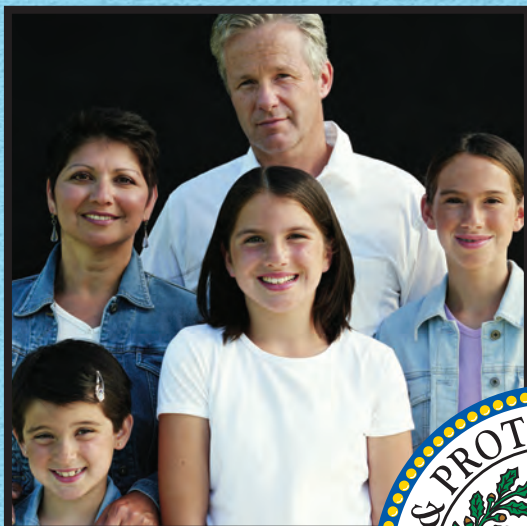


Texas Department of Family and Protective Services



Annual Report
& Data Book
2014

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Executive Summary

Introduction

The Texas Department of Family and Protective Services (DFPS) serves the state's children, youth, families, and people who are elderly or have disabilities. This Annual Report and Data Book is an overview of the department's programs, services, performance, and accomplishments. It also provides a comprehensive statistical explanation of DFPS services. This report covers the period of September 1, 2013 through August 31, 2014. You can find this report and other information on the department's website at www.dfps.state.tx.us.

Mission

The mission of DFPS is to protect children and people who are elderly or who have disabilities from abuse, neglect, and exploitation by involving clients, families, and communities.

Vision

The Texas Department of Family and Protective Services:

- 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. The DFPS commissioner directs 11,254 employees in 287 local offices that are located in 11 regions and a state headquarters in Austin. DFPS has five major programs:

Child Protective Services

Adult Protective Services

Child Care Licensing

Statewide Intake

Prevention and Early Intervention

A nine-member council is appointed by the Governor and confirmed by the Texas Senate. The council makes recommendations on the department's rules and policies and takes public input.

DFPS Volunteers

Our caseworkers rely on communities to help families struggling with abuse, neglect, and exploitation. In FY 2014, 3,787 volunteers and volunteer groups worked with DFPS to increase awareness and provide services. Trained DFPS volunteers:

- Deliver prevention and intervention services.
- Promote policies and programs that build healthy families.
- Increase community resources that support DFPS clients.
- Help Texans who are least able to protect themselves.



Sunset Review

All Texas Health and Human Services agencies, including DFPS, were in the process of Sunset Review during FY 2014. The Sunset Advisory Commission staff conducted a thorough review of DFPS and issued a report in late 2014. The Sunset report concluded that DFPS needed to improve management practices to reduce turnover and fulfill its mission more effectively. Recommendations in the report included:

- Updating Child Protective Services (CPS) policy and policy-making practices.
- Performance evaluations for CPS staff that focus on the quality of casework.
- More clearly defining corrective actions for employees and guidance for managers.
- Creating a caseworker mentoring program in CPS.
- Allowing DFPS to more easily fine child-care providers for violations of state standards that put children at high risk.
- Enhancing the status and role of the DFPS Prevention and Intervention program.
- Improving planning for Foster Care Redesign.
- Reporting the progress and activities of DFPS internal CPS Transformation effort to the Sunset Advisory Commission.

Some of these recommendations had already been implemented as FY 2014 came to a close, and the Sunset process continued into FY 2015.

Transforming Child Protective Services (CPS)

DFPS hired an experienced consulting firm to conduct a top-to-bottom review of CPS that was largely based on the input and insights of front-line CPS staff from across Texas. In June 2014, The CPS Operational Review produced a sweeping set of recommendations. The Sunset Advisory Commission also released its recommendations for DFPS, while the Casey Family Programs gave CPS its recommendations on improving foster care in Harris County.

DFPS developed a plan to address the findings of these reviews and make improvements in the CPS program. The CPS Transformation report to the Sunset Advisory Commission details these efforts.

The Transformation initiative brings together all three sets of recommendations, and frontline field staff is leading much of the implementation. You will find the

latest on these efforts on the CPS Transformation webpages on the DFPS Website.

You will find more information about Transformation in the 2014 Accomplishments and Program Enhancements section of this report.

Office of Consumer Affairs

The Office of Consumer Affairs (OCA) handles complaints and legislative inquiries about DFPS programs. The purpose of OCA is to address the concerns of DFPS clients, their families, other stakeholders, and the public in a fair and unbiased manner. OCA handled 4,822 complaints, 15,118 general inquiries, and 888 legislative inquiries in FY 2014. OCA validated 12 percent of complaints.

OCA also shares the results of their reviews with DFPS state and regional administrators to help improve the quality of services. You may contact the Office of Consumer Affairs by:

- Calling a toll number (800-720-7777).
- Filling out a form on the DFPS website.
- Email at OCA@DFPS.state.tx.us.

Emergency Resource Rooms

Caseworkers get emergency supplies or special items from emergency resource rooms, such as diapers, cleaning supplies, clothes, and small furniture to meet the needs of their clients. CPS resource rooms are called Rainbow Rooms. Adult Protective Services resource rooms are called Silver Star Rooms or Bridge Rooms. There were 200 emergency resource rooms that served 135,495 DFPS clients in FY 2014.



Prevention and Early Intervention

Responsibilities

The Prevention and Early Intervention (PEI) program:

- Works with communities to develop services that prevent child abuse and neglect, as well as prevent youth from running away from home, failing to go to school (truancy), or committing minor crimes (juvenile delinquency).
- Plans, develops, and administers prevention services that are complete and coordinated, and avoid fragmented or duplicated services.
- Makes prevention and early intervention services accountable by requiring proof of their effectiveness or benefit to the public.

2014 Accomplishments & Initiatives

PEI managed over \$35,000,000 in FY 2014 to promote the prevention of child maltreatment and juvenile delinquency, and carry out its responsibilities. PEI funded community-based programs throughout the state that supported almost 3,262 at-risk families with services ranging from crisis counseling to home visiting. Several new programs were added in FY 2014:

- Helping Through Intervention and Prevention (HIP).
- Healthy Outcomes through Prevention and Early Support (HOPES).
- Home-Visiting Education and Leadership (HEAL).
- Fatherhood EFFECTS.

In FY 2014, DFPS decided to expand PEI's role and responsibilities in response to a recommendation by the staff of the Sunset Advisory Commission. In FY 2014, the division began work to create a new Office of Child Safety that will review high-level case trends and conduct independent reviews of child abuse and neglect fatalities. In FY 2014, PEI was part of Child Protective Services. On September 1, 2015, PEI became a stand-alone program that reports directly to the DFPS commissioner.

Public Awareness Campaigns

PEI continued its child abuse prevention campaign called "Help for Parents, Hope for Kids". The campaign's goal is to prevent abuse and neglect by helping parents deal with the stresses that contribute to child abuse and neglect. The campaign website is offered in English and Spanish (HelpandHope.org or AyudayEsperanza.org). The website features video testimonials from parents who abused or neglected their children and got help to change their behavior. The site also offers a wealth of information and ways to find help. In FY 2014 the campaign featured:

- Statewide advertising on television, at movie theaters, and online/mobile.
- Social media outreach on Facebook and YouTube.
- Outreach to other organizations to help distribute campaign materials or providing services or resources to parents.

The campaign was successful in sharing ideas and resources designed to strengthen families. The campaign website (English and Spanish) attracted 356,190 unique visits in FY 2014. PEI continued these media efforts based on previous research, which indicated significant increases in the following areas:

- Awareness of the campaign for single parents and young mothers.
- Awareness of the website for all parents, Hispanic parents, young mothers, and single parents.



- Likelihood of young mothers to change their behavior when stressed out by their child (calm themselves down, stop and think, leave the room, take a walk, etc.).

In FY 2014, PEI and the DFPS Child Care Licensing program collaborated on the following three campaigns:

- **Baby Room to Breathe** educates parents about ways to reduce the risk of Sudden Infant Death Syndrome and other sleep related deaths. This campaign targeted specific geographical areas and populations. The campaign features a Rules of Safe Sleep DVD in both English and Spanish for use by organizations that work with expectant mothers and families with infants. The video is available on the campaign website (BabyRoomToBreathe.org or BebeEspacioParaRespirar.org) and on the DFPS YouTube channel. PEI used online ads and social media to promote the campaign in FY 2014.
- **Watch Kids Around Water** aims to prevent childhood drowning. The campaign included news media coverage and agency social media sharing during the Memorial Day, Independence Day, and Labor Day weekends. See: WatchKidsAroundWater.org.
- **Where's Baby: Look before You Lock** reminds parents and caregivers to check their cars for infants and young children before locking the cars to prevent hot car deaths. This campaign targets child care providers.

Child Abuse Prevention Calendar

In FY 2014, DFPS produced its annual prevention calendar for families called "Fun Around Town." The calendar gave parents, and others who care



for children, practical advice on encouraging good behavior, keeping families strong, setting limits for watching TV, and more. The calendar's messages are based on the most effective strategies for prevention outreach. Studies show the best approach is to directly target families with user-friendly outreach materials that give them tools to hone their parenting skills. PEI distributed calendars to agencies, contractors, and partners across Texas, including:

- 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 HelpandHope.org and AyudayEsperanza.org. The calendar was endorsed by the Texas Pediatric Society.

DFPS Activity Book

DFPS produced an activity book for young children in FY 2014. The book was designed to help children express themselves on things like bullying, friendship, how they see themselves in their family, and if they feel safe. The activity book was distributed to social service providers to share in local communities across the state.

Partners in Prevention Training Conference

PEI hosts the Annual Partners in Prevention Training Conference each year. The conference brings together social service professionals, advocates, educators, law enforcement professionals, child care professionals, community leaders, and faith leaders interested in improving programs and sharing expertise.

The multi-day conference is dedicated to preventing child abuse and juvenile delinquency. Areas of focus include substance abuse prevention, mental health promotion, family violence awareness and early childhood safety. Workshops from the January 2014 conference included:

- Strength-Based Approaches: Utilizing Faith-Based and Other Non-Traditional Services as Community Resources.

- Hanging Out or Hooking Up: An Integrated Approach to Prevention and Intervention in Adolescent Relationship Abuse.
- What Child Abuse Prevention Professionals Need to Know about Domestic Violence.

The annual conference is open to prevention and early intervention agencies that contract with DFPS as well as other service providers and interested parties. PEI planned the conference in collaboration with the Texas Health and Human Services Commission, Texas Department of Assistive and Rehabilitative Services, and Texas Department of State Health Services. About 260 people attended the Partners in Prevention Conference in January 2014.

Interagency Collaboration

Juvenile Delinquency Prevention and Dropout Prevention Workgroup

As required by law (General Appropriations Act, 83rd Legislature), PEI served on this inter-agency workgroup along with the Texas Education Agency, the Texas Juvenile Justice Department, and the Texas Military Department. The four agencies were responsible for coordinating the delivery of juvenile delinquency prevention, dropout prevention, and intervention services. In early FY 2015, the workgroup will report detailed information to the Legislative Budget Board (LBB) on monitoring, tracking, use, outcome, and effectiveness for all these services. In a critical first step, the group:

- Learned about each agency's prevention programs.
- Identified key considerations in the coordination, planning, and delivery of services.
- Found ways to better coordinate, plan, and deliver services.

At the end of FY 2014, the workgroup was working to complete its initial report.

Task Force on Domestic Violence

PEI served on the Task Force on Domestic Violence. As directed by HB 2620 of the 83rd Legislature, the executive commissioner of Health and Human Services Commission appointed all 25 members of the group from various professions, organizations, and state agencies. The task force was charged with:

- Studying the impact of domestic violence on



women who are pregnant or have recently given birth, fetuses, and children age two and younger.

- Finding ways to better deliver and coordinate health care services to help prevent and address domestic violence against these groups.
- Reporting its findings, recommendations, and activities.

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, search for your county on the Programs Available in Your County page of the DFPS Website

Community-Based Child Abuse Prevention

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 the services available to them. This program funds a variety of community-based organizations to provide child abuse and neglect prevention services to families with children 0 to 17 years of age. In FY 2014, these programs included the Fatherhood EFFECTS, Respite and Parent Education, Basic Parent Education, and Home-Visiting, Education, and Leadership programs. CBCAP also funded various special initiatives and public awareness campaigns noted earlier in this section.



Sasha Rascoe

Vision for Expanded PEI and Office of Child Safety

In FY 2014, DFPS decided to separate the Prevention and Early Intervention Program from CPS and give it new responsibilities and resources. The move will help PEI to do more partnering with Texas communities to ramp up prevention efforts.

PEI Director Sasha Rascoe gives a great illustration of what prevention is all about.

“If children are drowning in a river and people are furiously spending their energy pulling them out of the river, eventually someone needs to ask why these children are going into the river in the first place? Someone needs to go upstream and find out why kids are falling into the current and stop it. Our goal is to reduce the number of families coming into the child welfare system by building stronger families through community efforts.”

Besides moving up the organizational chart, PEI will also add the new Office of Child Safety (OCS). The new office will conduct independent reviews of child abuse and neglect fatalities related to both Child Protective Services and Child Care Licensing.

“The vision of the Office of Child Safety is to have someone looking at the larger trends around child fatalities,” says Rascoe. “This work will inform our prevention efforts going forward, such as the populations we target and the prevention campaigns we conduct.”

CBCAP services were available in the following counties: Bexar, Cameron, Concho, El Paso, Harris, Hudspeth, Kerr, Nueces, Runnels, Tarrant, Taylor and Tom Green. In FY 2014, 837 families received services through community programs funded by CBCAP.

Community-Based Family Services

The Community-Based Family Services program serves families with children under 18 that have been investigated by CPS, but whose allegations are either not confirmed or very low-priority. Services include home visits, case management, and additional social services to promote a safe and stable home environment. The program provided services in Bexar, Brown, Callahan, Coleman, Comanche, Eastland, Guadalupe, McCulloch, Mills, Runnels, and San Saba counties. In FY 2014, the Community-Based Family Services program served 329 families.

Community Youth Development

The Community Youth Development (CYD) program contracts with community-based organizations to develop juvenile-delinquency prevention programs in ZIP codes with high juvenile crime rates for youth ages 6 to 17, but with a focus on youth ages 10 through 17. Communities used approaches such as mentoring, jobs programs, career preparation, and recreational activities. Communities prioritize and fund specific prevention services according to local needs. Contractors must provide youth programs that help youth develop leadership skills. Also, each contractor must create or participate in an existing community-

based collaborative committee or group to help integrate CYD into the community.

CYD services were available in 15 targeted Texas ZIP codes within the following 13 counties: Bexar, Cameron, Dallas, El Paso, Galveston, Harris, Hidalgo, Lubbock, McLennan, Nueces, Potter, Tarrant and Travis. In FY 2014, the CYD program served 17,932 youth.

Healthy Outcomes through Prevention and Early Support

The Health Outcomes through Prevention and Early Support (HOPES) program focuses on community collaboration in high-risk counties to reduce the chance that caregivers will abuse children in the future. This is done by:

- Empowering each local community to build effective prevention services and coalitions through enhanced resources.
- Putting in place evidence-based programs that meet the needs of the local community.

HOPES providers work to increase “protective factors” in families with children between the ages of 0 and 5. This means qualities, skills, or strategies that help a person parent effectively, even under stress—reducing the risk of child abuse.

HOPES providers incorporate nationally recognized evidence-based or promising practice programs which include a home-visiting component. They also include other support services that vary depending on the area. HOPES contracts require community collaboration in each area to help support the HOPES program and make it sustainable. In late FY 2014, PEI issued the first HOPES contracts to providers in Cameron, Ector, El Paso, Gregg, Hidalgo, Potter, Travis, and Webb counties. HOPES providers will begin serving clients in FY 2015.

Helping through Intervention and Prevention

The Helping through Intervention and Prevention (HIP) program funds community-based programs that have been shown to be effective. In FY 2014, HIP contracted with community-based organizations to offer home visiting services to families with previous CPS history. HIP is a voluntary program that educates and helps with the basic needs of families who are at risk of child abuse and neglect.



Those who may be able to get HIP services include:

- Parents who lost their parental rights to a child in the past two years due to abuse and neglect and then gave birth to a new baby in the last 12-months.
- Parents whose child died from abuse or neglect in the last two years and then gave birth to a baby within the last 12 months.
- Youth in DFPS custody or who recently left state care and gave birth to a baby in the last 12 months.

HIP services will be offered in Collin, Dallas, Denton, El Paso, Lubbock, and Tarrant counties in FY 2015.

Services to At-Risk Youth

The Service to At-risk Youth (STAR) program contracts with community agencies to offer:

- Crisis counseling for families.
- Short-term emergency respite care (short-term relief for those caring for at-risk youth).
- Individual and family counseling.
- Life-skills groups for youth and parenting-skills groups for parents or other caregivers.

Each STAR contractor also provides “universal” child-abuse prevention services, ranging from local media campaigns to brochures and parenting classes. These services provide general child abuse and neglect information that apply to and are available to everyone in the community.

Youth under the age of 18 and their families are eligible for STAR services if they experience conflict at home, truancy, or delinquency. They can also get services if a youth runs away from home or is at risk of abuse, but a CPS case is not required. Ten to sixteen year olds charged with misdemeanors or state jail felonies are also eligible if they have not been adjudicated (convicted in juvenile system). STAR services are available in all 254 Texas counties.

STAR is a statewide program with services provided in all 254 counties. In FY 2014, the STAR program served 23,943 youth and 19,240 parents or other primary caregivers.

Statewide Youth Services Network

The Statewide Youth Services Network program makes juvenile delinquency prevention services available to

youth ages 6-17 in each DFPS region. These services feature community-based and school-based mentoring programs that have been shown to be effective. The program also offered services in over 200 counties within all 12 HHS regions. In FY 2014, Statewide Youth Services Network funded programs that served 4,191 children and youth.

Texas Families: Together and Safe

Texas Families: Together and Safe (TFTS) is a program that funds community programs that are shown to be effective in relieving stress and teaching parents the skills and behaviors they need to nurture their children on their own. The goals of the program are to:

- Improve access to family-support services.
- Make family-support services in communities more efficient and effective.
- Enable children to stay at home by providing preventative services.
- Increase collaboration among local programs, government agencies, and families.

The TFTS program provided services to families with children 18 months to 17 years of age in Bexar, Brazos, Brown, Burleson, Callahan, Cameron, Coleman, Comanche, Eastland, Hidalgo, Kerr, Leon, Madison, McCulloch, Mills, Nueces, Robertson, Runnels, San Saba and Tarrant counties. In FY 2014, 2,096 families received services.



Statewide Intake

Responsibilities

The Statewide Intake (SWI) program operates the Texas Abuse Hotline to accept and processes reports of:

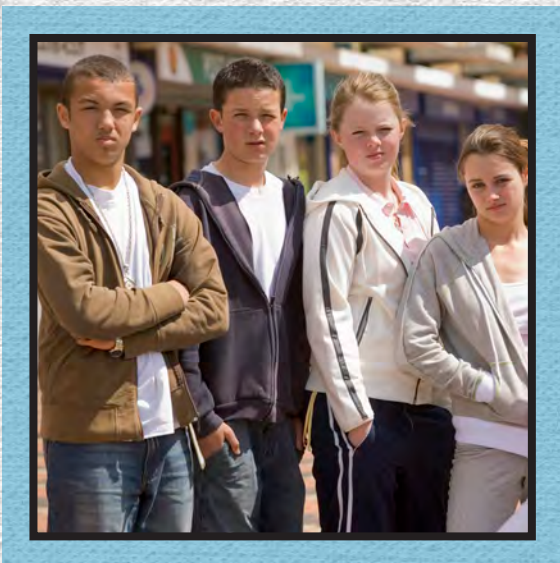
- Child abuse and neglect.
- Child abuse in child-care or treatment centers
- Abuse, neglect, and exploitation of people who are elderly or have disabilities and are living at home.
- Abuse of adults and children who live in state facilities or are being helped by programs for people with mental illness or intellectual disabilities.

2014 Accomplishments and Initiatives

In FY 2014, SWI became a stand-alone program that reports directly to the DFPS commissioner. Before that, it was a part of the DFPS Operations Division. SWI had more than 400 staff, including more than 300 intake specialists.

SWI Telework Initiative

SWI successfully implemented a telework initiative in FY 2014. With about 50% of all SWI staff teleworking full-time, SWI reached its telework goal one year ahead of the target date of January 1st 2015.



SWI started Phase I of the Telework Initiative in August 2012. This initiative is consistent with DFPS and HHSC Telework goals, strategies, and policies.

Benefits of expanding telework include:

- Managing workload better.
- The ability to continue to take calls and work if the system is down unexpectedly.
- Less need for office space.
- Saving employees money and giving them more flexibility.

In December 2013, DFPS replaced SWI's computers and related telework equipment. The new equipment allows teleworkers to securely take calls at home, improving the Hotline's ability to keep operating in the event of bad weather or other emergency that might keep intake workers from reaching the call center. SWI also benefited from new telework training and policy. As of June 2014, SWI had over 200 teleworkers.

Texas Youth and Runaway Hotline Media Campaign

SWI also operates the Texas Youth and Runaway Hotline. In April 2014, SWI added the ability to interact with youth through texting and online chat. SWI also ran a small media campaign using paid search, online banners, and mobile ads for smart phones and other mobile devices to increase awareness of hotline services, including new texting and chat services. In FY 2014, sixty-nine percent of the activity (page views) on Youth and Runaway Hotline website happened during the 12-weeks of the ad campaign. The Youth and Runaway hotline also began using social media with a presence on Twitter and Facebook. SWI uses social media to spread awareness of issues and events connected to youth in crisis, promote chat and text services, and connect with potential local volunteers by promoting our volunteer opportunities. The hotline fielded 721 texts and chats in the five months of FY 2014 that those services were available.

Other Accomplishments

- Award-winning online training for the public on reporting abuse, neglect, and exploitation of the elderly and people with disabilities.

- Collaborated with Child Advocacy Centers (CAC) of Texas on sharing law enforcement notices (of abuse/neglect) to enhance coordination between CPS, law enforcement, and CACs.
- Collaborated with law enforcement groups (CLEAT and TMPA) to improve communication.
- Hosted 29 tours of the Texas Abuse Hotline call center for 306 people, including representatives of the Austin American Statesman, KVUE TV, Texas A&M, and Office of the Attorney General.
- Began assessing birth matches in the Helping through Intervention and Prevention (HIP) program with CPS, PEI, and Texas Department of State Health Services

appropriate program staff, which investigates and notifies law enforcement agencies in cases involving children.

Texas Youth and Runaway Hotline

The toll-free Texas Youth and Runaway Hotline provides 24-hour confidential crisis intervention, advocacy, and information and referrals to runaways, at risk youth, and concerned adults. Volunteers talk with callers who face a variety of problems including family conflict, abuse and neglect, truancy (don't go to school), delinquency (youth crime), and youth who run away from home.

This hotline (800-989-6884) is available to youth, their families, school employees, youth-care workers, law enforcement agencies, and anyone in need of community services. Hotline staff and volunteers are available by telephone, online chat, and text. Learn more by visiting the Texas Youth and Runaway Hotline website at TexasYouth.org.

SWI Services

State law requires anyone who believes a child or an adult who is 65 years or older or who has a disability is being abused, neglected, or financially exploited to report it. Statewide Intake's primary job is to assess these reports and route them to the right local office.

Texas Abuse Hotline

Statewide Intake takes reports of abuse, neglect, and exploitation from across the state through its Texas Abuse Hotline (1-800-252-5400) and through a secure website (TxAbuseHotline.org). SWI operates around-the-clock every day of the year, including nights and holidays.

Statewide Intake also accepts reports of violations of child-care minimum standards, as well as reports of abuse in facilities operated by the state or community providers that serve adults and children with mental illness or intellectual disabilities. These facilities and providers are managed by the Texas Department of Aging and Disability Services (DADS) and the Texas Department of State Health Services (DSHS). People who suspect abuse in facilities may contact 1-800-647-7418 to report abuse, neglect or exploitation in these facilities and programs.

The Statewide Intake program assigns a priority to all reports that meet the legal definitions of abuse, neglect, or exploitation, based on the safety of the alleged victim. SWI forwards these reports to the



Adult Protective Services

Responsibilities

Adult Protective Services (APS):

- Investigates reports of abuse, neglect, and financial exploitation of adults in the community who are 65 or older or who have disabilities, and provides or arranges for protective services as needed.
- Investigates reports of abuse, neglect, and exploitation of people living in state facilities, as well as adults and children with mental illness or intellectual disabilities in state-contracted community settings.

2014 Accomplishments and Initiatives

Regional Reviews

APS conducts regional reviews to ensure clients at the local level are getting quality services. In FY 2014, APS conducted reviews in the Houston area and South Texas to assess program performance, learn about best practices, and more fully understand the unique challenges facing frontline workers. APS uses this information to improve policy and casework practice. APS will review other areas throughout the state in coming years.

Improving Facility Investigations

In FY 2014, APS focused its efforts to improve the quality of facility investigations. APS expanded and formalized its collaboration with local children's advocacy centers. The centers provide forensic interviews with APS clients alleged to have been



sexually or physically abused. APS also began negotiating with the University of Texas Health Science Center to obtain forensic consultations by its physicians to help determine if a client was abused or neglected. Internally, APS had regional managers conduct case reviews to give feedback to staff and promote consistent decision-making.

Improving In-Home Investigations and Services

It is not uncommon for APS clients who live at home to refuse to cooperate in developing a service plan to remedy abuse or neglect because they are concerned no one will care for their pets. APS attempts to locate friends, family members, volunteers, and community partners to provide pet care, but this is not always possible.

In 2014, APS began using Purchased Client Services funds to help APS clients with pet care needs. Banfield Charitable Trust also gave APS a grant. The non-profit's mission is to keep older adults and adults with disabilities together with their pets. Regions 1 (Panhandle) and 8 (San Antonio) are conducting a pilot of this new service as a part of the grant. The goals of the pilot include increasing client participation in service planning when the client has a pet, and using what's learned to change policy. Between the generosity of Banfield Charitable Trust and the use of PCS funds, there should be fewer challenges to meeting our clients' needs and helping them remain with their pets.

New Practice Model

APS is putting into action a new practice model for caseworkers called Strategies that Help Intervention and Evaluation Leading to Decisions (SHIELD). SHIELD is a structured decision-making model that was developed by the National Council on Crime and Delinquency (NCCD) that APS modified to fit its needs. SHIELD provides:

- Objective, reliable assessments to support decisions.
- Consistent and accurate decision making.

- Better information to help management plan, evaluate, and allocate resources.

DFPS enhanced its case management system (IMPACT) so caseworkers can do these assessments in the field on tablet PCs. DFPS also develop SHIELD training that all In-Home Program employees and supervisors took in FY 2014 before the statewide SHIELD rollout on September 1, 2014.

Public Awareness

APS continued its public awareness campaign titled “It’s Everyone’s Business” in FY 2014. The campaign targets the general public, law enforcement, judicial partners, and other partner organizations that provide services to vulnerable adults through news stories, local conferences, and community awareness events.

The goals of the campaign include:

- Raising awareness about the problems of adult abuse, neglect, and financial exploitation.
- Enlisting community collaboration and support for APS clients and needed resources.
- Increasing awareness of APS programs and services.

During October 2013, the campaign focused on financial exploitation with the theme, “If it’s not your money, it’s a crime.” Regions worked with community partners such as law enforcement agencies, district attorneys, and banking institutions to provide education and awareness about financial exploitation of people who are elderly or have disabilities. To learn more about APS public awareness activities and download information on elder abuse and financial exploitation, visit EveryonesBusiness.org.

May is Older Americans and Elder Abuse Prevention Month and APS partnered with community agencies to promote education and awareness of elder abuse around the state. Regional conferences, local media campaigns, and state, city and county proclamations highlighted the importance of protecting vulnerable adults from abuse, neglect, and financial exploitation.

Texas Partners for Adult Protective Services

Texas Partners for Adult Protective Services is a statewide non-profit organization affiliated with APS. It helps improve the lives of APS clients by developing resources and providing assistance to local boards that support APS. Texas Partners for APS is made up of volunteers who are nominated by their local non-profit

boards and elected to serve for three-year terms on the statewide board. Currently, APS collaborates with 25 non-profit boards throughout the state. Texas non-profit boards:

- Sponsor community events to raise funds to purchase items for APS clients.
- Assist APS staff with educating the public and other service providers about elder abuse issues.
- Provide expertise as speakers for community events and training.
- Sponsor APS staff with recognition and appreciation events.
- Stock and maintain emergency resource rooms in APS offices, giving APS caseworkers easy access to basic necessities for clients.

APS Conference

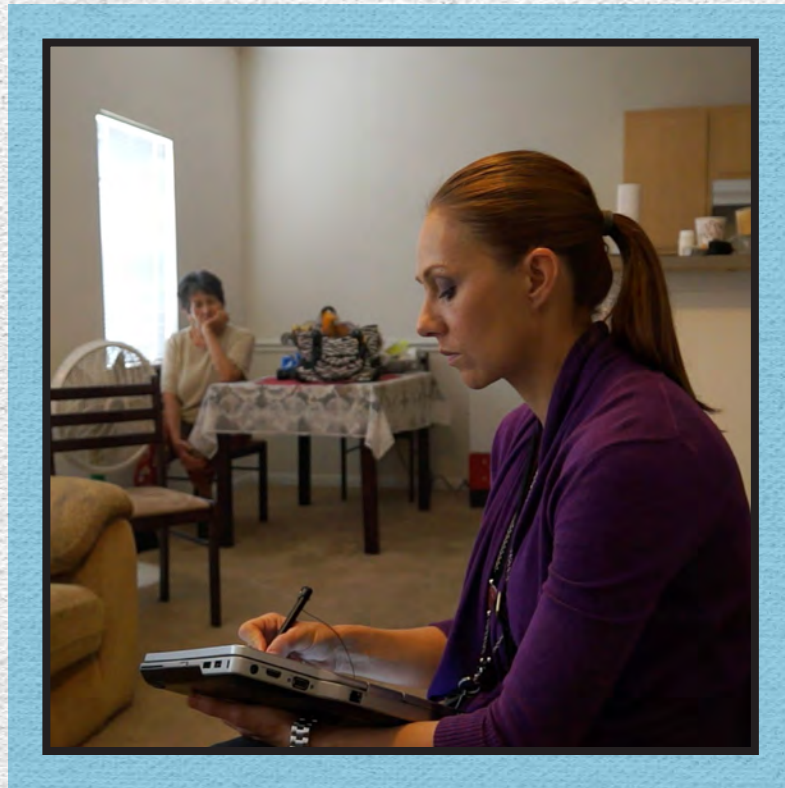
The annual APS conference is a major national training event that offers continuing education credits to social workers. APS held the 30th annual APS conference in San Antonio during November 2013. The conference drew over 530 attendees from 11 states.

The conference offered two general sessions and 54 workshops. Workshops included topics such as how to investigate and prosecute serial abusers, interacting with law enforcement, and communicating with clients who are cognitively impaired. APS leadership presented “core value” awards to staff who demonstrated an outstanding commitment to meeting the needs of clients. Every year, the conference gives staff the chance to network and to learn from and with others who serve, treat, and represent victims of abuse, neglect, or financial exploitation.

APS Programs

Two program areas serve APS clients: In-Home Investigations and Services, and Facility Investigations.

As the population of adults who are 65 and older or who have a disability continues to grow, so does the need for protective services. The workload for the In-Home Investigations and Services program had been at record high levels the past few years, until it declined in FY 2013 due to new rules and policy. By FY 2014, however, the number of In-Home investigations was once again rising. Many APS clients live alone and depended on others for care. In FY 2014, the workload



Jenny Stefanie

APS Caseworker Helps Couple Find Safe Housing

On Thanksgiving 2013, Caseworker Jenny Stefanie with Adult Protective Services was trying to get a San Antonio couple out of the cold.

Eight years ago, the city tore the couple's house down for code violations. Since then, the 66-year-old man and his 64-year-old wife slept in automobiles on the lot, showered at truck stops and kept their belongings in boxes exposed to the elements, all the while hoping to rebuild. But with no family nearby it was hard.

"They were reluctant to move," said Delrick Washington, Stefanie's supervisor. "We spoke to them about building a storage area on their property. The plan was while everybody else is working on something more permanent, let us help you with finding somewhere safe."

When the city told them they couldn't stay on the property anymore, Stefanie had to persuade the couple, who had turned away APS in the past, to accept help this time.

"I just explained to them we were concerned about the weather and the elements," Stefanie said. "It wasn't safe for them to continue living the way they were."

Stefanie persuaded them to first go to a hotel and then to an assisted living center. Later Stefanie convinced the couple to rent a place that was within their budget. They even began filling it with furniture and doing well enough for APS to close the case.

"I'm not sure if I have a secret," says Stefanie about her work. "Ultimately... it was their property and they didn't want to lose it. They had worked their whole lives for that house."

The case drew attention in the local news, but to Stefanie it was nothing unusual—just another case where clients needed help getting back on their feet.

"They're doing great now, and they're paying all the bills themselves," says Washington.

for the Facility Investigations program remained at the record high levels reached between FY 2011 and FY 2013.

For more information on Texas population demographics, see: DFPS Data Book, pages 9-10.

In-Home Investigations and Services

The largest APS program is In-Home Investigations and Services. The In-Home program investigates allegations of abuse, neglect, and financial exploitation of adults who are elderly or have disabilities and live in their own homes or in unlicensed room-and-board homes.

This program also investigates allegations of financial exploitation of adults living in nursing homes who may be financially exploited by someone outside the facility. State law requires anyone who believes that an adult who is elderly or has a disability is being abused, neglected, or financially exploited to report it. DFPS takes these reports at 1-800-252-5400 or online at TxAbuseHotline.org.

APS begins an investigation within 24 hours of receiving a report by contacting someone who has reliable and current information about the alleged victim APS can make the initial contact in person or by phone. APS may also provide or arrange for emergency services to alleviate or prevent further abuse, neglect, or financial exploitation. These services may include short-term shelter, food, medication, health services, financial assistance for rent and utilities, transportation, and minor home repair.



APS works in partnership with other social service agencies to provide resources to vulnerable adults. APS also works closely with the Texas Department of Aging and Disability Services (DADS) on cases that may require guardianship services. APS caseworkers or DFPS intake specialists may notify law enforcement at any point during an investigation if they suspect the allegations constitute a crime.

For more information, see: DFPS Data Book, pages 7-20 and 123-128.

Facility Investigations

APS is responsible for investigating abuse, neglect, and exploitation of people living in state-operated facilities and those receiving services in state-contracted community settings that serve adults and children with mental illness or intellectual disabilities. Investigations are conducted in:

- State-supported living centers, state hospitals, and the Rio Grande State Center.
- Community centers.
- Privately operated intermediate-care facilities for individuals with intellectual disabilities.
- Home and community-based waiver programs.

APS starts an investigation after the Texas Abuse Hotline receives an allegation. DFPS notifies the facility or provider agency within one hour and notifies law enforcement and the Health and Human Services Commission Office of Inspector General (OIG) within one hour if necessary. APS completes the investigation, makes a finding for each allegation, and sends a report to the provider as well as law enforcement and OIG if necessary. The provider is responsible for taking appropriate steps to protect their clients.

APS also determines if the perpetrator meets the criteria for being added to the Employee Misconduct Registry. This registry bars people from certain jobs that involve working with people with disabilities (this also applies to certain In-Home cases). DFPS will send the name of the confirmed perpetrator to the registry after providing due process.

For more information, see: DFPS Data Book, pages 21-26 and 129-131.

Child Protective Services

Responsibilities

Child Protective Services (CPS):

- Investigates reports of child abuse and neglect.
- Protects children from abuse and neglect.
- Promotes the safety, integrity, and stability of families.
- Finds permanent homes or other places to live for children who cannot safely stay with their families.

2014 Accomplishments and Initiatives

CPS's top priority is making sure children are not in danger of abuse and neglect and that families have the tools to succeed. In FY 2014, CPS focused on:

- Expanding assistance for families.
- Providing more access to services through public-private partnerships.
- Promoting better outcomes for children in foster care, and support for relative caregivers.
- Making CPS a better place to work and a more effect program for the people it serves.

CPS also made efforts to improve permanency for children, increase positive outcomes in domestic violence cases, and prepare youth for adulthood.

CPS Transformation

In FY 2014, CPS began a major transformation effort based on recommendations from the Sunset Advisory Commission, the CPS Operational Review, and Casey Family Programs.

CPS Transformation focuses on building a quality workforce, which is essential to high-quality outcomes for children and families. Many major improvements are underway that began in 2014. Transformation will significantly improve recruitment and hiring, training, policies, information systems, decision-making tools and the way CPS uses data. Transformation aims to create an environment where CPS staff are proud of their job and want to stay.

A quality workforce, however, needs the right tools

to be effective. CPS began work on developing a consistent, evidence-based process that will lead to better outcomes for children and families. This will give caseworkers the tools to quickly and accurately assess if children are safe now and help CPS better protect children from future abuse and neglect. CPS also began developing a practice model that will ensure consistency, communication, and best practices that lead to quality outcomes. These efforts will be integrated with improvements in the foster care system. All of these steps will raise the quality of services.

Transformation is a “bottom-up” process that gives regional staff a strong voice. In FY 2014, CPS staff from around the state began laying the groundwork for change and making improvements. Many other DFPS areas are working toward a better CPS and have dedicated resources to the project and are committed to adjusting priorities and overcoming obstacles. Throughout this process, protecting children has been, and always will be, the top priority.

Foster Care Redesign

Foster Care Redesign is a new way of providing foster care services that relies on a single contractor, within various geographic areas. This contractor is responsible for finding foster homes or other living arrangements for children in state care and providing them a full range of services. The purpose is to improve the overall well-being of children in





CPS Unit 49

Back row:

*Nicole Weber,
Tiffany Marconi,
Roxanne Carrillo,
Josh Khatena*

Front row:

*Miranda Burdett,
Cortney Tiffany,
Tami Kent*



Foster Care Placement Showcases CPS Teamwork

Roxanne Carrillo and her team at Unit 49 showed how teamwork and going the extra mile made a difficult child removal and placement a success. CPS took custody of a nine-year-old girl suffering from extreme medical neglect. Her mother was addicted to heroin and her father had abandoned her.

The child was paralyzed from the waist down during an auto accident, and her mother was also injured, leading to painkiller addiction and then heroin abuse. The mother had been in and out of rehab and had failed to provide for her daughter's basic needs.

As a result, the girl remained wheelchair bound, even though medical experts determined that she could learn to walk with braces and physical therapy. CPS couldn't find a placement that could care for her right away, so Unit 49 acted fast to care for the child and prepare her for an overnight stay at the CPS office.

The unit took the girl to the hospital to install a different type of catheter that CPS staff could maintain at the office. Supervisor Roxanne Carrillo brought linens and pillows from home and set up a bed in a visitation room with a couch and TV for the child to watch until she fell asleep.

The next day CPS had trouble finding a placement but eventually found a foster home near Waco that could care for this little girl.

It was a classic example of teamwork by both Unit 49 and the CPS Placement Unit to ensure this child's safety.

foster care and to keep them closer to home and connected with their communities and siblings.

Foster Care Redesign began in 2010, guided by a partnership of foster youth alumni, the judiciary, providers, advocates, and DFPS. In FY 2013, Foster Care Redesign reached a milestone when children and youth entering foster care from DFPS Regions 2 and 9 were the first served by the new system. These regions cover 60 counties and include the communities of Wichita Falls, Abilene, San Angelo, Brownwood, and Midland/Odessa. For about one year, Providence Services Corporation of Texas was responsible for finding foster homes for all children in foster care in this area and getting the services they needed. On August 1, 2014, Providence ended its contract with DFPS and transitioned its foster care responsibilities back to CPS over a 30-day period, taking care not to disrupt the lives of children.

Also in FY 2014, DFPS awarded the contract for the first metropolitan area for Foster Care Redesign to Our Community, Our Kids (a division of ACH Child and Family Services). This metropolitan area includes seven counties—Erath, Hood, Johnson, Palo Pinto, Parker, Somervell and Tarrant. After a six-month start-up phase, Our Community Our Kids began serving children and youth.

Our Community, Our Kids is responsible for finding foster homes or other living arrangements for all children in paid foster care from this area of the state and for getting them the services they need. CPS still provides case management and makes ultimate decisions on where children live. Children and youth already in foster care will transition into the new system over time to avoid disrupting their lives.

More information about [Foster Care Redesign](#) is available on the Foster Care Redesign webpage.

A More Flexible Approach to CPS Investigations

Alternative Response

Alternative Response is a new approach that changes the way CPS responds to certain allegations of abuse and neglect. This practice allows for a more flexible approach that engages families without a formal investigation, while still focusing on safety of the children. Alternative Response gives services and support to families in less serious cases of abuse and neglect. Caseworkers team with families to resolve child safety issues and reduce future involvement with

CPS. In 2013, the Texas Legislature changed state law and funded the technology needed to develop Alternative Response.

In FY 2014, CPS made significant strides to plan and develop Alternative Response. CPS developed policies and procedures and practices to ensure consistency statewide. Alternative Response will begin in FY 2015 in select counties in the Amarillo, Laredo, and Dallas areas, followed by a gradual phase-in of the rest over about three years.

Increasing Access to Services with Public-Private Partnerships

Faith-Based Collaboration

Partnering with community and faith-based agencies is an important part of protecting children and expanding services to children and families even after CPS is no longer involved. CPS substantially increased efforts in this area in FY 2014. Faith-based organizations and community partners serve children and families involved with or at-risk of involvement with CPS. Faith leaders engage their congregations to provide sustainable goods and services for children, youth and families to prevent children from entering foster care or shorten their stay in foster care. CPS provides technical assistance such as making presentations at meetings. CPS gives local churches information on the needs of children, youth, and families in their area to help them develop their ministries.

Examples of this expanding faith-based effort in FY 2014 include:

- West Texas District Assembly of God committed to work with CPS on a project called Orphan Care Ministries, which provides services to children in foster care and at-risk children in local communities. The district has 109 churches.
- South Texas District Assembly of God also began developing Orphan Care Ministries in its churches. This district includes 300 churches.
- Two ministries in Wichita Falls and Bryan focused on helping youth who are aging out of foster care. Transitioning-youth centers were also being developed in Dallas/Ft. Worth.

On August 1, 2014, CPS launched the Care Portal, an online tool that connects CPS staff with the faith community to support children and families with donations of clothes, bedding, furniture, or whatever they may need.

Promoting and Supporting Relative Caregivers

Permanency Care Assistance

The Permanency Care Assistance (PCA) program had marked success finding permanent families for children who would otherwise grow up in foster care. The program helped 841 children find permanent homes in FY 2014.

This program grew out of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, which promotes finding permanent homes for children and youth. Key elements are adoption, care by relatives, and transition services for young adults who have aged out of care.

PCA offers financial help to kinship caregivers who accept legal responsibility for relative children and youth who cannot go home or be adopted. Among other requirements, caregivers must become verified foster parents and care for the child for six months, enter into an agreement with CPS, and get legal custody through the courts.

Promoting and Supporting Relative Caregivers

Kinship Program

Kinship care means children, who are no longer able to live with their own parents, live with relatives or other people who have a significant relationship with the child or the child's family. The Legislature created the Relative and Other Designated Caregiver Program in 2005, commonly known as Kinship Care. Kinship caregivers get one-time payments and reimbursements to help buy items they need to care for the children. They can also receive support services such as training, case management, family counseling, daycare, and help finding public assistance.



The number of children placed with relatives and the number of relatives becoming licensed foster parents continues to increase. Kinship care accounted for 37 percent of all placements by the end of FY 2014, compared to 36 percent the year before. There has also been a steady increase in kinship caregivers becoming licensed foster parents. In FY 2011, only 731 children lived in licensed kinship homes. That number has increased 49 percent (1,095) by the end of FY 2014.

Permanency Roundtables

In February 2014, Permanency Roundtables became a statewide practice. CPS started using Permanency Roundtables in the Houston and San Antonio areas in FY 2012. Roundtables are consultations to find permanent homes for children in DFPS legal custody. By the end of FY 2014, CPS had held almost 1,500 roundtables across Texas.

Roundtables bring together agency experts to discuss a child's permanency goal, explore strategies, and develop an action plan for getting each child into a permanent family. Another goal is to make systemic changes, such as policy improvements and community involvement, to help get children into families.

Ten percent of the children discussed in roundtables found permanent homes within one year. Almost half of those who did not leave state care made progress by moving into a placement intended to be permanent, achieving a higher permanency status, or making new connections with family or supportive adults.

Improving Outcomes on Domestic Violence Cases

Domestic Violence Task Force

In 2011, the Legislature passed Senate Bill 434 to create a multi-disciplinary domestic violence task force to improve collaboration between CPS and providers who help victims of domestic violence. Out of this grew the Family Based Safety Services Domestic Violence Unit in Bexar County, which handles FBSS cases that have both child abuse and neglect and domestic violence. By the end of FY 2014, the unit had worked 153 cases. The goal is to keep children safe by holding the batterer accountable for domestic violence and helping the adult victim stay safe. CPS and stakeholders developed and delivered cross-training for CPS staff and domestic violence providers in FY 2014. In FY 2015, CPS will evaluate how the unit enhanced the safety of children, adult victims, and caseworkers.

Protective Services

Investigations of Child Abuse and Neglect Reports

State law requires anyone who believes a child is being abused or neglected to report it so CPS can investigate. Interviewing children, parents, and others who know about the family is an important part of a CPS investigation. These interviews help determine if abuse or neglect happened, if children are safe, and assess the risk of further harm. If needed, CPS caseworkers may refer families for services such as individual or family therapy, parenting classes, healthcare, mental health services, substance-abuse assessment and treatment, and financial help with utilities, rent, or child care.

When CPS caseworkers are concerned about the continued safety of a child, they refer the family for family-based safety services. These services are provided in the home and help make sure children are healthy and safe. If these services cannot ensure the child's safety, CPS may ask the court to remove the child from the parents' custody and place the child in a relative's care or foster care.

For more information on CPS investigations see: DFPS Data Book, page 27 and pages 37-46, and 138-173.

Family Based Safety Services

CPS provides in-home services to help stabilize families and reduce the risk of future abuse or neglect. Family-based safety services (FBSS) can help avoid the need to remove children from their homes. They can also make it possible for children to return home by strengthening the family's ability to protect their child and reduce threats to the child's safety.

Services include family counseling, crisis intervention, parenting classes, substance abuse treatment, domestic violence intervention, and day care. Most children receiving these services live at home while CPS works with their families. In some cases, children may live elsewhere temporarily, usually with relatives or close family friends, until they can safely return home.

For more information on in-home services, see: DFPS Data Book, page 45.

Family Group Decision Making

Family Group Decision Making describes various practices to work with and engage children, youth, and families in decision making as well as safety and service planning.

- **Family Team Meetings** are a rapid response to address critical child safety and placement concerns. CPS uses them to ensure child safety in the earliest stages of a case. These meetings help families, community members, and other caregivers make critical decisions about child protection, safety, placement, and permanent living arrangements.
- **Family Group Conferences** bring families together with relatives, friends, and others to develop a plan to ensure children are safe, cared for, and protected from future harm. This includes private time to give the family a high degree of authority and responsibility to make decisions about their situation.
- **Circles of Support** are youth-focused, youth-driven meetings to develop a plan for older youth to transition from substitute care to adulthood and to connect them to caring adults who will support them. For more information on Circles of Support, see the "Youth Transitioning out of Care" section of this report.

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

Finding Care for Children

Before removing a child from the home, CPS explores every reasonable alternative to keep the child safe from abuse and neglect. Removing the child occurs only when there is no other reasonable way to protect the child from abuse or neglect in the immediate or short-term future. When children cannot live safely



with their own families, CPS may ask the court to remove them from their homes and place them temporarily with relatives or in a foster family, an emergency shelter, or a foster care facility.

Placements

When removing a child from a home, CPS and the courts must consider temporary placements with relatives and other people who have a significant relationship with the child or child's family. CPS asks parents to provide contact information for relatives and close family friends who may be able to care for their children. CPS notifies relatives and explains their options and the state support that is available. Kinship caregivers may also provide permanent homes by adopting or accepting legal responsibility for children. Kinship care gives children more stability and a connection to family when they cannot live with their parents.

Children may live in foster care if kinship care is not an option. Foster families get a daily payment for the costs of caring for children. CPS and foster parents arrange all educational, medical, dental, and therapeutic services the child needs. Some children with emotional or other needs that are difficult to address in a foster home may live in specialized group homes, residential treatment centers, or other facilities. If parental rights are intact, CPS provides services to the parents until the family is reunited or the courts approve another permanent living arrangement for the children. The court has ongoing oversight while a child is in foster care.

For more information on Kinship Care, see: DFPS Data Book, pages 49 and 65.

For more information on foster care and other placements, see: DFPS Data Book, pages 49-54.



Permanency

Permanency means a child leaves DFPS care to live in a permanent home or other appropriate setting. Planning for permanency begins when CPS removes a child from a home. It ends when the child leaves DFPS legal custody, preferably to live with a family.

The first goal is to reunite every child in state care (foster care, kinship care, etc.) with their parents, except when a court decides that is not an option. CPS provides reunification services to families immediately before and after a child returns home from state care.

When a child cannot safely return home, the court may end the parents' rights and make the child available for adoption. The number of children adopted from CPS care increased significantly from FY 2005 to FY 2014. One major factor was the number of kinship adoptions, which includes adoptions by relatives and others with significant, longstanding relationships with the children or families. Kinship adoptions in Texas have more than doubled since 2005 and now account for 49 percent of DFPS adoptions. In FY 2014, 5,175 DFPS children were adopted. 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.

The Texas Adoption Resource Exchange (TARE) website (AdoptChildren.org) is an important tool for recruiting foster and adoptive parents. The website's most prominent feature is a photo listing as well as profiles and videos of Texas children awaiting adoption. TARE also has a toll-free nationwide Adoption and Foster Care Inquiry Line (800) 233-3405. Information from these calls is forwarded to local CPS staff for follow up.

CPS also helps adopted children overcome the abuse or neglect they have suffered. These children often need help coping with these experiences and the loss of their birth families. CPS contracts with private agencies to provide post-adoption services to children and their families, such as case management, counseling, crisis intervention, parent training, and support groups.

For more information on adoption, see: DFPS Data Book, pages 58-61, and 196-213.

Youth Transitioning Out of Care

In some cases, CPS cannot find someone to take permanent custody of a child. These youth generally stay in state care until age 18. CPS works to connect

these youth with caring adults who have a permanent commitment to the youth and can provide support. These youth may stay in foster care until the age of 21 while they pursue an education or a job. CPS provides various services to help these youth learn to live successfully on their own.

Health Care Benefits

Texas provides healthcare to children in foster care and to youth who age out of care up to the month of their 26th birthday. These youth get healthcare through STAR Health, a form of Medicaid. STAR Health includes a medical home for each child, coordination and management of services, 24-hour nursing and behavioral health helplines, and monitoring of psychotropic medication. For more information on STAR Health, see the “Working with Partners” section of this report.

When a youth aging out of DFPS care needs long-term care or support due to a medical, mental, or physical condition, DFPS refers them to the Texas Department of Aging and Disability Services (DADS). This process begins when a youth turns 17. If a court appoints DADS as guardian, DADS assumes the main responsibility for the youth when the youth turns 18 or when the court makes its ruling. DFPS may continue to provide foster care for young adults even if they receive DADS guardianship services.

Preparing Youth for Adulthood

The Preparation for Adult Living (PAL) program helps youth in foster care make the transition to adulthood more successfully. PAL services include independent-living assessments, financial help for a limited time, and training in such areas as financial management, job

skills, educational planning, and interpersonal skills. The statewide Youth Leadership Council meets quarterly to review policies and practices and recommends ways to improve services.

CPS provides aging-out seminars to youth at age 17 before they leave foster care. The seminars build on information from the Preparation for Adult Living life-skills training and include information about DFPS programs and services, benefits, and resources to help them succeed.

Transition centers are clearinghouses for many DFPS partner agencies to serve youth (ages 15½ to 25) who are preparing to or have already aged out of foster care. These centers are separately funded, privately operated, and supported by partnerships between DFPS, providers, and the Texas Workforce Commission. The centers provide Preparation for Adult Living services, employment readiness, job search classes and assistance, and mentoring. Partner agencies provide other services, including substance abuse counseling, housing assistance, and leadership development training and activities. There are centers throughout the state, and more information is available at TexasYouthConnection.org.

The Texas Youth Connection website is a resource for youth in Texas foster care, alumni of foster care, or other youth seeking general tips and information. This website was designed with input from youth and includes information and resources on topics such as education, finances, personal records, diversity, health, employment opportunities, food, housing, and others. The Texas Youth Connection Facebook page is another way that CPS shares important information with youth, young adults and providers.

Extended Foster Care

Most foster youth leave state care after their 18th birthday but they can stay in extended foster care through age 21 or 22, depending on their circumstances, while they pursue a high school diploma or GED. They can also remain in extended foster care:

- To attend college or a vocational or technical training program.
- To participate in a program or activity to help them get a job.
- To work at least 80 hours a month.
- If they can't perform the activities above due to a documented medical condition.



- Young adults ages 18 to 20 who have aged out of DFPS care may return to extended foster care.

Supervised independent living (SIL) is where young adults live in a less restrictive, non-traditional living arrangement while continuing to receive casework and support service to help them become independent and self-sufficient. SIL is available for a young adult who is:

- Turning 18 while in DFPS care and approved for extended foster care.
- Already approved and participating in extended foster care.
- Returning for extended foster care from trial independence or afterwards.

Young adults have more responsibilities with minimal supervision in supervised independent living. They receive assistance with the transition to independent living, education and employment goals, accessing community resources, life-skills training, and relationships.

Education and Training Opportunities

The Education and Training Voucher (ETV) program gives financial assistance to eligible youth before and after they leave CPS care to help them with college expenses such as rent, computers, books, daycare, and transportation. Youth who receive permanency care assistance after age 16 are also eligible. ETV supplements the state's Preparation for Adult Living program, as well as a waiver of state tuition and fees at state-supported universities, colleges, junior colleges, and vocational schools.

Since 1993, former foster youth and certain adopted youth have been exempt from paying tuition and most fees at state-funded colleges, community colleges, universities, and vocational schools in Texas. The law was later changed to extend this benefit to all youth adopted from DFPS or those whose legal guardian is not their parent.

System Support

Disproportionality

In FY 2014, CPS continued efforts to reduce disproportionality in collaboration with the Texas Health and Human Services Commission's Center for Elimination of Disproportionality and Disparities. CPS is working to reduce the disproportionate representation of children of color in the child welfare system. For African-American children, disparities are consistent across the seven largest counties. CPS considers

disproportionality and disparities in all its initiatives, policies, and practices to assure they are fair to all children. Since 2004, thousands of youth, community members, staff, providers, and others have participated in training, such as Undoing Racism, Knowing Who You Are, Poverty Simulation, and Working with Families Who Are Impoverished. CPS continues to work with our stakeholders, including three federally recognized tribes in Texas, the judiciary, universities, and regional disproportionality advisory committees.

In FY 2014, African-Americans and Hispanics continued to leave state care to live with relatives at a high rate. Since FY 2012, the percentage of children of all races and ethnicities who were adopted within 12 months of termination of parental rights has increased. The greatest improvement has been for Hispanic children.

Using Data to Make Better Decisions

The newly created deputy assistant commissioner position manages the process for finding opportunities for improvement and making those changes happen. The deputy assistant commissioner coordinates quality assurance, data analysis, predictive analytics, program evaluation, policy development, IT and legislative support, and CPS Transformation work into an integrated system. This integrated system and analysis provides a more comprehensive understanding of how the CPS system is operating at all levels and will help identify emerging problems and assess the impact of changes.

The deputy assistant commissioner helps all CPS areas analyze information to prioritize, make improvements and changes, and use limited resources efficiently. Separating this work from day-to-day operations ensures objectivity yet maintains the critical connection to field and state office operational divisions.

Fatherhood Initiative

CPS started the Fatherhood Initiative in 2009 to increase permanent living solutions for children in foster care and encourage fathers or paternal family members to get involved in their children's lives.

A key part of the CPS Fatherhood Initiative is collaborating with local and national stakeholders. The Fatherhood Initiative participated in the Preconception Peer Educator (PPE) Program Planning Committee as well as the Fatherhood Committee to develop a survey for doctors to find out what they

need to help fathers become more involved with their children shortly before and after birth. The initiative also assisted in creating a video in FY 2014 focusing on the father's prospective to help CPS learn to engage fathers more effectively.

CPS continues to recognize the importance of having fathers involved in all aspects of developing CPS policy, practice, and implementation. And, fathers are participating more in policy review and in community presentations about fathers with children in the child welfare system.

Child and Family Services Review

The Child and Family Services Review (CFSR) Accountability Division conducts structured case reviews using the federal CFSR review instrument. In FY 2014, the accountability team reviewed 360 conservatorship and 360 family Based Safety Services cases as well as the investigations that led to those cases. The division shares findings and discusses strengths and areas needing improvement. This helps CPS develop best practices and improve outcomes for children.

The Division of Accountability reviews a limited sample of Title IV-E cases to assess if eligibility was correctly determined for children in foster care. CPS uses the results for quality assurance and continuous quality improvement, while preparing for the Title IV-E Secondary Review scheduled for FY 2015. CPS will conduct a statewide on-site review in 2016.

The Division of Accountability also lends its case expertise as needed. It helped redact the case records of 381 children in FY 2014 so they could be adopted.

Trauma-Informed Care

Child abuse and neglect causes long-term trauma for children, families, caregivers, and the staff who serve



them. CPS chartered a multi-disciplinary workgroup with a goal of making the child welfare system more responsive to the effects of trauma. The ultimate goal is to improve outcomes for the children, youth, and families that CPS serves. DFPS has a sponsored group for trauma-informed care and four subgroups of internal and external stakeholders working on assessments and screenings, training, caregiver support and secondary traumatic stress.

DFPS collaborated with the Department of State Health Services (DSHS) in FY 2014 to produce the Texas Health Steps TIC Training Module, which is available to the public on the DSHS website. Cenpatico, the company that provides the behavioral healthcare training for STAR Health, found more than 544 foster care providers and clinicians who meet the requirements for being in the Trauma Informed Care Specialty Network. 80 percent of them were qualified STAR Health providers.

As of FY 2014, Cenpatico conducted about 1,600 trauma trainings to more than 24,000 stakeholders, including CPS caseworkers, caregivers, child-placing agency staff, and child advocates. 1,907 CPS employees took the Trauma Informed Care Refresher Training. In the future, all new caseworkers will get STAR Health training—which includes trauma informed care.

Practice Model

CPS is developing a practice model to define the values, principles, relationships, approaches and techniques used at the system and caseworker level. Practice models set out a framework for the standards, approaches, and methods used at the system and individual case work levels throughout the life of an individual case, including assessment, interventions, services and support, and case closure.

Practice models include elements that support consistent values and evidence-based practice, provides parameters for employee roles and performance, and illustrates values and methods for policy, training, and quality management. Additionally, a practice model defines the essential elements of how CPS interacts with children and families and expectations of the child or family's interaction with CPS.

Expected outcomes include:

- Increased consistency of case practice over time based on standards and expectations.

- Improved quality of case work integrated with professional development and mentoring and improved assessment and decision-making.
- Supporting lower staff turnover by uniting staff around a common vision and providing consistent framework for case practice at all stages of service.

CPS was finalizing the practice model in FY 2014 and will begin to implement it in 2015.

Working with Partners

Foster Parents and Other Providers

Thousands of children are in state care (DFPS legal conservatorship) because of abuse and neglect. Foster parents, private child-placing agencies, residential treatment centers, and other providers that partner with DFPS to support these children. DFPS supports foster and adoptive parents by providing federal funds to the statewide Texas Council on Adoptable Children and the Texas Foster Family Association. DFPS also provides federal funds to local foster parent associations for education, training, and retention of foster and adoptive parents so they can better meet the needs of children.

Case Connection

DFPS works with Court Appointed Special Advocates (CASA) who are volunteers appointed by courts to be independent advocates for children in CPS cases. DFPS developed the Case Connection so CASA staff and volunteers can quickly get information about the children they represent.

Case Connection is a web-based application that gives CASA key information and printable documents from a child's electronic case file. CASA volunteers and staff can use any computer or mobile device with internet access to log into Case Connection at any time of the



day. Case Connection contains the most pertinent information about the child, but not the entire case file. CASA staff began getting access to Case Connection in late FY 2014 and volunteers will get access in 2015.

STAR Health

DFPS collaborates with the Texas Health and Human Services Commission to oversee and coordinate healthcare for children in foster care. STAR Health is a Medicaid managed-care plan that coordinates services for each child in foster care and manages services for children with more serious health and behavioral health needs. It also oversees and reviews use of psychotropic medications, provides an electronic health passport, nurse and behavioral health hotlines, and liaisons who partner with CPS staff.

Superior Health Plan operates the provider network, and CPS has specialists who are experts on the STAR Health program and serve as the primary link between Superior and CPS staff.

Committee for Advancing Residential Practices

The Committee for Advancing Residential Practices is a stakeholder group dedicated to improving practices in residential and foster care. Residential child care contractors, associations, and DFPS representatives meet quarterly to strengthen our partnership, improve communication, and work to improve the safety, permanency, and well-being of children.

Child Welfare Boards

Many counties provide additional resources to help Child Protective Services meet the needs of children in state care. More than 200 counties have child welfare boards appointed by their commissioner's courts. These boards provide significant support to enhance care and services for children in foster care and their families and help with child abuse prevention efforts.

CPS works with the Texas Council of Child Welfare Boards (TCCWB) to develop resources, programs, and strategies to improve services for vulnerable children and families. Members advocate at the local, state, and national level for children who otherwise might have no voice. TCCWB volunteers create, promote, and support events such as Child Protection Day at the Capitol and Go Blue Day to raise awareness about child abuse prevention.

Law Enforcement

CPS and law enforcement conduct joint investigations of reports alleging a child has been a victim of a crime and there's immediate risk of death or serious harm. CPS and law enforcement also work together in cases where children are exposed to selling and manufacturing drugs. Law enforcement notifies CPS if they plan to raid a home so CPS can prepare to protect the children. CPS contacts law enforcement if it finds evidence that may warrant criminal prosecution. CPS and law enforcement also work together on cases involving human trafficking.

Children's Advocacy Centers

Children's advocacy centers (CACs) provide a safe place where law enforcement, CPS, and other professionals can interview children who are suspected victims of sexual abuse, severe physical abuse, or who witnessed a violent crime. Many CACs also offer services such as counseling, medical exams, and classes for abuse victims and their families. CACs have also partnered with CPS to train caseworkers on child welfare topics.

Giving Texas Children Promise

Children across Texas receive help from three "community-partners" programs developed by Giving Texas Children Promise (GTCP). These programs are Rainbow Rooms, the Adopt-a-Caseworker Program, and the Purchasing Partnership Program.

- Rainbow Rooms help meet the critical needs of abused and neglected children. These resource rooms supply car seats, clothing, shoes, underwear, baby formula, school supplies, and safety and hygiene items to children entering foster or relative care as well as children receiving CPS 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. Groups have also furnished items such as birthday presents, prom dresses, household goods, and groceries.
- The Purchasing Partnerships Program obtains drastically reduced prices on many essential items stocked in Rainbow Rooms across Texas. In FY 2013, this program delivered 318 new car seats, 3,493 boxes of lice treatment and bedding

spray, 1,000 blankets, and 250 port-a-cribs at no cost to local sites.

In FY 2014, there were 155 rainbow rooms covering 197 counties across the state of Texas. Thousands of caseworkers have been adopted by local organizations and approximately 60,000 children and youth in state care have benefitted from the Rainbow Room community partners.

Children's Commission

In FY 2014, the Texas Supreme Court's Permanent Judicial Commission for Children, Youth, and Families continued its collaboration with DFPS through partnerships and projects that focused on:

- Improving medical and behavioral healthcare for foster youth.
- Family visitation for children, parents, and siblings.
- Written guidance to help parents navigate the child protection system.
- Addressing disproportionality and disparities in the child welfare system.
- The need and importance of strengthening education stability and outcomes for some 15,000 school-aged children and youth in DFPS legal custody.

Notably, DFPS and the Children's Commission made significant strides in expanding the relationship between Texas' three federally recognized Native American Tribes and both DPPS and the judiciary.

The Commission and DFPS collaborate on various matters and both organizations are deeply committed to a continued partnership between the executive and judicial agencies charged with caring for and protecting children in the state's foster care system. There is at least one executive level DFPS staff member on every Children's Commission committee, but usually several participate. The Children's Commission also sponsors a bi-weekly conference call with child welfare stakeholders, including DFPS executive staff, Office of Court Administration, Court Appointed Special Advocates, and child welfare advocates. The Children's Commission's executive director serves on the Texas Child and Family Services Review Team and the Public-Private Partnership, which oversees Foster Care Redesign. There were also several jointly developed training events for judges, attorneys, caseworkers, and other child welfare partners.

As in years past, FY 2014 saw a consistent and meaningful dialogue about child welfare policy, procedure, practice and legislation.

Parent Collaboration Group

The statewide Parent Collaboration Group (PCG) is a partnership between DFPS and parents who have been in the CPS system and succeeded. The group includes regional parent-representatives who meet quarterly to help CPS improve its policies and practices. The goals are to identify:

- Gaps in services for families and children.
- Services that are working and should continue.
- Ways parents can improve a caseworker's skills in relating to parents.

The group has developed parent-support groups in all CPS regions since its formation in 2002. These support groups help parents learn about the CPS process and navigate the child welfare system. There has been extensive growth and involvement from parents across the state, including a partnership with Casey Family Programs and training from Via Hope.

Parent Partners

A key component to the CPS Fatherhood Initiative is collaboration among stakeholders. CPS has partnered with the University of Texas at El Paso (UTEP) and Texas Women's University (TWU) in Dallas to launch a pilot of a peer parent-mentoring program called Parent Partners.

Parent partners are parents whose children were removed by CPS, but stayed committed and made the necessary changes in their lives so their children could be returned home. A parent partner is matched up with



a family as soon as possible. The employment of these parents as a resource and mentor to parents with open CPS cases increases engagement and the likelihood of family reunification.

The partnering universities are responsible for the pilot, including hiring guidelines. Both UTEP and TWU are fully staffed with Parent Partners, having 30 families assigned to the program. Each site has fully implemented the referral process, developed a matrix of families entering and exiting the child welfare system and is currently developing a feedback process to ensure effective communication when making recommendations for closing cases.

Parent Partners brings the knowledge and empathy of "having been there" that helps them develop trust with families more easily than a caseworker can. CPS knows it is important to get to know families to serve them, and Parent Partners is a systematic approach for working with families.

Children with Serious Emotional Disturbances

Senate Bill 44 of the 83rd Texas Legislature directed DFPS and the Texas Department of State Health Services (DSHS) to study and make recommendations to prevent the parents from giving up custody of children to the state solely to obtain mental health services. As part of the study, the law requires DFPS and DSHS to consider the advantages of providing mental health services using temporary residential treatment and intensive community-based services.

DFPS and DSHS contracted with the Child and Family Research Institute at the University of Texas at Austin to conduct the study. After reviewing the findings, the two agencies developed the following recommendations:

- Continue the current DSHS and DFPS services and initiatives geared toward prevention, early intervention, and treatment of children and youth with serious emotional disturbances.
- Increase the number of treatment beds for the DFPS/DSHS Residential Treatment Center Project.
- Explore expanding Community Resource Coordination Groups in high risk areas.
- Continue to expand the Youth Empowerment Services waiver.

- Expand emergency crisis and respite services.
- Expand mental health training opportunities for professionals who frequently interact with children, such as DFPS caseworkers, educators and law enforcement.
- Increase DFPS consideration of Joint Managing Conservatorship for families who meet statutory criteria.
- Make information on parental rights regarding relinquishment more readily available.

The law requires DFPS to annually report the number of children who are in its custody because their parents gave up custody to get mental health treatment. A case review conducted in 2014 indicated that 107 children may have entered foster care in FY 2011 and FY 2012 solely to get mental health treatment.

In May 2014, a new indicator was added to the DFPS case management system, which will allow DFPS to track children in this situation. The law requires an updated report every even-numbered year after the first report, including the status of each recommendation. The Health and Human Services Commission executive commissioner must review the recommendations and may direct DFPS to implement them within current resources.

The Legislature also gave DSHS more than two million dollars for 10 beds in private, residential treatment centers (RTC) to help address this problem. In FY 2014, 14 children received these services and 20 more were on the waiting list. Five children with plans to reunite with their families have been discharged from RTCs, and those on the waiting list are being enrolled in outpatient services. Seven children were able to stay in their homes with increased community services and did not require residential treatment center care. The collaboration between DSHS and DFPS is providing vital mental health services to severely emotionally disturbed children who are at risk of their parents giving up custody. These services are improving behavior of children and youth, stabilizing families, and letting CPS end its involvement.

Unaccompanied Refugee Minor Program

The U.S. State Department identifies refugee children who are eligible for resettlement in the United States but do not have a parent or a relative in the U.S. who can care for them long-term. These children are placed into the Unaccompanied Refugee Minors (URM) program when they arrive in the United States and get refugee foster care services and benefits. The URM program is operated by the Office of Refugee Resettlement (ORR), a part of the U.S. Health and Human Services Department.

The Texas Health and Human Services Commission coordinate with the Office of Resettlement, while DFPS oversees services for the children and contracts with Catholic Charities of Houston and Fort Worth to provide services. DFPS also provides technical assistance to the contractors. The URM program is funded by the federal government. Unlike foster care, DFPS does not have legal custody of children in the URM program. Instead the contractor has legal custody and control of these children. The Texas URM program served 83 URM youth in federal FY 2014. The projection for FY 2015 is 120.



Child Care Licensing

Responsibilities

Child Care Licensing (CCL):

- *Regulates child-care operations and child-placing agencies to protect the health, safety, and well-being of children.*
- *Permits and monitors operations and agencies for compliance with state licensing standards, rules, and laws.*
- *Investigates for alleged violations of minimum standards and reports of abuse or neglect in daycare and residential child-care operations.*
- *Gives parents and the public information about child care, including how specific operations are complying with minimum standards.*
- *Provides technical assistance to child-care providers to help them meet licensing standards, rules, and laws.*

2014 Accomplishments and Initiatives

Improving Child Care

Child Safety

In FY 2014, CCL adopted rules to increase child safety in residential child care in response to SB 427 of the 83rd Legislature. The new rules require FBI fingerprint-based background checks for persons in residential care who only needed name-based background checks in the past. The goal was to keep people with criminal history from putting children at risk of abuse and neglect. CCL also approved fines to enforce requirements for background checks.

CCL amended minimum standards to require daycare centers to use electronic child safety alarms in each vehicle they use to transport children purchased or leased on or after December 31, 2013. The alarm, required by HB 1741 of the 83rd Texas Legislature, aims to prevent caregivers from leaving children unattended in cars or other vehicles.

CCL also amended minimum standards aimed at safe sleep for infants. Child-placing agencies and

their foster homes are prohibited from using soft bedding in cribs for children aged 12 months or younger, instead of six months or younger. This mirrors recommendation by the American Academy of Pediatrics. CCL added new standards for child daycare centers and homes to forbid laying a swaddled infant down to sleep or to rest on any surface. Evidence shows that swaddling a child incorrectly can increase the risk of serious health outcomes, such as suffocation, overheating, and hip dysplasia.

Foster Homes

CCL adopted stricter screening requirements for child-placing agencies (CPA) when verifying foster homes. Child-placing agencies must interview more people and collect more information on the finances of prospective foster parents. Foster homes that transfer from one child-placing agency to another must have a new home study, and when an agency closes a foster home it must do a closing summary.

CCL also adopted rules to better protect children with primary medical needs. This includes:

- Limits on the number of children who can live in any one foster home.
- More face-to-face contact between child-placing agency staff and children with primary medical needs.
- Requirements that child-placing agencies offer respite care to foster parents.

To help children in foster care lead more normal lives, CCL adopted rules to require that service planning takes this into consideration and foster parents are trained on how to expose foster children to experiences and activities that children outside of foster care enjoy.

* A child-placing agency is a business that places or plans for the placement of a child in a foster or adoptive home.

Policy on Vaccines

In FY 2014, CCL adopted rules to implement S.B. 64 of the 83rd Texas Legislature. The new rules require operations that are not home-based to have policy on which vaccines an employee must receive based on the risk to children.

Emergency Preparedness Plans

Based on national recommendations from Save the Children, the American Academy of Pediatrics and the American Public Health Association, CCL required child-care operations to include in their emergency preparedness plan how children with special needs will be evacuated in the event of an emergency.

Surge of Unaccompanied Minors

Texas saw a surge of unaccompanied minors illegally crossing the Texas-Mexico border in 2014. The federal Office of Refugee Resettlement (ORR) places these children in the least restrictive environment possible as required by law. DFPS regulates the residential facilities that ORR contracts with to care for these children. To help manage the surge, Residential Child Care Licensing (RCCL) visited or discussed licensing requirements with 17 potential operations and eventually licensed one new facility. RCCL also reviewed capacity and variance requests from facilities that already contracted with ORR to evaluate for potential health and safety issues particular to these children.

Legislative Initiatives

Illegal Child-Care Operations

Texas law requires child-care operations to get a permit from DFPS to provide care outside a child's home, unless they are exempt under certain criteria. Illegal operations present higher risk to children because they are not inspected and do not meet training, background check, or other basic health and safety requirements. In FY 2013, the Texas Legislature approved 40 additional staff for CCL's Day Care program to address the risk to children in unregulated daycare settings. In FY 2014, these new staff helped find and investigate illegal daycare with the goal of helping the provider obtain a permit or, when appropriate, shut them down.

Human Trafficking

CCL licenses 24-hour residential child-care operations that care for abused and neglected children, but it can be particularly challenging to treat the trauma inflicted by human trafficking. In FY 2014, CCL proposed minimum standards to implement H.B. 2725 of the 83rd Texas Legislature. The new standards apply to general residential operations and child-placing agencies that provide comprehensive

services to victims of human trafficking. The new standards require additional services for victims, increased staffing levels for general residential operations, additional training, enhanced security and confidentiality policies, screenings for infectious diseases, treatment for alcohol and substance abuse, a mental health assessment, and individual therapy.

Administrative Penalties

Senate Bill 427 of the 83rd Texas Legislature gave CCL the authority to impose fines on operations when they fail to meet certain background check requirements —before imposing nonmonetary penalties. CCL anticipates levying more fines on operations than in the past, so it developed guidelines for staff on when to impose fines and how much they should be.

Administrative penalties and due process for these penalties are currently not part of CCL's automated case management system known as CLASS. In FY 2014, CCL recommended automating this process to eliminate a cumbersome paper process and to enhance the ability to track how often and why CCL imposes these fines.

Technology Enhancements

DFPS made several improvements in FY 2014 to CLASS and other online systems to better support child-care providers and CCL staff. The major improvements include new priority classifications for non-abuse or neglect investigations and improvements to how data on illegal operations and child fatalities is entered and collected.

Public Awareness

Search Texas Child Care

One of CCL's most important services is giving information to parents, stakeholders, and others who are interested in child care. The DFPS website offers comprehensive compliance and regulatory information for both residential and daycare operations. Anyone



who wants to find and compare child care can use our online database (TxChildCareSearch.org) to search by type of care, location, services offered, name, or address. They will find two years of compliance history for each operation, including a summary of inspections and deficiencies. In FY 2014, people used this database to view search results 1,359,009 times.

Don't Be in the Dark

CCL continued its Don't Be in the Dark (about child care) campaign during FY 2014. CCL launched the campaign in 2006 and expanded it in 2010 to feature two sets of public services announcements in English and Spanish. One focused on choosing regulated care and the other on parents listening to their children and talking to their child-care provider. The spots are available to the public on the campaign website as well as the DFPS YouTube channel at <http://www.youtube.com/user/TexasDFPS>.

The campaign directs parents, consumers and others to the agency's child-care database (TxChildCareSearch.org), where they can find and research the regulatory compliance history of daycare and residential child-care operations. Visit DontBelInTheDark.org for more information.

Baby Room to Breathe

The Baby Room to Breathe campaign continued in FY 2014 with the goal of educating parents and caregivers on ways to lower the risk of infants dying in their sleep. The campaign offers a parent instructional video in English and Spanish on safer infant sleep. You can find it on the DFPS YouTube channel (<http://www.youtube.com/user/TexasDFPS>) and the campaign websites, BabyRoomToBreathe.org and BebeEspacioParaRespirar.org.

Watch Kids Around Water

The 83rd Texas Legislature designated April as Water Safety Month. DFPS issued news releases in April 2014, and before the Memorial Day, Independence Day, and Labor Day holiday weekends to call attention to the issue of child drowning deaths. DFPS also release a public service announcement before the 4th of July, which is available on the DFPS YouTube Channel. WatchKidsAroundWater.org provides water safety tips, drowning statistics, and a "Lifeguard 101" teaching tool. The goal is to educate and motivate parents and other adults to "be a lifeguard" for kids.

Quality Assurance

CCL has a Performance Management Unit (PMU) that analyzes data and identifies trends in CCL's performance, including casework. CCL uses this information to develop recommendations for training, program structure, policy, and practice to improve the quality and consistency of inspections and investigations. Examples of past recommendations include policy changes or clarifications, updating or developing new trainings, reviewing current policies and procedures with staff, and changes to information technology systems. CCL also has specially-trained risk analysts in the field statewide. These analysts review daycare or residential child-care operations for compliance history that indicates a higher risk of harm to children. They provide objective recommendations on regulatory actions to reduce risk to children

Training

In FY 2014, CCL staff across the state had numerous opportunities for training and work-related professional development to enhance regulation and services. Training topics included ethics, diversity, drug trends, verbal defense and influence, and training on automation enhancements. CCL's Professional Development Division also provided additional specialized staff training in the areas of illegal child care, management techniques to promote accountability, minimum standards and child interviewing.

At the same time, CCL staff held more than 141 training events for 4,619 caregivers. Topics included prevention of abuse and neglect, positive child



discipline and guidance, appropriate supervision of children, updates to minimum standards, and directing for success (for new child-care directors). CCL also held 253 orientation sessions for 2,568 people to give potential applicants an overview of the licensing process and how to complete an application and get a permit to operate a child-care operation in Texas.

CCL Services

Child Care Licensing has two programs: Day Care Licensing and Residential Child Care Licensing. These programs protect the health, safety, and well-being of children (birth through 17 years of age) in both daycare and residential care (including foster care) in two primary ways—regulation and investigations. Both programs have inspectors and abuse and neglect investigators. Inspectors and Investigators work hand in hand to assure that child care providers follow state standards and rules and that allegations or suspicions of abuse are investigated and addressed.

According to Chapters 42 and 43 of the Human Resources Code, CCL develops administrative rules and minimum standards for daycare operations, child-placing agencies, and residential child-care operations. CCL also develops policies and procedures for CCL staff to follow when conducting regulatory activities. These include:

- Processing applications and issuing permits (see the DFPS Data Book for FY 2014 data on applications and permits).
- Inspecting child-care operations.
- Investigating complaints alleging violations of licensing laws, rules, or minimum standards.



- Investigating reports of abuse or neglect of children in care.
- Ensuring criminal background checks and DFPS abuse and neglect Central Registry checks are run as required on child care personnel, and anyone 14 years or older who is regularly present while children are in care.
- Consulting, training, and giving technical assistance to child-care providers and potential providers on how to comply with minimum standards.
- Taking enforcement actions against operations as necessary (see page 85-86 and 101 in the DFPS Data Book for data on corrective or adverse actions).

CCL also helps parents and others make informed decisions when choosing child care or making residential placements by giving them information about the types of care available, where it is available, and the results of licensing inspections and investigations.

Who We Regulate

CCL regulates four basic categories of child-care operations. They are licensed operations (daycare and 24-hour residential child care), registered child-care homes, listed family homes, and operations with a compliance certificate.

Licensed Operations

All licensed operations must follow specific minimum standards and CCL routinely monitors and inspects them. Applicants must complete a pre-application overview or orientation on regulation and be cleared by background checks. CCL issues a license only after it completes an inspection to ensure the applicant is meeting licensing standards. CCL inspects licensed operations at least annually or more often if there are reports of alleged child abuse or neglect or violations of licensing statutes, administrative rules, or minimum standards. Licensed operations include both daycare and 24-hour residential child care.

Daycare:

- Licensed child-care homes (also known as group daycare homes) provide daycare in the caregiver's home for 7-12 children under 14 years old for less than 24 hours a day, but at least two hours a day, three or more days a week.

- Child-care centers (also known as daycare centers) are any operation that cares for 13 or more children under 14 years old for less than 24 hours, but at least two hours a day, three or more days a week.
- Before and after-school programs provide care before or after the normal school day and during school holidays for at least two hours a day, three days a week, to children who attend pre-kindergarten through grade six.
- School-age programs provide supervision and recreational-skills instruction or skills training before or after the customary school day for at least two hours a day, three or more days a week, to children attending pre-kindergarten through grade six. A school-age program may also operate during school holidays or any other time when school is not in session.

- A child-placing agency is a business that places or plans for the placement of a child in an agency foster or adoptive home that it approves and monitors.

24-Hour Residential Child Care:

- Foster family homes provide 24-hour care for 6 or fewer children under 18 years old. Foster family homes can be verified by a child-placing agency (known as agency foster-family homes) or can be independently licensed by CCL (known as independent foster-family homes).
- Foster group homes provide 24-hour care for 7 to 12 children under 18 years old. Foster group homes can be verified by a child-placing agency or can be independently licensed by CCL (known as independent foster group homes).
- General residential operations provide 24-hour care for 13 or more children under 18 years old and may provide various treatment services, emergency care services, or therapeutic camps. General residential operations include residential treatment centers.



Registered Child-Care Homes

Registered child-care homes (also known as registered family homes) provide regular care in the caregiver's home for up to 6 children under age 14 and may also take in up to 6 additional school-age children. Regular care is defined as "at least four hours per day, three or more days a week, for three or more consecutive weeks -or- four hours a day for 40 or more days in a period of 12 months." The number of children allowed in a registered child-care home is determined by the ages of the children. No more than 12 children can be in care at any time, including the caregiver's children.

Applicants must complete a pre-application overview or orientation to regulation and pass background checks. CCL issues a registration only after it completes an inspection to ensure the provider is meeting the standards for a registered child-care home. CCL inspects registered child-care homes every two years and will investigate any allegation of child abuse or neglect - or - violation of licensing laws, administrative rules, or minimum standards.

Listed Family Homes

Listed family homes provide regular care in the caregiver's home for 1 to 3 unrelated children under age 14. Regular care means "at least 4 hours per day, 3 or more days a week, for 3 or more consecutive weeks or four hours a day for 40 or more days in a period of 12 months." Providers must be at least 18 years old and go through an application process that includes a criminal background check and getting a "listing" permit from CCL in the form of a letter.

These providers do not have to meet minimum standards or take training. While CCL does not routinely inspect listed family homes, it does investigate them when it gets reports alleging that:

- Children have been abused or neglected.
- The home is providing child care for too many children.
- A caregiver gave a child medication without their parent or guardian's written permission.
- There is immediate risk to the health or safety of a child.

Operations with a Compliance Certificate

Anyone wanting to operate a shelter or employer-based child care operation must complete an application. CCL completes an on-site inspection before issuing the permit to ensure compliance with the law and minimum standards, if applicable.

Shelter Care

These operations provide child care at a temporary shelter, such as a family violence or homeless shelter, at least 4 hours a day, 3 or more days a week, to 7 or more children under 14 years of age while parents, who live at the shelter, are away.

Anyone wanting to operate a shelter care must pass criminal background checks and an initial inspection. CCL does not regularly inspect shelters, but does investigate allegations of child abuse or neglect or violations of licensing laws, administrative rules, or minimum standards.

Employer-Based Child Care

Employer-based child care provides care for up to 12 children of employees (under 14 years of age) for less than 24 hours per day. These operations provide care in the same building where the parents work.

Before CCL issues a compliance certificate, the operation goes through an applications process that includes criminal background checks and an inspection. There are no minimum standards for these operations and they are not inspected after they get a certificate. However, CCL will investigate allegations of child abuse or neglect or a violation of licensing laws or administrative rules.

Reports on Licensing Violations or Abuse and Neglect

Child Care Licensing investigations allegations of abuse and neglect in all types of child care facilities, including foster care.

CCL uses licensing standards to protect the basic health and safety of children in out-of-home care. Our goal is to appropriately and consistently enforce minimum standards for all types of child-care operations statewide. CCL aims to increase compliance by child-care operations and provide stronger protections for children through consistent enforcement.

Regulating child-care facilities and child-placing agencies routinely presents two challenges for CCL staff and permit holders alike:

- Consistent interpretation of minimum standards.
- Consistent enforcement decisions and actions.

CCL analyzes trends in violations both statewide and regionally, to get a better idea of the technical assistance providers need to help them meet or exceed minimum standards.

Violation Trends

The DFPS Data Book includes a Statewide Trends Table for daycare operations. It includes the top 10 standards deficiencies for daycare operations in FY 2014.

For information on statewide trends, see: the DFPS Data Book, page 88.

DFPS also publishes a Statewide Trends Table of the top 10 standards deficiencies for residential child-care operations in FY 2014.

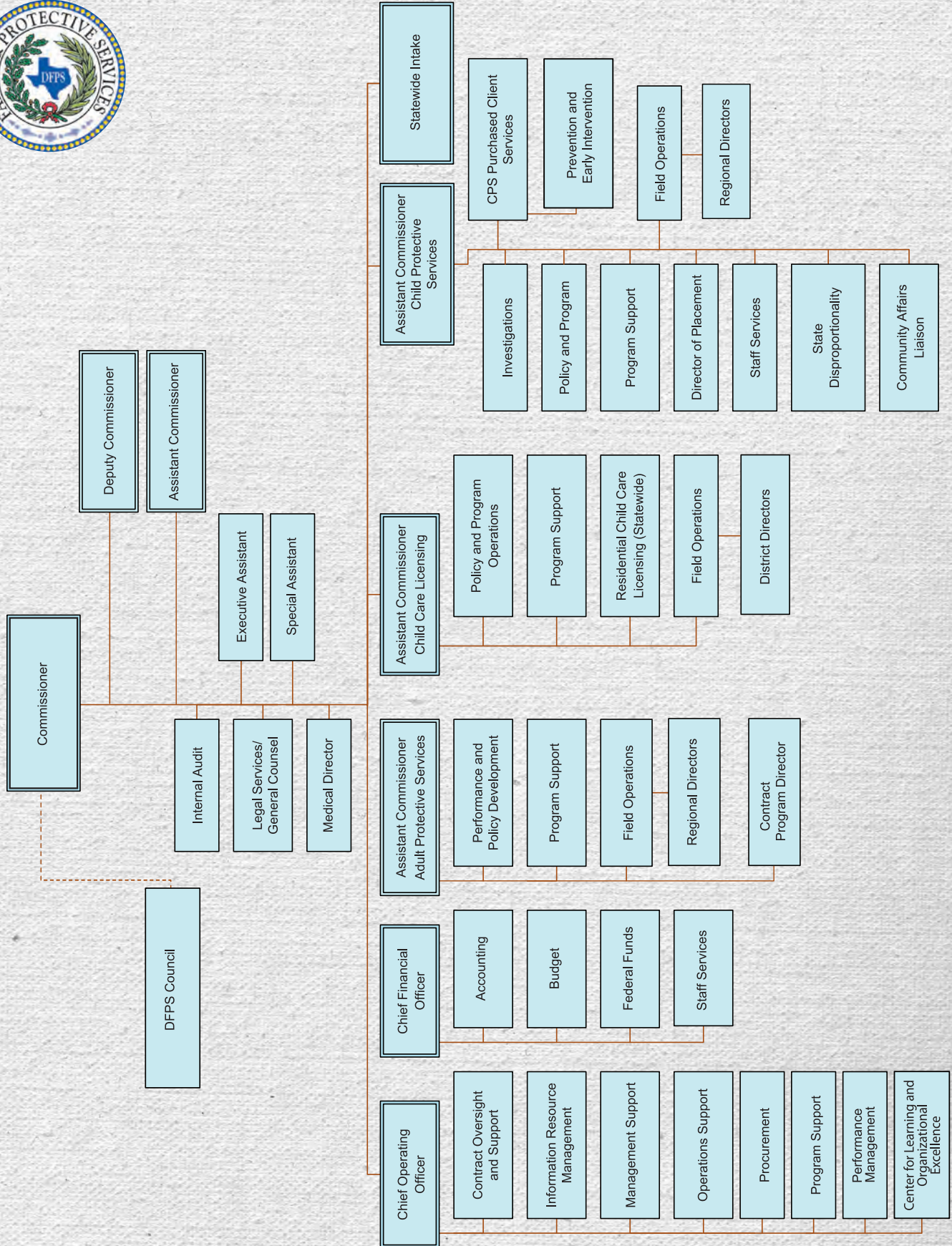
For more information, see the DFPS Data Book, pages 103.

Addressing Trends with Technical Assistance

CCL cites violations in various types of inspections. We find some in routine monitoring inspections and follow-ups and others after a complaint about specific incidents. CCL makes a point to give child-care providers' technical assistance to help them comply with licensing standards. Data on violation trends helps CCL target its technical assistance to specific issues to help improve compliance.



Texas Department of Family and Protective Services Organizational Chart



Texas Department of Family and Protective Services 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

How to become a foster or adoptive parent and information for current foster or adoptive parents

Child Care Information: 1-800-862-5252

Information about child care in Texas

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

Make an inquiry or complaint about an existing DFPS case

Texas Youth and Runaway Hotline: 1-800-989-6884

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.TexasYouth.org	Texas Youth and Runaway Hotline
www.HelpandHope.org	Child Abuse Prevention
www.EveryonesBusiness.org	Adult Abuse Prevention
www.TxChildCareSearch.org	Search Texas Child Care
www.dpfs.state.tx.us/volunteer	Become a DFPS Volunteer
www.WatchKidsAroundWater.org	Safety for children around water
www.TexasYouthConnection.org	Resources for youth in foster care
www.DontBelInTheDark.org	Choose regulated child care
www.BabyRoomToBreathe.org	Safe sleeping tips for babies

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Texas Department of Family & Protective Services
Annual Report & Data Book

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