivers to obtain verification as foster parents, including those caregivers who wish to access Permanency

Care Assistance, (PCA), and to speed up the permanency process when PCA or adoption is in the best interest of a child.

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 once in-person meetings resume, CAPTA 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 for new ideas.
- Include 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 four times a year. Regional and statewide 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 Advocates 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 for improving services to kinship caregivers and children.

Activities will include:

- Continue and build upon regional Kinship Support Groups designed to assist caregivers in understanding the various processes of CPS and support the

partnership between kinship caregivers and DFPS;

- Recruit kinship caregiver advocates;
- 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 up to four statewide meetings. The state Kinship Collaboration Group operating budget for FY 2022 is based on 26 Kinship advocates and 15 DFPS staff, attending four state meetings and regional support group meetings. Note: Costs for travel of the DFPS staff to attend the state meetings is reflected in L2005 Travel below. Kinship Program Specialist will provide technical assistance for 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.

1 FTE:

- 1 Kinship Program Specialist V FTE

L1001	Personnel (Salary & Wages)	\$ 62,361.00
L1002	Other Personnel Costs	\$ 2,472.00
L2009S	Other Operating Expenses Salary	\$ 624.00
FRINGE	This intentionally left blank	\$ 20,967.00
OVERHEAD	This intentionally left blank	\$ 11,858.00
IT COSTS	This intentionally left blank	\$ 5,102.00
L2005	Travel	\$ 2,000.00
<b>Subtotal for 1 FTE</b>	This intentionally left blank	<b>\$105,384.00</b>
L2005	Travel	\$ 73,426.00
L2009	Other Operating Expenses	\$ 10,106.00
L3001	Client Services	\$ 84,412.00
L2001	Professional Fees & Services	\$ 31,323.00
L2006	Rent – Building	\$ 12,286.00
<b>Total</b>	This intentionally left blank	<b>\$316,737.00</b>

**11) Implementation of Federal Family First Prevention Services Act Project**  
**The Implementation of Federal Family First 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 childcare providers, and the children and families that DFPS serves.
- Coordinate with DFPS Finance to determine the fiscal impact of the legislation.
- Ensure consistent internal and external communication and coordination relating to the Family First Prevention Services Act. This can include, but is not limited to DFPS, HHSC, external stakeholders, and legislators.
- Participate in implementation initiatives related to the federal legislation based on state legislation passed during the 87<sup>th</sup> Texas Legislative Session.

**The objectives of the Family First Prevention Services Act Project are:**

- Continue to analyze implementation options related to the legislation.
- Obtain input from key stakeholders.
- Coordinate with DFPS finance to complete cost estimates related to the legislation and implementation of prevention services.
- Create a communication plan to include key stakeholders.
- Ensure Information and Technology enhancements are completed to comply with



the legislation.

- Continue evaluating the implementation plan and execute the plan to meet deadlines set forth in the legislation.

## **Approach**

- The CAPTA funded Family First Prevention Services Act (FFPSA) Specialist will work under the direction of the Division Administrator for FFPSA to project manage, advise, and provide technical assistance to CPS staff with assignments and tasks associated with the federal legislation.
- The FFPSA Specialist will oversee the development, analysis and implementation of mandates required by the federal Family First Prevention Services Act.
- The FFPSA Specialist 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 FFPSA Specialist will provide consultation and guidance regarding the planning, development, implementation, and monitoring of projects and programs associated with Family First Prevention Services Act initiatives.
- A FFPSA Budget Analyst will strengthen communication about options and funding related to the impact of FFPSA options under consideration by the state.

Both FFPSA staff 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.

- Both FFPSA staff will oversee the compilation and analysis of data and information from various program resources and stakeholders to shape goals, objectives and priorities.
- Both FFPSA staff will facilitate completion of studies, analyses, and research regarding program strategy policies and procedures, and develop recommendations for program and agency leadership.

## **Budget**

1 FTE's:

- 1 FFPSA Specialist VI FTE
- 1 FFPSA Budget Analyst V FTE

L1001	Personnel (Salary and Wages)	\$ 132,758.00
L1002	Other Personnel Costs	\$ 1032.00
L2009S	Other Operating Expenses Salary	\$ 1,328.00
FRINGE	This intentionally left blank	\$ 43,625.00
OVERHEAD	This intentionally left blank	\$ 23,716.00
IT COSTS	This intentionally left blank	\$ 8,321.00
L2005	Travel	\$ 4,949.00
L2005M	Travel Mileage	\$ 1,593.00
L2009	Other Operating Expenses	\$ 29.00
<b>Total for 2 FTE's</b>	This intentionally left blank	<b>\$ 218,422.00</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.
- Cross train staff adding Mental Health expertise to address co-occurring disorders of substance use and mental health

**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;
- 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.
- Strengthen ability to support children and families with co-occurring substance use and mental health issues.

**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 supervises four additional staff; two program specialists who support the use of the Child and Adolescent Needs and Strengths assessment tool, a Mental Health Specialist, a Behavioral Health Services Lead, and a Trauma Informed care Manager who supervises six regional Trauma Informed Care Specialists. 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.
- The project proposes funding two CPI Substance Use Disorder Program Specialists. The staff report to the CPI Division Administrator for Best Practices and will guide CPI practice in investigations and alternative responses to

families with substance use issues when substance use negatively impacts child safety.

- CPI and CPS staff in this project will consult with regional and state office management, regional caseworkers and field staff, state office program and policy staff, external public and private stakeholders, consumers of child investigation and 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 project will provide consultation and guidance regarding the planning, development, implementation, and monitoring of projects and programs associated with substance abuse treatment initiatives.
- The project will receive specialized training and strengthen practice by sharing knowledge of and incorporating best practice models for working with families.
- The project 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 project will lead the agency efforts regarding 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**

6 FTE's:

- 2 CPI Substance Use Disorder Program Specialist V's
- 3 CPS Behavioral Health Program Specialist V's
- 1 CPS Behavioral Health Division Administrator

L1001	Personnel (Salary and Wages)	\$ 369,621.00
L1002	Other Personnel Costs	\$ 5,928.00
L2009S	Other Operating Expenses Salary	\$ 3,697.00
FRINGE	This intentionally left blank	\$ 121,481.00
OVERHEAD	This intentionally left blank	\$ 35,574.00
IT COSTS	This intentionally left blank	\$ 15,306.00
L2005	Travel	\$ 12,451.00
L205M	Travel Mileage	\$ 3,332.00
<b>Subtotal for 6 FTE's</b>	This intentionally left blank	<b>\$ 567,390.00</b>
Specialized Training (L2009)	This intentionally left blank	\$ 25,000.00
<b>Total</b>	This intentionally left blank	<b>\$ 592,390.00</b>

**13)The Trauma Informed Care Project responds to priorities (6), (7), and (13) in the Child Abuse Prevention and Treatment Act Amendments.**

**Goals and Objectives**

**The goals of the Trauma Informed Care Project are:**

- Ensure that DFPS staff are thoroughly trained on Trauma Informed Care Practices and Approaches;
- Develop experts in the knowledge of and coordination of Trauma Informed Care Services for children and families in any stage of service;
- Improve the coordination between DFPS and stakeholders including the Statewide Trauma Informed Care Collaborative sponsored by the Children’s Commission, Child Placing Agencies, Therapeutic Service Providers, and Legal Stakeholders, including Courts; and
- Provide trauma related consultation and training to DFPS staff members.

**Objectives related to these goals are to:**

- Promote the identification of Adverse Childhood Experiences (ACEs) and the impact of such on children and families.
- Raise awareness of and improve access to services for individuals with a history of trauma.
- Serve as subject matter experts for Trauma Informed Care Practices.
- Consult and participate in child service planning activities and in identifying needed wraparound services and other services to address complex needs;
- Consult with service providers to increase Trauma Informed Care practices utilized when treating children and families;
- Provide training to staff on Trauma Informed Care Practices and impact of Secondary Trauma;
- Provide training and resources to staff on Adverse Childhood Experiences (ACEs); and
- Coordinate with Child Placing Agencies to provide Trauma Informed Care training

to caregivers and foster parents.

## **Approach**

The Trauma Informed Care Project will:

- Embed Trauma Informed Care within regional direct delivery practice and in coordination with the Statewide Trauma Informed Care Collaborative;
- Educate DFPS staff members about the long-term impact of Adverse Childhood Experiences;
- Provide consultation and training to DFPS staff members related to Trauma Informed Care Practices;
- Collaborate with local, state and federal agencies and programs and caregivers that serve children with a history of Trauma;
- Educate DFPS staff members about Trauma Informed Care resources that are available to children and families in any stage of service;
- 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 Trauma Informed Care Practices.

## **Expected Outcomes**

As a result of project activities:

- The common approach developed in the Statewide Trauma Informed Care Collaborative Blueprint will be furthered;
- DFPS staff will have a greater understanding of the impact of Adverse Childhood Experiences and the impact of Secondary Trauma.
- DFPS staff will have a greater understanding of the implications of Trauma Informed Care.
- DFPS caseworkers will be able to evaluate the needs of children who have experienced trauma.
- Caregivers will have a greater understanding of Trauma Informed Care Practices.
- Children with complex Trauma histories will have fewer placement disruptions and a greater quality of care.

## **Budget**

6 FTE's:

- 6 CPS Regional Trauma Informed Care Specialist V's

L1001	Personnel (Salary and Wages)	\$ 385,089.00
L1002	Other Personnel Costs	\$ 13,206.00
L2009S	Other Operating Expenses Salary	\$ 3,850.00
FRINGE	This intentionally left blank	\$ 128,816.00
OVERHEAD	This intentionally left blank	\$ 71,148.00
IT COSTS	This intentionally left blank	\$ 30,612.00
L2005	Travel	\$ 9,516.00
L205M	Travel Mileage	\$ 6,318.00
L2009	Other Operating Expenses	\$ 3,223.00
<b>Subtotal for 6 FTE's</b>	This intentionally left blank	<b>\$ 651,778.00</b>

**Budget Recap of FY 2022 Special Child Abuse Prevention and Treatment Act Projects**

Project Name	Code	Amt. Requested	Priority
1) Evaluation of CPS Best Practice Initiatives	89070	\$ 876,931.00	1, 4, 7
2) Disproportionality	89071	\$ 170,855.00	3, 11
3) Children with Disabilities	89072	\$ 852,446.00	7, 9a&b, 13
4) Education Project	89073	\$ 205,969.00	3, 7, 9a&b, 13
5) Texas Council of Child Welfare Boards	89074	\$ 25,608.00	11
6) Parent Collaboration Group	89075	\$ 161,806.00	3
7) CPI Best Practices	89082	\$ 1,451,534.00	1, 2, 4, 7, 13
8) CPS Best Practices	89077	\$ 3,046,860.00	12, 13, 14
9) Community Based Care	89078	\$ 558,593.00	3, 11, 13
10) Kinship Project	89079	\$ 316,737.00	3, 14
11) Implementation of Federal Family First Act Project	89081	\$ 218,422.00	2, 6, 7, 11, 12
12) Substance Abuse Project	89080	\$ 592,390.00	1, 2, 3, 4, 5, 8, 13
13) Trauma Informed Care	New	\$ 648,778.00	6, 7, 13
<b>Grand Total:</b>		<b>\$ 9,126,929.00</b>	



## **Planned Use of CAPTA State Grant Supplemental Funding**

DFPS was awarded \$10,036,133.00 in supplemental Chafee funding through the American Rescue Plan Act. This is new CAPTA program funding, with an obligation period that extends from October 1, 2020, to September 30, 2025.

Currently DFPS utilizes CAPTA funding to support thirteen projects that aim to improve safety, well-being, and permanency outcomes for children and keep families connected. To make best use of these supplemental funds, DFPS plans to assess current projects to determine if any of the funding may be used to further advance those programs.

Additionally, DFPS will be meeting with stakeholders to determine other areas of need, which may not be covered in existing CAPTA projects, placing importance on interagency collaboration and community-based partnerships to support families and ensure the safety of children, particularly in underserved communities across the State of Texas.

### **IV-E Foster Care administrative claiming, to improve legal preparation and representation**

Pursuant to [DFPS CPS Policy Section 5000 Legal Contracts](#), counties may recover a portion of the costs of legal representation for certain children (i.e. costs of attorneys ad litem) in child abuse and neglect legal proceedings. This can be done through entering into a contract with DFPS for reimbursement of allowable Title IV-E related legal services that were paid by the county for the legal representation. There are currently 18 counties who are contracted with DFPS, they include:

1. Bell
2. McLennan
3. Williamson
4. Starr County
5. Gregg
6. Henderson
7. Houston
8. Jefferson
9. Smith
10. Van Zandt
11. Bowie
12. Nacogdoches
13. Cherokee

14. Hardin
15. Harrison
16. Washington
17. Burnet
18. Grayson

Additionally, a subset of these 18 counties also claim for a portion of the costs of legal representation for certain parents in child abuse and neglect proceedings. These include:

1. Bell
2. Gregg
3. Henderson
4. Houston
5. Jefferson
6. McLennan
7. Smith
8. Starr
9. Van Zandt
10. Washington
11. Williamson

## **B. Texas Citizen Review Teams**

- *Submit a copy of annual citizen review panel report(s). Include a copy of the state agency's most recent written responses to the panel(s) that describes whether or how the state will incorporate the recommendations of the panel(s) (as appropriate) to improve the child protection system.*

This is the current Citizen Review Team Report, which reflects information as of March 2022. A report for 2020-2021 has been posted to the agency's public website:

<https://www.dfps.state.tx.us/Investigations/CRT/default.asp>

### **Background**

The Texas Family Code (TFC §261.312) requires that each region have at least one Citizen Review Team. Five of these regions are designated as meeting the requirements of Child Abuse Prevention and Treatment Act (CAPTA), Appendix I. The CAPTA teams are in Region 1, Region 3 (3E and 3W), Region 6 (6A and 6B), Region 7 and Region 11. These sites represent a mixture of urban and rural communities and reflect a broad range of issues encountered by DFPS statewide. This report consists of information concerning the issues addressed by the Citizen Review Teams, including the teams in the five Child Abuse Prevention and Treatment Act regions.

### **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. The Office of Accountability staff and Faith Based and Community Engagement staff assist in the areas of coordination, team development, training and statewide distribution of team reviews and recommendations. Child Safety Specialists within the Office of Accountability facilitate the meetings and the exchange of case-specific information, ensuring that confidentiality is maintained.

### **Reporting Process**

To coincide with the federal fiscal year reporting period, this report covers the period from October 2020 through September 2021 (FFY 2021). Information presented consists of data gathered by all Citizen Review Teams, including the CAPTA Citizens Review Teams. In FFY 2021 the teams reviewed child fatalities that met criteria for a Regional Child Death Review Committee. If there was not a child fatality case meeting criterion to review in the quarter, another case was selected. Reports of the meetings were documented on the Notification of Child Fatality – Part 4 Form.

## **Agency Response**

The Citizen Review Teams often present recommendations for local Child Protective Investigations and Child Protective Services 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 Child Protective Investigations and/or Child Protective Services representatives who are present; and recorded on the standardized reporting form. Required actions relating to case-specific recommendations are handled at the regional level.

The Citizen Review Teams also present recommendations with a statewide scope. These recommendations are presented to the Child Safety Review Committee throughout the year and to State Office program staff for consideration of policy development, training and coordination with external entities.

All Citizen Review Team recommendations are placed on the DFPS public website after approval of the Annual Report. The Web page for recommendations contains a Citizen Review Team specific mailbox that the public can use to comment on the recommendations.

That Web page is: <https://www.dfps.state.tx.us/Investigations/CRT/default.asp>.

## **Panel Activities**

The Child Safety Specialists within the Office of Accountability act as the Citizen Review Team coordinator within their assigned Region of responsibility. The Citizen Review Team coordinators meet regularly with State Office program staff to discuss better ways to engage the community in the review process.

In an effort to gain essential feedback from the public, the Citizens Review Team coordinators and the Faith Based Community Engagement staff continue to work with their communities to engage and encourage volunteers to become involved in these Teams.

## **Analysis**

During FFY 2021 the Citizen Review Teams reviewed sixty-nine child fatality cases. At the time of the fatality, of these cases, one had an open Alternative Response case, ten had an open Investigation, two had an open Family Based Safety Services case, and two had an open Conservatorship case. No recommendations were given in forty-seven of these reviews. Recommendations that were given or concerns noted as part of the other reviews were in the following areas: Safety and Risk, Policy and Practice, Training Needs, and Coordination with External Entities.

If the recommendation or concern was case specific, it was referred to regional

management. Those that were noted to have a statewide scope are listed below.

DFPS values collaboration with our partners in the child welfare system in Texas. Building community relationships and partnerships is an integral part of DFPS work and is critical to providing clients with needed support. Overall, teams felt the Department was doing well and acknowledged the Department's ongoing efforts in staff development and casework improvement.

### **Safety and Risk Recommendation**

More transparency is needed within an open investigation so that protective caregivers can make the best decisions regarding child safety. Specifically, the team felt there is a need to disclose information regarding the alleged perpetrators, such as a history with drugs and/or assaults, which may impact a child's safety if around the alleged perpetrator.

### **DFPS Response**

Child Protective Investigations policy allows the release of certain information for child safety. The caseworker should reveal as little information as possible about the household member's criminal history, sharing only what is necessary to protect the child or adult's health and safety. Specifically, the caseworker may disclose otherwise confidential information to the parent or caregiver of a child who is an alleged victim of abuse or neglect in any of the following situations:

- The alleged perpetrator is also in the home.
- The alleged perpetrator is the subject of the criminal history information.
- The caseworker and supervisor determine that the release of information to the parent or caregiver is necessary to ensure the safety or welfare of the child or the adult.

See [Sharing Information during an Open Investigation](#)

## **Policy and Practice**

### **Recommendation**

The legal intervention of Motion to Aid/Participate should be allowed to be utilized in cases of non-cooperation, especially with families that have history with the Department.

### **DFPS Response**

Child Protective Investigations policy allows for this form of legal intervention when a parent or legal guardian is uncooperative or unwilling to participate in services that directly address the danger indicator or risk factors that cause concern for child safety. To file for a court order to participate in services there must be a continuing danger to a child's safety caused by the behavior of the parent or legal guardian and one of the following circumstances exist:

- There is a validated allegation that a child is a victim of abuse or neglect (Reason

- To Believe), or
- There is a substantial risk of abuse or neglect (risk is high or very high)

See [When a Child Who is With His or Her Family Cannot be Located](#)

Child Protective Services policy allows for this form of legal intervention if a parent fails to participate in services for two consecutive months, and there are danger indicators still present impacting child safety.

See [Family's Lack of Participation](#)

#### **Recommendation**

Family Based Safety Services (FBSS) cases should not be closed when parents are either refusing to drug test or their tests are diluted. In this review, the team expressed worry that the decision to close the FBSS case was being made although the Team did not feel the baby would have been safe due to the parent's lack of consistent drug testing as well as "diluted" specimens.

#### **DFPS Response**

Family Based Safety Services policy requires a case closure Safety Assessment and Risk Assessment as well as a staffing with the Supervisor to determine if case is appropriate for closure.

See [Case Closure in Family-Based Safety Services \(FBSS\)](#)

#### **Recommendation**

Complete DFPS and criminal history checks on frequent visitors to the home in open Child Protective Investigation cases.

#### **DFPS Response**

Child Protective Investigations has the ability to complete DFPS and criminal history checks on individuals who come to the home and are acting in a caregiver capacity or if there are safety concerns with the visitor and the parent's ability to be protective.

#### **Recommendation**

The Department has to take a close look at how their own policies limit their ability to manage cases with a lot of moving parts in them (i.e. cases that have extensive history with the same allegations that continue to get closed as there is no immediate safety concerns).

#### **DFPS Response**

Child Protective Investigations has developed policy and practice for the caseworker to stage progress any intake received on a family. The caseworker then consults with their immediate supervisor and program director to determine if the new intake requires a follow up visit or can be closed. The supervisor and caseworker review the circumstances of the new intake and if any new information is provided that will require a follow up visit.

#### **Recommendation**

There should be a way to share Texas DFPS history with other states, so they are notified when a mother who was responsible for a child fatality in Texas, gives birth to a

new child.

**DFPS Response**

When an out-of-state child welfare agency initiates an investigation, and as part of the investigation requests child welfare history on the parent from other states the parent has lived in, under the Child Abuse Prevention and Treatment Act (CAPTA), the out-of-state child welfare agency is required to disclose the information to the requesting state in order for the state to carry out its responsibilities to protect children from and neglect. 42 USC 5106a(b)(2)(B)(viii)(II). In addition, DFPS has policy in place that addresses provision of Texas DFPS history to an out of state child welfare agencies that requests such information.

See [Out-of-State Agency Requests for Case History](#)

**Recommendation**

More conversations should be held with Prosecutors to ensure the criminal case does not “fall through the cracks”, and justice is served for the deceased child.

**DFPS Response**

When there is a pending criminal case DFPS does cooperate with law enforcement and the prosecuting attorney to provide relevant information. And DFPS agrees that there should be ongoing communication and collaboration between DFPS, law enforcement, and the criminal prosecuting attorney. However, it would be outside of the scope of DFPS to monitor criminal cases to ensure that the cases do not fall through the cracks.

**Recommendation**

Current statute should be expanded to cover automatic referrals from Department of State Health Services when there is a new birth match to a parent who was previously found "Reason to Believe" for abuse or neglect to the deceased child in a fatality case, even though the severity code of the Reason to Believe was something other than Fatal.

**DFPS Response**

The Texas Child Fatality Review Team had previously made a similar recommendation and DFPS and DSHS entered into an MOU in 2014 to allow for data exchanges between the agencies. However, any statutory change would need to go through the Texas Legislature.

**Recommendation**

Review the Department’s policy regarding the release of investigation records to law enforcement prior to case closure or prior to being redacted, as this often hampers communication with law enforcement and could ultimately impact child safety.

**DFPS Response**

Child Protective Investigations policy allows for the release of case information to certain entities, including law enforcement, prior to case closure. If a law enforcement official requests written case narratives or other information contained in IMPACT, they complete the Law Enforcement Request for Case Record Information form and submits it to DFPS’s Records Management Group (RMG). The caseworker may only release case information contained in IMPACT if law enforcement has an immediate need for the written information contained in IMPACT, and the supervisor has reviewed the written information and

approved the release.

Before releasing the written information to law enforcement, the caseworker must clearly mark the document as Confidential Draft, Subject to Change with a watermark or coversheet.

See [Sharing Information during an Open Investigation](#)

### **Recommendation**

That policy/practice ensure community services or resources be provided in the investigation stage; particularly on child death cases.

### **DFPS Response**

Current practice is to offer the family bereavement services in the event of a child death. If the child fatality is associated with abuse or neglect, current policy [2400 Referring a Case from Investigations to Voluntary or Court Ordered Family-Based Safety Services \(FBSS\)](#), requires the Child Protective Investigations caseworker to staff for legal intervention. Community services may be available in the larger metropolitan areas; however, rural communities may have a harder time providing services.

### **Recommendation**

Basic gun safety education be provided to all parents involved in a Child Protective Investigation case. It was further recommended that each Region have a qualified expert, such as a Special Investigator, visit the family to discuss more detailed information and resources when identified as a need.

### **DFPS Response**

DFPS currently provides a brochure that details how to keep your firearm safe and secure. Child Protective Investigations staff also inquire with the parent/caregiver how the firearm is stored and secured. If gaps in security of the firearm are identified by the caseworker, the caseworker educates the parent on appropriate firearm storage safety.

Any kind of firearm education, other than keeping firearms in secure locations, is not the jurisdiction of DFPS. Special Investigators are not “qualified experts” to provide firearm safety education. Some law enforcement agencies and other private organizations offer such trainings and could be provided as a resource the family can contact.

### **Training Needs**

#### **Recommendation**

Staff should be provided more education on psychotropic medications, what they are used for, what might indicate misuse, and how the number of children in the home with special needs may increase risk of abuse or neglect.

#### **DFPS Response**

Psychotropic medication training is available on the agency public website. This training explains agency expectations for the safe and effective use of psychotropic medications by children in DFPS conservatorship.

Psychotropic medication training for Child Protective Services staff is intended to provide agency expectations for the safe and effective use of psychotropic medications by



children in DFPS conservatorship

Information was added to new hire training for Child Protective Services staff in June 2021. Information about psychotropic medication is provided to staff and there is also a medical consent resource guide where medication is discussed.

**Recommendation**

During two different meetings it was recommended for there to be additional training for staff when working with special needs populations. As well, there should be additional training regarding children with complex medical issues, and how to create safety networks for these children.

**DFPS Response**

Mental Health Support protocol was developed in 2022. This training will provide participants an overview of the policies of the Mental Health Support Protocol, the Residential Treatment Center Diversion Bed Project, Joint Managing Conservatorship, their implications for children in care, and the Department's role in each.

“Grace under Fire” training will be released in 2022 for CPS staff. This 4-hour course focuses on helping calm desperate and enraged youth.

Child Without Placement for DFPS Staff training was released in 2021 for all Child Protective Investigations and Child Protective Services staff. This computer-based training teaches the proper methods, procedures, and documentation required when an unplaced child is under DFPS supervision.

First Responders Training will be released in 2022. This training will identify responses for professionals working with people with special needs such as Autism, outlines how to locate resources and provide support for families.

Safety and Well-being of Children with Primary Medical Needs training is an online course that focuses on children with primary medical needs and other serious health conditions.

**Recommendation**

The Department needs to provide additional statewide training to improve the understanding of the Indian Child Welfare Act (ICWA), and what it means to provide "Active Efforts."

**DFPS Response**

The “Inside Scoop on Indian Child Welfare” was released in 2021 as a computer-based training. The Indian Child Welfare Act addresses the unique context for determining care and placement of Native American children. This course provides CPS/CPI staff with information needed to determine when the Indian Child Welfare Act applies to a child and how this law applies to those children.

The Indian Child Welfare Act Summit 2021 was made available for all staff to access. DFPS and the Children's Commission partnered to host the first Indian Child Welfare Act Summit on January 22, 2021. This Summit was a one-day event for judges, attorneys, caseworkers, and individuals who serve families and children impacted by the Indian

Child Welfare Act.

### **Recommendation**

The Department should consider and evaluate the possibility of getting Special Investigators involved to engage the family and conduct diligent searches when there is/are missing parent(s) during the Conservatorship stage of services. It was suggested that this might occur only in specific circumstances (i.e. parent is pregnant) where there are child safety concerns.

### **DFPS Response**

Child Protective Investigations and Child Protective Services policy allows for the case to be referred to the Special Investigator Program Director when the child or family cannot be located in order to assist with diligent search efforts.

See [When a Child Who is With His or Her Family Cannot be Located](#)

### **Coordination with External Entities**

#### **Recommendation**

The Department should provide additional training to caseworkers on mandatory reporter obligations specific to medical staff, and the need to report missed medical appointments for children with concerning medical issues.

#### **DFPS Response**

“Reporting Suspected Abuse or Neglect of a Child: A Guide for Professionals” is a training that provides a walk-through of the web-based reporting system, abuse and neglect definitions and commonly asked questions.

#### **Recommendation**

The state should consider having county or regional level intake systems, rather than a statewide intake system, to shorten the time it takes to make a report. It was mentioned that entering a report online and/or calling in an intake through the hotline takes a lot of time commitment and may deter people from reporting concerns.

#### **DFPS Response**

Statewide Intake (SWI) is the nationally recognized, centralized call center for the state of Texas. SWI is open 24 hours a day, seven days a week, year-round. In FY21, SWI handled 769,183 reports by phone, mail/fax, and internet. Even during the busiest months, most calls are answered in less than ten minutes, routed by an automatic call distributor to the first available intake specialist. The e-reporting system is also available 24 hours a day, seven days a week, year-round. The length of time it takes to make a report often depends largely on the information reported.

SWI staff undergo a robust training program and work is heavily reviewed and monitored. Intake staff learn and apply applicable Texas laws and protective services policies to determine whether reported information meets the legal definition of abuse, neglect, or exploitation of elderly persons or adults with disabilities, children, persons in state schools, state hospitals, state centers, and community based centers licensed by Health and Human Services. Ongoing training and quality control measures ensure consistent

practice and program integrity at SWI.

Texas is vast, with 254 counties and a population of over 29 million. There is no evidence to support dismantling a centralized hotline in favor of regionally based hotlines will improve hold times or speed the time it takes to complete a report. In addition, it is highly probable that consistency in assessment and practice will suffer. Oversight of programs will vary, and state level data collection will be cumbersome. More than 30 years ago, SWI was born from a collection of local offices taking phone calls across the state and has evolved into a high functioning, high producing, call center that provides professional and compassionate assessments of abuse, neglect, and exploitation 24 hours a day, every day.

## **C. Neonatal Update (Fetal Alcohol Spectrum Disorder)**

*Provide an update on the state's continued efforts to support and address the needs of infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including information on:*

- *The plans for using CAPTA State Grant funding to support the development, implementation and monitoring of plans of safe care for substance-exposed infants. Any changes made to policy or practice and/or lessons learned from implementation of plans of safe care.*
- *Any multi-disciplinary outreach, consultation or coordination the state has taken to support implementation (e.g., among the state CPS agency; the state Substance Abuse Treatment Authority, hospitals, health care professionals, home visiting programs and Public Health or Maternal and Child Health Programs; non-profits, philanthropic organizations; and private providers).*
- *The current monitoring processes of plans of safe care to determine whether and in what manner local entities are providing referrals to and delivery of appropriate services for substance-exposed infants and affected family members and caregivers. Describe the process for the ongoing monitoring of the plans of safe care.*
- *Any challenges identified in implementing the provisions and any technical assistance the state has determined is needed to support effective implementation of these provisions.*
- *If the state has previously participated in a CB site visit relating to development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, please describe any follow up actions the state has taken to address issues identified or discussed through the site visit.*

### **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 substance 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 substances in utero, 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 to screen and assess for substance use disorder and subsequent referrals to an appropriate treatment facility including Women and Children's Residential Treatment which a mother can receive substance use disorder treatment with her child(ren) on-site, and refer the child to Early Childhood Intervention (ECI) if showing signs of being substance affected at birth or exhibiting withdrawal symptoms, provide the family information on safe sleep precautions, Sudden Infant Death Syndrome, and locally available community-based, trauma-informed parenting education programs among other tasks. CPS Handbook sections 1963.1 "Infants Exposed or Affected by Substances" (updated October 2020) and section 15211.1 "Referrals to Early Childhood Intervention" (updated April 2016). The DFPS CPI Policy addresses prenatal substance exposure and substance affected infants. CPS Policy 2363 (updated February 2015) provides field staff guidance on the dispositioning of cases where an infant was prenatally exposed to alcohol or substances. In addition, to the dispositioning guidelines there is a standardized definition of prenatal 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 use disorder treatment services.

The development of a Plan of Safe Care is done on a case-by-case basis as substance exposure and its subsequent effects on the infant vary. A comprehensive assessment of each unique family may discover different strengths, available support networks, and community resources to better serve the infant, parents, and family. However, it may be necessary for the infant to be placed in a more controlled setting if such supports are not sufficient or present in the family composition. A Plan of Safe Care is routinely reviewed by the supervisor and direct field worker which may be modified and adjusted y based on case progress, supports to the family, health of the child, and compliance with

expectations set out at the beginning of the case. Because DFPS cannot maintain contact with families after case closure, any monitoring related to Plans of Safe Care can only be done during the duration of the open case. For plans created in cases that are closed in the investigation phase that means that the plans are reviewed with the parent and the parent is given the necessary contact information to follow up with providers and resources to address the needs. Those providers may in turn provide additional support as needed while engaged with the family. For cases that require Family Based Safety Services or Conservatorship involvement, those Plans of Safe Care would be monitored and updated as needed by the case worker and Supervisor based on the needs of the family. If needed, any providers still engaged with the families at the time of case resolution would have the opportunity to provide ongoing support and monitoring if that need was identified.

DFPS actively collaborates with Health and Human Services Commission (HHSC) and Department of State Health Services (DSHS) to strengthen efforts to address substance use disorders impacting the safety, permanency, and well-being of children involved with the Texas child welfare system.

DFPS collaborates with Harris County Family Drug Court and its partners to develop a more standardized Plan of Safe Care initiated in the hospital setting and would travel with the family through various settings including child welfare, treatment facilities, and the healthcare setting. This standardized Plan of Safe Care model addresses the needs and accesses the resources by the family. with the goal to duplicate this more formalized Plan of Safe Care that all parties interfacing with the family in need uses the same tools and provides consistent referrals while personalizing the plan to meet the needs of the individual family and the resources available in that particular community.

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, hospital 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.

Internal DFPS departments, Prevention and Early Intervention, Child Protective Investigations, and Child Protective Services meet monthly with external state partners, HHSC Behavioral Health Services meet monthly with DSHS Maternal and Child Health Services, and other key stakeholders for a Behavioral Health leadership Team meeting. This cross-agency leadership team meeting between DFPS, HHSC, and DSHS improves coordination and services to families involved with DFPS due to substance use and behavioral health issues. The collaboration improves current Plans of Safe Care standards, ensure coordinated service delivery, and enhance communication between DFPS and inter- related agencies providing treatment, or other support services, related to substance use disorder treatment. The project also addresses federal legislation

related to the Comprehensive Addictions and Recovery Act (CARA) and Family First Preservation Services Act (Family First Act or FFPSA), and 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;
- Refining 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.

DFPS and HHSC are continuing to review Plans of Safe 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 Plan of Safe 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. DFPS frequently collaborates with local programs managed by HHSC such as OSAR (Outreach, Screening, Assessment, and Referral), Pregnant and Parenting Intervention (PPI) and Parenting Awareness and Drug Risk Education Services (PADRES). DFPS works closely with local substance use disorder 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.

HHSC contracts with community-based programs to provide PPI and PADRES to address

substance use disorder intervention services aimed to assist pregnant and parenting clients in reducing risk factors associated with substance use and improve the health of families at risk. PPI and PADREs are trauma-informed and community-based programs which are provided at various sites including jails, Narcotic Treatment Programs, healthcare settings, schools and street-based outreach service sites.

PPI programs provide intervention services to reduce the impact, severity and cost associated with a substance-exposed pregnancy for the mother, child and their families. PPI programs provide comprehensive case management services, community-based linkage and retention services, and evidenced-based education for mothers with a past or present substance use disorder diagnosis, while also providing support to their families and significant others. PPI and PADREs 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.

PPI eligibility criteria: Pregnant women who are Texas residents with a past or present substance use disorder and her family members. Parenting women, with a child up to 6 years old, who are Texas residents with a past or present substance use disorder and her family members.

PADRES eligibility criteria - Parents who are Texas residents with a child up to six years old. Expectant parents who have one or more risk factors for a substance use disorder as identified in the PADREs Screening. No financial eligibility requirement needs to be met to be considered eligible for Pregnant and Postpartum Intervention or PADRE.

The Office for Disability Prevention for Children (ODPC) works to promote respect, foster understanding and highlight the importance of prevention and early intervention initiatives in the lives of Texas children and families. Through education and community collaboration, ODPC works to prevent disabilities in children from the time of conception to the age of 12. ODPC's goal is to prevent disability before it happens and minimize any negative consequences through: Education and public awareness, Promotion of sound public policy, Collaboration with state and local agencies, community groups and various other stakeholders, long-term plans to monitor and reduce the incidence and severity of developmental disabilities and Evaluating state efforts to prevent developmental disabilities. ODPC has various areas of focus including prevention of disabilities caused by maternal health issues during pregnancy, prevention of disabilities caused by childhood injuries, early identification and diagnosis of disabilities to ensure early intervention and services and promoting mental health wellness for children with Intellectual Developmental Disabilities.



**Provide information on any changes made to implementation and/or lessons learned from implementation.**

DFPS 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 has planned to make 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. CPS and CPI have partnered with Safe Babies who has created training materials for DFPS and community partners as well as families. The program was piloted in Harris County and is now expanding statewide. 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, HHSC, and DSHS to enhance the 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. DFPS is addressing this issue and has adopted the term Plans of Safe Care which is now included in policy.

DFPS has a new CPS Division of Behavioral Health Services that includes three 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 collaborate regularly with two full time CPI Substance Use Specialist staff. The combined team has been supporting staff and will continue to assist in implementing any changes or trainings related to Plan of Safe Care protocols. They serve as liaisons with local community resources to assist parents needing to access substance use disorder resources more effectively. In 2022 Child Protective Investigations (CPI) has formed its own Behavioral Health Team within the Division of Field Operations comprised to two Substance Use Program Specialists and Mental Health Program Specialists. Those staff are available to help investigation staff throughout the state for trainings, questions about local community resources, and assistance in working with other agencies to access treatment for youth and adults in need.

## **D. American Rescue Plan Act Funding**

*In addition to regular appropriations in FY 2021, the CAPTA State Grant and the CBCAP program both received supplemental appropriations through the American Rescue Plan Act (ARPA) of 2021 (P.L. 117-2). ARPA included \$250 million in supplemental funding for the CBCAP grant program and \$100 million in supplemental funding for the CAPTA.*

*CB provided guidance on the supplemental funding provided by ARPA in [ACYF-CB-PI-21-07](#).*

*As discussed in that guidance, the ARPA supplemental funding for the CAPTA State grant may be used to improve the child protective services system of the state in a manner consistent with any of the 14 program purposes of CAPTA outlined in section 106 of CAPTA. CB strongly encourages states to use the funds in ways that advance racial equity and provide support for those who have been historically underserved or marginalized by child welfare systems, while ensuring the safety and well-being of all family members. We also urge states to examine their legal definitions neglect and frontline practice to disentangle poverty from neglect.*

*As part of the state's 2023 Annual CAPTA Report Update:*

- Provide an update on the state's use to date and planned use of the supplemental funding provided through ARPA.*
- Describe how the state has engaged with families, community-based agencies or other partners to plan for the use of funds and how issues of equity are informing the planned use of the funds.*
- Describe any barriers or challenges the state has experienced in being able to access or use the supplemental funds.*

### **CAPTA State Grant Supplemental Funding**

DFPS was awarded \$10,036,133.00 in supplemental Chafee funding through the American Rescue Plan Act. This is new CAPTA program funding, with an obligation period that extends from October 1, 2020, to September 30, 2025.

To make best use of these supplemental funds, DFPS assessed needs across all eligible divisions within the Department, placing special importance on projects that supported interagency collaboration and community-based partnerships to support families and ensure safety of children, particularly in underserved communities across the state.

As a result of this effort, the DFPS CAPTA Supplemental State Grant Spending Plan was finalized in the Spring of 2022 and includes 7 projects:

#### **1. All Pro Dads Initiative: All Pro Dad Chapters provide children and**

**their fathers the opportunity to engage in meaningful conversations utilizing character building curriculum in a school-based setting. This project will increase DFPS' activities around fatherhood engagement.**

- 2. Advancing Work to Address Disproportionality: Funding to support 3 new staff positions to support the agency's on-going work to address disproportionality and disparities.**
- 3. Additional Support for Youth Hotline: Funding to support one new staff position needed to maintain youth hotline.**
- 4. Public Awareness Campaign to Promote Parenting Hotline: The Texas Youth Helpline and the DFPS Prevention and Early Intervention program are partnering to add additional services that carters to parents. Funding will be used for a campaign to promote the helpline and raise awareness.**
- 5. Texas Adoption Resource Exchange System Improvements: Funding will be used to improve this application for both internal and external users, to include search capabilities, child- family matching and registration process. Improvements will allow for new capabilities such as bulk edits, photo management, notifications, kinship registration, and archiving. Support for External Learning Management System: Funding to sustain three temporary staff positions to support the on-going training, tracking, and technical assistance needs of external stakeholder-users of the Learning Management System.**
- 6. Secure Public Portal for Background Checks: Project allows for efficiencies in background checks that are newly under the jurisdiction of the Department.**

### **CAPTA CBCAP Supplemental Funding**

DFPS was awarded \$24,681,320.00 in supplemental Community Based Child Abuse Prevention funding through the American Rescue Plan Act. This is new Community Based Child Abuse Prevention program funding, with an obligation period that extends from October 1, 2020, to September 30, 2025.

To make best use of these supplemental funds, the Prevention and Early Intervention Division within DFPS gathered input from prevention partners including parents and youth, the Prevention Framework Workgroup (Texas' Thriving Families, Safer Children collective steering committee), the grantee roundtable, and grantee providers. In addition, Texas held its 87<sup>th</sup> legislative session in the Spring of 2021, creating the opportunity for legislative direction. As part of the state budget, the Texas legislature authorized 1.3 million per biennium for expansion of Nurse Family Partnerships programming and .5 million per biennium for expansion of Community Youth Development programming using Community Based Child Abuse Prevention American Rescue Plan Act supplemental funding. The remaining amounts were left to DFPS' discretion as the Community Based Child Abuse Prevention lead agency based on stakeholder input, needs assessment, and

leadership decisions.

DFPS placed special importance on projects that support collaboration and community-based partnerships to support families and ensure safety of children, particularly in underserved communities across the state. The funding plan was finalized in Summer 2021 and includes the following:

**Family Resource Centers:** DFPS is using the supplemental funding, along with Community Based Child Abuse Prevention formula funding, to support three Family Resource Centers in Texas. Family Resource Centers provide innovative access to an array of direct services to families that support child development, increase protective factors, and serve as a community hub of support services.

**Healthy Outcomes through Prevention and Early Support Expansion:** The funding allowed expansion to two Healthy Outcomes through Prevention and Early Support programs in Texas. The Healthy Outcomes through Prevention and Early Support program is a flexible community grant that funds a wide variety of innovative initiatives and supports for families with children 0-5 years of age.

**Texas Nurse Family Partnership Expansion:** The funding allowed expansion to five Texas Nurse Family Partnership programs in Texas. Texas Nurse Family Partnership is a free, voluntary home visiting program through which nurses' partner with first-time mothers to improve prenatal care and provide one-on-one child development education and counseling.

**Community Youth Development Expansion:** The funding allowed expansion to four Dallas County Zip Codes with high incidence of juvenile crime. Community Youth Development programs and services that target the well-being of youth are an important part of supporting family and community well-being.

**Innovations Grants:** DFPS released a funding opportunity to select Prevention and Early Intervention program grantees to apply for an innovation grant. Grants were awarded to ten existing grantees to resource innovative ideas, both as continued responses to challenges communities and families face with the COVID-19 pandemic, and as part of continuous efforts to further effective primary and secondary prevention programming. The innovations address one or more of four priority areas:

- Elevating parent and youth voice, and leadership
- Promoting diversity, equity, and inclusion
- Meeting families' basic needs
- Providing crisis support to families

**Parent Helpline:** The Texas Youth Hotline is building a separate parent helpline using the current helpline infrastructure. The envisioned parent helpline will bolster PEI's parenting support website, [www.getparentingtips.com](http://www.getparentingtips.com), and provide a warmline for parents and caregivers to reach out for additional tips and local resources. DFPS hopes to promote the new hotline in Summer 2022.

**Prevention and Early Intervention Division infrastructure:** The Prevention and Early Intervention Division hired a Parent Partner Program Specialist to support the development of a prevention-focused parent advisory council and facilitate parent leadership and engagement activity across PEI. The division also hired a Continuous Quality Improvement program lead to support staff and grantees with understanding and using data for continuous quality improvement and a program position with expertise to lead work with military and veteran families.

**Prevention and Early Intervention Reporting System Improvements:** New data system functionality to improve tracking and reporting of outcomes will enable grantees to track outcome performance on their own more frequently and support continuous quality improvement.



**TEXAS**  
Department of Family  
and Protective Services

## **The State of Texas**

### **2023 Annual Progress & Services Report**

#### **Section X. Statistical and Supporting Information**

- A. Information on Child Protective Service  
Workforce**
- B. Juvenile Justice Transfers**
- C. Education and Training Vouchers  
(attachment E)**
- D. Inter-Country Adoptions**

**Texas Department of Family and Protective Services  
ACYF-CB-PI-22-01**

#### **X. Statistical and Supporting**

# Information

## A. Child Protective Services Workforce

*For child protective service personnel responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the state, report available information or data on the following:*

- information on the education, qualifications, and training requirements established by the state for child protective service professionals, including requirements for entry and advancement in the profession, including advancement to supervisory positions;*
- data on the education, qualifications, and training of such personnel;*
- demographic information of the child protective service personnel; and 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*

**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 the job is right 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. Tools 1) a written statement of interest that allows the candidate to express their passion for child welfare work. The agency added stage specific interview questions in hopes of identifying a potential employee's match for a specific type of CPI or 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 direct delivery field staff**

The Texas legislature awarded additional funding in fiscal year 2017 to give CPD and CPI caseworkers and other regional direct delivery staff pay raises to make their salaries more competitive with the general workforce. The intent was a decrease in turnover and improved retention, which continues to be the general result.

#### **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 or CPI employees who have a master's degree in Social Work.

#### **Focused Recruitment Activities**

When certain criteria exist 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:

- 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 (Northgate Arinso, DFPS human resources staff and the DFPS background check unit) to expedite all phases of the hiring process.
- Increase TAG human resources specialist for targeted areas, when necessary.
- Work with contracted partners to expedite certain hiring activities.
- New LinkedIn Contract: 2 Recruiter seats that allow a Hiring Manager to quickly review candidates, leave notes on candidate's profiles, and provide feedback to others. This will allow us to input search criteria, get targeted results, and prioritize candidates. We search for candidates instead of candidates searching for us.
- 2 Job slots – DFPS will be able to post two job postings at one time.

Career page with traffic ads – This allows DFPS to showcase our culture and careers and to attract applicants. It will provide candidates personalized job



recommendations, so they can quickly explore and apply to open jobs within DFPS. Traffic ads will showcase our agency and drive LinkedIn members to follow the DFPS page with a single click on the ad.

- DFPS Media Relations posts 20 TAG job requisitions a month via Social Media.
  - Facebook
  - LinkedIn
  - Twitter
- Statewide hiring fairs with same day interviews
- Handshake
  - *The Handshake network has 9m+ active student users, 1,400+ college and university partners, and 650K+ employers. ([www.joinhandshake.com](http://www.joinhandshake.com))*
  - Employers can post jobs and select Universities/College to share their job postings to their Handshake website.
  - Students/Alumni can search jobs on the Handshake website, submit their resume, and contact the employer through the website.
  - Employers can review resumes and reach out to the applicants through Handshake's messaging system.
  - HR Specialists are required to post on Handshake

**Degrees and certifications required for child welfare workers and other professionals responsible for the management of cases and child welfare staff:**

Entry-level CPS or CPI 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 receive priority consideration as explained above.

**Demographic information on current staff and recent hires: As of August 31, 2021  
CPS Caseworker Turnover, Tenure, and Race**

<b>Overall Turnover Rate</b>	21.2%
<b>Agency Tenure</b>	
Less than One Year	674
1-3 Years	885
Greater than Three Years	2322
Entry Salary	\$3816.65
Average Age	38
<b>Race/Ethnicity</b>	
African American	33.6%
Anglo	32.8%
Asian	0.9%
Hawaiian/Pacific Islander	0.1%
Hispanic	30.9%
Multiple Ethnicities	1.4%
Native American	0.3%

**CPS Supervisor Turnover, Tenure, and Race**

<b>Overall Turnover Rate</b>	7.1%
<b>Agency Tenure</b>	
Less than One Year	0
1-3 Years	3
Greater than Three Years	538
Entry Salary	\$4515.79
Average Age	42
<b>Race/Ethnicity</b>	
African American	33.6%
Anglo	39.9%
Asian	0.4%
Hispanic	24.2%
Multiple Ethnicities	1.1%
Native American	0.7%

\*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.

**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

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 service-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.
6. **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 2021**

<b>Stage</b>	<b>Gender</b>	<b>Percent</b>
INTK	Female	80.1%
INTK	Male	19.9%
INV	Female	76.5%
INV	Male	23.5%

**Ethnicity of Intake and Investigation Staff in Federal Fiscal Year 2021**

<b>Stage</b>	<b>Ethnicity</b>	<b>Percent</b>
INTK	African American	31.8%
INTK	Anglo	36.1%
INTK	Asian	0.7%
INTK	Hawaiian/Pacific Islander	0.0%
INTK	Hispanic	29.0%
INTK	Multiple Ethnicities	1.7%
INTK	Native American	0.7%
INV	African American	33.5%
INV	Anglo	32.8%
INV	Asian	0.7%
INV	Hawaiian/Pacific Islander	0.0%
INV	Hispanic	30.4%
INV	Multiple Ethnicities	2.1%
INV	Native American	0.6%

**Age Group\* of Intake and Investigation Staff in Federal Fiscal Year 2021**

<b>Stage</b>	<b>*Age Group</b>	<b>Percent</b>
INTK	< 25	4.8%
INTK	25 - 29	21.5%
INTK	30 - 39	37.1%
INTK	40 - 49	22.8%
INTK	50+	13.9%
INV	< 25	5.6%
INV	25 - 29	22.7%
INV	30 - 39	35.0%
INV	40 - 49	21.5%
INV	50+	15.1%

\*NOTE: Age is based on the employee's age on the last day of the federal fiscal year (8/31/21) or their age as of their last day with the agency during Federal Fiscal Year 2021.

**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>
INTK	1.3
INV	13.0

NOTE: DFPS has not have any specific requirements on the average or maximum caseload. Caseloads for individual workers will vary according to the circumstances of each individual case and the capabilities of each individual worker.

**CPS Supervisors and Caseworker Caseload and Demographic Information (Federal Fiscal Year 2021)**

<b>Stage</b>	<b>Avg Count</b>
CVS	19.2
FBSS	7.8

NOTE: DFPS has not have any specific requirements on the average or maximum caseload. Caseloads for individual workers will vary according to the circumstances of each individual case and the capabilities of each individual worker.

**The CVS caseload represents all stages assigned and is not a child only count.**

<b>Stage</b>	<b>Gender</b>	<b>Percent</b>
CVS	Female	86.7%
CVS	Male	13.3%
FBSS	Female	88.3%
FBSS	Male	11.7%

**The CVS caseload represents Stage, Ethnicity and Percent**

<b>Stage</b>	<b>Ethnicity</b>	<b>Percent</b>
CVS	African American	31.6%
CVS	Anglo	35.0%
CVS	Asian	0.8%
CVS	Hawaiian/Pacific Islander	0.1%
CVS	Hispanic	30.7%
CVS	Multiple Ethnicities	1.4%
CVS	Native American	0.4%
FBSS	African American	35.3%
FBSS	Anglo	27.1%
FBSS	Asian	0.6%
FBSS	Hispanic	35.2%
FBSS	Multiple Ethnicities	1.4%
FBSS	Native American	0.4%

**The CVS caseload represents Stage, Age Group, and Percent**

<b>Stage</b>	<b>*Age Group</b>	<b>Percent</b>
CVS	< 25	5.2%
CVS	25 - 29	23.4%
CVS	30 - 39	37.9%
CVS	40 - 49	20.6%
CVS	50+	12.9%
FBSS	< 25	3.1%
FBSS	25 - 29	21.4%
FBSS	30 - 39	40.6%
FBSS	40 - 49	22.0%
FBSS	50+	13.0%

\*NOTE: Age is based on the employee's age on the last day of the federal fiscal year (8/31/21) or their age as of their last day with the agency during Federal Fiscal Year 2021.

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.

## **B. Juvenile Justice Transfers**

- *Report the number of children under the care of the state child protection system who were transferred into the custody of the state juvenile justice system in FY 2021 (specify if another time period is used).*
- *Describe the source of this information, how the state defines the reporting population, and any other relevant contextual information about the data.*

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 the 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 was one youth in DFPS conservatorship in state fiscal year 2021 whose custody was later transferred to a juvenile justice agency (for one youth, the juvenile justice agency was Texas Juvenile Justice Department).



## C. Education and Training Vouchers

### Attachment C

Annual Reporting of Education and Training Vouchers Awarded Name of State: **Texas**

nothing	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<u>Final Number:</u> <b>2020-2021 School Year</b> (July 1, 2020 to June 30, 2021)	508	191
<b>2021-2022 School Year*</b> (July 1, 2020 to June 30, 2021)	*490(*estimate)	*221(*estimate)

*The asterisk indicates the number provided is an estimate. A final number will be provided in next year's state plan which is how this information has been provided from Texas in past years.*

## D. Inter-Country Adoptions

- *Report the number of children who were adopted from other countries and who entered into state custody in FY 2021 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 2021, there were four children who came into DFPS foster care who were previously adopted internationally. Based on the international adoptions of these four children, one of the children's adoption was by a public agency in Mexico called the National System for Integral Family Development. Three were designated as unknown because no information on the type of agency was provided by the adoptive parents during the child's investigation or the information was unknown.

The four children were internationally adopted from the following countries:

- One child was adopted from Guatemala;
- One child was adopted from Russia;
- One child was adopted from Iran
- One child was adopted from Mexico;

The removal reasons for the four children were as follows:

- One child was removed due to refusal to accept parental responsibility alone;
- One child was removed due to neglectful supervision alone;
- One child was removed due to emotional abuse and refusal to accept parental responsibility;
- One child was removed due to abandonment, refusal to accept parental responsibility, neglectful supervision, and physical neglect.

The plans for the four children included the following:

- Family reunification;
- Unrelated adoption;
- Unrelated permanent managing conservatorship;
- Relative permanent managing conservatorship;



**TEXAS**  
Department of Family  
and Protective Services  
**The State of Texas**

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**Section XI. Financial Information**

- A. Payment Limitations Title IV-B Subpart 1**
- B. Payment Limitations Title IV-B Subpart 2**
- C. CFS-101 Part III**

**Texas Department of Family and Protective Services**  
**ACYF-CB-PI-22-01**

## **XI. Financial Information**

### **A. Payment Limitations – Title IV-B, Subpart 1**

**Section 424(b)(2)(c) LIMITATION ON USE OF FEDERAL FUNDS FOR CHILD CARE, FOSTER CARE MAINTENANCE PAYMENTS, OR ADOPTION ASSISTANCE PAYMENTS.—The total amount of Federal payments under this subpart for a fiscal year beginning after September 30, 2007, that may be used by a State for expenditures for child care, foster care maintenance payments, or adoption assistance payments shall not exceed the total amount of such payments for fiscal year 2005 that were so used by the State.**

Texas did not expend any title IV-B, subpart 1 funds in fiscal year 2005 for childcare, foster care maintenance or adoption assistance. In accordance with this limitation, the state certifies that no title IV-B, subpart 1 funds were expended for these purposes in 2021 or 2022.

**Section 424(b)(2)(d) LIMITATION ON USE BY STATES OF NON-FEDERAL FUNDS FOR FOSTER CARE MAINTENANCE PAYMENTS TO MATCH FEDERAL FUNDS. — For any fiscal year beginning after September 30, 2007, State expenditures of non- Federal funds for foster care maintenance payments shall not be considered to be expenditures under the State plan developed under this subpart for the fiscal year to the extent that the total of such expenditures for the fiscal year exceeds the total of such expenditures under the State plan developed under this subpart for fiscal year 2005.**

Texas expended \$8,373,909 non-federal funds for foster care maintenance payments in fiscal year 2005 as required 25% match for title IV-B, subpart 1. For fiscal year 2020, the state certifies that \$8,373,909 of non-federal funds (state general revenue) was expended on foster care maintenance payments per this limitation.

## **B. Payment Limitations – Title IV-B, Subpart 2**

**For the purpose of applying for FY 2023 funds, States must indicate specific percentages of title IV-B, subpart 2 funds that the State will expend on actual delivery of family preservation, community-based family support, time-limited family reunification and adoption promotion and support services, as well as planning and service coordination, with a rationale for each service category whose percentage of funds does not approximate 20%. The State must have an especially strong rationale if the percentage provided is below 20 percent for any one of the four service categories and must include such rationale in the narrative of the APSR. The amount allocated to each of the service categories should only include funds for service delivery. States should report separately the amount to be allocated to planning and service coordination.**

The Adoption and Safe Families Act of 1997, P.L. 105-89, modified the grant allocation requirements for the Child and Family Services Plans for states. The federal legislation acknowledged the importance of services to prevent child abuse and neglect and assist families in crisis, be they birth, foster or adoptive families, by re-authorizing for three years the Family Preservation and Support Services Program (newly named the Promoting Safe and Stable Families Program) and expanding the uses of the grant to adoption promotion and support services.

Title IV-B is amended regarding family preservation services to eliminate the requirement of only allowing community-based family support services and also allowing time limited family reunification services and adoption promotion and support services. Time-limited family reunification services are allowed during the first fifteen months a child enters foster care and are to be used to facilitate reunification. Adoption promotion and support services may include activities designed to facilitate the adoption process including pre and post adoption services to support permanency for children needing adoptive placements.

Planned allocations for the services categories are:

- Family preservation – 20.0 percent
- Family support services – 22.8 percent
- Family re-unification – 22.9 percent
- Adoption promotion/support – 30.7 percent.

Each fiscal year, adjustments may be necessary to meet the needs of the children and families served but are planned to remain within the required percentages.

**Provide the estimated and actual amounts of FY 2020 Federal funds expended under title IV-B, subpart 1; for each of the four categories of services in FY 2020 for title IV- B, subpart 2; and for those costs identified as administrative in title IV-B**

**programs. Utilizing the CFS-101-Part III: Annual Expenditures for Title IV-B, Subparts 1 & 2 Funds, Chafee Foster Care Independence Program (CFCIP) and Education and Training Vouchers (ETV), the State must compare FY 2020 estimated expenditures with FY 2020 actual expenditures in each category for the title IV-B programs and, at State option, the CFCIP and ETV program (Attachment C). Provide an explanation for any differences between the FY 2020 estimated costs and actual expenditures in the APSR.**

The estimated expenditures for Child Welfare Services were \$27,569,421 and actual amount of fiscal year 2020 federal funds expended under title IV-B, subpart 1 were \$27,673,886. The estimated expenditures for fiscal year 2020 for Family Preservation Services were \$6,849,601 and the actual expenditures were \$8,057,529. The estimated expenditures for fiscal year 2020 for Family Support Services were \$7,196,608 and actual expenditures were \$6,818,450. The estimated expenditures for fiscal year 2020 for Time-Limited Family Reunification Services were \$9,515,767 and actual expenditures were \$8,153,836. The estimated expenditures for fiscal year 2020 for Adoption Promotion and Support Services were \$8,467,742 and actual expenditures were \$8,286,832.

**Provide State and local share expenditure amounts for title IV-B, subpart 2 programs for FY 2020 for comparison with the 1992 base year amount as required to meet the non-supplantation requirements in Section 432(a)(7)(A) of the Act.**

In compliance with the non-supplantation requirement, the Department expends \$4,284,053 Title IV-B, subpart 1, Child Welfare Services, federal funds to support family preservation/reunification direct delivery staff and family preservation contracted purchased client services (including concrete services). This funding level maintains the FFY 1992 baseline level of effort for the State of Texas.

The Texas Department of Family and Protective Services (DFPS) contracts with a variety of vendors. Current procurement opportunities are posted on:

- The Health and Human Services Open Enrollment Opportunities page at: <https://apps.hhs.texas.gov/pcs/openenrollment.cfm>External Link
- The Electronic State Business Daily (ESBD) page at: <http://www.txsmartbuy.com/sp>External Link.

### **C. FFY 2020 Title IV-B Expenditure Report- CFS-101, Part III**

**Provide actual expenditures of Chafee allocated funds for FY 2020 (final) and FY 2021 (year-to-date). Identify the amount of Chafee funds used to provide room and board for youth ages 18-21 in the last fully reportable year - FY 2020 (CFS-101, Part III at Attachment C).**

Actual expenditures of Chafee allocated funds for fiscal year 2020 was \$9,553,183 and actual expenditures of Chafee allocated funds for fiscal year 2021 (year-to-date) is \$6,207,926. \$264,737 of Chafee funds were used to provide room and board for youth ages 18-21 in fiscal year 2020. \$146,506 of Chafee funds were used to provide room and board for youth ages 18-21 in fiscal year 2021 (year-to-date).

**Provide actual expenditures of ETV allocated funds for FY 2020 (see CFS-101, Part III at Attachment C) and FY 2021 (year-to-date).**

The actual expenditure of ETV allocated funds is as follows:

Fiscal year 2020 - \$2,177,865

Fiscal year 2021 - \$1,532,503 (to date)

Education and Training Voucher (ETV) numbers are provided by the Contractor. Tuition waiver numbers are reported by the Texas Higher Education Coordinating Board. Tuition waiver numbers are received near the end of February.