

Section VIII – CAPTA Basic State Grant Application

Child Abuse Prevention and Treatment Act (CAPTA) State Plan

The name, address, and fax number of the applicant agency.

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The name, title, and telephone number of the individual designated to serve as the Child Abuse and Neglect State Liaison Officer with the National Center on Child Abuse and Neglect (NCCAN).

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The name and telephone number of a contact person who will be able to answer questions about the application.

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The applicant agency's Employer Identification Number (EIN).

The EIN of the applicant, Texas Department of Family and Protective Services, is 74-2639167.

Explain substantive changes, if any, in State law that would affect eligibility, including an explanation from the State Attorney General as to why the change would or would not, affect eligibility (section 106(b)(1)(B)). Include a copy of any relevant State statute. Note: States do not have to notify ACF of statutory changes or submit them for review if they are not substantive and would not affect eligibility.

There have been no substantive changes to the laws in Texas that would affect eligibility for CAPTA funding.

Describe the services and training to be provided under the CAPTA state grant as required by section 106(b)(2)(C) of CAPTA.

A description of all services provided by the CPS program is located in Section I of the APSR. Section III provides a detailed update of the DFPS training plan.

The Texas Department of Protective and Regulatory Services (PRS) was created by the 72nd Legislature and charged with protecting children, elder adults and persons with disabilities from abuse, neglect, and/or exploitation, and with licensing child care facilities and child-placing agencies. House Bill 7, which combined HHS agencies under one umbrella, transferred the following programs to PRS on September 1, 1992:

- all functions of child protective services
- the functions, programs and activities of the Texas Department of Mental Health and Mental Retardation (MHMR) related to the investigations of abuse and neglect within its facilities
- all functions of adult protective services
- all activities related to regulating child care facilities and child-placing agencies

During the 1999 Legislative Session (76th Legislature), Senate Bill 1574 established the responsibility of PRS to implement and manage programs intended to prevent at-risk behaviors that lead to child abuse, delinquency, running away, truancy, and dropping out of school. In addition, Senate Bill 2641, the sunset bill for HHSC, formally established HHSC as an umbrella agency for HHS state agencies, including PRS, and contained several provisions requiring increased coordination and consolidation of health and human services functions.

During the 2003 Legislative Session (78th Legislature), House Bill 2292 created the Texas Department of Family and Protective Services (formerly Department of Protective and Regulatory Services). DFPS is charged with protecting children, adults who are elderly or have disabilities living at home or in state facilities, and licensing group day care homes, day care centers, and registered family homes. The agency is also charged with managing community-based programs that

prevent delinquency, abuse, neglect and exploitation of Texas children, elderly, and disabled adults.

The Prevention and Early Intervention (PEI) Division of the Department of Family and Protective Services (DFPS) was created to consolidate prevention and early intervention programs within the jurisdiction of a single state agency. Consolidation of these programs was intended to eliminate fragmentation and duplication of services for at-risk children, youth, and families.

Below are brief descriptions of each prevention and early intervention program. The PEI section of the DFPS Web site (www.dfps.state.tx.us) provides information about the availability of PEI programs in each of the state's 254 counties. The Web site is updated regularly to provide Texans with timely information on prevention and early intervention services.

- **Community Based Child Abuse Prevention (CBCAP) Program:** The CBCAP program seeks to increase community awareness of existing prevention services and to strengthen community and parental involvement in child abuse prevention efforts. The Community Partnerships for Strengthening Families (CPSF) Program is delivered through four contracts with local entities in Austin, Dallas, Port Arthur, and San Angelo. The Partnerships are comprehensive collaborations of parents, community members, community- and faith-based organizations and government agencies working to improve outcomes for children, youth and families. Partnerships build upon existing community strengths and assets for supporting families, and facilitate the creation of a continuum of prevention services. The model places a high priority on parental involvement and participation in the design, implementation and evaluation of community-based programs and activities designed to prevent child abuse and neglect. In fiscal year (FY) 2006, the Community Partnerships collectively served 462 families and trained 258 individuals on community leadership. In addition, CBCAP previously funded the Temporary Respite Care for Children program, which provided short term, temporary alternate care services for families with children 0-17 years of age experiencing a crisis or stressful situation. In FY 2006, respite care was provided to 581 families, with a total of 923 children served. In replacement of the Temporary Respite Care for Children program, CBCAP will procure one or more contracts for a new Relief Nursery program during FY 2007, focusing on families with children ages 0-5 who are at risk for child abuse and neglect as identified by a risk assessment inventory, and that will provide holistic support services based upon the identified core elements of the Relief Nursery Program of Eugene Oregon, which was identified as a Program with Noteworthy Aspects by the recent "*Emerging Practices in the Prevention of Child Abuse and Neglect*" report. In addition, a contract will be procured for an evidence-based, home visitation pilot program for rural families in FY 2007. The *Rural Family*

Support Program (RFS) will support at-risk rural parents and/or caregivers of young children and/or expectant mothers and increase awareness and access to support services for those living in decentralized rural areas of the state and addressing the unique challenges faced by these areas. Lastly, CBCAP previously funded the Infant Mortality Prevention Education Program (IMPEP) in which the Shaken Baby Alliance provided a train-the-trainer model to communities to reduce preventable infant mortality. During FY 2006, the program trained 461 trainers who in turn trained 7,534 community trainees. This program will be re-procured to address data from the child fatality review teams to ensure services are targeted where there is greatest need and opportunity to reduce early child deaths.

- **Community Youth Development (CYD) Program:** Community Youth Development (CYD) programs provide community-based delinquency prevention programs in 15 areas of the state that are known to have a high incidence of juvenile crime. The program is ZIP code based and is currently available in Amarillo (79107), Austin (78744), Brownsville (78520), Corpus Christi (78415), Dallas (75216, 75217), El Paso (79924), Fort Worth (76106), Galveston (77550), Houston (77081), Lubbock (79415), McAllen (78501), Pasadena (77506), San Antonio (78207), and Waco (76707). Committees made up of local community members and youth representatives assess community strengths and needs, identify funding priorities and review proposals submitted by prospective service providers for funding through the local procurement by the primary contractor. Examples of CYD program services include youth leadership development, life skills development, character education, conflict resolution, enrichment, education, employment, mentoring, and family support. In FY 2006, the CYD program served 22,408 youth.
- **Services To At-Risk Youth (STAR) Program:** The STAR program was established in 1983 to help fill the gap in services to youth who were runaways, truant, at risk of running away, or at risk of abuse who did not meet the criteria for Child Protective Services or services of county juvenile probation programs. The program has grown since its inception and currently provides services to all 254 Texas counties. STAR services are provided to youth under the age of 18 who are runaways, truants, and/or living in family conflict; youth who are age 9 and younger who have allegedly been involved in, or committed, delinquent offenses; and 10 to 16 year-olds who have allegedly committed misdemeanor or state jail felony offenses but have not been adjudicated delinquent by a court. Community agencies provide STAR services via state contract. Services must include family crisis intervention counseling, short-term emergency residential care, individual and family counseling and universal child abuse and neglect prevention activities. All contractors serve one or more primary counties and may apply to serve other counties in their areas.

Contractors must maintain a STAR office in each primary county. There are provisions for part-time satellite offices in other counties or for staff to use a “circuit rider” approach to serve outlying counties. The program’s highest priority is to support youths remaining in their homes. If safety is in question youth can be placed in emergency residential care for up to 60 days in a 365-day period. Non-residential services can be provided for up to 180 days in a 365-day period. The STAR program served 31,670 youth during FY 2006. Nearly two-thirds (66%) were referred for reasons of family conflict. The remaining youth were referred to STAR because they were truant (15.2%), had committed offenses (15.4%), or were runaways (2.6%).

- **Tertiary Prevention for Child Abuse:** The Tertiary Prevention for Child Abuse Program provides community-based, volunteer-driven services for prevention, intervention and aftercare services for the families of children who have been, or who are at risk of, child abuse and neglect. The goals of the program are to prevent child maltreatment, reduce the number of families reentering the Child Protective Services system, improve the quality and availability of aftercare services for abused children, and enhance the statewide network of tertiary child abuse prevention programs. In FY 2006, the Tertiary program served 124 families.
- **Texas Families: Together and Safe:** Texas Families: Together and Safe (TFTS) is a DFPS program of family support grants. Family support services are provided through community and evidence-based prevention programs. The evidence-based program requirement was added through the new procurement for FY 2007. These programs are designed to improve and enhance access to family support services, increase the efficiency and effectiveness of community-based family support services, enable children to remain in their homes through the provision of preventive services and increase collaboration among local programs, government agencies and families. TFTS provides evidence-based prevention programs that increase protective factors in families who are considered at-risk for child abuse and neglect. By increasing protective factors, TFTS programs will strengthen families and ultimately prevent child abuse and/or neglect. In particular, TFTS programs develop parental and familial understanding and strengthening of parental resilience, knowledge of parenting and child development, social connections, and concrete support in times of need. TFTS providers work with other community-based organizations to build access to an array of coordinated, family-centered resources that are tailored to best meet the needs of the community. During FY 2006, 13,855 families received services such as parent education, counseling and support groups. In FY 2006, additional services such as case management and referrals were also included in provider outputs.

- **Family Strengthening:** The Family Strengthening program began in April 2006 and provides services that have been evaluated and proven to effectively increase family protective factors (At-Risk Family Strengthening Services) or that have utilized best practices and sound research in program design (Innovative Family Strengthening Services). A variety of services are available across the state that are designed to increase known protective factors to increase family resiliency while preventing child abuse and neglect. Programs must also foster strong community collaboration to provide for a continuum of family services. In FY 2006 (April-August), preliminary figures indicate that the Family Strengthening program served 362 families and is targeted to serve an additional 1,027 families in FY 2007. Specific programs funded to date include the first Nurse Family Practitioner program pilot within the state of Texas, multiple programs specializing in teen-parents, and several comprehensive approach programs that offer an expansive array of services for families and children within rural and less populated areas. The Family Strengthening program includes three Innovative approach programs that are time limited, ending in FY 2007.
- **Youth Resiliency:** The Youth Resiliency program began in April 2006 and provides services that have been evaluated and proven to effectively increase youth protective factors (At-Risk Youth Resiliency Services) or that have utilized best practices and sound research in program design (Innovative Youth Resiliency Services). A variety of services are available across the state that are designed to increase know protective factors to increase youth resiliency while preventing juvenile delinquency. Programs must also foster strong community collaboration to provide for a continuum of services for youth participants. In FY 2006 (April-August) the Youth Resiliency program served 1,531 youth and is targeted to serve 2,860 youth in FY 2007. Specific programs funded to date include various youth-focused mentoring programs such as Big Brothers Big Sisters and Community in Schools, and several family-based programs such as Strengthening Multi-Ethnic Families, Strengthening Families, and Parenting with Love & Limits that work with caregivers and youth in an attempt to reduce juvenile delinquency by building stronger family relationships. The Youth Resiliency program includes four Innovative approach programs that are time limited, ending in FY 2007.
- **Texas Runaway and Youth Hotlines:** The Governor of Texas established the first nationwide runaway hotline in 1973 following the discovery of the bodies of 27 young men in the Houston area. Originally named “Operation Peace of Mind,” the hotline was manned by community volunteers and served as a message relay service to foster communication between runaways and parents. Today the renamed “Texas Runaway Hotline” exclusively serves Texas youth and families. Hotline staff and volunteers work closely with social service agencies and

juvenile delinquency prevention programs to provide 24-hour crisis intervention and telephone counseling; information and referrals to callers in need of food, shelter and transportation to their homes; conference calls to parents and shelters; a confidential message relay service between runaways and parents; and paging services for callers in need of immediate assistance from program staff after regular office hours. Building on the success of the Runaway Hotline, the Texas Youth Hotline was established in December 1998. Callers with a broader range of youth-related concerns can talk to a trained volunteer who may provide referral information or crisis intervention, and telephone counseling to the callers. Collectively, the hotlines attended to 39,680 calls during FY 2006. The Hotlines' database contains approximately 2,300 listings of state and local resources.

The Texas Department of Family and Protective Services (DFPS) is the state agency designated by the governor to receive the Basic State Grant funds (Title I) under provisions of the Child Abuse Prevention and Treatment Act Amendments of 1996 (P.L. 104-235). Within DFPS, the Child Protective Services (CPS) program provides direct services statewide to children and families in which child abuse and/or neglect has been alleged. Referrals of abuse, neglect and exploitation of children, elderly and disabled adults are received through our Statewide Intake, the agency's centralized intake call center. Referrals may be received by the DFPS website, fax, letter or by telephone. Statewide Intake received 239,102 reports of abuse and neglect of children. CPS investigated 163,795 cases of suspected child abuse and neglect in Texas during fiscal year 2006. Of these 41,406 cases were confirmed. There were 67,737 confirmed victims. Additional statistical information is available on the DFPS website. (2006 data book)

In addition to protecting the immediate safety of children, CPS provides services to reduce the risk of future abuse or neglect in the home. Sometimes, it is possible for children to remain in the home while CPS works with the family. In other cases, it is necessary to find a safe place for children to live, with a relative or in foster care, while the family addresses its problems.

In fiscal year 2006, 24,359 family cases were opened for services and an average of 12,828 families per month received in-home services. In addition, 17,536 new children were placed in substitute care . Substitute care is defined as care for children in the legal responsibility of CPS who are placed outside their own home. This includes foster homes, foster group homes, residential treatment facilities, hospitals, adoptive homes, relative homes, and independent living arrangements. Of the children who left legal responsibility in fiscal year 2006, 63.2 percent were able to either return home or be placed with a relative.

TEXAS STATEWIDE INTAKE (SWI)

The state of Texas covers a substantial and diverse geographic region. With over 250 local child welfare offices statewide, Texas sought to better utilize their workforce and workspace in order to have a more efficient and effective intake system. When Texas began the process to create a statewide intake system, the main focus was to implement a system that would be consistent across a large and varied geographic area. In response to these needs, the State of Texas has created a system intended to be user-friendly, effective, and consistent. The intake operation requires a blend of child welfare practice and technology application.

In Texas, all reports of child abuse and neglect, as well as abuse and neglect of the elderly or adults with disabilities or within licensed child-care settings, are received at a central call center located in Austin. Those reporting abuse or neglect call a toll free number and speak to a worker trained in intake regarding all areas of abuse, neglect and exploitation. Reports may also be made electronically through the state's web site or delivered via fax or letter.

The Texas Statewide Intake Center encompasses several components. The main elements, which will be discussed here, are call routing, call center workforce management, voice recording, and Internet reports of abuse and neglect.

Call Routing

Centralization implementation began in September 1996 with the delivery of the Child and Adult Protective System (CAPS), Texas's Statewide Automated Child Welfare Information System (SACWIS). It continued in stages with separate regions being added to Statewide Intake every three to four months until July 1999 when the Houston region was assimilated and completed the process.

State and local staff partnered to go into the community and talk to other local child welfare staff, professionals, members of the community, and law enforcement to gain support for the central intake center. One approach to gaining the support of law enforcement was the implementation of a separate prioritized phone number for law enforcement officials to call when reporting abuse and neglect. This allows them to automatically be the next call taken. Law enforcement officials may also report child abuse or neglect via the Internet, fax or mail.

The Texas Statewide Intake Center uses a Nortel Automatic Call Distributor (ACD) to distribute calls. Reader boards mounted in the call center gives intake workers and supervisors visual information regarding the number of calls holding and caller wait time.

Reports that have been accepted for investigation are prioritized and investigations are assigned electronically to the local office. In many counties the

assignment is made directly to a supervisor's workload. In other areas, particularly more urban counties, the assignment is made to a designated support staff person's workload. The staff person then assigns the investigation based on a local supervisory rotation list. After normal business hours, an on call list maintained electronically in the operating system is utilized to contact local staff with high priority intakes.

Cross-reports to law enforcement are made according to the local law enforcement office's preference and technological capabilities. The cross-reports, which are transmitted without specific caller identifying information, are sent to law enforcement either via e-mail using MS Outlook or by fax using RightFax.

Call Center Workforce Management

When Texas began the rolling implementation of the central call center, administrators had very little information on which to base projected staffing needs. At the beginning stages it proved difficult to determine staffing needs in order to estimate the necessary financial support. While the call center was in its early stages, staff scheduling was done manually in a spreadsheet format.

Texas currently uses IEX, a workforce management program that projects staffing levels based on historical call volume for various times of the day, week, and year. This enables managers to schedule intake staff at the most beneficial times. IEX also schedules meals and breaks for intake workers in order to maximize efficiency.

Voice Recording

To assist investigators and supervisors in their investigation of child abuse or neglect, staff may access the actual voice recording of a phoned-in report. Texas uses Telstrat Call Parrot Recording System, which allows supervisors to open the recording in a Wave (WAV) file format. Investigators may use this to compare the actual live call to the documentation provided and to obtain any additional information that may not have been transcribed. A Quality Assurance Unit compares the information given by the caller to the actual documentation to ensure that intake workers provide complete and relevant information in the written reports. Supervisors also do live and recorded call monitoring.

Internet Reports of Abuse and Neglect

Non-emergency reports of child and adult abuse and neglect may now be submitted electronically through the state's intake web site. On the report page, a professional or member of the community can complete a form with all relevant information regarding the suspected abuse or neglect. Reports made through the

Internet may not be anonymous. Contact information and most of the other information fields are required. Reporters receive a confirmation e-mail including the identification number of the report and the initials of the alleged victim of abuse or neglect. E-reports are encrypted using Secure Socket Layer (SSL) security, which under Texas state law is sufficient for Health Insurance Portability and Accountability Act (HIPAA) covered institutions to file reports of child abuse and neglect.

A specialized unit of intake workers read these electronic reports and the information is populated directly into Information Management Protecting Adults and Children in Texas (IMPACT), Texas' current web-based SACWIS system. This eliminates the need for intake workers to re-input information that has already been provided in the form by the reporter. While an intake worker taking live phone calls can usually handle about two calls an hour, a worker reading e-reports can process approximately 3-4 per hour.

In response to the need for a more consistent and efficient intake process, the state of Texas has utilized several technological applications to create their statewide intake system. Since its implementation, job turnover for intake workers initially decreased and support of the system by stakeholders has increased significantly.

Describe the provisions and procedures for criminal background checks for prospective foster and adoptive parents and other adult relatives and non-relatives residing in the household (Section 106(b)(2)(A)(xxii)).

CRIMINAL BACKGROUND CHECKS

Texas has not opted out of the criminal history requirements found in the Adoption and Safe Families Act (ASFA). All prospective foster and adoptive parents must clear a criminal history check under rules set forth through the Licensing Division of DFPS and by the Adam Walsh Child Protection and Safety Act of 2006 (Adam Walsh Act). All household members of the prospective foster and adoptive home who are 14 to 17 years of age have a name-based criminal background check completed, and all household members of the prospective foster and adoptive home who are age 18 years of age or older must have both a name-based and a fingerprint-based criminal background check completed. The DFPS criminal history rules are found at 40 Texas Administrative Code (TAC) §725.1801 and apply equally to foster and adoptive parents verified or approved through the public agency or through private child-placing agencies. The rules related to what types of criminal history do not meet verification and approval standards are more stringent than the minimum criminal history requirements found in ASFA. Additionally, the DFPS requirement that fingerprint-based criminal history checks be run prior to placement is more stringent than the Adam Walsh Act, which only requires checks be completed prior to final approval. Child Protective Services (CPS) and the Child-Care Licensing (CCL) Division of

DFPS primarily utilize the criminal history files maintained by the Texas Department of Public Safety (DPS) to run the name-based background checks, although local law enforcement records may also be utilized. CPS and CCL utilize use the fingerprint records from the Federal Bureau of Investigation (FBI) for the fingerprint-based background checks.

To ensure continued safety, Texas Administrative Code requires that criminal history checks on verified foster parents and household members 14 years of age or older be conducted every two years. Texas state statute and DFPS rules also require that the criminal history report on prospective adoptive parents be current within one year of the judicial order that a criminal background check be conducted on the prospective adoptive parents.

Individuals who have a criminal history that is not considered a permanent or five year ban under the ASFA regulations or Texas rules may be eligible for an evaluation of risk. The purpose of the evaluation of risk for past criminal history is to determine if the individual is a threat to the health and safety of a child who could be placed into foster care. The initial step in the evaluation process is for the local caseworker and supervision chain to determine if an evaluation will be requested. If the decision is to request the evaluation, then the appropriate form (2974) is completed. Documentation is attached to the form that includes the criminal history, severity of the crime(s), sentence, sentence completion, and reference material. The form and attached documentation is then transmitted to the DFPS licensing representative for processing. The final risk determination will be made in the context of any applicable federal and state statutes and regulations.

If the individual seeking foster care verification is related to the child who would be placed, then the final evaluation of risk is performed by CPS state office staff and approved by the Assistant Commissioner of CPS. Overall, the system for checking criminal backgrounds works smoothly. The data links between DFPS and DPS are efficient and generally provide timely information. In some areas of the state, DFPS staff had previously experienced problems accessing local law enforcement records because law enforcement did not believe they had the authority to release records to DFPS. Legislation passed during the 77th Texas Legislature addressed this concern by passing HB 53.

Texas now uses an electronic fingerprinting process (Live Scan) for obtaining fingerprints from prospective foster and adoptive applicants. This has significantly decreased the length of time it has historically taken to receive results from the FBI from a minimum of eight weeks to approximately two weeks. However, the timeframe for receiving results from the FBI has increased recently, due to an increased number of requests made to the FBI as a result of the Adam Walsh Act.

The criminal history requirements and procedures used in Texas have been effective. This is evidenced by Texas' low incidence of child abuse and/or neglect in foster care.

Please note that compliance with the eligibility requirements for a CAPTA State Grant is a prerequisite for eligibility for funds under the Children's Justice Act State Grant Program authorized by Section 107(a) of CAPTA. Include the following information in addition to that provided under Section B items 1-3 (service description, collaboration and program support) above for the CAPTA State Grant. This section includes the service descriptions, collaboration and program support:

1) Evaluation of Legislative Initiatives (ELI) Project

The specific objectives of last year's CAPTA funded ELI Project were to: (1) implement and evaluate the changes made to the intranet-based risk assessment instrument as part of CPS reform, (2) complete the evaluation of the Family Group Decision-Making Initiative, (3) complete the evaluation of the Kinship Care Program and (4) Evaluate Disproportionality and Disproportionality remediation efforts in CPS.

To begin to meet the first objective, the recommended changes made by a national panel of experts were incorporated into the existing risk assessment instrument and a new safety assessment instrument. Modifications were then made to the departmental electronic data system and deployed to the field in May of 2007. Data will be collected with the use of new tools by CPS direct delivery staff for at least six months in order to be statistically valid. The evaluation will take place in FY 2008.

The second objective, the evaluation of Family Group Decision-Making, continues. The findings thus far indicate that relative placements increase as function of Family Group Decision-Making Conferences, exits from care are faster and are more likely to be family reunifications, and that these findings are especially pronounced for Hispanic and African American children.

The evaluation of the statewide kinship placement program and the effect of kinship support payments on the program, the third objective, is currently in process. The evaluation includes three primary components: (1) a description of the overall program and children served; (2) evaluation of outcomes for the children in kin care; and (3) the cost-effectiveness of the kin support payments. Early descriptive results show an increase in the number of children placed with relatives, an increase in the monthly average number of new kinship families, and a decrease in the number of foster care placements. Initial analytic results indicate kinship placements can be safe placements and that children benefit

from kin placements because they avoid being placed with someone with whom they have no pre-existing relationship. Analyses are underway to determine the speed with which children exit, the rate of kin placements, the rate of exits from care and the disruption rate as a function of support payments. Preliminary findings indicate that it may be too early in the program to tell if it is having the intended effect. As a result the evaluation will continue into the following fiscal year.

The fourth objective, evaluating disproportionality, met its objectives. In this part of the project, disproportionality was documented, a remediation plan was developed and DFPS began to understand some of the causes of it. Research focused on the confusion caseworkers may have in distinguishing between race, risk and poverty. In addition, a worker survey was developed and the sites where the interventions are taking place were described.

The Evaluation of Legislative Initiatives project continues to focus on the evaluation of legislative and departmental initiatives. As part of the reform efforts, the new risk and safety assessment instruments are being re-tested using various scientific and practical criteria. The next phase of the Family Group Decision-Making evaluation will focus on diverting entries into CPS care, with availability in the investigation and FBSS stages. The final phase of the evaluation of the kinship care program will take into account rates of relative placements, exits from care, and disruptions as a function of the payment program. The Disproportionality Evaluation will continue by exploring the relationship between caseworker factors, community factors and disproportionality. It will also assess CPS efforts to reduce it.

Grant funds were used to support three positions in CPS all of which are on the Evaluation Team Section in the Accountability Division. The team helped implement the safety and risk assessment instruments, evaluated the Family Group Decision Making Initiative, the Kinship Care Pilot, and began the evaluation of disproportionality.

2) Disproportionality

The Disproportionality Project began with the support of Casey Family Program to assist CPS in evaluating the data of children and families served and to determine if casework practices are impacting the disproportionality of African-American children. Preliminary findings demonstrate that African American children and families are disproportionately represented in the CPS system. While it was anticipated that there would be similar findings with Hispanic children and families, this was not supported by the data. Work within this project focuses on reviewing policy and practice in the service delivery system and work with the community to address disproportionality.

This project was augmented by specific legislation in Senate Bill 6 to address disproportionality. It required HHSC and DFPS to analyze removal rates and other enforcement actions for disproportionality, taking into account other factors, such as poverty, single parent families, and young parent families, and if the analysis indicated, to develop a remediation plan. The analysis indicated that even when factors were controlled, disproportionality of African American children existed in the Texas child welfare system. A remediation plan was written to address steps needed to reduce disproportionality. Both are posted on the agency website. There are four regions with disproportionality pilot sites in various communities. Plans are underway to expand the project work to each region statewide.

3) Children with Disabilities

Services to children with disabilities and special healthcare needs are provided through the team effort of specialized CPS staff in coordination with the child's primary caseworker. Depending on the needs of the children, specialized staff may include placement staff, developmental disability specialists, educational specialists and/or nurses. The focus of this effort is to ensure that the special needs of children with developmental disabilities and special healthcare in the care of the Department of Family and Protective Services (DFPS) are met, including:

- Placement in the least restrictive setting available that can meet these children's needs;
- Access to comprehensive, coordinated healthcare and services; and
- Access to appropriate educational services.

The placement team coordinates appropriate placements for children with developmental disabilities to find the least restrictive placement setting, such as a relative or a foster home. The placement team interacts with residential providers, community groups and professional groups to ensure appropriate residential resources are available and to increase placement options for children. The team analyzes trends in placement needs and resource availability. Developmental Disability Specialists serve as regional subject matter experts in services for children with developmental disabilities and serve as consultants to assist Child Protective Services (CPS) staff members in securing available services for these children, such as Medicaid waiver programs and facilitate referrals of appropriate children aging out of DFPS conservatorship to the Department of Aging and Disability Services (DADS) guardianship program. They provide training to CPS staff members and caregivers regarding developmental disability issues for children. Equipping caregivers and caseworkers with knowledge and resources to address the needs of these children enables them to identify appropriate resources for the child, provide better care for the child and to advocate for needed services. If placement options have been exhausted, the Developmental Disability Specialist is notified

of children that may meet the guidelines for placement in a targeted institution. The Developmental Disability Specialist assists the Child Protective Services (CPS) caseworker in obtaining a Determination of Mental Retardation and an Inventory for Client and Agency Planning. Developmental Disability Specialists negotiate placements with CPS staff in the following targeted institutions, as defined by Texas Government Code 531.151:

- DFPS licensed institutions for children with mental retardation;
- ICF-MR facilities;
- Home and Community-Based Services Homes;
- Nursing Homes;
- State Schools; and
- State Hospitals

If the institution accepts a child and placement approval is granted by state office, the Developmental Disability Specialist facilitates placement of the child with the approved institution. The Developmental Disability Specialist completes the special permanency planning requirements for any child in a targeted institution to determine if the placement continues to be the most appropriate placement available. When it is determined that the child can return to a community family-based setting, the Developmental Disability Specialist will assist the CPS caseworker in locating a less restrictive placement for the child.

CPS Nurse Consultants provide consultation to CPS staff regarding children's healthcare issues during all stages of CPS service, which may involve:

- Performing face-to-face assessment of children on home visits or in CPS offices (e.g., accompanying workers on home visits, assessing children during visitation);
- Reviewing/summarizing in easy-to-read format medical records and other medical information (e.g., look for trends that might indicate abuse/neglect or help workers make medical decisions);
- Making recommendations to CPS staff about children's healthcare; Educating staff about disease processes, medications and treatment plans;
- Provide or facilitate health-related classroom training for CPS staff (e.g., psychotropic medications);
- Attending case staffings as requested (e.g., removal staffings, child death review teams, family-group decision-making, circles of support);
- Answering simple questions; and/or
- Advocating for health-related services for children (e.g., contact hospitals to facilitate discharge and home care, accessing healthcare resources).

As required by Texas Family Code Chapter 266, DFPS is coordinating with HHSC to implement a comprehensive healthcare program of foster care in October 2007. A contract has been awarded to a managed care organization (MCO), Superior Health Plan. Some features of the plan are:

- Expedited enrollment for immediate access to Medicaid benefits;

- An initial Texas Health Steps evaluation within 5 days of entering foster care;
- Integrated physical and behavioral health care;
- Healthcare coordination through a medical home and service management;
- Enhanced access to services through a network of providers and service coordination;
- Service management for children with special healthcare needs;
- Dental and vision services;
- A health passport; and
- 7 day, 24-hour nurse and behavioral health hotlines for members, caregivers and medical consenters.

Educational specialists coordinate with independent school districts to ensure the educational needs of these children are met. They have implemented educational portfolios on each child and are training foster parents to become more involved in educational issues and ARDs.

Through coordination of all of these efforts by various specialized staff, the unique needs of children with disabilities and special healthcare needs are met.

4) Education and Developmental Disabilities Specialist

Implementation of specially trained and designated specialists to work with foster children to improve educational outcomes and to obtain services for children with developmental disabilities is expected to enhance Child Protective Service's ability to provide comprehensive services to our children and assist in compliance with federal and state legislation as well as possible Child and Family Service Review outcomes.

The Educational Specialists have a vital role to communicate educational needs and issues of children across all units of CPS. The educational specialists' role is one of a liaison and collaborator between CPS, substitute caregivers, and schools. Education Specialists focus on ensuring academic records are tracked from placement to placement with the implementation of the Education Portfolio. Educational Specialists do not carry primary caseload responsibilities, because they serve as primary resource contact on education issues referred to them by CPS caseworkers.

The Developmental Disability Specialists have a central role in serving as regional subject matter expert for children with disabilities. They also serve as primary caseworker for children with disabilities placed in certain institutions, collaborate with other state agencies to access services for children with disabilities and facilitate transition of children from institutions into less restrictive community settings.

These tenured specialists will continue to receive regularly scheduled training and technical assistance from state office staff. Education Specialists also receive training from Education Service Centers addressing issues of improving education outcomes and special education services. The regional Educational and Developmental Disability Specialists provide training to the CPS staff on developmental and educational issues and act as information and referral contacts.

An education portfolio pilot was conducted in Region 2/9 to test the impact and format. Based on the results from the pilot project survey of staff and foster parents, revisions to the education portfolio were implemented as well as changes to the IMPACT system, the DFPS data management system. Initial changes to IMPACT included the addition of a check box that indicates the creation and distribution of the Educational Portfolio. Additional changes to IMPACT will be released August 2007 and include new fields in Gifted/Talented, Transportation, and dates of Admissions, Review and Dismissal (ARD) committee meetings. The Education Specialists continue to monitor data produced from quarterly IMPACT reports to ensure that every school aged child in the care of DFPS has an education portfolio. Current data, as of April 1, 2007, indicates 80.6% of school-aged children in DFPS conservatorship have and maintain an educational portfolio.

The development of the Educational Portfolio has led to much collaboration between the Education and Developmental Disability Specialists. Training was developed for school staff on the educational needs on children in care by DFPS Developmental Disability Specialists, CPS Education Specialists, and Texas Education Agency and successfully broadcast through Texas Educational Telecommunication Network on October 16, 2006. Training was viewed by educators and school administrators at each of the 20 Education Service Centers and 78 remote sites throughout Texas.

Several regional Education Specialists participated and presented a program on educational outcomes and the Education Portfolio at the annual Texas Foster Parent Association conference in October 2006.

Education Specialists and Developmental Disabilities Specialists continue to support and work with community groups, stakeholders, and other agencies to ensure children experience positive educational outcomes while in the conservatorship of DFPS. Community groups and stakeholders, such as the Court Appointed Special Advocates (CASA) and Advocacy, Inc. work collaboratively with Specialists in statewide workgroups addressing issues ranging from education portfolios to homelessness to improving communication systems. Specialists attend and participate in Circles of Support, transition planning, and Preparation for Adult Living (PAL). Throughout the year, DFPS partnered with Casey Family Programs to conduct trainings for CASA in the area of education advocacy in the judicial system and the education portfolio.

CPS participated in a national workgroup with both the Child Welfare League of America and Casey Family Programs to address the education issue in the PRIDE foster parent training as part of the education campaign. Education Specialists and staff have made several presentations to various school districts about the educational needs of children in care and the education portfolio. The Education Initiative workgroup developed and implemented a communication plan to educate various groups involved with children in care on the specific education needs of youth in care and the education portfolio. A letter regarding education issues was published in the Texas Foster Families Association newsletter. The Education and Development Disability Specialists interact on a regular basis with community groups, organizations, and specialized associations to represent the needs of children in DFPS care.

5) Texas Council of Child Welfare Boards

The Texas Council of Child Welfare Boards is a forum developed to coordinate community services for the protection of children. This initiative encourages the development of a model of local, regional, and state child welfare board organization that can be used nationally to promote public/private partnerships to directly ensure proper care and services to foster children and their families. For fiscal year 2008, the plan is to continue the Texas Council of Child Welfare Boards project, provide support and technical assistance to the council to create an effective council that can provide training and become a model for local Child Welfare Boards to implement.

The Texas Council of Child Welfare Boards has been effective in providing leadership through a comprehensive, cohesive network of child welfare boards in order to support services to vulnerable children and promote the prevention of child abuse and neglect to assure that all children live in a loving, nurturing, safe environment. Additionally, member input has been included in CPS Reform.

The Texas Council of Child Welfare Boards is in the process of surveying the local Child Welfare Boards. The lessons learned from the initial survey were distributed statewide to the local Child Welfare Boards. The findings of the 2007 survey will be used to identify resources within the regions and services being provided.

The Texas Council of Child Welfare Boards will provide a conference in October 2007 to provide education to local Child Welfare Boards as well as professionals who provide child abuse intervention and treatment. The fiscal year 2008 conference will be held in conjunction with the Greater Texas Community Partners. The purpose is to increase the awareness of all child protective services partners.

The Child Welfare Board Orientation Manual, 2007 Edition, is used to train local child welfare board members. The Texas Council of Child Welfare Board Education Committee is in the process of updating the Orientation Manual.

6) Parent Collaboration Group

The Parent Collaboration Group (PCG) provides a mechanism to include biological parents who have experienced CPS services themselves in the design, implementation, and evaluation of the CPS program. This initiative encourages collaboration with clients who are affected by the CPS service delivery system and provides a unique perspective on how to improve services to families and children. For fiscal year 2008, the plan is to continue the statewide Parent Collaboration Group, provide support and technical assistance to the regions in the state to create a regional Parent Collaboration Group, and to obtain input from parents regarding how to improve well being for children receiving services from CPS.

Parent Collaboration Group has been effective in helping identify policy issues and best practices. Additionally, member input has been included in the Child and Family Services Review and the Performance Improvement Plan, the State IV-B Plan, and the HHSC directed CPS Reform Project.

The lessons learned from the initial three pilot sites in Region 06, 08, and 10 were distributed statewide in November 2004. These findings were used to expand the pilots in Region 2/9, 3, and 7. Lessons learned by the initial pilots included handing out surveys to other parents in Focus Groups or Parent Meetings to ensure they are completed and submitted worked well. Focus group feedback from parents included:

- Some clients did report positive things about their caseworker
- Co-facilitation of the parent information/support groups worked well;
- Use focus groups to solicit parent feedback was useful;
- Little or no communication with caseworker
- Clients thought they were being mislead
- Did not feel respected
- Clients felt intimidated by the system
- Clients were not given the opportunity to participate in setting up visitation with their children
- Clients were not given the opportunity to develop their service plans. They did not believe these plans were developed for their own specific needs
- Caseworkers not returning phone calls
- Clients felt “out of touch” with their children in care, i.e. daily activity, health, and school issues
- The disposition of investigation was not explained to the parent
- Clients did not have a clear understanding of the Notification of Findings letter

- Ensure that the parents are making their own plans and decisions as to how they will accomplish these plans. At times staff members would jump in and take over as they are motivated to help and they would forget it is the parent's meeting
- Reach out to community providers to share plans to be a support system for parents who go through the CPS system.

The results of the initial Parent Collaboration Group Parent Satisfaction Survey were distributed statewide in November 2004. The results of the responses indicate that CPS does a good job in explaining the purpose of the agency and investigation, the process, the agency's expectations, and consequences of client's decisions/ actions. In the remaining domains of Respect, Collaboration and Trust, Resource Provisions, Services, and Foster Care, the perception of the client was that these were areas needing improvement. Region 6 has developed a survey tool that is used to gather input from biological parents. The surveys are mailed to parents as well as placed in an accessible area within the Region 6 Child Protective Services pilot site office.

The remaining Regions are establishing parent information/parent support forums. These forums will provide parents with information about the Parent Collaboration Group. After the forums have been developed, the forums will develop into regional Parent Collaboration Groups. The goal is for each region to have a Parent Collaboration Group.

7) Family Group Decision Making

Family Group Decision Making (FGDM) is a process used to engage families and their support system in identifying the unique strengths and needs of their family. A family may utilize this process at various times to develop an individualized plan to identify resources and supports needed to ensure the safety, protection and well being of their children. DFPS recognizes that families know themselves best and when given the opportunity, families have the ability to make well-informed decisions. This process encourages families to utilize their family connections, to find security and a sense of belonging within their own families and to take responsibility to care for and provide a sense of identity for their children. The FGDM process supports families as they explore and connect with resources in their community. This process promotes respect for the families' culture, bonds, strengths and the desire to keep the child in his/her own community. By utilizing the FGDM process during service plan development, DFPS partners with families to achieve safety, well-being, and permanency for their child.

The implementation and the subsequent updates of the Family Group Decision-Making Evaluation supported the assumption that staff would see the introduction of this modality of involving family in the service planning process as a significantly different process of working with families. It pointed to issues related

to workload, control, differences in court operations and expectations, and coordination with the broader community.

The final evaluation examined indications of satisfaction, family support, and child and family well-being. Experiences with Family Group Decision Making suggests that there are several positive benefits to the children and families that participate. The greater involvement of extended family members results in increased levels of relative placements and family reunifications following an FGDM conference. Compared to the Permanency Planning Team process, FGDM participants, both the parents and relatives, experienced greater feelings of empowerment, clarity of expectations and satisfaction with the family plan of service. Children whose families participated in FGDM conferences experienced less anxiety and were better adjusted than children placed with relatives after the Permanency Planning Team process. FGDM outcomes were better for all children, and were improved more for African-American and Hispanic children than Anglo children, somewhat reducing the disproportional exits from care found in traditional services.

As the FGDM practice continues to expand and is offered to families at other points in the progression of Child Protective Services, efforts to evaluate the impact on removal rates of FGDM conferences held in the Investigation or Family Based Safety Services stages of services will be examined. It will also be possible to assess the impact of FGDM on rates of abuse and neglect of children.

The FGDM evaluation is published and available to the general public through the agency website.

8) Best Practices

With the conclusion of the 79th Legislative Session, the Texas Health and Human Services Commission (HHSC) called for a plan to strengthen the state's Child Protective Services (CPS) program. One of the six areas identified for improving CPS included the need to improve services to children and families. CPS created a division and initiative to specifically identify ways to enhance safety, permanency, and well-being for children through the provision of direct and support services to their caretakers, whether biological or through affinity.

The Family Focus Initiative was developed to address two primary needs: to increase parent participation in service planning and to strengthen an extended family's ability to provide safe and permanent living arrangements within their kinship structure.

Whether services are provided internally by CPS staff or secured through external community resources, this initiative seeks to match the services delivered to individual family needs through greater participation of those

involved in the actual case planning process. A key component to enhancing services and supports to children and families is the need for managing the cultural changes necessary to assure a more family focused service delivery.

During fiscal year 2007, one Best Practice Specialist for the Permanency Division and one Parent Specialist were hired and placed in the Family Focus Division. The Parent Specialist began working in May 2007. One Best Practice Specialist position was transitioned to the Investigative Division in order to develop a comprehensive plan for utilization of these positions. The three Best Practice Specialist positions will explore and develop best practices in the area of domestic violence, substance abuse, and mental health in adults and children. Specific tasks in which the Best Practice Initiative Specialists participated and were directly involved include the following:

- Participation in activities to support community committees and internal DFPS committees with a focus on best practices.
- Development of training modules directed at basic skills development for caseworkers that focuses on identification of family strengths and client friendly case planning.
- Review of Protective Services Training Institute (PSTI) curriculum to ensure consistency with the Family Focus philosophy.
- Participation in a planning session for the technical assistance provided through the National Center on Substance Abuse and Child Welfare (NCSACW) to assist with the further development of a family focused service delivery and collaboration between the agency, the courts, and substance abuse providers.
- Ongoing collaboration with the Disproportionality Initiative to increase the use of FGDM and relative placements for African American children.
- Ongoing collaboration with judges, attorneys, child advocates and other stakeholders to increase the success of FGDM.
- Ongoing collaboration with Casey Family Programs and the Texas State Strategy to review policies and practice to assure a family focused service delivery is being provided.
- Ongoing collaboration with the DFPS Information Technology staff to modify the automation system to incorporate changes in the family assessment and planning processes
- Collaboration with the DFPS Information Technology staff to revise the data system to accommodate the processes necessary to make and track kinship caregiver assistance payments.
- The Best Practice Specialist serves on the collaborative workgroups for Texas Integrated Funding Initiative and Child and Adolescent Transformation workgroup. Both collaborative efforts seek to improve mental health services to youth.

Best Practice staff are also responsible for:

- Developing avenues to maintain parent/child bonds of incarcerated parents.
- Participating in collaborations with Texas Council on Family Violence to address impact of domestic violence on children and families.
- Addressing issues related to fatherhood and child/family engagement.
- Developing expansion of the regional collaboration groups.
- Assisting in policy reviews to maintain the Family Focus goals.
- Continuing in the collaborative work with the Domestic Violence partners.
- Providing leadership in working with the regional Substance Abuse Specialists.
- Continuing to work the Early Childhood Intervention (ECI) to maintain collaboration and developing policy to reflect best practice and collaboration efforts.

Update the program areas selected for improvement from one or more of the 14 program areas set forth in section 106(a) of CAPTA.

FISCAL YEAR 2007 ACCOMPLISHMENTS

Use of CAPTA funds for the eight projects in fiscal year 2007 has enabled Texas to carry out a wide variety of activities that benefit Texas' children, both preventing child abuse and neglect and providing treatment for children who have been abused or neglected. The accomplishments of each project are discussed separately.

1) Evaluation of Legislative Initiatives Project

The Evaluation of Legislative Initiatives (ELI) Project was designed to carry out research that will benefit Texas children by improving the efficiency and effectiveness of the CPS program. Legislation passed in Texas during the 79th (2005) legislative session mandated the reform of Child Protective Services. Understanding the impact of these changes is important to assure that children are not at increased risk of harm. The following are the four main areas in which the accomplishments fall.

A. Implement and evaluate the changes made to the intranet-based risk and safety assessment instruments

Both the risk and the safety assessment instruments that were described in last years report have been implemented in the IMPACT system but not the field. Both the logical design and the detailed design phases of this project are complete, and the field implementation were completed in May 2007. As part of the legislation requiring these changes, an evaluation was mandated. This will not take place until the following fiscal year.

B. Evaluating Family Group Decision-Making (FGDM)

The results in the most recently published evaluation described the number of conferences held and positive effects of participating in conference in the areas of satisfaction and child well-being. The result of subsequent analyses were included with these results (http://www.dfps.state.tx.us/About/Renewal/CPS/family_focus.asp). They are as follows.

Texas targeted FGDM conferences primarily to families experiencing removal of a child in an effort to expedite the child's safe return to the family. Most often, the conference was offered within the first 30 – 45 days following the removal. Between March 2004 and the end of July 2006, a total of 3,625 conferences had been conducted throughout the state.

Early in the implementation process, comparisons were made between the living arrangements of children prior to the family's participation in FGDM and their living arrangements afterward. It was found that following FGDM implementation:

- Foster care placements fell from 1035 (54 percent) to 733 (38 percent), and
- Relative placements increased from 550 (29 percent) to 850 (45 percent).

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

- Thirty-one percent of the children whose families participated in an FGDM conference returned home relative to 14 percent of those experiencing traditional case services.
- Slightly fewer children whose families participated in an FGDM conference (14 percent compared to 16 percent) were living permanently with relatives.
- Finally, children who exited care and whose families participated in FGDM experienced shorter lengths of stay in care by just over one month.

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

- Thirty-two percent of African-American children whose families attended an FGDM conference returned home, relative to 14 percent whose families received traditional services.
- Thirty-nine percent of Hispanic children from families participating in FGDM returned home compared to 13 percent participating in traditional services.
- The increase in rates for Anglo children who returned home was notable as well: 22 percent compared to 11 percent for the FGDM and traditional

groups respectively. The rates of placements with relatives between the two groups did not differ.

C. Evaluation of Kinship Care

DFPS has completed the evaluation of the two pilot kinship programs (CREST and SERAPE) and is in the process of evaluating the statewide kinship placement program and the effect of kinship support payments on the program. Initial evaluations of the two pilot programs documented early successes. These included positive evaluations from field caseworkers and the specialized Kinship Development Workers in participating counties. Positive comments from the kinship caregivers indicated good relations could be formed when the whole system (Kinship Workers, caseworkers, and system resources) is responsive to the families' needs. Early results from the pilot programs for selected child outcomes also appeared promising. The preliminary data from the SERAPE program in five south Texas counties provided some evidence that the families participating in SERAPE had better outcomes than families who did not participate in the kinship program. Of the 69 children who were studied in the preliminary analysis, 53.6% had exited care with the overwhelming majority exiting to permanent placement with kinship.

DFPS is currently conducting an evaluation of the overall kinship program that includes three primary components: (1) a description of the overall program and children served; (2) evaluation of outcomes for the children in kin care; and (3) the cost-effectiveness of the kinship support payments. Early descriptive results include:

- The number of children in relative care has increased 132% from 2000 through 2006.
- In 2006, 8,138 children were in relative placements.
- The average monthly total of children in new kin placements in FY2003 was 489. During the first quarter of FY2007, the average monthly total of children in new kin placements was 802 children per month, an increase of 64% from FY 2003.
- The monthly average number of new kinship families has also seen an increase from 324 families in FY2003 to an average of 528 families in the first quarter of FY2007, an increase of 63%.
- With the implementation of FGDM in 2004, foster care placements fell from 54% to 38% and relative placements increased from 29% to 45% in 2006.

Data is currently being analyzed for selected child outcomes and the efficacy of the kinship support payment program. Early results indicate kinship placements can be safe placements and that children benefit from kin placements because they avoid being placed with someone with whom they have no pre-existing relationship. Analyses are underway to determine the speed with which children

exit, the rate of kin placements, the rate of exits from care and the disruption rate as a function of support payments. Preliminary findings indicate that it may be too early in the program to tell if it is having the intended effect. As a result the evaluation will likely continue into the following fiscal year.

D. Evaluation of Disproportionality

Background

In 2004, the Texas State Strategy, a collaboration of Department of Family and Protective Services (DFPS) and Casey Family Programs designed to improve service delivery, identified the over-representation of African American children in CPS as an issue. Subsequently, the passage of Senate Bill 6 in 2005 by the 79th Texas Legislature, which mandated comprehensive reform of DFPS, included a requirement to examine and address racial disproportionality in CPS. To begin the dialogue with local communities, a State Leadership Planning meeting was held in October 2004 and was followed by Regional Planning Meetings in the two regions, Region 3 and 6, selected as the initial sites. Those meetings, held in November and December 2004, respectively, resulted in the formation of Regional Advisory Committees comprised of local community leaders as well as Texas State Strategy members. As disproportionality efforts have concentrated on specific localities (Port Arthur, Houston in Sunnyside and the 3rd and 5th Wards, and Dallas, Tarrant and Denton Counties), these locally based Advisory Committees have coordinated efforts.

To track the progress of these interventions, a Statewide Evaluation Committee representing the participating regions, the Texas State Strategy, and DFPS research and evaluation team was held in August 2005. Through this consortium of state and university evaluators, an evaluation plan was developed to address four key questions.

The four key questions are: (1) Are racial and ethnic groups disproportionately represented in CPS (2) What are the perceptions of CPS in racial/ethnic communities and others, (3) What more can we know about the factors involved in any potential disparity, and (4) Where disparity is found, can the process be changed? The following reviews what is known thus far regarding these questions and what plans are currently underway to provide further answers.

Are some racial/ethnic groups disproportionately represented in the CPS system?

There are three types of studies that have been used nationally and in Texas to answer this question. The first compares data at different points in the CPS system to child population data. When this method is used, certain racial/ethnic groups of children, particularly African American children, are reported to CPS, confirmed for maltreatment, removed from their homes and spend more time in foster care relative to their rates in the general population. In Texas, the same is

true with the exception that their rates of confirmation for child maltreatment are similar to their numbers in the general population.

A second method compares African Americans and Hispanics to Anglos directly at different points in the system. With some exceptions, these studies show similar results. In addition, they indicate that African American families receive fewer services than Anglo and Hispanic families. Further, three National Incidence Studies of Child Abuse and Neglect have consistently indicated that the rates of child maltreatment do not differ between Anglo's and African Americans.

A third method attempts to take into account different factors that might help explain disproportionality. To do so, attempts are made to statistically adjust for the association between these factors. Relatively consistent with national studies, an initial study in Texas indicated that both African American and Hispanic families are less likely than Anglo families to receive services in the home to prevent removals. They also indicated that poverty was more of a predictor than race/ethnicity for removing African American children from the home. Finally, they demonstrated that when African American children and Hispanic children are removed they tend to spend more time in foster care than Anglo children.

Lacking in the initial analyses of the service and removal decisions, however, was how risk of future abuse/neglect to the child entered into these decisions and particularly, how workers may confuse race/ethnicity, income and risk when they make them. Findings from a subsequent study indicate that even when controlling for risk and poverty (as well as other factors), decisions to provide services and to remove children are more likely to be based on race/ethnicity and poverty than risk. Current analyses are attempting to determine how this may operate. It is expected that at high and low levels of risk there is less confusion between race/ethnicity and poverty and, because there is greater ambiguity at moderate levels of risk, poverty and race/ethnicity are more likely to be confused.

What are the perceptions of CPS?

To answer this question, focus groups were held in the areas and zip codes where the Advisory Committees were formed. In Region 3 this was Dallas (zip code 75216), Tarrant (zip codes 76103, 76104, 76105 and 76112) and Denton Counties (zip code 76201). In Region 6, this was Houston (zip codes 77004, 77021, 77033, 77048, 77016, 77047 and 77051). Dr. Alan Detlaff from the University of Illinois at Chicago and Dr. Joan Rycraft from the University of Texas at Arlington led the effort in Region 3 and Dr. Beatrice Beasley led the effort in Region 6.

In both regions, town hall meetings were held to invite community members to the focus groups. CPS workers and the legal community were also invited. The focus groups were structured around these broad audiences and the following

questions, though differing somewhat between the regions, were asked: (1) Why do you think so many of the children in this community are being referred to CPS, (2) When is it appropriate for a child/family to be referred to CPS, (3) Why do you think so many of the children in this community are being placed in out-of-home placements, (4) When do you think it is appropriate for children to be removed from their homes, (5) What strengths/resources are available in your community that can prevent children from being placed in out-of-home placements, (6) What does your community need to prevent children from being placed in out-of-home placements, (7) What do you believe are some of the reasons that prevent children from leaving out-of-home care and returning to the home of their families or relatives and (8) What can the CPS system offer your community?¹ The focus group sessions were recorded and themes that emerged transcribed.

Data analysis in Region 3 yielded a conceptual framework involving three domains and a set of themes within these domains that were viewed as contributing to disproportionality. The three domains and contributing factors included agency climate (e.g., fear of liability), differential response (e.g., cultural bias, inconsistent decision-making etc.), ineffective interventions (e.g., inadequate services) and workforce issues (e.g., inexperience, workload, etc.). Community themes included community breakdown (e.g., lack of social support), environmental issues (e.g., poverty) and barriers to resources (e.g., lack of knowledge of their availability). Shared themes included lack of cultural sensitivity (e.g., cultural misconceptions), barriers to kinship care (lack of resources for kin caregivers), and lack of engagement between the agency and the community (e.g, outreach).

What more can we know about the factors involved in any racial/ethnic disparity?

Although we have begun to answer this question through analyses of departmental data and through community forums, there are two factors that can be expanded upon that will provide a more in-depth answer to this question. They are caseworker and organizational factors that influence the decision-making process. Our preliminary analyses indicate that both are implicated in decisions where race/ethnicity might take precedence over sound decision-making practices such as those involving risk to the child. To determine how these forces might affect decision-making at key decision-making points, the current plan is to associate a number of elements of each of these factors to these decisions. This will take place through the Spring and Summer of 2007.

Can the process be changed?

Though efforts to affect disproportionality in particular Texas areas began much earlier, the Disproportionality Initiative and the Texas State Strategy in 2004 marked the beginning of a formal statewide strategy. Its purpose was to better understand and to change this process through community involvement. As a

¹ In Region 6, questions regarding referrals were substituted for questions regarding problems faced by the community as a whole.

result, five disproportionality sites have been developed. Though it is too soon to evaluate these efforts, the following documents the significant milestones involved in their development.

The five disproportionality sites were asked to provide a list of milestones in the development and implementation of their programs. Based on their experience, five distinct types of program activities can be described and may be broadly grouped under inauguration, information sharing and community engagement, planning, training, and staffing and caseload increases.

The emphasis in each of the disproportionality programs has been and continues to be connecting with their local communities through information sharing activities and community engagement. These information-sharing activities include providing information to and receiving information from communities, partnering with community organizations, and engaging the community through partnerships and community outreach programs. With the exception of the town hall meetings and focus groups held by each site, the types of information sharing activities appear to vary according to both the tenure of the program and unique local resources and needs.

The Port Arthur site began program activities in 2002 as the Helping our People Excel (H.O.P.E.) Project. During their five years of activities, the H.O.P.E. program's emphasis has been on prevention. This is reflected in both the number and frequency of community outreach and partnership activities. Of the 27 milestones defined by the project, almost two-thirds directly relate to the community H.O.P.E. serves and range widely from participation in community celebrations (Easter Egg hunt, Juneteenth) to hosting meetings on a variety of topics including, HIV/AIDS, Medicare, food cooperatives, transportation, women's empowerment, and disaster preparedness.

Houston's Sunnyside Community was selected as the first site for disproportionality work in Region 6 as the result of the groundwork laid at the November 2004 regional planning meeting. The Houston site was also selected to participate in the Casey Disproportionality Breakthrough Series Collaborative in 2005. In March 2006, investigation units began accepting cases from the five Sunnyside zip codes. Three months later, units were able to start accepting cases from the Third and Fifth Wards as well. The work in Houston continues to reflect an ongoing commitment to training and information sharing through community forums and town hall meetings.

Disproportionality sites have also been opened in Dallas, Denton and Tarrant Counties. Each program has offered additional training and participated in joint planning efforts with local universities, but their focus has been on information sharing activities. Examples of innovative activities in Denton County site include creating a Citizen's Review Team to review all removals originating from the disproportionality zip codes and working with Texas Women's University to

incorporate concepts of racial and ethnic identity into their curriculum for IV-E students. Examples from the Tarrant County site include partnering with Workforce Solutions of Tarrant County and local religious ministries. In Dallas the site has participated in a Disproportionality Symposium at SMU and has submitted a proposal to house 28 CPS staff in the pilot site zip code.

2) Disproportionality

The passage of Senate Bill 6 in 2005 by the 79th Texas Legislature, mandated comprehensive reform of DFPS. It included a requirement to examine and address racial disproportionality in CPS and if found, to develop a remediation plan to ameliorate disparities. The analysis indicated disproportionality. A statewide strategy was developed and the remediation plan is in force. Effective Disproportionality Community Advisory Groups are successfully operating in regions 3, 5, 6 and 7. Disproportionality efforts have concentrated on specific localities; Dallas, Tarrant and Denton Counties in Region 3, Port Arthur in Region 5, Houston in Sunnyside and the 3rd and 5th Wards in Region 6, and Austin in Region 7 is in the process of selecting a community. Disproportionality specialists have been hired in Houston, Dallas, Fort Worth, and Port Arthur to support the community's work on disproportionality and to serve as resources to CPS staff. The resource external relation specialist is assisting with the work in Austin.

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Pilot Site Accomplishments:

- The Port Arthur site's program emphasis has been on prevention. This is reflected in both the number and frequency of community outreach and partnership activities. Of the 27 milestones defined by the project, almost two-thirds directly relate to the community H.O.P.E. (help Our People Excel) serves and range widely from participation in community celebrations (Easter Egg hunt, Juneteenth) to hosting meetings on a variety of topics including, HIV/AIDS, Medicare, food cooperatives, voting, transportation, women's empowerment, and disaster preparedness.
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- Disproportionality sites are operational in Dallas, Denton and Tarrant Counties. Each program has offered additional training and participated in joint planning efforts with local universities. Their focus has been on information sharing activities. Examples of innovative activities in Denton County site include creating a Citizen's Review Team to review all removals originating from the disproportionality zip codes and working with Texas Women's University to incorporate concepts of racial and ethnic identity into their curriculum for IV-E students. Examples from the Tarrant County site include partnering with Workforce Solutions of Tarrant County and local religious ministries. In Dallas the site has participated in a Disproportionality Symposium at SMU and has submitted a proposal to house 28 CPS staff in the pilot site zip code.
- The Austin disproportionality pilot site (Region 7) was implemented in October 2006. A charter has been developed and will direct the focus of community engagement activities. Their Advisory Committee is very active. Based on Advisory Committee recommendations, the region scheduled adoption recruitment meetings in the community instead of in the CPS office.

In addition to pilot site work, the following was accomplished in order to fulfill Senate Bill 6 requirements to deliver cultural competency training to all CPS staff:

- All Regional Directors, Program Administrators and state office management staff have completed Undoing Racism training along with selected community leaders, parents and CPS alumni. Region 3, Region 5 and Region 6 supervisor and worker level staff in the pilot units have also been trained.
- The Disproportionality Director and the Disproportionality Specialists are trained and certified to deliver Casey's "Knowing Who You Are" (KWYA) curriculum. This curriculum is designed to help child welfare staff develop awareness, knowledge and skills related to supporting the racial and ethnic development of youth in foster care. KWYA courses are now a part of Basic Skills Development (BSD) for new conservatorship workers. KWYA implementation is a collaborative effort between Casey Family Programs and DFPS. Plans are underway to implement this training in other stages of service.

- Disproportionality staff met on August 30-31, 2006 with FGDM specialists from across the state, state office specialists, service providers and other CPS staff to discuss ways to enhance and expand Family Group Decision Making conferences.
- Disproportionality staff communicated, coordinated, and collaborated with other Renewal Initiatives.

Other accomplishments include the following:

- Along with HHSC, released the “Disproportionality in Child Protective Services” report on January 2, 2006. This report represented work with HHSC to analyze data regarding child removals and other enforcement actions during FY04 and FY05 by CPS to determine disproportionality.
- Released the Disproportionality Remediation Plan with HHSC on June 30, 2006. Most recommended remediation efforts are already underway and producing results.
- Texas submitted an article for the Special Edition Journal on Disproportionality in Child Welfare Systems, which is to be published by the Child Welfare League of America. The anticipated release date of the journal is March/April 2008.
- Texas participated in Casey Family Programs’ Breakthrough Collaborative Series (BSC) on Disproportionality. The Series’ objective was to study various efforts by 13 different jurisdictions to address the disproportionality of African-American children in child welfare systems (entry to exit). This 18-month BSC ended September 2006.
- Completed the Rider 29 reporting requirement (October 2006). This DFPS appropriations rider requires that DFPS report, by October 1 of each year of the biennium, to the House Appropriations Committee, the Senate Finance Committee, the Legislative Budget Board, and the Governor, the number of children removed from their homes by CPS and the number of children investigated, by ethnic group, in the seven largest urban regions of the state during the preceding fiscal year.
- The Southern Methodist University Dedman School of Law held a child welfare symposium on November 16-17, 2006. The assistant Commissioner, Region 3 Director, Disproportionality Director and Casey’s Director of the Texas State Strategy served on panel that discussed disproportionality in Texas. Following the symposium was a Texas Women University’s conference where the Assistant Commissioner also presented.
- CPS, DFPS Communications staff and Casey Family Programs staff developed a comprehensive disproportionality communications plan and strategy.
- Texas hosted a Learning Exchange with the state of Kentucky. Texas will mentor Kentucky by providing peer technical.

Future Plans for the project include:

- The Disproportionality project work being expanded to each region statewide.
- Future sites will follow the same planning to develop community capacity to address disproportionality.
- As part of Reform II, DFPS has requested 8 additional disproportionality specialist positions, one for each region without a specialist, one for state office and one additional position for region 3.
- Additional funds will be allocated for continuing Undoing Racism training.
- CPS will “examine the relationship between risk, race, ethnicity and poverty to gain a better understanding into individual practices and biases so that it may one day have the tools to extricate improper considerations such as poverty and race from an assessment of risk of harm to a child.”

3) Children With Disabilities Project

CPS Nurse Consultants for each region have been hired making a total of 11 regional nurses and one state office nurse. All but one nurse has completed CPS Basic Skills Development training. CPS Nurse Consultant Orientation training has begun. CPS Nurse Consultants provide consultation to CPS staff during all stages of CPS service through nursing assessment of children, educating staff about healthcare issues, making recommendations about children’s healthcare, advocating for health-related services for children and assisting with statewide efforts to ensure the appropriate use of psychotropic medications by children in DFPS conservatorship.

Developmental Disability Specialists for each region have been hired making a total of 12 regional Developmental Disability Specialists. All Developmental Disability Specialists have completed orientation training and participate in quarterly Developmental Disability Specialist meetings. Quarterly meetings include training to increase awareness of and resources for children with disabilities, permanency planning, and matching meetings with providers to find less restrictive placement settings for children in the conservatorship of the Department of Family and Protective Services.

4) Educational and Developmental Disabilities Specialists

The Educational and Developmental Disabilities Specialists were placed in the regions to improve the well being of the children in CPS conservatorship who are in school and/or have special needs. Tenured and experienced staff were hired, and trained. Both types of specialists have been actively engaged in meeting the goals and objectives of the project. Specialists work with CPS units to develop referral to necessary services and resources for children in DFPS conservatorship. The specialists work with the Regional Placement Coordinators regarding specific difficult cases when interagency contacts are needed.

The Education Specialists have provided training and presentations to CPS staff, foster parent associations, and independent school districts. The topics of training have been promoting education placement stability, securing and maintaining accurate and accessible school records in the Education Portfolio, and advocacy and collaboration between all stakeholders. The Education Specialists have also developed policy and procedures to assist CPS workers with education issues and concerns to help promote education success of youth in care.

One of the major responsibilities of the Developmental Disabilities Specialist is to complete the HHSC Permanency Planning Instrument on a scheduled six-month interval on youth with developmental disabilities in targeted institutional settings as part of the permanency planning procedures developed by HHSC. The purpose of the report is to assist staff in looking at permanency planning issues, document DFPS and HHSC's approvals to continue to the current placement, and collect data that can be reported to HHSC and the legislature. This process helps DFPS and HHSC identify what would be needed to for the targeted youth to be able to move from their institutional setting into a family setting. If a child is determined to be appropriate for a family or community placement, the Developmental Disabilities Specialist assists the worker in searching for resources and making arrangements.

5) Texas Council of Child Welfare Boards

During fiscal year 2006, the Texas Council of Child Welfare Board (TCCWB) meetings were conducted in Austin in September 2006, , March 2007, and April 2007. The Executive Committee for Texas Council of Child Welfare Boards will meet in July 2007. A meeting is also scheduled for September 2007 for the membership as a whole. During these meetings the TCCWB members:

- Develop the structure for their new web site
- Developed articles for its online newsletter that is published on the TCCWB website for public viewing;
- Updated bylaws to reflect new operational changes;
- Provided input into the HHSC/CPS Reform Initiatives such as Outsourcing and Community Engagement;
- Provided input into the Texas 2007 APSR and CPS policy;
- Revised the TCCWB Orientation Manual;
- Hired an Executive Director for the TCCWB; and
- Served as an advocate at the Child Welfare League annual conference in Washington, D.C.

The TCCWB updated its Child Welfare Board Orientation Manual in fiscal year 2006 as a tool to train new officers appointed to the local county Child Welfare

Boards. The manual is also used at the Regional Child Welfare Board meetings to train the Regional Council of Child Welfare Boards.

6) Parent Collaboration Group

Statewide Parent Collaboration Group (PCG) meetings were conducted in Dallas in November 2006, February 2007, March 2007, and June 2007. A meeting is also scheduled for September 2007. During these sessions the PCG members:

- Assisted Early Intervention Childhood in developing information
- Develop goals for Fiscal year 2007;
- Updated the online newsletter that is published on the DFPS website for agency and public viewing;
- Determined each Child Protective Services Region would have a Parent Collaboration Group;
- Provided input into the State IV-B Plan and Prevention and Early Intervention;
- Developed three workshop presentations conducted by a PCG Panel at the 2006 Family Preservation Institute Conference; and is invited to present two additional presentations at the 2007 Family Preservation Institute Conference
- Developed a partnership with Texas CASA to support local parent information and mentoring groups statewide;
- Developed a partnership with Casey Family Programs and provided input to Casey from the parents perspective;
- Participated in a proposal to partner with Casey Family Programs and develop a parent advocate and mentoring program utilizing the Powerful Families model;
- Expanded parent and staff participation to include parent couples, Best Practice Specialists, Program Administrator Liaison, the Director of CPS Field, Regional Director, and Division Administrator for Family Focus; and
- Provided input on child welfare system to the Texas Parental Advisory Committee created by Senate Bill 6, 79th Texas Legislative Session.

The purpose of the local PCG projects (pilot and non-pilot) is to develop a parent group that both provides information and support to parents as well as provides input to the agency on how CPS can improve services.

Local activities include:

- Developing effective Parent Collaboration Groups in the local areas.
- Replication of the pilot model in regions 03, 07, and 9;
- Communication of successes and pitfalls from the original pilot sites to the new sites;

- Distribution of Parent Satisfaction Surveys in Region 6;
- Use of the PCG Video in all new caseworker Basic Skills Development classes in Texas and other educational venues;
- Participation by Parent Liaisons in Child Protective Services Leadership training;
- Establishment of parent information/support groups;
- Development of a training curriculum using the Family Guide to the Child Welfare System; and
- Provision of training opportunities to workers regarding the parent perspective

The PCG group developed a training video during a statewide PCG meeting in fiscal year 2004 that is now being used in the development of curriculum for advanced training of all CPS supervisors. The video is also used in presentations conducted by the Parent Collaboration Group at statewide and national conferences.

7) Family Group Decision-Making

During fiscal year 2006 additional Family Group Decision Making Specialists were hired and trained to lead the expansion of the FGDM process in every region. Five of the FGDM Specialist positions were funded through CAPTA. As a result, FGDM conferences are now being conducted in all regions in Texas.

Dr. Rogue Gerald and staff from Washington, D.C. provided technical assistance to DFPS state and regional level staff and agency directors. At that time DFPS began the process of implementing Family Group Decision Making conferences in the pre removal stages of service. In an effort to expand FGDM into the Investigation and Family Based Safety Services stages of service, 13 additional coordinator and facilitator positions have been allocated to some regions across the state.

DFPS staff, in partnership with Casey Family Programs created a work group to explore the training needs and recommend components of a training curriculum for internal FGDM staff and contractors providing FGDM conferences. Casey Family Programs committed to providing technical assistance to implement a comprehensive training program for existing FGDM staff and newly hired staff. The training will assist in building a highly skilled staff with the skills needed to continue the training for future FGDM facilitators and coordinators. A proposed initiative requesting the use of federal Temporary Assistance to Needy Family funding to implement a Family Preservation pilot program called Strengthening Families Thorough Enhanced In-home Support has links to FGDM. Families would qualify for financial assistance at various times in the life of a case to help with meeting their child's needs, maintain the safety of the child, relieve the stress of the family and enhance family strengths and functioning. In this model,

the family would determine how the assistance would be used during a Family Team Meeting convened by Family Group Decision Making DFPS staff.

Since March 2004, 4,189 FGDM conferences have benefited Texas families.

8) Best Practices

During fiscal year 2006, Best Practice Initiatives Specialists, working with State Office, identified specific projects needing attention. Several major initiatives were undertaken to assist with CPS Reform.

One major project is referred to as the The Relative and Other Designated Caregiver Program (The Kinship Program Initiative). The Best Practice Initiatives Specialists have played a variety of roles including the development of policy, procedures, forms and training for the kinship initiative disseminated across the state in March 2006. Other best practice initiatives identified and begun within the year include the following:

- Development of staff training on best practices with regard to visitation and reunification protocols. This training was delivered to staff in Region 8 and shared with the Basic Skills Development Training Council for inclusion in statewide training.
- Development and delivery of staff training on best practices for Family Based Safety Services workers in Region 8.
- Participation in Family Focus, Training Council and Outsourcing Initiatives by serving on committees for the CPS Reform Project.
- Participation in planning for the expansion of Family Group Decision Making through the Family Focus subcommittee of the Texas State Strategy.
- Participation in planning for training for Human Services Technicians. Development of specialized Human Services Technicians Visitation training that was tested in Region 8.
- Participation in activities to support the respective regions, including community committees and internal CPS committees with a focus on best practices.
- Revision of CPS policy for the Outsourcing Initiative.
- Collaborated with Casey Family Programs through Texas State Strategy to provide statewide training in the areas of group facilitation, adult education, and community resource development for Kinship and FGDM staff.
- Assisted in development and trainings for Kinship Development Workers, supervisors and administrative staff in preparation for the implementation of the statewide kinship program.
- Assisted in the development of online training for CPS direct delivery staff statewide on the kinship program to include information regarding the services, policy and supports offered to kinship caregivers.

- Participated in a presentation regarding FGDM, made to the Texas Associate Court Judges
- Participated with FGDM Specialist and Casey Family Programs, recommendation development for single Texas model of FGDM in order to develop statewide program policy
- Collaborated with Casey Family Programs and the Texas State Strategy to review policies and practice to assure a family focused service delivery is being provided
- Assisted with the creating the Kinship Care Manual, printed in English, Spanish and Vietnamese. The Kinship Care Manual is a resource and information guide provided to the kinship caregivers upon placement of a child in the home. This manual provides information such as caregiver rights, responsibilities and available financial, childcare, and support services.
- Assisted with creating the Kinship Care brochure, printed in English and Spanish, is an additional resource used to inform family members, community stakeholders, and DFPS staff who do not work directly with the Kinship Program, about resources and supports available to kinship caregivers.

Identify the activities that the State intends to implement with its CAPTA State grant funds and any changes in activities for FY 2007;

1) Evaluation of Legislative Initiatives

The Evaluation of Legislative Initiatives Project responds to priorities (1), (4) and (7) in the CAPTA Amendments.

Goal and Objectives

Project goals and objectives address Section B, (1) of the CAPTA Amendments of 1996: "the intake, assessment, screening, and investigation of reports of abuse and neglect." The goal of the project is to continue to evaluate both legislative and department initiatives. The following objectives were designed to support the project goal for fiscal year 2008.

- 1) Evaluate the changes made to the intranet-based risk assessment instrument as part of CPS reform.
- 2) Continue the evaluation of Family Group Decision-Making
- 3) Complete the evaluation of the Kinship Care Project
- 4) Continue to Evaluate Disproportionality and Disproportionality remediation efforts in CPS.

Approach

The first objective is tied to CPS ongoing efforts to reduce the incidence of children at risk of abuse/neglect and of serious injury and death and CPS reform efforts. As part of those efforts, the risk assessment instrument has been revised and a safety assessment instrument has been developed. Both have been incorporated into the departmental intranet system and they will be deployed into the field in May 2007. Because the instrument no longer retains its original psychometric properties, testing will begin in fiscal year 2008 in order to determine the worth of the new instrument. The new instrument will need to be tested for reliability and validity. In addition, efficiency, influence and accessibility will be assessed through surveys of staff. The instrument will also be tested for cultural bias.

The second objective will be met through standard evaluation procedures. The evaluation of Family Group Decision-Making will be extended to include other stages of service. These stages include the Investigation and Family Based Safety Services stages of service where interventions will be aimed at diverting children from CPS care. This will involve setting up a proper methodology for testing this question and analyzing the results from that perspective.

The third and fourth objectives will be met through standard procedures of evaluation. The final phase of the evaluation of Relative Care will take place in fiscal year 2008, and the final report provided. This involves assessing the rates of relative placements, exits from care and disruptions for those participating in the payment program, relative to those who don't participate.

Work on the third objective continues. Initial analyses have determined that race and ethnicity play a part in decisions that are made in CPS. In fiscal year 2008 three studies will be conducted. In the first, caseworker variables (e.g., cultural awareness) will be associated with these decisions. The survey to be used to assess these variables has been developed. In the second, community variables (e.g., availability of services) will be associated with these decisions. In the third, the impact of Program efforts in five pilot sites will be evaluated. A description of the program has been written and an evaluation implementation report has been provided. An initial report on outcome measures will be provided in August 2007.

The expected products are:

- More standardized and structured assessment and decision-making at investigation.
- Improved outcomes for families and children.
- A reduction in disproportionate numbers of African Americans and Hispanics in the CPS system.

Budget

Total funds requested for the ELI Project for the coming fiscal year is \$ 240,690.

1 FTE Program Specialist V

Salary	\$67,061
Fringe	\$13,402
Longevity	\$ 2,880
Total	\$83,343

1/2 FTE Program Specialist V

Salary	\$24,149
Fringe	\$ 5,378
Longevity	\$
Total	\$29,527

1/2 FTE Program Specialist V

Salary	\$22,611
Fringe	\$ 5,161
Longevity	\$
Total	\$27,772

1 FTE Research Specialist IV

Salary	\$41,597
Fringe	\$ 9,811
Longevity	\$ 2,640
Total	\$54,048

Temporary Staff \$20,000

Equipment for Databases or Licenses \$26,000

(Includes \$ 6,000 for SPSS and \$ 20,000 for Chapin Hall)

Grand Total \$240,690

2) Disproportionality

The Disproportionality Project responds to priorities (3) and (12) of the CAPTA amendments.

Background

As demonstrated through national research throughout the child welfare continuum, African American children and families are represented in numbers that exceed their relative proportion of the population. Rates of substantiated maltreatment, entry into out-of-home care, and length of stay are higher for African American children than their white counterparts, while family reunification and exit rates are lower. These disparate outcomes are not unique to child welfare as they stem from a complex network of social and political biases that

pervade our society. However, because entering the child welfare system has such long-term implications for the children and families served, Child Protective Services (CPS) must continue aggressively seeking to assure that any institutional and individual biases contributing to disproportionality are confronted within the Texas system.

DFPS launched its Disproportionality Project initiative, in collaboration with Casey Family Programs, community and internal and external stakeholders, to address disproportionality. To begin the dialogue with local communities, State Leadership Planning meetings were held, followed by Regional Planning meetings in the pilot site areas in Regions 3, 5, 6 and 7. These meetings resulted in the formation of Regional Advisory Committees comprised of CPS staff local community leaders, as well as Casey Family Programs' Texas State Strategy members. As disproportionality efforts have concentrated on specific localities (Dallas, Tarrant and Denton Counties in Region 3, Port Arthur in Region 5, Houston in Sunnyside and the 3rd and 5th Wards in Region 6, and Travis County in Region 7), these locally based Advisory Committees have coordinated their efforts through the five Disproportionality Specialist positions in the pilot regions with oversight by the State Office Disproportionality Director. To track the progress of these interventions, a Statewide Evaluation Committee representing the participating regions, the Texas State Strategy, and DFPS research and evaluation team convened. Through this consortium of state and university evaluators, an evaluation plan was developed.

Goals and Objectives

The purpose of this project is to address the systemic factors and identify practice improvements that can address the disproportionate representation and disparate outcomes for African-American children and their families within the Texas child welfare system. Issues surrounding the disproportionate rate at which such children enter the CPS system, the equity with which children of color and their families are provided access to available services, and the disproportionate and disparate outcomes for African-American children once they are engaged in the child welfare system (including all phases of service -- investigation, removal, placement and emancipation) will be examined in an effort to promote parity and improved outcomes for all children and families. Further, this initiative will define the need for increased sensitivity with CPS staff in working collaboratively with families, whatever their racial or cultural backgrounds.

The first step in addressing the over-representation of African American children and families in the Texas child welfare system is to increase cultural awareness among CPS staff. The implementation of Family Group Decision-Making and Kinship Initiatives has been instrumental in raising staff awareness of the importance of giving families a voice in the child welfare system. Additionally, all Regional Directors, Program Administrators and state office management staff have completed "Undoing Racism" training along with selected community

members, parents and alumni. Region 3, 5 and 6 supervisor and worker level staff in the pilot units have also been trained.

Disproportionality Specialists have been certified as “Knowing Who You Are” trainers. This training emphasizes the importance racial and ethnic identity formation for youth. The Disproportionality Specialists, along with other trainers, will train and certify other agency staff to deliver the curriculum to CPS staff. These efforts are to address Senate Bill 6 requirements to deliver cultural competency training to all CPS staff.

Approach

That the problem exists is not disputed. What remains unsolved is “who, what, when, where, and why.” Who are the children most impacted? What are the reasons for the disparity – are they social, cultural, political, policy-related, programmatic, or a combination of factors? What needs to be changed to correct the imbalance? When and where in the continuum of protective services does disproportionality begin? Why do so many people seem to ignore the situation? Where does Texas begin? The approach of this project will be to begin to respond to these, and other, questions through the creation of disproportionality specialists in six areas that child welfare data indicates have the highest percentages of disproportionality. Considerable efforts are being made in pilot site communities through Town Hall meetings and Focus Groups to reach out to community partners in an effort to both understand and mitigate the factors that contribute to disproportionality in all aspects of child welfare.

A Disproportionality Manager coordinates statewide activities; assists with the development of grants as necessary to support further endeavors; liaisons with program evaluation staff; attends, develops and delivers training as identified; and engages community partners in the process of issue identification. The community-based Disproportionality Specialists will participate in these activities as directed, while serving at the local level to identify community resources. These community resources will focus on mitigating the circumstances that bring African American children into care while promoting cultural sensitivity among CPS staff. By changing the CPS culture to be more sensitive to families, whatever their racial or cultural background, it is hypothesized that families will feel more empowered to become more verbal regarding their needs and expectations; and, in that process, find greater equity of service.

To augment the work of this project, DFPS participated in a nation-wide Breakthrough Series Collaborative on Disproportionality sponsored by Casey Family Programs. The Series objective was to study various efforts by 13 different jurisdictions to address the disproportionality of African-American children in child welfare systems (entry to exit). Texas has entered into learning exchanges with various states including providing peer technical assistance and mentoring to the state of Kentucky for their disproportionality initiative.

As contributing factors are identified, staffs actively work to both increase awareness of and control for factors that create identified disparities. Each pilot site test services, resources and changes that are effective in lowering the rate of disproportionality in order to more effectively expand this work to other areas of the state.

Expected Outcomes

The expected outcomes of this project are

- greater sensitivity to the unique needs of the families CPS serves,
- enhanced understanding of the dynamics that contribute to disparate outcomes for families,
- identification and elimination of policies and procedures within CPS that contribute to disproportionality, and
- increased community participation in the provision of services that prevent children from entering foster care.

Budget

In addition to the identified manager position, successful completion of this project will require start-up costs for expansion to other areas of the state, which includes costs for staff training, travel, community out-reach (including stipends for community members to mentor families involved in the child welfare system) and program development.

Disproportionality Manager

Salary:

One Division Administrator Level (1 B16)	\$70,297
Fringe	\$13,858
Longevity	\$3,840
Subtotal	\$87,995

Staff training	\$9,000
Travel (in and out of state)	\$8,000
Out-reach and program development	\$64,000
Consultation	\$20,000

Total \$188,995

3) Children With Disabilities Project

The Children with Disabilities Project responds to priorities (7), (10 a and b) and (14) of the CAPTA Amendments.

Goals and Objectives

The overall goals of the project will be:

- To ensure children with developmental disabilities in the care of the Department of Family and Protective Services (DFPS) are placed in the least restrictive setting available that can meet these children's needs
- For Developmental Disability Specialists to become experts in the knowledge of developmental disability services and resources, and coordinating these services between DFPS staff members and these resources;
- Hire a Developmental Disability Specialist fluent in using American Sign Language (ASL) who is familiar with Deaf culture norms and of the Deaf community and to assist with identifying and facilitating services to children and families with deafness; and
- Provide consultation to Child Protective Services (CPS) staff members.

Objectives related to these goals are:

- Promote the identification of children needing this service;
- Assess the needs of children related to their developmental disability;
- Serve as regional subject matter expert for children with developmental disabilities;
- Consult and/or participating in child service planning activities and in identifying needed wrap-around services;
- Facilitate the transition of children out of institutions into least restrictive settings appropriate for the children;
- Advocate for Medicaid waiver slots for children with developmental disabilities and placement on appropriate Medicaid waiver lists;
- Facilitate Determination of Mental Retardation (DMR) for children with suspected mental retardation;
- Serve as a liaison with Mental Retardation Authorities (MRAs) and facilitating Mental Retardation services;
- Facilitate placements into HCS, ICF-MR programs/state schools, nursing homes, Casa Esperanza and Mission Road;
- Provide training to staff and caregivers about developmental disabilities and available resources;
- Facilitate referrals of appropriate children aging out of DFPS conservatorship to the Department of Aging and Disability Services guardianship program; and
- Participate in the formal review of guardianship decision.

Tasks to Meet Objectives:

- Educate CPS staff members about Medicaid waiver programs and other resources and requirements for children with developmental disabilities.
- Provide consultation and training to CPS staff members related to the developmental needs of individual children.
- Collaborate with local, state and federal agencies and programs and caregivers that serve children with developmental disabilities.

- Assist caregivers and CPS staff members in accessing appropriate services.
- Conduct training and technical assistance for CPS staff members and caregivers related to developmental conditions.

Benefits

As a result of project activities, children and their caregivers will have greater access to available resources and other supportive services. Caregivers will be better equipped to provide care for children in their own homes. CPS caseworkers will better understand the developmental disabilities of children and be more successful in accessing available services. Information regarding developmental disabilities and available resources will enhance the quality of placement services and permanency planning efforts for children in substitute care as Developmental Disability Specialists will assist in identifying specific needs and services to meet those needs of children with developmental disabilities.

Budget

1 State Office Project Director (Program Specialist)	
Salary	\$52,687
Fringe	\$11,375
Longevity	\$ 960
Subtotal	\$65,022
Travel	\$ 2000
 Statewide Information Special Project	
• Books and Videos for Statewide Distribution, and Training for Developmental Disability Specialists Related to Children with Developmental Disabilities	\$ 6000
Total:	\$73,022

4) Educational and Developmental Disabilities Specialists

The Educational and Developmental Disability Specialist Project responds to priorities (3), (7), (10 a & b), and (14) of the CAPTA Amendments.

Goals and Objectives

The overall goal of this project is to establish an education specialist and a developmental disability specialist in each DFPS region, who can provide a comprehensive range of services to meet the complex educational needs of DFPS foster children, as well as specialized needs of children with developmental disabilities. The education specialist focuses on education issues with the goal of improving educational outcomes for youth in care. The following are the objectives to meet this goal.

The Educational Specialist will provide case consultation to DFPS staff by:

- Implementation of a statewide education tracking procedure and format through the use of the Education Portfolio;
- Development of a system to track the education progress of youth in care and ensure they all have an Education Portfolio;
- Information and referral services regarding education-related resources;
- Collaboration with school districts, substitute caregivers and CPS to promote educational stability;
- Identification of existing specialized placement resources and coordinate with placement team to ensure the educational needs are addressed;
- Assistance in case planning as it pertains to identifying specific educational needs and services through individual case staffings and Individual Education Plan (IEP) meetings;
- Provision of educational information and referral services in unit meetings, basic skills development training, new worker regional training, and regional educational issues based training for tenured workers; and
- Provision of educational information to schools, substitute caregivers, and the youth in care to ensure accurate and appropriate services are being provided.

The Developmental Disability Specialist will provided consultation to DFPS staff by:

- Assist with statewide efforts to improve healthcare to children in substitute care;
- Assist with efforts to provide oversight of psychotropic medication use by children in foster care;
- Provide input into the development of service/care plans;
- Provide information and referral services regarding developmental disability related resources;

- Provide identification of existing specialized placement resources and coordinate with placement team to ensure the developmental disability needs are addressed;
- Assist in case planning as it pertains to identifying specific developmental disability needs and services through individual case staffings; and
- Offer developmental disability information and referral services in unit meetings, basic skills development training, new worker regional training, and regional educational issues based training for tenured workers.

The Educational Specialists and Developmental Disability Specialists assist in case planning activity as it pertains to identifying specific educational or developmental disability needs and services to meet those needs, including individual case consultations with DFPS staff and attending permanency planning meetings and Individual Education Plan (IEP) meetings as needed.

The Educational Specialist and Developmental Disability Specialist represent DFPS at regional planning meetings to provide input regarding the communication and collaboration process and agreements between agencies and organizations involved in educational planning and/or service coordination for children with disabilities.

The Educational Specialists develop and provide educational training curriculum to CPS staff, schools and foster parents. They cover the importance of education stability and securing and maintaining accurate and current education records. The Education Specialists are presenting the Education Portfolio to all involved parties. The Education Portfolio is an individual means used statewide to track education records from placement to placement, which will ensure correct education placement and services. The training may be accomplished through:

- Unit meetings,
- Parent Resource for Information Development and Education (PRIDE) seminar sessions (adding education issues to the training),
- Surrogate parent training,
- Foster Parent support group meetings and conferences, or
- Meetings and presentations to school districts and Education Services Centers

The Educational Specialist consults with CPS staff regarding education questions and/or concerns about children on their caseload. Education Specialists also attend school Admission, Review, and Dismissal (ARD) meetings, when needed, to help the surrogate parent advocate plan for the educational needs of children and assist in the development of Individualized Educational Plans (IEP) to ensure correct education placement and services are being provided.

The Developmental Disability Specialists complete the following duties:

- Consult and/or participate in:
 - Service planning,
 - Circles of support,
 - Discharge planning, and/or
 - Other appropriate venues;
- Facilitate transition of children out of institutions by:
 - Attending treatment team meetings at the institutions,
 - Presenting cases to residential childcare providers at quarterly matching meetings, etc.,
 - Developing transition plans when providers are located;
 - Advocating for Medicaid waiver slots for children with mental retardation who are admitted to state hospitals.
- Place children with developmental disabilities on appropriate Medicaid waiver lists;
- Liaison with mental retardation authorities and facilitate mental retardation services;
- Facilitate Determination of Mental Retardation for children with suspected mental retardation;
- Complete and maintain current service levels for children on their caseloads;
- Provide training to staff and foster parents;
- Facilitate referrals of appropriate aging out children to the Department of Aging and Disability Services for guardianship;
- Facilitate referrals of children with developmental disabilities who are aging out or are placed in an Intermediate Care Facility serving persons with Mental Retardation, state schools, Home and Community Based Services, and nursing homes to SSI coordinators for SSI application; and
- Complete permanency planning instruments as required by State Bill 368 and HHSC.

Approach

There are twenty full-time equivalents (FTE) staff associated with this project. There will be a full time position for the Educational Specialist, as well as a Developmental Disability Specialist in each region of the state, except for Region 2/9 which will share one full time Educational Specialist and one full time Developmental Disability Specialist. These twenty specialists will work in coordination with the designated state office specialists.

The Educational Specialists are experienced in working with several facets of the educational system, including gifted and talented programs, special education programs, section 504 services, mainstream education, and extracurricular activities. Education Specialists have to be knowledgeable about the Texas Education Code, the Texas Administrative Code, Individuals with Disability Education Act (P.L. 108-446, IDEA), Section 504 of the Rehabilitation Act

(Section 504), and the Family Education Rights and Privacy Act (FERPA) to be able to adequately advocate for the educational needs of youth in care.

The Developmental Disability Specialists are experienced in working with children with developmental disabilities. These specialists will provide consultation, training, information and referral services and resources, and advocacy to assist CPS staff in providing services to children with these special needs.

Benefits

As a result of project activities, all children in care will have a well trained Education advocate who will promote education stability and monitor academic progress and a Disability advocate to promote access to services in the least restrictive environment for children with disabilities.

With specialist support, knowledge, skill, resources and the Education Portfolio, CPS will be able to ensure accurate education placement and services to children, thus improving their education performance and outcomes. This project will also improve school enrollment time, facilitate the child being involved in their education programming, improve communication between CPS and schools, and the foster parents and schools.

This project's goals and objectives will assist CPS collaboration with HHSC and the state Senate Bill 368 workgroup members to move children from institutional placements into family-based placements, and more fully comply with the Olmstead decision.

Budget

Developmental Disability Program Specialists: 10 worker level staff

Educational Program Specialists: 10 worker level staff

Salary:	\$793,396
Fringe	\$190,789
Longevity	\$ 26,640
Total	\$1,010,825

5) Texas Council of Child Welfare Boards

The Texas Council of Child Welfare Boards (TCCWB) responds to priority (11) in the CAPTA amendments.

BACKGROUND

In 1931, in response to the Great Depression, Texas enacted a law that created the Division of Child Welfare Services and placed this office in the State Board of Control. The law allowed county commissioner courts to appoint boards to coordinate community services for the protection of children. A small staff within the Division of Child Welfare Services was employed to help counties create Child Welfare Boards.

During these early days of child welfare services in Texas, the county Child Welfare Board often provided service to families and children themselves, with consultation and supervision from the professional staff of the state Division of Child Welfare Services. The State Department of Public Welfare assumed state responsibility for child welfare when it was created in 1939.

In 1976, regions began to form Regional Child Welfare Advisory Councils. Early in 1978, the Texas Council of Child Welfare Boards (TCCWB) was organized.

In 1979, the Texas legislature appropriated state funds for foster care services. Today CPS is a state administered program, although many counties provide some level of funding for foster children's needs. Several counties also provide funding for additional state supervised CPS staff positions. One of the responsibilities given to local Child Welfare Boards is the oversight of county expenditures for child welfare services.

Child Welfare Boards were surveyed by the TCCWB in 2002, and 103 responses were received from the 200 counties with Child Welfare Boards. The survey identified local assistance provided by local boards that supplement efforts of the agency. The 2002 survey results reflected 8,576 hours of volunteer time from 2,735 volunteers across the state. Additionally, county funds through the Child Welfare Boards provided approximately \$20,642,016 for the needs of children served by CPS. The Child Welfare Boards are currently providing information to complete the 2007 survey. This information will be used to identify services provided that supplement efforts of the agency.

Child Welfare Boards are involved in a broad spectrum of long-standing as well as new, cutting-edge program development. As indicated above, they provide significant support using both public and private sector resources to directly ensure proper care and services to foster children and their families; to meet acute needs of children and families through establishment and support of local resource rooms and caseworker sponsorships; to launch prevention and awareness programs that run the gamut from family support services and how to report suspected child abuse/neglect to adoption awareness and recruitment; to secure additional local service resources in the areas of evaluation and treatment; to support children who age out of foster care, etc. Most recently, many Child Welfare Boards have been involved in supporting family group decision-making and kinship care initiatives across the state.

VISION AND GOALS

The Texas Council of Child Welfare Boards (TCCWB) is a statewide organization comprised of representatives from local and regional child welfare boards. The purpose of the TCCWB is to provide leadership through a comprehensive, cohesive network of child welfare boards in order to support services to vulnerable children and to promote the prevention of child abuse and neglect to assure that all children live in a loving, nurturing, safe environment.

The TCCWB represents local Child Welfare Boards through its membership of approximately 30 representatives from all eleven regional councils in Texas. The regional councils are composed of representatives of the more than 200 local Child Welfare or Child Protective Services Boards appointed by county commissioners courts. TCCWB officers and members advocate for children through encouraging legislation to provide services to abused and neglected children and to prevent child abuse; working with CPS staff on programs that meet children's needs; and by networking with other agencies and organizations to provide the best care for abused and neglected children, while at the same time, striving to prevent such abuse and neglect through public awareness and joint cooperation.

The TCCWB meets three times a year to develop statewide programs that advocate for child abuse prevention and services. The TCCWB has three standing committees: education, advocacy, and awards. There are also special committees, or ad hoc committees, appointed by the President of the TCCWB. The TCCWB is a 501 (c) (3), non-profit organization.

The vision of the proposed TCCWB Project is to galvanize and strengthen the structure of local, regional and state child welfare boards such that the TCCWB leads the way in statewide support, technical assistance, and public/private advocacy for the prevention and treatment of child abuse and neglect.

The goals of the proposed TCCWB Project include the following:

- Develop a model of local, regional, and state child welfare board organization that can be used nationally to promote public/private partnerships.
- Assist local and regional child welfare boards to more effectively carry out their direct and indirect service and support activities that reflect the changing nature of CPS services in Texas - as programs expand use of family group decision-making, kinship care, direct parent-to-parent mentoring and education, advocacy to enhance child and family well-being outcomes particularly in the areas of education, disability services, and mental health, and outsourcing of foster care and case management.

- Develop a consistent, statewide system to inventory, tabulate, and analyze resources developed by local child welfare boards and used for prevention and intervention services.
- Develop models and methods to leverage and grow resources from both the public and private sectors to increase the amount and quality of services available to address child abuse and neglect locally and statewide.
- Fund a portion of an Executive Director's salary for the TCCWB to facilitate establishment of the position.
- Decrease the amount of funding provided by DFPS to the TCCWB while increasing funding through grants, donations, fund-raising, etc.
- Fund the development of a comprehensive, updated TCCWB and local child welfare board operations and policy manual.
- Fund a statewide training conference available to all child welfare board staff and volunteers across Texas.

APPROACH

The TCCWB consists of 27 voting members, with four members-at-large (non-voting), CPS State office staff, CPS regional staff, and guests from the foster parent association and other interested organizations work in partnership with the council and may attend the business meetings held three to four times yearly, in Austin. The officers of the TCCWB are President, Vice-President, Secretary, Treasurer, and Parliamentarian. All members – officers and delegates – are volunteers.

The legislation creating Child Welfare Boards is located in the Texas Family Code, Section 264.005, entitled, County Child Welfare Boards.

County Child Welfare Boards and DFPS have a relationship established through contracts between a County Commissioners Court and DFPS. This contract spells out responsibilities of the Commissioners' Court and of DFPS to one another as well as to the community and to the families and children served.

In every DFPS region, there is staff dedicated to interact with the local boards at a variety of levels and for varied purposes – community initiative specialists, CPS unit supervisors and caseworkers, and CPS regional administrative staff.

The TCCWB has sought for several years to expand its funding base beyond what is allocated by DFPS (\$17,600 per year for meetings, prevention, education, and newsletter activities). In order to expand its funding base and revenue-raising capabilities, the TCCWB has made several applications for grant opportunities available to non-profit service entities. However, these applications have been unsuccessful. And the consistent feedback from grantors is that they are reluctant to provide resources to an entity that does not have an executive director structure in order to ensure accountability and legacy operations. DFPS proposes that the TCCWB will be a stronger, more effective service, support, and

educational entity if it is able to secure operating revenue independent of DFPS. DFPS is thus proposing that the TCCWB become a financially independent entity using the primary mechanism of establishing an Executive Director/Board of Directors operating structure.

DFPS would commit to funding a portion of an Executive Director's salary in order to coordinate the efforts of the TCCWB. The Executive Director's duties would include:

- Develop a model of local, regional, and state child welfare board organization that can be used nationally to promote public/private partnerships.
- Provide technical assistance, direction, and guidance to local and regional Child Welfare Boards to effectively develop their organizations.
- Develop a consistent, statewide system to inventory, tabulate, and analyze resources developed by local child welfare boards and used for prevention and intervention services.
- Develop models and methods to leverage and grow resources from both the public and private sectors to increase the amount and quality of services available to address child abuse and neglect locally and statewide.
- Oversee the development of a comprehensive TCCWB and local child welfare board operations and policy manual.
- Coordinate the annual statewide training conference for at least 125 participants.
- Annually coordinate three meetings of the TCCWB and one meeting of the Executive Committee.
- Develop independent, consistent funding streams to operate the TCCWB and fund its service, education , and prevention projects.

EXPECTED OUTCOMES

Cooperation and collaboration locally and statewide will be improved; an accurate accounting of donated and earned funds from both the public and private sectors will be developed; accurate and consistent collection of data regarding funding and expenditures at all levels will increase the accountability and confidence in the operations of Child Welfare Boards; CPS caseworkers will experience greater community support; clients will have access to a wider variety of services at the local level; child abuse prevention efforts will be expanded statewide; and funding for the TCCWB will come exclusively from its own fund raising activities.

DFPS proposes to continue funding the TCCWB, in addition to the below proposed budget, at \$8,800 during fiscal year 2008 , at and no allocation during state fiscal year 2009.

BUDGET

Total CAPTA funds requested for FY 2008 are \$47,000.

- 1 Part time equivalent (PTE) Executive Director Position

Salary	\$25,000
Travel	\$ 7,000
Subtotal	\$32,000

Development of a TCCWB operations and policy manual	\$3,000
Development and distribution of a statewide accounting instrument	\$2,000
Annual Conference – speakers, meeting space, travel	\$10,000
GRAND TOTAL:	\$47,000

6) Parent Collaboration Group

The Parent Collaboration Group responds to priority (3) in the CAPTA Amendments.

Background

The Adoption and Safe Families Act of 1997 encourages states to collaborate with external entities to improve services in the Child Protective Services System, and to provide an opportunity for external entities to have input in the IV-B State Plan. DFPS launched the Parent Collaboration Group during fiscal year 2002 to provide a venue for gathering and incorporating parental feedback to enhance child protective services. The Parent Collaboration Group provides information to staff regarding what parents experience as recipients of CPS services, and what can be improved. Additionally, the information gained from parental input is used to improve practice and address policy issues.

Mission

The Parent Collaboration Group is a partnership between CPS and parents who are, or have been, recipients of services from CPS. The mission of the Parent Collaboration Group is to:

- Provide stakeholder input to the agency regarding policy development, and CPS services,

- Provide recommendations to the agency regarding how services may be improved to children and families,
- Provide training opportunities to workers regarding the parent perspective, and
- Provide support to parents and function as a catalyst to link parents and the agency in partnerships that encompass statewide policy development as well as day-to-day casework practice.

Goals

The Parent Collaboration Group Project goals are:

- Identify service gaps to families and children,
- Identify what services are working and should continue,
- Identify areas of policy that need improvement,
- Provide an avenue for parents to make recommendations for policy changes,
- Identify ways parents can be instrumental in improving a caseworker's skills in relating to parents,
- Fund the travel, per diem, and child-care expenses of the parent volunteers to attend a statewide meeting at least 3 times a year,
- Provide assistance, direction, and guidance to the meetings to effectively develop regional Parent Collaboration Groups, and
- Establish parent liaison advocates who will work as partners with caseworkers and families.

Objectives

The objectives of the Parent Collaboration Group include the following:

- Increase the number of parent liaisons for both advisory and practice initiatives in fiscal years 2007-2008,
- Develop a structure for CPS-Parent partnerships in policy and practice components that will become a vital element of local regional and state operations,
- Institute the Parent Collaboration Group advisory model throughout the state,
- Increase father involvement.
- Improve the skills, qualifications, and availability of individuals providing services to children and families, and
- Distribute the message to staff and parents regarding the value of a family voice

Approach

Pilots

The Parent Collaboration Group model is one in which DFPS staff partner with local parent liaisons to enhance services and communication between the agency and families who receive CPS services. The Parent Collaboration Group model provides for co-leadership at the state level by a staff person from state office and a parent who is a former recipient of CPS services. CPS regional management selects regional CPS staff and parent liaison representatives to the state Parent Collaboration Group.

To meet the objective of instituting a Parent Collaboration Group model throughout the state, DFPS is committed to replicating the state model in each region. During this first year of operations, the new pilot sites have demonstrated that they learned from the experiences of the first three pilot sites (Regions 06, 08, and 10), and have been able to move forward more quickly with their pilot initiatives.

The Well Being Outcome was a specific area of weakness identified in the results of the first Texas Child and Family Service Review. Parent Collaboration Group participants will provide input on how the agency can improve the well being of children, specifically improving the physical, mental, and educational services provided to children, and how fathers may be more involved in case planning and service delivery for their children.

Major Obstacles

Biological parents, both fathers and mothers, involved in the child protective services system frequently come from low- or middle-income families and are unable to afford travel and day care expenses to attend statewide and regional meetings. In an effort to facilitate a parent participation in statewide and regional groups, the agency must attempt to remove barriers preventing the parent from attending the meetings.

A major barrier to the development of regional, non-pilot site Parent Collaboration Groups has been the agency's inability to provide initial payments to parents to absorb expenses incurred while attending meetings. Many parents have to request time off from work and may lose up to one day's pay depending on the type of parent education/advocacy activities performed. The lack of up-front funds requires participants to pay lodging, travel, food, and day care expenses out of their household funds, and then wait 21 to 60 days, or longer, to be reimbursed.

Parents have expressed difficulty engaging child care services for their children during the days they need to be away from home; and relay that child caregivers request that parents pay the \$30 per day per child in advance. Parents have also expressed concerns relating to the lack of resources to purchase meals while away from home. In addition, parents are required to pay for professional healthcare of their children such as nurses to provide injections.

To abate the aforementioned obstacles, continued funding from CAPTA will be used to provide stipends to parent participants who attend and perform public speaking at events arranged by the Child Protective Services Liaison at State Office. The stipends cover the honorarium for speaking at the event.

New Casework Paradigm

The State Parent Collaboration Group suggest that CPS take this project to the next level of parent advocates as partners with CPS and parents in the casework process. The approaches identified by the State Parent Collaboration Group and CPS to implement this new paradigm include:

- Develop a profile of who would make a good parent advocate;
- Establish protocols for parent advocates regarding:
 - Training,
 - Supervision,
 - Identification of any legal issues related to Parent Collaboration Group members, and
 - Linkages among Parent Collaboration Group members, CASA, attorneys, parents, and other stakeholders;
- Develop a job description for parent advocate volunteers regarding their roles and responsibilities;
- Develop a job description for agency liaisons and volunteer supervisors regarding roles and responsibilities;
- Develop a plan for the expansion of fathers on the Parent Collaboration Group.
- Use parent liaisons at parent support groups, staff meetings, and as consultants on cases;
- Develop flyers about parent liaisons for workers to distribute to families;
- Develop an orientation video by parents for parents regarding what to expect when involved in the CPS system;
- Educate parents on the foster care system;
- Explore opportunities for parental involvement when education issues arise while child(ren) are in CPS care; and
- Place emphasis on approaches that increase father involvement.

Methodology

The State Parent Collaboration Group will continue to meet at least three times a year. Regional Parent Collaboration Groups are expected to meet periodically, but no less than quarterly according to needs and resources. State Parent Collaboration Group participants will engage in discussion of practices relevant to the state's child protective services system. Parent representatives will identify those practices that work effectively and those that are problematic, and develop recommendations for enhancement to the current delivery system.

The state level Parent Collaboration Group coordinator will provide feedback and recommendations from the Regional and state Parent Collaboration Groups to CPS management and program specialists regarding service gaps, and casework practices that need improvement.

Best Practice Specialists and regional parent liaisons will work on developing parent advocates at the local level. Program specialists and parent representatives at the state level will support the new paradigm. Implementing this methodology along with the approaches outlined above will lay the foundation for achieving the goal of establishing parent liaison advocates statewide who work as partners with caseworkers and families. State office staff will organize and facilitate workgroups of staff and parents to develop this project together.

Description of Activities

The Parent Collaboration Group provides a mechanism to include biological parents in the design, implementation, and evaluation of the CPS program. This initiative encourages collaboration with clients who are affected by the CPS service delivery system and provides a unique perspective on how to improve services to families and children. For fiscal year 2008, the plan is to continue the statewide Parent Collaboration Group, to provide support and technical assistance to three additional pilot regions, and to obtain input from parents regarding how to improve well-being for children receiving services from CPS.

Activities for fiscal year 2008:

- Develop a profile of who would make a good parent advocate;
- Establish protocols for parent advocates;
- Encourage development of regional Parent Collaboration Group newsletters that focus on local resources.
- Encourage continued distribution and use of Parent Collaboration Group training video to internal and external partners.
- Develop additional training tools from the parent perspective to be used by Child Protective Services staff and others involved with the child welfare system
- Provide trainings to staff from a parents perspective
- Continued development of the regional Parent Collaboration Group that will:
 - Review practices and provide input,
 - propose recommendations for policy changes in the CPS system,
 - support a partnership between parents and the agency,
 - assist parents in understanding the various processes of CPS, and

- provide parent access to a standardized survey so that parents may provide their feed back on a statewide basis.
- Implement the approaches of the new casework paradigm through workgroups that will lay the foundation for a statewide parent advocate program in non-pilot regions.

Expected Outcomes

- Improve cooperation and collaboration between parents and the agency,
- Enhance CPS worker abilities to work with families effectively,
- Increase father involvement in CPS activities, especially case planning,
- Provide improved services that meet the individual needs of the families, and
- Improve safety, permanency, and well being outcomes for children.

Budget

To decrease barriers to parent participation at the state and regional levels, stipends will be paid to parents in addition to per diem reimbursement that the stipend does not cover.

Quarterly Statewide Meetings: The state Parent Collaboration Group operating budget for fiscal year 2008 is based on twenty-two parent liaisons, twelve DFPS liaisons, attending at least three state meetings. The following budget is calculated at an attendance rate of at least two parents per region and one CPS liaison per region.

Regional Pilots: These funds will be for the regional Parent Collaboration Group to continue during fiscal years 2008-2009. At the end of this funding period there should be at least six active regional sites across the state. The regional funds may be used for parent reimbursement for travel expenses, child-care, program planning supplies, or other appropriate expenses.

New Casework Paradigm: These funds will be for funding the travel expenses for one parent and Specialist per region for 4 meetings a year to develop the foundation for a local Parent Advocate model with an estimated cost of \$15,000.

Total for state Parent Collaboration Group, regional sites, and Casework Paradigm is \$61,372.

Lodging	\$9,720
Meals	\$6,480
Child Care	\$5,400
Parking	\$1,584
Taxi	\$1,800
Airline, Mileage estimated	\$18,888
Regional Pilots	\$10,000

New Casework Paradigm	\$7,500
Total	\$61,372

7) Family Group Decision-Making

The Family Group Decision Making (FGDM) project responds to priorities (3), (5), (7) and (12) in the CAPTA Amendments.

Goals and Objectives

- FGDM Conferences offered in all stages of service for all families as well as youth aging out of care.
- Utilize FGDM conferences as one vehicle to address the overrepresentation of African American children in CPS system by encouraging more families to have a voice in the services and supports they receive.
- Utilize FGDM to increase the number of children and youth living in kinship placements, decreasing the need for foster care.

Approach

The five CAPTA funded Family Group Decision-Making Specialists will continue to serve as the primary coordinators of all family group decision making conferencing activities within their regions. The addition of state supported positions, purchase of service dollars for contract facilitation services, Casey Family Program support, and community engagement will enable FGDM to be further expanded during the coming year. Building upon their experiences with implementation during fiscal years 2004, 2005 and 2006, the Family Group Decision-Making Specialists will oversee the training of new staff as well as the preparation of participating communities and staff.

FGDM will be expanded geographically and programmatically, as FGDM becomes the model for permanency planning for youth in foster care and transitional planning for youth about to exit to independent living. Additionally, these staff will form core members of regionally based teams who will spearhead the agency's efforts toward the cultural changes necessary to implement CPS Reform efforts. Central to these reform efforts will be the shift to strengths-based, family-focused service delivery.

Expected Outcomes

- FGDM, as the primary mode of service planning for families assures that families and stakeholders have a voice and a choice in the planning process to assure safety, permanency and well being of their related children.
- FGDM offers the chance for families with a wide variety of issues and at various stages of services to fully participate in order to discover their own strengths and utilize their abilities to maintain child safety independent of CPS intervention.

- FGDM conferencing facilitates more children being placed with relatives to ensure happier, better-adjusted children than if placed in foster care.
- FGDM creates a broad-based change in the CPS culture allowing a more family-centered, culturally competent, and solution focused service model to permeate all service provisions.
- FGDM process makes more progress on behalf of children possible when families and CPS staff are working together cooperatively.
- FGDM serves to meet the ASFA outcomes related to safety, permanency, and well-being.

Budget

Family Group Decision-Making: 5 program specialist IV level staff	
Salary: 5FTE @ B12	\$258,885
Fringe	\$ 56,233
Longevity	\$ 13,440
Budget total	\$328,558

8) Best Practices

The Best Practice Specialists respond to priorities (2) and (3) of the CAPTA amendments.

Goals and Objectives

The primary goal for the Family Focus Best Practice project will be to identify and promulgate best practice models throughout the state to assist with the cultural shift required within the agency necessary to embrace a more family focused service delivery system.

The primary goals of the positions will be to:

- Assist in the design, implementation, and evaluation of the CPS program services.
- Assist in the review and analysis of current policy and the evaluation of service delivery strategies to ensure family focused values and philosophy are being adhered to.
- Assist in policy and program development to assure that services demonstrate best practice approaches that are family driven, strength based and culturally sensitive.

Approach

In order to have a comprehensive plan for utilization of these positions, one of the Best Practice positions is housed within Family Focus Division, one is placed with the Investigation Division and one placed within the Permanency Division, all housed at state office.

In an effort to partner with families at all levels, it is important to have family members involved in all aspects of the work. One Best Practice position, the Parent Program Specialist position, will be a family member who has received services from CPS to give feedback that assists in the analysis of current policy and the evaluation of service delivery strategies. A particular emphasis for this position will be to increase family skills in advocacy within the community in order to better access and remove barriers to community services.

By partnering with the Parent Program Specialist and other Family Focus and Permanency division staff, the two Best Practice Program Specialist positions will focus on writing policy that will ensure the family focus philosophy is woven throughout CPS policy and the CPS service system. Currently, CPS has had minimal attention given to the areas of substance abuse (particularly in the area of methamphetamines), children's mental health, and domestic violence. These two positions will begin to assist the agency in addressing issues with the Family-focused, strength based approach as they relate to these areas.

Additionally, the two policy program specialists and the Parent Program Specialist position will emphasize and explore effective mechanisms to better engage fathers in the FGDM conferencing progress, in CPS services and in their own cases.

Budget

Program Specialist III

Salary	\$39,990
Fringe	\$ 9,585
Longevity	

Program Specialist V

Salary	\$54,100
Fringe	\$ 11,574
Longevity	\$ 1,920

Program Specialist V

Salary	\$ 45,222
Fringe	\$ 10,322
Longevity	\$

Total	\$172,713
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Budget Recap of 2007 Special CAPTA Projects

<u>Project Name</u>	<u>PAC</u>	<u>Amt. Requested</u>	<u>Priority</u>
Eval. of Legislative Initiatives	87047	\$ 240,690	1,4,7
Children with Disabilities	87044	\$ 73,022	7,10a&b,14
ED/DD Specialists	87046	\$1,010,825	3,7,10a&b,14
Parent Collaboration Group	87043	\$ 61,372	3
Family Group Decision Making	87042	\$ 328,558	3,5,7,12
Best Practices Specialists	87041	\$ 172,713	2,3
Disproportionality	87045	\$ 188,995	3,7
Texas Council of Child Welfare Boards	87040	\$ 47,000	11
Total:		\$2,123,175	

Submit a copy of the annual report(s) from the citizen review panels and a copy of the State agency's most recent response(s) to the panels and State and local child protective services agencies, as required by section 10(c)(6) of CAPTA.

Program Purpose

This report provides a summary of the activities by the Texas Citizen Review Teams from October 2005 to September 2006. It is being submitted as required by the Child Abuse Prevention and Treatment Act (CAPTA), Section 106 "Grants to States for Child Abuse and Neglect Prevention and Treatment Programs" [42 U.S.C. 5106a]. This information will be included in the Title IV-B Child and Family Services Plan (CFSP) for the Texas Department of Family and Protective Services (DFPS).

Background

There are 14 Citizen Review Teams (CRTs) as established by the Texas Family Code (TFC §261.312). Four of these teams are designated as meeting the requirements of CAPTA, Appendix I. This report consists of information concerning the issues addressed only by the four CAPTA teams (CRT/CAPTA). All four teams were incorporated as CAPTA teams as of June 1, 1999. They are located in Amarillo (Region 01), Fort Worth (Region 03), Austin (Region 07), and El Paso (Region 10). These sites represent a mixture of urban and rural communities, and reflect the broad range of issues encountered by Child Protective Services (CPS) statewide.

Structure

As required, the CRT/CAPTA team members are volunteers who represent a broad spectrum of their communities. The members are nominated locally and approved by the DFPS Commissioner. CPS state office staff provide assistance in the areas of coordination, team development, training, and statewide distribution of team reviews and recommendations. Local CPS staff facilitate the exchange of case-specific information, ensure that confidentiality is maintained, perform the required background checks on nominated members, and arrange for meeting space and clerical support.

Reporting Process

To coincide with the federal fiscal year reporting period, this report covers the period from October 2005 to September 2006. Information presented here consists of data gathered by the CRT/CAPTA teams. The teams utilize the Citizen Review Team Reporting form, a standardized form that was developed by CPS state office for the teams, put into use in April 2000, and modified to be user-friendlier in the automated environment in July 2003.

Agency Response

CRT recommendations are placed on the DFPS website. In addition to the recommendations from the CRT/CAPTA teams, recommendations and concerns expressed by other, non-CAPTA teams are also on the website. The web page for the recommendations contains a CRT-specific mailbox that the public can use to comment on the recommendations. The webpage is located at http://www.dfps.state.tx.us/Child_Protection/CRT/.

State office program staff review CRT recommendations, and those recommendations are considered when developing policy, training, and procedure recommendations. CRT recommendations have been particularly important during the FY 2006-2007 biennium, a period of major change for CPS in Texas. They have been used as part of the DFPS/CPS Reform process and in formulating plans for meeting mandates developed by the Texas Legislature during their 2005 regular session. A result of the 2007 Texas Legislative Session is expected to be what is now being called "CPS Reform II". The re-vitalized CRT program will be an integral part of the planning and implementation of the next cycle of reforms and improvements to the CPS program.

The CRT/CAPTA teams often have recommendations for the local CPS field staff about actions they would like to see taken in a particular case. These case-specific recommendations are communicated during the CRT meeting to the CPS representatives who are present and are recorded on the standardized report form. Actions on case-specific recommendations are handled at the regional level.

Panel Activities

Although the CRT/CAPTA teams have not met as regularly as expected, members have been involved in the DFPS/CPS Reform efforts as participants in local and statewide workgroups. Workgroups have focused on improving investigations through applying forensic methods and developing closer working relationships with law enforcement, improving outcomes for foster children through family group conferencing and disproportionality work, and providing a wider range of targeted services for children and families through partnerships with local service providers and community/business entities and with other state agencies such as the Department of State Health Services and the Department of Assistive and Rehabilitative Services.

The CRT program began its revitalization efforts in May 2006 with the first of several face-to-face and conference call meetings of the local CRT Coordinators. These coordinators are CPS staff assigned to this project, in addition to their other duties as CPS supervisors, program directors, program administrators, and program specialists. The CRT Coordinators are focusing on local and statewide strategic planning that has resulted in the revitalization of dormant teams, more frequent and regular meetings of active teams, and formation of new teams, including two (2) teams devoted specifically to addressing disproportionality issues. These teams will be in Region 03 (Dallas) and Region 06 (Houston).

The four CRT/CAPTA teams met as follows from October 2005 through September 2006:

- Region 01 (Amarillo/Potter County) — December 8, 2005; May 18, 2006 and August 24, 2006
- Region 03 (Fort Worth/Tarrant County) — None
- Region 07 (Austin/Travis County) — January 23, 2006, April 3, 2006, July 10, 2006 and September 25, 2006,
- Region 10 (El Paso/El Paso County) — none

Due to revitalizations efforts it is anticipated that the CRT/CAPTA teams will be able to meet the required quarterly review in FY 2007.

Summary of Findings

The findings of the CRT/CAPTA teams that have statewide implications (as opposed to recommendations aimed at local procedures and issues) are summarized below. d Substitute Care (CVS) issues. Although CRTs are encouraged to review cases in all stages of service, the CRT/CAPTA reviews were done only on cases in the investigation stage.

Region 01 focused on risks to very young children, especially those age 3 months and under. Specifically, the team emphasized:

- Working with the courts and local prosecutors regarding taking legal actions to protect children when risk factors indicate an immediately dangerous situation;
- Working with the medical community about reporting suspected abuse/neglect, especially when an infant is removed from a hospital "against medical advice" (AMA); and
- Focusing on risk factors that are especially dangerous for children under age 3 months – the team recommended that all abuse/neglect reports be given a Priority 1 designation at Intake.

Region 07 focused on staff training issues, especially related to assessing cases that involve sex offenders. Specifically, the team recommended training for multiple levels of staff regarding:

- Critical thinking errors in dealing with cases that involve custody issues;
- Effective use of credible collaterals;
- Conducting thorough investigations by improving interviewing skills to probe into underlying or hidden issues rather than conducting and/or documenting superficial investigations;
- Information about resources that the military can provide in order to assist with the investigation process; and
- Development of effective skills for working with resistant clients and client's attorneys to ensure that tasks/issues are addressed in a timely fashion.

This team also looked at training issues and skill development in complicated cases and in cases in which the trauma experienced by clients is out of the ordinary – specifically the trauma and upheaval experienced by families impacted by Hurricane Katrina.

CPS Protection Initiatives

The following chart describes CPS actions that relate to CRT-identified issues. Each initiative reflects CPS efforts to respond to and improve the quality of the services it provides to the children and families of Texas.

Region	Issue Addressed	Recommendation	CPS Initiative
Region 01	Court system's hesitation in allowing DFPS to remove children when concerns are based on risk to children.	Education for legal system when DFPS cases involve risk.	<p>As of January 2007, DFPS hired 47 new CPS training staff to prepare for the training of additional caseworker staff.</p> <p>As part of the initiation and expansion of the Family Group Decision Making Model, DFPS has met with judges and other court officials in various training and seminar forums to discuss FGDM specifically, but also to discuss a variety of issues affecting the court system and CPS operations.</p> <p>Special Investigators and Regional Law Enforcement Liaisons, all of whom have law enforcement field experience, have been hired across the state to enhance forensic assessment of severe and high risk cases of child abuse/neglect. These staff have been trained in risk and safety concepts and are thus better able to integrate an incident focus and a risk perspective when conducting CPS investigations or when consulting with other CPS staff. Their expertise is valuable to CPS when formulating reports to the court that emphasize the risks to a</p>

		<p>child that may not be evident merely on the basis of whether or not a specific incident of abuse/neglect has occurred.</p> <p>Child Safety Specialists have developed training modules for CPS Investigators and for Special Investigators regarding risk and safety assessment that are readily available to staff in one hour modules that can be presented during unit meetings and other forums. Child Safety Specialist staff have also been asked to assist staff in formulating court reports such that risk factors that contribute to an immediately dangerous situation are readily apparent. They have also been asked to testify as expert witnesses in regard to risk assessment on identified cases in both the investigation and ongoing stages.</p>
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	<p>Need to focus on risk factors that are especially dangerous for children under age 3 months.</p>	<p>All abuse/neglect reports of children age 3 months and younger should be given a Priority 1 designation at Intake.</p>	<p>Safety concepts that have been integrated into Basic Skills Development effective September, 2005, presented statewide to CPS staff in Summer, 2006, and reinforced through advanced risk training modules developed by Professional Development Division and the Child Safety Specialists place great emphasis on child vulnerability, caretaker capability, and immediately dangerous combinations of environmental risk factors. Age of the child is the number one vulnerability issue.</p> <p>In May 2006, intake screening protocols were developed that include a requirement that reports received from Statewide Intake with a Priority 2 designation in which a victim is under 5 years, regardless of allegation type, or if the case is already open, must be referred directly to an investigator.</p> <p>In January 2007, Mobile Protective Services rolled out which allows direct remote entry of case contact information into IMPACT using Tablet PCs that have been distributed to Investigation and Family Preservation caseworkers. This capability allows unit supervisors to have access to daily case contact entries such that they are able to better assist caseworkers in a more timely manner to develop accurate safety and risk assessments.</p> <p>In May 2007, IMPACT design enhancements will roll out with the addition of a new Safety Assessment tool. This tool is built around child vulnerability, caretaker</p>
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		<p>capability, and immediately dangerous combinations of environmental risk factors. The Safety Assessment must be completed within 7 days of initial caseworker contact on an investigation, and reviewed and approved by a supervisor within 10 days of initial contact. A weekly report on the status of safety assessments will be distributed to each unit supervisor.</p> <p>Criteria for cases that must be reviewed by a Child Safety Specialist include cases in which a child is age 3 years and under. This is true for both multiple referral reviews and for second approvals on investigations. The May 2007 IMPACT rollout will include real time IMPACT identification of cases that meet multiple referral review criteria so that a Child Safety Specialist can be assigned to review the case as close to progression to the investigation stage as possible (in contrast to the current 10 days to 3 week timeframe for identification and assignment for Child Safety Specialist review).</p>
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	<p>The need for hospitals and/or doctors to always report when a parents leaves AMA with an infant.</p> <p>The doctor present at the review stated that all staff need to be aware of the seriousness of Respiratory Syncytial Virus (RSV) and pertussis for infants 3 months and under.</p>	<p>Staff need to question when an infant of this age is not hospitalized with RSV.</p>	<p>In Region 01, e-mails and training have been given to all investigation staff.</p> <p>In May 2006, intake screening protocols were developed that include a requirement that reports received from Statewide Intake with a Priority 2 designation in which a victim is under 5 years, regardless of allegation type, or if the case is already open, must be referred directly to an investigator.</p> <p>Nurses have been hired in all regions to assist field staff in all stages of service in regard to medical assessments.</p> <p>Forensic Assessment Centers have been established to allow CPS staff to access in a timely fashion medical expertise through direct case consultation with physicians who have specialities in forensic medicine, traumatic injury, pediatrics, and emergency medicine.</p>
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	Multiple family members in other states; and the challenges encountered when gathering information that could have been eliminated with a national registry.	National database for CPS history.	Although a nationwide CPS database is not in the near future, states are able to communicate more effectively using information contained in electronic data systems and through modern communications.
	Balancing sympathy/empathy for trauma victims and maintaining objectivity in assessment, particularly in cases where the trauma is severe or significantly greater than that with which staff are accustomed to dealing.	Training for staff regarding maintaining objectivity when working with severe trauma	<p>Multiple avenues exist for staff to obtain training on a variety of issues and skills development – professional development, the Protective Services Training Institute, locally developed modules, DFPS Internet tools and links, etc.</p> <p>The experience with attempting to meet the needs of survivors of Hurricane Katrina has resulted in development of emergency contingency plans at various levels – region-wide, office-specific, case-specific, and provider-specific.</p> <p>Purchase of service contracts with evaluation and treatment providers require a certain amount of consultation and training in each year of the contract. This is an avenue for obtaining expert input that is available to all field staff.</p>

	<p>ICPC training to help staff have a basic working knowledge of process/procedures – would have been especially helpful to understand how court orders could have been reinforced with the aid of ICPC agreements .</p>	<p>Training for staff on ICPC</p>	<p>Improvements to the Interstate Compact for Children (ICPC) are ongoing at the state and national levels. The CPS ICPC division has been restructured and technical improvements made. CPS is involved in efforts at the state and national level to improve communications between states and to ensure that services are delivered timely and appropriately</p> <p>Restructuring of the ICPC Program over the last biennium has involved both state office and local administrative changes that have allowed for a more consistent flow of information and establishment of standardized processes across the state. Each region has at least 1 designated Regional ICPC Coordinator and a back-up. The Regional ICPC Coordinators are administrative support staff who have taken on this coordination role in addition to other assigned tasks. Through face-to-face meetings and at least quarterly conference calls, state level ICPC Program staff and Regional ICPC Coordinators have been able to ensure that they are well-versed in ICPC requirements, timelines, applicable state and federal statutes, packet contents, priority requests, etc. Local and state level ICPC staff are available in a consultative role for field staff, and are available to conduct staff training on the ICPC processes and requirements. There are also forms, tools, and information related to the ICPC Program available to all staff on the DFPS Intranet.</p>
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	<p>Managing ongoing concerns about a case, and presentation of those to a court once the court has ordered the return home; stress responsibility to continue to assess risk and to report to the court about concerns regardless of court's previous orders.</p>	<p>Training for staff regarding how to manage information and work cases when the court orders something with which DFPS does not agree.</p>	<p>Emphasis on ensuring that caseworkers have at least monthly face-to-face contact with children on their ongoing caseloads improves the likelihood that CPS staff are able to effectively monitor safety and risk issues when that activity is combined with collateral contacts and professional consultation with service providers.</p> <p>Child Safety Specialist staff are increasingly being asked to consult on cases in ongoing stages of service in order that risk and safety are addressed across the life of a case. Child Safety Specialist staff are also involved in assisting staff when formulating written reports to the court such that the risk and safety issues are clearly identified. And Child Safety Specialist staff are called to testify in court as expert witnesses in the areas of risk and safety assessment in both investigation and conservatorship cases.</p>
	<p>Emotional Abuse training is lacking for staff.</p> <p>Emotional abuse cases are difficult to prove; and staff may have difficulty recognizing it – especially when</p>	<p>Explore legislation that would allow persons other than those who are parties to the suit to be court ordered to participate in services if they are going to live in the home or play a major role in a child's life.</p> <p>Consider guidelines for use of legal staffings when investigations extend past a</p>	<p>There is a current bill being considered that would allow judges to order CPS services to a family in which CPS is not conservator and in which a subject child is at risk for serious harm rather than having to have already been abuse/neglected for the court to intervene.</p> <p>Staff are encouraged to consult with a variety of CPS staff regarding particularly difficult cases – Legal, Child Safety Specialist , other program directors and supervisors with identified expertise, professional development staff, contractors, etc. Local protocols for regular reviews of certain case situations exist in</p>

	<p>intertwined with domestic violence/co ntrol issues.</p> <p>1) How to deal with parents with one is controlling the other.</p> <p>2) When both parents are always home when worker visits how do you get parents separated, physically and literally.</p>	<p>certain timeframe with unresolved issues.</p> <p>Training re: emotional abuse/domestic violence/control dynamics in a relationship – especially how to handle manipulative, controlling parents and paramours who do not allow another parent to adequately participate in services.</p>	<p>several areas and are tailored to local issues, resources, and needs.</p> <p>Senate Bill 6 passed by the Texas Legislature in 2005 resulted in the need to update MOU's between DFPS and domestic violence service providers. The MOU's have all been revised and signed in each region. The MOU's require cross-training of CPS and domestic violence service providers, including use by an abuser of psychological/emotional abuse and harassment to exert control – traditionally known as the "Power and Control" cycle experienced by those involved in an abusive relationship.</p> <p>Assessment of safety and risk factors, which must be done in all stages of service, include looking at isolation and intimidation as indicators of the potential for serious harm to children and others in the home.</p>
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Conclusion

The CRTs are an important component in CPS' attempt to improve Texas' child protective system. Members voluntarily take time to review the cases with care, always upholding the high standards of the agency. By considering innovative ways the community can work together with CPS for child protection, members have shown that improvement of the system is possible and needed. The issues identified and recommendations made by the CAPTA/CRT teams are critical to identifying opportunities for statewide improvements in CPS policy, practice and training.