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Executive Summary

Introduction

The Texas Department of Family and Protective Services (DFPS) serves the state's children, youth, families, elderly, and people with disabilities. DFPS' mission is to protect the unprotected.

The 2010 Annual Report and Data Book is an overview of the department's programs, services, performance, and accomplishments, and a comprehensive statistical explanation of DFPS services. This report covers the fiscal year beginning September 1, 2009 through August 31, 2010. This report and additional information can be found on the department's website at www.dfps.state.tx.us.

Mission

DFPS' mission is to protect children, the elderly, and people with disabilities from abuse, neglect, and exploitation by involving clients, families, and communities.

Vision

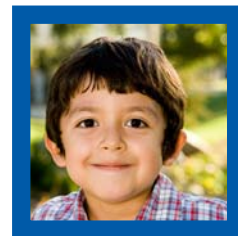
The Texas Department of Family and Protective Services (DFPS):

- Is recognized for innovative, effective services.
- Builds strong, effective partnerships with clients, communities, providers, and state leaders.
- Provides effective leadership that is accountable for its actions and communicates openly with clients and stakeholders.
- Supports staff members who are highly motivated, diverse, ethical, well-trained, and professional.

Values

- We protect the unprotected.
- We involve clients, families, and communities in decision making.
- We provide quality services.

- We are innovative and strive for excellence.
- We are ethical and accountable.
- We promote diversity.
- We value our staff.



DFPS Staffing and Structure

The DFPS Commissioner is appointed by the Executive Commissioner of the Texas Health and Human Services Commission and directs 11,451 employees in 349 local offices. These offices are located in 11 regions and a state headquarters in Austin. DFPS has four major programs: Child Protective Services (CPS), Adult Protective Services (APS), Child Care Licensing (CCL), and Prevention and Early Intervention (PEI), which is administered as part of CPS.

A nine-member council, which is appointed by the Governor and confirmed by the Senate, makes recommendations on the department's rules and policies and provides a venue for public input.

For more information on staffing, see: DFPS Data Book, pages 1, 5, 21, 27, 71, 85, and 101 under "Expenditures and Total Average Filled Full Time Equivalent (FTE) Staff," "Worker Demographics," and "Supervisor Demographics."

Texas Abuse Hotline

State law requires anyone who believes a child is being abused or neglected, or an adult who is elderly or has a disability is being abused, neglected, or exploited, must report the situation to DFPS' Texas Abuse Hotline, which is also known as Statewide Intake. The 24-hour statewide hotline (1-800-252-5400) receives reports of suspected abuse or neglect from across the state. Reports can also be made online through a secure website at <https://www.txabusehotline.org>. To report abuse, neglect or exploitation in Mental Health (MH) and Mental Retardation (MR) facilities and programs, the public should contact 1-800-647-7418.

All reports meeting the statutory definitions of abuse and neglect are investigated after being assigned a priority based on the level of risk to the alleged victim. Intake caseworkers also notify law enforcement agencies of reports involving children.

For more information on Statewide Intake and Intake of Reports, see: DFPS Data Book, pages 1-4, 10-11, 36, 119-127 (APS), 128-133 (CPS)

Emergency Resource Rooms

Emergency resource rooms are store-like settings where caseworkers can get emergency supplies or special items such as diapers, cleaning supplies, clothes, and small furniture to meet the needs of their clients.

The resource rooms, called “Rainbow Rooms” by CPS and “Silver Star Rooms” or “Bridge Rooms” by APS, served 70,410 clients in FY 2010.

DFPS Volunteers

No matter how dedicated and skilled, social workers cannot address abuse, neglect, and exploitation without help from the larger community. In FY 2010, over 1,300 volunteers worked over 141,000 hours, side by side with DFPS employees. Trained DFPS volunteers:

- Delivered prevention and intervention services.
- Promoted policies and programs that build healthy families.
- Helped expand a network of community resources that support and nurture DFPS clients.
- Made unique contributions to those Texans least able to protect themselves.

Office of Consumer Affairs

DFPS strives to improve the lives of the people it serves, so it is important to respond to complaints. Clients with case-specific complaints about DFPS may contact the Office of Consumer Affairs at 1-800-720-7777 for a review of their case. These reviews determine if the department’s policies have been followed properly. During FY 2010, the Office of Consumer Affairs received 20,268 contacts from various sources including the public, clients, elected officials, other agencies, and DFPS staff.

Of that number, 2,869 were handled as case-specific complaints and 978 were handled as legislative inquiries. The remaining contacts were general inquiries. The Office of Consumer Affairs found that 7.6 percent of complaints and legislative inquiries were valid.



Child Protective Services

Responsibilities

- Conduct civil investigations of reports of child abuse and neglect.
- Protect children from abuse and neglect.
- Promote the safety, integrity, and stability of families.
- Provide permanent homes or living arrangements for children who cannot safely remain with their own families.

2010 Accomplishments and Initiatives

Increases to Staffing

To accomplish continued reforms, the 81st Texas Legislature allowed DFPS to hire an additional 222.5 new staff in FY 2010. This included:

- 116 Family Based Safety Services staff (including 72 caseworkers).
- 36 Family Group Decision Making staff.
- 38.5 Preparation for Adult Living staff (including 19 caseworkers).
- 16 Foster/Adopt Development staff (including 12 caseworkers).
- 3 Special Immigrant Juvenile Status staff.
- 12 Guardianship Assistance Negotiator staff.
- 1 Fostering Connection Policy staff.

Child and Family Services Review

The Child and Family Services Review (CFSR) is used to measure and improve each state's entire child welfare system. Administered by the U.S. Department of Health and Human Services, the review monitors compliance with federal requirements for child protection, foster care, adoption, family preservation and family support, and independent living services. The CFSR includes an analysis of statewide data, statewide assessment, onsite

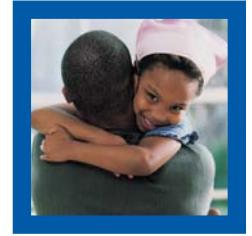
review, and a program improvement plan period. Each CFSR evaluates seven outcomes involving child safety, permanency, and well-being. DFPS completed its last CFSR in March 2008. In March 2009, DFPS received a final federal report and began developing a required program improvement plan. The final, federally-approved DFPS Program Improvement Plan went into effect April 1, 2010 and will end March 31, 2013.

The plan includes these objectives:

1. Strengthen critical decision-making skills, particularly involving safety.
2. Enhance the capacity to place children in foster care in appropriate homes or settings closer to their families and communities.
3. Remove barriers to finding permanent homes for children, especially when they remain in state care but parental rights are not terminated.
4. Strengthen practices for family based safety services (in-home services).

Organizational Effectiveness

Organizational Effectiveness (OE) is a step-by-step approach to continuously improve an organization. Since 2008, CPS has been using this approach to drive rapid



and long-term improvements in its performance and client outcomes. OE, which effectively teaches critical decision-making skills based on data and emphasizing outcomes, was developed by the American Public Human Services Association (APHSA) with support from the Casey Family Programs.

In FY 2010, the OE team used the APHSA trademarked “Define, Assess, Plan, Implement, and Monitor” (DAPIM) model to help with continuous improvement efforts in all the regions across Texas. The OE team conducted approximately 40 facilitations in FY 2010 that included topics such as child safety, staff retention, Child and Family Service Review outcomes, and communication.

In addition, the OE team partnered with APHSA and Casey Family programs to develop a curriculum for orienting new coaches and facilitators. This curriculum has been used for ongoing internal staff development and the on-boarding of future facilitators to support OE efforts within DFPS. The curriculum was piloted in the summer of FY 2010 with the on-boarding of five new coaches and 11 new facilitators, and it will end in December 2010. This model is being expanded to be used agency wide.

Improving Child/Youth Placement Outcomes: A System Redesign

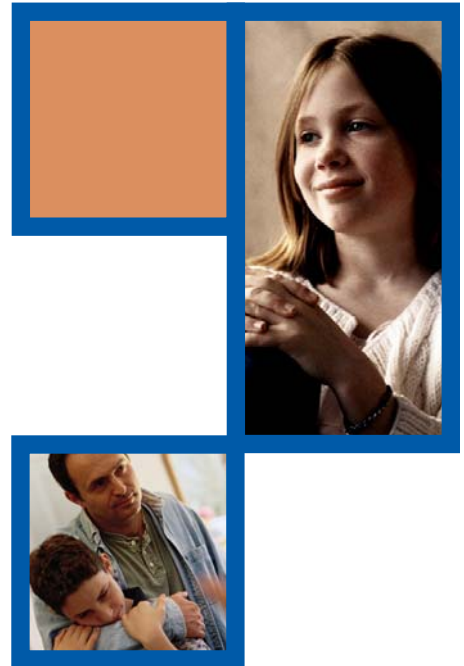
In January 2010, DFPS began a project to improve outcomes for children and families. The goal is to create sustainable placements in communities that will meet the needs of children and youth in foster care, using the least restrictive placement settings.

The objectives for this project, also known as the “foster care redesign” includes determining:

- Where and what kind of services are needed.
- How to contract for quality services, including recommended outcomes, performance measures, and procurement processes.
- How to pay for those services in a way that promotes better outcomes for children.

DFPS is committed to engaging and collaborating with all those with a stake in foster care. This involves frequent and open two-way communication.

In FY 2010, the project engaged stakeholders in a variety of ways, such as holding focus groups around the state. DFPS formed a public private partnership to develop principles, assumptions, and objectives for the effort. This partnership comprises representatives from key stakeholders, including foster youth alumni, providers, service provider agencies, foster care networks and associations, the judiciary, child advocates, and the DFPS Advisory Council. A final recommendation on an overall “system design” plan will be made to the DFPS Commissioner by December 31, 2010. For more information, visit the DFPS public website under “Foster Care” at www.dfps.state.tx.us.



Fostering Connections Act

In October 2008, Congress enacted new, sweeping, federal legislation. The Fostering Connections to Success and Increasing Adoptions Act of 2008 promotes finding permanent homes (permanency) for children and youth with an emphasis on adoption, relative care, and transition services for young adults who have aged out of care.

During FY 2010, DFPS put into effect the rules, policies, procedures, contract changes, permanency activities, and automation changes required by federal law and the 81st Texas Legislature. One change was the start of Permanency Care Assistance on September 1, 2010. Permanency Care Assistance is a new option for youth who would otherwise grow up in foster care because going home or being adopted are not viable options. More information about Fostering Connections is available on the DFPS public website at www.dfps.state.tx.us.

Enhanced Family Centered Safety Decision Making

Family Based Safety Services (FBSS) are usually provided to families with their children still at home or temporarily staying with relatives. To strengthen these services, CPS enlisted technical assistance from the National Resource Center for Child Protection in 2010. After reviewing the department's policy and data, the Center suggested CPS strengthen its family-centered, safety decision-making protocols in all stages of service. "Enhanced Family Centered Safety Decision Making" describes the department's goal to support staff in making sound safety decisions for children.

This multiyear, continuous quality improvement initiative will help staff:

- Better identify when children are safe vs. unsafe.
- Better understand what family changes must occur to keep children safe and match them with the right services.
- Better understand safety as it relates to permanency.
- Build a culture that supports families.

CPS created interim objectives that focus on reinforcing existing family-centered safety decision-making protocols. Long-term objectives are to:

- Enhance staff's existing assessment process to better guide decision-making.
- Promote family-centered work. Identify systemic barriers to family-centered safety decision-making.



- Support and ingrain family-centered practices that put child safety first.
- Create and implement a pilot program that focuses on family-centered safety decision-making protocols.
- Evaluate the effectiveness of the changes.

Disproportionality

Since 2004, CPS has strived to reduce the disproportionate representation of African-American and Native-American children in the child welfare system, also known as "disproportionality." Efforts to reduce this overrepresentation have contributed to fewer children being removed from their homes, an increase in kinship placements (with families or friends), and more children receiving services in their own homes. An evaluation of these efforts show the disproportionate representation of African-American children in the child welfare system has decreased in four of the five largest counties in Texas and statewide. The difference between removal decisions for African Americans and Caucasians declined from 1.4 percent to 0.9 percent. Each DFPS region has at least one dedicated staff member to help guide this work. There are currently 13 regional advisory committees and a State Task Force promoting collaborative partnerships with other agencies, community stakeholders, parents, and youth to address disproportionality.

Disproportionality work, along with family-focused initiatives such as Family Group Decision Making (engages families in problem solving), kinship care, and other efforts, has promoted a cultural shift within DFPS. This led to new partnerships with other organizations and institutions that affect the lives of children and families, such as school districts, juvenile probation, the faith-based community, the judiciary, law enforcement, service providers, foster parents, and many others. While Texas is viewed as a national model in reducing disproportionality in child welfare and is committed to eliminating disparities for children and families. It recognizes this is a society-wide issue that it cannot address alone.

A Change in Retirement Plans Keeps Four Siblings Together

Retirement is an adjustment for most people, especially those who worked hard all their lives. That is why the soon-to- retire are often advised to “stay busy”. Retired Brigadier General Robert Hardy, a U.S. Army veteran of 31 years, and his wife Barbara took that advice to heart. They keep busy by taking care of four grandchildren. Although parenting children ranging from toddlers to pre-teens wasn’t in their retirement plans, they both agree that is exactly what they should be doing right now.

In 2010, the children’s mother lost custody for the third time due to abuse and neglect. Child Protective Services (CPS) placed the four children—two girls ages 12 and 4 years and two boys ages 8 and 3 years—in Robert and Barbara’s care through the CPS kinship care program. The kinship care program encourages families to step in and care for children whose birth parents are unable to do so. Kinship care gives children stable, loving homes while keeping them connected to their birth families.

CPS also told Robert and Barbara about a new program that gives financial assistance to caregivers who accept legal responsibility for children when adoption is not the best option. The Permanency Care Assistance (PCA) program was made possible by the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 and supporting Texas legislation. Robert and Barbara qualified for PCA by becoming verified foster parents, passing home inspections, and serving as foster parents to the children for six-months.

“PCA is a wonderful program, and if you can do it, apply for PCA.” Robert says the financial assistance will help his family pay for prom dresses and college expenses for his grandchildren.

Parenting four children is no easy task. So, Robert and Barbara reached out to their community for help and advice. Robert became vice chairman of Grandparents as Parents, a support group for the growing number of extended family members caring for children. Robert and Barbara also work with a network of foster parents through Arrow Child & Family Ministries, the faith based agency that helped them become foster parents.

Robert and Barbara agree the children are a joy to have around. All of the children are healthy and they are doing very well. The two older children like school and make A’s and B’s on their report cards.

There is little rest in sight for Robert and Barbara. While they admit they don’t have as much energy as when they raised their own children, they have more wisdom. And, both say that keeping their grandchildren together and in the family is far better than any other retirement they might have planned.



Public Awareness to Decrease Accidental Child Deaths

In recent years, CPS has collaborated with other DFPS programs and HHS agencies to increase public awareness of three causes of accidental child deaths: child drownings, hyperthermia, and co-sleeping.

In 2010, at least 78 children drowned, which was a significant decline from the 113 drowning deaths counted by DFPS in 2009. An average of 76 children drowned each year since DFPS began tracking these deaths in 2005. DFPS identified 76 drowning deaths in 2005, 70 in 2006, 63 in 2007, 82 in 2008, and 113 in 2009.

Texas led the nation in hyperthermia (hot car) deaths with 13 in 2010. To increase public awareness, CPS worked with Child Care Licensing on its annual “See and Save” public awareness campaign to try to prevent both drowning and hot car deaths at www.seeandsave.org.

In FY 2010, 178 child deaths were reported to CPS that involved a child sleeping with an adult or older child. During FY 2010, DFPS continued efforts to increase the public’s awareness of the potential dangers of allowing an infant to sleep with a parent, adult, or older children, also known as co-sleeping. The department launched a 3-month radio and television campaign in May 2010 to educate parents and caregivers about co-sleeping and the critical need to always give babies “Room to Breathe.” “Room to Breathe” sleeping tips can be found at BabyRoomToBreathe.org website.

DFPS and the Texas Department of State Health Services (DSHS) also developed the Safe Sleep for Babies community training. In July 2010, this training was provided to the public in Bell, Jefferson, and Nueces counties. This training educated parents and caregivers and provided ideas regarding the best safe sleep environments for babies. The Safe Sleep for Babies training guide is available on the DSHS website. Both agencies also developed “Safe Sleep 360” training for CPS caseworkers and supervisors. This is an interactive web-based training that will be available in FY 2011.

Abuse and Neglect Fatalities

It is a great tragedy whenever a child dies because of abuse or neglect, and CPS has developed both internal

and external mechanisms to review these fatalities. Citizen Review Teams, Child Fatality Review Teams, CPS child safety specialists, regional CPS child death review committees, and the state Child Safety Review Committee all review child deaths. While each entity reviews child deaths for unique purposes, a common goal is to help CPS and communities identify the causes of child fatalities and develop strategies, programs, and training to reduce the rate of preventable child deaths; as well as provide intervention services to families and children at risk.

For more information on child abuse and neglect fatalities, see DFPS Data Book, page 149.

Investigation and Placement Services

Investigations

State law requires anyone who believes a child is being abused or neglected to report the situation to DFPS’ Texas Abuse Hotline at 1-800-252-5400 or make the report online at <https://www.txabusehotline.org>.

When an intake report is assigned for investigation, CPS workers interview children (when verbal), parents, and others with knowledge of the family. These interviews help determine if child abuse or neglect has occurred, if the children are safe, and to assess the risk of further harm to the child.

It is critical to child safety that investigations are completed in a timely fashion and families are entitled to timely resolution of an investigation.

Even if evidence of abuse or neglect is not found, caseworkers may refer families to services in the community, such as



individual or family therapy, parenting classes, medical assistance, mental health services, or programs offering financial assistance for utilities, rent, or child care.

For more information on CPS investigations and investigation process, see: DFPS Data Book, page 27, example flow chart and pages 37-45.

Family-Based Safety Services (FBSS)

When child safety can be reasonably assured, CPS provides in-home services to help stabilize the family and reduce the risk of future abuse or neglect. FBSS services help avert removing children from their homes or make it possible for the children to return home. FBSS services include family counseling, crisis intervention, parenting classes, substance abuse treatment, domestic violence intervention, and day care. Most children served by FBSS continue to live at home while CPS works with their families. In some cases, children may live elsewhere temporarily, usually with relatives or family friends, until it is safe for them to return home.

For more information on in-home services, see: DFPS Data Book, pages 46-47 and 68.

Family Group Decision Making (FGDM)

Family Group Decision Making (FGDM) describes a variety of practices to work with and engage children, youth, and families in safety and service planning and decision making. There are a variety of FGDM models used by CPS including Family Team Meetings, Family Group Conferences, and Circles of Support.

- Family Team Meeting (FTM) is a rapid response to address critical child safety and placement concerns. Family Team Meetings are used to achieve positive outcomes for children in the earliest stages of CPS involvement. They engage family, community members, and other caregivers in critical decisions about child protection, safety, placement, and permanent living arrangements for children.
- Family Group Conference (FGC) is a process where families join with relatives, friends, and others in the community to develop a plan to ensure children are safe, cared for, and protected from future harm. Through the use of private family time, the “family

group” is given a high degree of decision-making authority and responsibility. During private family time, the “family group” joins together to discuss and develop a plan for the child’s safety and well-being.

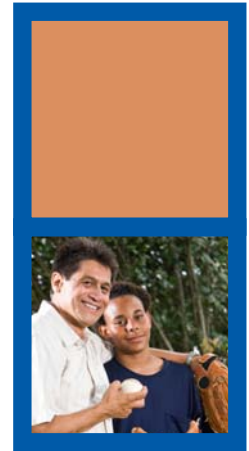
- Circles of Support (COS) are youth-focused, youth-driven meetings. The primary purpose is to develop a plan for older youth to transition from foster care to living independently as young adults and to connect youth to caring adults who will support them. COS meetings include broad participation by the youth’s support network, such as caregivers, teachers, siblings, pastors, and other relatives. These meetings are required for youth 16 and older. Though with sufficient resources, they may begin as early as age 14.

For more information, see: DFPS Data Book, pages 69-70.

Foster Care

When it is not safe for children to live with their own families, CPS petitions the court to remove them from their homes. They may be placed temporarily in kinship care, a foster family, an emergency shelter, or a foster care facility. Foster families provide a safe, nurturing environment for children in CPS care. Foster families receive a daily reimbursement for the costs associated with caring for children. CPS and foster parents are required to arrange all educational, medical, dental, and therapeutic services needed by the child. Some children have emotional or other needs that can be difficult to address in a foster home. These children may be placed in specialized group homes, residential treatment centers, or other facilities that best meet their needs. While children are in foster care and parental rights are intact, CPS provides services to the parents until the family is reunited or another permanent living arrangement for the children is approved by the courts.

For more information on foster care and other placements: DFPS Data Book, pages 48-56, 60-65.



Kinship Care

When removing children from their homes to ensure immediate safety, DFPS and the courts are required to consider temporary placements with relatives and to ask parents to provide DFPS with contact information for relatives who may be able to care for their children. When a child is removed, DFPS is also required to notify relatives to explain their options and the state support they would receive to help care for the child. Relatives not only provide temporary placements for children but may also provide permanent homes, either by adopting or otherwise accepting legal responsibility for the child (permanent managing conservatorship). For generations, extended families have played significant roles in rearing children when parents are having a difficult time. Kinship care or relative caregivers provide children the benefit of more stability and a connection to family when they cannot live with their birth parents.

For more information on Kinship Care, see: DFPS Data Book, pages 50 and 66.

Adoption

When a child cannot safely return home, the court may terminate the parents' rights, which makes the child available for adoption. The number of DFPS children who were adopted increased significantly from FY 2005 to FY 2010. One major factor in this increase was the number of relative adoptions. Relative adoptions in Texas have more than doubled since 2005 and now represent almost 40 percent of the DFPS consummated adoptions in Texas. There were 4,716 DFPS children who were adopted in FY 2010. DFPS approves adoptive homes and also contracts with licensed, private child-placing agencies to increase the number of parents

available to adopt children in foster care. CPS has been recognized by the U.S. Department of Health and Human Services every year since 2005 for significantly increasing the number of adoptions and relative placements.

For more information on adoption, see: DFPS Data Book, pages 50, 54-60, 62-63, 156-161, 165-167, 192-197.

Foster to Adopt Homes

National studies indicate greater opportunities for successful adoptions when foster parents rather than “strangers” adopt because the children and their new parents have already formed a bond during the foster care placement. CPS encourages families to become both verified to provide foster care and approved to adopt. CPS recruits foster and adoptive families through national, state, and regional campaigns, and through the Texas Adoption Resource Exchange website at www.adoptchildren.org. Recruitment efforts include:

- Foster Care Month activities in May across the state.
- Adoption Awareness Month activities in November: Activities include mass adoption events created by working with juvenile courts, adoptive families, attorneys, and others to schedule clusters of hearings for finalizing adoptions.
- The “Why Not Me?” campaign, which uses advertising, news coverage, and community engagement to encourage families to adopt older children.
- Recruitment drives by partners such as child placing agencies and Heart Galleries, etc.

For more information on foster to adopt homes, see: DFPS Data Book, pages 54-59.

Texas Adoption Resource Exchange

The Texas Adoption Resource Exchange (TARE) website (AdoptChildren.org) is the department's leading recruitment tool for prospective foster and adoptive homes. Integrated with the “Why Not Me?” campaign, the website's most prominent feature is its photo-listing of Texas children awaiting adoption, which includes children's photos, profiles, and videos. The site allows families who are approved or interested in adoption to express interest in specific children. For families not



already verified to adopt, they can research requirements, next steps, and express interest to begin the process of becoming a foster and/or adoptive home.

An additional TARE feature is the Adoption Family Network (AFN), a free, self-registration listing of adoptive families and individuals across the United States already approved to adopt. Families can list their preferences for children they are willing to parent, and this information is available to CPS adoption staff through a searchable database.

TARE offers a toll-free, nationwide Adoption and Foster Care Inquiry Line (1-800-233-3405). The inquiry line receives about 2,500 to 3,500 calls per month from prospective foster and adoptive families. The information from these calls is forwarded to the appropriate regional staff to follow up with prospective families.

Adoption Support Services

Adopted children who have suffered abuse or neglect often need help coping with the effects of these experiences and the loss of their birth families. Each CPS region contracts with private agencies to provide post-adoption services to adopted children and their families. These services include case management, mental health services, therapeutic services to children and families, parent training, support groups, and intermittent alternate care for adoptive parents.

For more information on adoption support services, see: DFPS Data Book, pages 67, 168-173

Services for Foster Youth Transitioning Out of Care

Circles of Support

Circles of Support is a process to support and help youth age 16 and older in developing a plan for the time when they become young adults and leave state care. The process is driven by the youth themselves. The model is based on Family Group Decision Making in which families drive the process (see pages 69-70). It includes identifying a specific individual who will commit to be a caring adult in the life of a youth. In fiscal year 2010, 2,716 Circles of Support were conducted.

For more information, see: DFPS Data Book, page 70.

Health Care Benefits

Since September 2005, Texas has provided continuous Medicaid coverage to former foster care youth age 18 through the month of their 21st birthday. Since October 1, 2009, the Health and Human Services Commission had provided health care benefits to youth transitioning out of care. These youth must be at least 21 or older, but younger than age 23 years and eligible to receive assistance as independent foster care youth. The youth must also be enrolled in an institution of higher education.

Preparation for Adult Living

The Preparation for Adult Living (PAL) program helps make the transition to adulthood more successful for youth in foster care. PAL services include independent living assessments, time-limited financial help, and training in such areas as financial management, job skills, educational planning, and interpersonal skills. A statewide Youth Leadership Council meets quarterly to review policies and practices and submits recommendations to the DFPS Council and other decision-makers to improve services for children and youth.

For more information on Preparation for Adult Living, see: DFPS Data Book, page 70.

Extended Foster Care

Through the federal Fostering Connections legislation, states can extend help to foster youth who are already eligible and wish to remain in foster care after their 18th birthday. This care is known as “extended foster care.” Youth must sign a voluntary foster care agreement prior to their 18th birthday or within 30 days after turning age 18. Youth can stay in extended foster care through age 22, while they pursue a high school diploma or GED. They can also remain in extended foster care through age 21 to:

- Attend college or a vocational or technical training program.
- Participate in a program or activity that promotes or removes barriers to employment.
- Work at least 80 hours a month.

They can also remain in extended foster care if they are incapable of performing these activities due to a documented medical condition.

Youth who graduate high school or receive a GED and are accepted into higher education or post-secondary programs can stay in extended foster care up to 3½ months before the start of the school semester.

Return to Care

Since November 2007, youth ages 18 to 20 who have aged out of foster care can choose to return to CPS care:

- To attend high school or complete a GED course (up to age 22).
- Attend a vocational or technical program (up to age 21).
- Return on a break from college or a technical or vocational program for at least one month but no more than four months (up to age 21).

In fiscal year 2011, the federal Fostering Connections Act will expand circumstances in which youth who have aged out of foster care can choose to return to CPS care.

Education and Training Vouchers

The Education and Training Voucher (ETV) program provides additional funds to eligible youth after they leave CPS care and plan to attend school to help cover expenses such as rent, computers, day care, and transportation. As of September 1, 2009, youth who receive Permanency Care Assistance after age 16 are eligible for the ETV program. This program supplements the state's Preparation for Adult Living (PAL) program, as well as a tuition waiver program at state-funded universities, colleges, junior colleges, and vocational schools. The ETV program served 1,274 youth in academic year 2009-2010, according to Baptist Child and Family Services, which contracts with DFPS to operate the ETV program.

State Tuition and Fee Waiver

In 1993 and 1997, the Texas Legislature exempted former foster and adopted youth with an adoption assistance agreement from paying tuition and most fees at state-funded colleges, community colleges, universities, and vocational schools in Texas. The 81st Legislature passed legislation that also exempts youth if they were

adopted through DFPS and if their permanent managing conservator is someone other than their parent. 73 students received waivers in the program's first academic year in 1993, and since then the program has grown significantly. The number of former foster and adopted youth using the waiver increased from 2,030 former foster and 224 adopted youth in academic year 2007-2008 to 2,293 former foster and 278 adopted youth in academic year 2008-2009. (Data was provided by the Texas Higher Education Coordinating Board.)

Transition Centers

Transition centers provide a central clearinghouse for many DFPS partner agencies to serve youth, ages 15 ½ to 25, in the process of aging out or who have aged out of foster care. These centers are funded and supported by a partnership between DFPS, the Texas Workforce Commission, and Casey Family Programs. The centers provide PAL services, employment readiness, job search classes and assistance, and mentoring. Partner agencies provide other services including substance abuse counseling, housing assistance, and leadership development trainings and activities. The 81st Legislature gave DFPS \$200,000 to expand transition centers in eight communities in Texas. As of September 1, 2010, there were 11 centers across the state. Centers are located in Austin, Beaumont, Central Texas (Belton, Killeen, Temple), Corpus Christi, Dallas, El Paso, San Angelo, Fort Worth, Houston, Kerrville, and San Antonio. For more information, visit the "Resources" section at TexasYouthConnection.org.

National Youth in Transition Database (NYTD)

The National Youth in Transition Database (NYTD) is a data collection system created by the federal Administration for Children and Families to track independent living services and to learn how successful states are in preparing youth to move from state care into adulthood. Texas will survey youth who are in foster care when they reach age 17 and then do follow-up surveys of some youth at age 19 and again at age 21. To accommodate this effort, DFPS redesigned TexasYouthConnection.org and incorporated a secure online survey in FY 2010. Data collection began October 1, 2010.

Texas Youth Connection

The Texas Youth Connection website, designed with input from youth, is a resource for youth in the Texas foster care system, alumni of foster care, or youth seeking general tips and information. This website offers information and resources related to education, finances, personal records, diversity, health, employment opportunities, food, housing, books, stories, hotlines and other information. It is also the portal to the NYTD survey. More information can be obtained at TexasYouthConnection.org.

Texas Youth Hotline

The Texas Youth Hotline is a resource for youth under 21 years of age, including those who have aged out of the foster care system. Youth may contact the statewide hotline at 1-800-210-YOUTH for crisis counseling and information and referrals. The hotline can help young adults locate services available in their communities.

Working with Partners

Foster Parents and Child Placing Agencies

Thousands of children are in legal custody of DFPS due to being victims of abuse and neglect. Foster parents and private child-placing agencies help DFPS support these children through a close partnership. DFPS supports foster and adoptive parents by providing federal funds to the statewide Texas Council on Adoptable Children and Texas Foster Family Association. DFPS also provides federal funds to local foster parent associations. These funds help in the education and retention of foster and adoptive parents. All support and training helps foster and adoptive parents better meet the needs of these children.

Child Welfare Boards

CPS works with the Texas Council of Child Welfare Boards (TCCWB), a statewide network of more than 2,000 volunteers appointed by county commissioners' courts. Annually, child welfare boards in Texas contribute \$20 to \$30 million to help meet the needs of children. DFPS works with TCCWB and others to develop resources, programs, and strategies to enhance services

for vulnerable children and families. Leaders from the regional councils meet with DFPS staff three to four times yearly for educational programs and to share information and strategies that promote the safety and well being of children.

Greater Texas Community Partners

Greater Texas Community Partners supports two projects that assist CPS caseworkers in helping their clients: Rainbow Rooms and Adopt-A-Caseworker. Rainbow Rooms, supported by community contributions, provide donated clothes, toys, formula, and supplies to caseworkers in a store-like setting. Adopt-A-Caseworker projects pair church and civic groups, businesses, and individuals with CPS caseworkers to help children. Participants donate items such as birthday gifts, household goods, bus passes, new clothes, gift certificates for children's meals, and money to pay for utilities. These unique public/private partnerships between DFPS and local community partner groups throughout Texas support 178 Rainbow Rooms and 335 adopted caseworkers at 32 sites.

Texas Supreme Court

Once children are removed from their homes, courts play a critical role in determining their future and make the final decisions on what happens to these children. No child enters or leaves foster care without a court order. A judge decides where the child will live, with whom, and for how long. Every day, Texas courts decide whether a child goes home or to live with a relative, visits a sibling, or becomes eligible for adoption.

In November 2007, the Supreme Court of Texas created the Permanent Judicial Commission for Children, Youth, and Families ("Children's Commission") as a high-level, multidisciplinary entity to coordinate and achieve comprehensive efforts to improve child protection courts. The Children's Commission works toward ensuring better outcomes for children and families involved in the child-welfare system. Commission membership includes judges, elected officials, attorneys, staff from DFPS and the Texas Health and Human Services Commission, Casey Family Programs, and other organizations.

Adult Protective Services

Responsibilities

Investigate reports of abuse, neglect, and exploitation of adults in the community who are elderly or have disabilities and provide or arrange for protective services as needed.

Investigate reports of abuse, neglect, and exploitation of people receiving services in state operated and contracted settings that serve adults and children with mental illness or mental retardation.

2010 Accomplishments and Initiatives

Investigation of MHMR Providers

The June 2009 settlement between the U.S. Department of Justice and the State of Texas regarding services in state-operated intermediate care facilities for people with mental retardation (ICFs/MR) required DFPS to change its investigation policy by June 2010. Senate Bill 643, 81st regular session, transferred responsibility for investigating abuse, neglect, and exploitation at privately-operated ICFs/MR to APS effective June 1, 2010. As a result, DFPS hired, trained, and equipped additional investigators and supervisors to meet this increased workload. DFPS changed related rules and policies and APS provided face-to-face training to all field staff. APS also worked closely with partner agencies at the Texas Health and Human Services Commission Office of Inspector General and the Texas Department of Aging and Disability Services (DADS) to improve coordination of investigations in publicly-operated ICFs/MR that potentially involve a crime.

Improvements to In-Home Investigations

In 2010, APS finished an internal evaluation of reform efforts initiated by the Texas Legislature. The evaluation concluded APS had successfully completed reform efforts and recommended ongoing improvements. In FY 2010, APS continued the successful rollout of an

initiative called “As You Go.” The project is designed to improve front-line staff’s use of mobile technology to document their casework. This focus was critical since intakes and workload rose sharply in 2010. Using the reform evaluation report as a starting point, with input from field staff, APS began planning projects on how to help investigators and supervisors manage increasing workloads without sacrificing case quality.



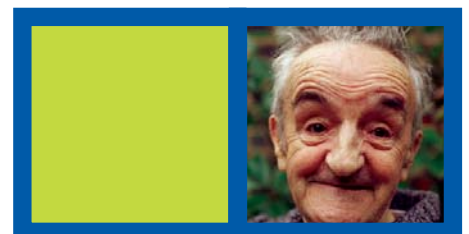
House Bill 3112 required the DADS Guardianship Program to assess and file for guardianship within 70 days after a referral by APS for potential guardianship. DADS and APS worked together to streamline policy and practice to ensure DADS meets this deadline. In addition, the two agencies created an electronic interface to improve referrals between the two programs.

Public Awareness

In FY 2010, APS continued its public awareness campaign called “It’s Everyone’s Business.” The main goals of the campaign are to enhance awareness about the problems of adult abuse, neglect, and exploitation; enlist community collaboration and support; and increase awareness of APS programs. It’s Everyone’s Business targets the general public, law enforcement, judicial partners, and organizations that provide services to vulnerable adults.

May is Elder Abuse Awareness Month and APS partners with community agencies to promote education and awareness of elder abuse. Regional conferences, local media campaigns, and state and county proclamations during May highlight the importance of protecting vulnerable adults.

In October 2009, APS conducted a campaign on financial exploitation with the



theme of “If It’s Not Your Money, It’s a Crime.” Several regions worked with community partners, including law enforcement agencies and district attorneys, to provide education about financial exploitation of the elderly. To learn more about APS public awareness activities and download information on elder abuse and exploitation, visit EveryonesBusiness.org.

Texas Partners for Adult Protective Services

Texas Partners for Adult Protective Services is the first statewide APS-affiliated organization serving as a resource to APS and its clients. Texas Partners for Adult Protective Services became an official non-profit organization in October 2007. The organization helps improve the lives of adults who are abused, neglected, or exploited by developing resources and providing assistance to local boards that support APS and are encouraged to affiliate with the statewide organization.

Texas Boards:

- Sponsor community events to raise funds to purchase items for APS clients such as fans in the summer and blankets in the winter.
- Assist APS staff with local conference planning to educate the public and other service providers about elder abuse issues.
- Provide their expertise as speakers for community events and training.
- Provide support in the way of recognition and appreciation events for regional staff.
- Stock and maintain emergency resource rooms in APS offices, giving APS worker easy access to basic necessities for clients in need.

APS Conference

APS held its 26th Annual APS Conference in San Antonio during October 2009. The event also served as the National Adult Protective Services Association (NAPSA) 20th National Conference, with the theme “Celebrating over Two Decades as the Voice of APS.” The conference offered an exhibit hall with community vendors, as well as three general sessions and 44 workshops. Workshops included “Reaching Within: The APS Journey

into Ethics and Values,” “Reducing Stress and Preventing Burnout” and “Understanding and Interviewing Individuals with Communication Disorders.” Every year, the APS Conference gives staff the chance to network and to learn from and with others who serve, treat, and represent victims of abuse, neglect, or exploitation. The annual conference is a major national training event that offers continued education credits to social workers.



APS Services

APS serves adults who are age 65 and older or who have a disability and reside in the community. It also serves adults or children with mental illness or mental retardation who receive services in state operated and/or contracted settings, or in unlicensed facilities. Two program areas serve APS clients: In-Home Investigations and Services, and Mental Health (MH) and Mental Retardation (MR) Investigations. APS also works closely with the Texas Department of Aging and Disability Services (DADS) on cases that require coordination and referral for guardianship services.

As the population of adults who are elderly or have a disability continues to grow, so does the need for protective services. APS workload increased in both programs in 2010. Many of these individuals live alone and depend on others for care.

For more information on Texas population demographics, see: DFPS Data Book, pages 8, 119-124.

In-Home Investigations and Services

The largest APS program area is In-Home Investigations and Services. The In-Home program investigates allegations of abuse, neglect, and exploitation of the elderly or adults with disabilities who reside in their own homes or in room-and-board homes not subject to licensure.

Adult Protective Services Helps Man with No Place Else to Turn

Usually, Adult Protective Services is associated with protecting elderly adults from abuse, neglect, and exploitation. But it also helps many younger adults with disabilities, medical needs, mental health issues, or substance abuse history.

In the summer of 2010, the Texas Abuse Hotline received a report about Jeff Brewster. Brewster was a man in his early 40s with a history of drug abuse who was living on the streets, severely abusing alcohol, and suffering from a slew of serious medical conditions. That's when APS became involved.

"I lost my job, lost my apartment, lost everything," said Brewster. "I had nowhere to go and ended up at this homeless shelter. I still went out and drank and panhandled money. I had bad arthritis in my legs, gout, horrible high blood pressure, and heart problems. Then I went on a drinking binge for about a week. A nurse who had treated me happened to drive by a bus stop where I was sitting. She pulled up and said, 'Do you have any idea how many people are looking for you?' Evidently, an old friend had come looking for me and put out a flyer with picture on it. She was afraid I was dead."

Brewster said until the nurse found him, he really had no place to go and didn't know where he would turn up. "I had a bus pass. I was about to be out of alcohol. It had gotten to the point where suicide had become an option. I really had nowhere to go and no one to turn to. All my friends told me they couldn't help me because I was too bad off. But Adult Protective Services stepped in."

Arnold Hilder, the APS caseworker who was assigned to his case, said Brewster needed a place where he could live and be treated. "Once we get a report, we collaborate with various community agencies and try to see what we can do," said Hilder. "One of the places I contacted was a local clinic that helps place homeless people. After working with them, I contacted various nursing homes."



Hilder said at the time Brewster didn't have any income, Medicaid, or Medicare. "One of the struggles we have is when a client doesn't have income or has a drug history, it's harder to find a nursing home for them. Eventually I found one that was willing to work with me on the case."

Today, Brewster is being treated for his medical conditions and is drug and alcohol free. He said that if it weren't for APS, he would have had an uncertain future. "Praise God for you because otherwise I may not be sitting here today."

APS also investigates allegations of exploitation involving vulnerable adults living in nursing homes who may be financially exploited by someone outside the facility. State law requires anyone who believes that an elderly person or adult with a disability is being abused, neglected, or exploited to report it to the DFPS hotline at 1-800-252-5400 or online at <https://www.txabusehotline.org>.

An investigation begins with initial contact by phone or in person with a person who has reliable and current information about the alleged victim within 24 hours of receiving a report. When maltreatment is confirmed, APS may provide or arrange for emergency services to alleviate abuse, neglect, or exploitation. These services may include short term assistance, shelter, food, medication, health services, financial assistance for rent and utility restoration, transportation, and minor home repair. APS also arranges for other social or community services, including guardianship services at DADS.

For more information, see: DFPS Data Book, pages 10-19, 119-124.

Mental Health/Mental Retardation Investigations

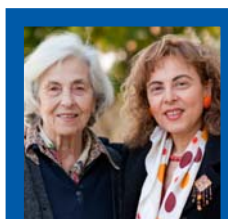
APS is responsible for investigating abuse, neglect, and exploitation of people receiving services in state operated and/or certain contracted settings that serve adults and children with mental illness or mental retardation. Investigations are conducted in the following settings:

- State-supported living centers, state hospitals, and state centers.
- Community mental health and mental retardation centers.
- Privately operated intermediate care facilities (ICFs/MR) for persons with mental retardation.
- Facility and community center contractors, including home and community-based waiver programs.

APS initiates investigations after an allegation is reported to DFPS Abuse Hotline by notifying the facility or provider agency within one hour and notifying law enforcement and the Health and Human Services Commission Office of Inspector General within one hour, if necessary. APS completes the investigation, determines a finding for each allegation, and prepares and sends a report to the provider. The provider is responsible for

taking appropriate steps to protect their consumers. APS will also determine if the perpetrator meets the criteria for being added to the Employee Misconduct Registry, which bars people from certain types of jobs working with people with disabilities (this is also the case for certain types of in-home cases). DFPS will send the name of the confirmed perpetrator to the Registry after providing appropriate due process.

For more information, see: DFPS Data Book, pages 21-25, 125-127.



Child Care Licensing

Responsibilities

- Regulate all child-care operations and child placing agencies to protect the health, safety, and well-being of children in care, largely by reducing the risk of injury, abuse, neglect, and communicable disease.
- Establish and monitor operations and agencies for compliance with licensing standards, rules, and law.
- Inform parents and the public about child care, including the histories of specific homes, child-care operations, and child-placing agencies in complying with minimum standards of care.
- Provide technical assistance to child-care providers on meeting licensing standards, rules, and laws.

2010 Accomplishments and Initiatives

Scope of Child Care

The child-care industry is a significant and growing part of the Texas economy. Child care is in the top 20 largest growing industries in the state. It contributes almost 1.9 percent of all new jobs in Texas and enables over half a million parents to enter and remain in the workforce, while providing a secure and stimulating environment for Texas' children. Over 5 million parents and providers visited the Child Care Licensing (CCL) website in 2010. More than 15,000 users searched for information and reviewed the compliance records of

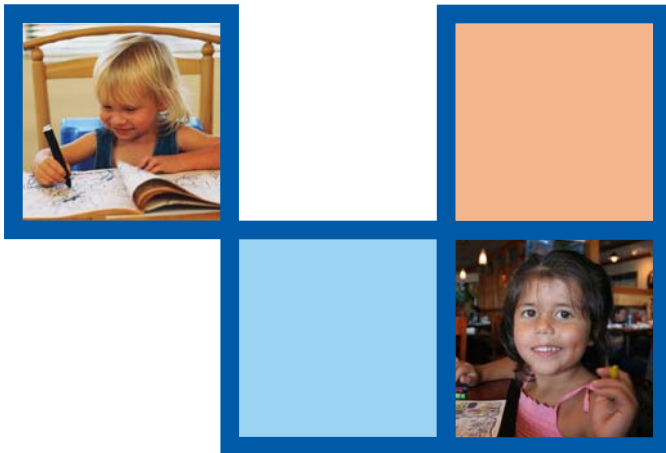
child-care providers on the Search Texas Child Care site every month during 2010.

Improving Texas Child Care

The Committee on Licensing Standards was created by the 80th Texas Legislature to participate in the review of day care standards and evaluation of residential care standards. The committee is dedicated to studying Licensing issues and making recommendations for statutory and policy changes.

In response to recommendations highlighted in the committee's April 2009 Interim Report, CCL began a series of initiatives and invested \$4 million dollars in federal economic stimulus funds to enhance high quality day care programs for infants and toddlers. The plan for improving the quality of infant and toddler child care programs focused on improved education for both providers and consumers and included the following initiatives:

- **Technical Assistance Library**—CCL created a centralized resource library for staff to share with those caring for infants and toddlers in regulated child-care settings. This library enhanced CCL's proactive approach to protecting children in regulated care. From the library, staff can provide technical assistance information to providers during an inspection. The library is continuously updated and available to both child-care providers and the public via the DFPS website.
- **Tutorials**—Working with AgriLife Texas Cooperative Extension (a part of the Texas A&M University system), CCL began to develop 25 online tutorials for caregivers and consumers, 10 for CCL staff, and one classroom-based advanced training for day care directors. The tutorials focus on the healthy and safe care of infants and toddlers.
- **Don't Be in the Dark Campaign**—To educate consumers on the importance of selecting regulated day care and improving communication with caregivers, CCL joined forces with the Texas Association of Broadcasters to spread the word



about the importance of regulated child care. The renewed “Don’t Be in the Dark About Child Care” public awareness campaign (DontBeInTheDark.org) features television, radio, online, and print materials in a year-long campaign that began in FY 2010. The campaign included the distribution of 100,000 tip cards and brochures by all CCL field staff and CPS caseworkers. Some Texas doctors and hospitals helped DFPS get out the word to parents of pre-school children.

■ **Room to Breathe Campaign.** CCL also worked with the Office of Communications and the Texas Association of Broadcasters to launch a three-month radio and television public awareness campaign to prevent infant sleeping deaths. The “Room to Breathe” campaign was created to minimize the risk of Sudden Infant Death Syndrome (SIDS) and co-sleeping deaths and improve the health, safety, and development of infants and toddlers. The campaign educates consumers, as well as child caregivers and their directors, about the importance of safe sleeping practices for infants. These include placing babies to sleep on their backs, in their own beds, and with no blankets, pillows, stuffed toys, or bumper pads that could obstruct breathing. DFPS also distributed 400,000 Room to Breathe tip cards in the same manner as it did for the Don’t Be In the Dark campaign. For more information, visit BabyRoomToBreathe.org and BebeEspacioParaRespirar.org.

■ **Online Applications.** CCL created a way for prospective child-care providers to submit portions of their application online. This new option offers fast access to application information and supporting documents and streamlines the application process. The goal is to reduce unregulated operations by making the application process easier. Unregulated day care places children at a greater risk of harm. CCL also plans to launch an online course about regulated day care for prospective applicants.

Legislative Initiatives

With the passage of Senate Bill 68, the 81st Texas Legislature created three additional types of licensed operations:

- Before and after school care programs.
- School age/skills based programs.

- Temporary shelters providing child day care services.

This legislation also charged DFPS with:

- Developing a more narrowly tailored set of licensing standards for these operations.
- Convening temporary workgroups to advise DFPS about the proposed standards.

Five work groups were formed comprising at least six members from diverse geographic regions and included child-care operators, child care advocates, parents, and DFPS staff. Their job was to review and evaluate day care and residential child care standards, as well as to create standards for new operation types.

Seeking extensive input from stakeholders, DFPS held 41 meetings in 18 cities for child day care providers and three regional meetings in three larger metropolitan cities for 24-hour residential care providers. CCL also conducted a fiscal impact survey to help gauge how proposed changes might affect the availability and affordability of care, and a survey of parents to gain insight into how parents choose child-care providers.

All these efforts resulted in the creation of two new regulatory chapters of standards:

- Chapter 743, Minimum Standard Rules for Temporary Shelter Programs.
- Chapter 744, Minimum Standard Rules for School-Age and Before- or After-School Programs.

Also, day care and residential care standards were updated to strengthen the protection of children in out-of-home care and improve providers’ understanding of the rules.

Building Partnerships

CCL continues building and strengthening connections with community partners and other agencies and programs like the Texas Department of Public Safety, the Texas Department of State Health Services, the Texas Workforce



Commission, AgriLife Texas Cooperative Extension (a part of the Texas A&M University system), the Texas Department of Assistive and Rehabilitative Services Division of Early Childhood Intervention, the Texas Association for the Education of Young Children, the Texas Licensed Child Care Association, the Texas Education Agency, the Texas Department of Agriculture, the State Fire Marshal's Office, and 2-1-1 Texas.

CCL Services

CCL is responsible for protecting the health, safety, and well-being of children who are not in the immediate care of their families while they attend or reside in regulated child-care operations and homes or while in the process of being adopted. Chapters 42 and 43 of the Texas Human Resources Code require CCL to develop licensing standards for regulated operations and homes, as well as policies and procedures for enforcing those standards. CCL is responsible for inspecting child-care operations and investigating reports alleging violations of Licensing standards or abuse, neglect, or exploitation of children in care. CCL also licenses child-care administrators and child-placing agency administrators. CCL provides technical assistance and training to potential applicants and child-care providers about complying with licensing standards. CCL also provides parents and other consumers with information about the types of child-care available, locations of child-care operations and homes in Texas, and the results of licensing inspections and investigations.

Regulating Child Care Operations

CCL regulates three categories of child-care operations. They are: Listed Family Homes, Registered Child-Care Homes, and Licensed Operations (licensed child-care centers and homes, 24-hour residential care, and child placing agencies).

Listed Family Homes

Listed Family Homes provide child care on a regular basis (at least 4 hours per day, 3 or more days a week, for more than 9 consecutive weeks) in the providers' own homes for one to three unrelated children. Providers are required to go through an application process that includes a criminal background check and issuance of a certificate. Listed Family Home providers must be at

least age 18. However, there are no minimum standards, orientation, or training requirements. Listed Family Homes are not inspected unless DFPS receives a report alleging child abuse or neglect. CCL also investigates any home that is reportedly not properly listed or registered.

Registered Child-Care Homes

Registered Child-Care Homes provide care in the providers' own homes for as many as 6 children younger than age 14 and as many as 6 additional school-age children. The number of children allowed in a home is determined by the ages of the children. No more than 12 children, including the provider's children, can be in care at any time. Providers are required to go through an application process that includes completion of an orientation class and criminal background checks. DFPS issues a registration certificate after licensing inspectors complete an on-site inspection to ensure providers are meeting the minimum standards. Registered homes are inspected every one to three years. CCL will also inspect them if it receives a report of child abuse or neglect or standards violations.

Licensed Operations

All licensed operations must follow published standards and are routinely monitored and inspected. To become a licensed operation, a prospective provider must complete an application process that includes completion of an orientation class and criminal background checks. CCL issues a license after completing on-site inspections to ensure providers are meeting minimum standards. Licensed operations are inspected every 5 to 12 months or more often if there are reports of alleged child abuse or neglect or violations of state standards. Licensed operations include Day Care and 24-Hour Care.

Child Day Care

- Licensed Child-Care Homes provide care for less than 24 hours per day for 7 or more children younger than age 14 in the caregiver's residence.
- Child Care Centers provide care for seven or more children younger than age 14, for less than 24 hours per day, but at least two hours a day, three or more days a week, in a location other than the caregiver's residence.

A Simple Change of Batteries Keeps Child-Care Provider Safe

All regulated child-care homes and centers must meet minimum health and safety standards and the DFPS Child Care Licensing division inspects them to make sure they meet the standards required for each type of care.

In July 2009, Lisa Loftin decided to open up her heart and home to care for children and became a registered child care home. A year later, CCL representative Shirley Dansby inspected her home -- registered child care homes are inspected at least annually -- and found that Loftin needed to replace some batteries in her smoke detectors.

A few days after the inspection, Loftin went to bed early while her husband and children were at the movies. Suddenly, she was awakened by a honking sound. At first, she tried to ignore. "The sounds got louder and wouldn't stop (so) I jumped up, opened my bedroom door, and it filled with a black fog," she said. "I inhaled a little smoke and realized my house was engulfed in flames. I couldn't see a thing but I could hear the crackling of fire all around me."

Loftin says the honking stopped and she realized the sound was from all the smoke alarms going off at the same time. Feeling heat at her bedroom's doorway, she escaped the house through her bedroom window.

"Everyone says I was lucky. Maybe I was or maybe I wasn't lucky at all. Maybe, just maybe, someone was watching over me. All I know is if Ms. Dansby hadn't come to inspect my home that day, I would not have replaced the batteries in the smoke alarms and I may not have awoken from my sleep."

Following the fire, Loftin and her family began the difficult process of rebuilding their home and putting their lives back on track. She said that once the home is completed, she plans to continue providing child care. Of course, her new home will be inspected by Child Care Licensing.

Loftin is thankful Dansby came to her house on that day. "I am so thankful for the job she did and for being so thorough," says Loftin. "When you feel unappreciated, take pride. You may never know how many accidents or tragedies you may have prevented from happening. But that's OK because that's why you do the job you do."

Danby said once Loftin was told of deficiencies, she immediately began making corrections and using technical assistance that was offered. "She was eager to protect the children, while providing quality care," said Danby. "That really impressed me. In the letter she wrote me regarding the fire, she stated, 'Angels don't always have wings.' This lets me know that our regulatory efforts are appreciated by providers."





24-Hour Residential Care

- Foster Family Homes provide 24-hour care for 6 or fewer children younger than age 16.
- Foster Group Homes provide 24-hour care for 7 to 12 children younger than age 18.
- General Residential Operations provide 24-hour care for 13 or more children younger than age 18 and may provide various treatment or programmatic services. Residential Treatment Centers, a subset of General Residential Operations, provide care exclusively for children requiring treatment services for emotional disorders.
- Child-Placing Agencies are persons or organizations other than a child’s natural parent or guardian who plan for placement of a child or place a child in a child-care facility, foster home, or adoptive home.
- Maternity homes provide 24-hour care for four or more minor and/or adult women in the post-partum period.

For more information, see: DFPS Data Book pages 71-97

Annual Report of Licensing Violations

Using standards, CCL strives to protect the basic health and safety of children in out-of-home care. The goal is to appropriately and consistently enforce minimum standards for all types of operations statewide. Consistent enforcement aims to increase compliance by child-care operations and provide

stronger protections for children. The regulation of child-care facilities and child placing agencies routinely presents two challenges for licensing staff and permit holders alike: consistent interpretation of minimum standards; and consistent enforcement decisions and actions.

CCL analyzes trends in licensing standards violations both statewide and regionally to get a better idea of the technical assistance providers will need during the next fiscal year.

Child Care Violation Trends

The statewide trends table of the top 10 standards deficiencies for day-care operations is derived from analysis of standard violations cited during FY 2010. Regional trend data is available upon request.

For information on statewide trends, see: DFPS Data Book page 81.

Residential Care Violation Trends

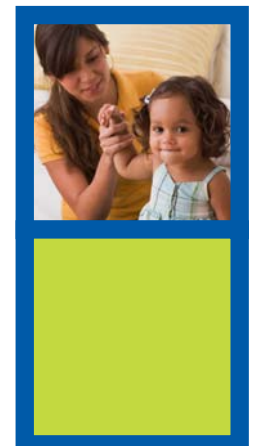
The statewide trends table of the top 10 standards deficiencies for residential-care operations is derived from analysis of standard violations cited for operations during FY 2010.

Residential Child Care Licensing (RCCL) is a statewide program that is not divided into regions. Therefore, a regional analysis of violation trend data was not performed for residential operations.

For information, see: DFPS Data Book page 96.

Addressing Violation Trends with Technical Assistance

It is important to note that these violations were cited in various types of inspections. Some were cited during unannounced, routine monitoring inspections; some were cited in response to a complaint concerning a specific incident; and others were during targeted, follow-up inspections. Emphasis is placed on providing technical assistance to providers on meeting licensing standards. In addition, the data



is shared with all management staff and field trainers to promote awareness of the need to provide targeted technical assistance to providers in an effort to improve compliance.

Quality Assurance

CCL reviews cases and uses analyses by the DFPS Performance Management Division to identify trends and develop recommendations for training, program structure, policy, and practice. This process improves the quality and consistency of monitoring and investigations. CCL staff review compliance history information that indicates a higher risk of harm to children and provide objective recommendations to ensure the safety of children in care. In 2009, CCL re-evaluated how performance management information is used and developed and launched an automated quality assurance and performance management system. This tool uses performance measures and provides quantitative feedback on employee casework.

Senate Bill 758, passed by the 80th Texas Legislature, strengthened CCL's oversight of residential child-care operations through more specialized and thorough monitoring. CCL holds enforcement team conferences and team inspections of residential facilities to help identify risk and introduce strategies for reducing risk. During an enforcement team conference, staff thoroughly review the inspections and investigations of the child placing agency and all of its agency homes. The conference may be conducted by phone (as a conference call) or as a face-to-face meeting. Although not required by Senate Bill 758, CCL expanded enforcement team conferences to include residential treatment centers. Staff completed 79 residential treatment center conferences in FY 2010.

Training

To continue to enhance the quality of child-care regulation, CCL district representatives, investigators, supervisors, directors, and clerical staff received more than 8,000 hours of training and professional development on work-related issues. These include child development, automation support, regulation and inspection of operations, and health and safety issues. At the same time, CCL staff provided more than 220 training events for almost 12,000 caregivers. The topics included

minimum standards, health and safety, infant and toddler needs, guidance, discipline, staff to child ratios, and child development. During the same period, CCL conducted 440 orientation sessions for 6,994 participants. These meetings give an overview of the licensing process, including steps required to complete an application and to obtain a permit to operate in Texas.



Prevention and Early Intervention (PEI)

Responsibilities

- Work with Texas communities to develop services to prevent child abuse and neglect, delinquency, running away, and truancy.
- Plan, develop, and administer a comprehensive, unified approach to delivering prevention services to avoid fragmentation and duplication.
- Make prevention and early intervention services more accountable by demonstrating the effectiveness or public benefit of programs.

2010 Accomplishments and Initiatives

Interagency Collaboration

PEI continued to lead the Interagency Coordinating Council (ICC) for Building Healthy Families during FY 2010 as directed by House Bill 662 of the 80th Texas Legislature. The collaborators engaged the University of Houston to conduct a comprehensive evaluation of the effectiveness and cost efficiency of state-funded prevention services, and the final ICC report was submitted in December 2009. The ICC recommended:

- Increasing strategies that value Texas families and youth, ranging from preventative approaches to proven programs that are appropriate for at-risk communities and families.
- Providing comprehensive services with family-focused outcomes.
- Continuing to evaluate programs designed to prevent abuse and neglect to determine which are cost-effective and increase resiliency.
- Pursuing additional prevention resources.
- Increasing Texas' investment in child abuse and neglect prevention services



In FY 2011, ICC and PEI will continue to collaborate and discuss strategies to enhance child abuse prevention efforts through a memorandum of understanding.

PEI Services

PEI contracts with community-based agencies and organizations to provide services to prevent the abuse, neglect, delinquency, and truancy of Texas children. Services are voluntary and provided at no cost to participants. However, all services are not available in all Texas communities. To find out if services are available in your community, look under Prevention and Early Intervention on the DFPS website at www.dfps.state.tx.us.

For more information, see: DFPS Data Book pages 99-107

Community Youth Development (CYD)

The CYD program contracts with community-based organizations to develop juvenile delinquency prevention programs in ZIP codes with high juvenile crime rates. Approaches used by communities to prevent delinquency

have included mentoring, youth employment programs, career preparation, and alternative recreational activities. Communities prioritize and fund specific prevention services according to local needs. CYD services are available in 15 targeted Texas ZIP codes. In FY 2010, 17,799 youth received services through the CYD program.

Services to At-Risk Youth (STAR)

The STAR program contracts with community agencies to offer family crisis intervention counseling, short-term emergency respite care, and individual and family counseling. Youth as old as age 17 and their families are eligible if they experience conflict at home, truancy or delinquency, or a youth who runs away from home. STAR services are available in all 254 Texas counties. Each STAR contractor also provides universal child abuse prevention services, ranging from local media campaigns to informational brochures, and parenting classes. In FY 2010, 30,042 youth received services through the STAR program.

Statewide Youth Services Network

Statewide Youth Services Network contracts provide community and evidence-based juvenile delinquency prevention programs focused on youth ages 10-17 in each DFPS region. In FY 2010, 5,513 clients received services through Statewide Youth Services Network funded programs.

Texas Families: Together and Safe (TFTS)

Texas Families: Together and Safe (TFTS) funds evidence-based, community-based programs to alleviate stress and promote parental competencies and behaviors that increase the ability of families to become self-sufficient and successfully nurture their children.

The goals of TFTS are to:

- Improve and enhance access to family support services.
- Increase the efficiency and effectiveness of community-based family support services.
- Enable children to stay at home by providing preventative services.

- Increase collaboration among local programs, government agencies, and families.

In FY 2010, 3,488 families received services, including 3,410 families in which the primary caregiver received services.

Texas Runaway and Youth Hotlines

The toll-free Texas Runaway Hotline and the Texas Youth Hotline offer crisis intervention, telephone counseling, and referrals to troubled youth and families. Volunteers answer the phones and interact with callers facing a variety of problems including family conflict, delinquency, truancy, and abuse and neglect issues.

- Texas Runaway Hotline - www.texasrunaway.org or 1-800-580HELP.
- Texas Youth Hotline - www.texasyouth.org or 1-800-98YOUTH.

Community-Based Child Abuse Prevention (CBCAP)

The Community-Based Child Abuse Prevention (CBCAP) program builds community awareness of prevention services, strengthens community and parental involvement in child abuse prevention efforts, and encourages families to use available services. CBCAP funds a variety of community based organizations to provide child abuse and neglect prevention services. These include the Relief Nursery, Family Support and Rural Family Support programs, as well as various special initiatives and public awareness campaigns as noted in other sections of this report. In FY 2010, 372 families received services through CBCAP funded programs.



Tertiary Child Abuse Prevention

Children who have been abused or neglected (or are at-risk of the same) receive a variety of volunteer, community-based prevention, intervention, and services after they leave CPS care. The goals of the program include reducing child maltreatment and the number of families re-entering the Child Protective Services (CPS) system. The program also strives to improve the quality and availability of services for children after they leave CPS care and to enhance a statewide network of child abuse prevention programs. In FY 2010, 61 families received services through the Tertiary Child Abuse Prevention program.

Family Strengthening

A variety of Family Strengthening services are available statewide that have been proven to effectively increase family protective factors. These services are provided to increase the resiliency of families and prevent child abuse and neglect. These programs must also foster strong community collaboration to provide a continuum of family services. In FY 2010, 1,616 families received services through the Family Strengthening program.

Youth Resiliency

Youth Resiliency Programs provide services proven to increase protective factors for youth. A variety of services are available across the state to increase youth resiliency and prevent juvenile delinquency. These programs must foster strong community collaboration to provide a continuum of services for participating youth. In FY 2010, 1,445 clients received services through the Youth Resiliency program, which includes 1,476 children at risk.

PEI Child Abuse Prevention Special Initiatives

In FY 2010, DFPS created the fourth annual prevention calendar for Texas families titled “Parenting Safari: A Guide to the Journey of a Lifetime.” The calendar provided parents and other caregivers practical advice on child safety, communication, managing stress, setting limits, and more. The calendar’s messages are consistent with prior assessments of the most effective strategies

for prevention outreach. These assessments indicate the best approach is to directly target families with user-friendly outreach materials that provide concrete tools parents can use to strengthen their parenting skills.

PEI distributed nearly 500,000 calendars to about 1,000 agencies, contractors, and partners across Texas, including:

- More than 250 social-service providers.
- Licensed child-care facilities, child welfare boards and child advocacy centers.
- Elementary and secondary schools and Head Start programs.
- Women, Infants, and Children (WIC) offices in many locations.
- Local churches and medical facilities.

English and Spanish versions of the calendar were made available for free download at www.itsuptoyou.org. The calendar was endorsed by the Texas Pediatric Society and the Texas Chapter of the American Academy of Pediatrics.

Partners in Prevention Training Conference

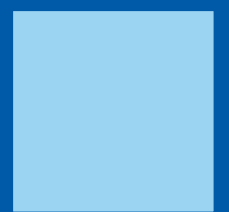
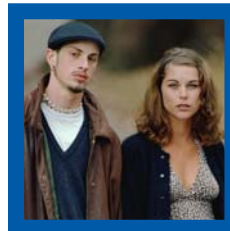
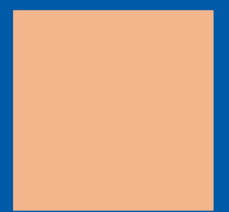
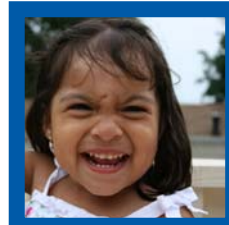
Each year, DFPS hosts the Annual Partners in Prevention Training Conference in Central Texas. The conference brings together social service professionals, parents, advocates, educators, law enforcement professionals, child-care professionals, community leaders,



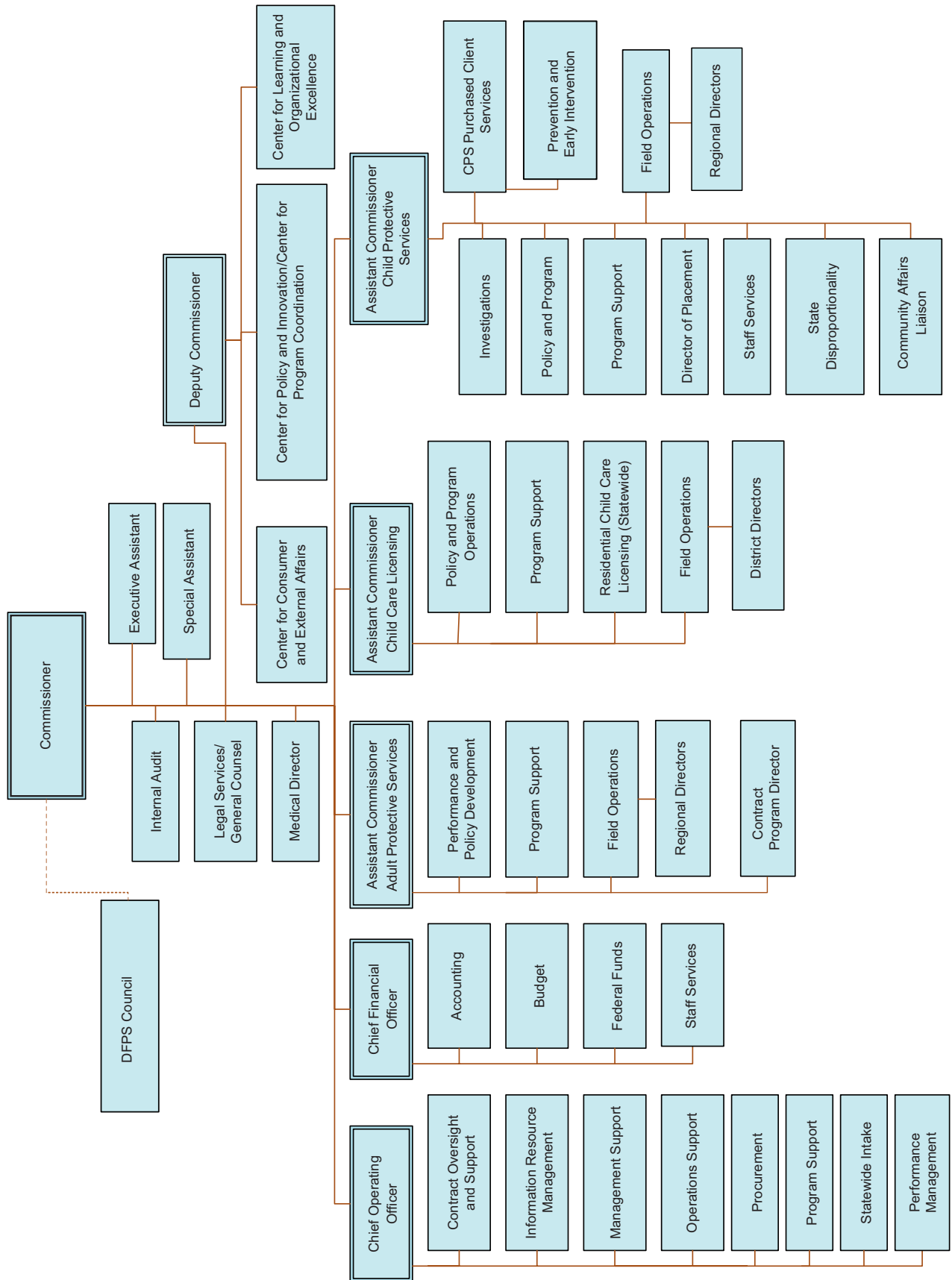
and faith leaders interested in improving programs and sharing expertise. The conference is open to prevention and early intervention agencies that contract with DFPS and other prevention service providers and interested parties. The conference was planned in collaboration with the Office of the Attorney General, Texas Department of State Health Services, Texas Department of Assistive and Rehabilitative Services, Texas Youth Commission, Texas Education Agency, Texas Health and Human Services Commission, Center for Substance Abuse Prevention, Texas Department of Aging and Disability Services, Texas Juvenile Probation Commission, Texas Department of Housing and Community Affairs, and the Texas Workforce Commission. More than 300 people attended the Partners in Prevention Conference in October 2009.

Public Awareness Campaigns

During FY 2010, PEI and other DFPS divisions developed public awareness campaigns targeting child safety. Those efforts included the “Room to Breathe” campaign, an effort to address factors associated with Sudden Infant Death Syndrome (SIDS) and other unexplained infant death. The community-based campaign, focused particularly on safe sleeping, was developed in collaboration with the Texas Department of State Health Services. As part of this effort, PEI distributed a fact sheet titled “Safe Sleep for Babies” and delivered a train-the-trainer curriculum to three target counties during to make information available through trusted community partners. The train-the-trainer curriculum will be available statewide during FY 2011. More on this campaign may be found at BabyRoomToBreathe.org or BebeEspacioParaRespirar.org.



DFPS Organizational Chart



Hotlines and Online Resources

Texas Abuse Hotline: 1-800-252-5400 or www.txabusehotline.org

Report abuse, neglect, or exploitation of children, the elderly, or people with disabilities

APS Facility Investigations: 1-800-647-7418

Report abuse, neglect, or exploitation in facilities

Foster Care and Adoption Inquiry Line: 1-800-233-3405

Provides information on how to become a foster or adoptive parent

Child Care Information: 1-800-862-5252

Delivers information about child care in Texas

Office of Consumer Affairs: 1-800-720-7777

Make an inquiry about an existing DFPS case or make a complaint

Texas Runaway Hotline: 1-888-580-HELP

Provides peer counseling to runaways and family members

Texas Youth Hotline: 1-800-98-YOUTH

Provides peer counseling to youth and family members for family conflicts, delinquency, truancy, and running away

DFPS Web Sites

www.dfps.state.tx.us

Texas Department of Family and Protective Services (DFPS)

www.txabusehotline.org

Report abuse, neglect, or exploitation of children, the elderly, or people with disabilities

www.adoptchildren.org

Adopt children through the Texas Adoption Resource Exchange

www.texasrunaway.org

Texas Runaway Hotline

www.texasyouth.org

Texas Youth Hotline

www.itsuptoyou.org

Child Abuse Prevention

www.everyonesbusiness.org

Adult Abuse Prevention

www.txchildcaresearch.org

Search Texas Child Care

www.volunteerdfps.org

Become a DFPS Volunteer

www.seeandsave.org

Safety for children around water or in cars

www.texasyouthconnection.org

Resources for youth in foster care

www.dontbeinthedark.org

Choose Regulated Child Care

www.babyroomtobreathe

Safe Sleeping Tips for Babies

Department Address

Texas Department of Family and Protective Services

(512) 438-4800

Mailing:

Physical:

P.O. Box 149030

701 W. 51st St

Austin, TX 78714-9030

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