



Senate Committee on Health and Human Services

H.L. Whitman, Jr., DFPS Commissioner
September 13, 2016

The mission of the Department of Family and Protective Services is to protect children, the elderly and people with disabilities from abuse, neglect and exploitation by involving clients, families and communities.

Monitor the impact of changes made by the Department of Family and Protective Services, Child Protective Services on child safety, workforce retention, prevention and permanency

- Prevention and Early Intervention
- CPS Transformation
 - Child Safety, Permanency and Well-being
 - Effective Organization and Operation
 - Professional and Stable Workforce

- The Prevention and Early Intervention division of DFPS supports healthy social, emotional and cognitive development of children and youth in stable family relationships and nurturing community environments.
- Through programs and services designed to improve parenting skills, strengthen family relationships and build resiliency, PEI strives to reduce child abuse, enhance school readiness, improve social-emotional and physical health and strengthen communities.

- Merger with Texas Home Visiting
 - Officially merged May 1; co-located July 15
 - Integration of programming, budgets and staff underway
- Program expansion, with support from Texas Legislature
 - Military family and fatherhood programs
- Evaluations of programmatic effectiveness
 - PEI Outcomes (Rider 38) Report – Due December 1, 2016
 - HOPES Evaluation – Due September 30, 2016

- In accordance with S.B. 206, five-year strategic plan released in September 2016
- Extensive stakeholder input process
- Prevention Advisory Committee
- Research roundtable
- Seven goals with associated strategies and measures

PEI Five-year Strategic Plan Goals

1. PEI will adopt a public-health framework to prevent child maltreatment and fatalities and support positive child, family and community outcomes.
 2. PEI will maximize the impact of current investments and seek additional resources to serve more children, youth and families and strengthen communities.
 3. PEI will make and share decisions about investments in families and communities based on an analysis of community risk and protective factors as well as community-developed needs assessments.
 4. PEI will utilize research findings to improve program implementation, to direct program funding toward the most effective programs and ultimately to achieve better results for children and families.
 5. PEI will measure and report on the effectiveness of its programs on an annual basis and will make timely course corrections based on available data.
 6. PEI will maximize its impact by collaborating with other state entities and external organizations working with similar populations.
 7. PEI will be transparent and inclusive in its planning and operations and will proactively publish its strategic plan and progress towards its goals.
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- Housed within PEI, the Office of Child Safety (OCS) is charged with objectively analyzing individual child abuse and neglect fatalities, near fatalities and serious injuries as well as looking for patterns and issues in the system.
- With the overarching goal of supporting implementation of prevention and intervention strategies to address and reduce fatal and serious child maltreatment, OCS is specifically tasked with reviewing state and national data, trends, best practices, prevention programs used elsewhere and making recommendations for implementation in Texas.

DFPS/DSHS Strategic Plan to Reduce Child Abuse and Neglect Fatalities

- Led nation on public health / child protection data collaboration; Leveraged CPS Data with birth/death records
- Similar process currently recommended by Federal Commission to Eliminate Child Abuse and Neglect Fatalities for other states to utilize to address fatalities
- Target Resources by risk factors, location, specific issues; utilized in other areas to help target programming
- Matching data from DFPS and DSHS – birth/death records, community data to build richer prevention/intervention map
- Second round of data matching will compare all confirmed child maltreatment to DSHS records (Spring 2017)

- Child Safety Initiatives from the Strategic Plan
 - Physical Abuse
 - Sleep-Related
 - Motor Vehicles: Pedestrian
 - Motor Vehicles: Hyperthermia
 - Communities have used strategic plan initiatives to support their own work:
 - Safe Sleep Baby Boxes in birthing hospitals, home visiting programs, families served by CPS across Texas
 - ProjectSAFE work with Texas Council on Family Violence
 - Outreach on vehicle safety, collaborating with Safe Riders to provide information and media outreach
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- Report contents established by federal Child Abuse Prevention and Treatment Act and Texas Family Code §Sec. 261.204. Annual Child Fatality Report
 - Includes data on all DFPS-investigated child fatalities, including those caused by abuse/neglect and those where child died from other causes but was abused or neglected while alive
- Children ages 0 to 3 make up 80% of maltreatment fatalities; 60% of children were not enrolled in daycare or school.
- Half of the children & perpetrators were unknown to DFPS.
- Domestic violence was identified in almost half of the child fatalities confirmed to be from abuse or neglect.

The CPS mission is to protect children, help them attain Permanency and increase child and family Well-Being.

CPS Transformation began in August 2014 and has one overarching goal: enhance child safety.

Through Transformation, CPS is changing into a more effective program.

CPS Transformation has three main priorities:

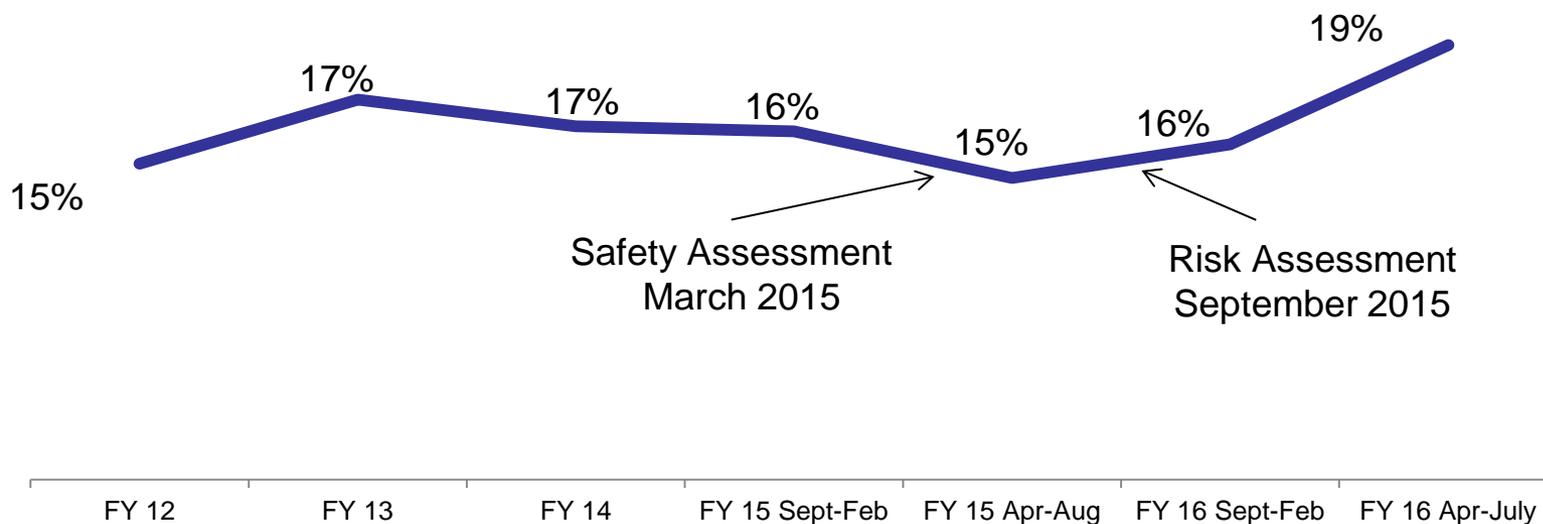
- ensure child safety, permanency and well-being;
- establish effective organization and operations; and
- develop a professional and stable workforce.

- The CPS mission and mandate is to protect children from abuse and neglect; provide services so children can live with their families when possible or in another permanent setting; and ensure the health and well-being of children in the state's care.
- Improving outcomes for children and families requires giving caseworkers the right tools and training to aid in judgment and decision-making from beginning to the end of a case.
- DFPS is striving to be a national model of excellence by forging new ways of contracting for foster care placements to provide quality services for children and families.

- Suite of tools designed specifically for the Texas child welfare system in collaboration with the National Council on Crime and Delinquency
 - Structured Decision Making (SDM) Tools fully implemented includes:
 - 24-hour Safety Assessment
 - Helps the caseworker identify the safety decision for the family at the beginning of an investigation, based on the assessment of all danger indicators and safety interventions
 - Focus is on whether child is in immediate danger
 - Investigation caseworkers began using the tool in 3/2015; implemented statewide in 3/2016
 - Risk Assessment
 - Helps the caseworker identify families who have very high, high, moderate, or low probabilities of abusing or neglecting their children in the future (recidivism)
 - Helps the caseworker decide whether the family needs services beyond Investigation
 - Focus is on items with a strong statistical relationship with future child neglect or abuse, especially the likelihood that a family will maltreat their child in the next 12 to 18 months
 - Implemented 9/1/2015
 - Includes ongoing evaluation to assess correct tool use, timeliness and consistency
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What do the data show so far?

Investigations Open for Services



- Helps the caseworker evaluate the strengths and needs that parents encounter when trying to provide safety, permanency and well-being for their children that need to be addressed right away
- Focus is on critical family needs that underlie safety in the family and risk of subsequent harm, and it guides the caseworker in planning effective interventions with the family
- The FSNA tool was implemented effective September 1, 2016 for families who have an FBSS or CVS case opened on or after September 1, 2016.

- CANS is a trauma-informed assessment to evaluate a child's needs and strengths, assist in service planning, inform placement decisions and reduce the number of unnecessary assessments for children in conservatorship.
- Will help the caseworker prioritize needs and services for the child.
- CANS was deployed across the state on 9/1/2016 for all children ages 3-17 who entered care on or after that date.
- The assessment is administered by CANS-certified clinicians, generally STAR Health providers.

Transformation Initiatives

Transformation initiatives are designed to accelerate statewide deployment of key components of Foster Care Redesign.

Performance-based Contracting	A voluntary demonstration with residential foster care providers tests use of performance measures, provider scorecards, and the provision of technical assistance to help providers mitigate potential safety issues.
Building Capacity	<p>CPS has a number of capacity-related initiatives in process:</p> <ul style="list-style-type: none"> • Reserved capacity program, which will allow DFPS to purchase a certain number of beds from select providers in advance, to enable providers to operate at a greater capacity. • Creation of a treatment foster care service, which will also free up RTC capacity for other high needs children.
Integrated Care Coordination	A new program will use a single accountable entity to provide integrated care coordination in a no eject/no reject framework to ensure high needs children have their needs met while in foster care.
Improving Services to Families	One CPS region will test strategies to improve delivery of purchased client services to families in Family Based Safety Services, including use of a broker model, performance-based contracting and aspects of case management where there is no safety risk.



Foster Care Redesign

Foster Care Redesign is DFPS' plan to achieve a transformation of the foster care system. Key features of the model:

- The competitive procurement of performance-based contracts with a single source continuum contractor (SSCC) responsible for placement and capacity-building in a catchment area.
- Responsibility to serve each child in a no eject/no reject framework.
- Use of performance-based contracting to hold providers accountable for performance.
- Use of a community-based approach to service coordination and delivery.

Roll out is multi-stage and multi-year, and contingent on legislative approval and funding.

Enhanced Foster Care Contract Oversight Transformation establishes:

- Performance-based contracts
- Continuous quality improvement
- Transparency and Accountability

Expected Outcomes for Children in Foster Care:

- Decrease Number of Abuse/Neglect Investigations
- Decrease Number of Child Removals/Negative Placement Disruptions
- Increase Number of Children moving towards successful Permanency outcomes
- Increase Child Well-being Efforts - timely medical assessments, normalcy activities, family/community connections

Improving Outcomes

- Open communication, technical assistance and solution focused recommendations
- Requiring corrective measures
 - Specific timeframes and actions for addressing findings
 - Action plans for correcting and resolving systematic issues
- Continuous quality improvements to move providers to high-performing operations

- Contract with a single external entity to purchase a full array of needed services for children and families in the Family Based Safety Services (FBSS) stage
- Why use a model with an external entity?
 - Free caseworker time to spend with children and families
 - More effectively connect families with appropriate services
 - Strengthen availability and quality of services within the community
- Model will use a performance-based contract
- An RFP will be posted this year for Region 10, which covers El Paso and the upper Rio Grande Valley.
- The model will include a comprehensive evaluation to assess effectiveness of service provision.

- Model Elements
 - Requires highly-skilled professional foster parents
 - No more than two children per home
 - Short-term intensive services to stabilize the child and work toward a less restrictive, family setting
- Model Purpose
 - Provide intensive treatment foster care services for children who have mental health and/or socio-behavioral needs that cannot be met in traditional foster care settings
 - Alternative to residential treatment setting
- The RFP is in development; anticipate awarding contracts during FY2017

- Model elements and purpose:
 - DFPS is developing an integrated care coordination program for the highest needs foster children.
 - A vendor will be responsible for care coordination and placement, within a no eject/no reject framework.
 - The accountable entity would ensure that children have access to all necessary services, including those within the existing STAR Health array.
 - The target population for the program:
 - Children with admission to a psychiatric hospital with a length of stay past medical necessity.
756 since September 1, 2015 (as of June 2016)
 - Children with an active child specific contract.
529 active contracts (as of July 22, 2016)
 - The subset of the RTC population with multiple placement changes in past year.
1,682 total children in RTCs (as of August 7, 2016)
 - A Request for Information posted in June and resulted in eight responses.
 - The Request for Proposal is under development.
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- On January 1, 2014, DFPS contracted with ACH Child and Family Services of Fort Worth to provide services to Tarrant and six surrounding counties.
 - In its first year of operation, ACH:
 - Improved residential capacity, including rural capacity (over 300 new beds, including 50 therapeutic placements)
 - Improved placement proximity (83% of new cases within 50 miles of their homes)
 - Improved placement stability (94% of children had two or fewer placements at the first year mark)
 - Less restrictive placement settings (78.5% of children were placed in foster family homes)

- Enhancements ACH has implemented in the catchment area include:
 - Safety
 - Comprehensive Safety Audits for all network Child Placing Agencies
 - Successful roll out of the Child and Adolescent Needs and Strengths Assessment
 - Improved Quality of Care
 - Reduce placement disruptions
 - Quality Parenting Initiative
 - Advanced Technology and Tools
 - Every Child A Priority (ECAP) placement matching system
 - Provider Information Exchange (PIX)

- On August 1, DFPS released a request for proposals for the next Foster Care Redesign area in Region 2.
- Proposals are due on October 3rd.
- DFPS anticipates the contract will begin in January 2017.
- In fiscal year 2017, CPS will:
 - Prepare for expansion to Stage 2 in ACH catchment area
 - Continue Process and Outcome Evaluation
 - Release a revised Statewide Implementation Plan

- Transformation is a multi-year, multi-stage process to improve the CPS system.
- Sunset and Stephen Group recommended using data more effectively and improve quality assurance to identify risks and issues before they escalate to crises.
- In response, CPS reorganized quality assurance resources into a new systems improvement division that is using data to help CPS continuously improve.
- Moving forward, the goal is for CPS Transformation to be driven from within by creating a continuous quality improvement culture.

- IMPACT Modernization is underway.
 - Caseworker dashboards or reports designed to provide daily visual alerts. Examples of alerts are contact with children, completing a case or other required actions for a case.
 - A dashboard to aid supervisors when assigning new cases. This dashboard provides a snapshot view of current caseloads of a caseworker and the complexity factors of a case. This can be used by a supervisor to determine assignment to the appropriate caseworker.
 - Added features for the external access portal used by Court Appointed Special Advocates (CASA) for access to IMPACT. This includes the ability for CASA to upload documents to a case file and alerts to the caseworker when a document has been uploaded.
 - Identifier on cases that may affect the safety of caseworkers when responding to referrals.
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Professional and Stable Workforce

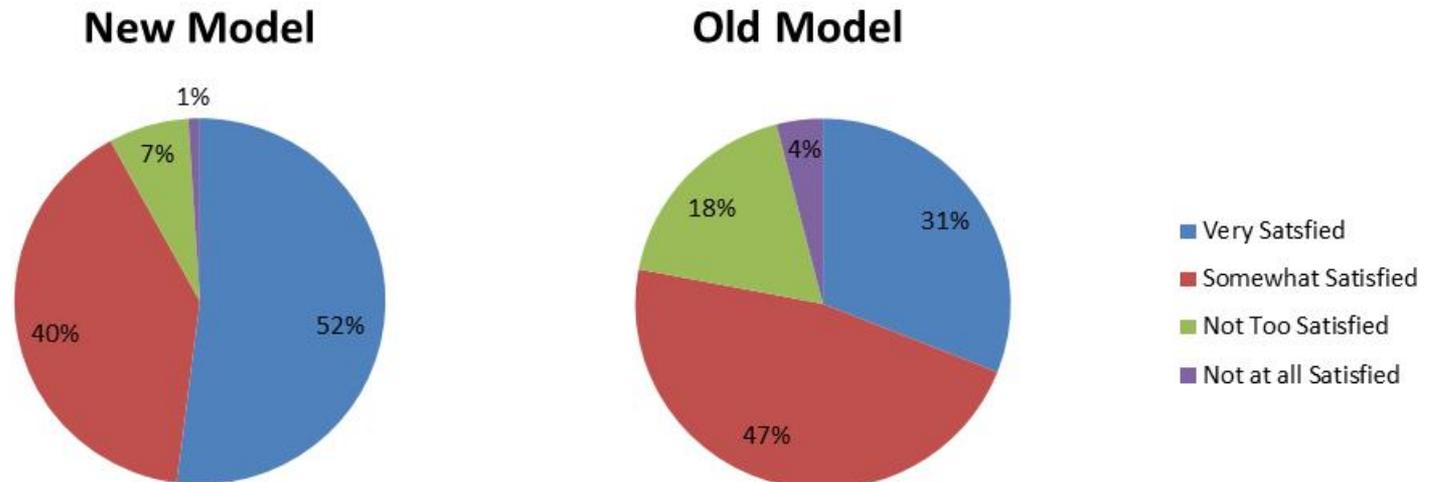
- Improving quality outcomes for children and families depends on CPS' ability to build a high-quality, professional and stable workforce.
- CPS caseworkers require specialized intellectual and behavioral skills, appropriate and effective training and support.
- DFPS redesigned recruiting and hiring practices, overhauling the current learning model for workers and provided additional support through mentoring, strengthened management and improved employee performance evaluation and recognition.
- Outcomes:
 - Reduced the length of time a position is vacant by 34 percent
 - Preliminary evaluation of new training model is positive
 - Increased retention in areas with locality pay

- Strategies implemented to strengthen the hiring process include:
 - Redesigned the recruitment and hiring process to ensure recruiting efforts target qualified candidates
 - Marketing the agency's competitive advantages such as student loan forgiveness, health benefits, retirement and a discount purchase program
 - Actively recruiting veterans (SB 805 veteran employment goal of 20 percent)
 - Validating pre-employment screening tool to ensure DFPS identifies the most competitive candidates

- In FY 2014-2015, DFPS redesigned CPS caseworker training and implemented a mentor program.
 - Under the new model, caseworkers spend more time in the field, gaining a realistic preview of the job and are immediately matched with a tenured mentor
 - The University of Texas is evaluating initiatives aimed at building a high-quality and stable workforce, including the new training program. The final report will be ready in December 2017. According to preliminary findings:
 - Staff believe the new training model better prepares caseworkers for their job than the old training model.
 - Caseworker quality show that staff trained under the new model have stronger skills and more proficiency than under the old model.
 - Caseworkers trained under the new model are staying with the agency longer than those trained under the old model.
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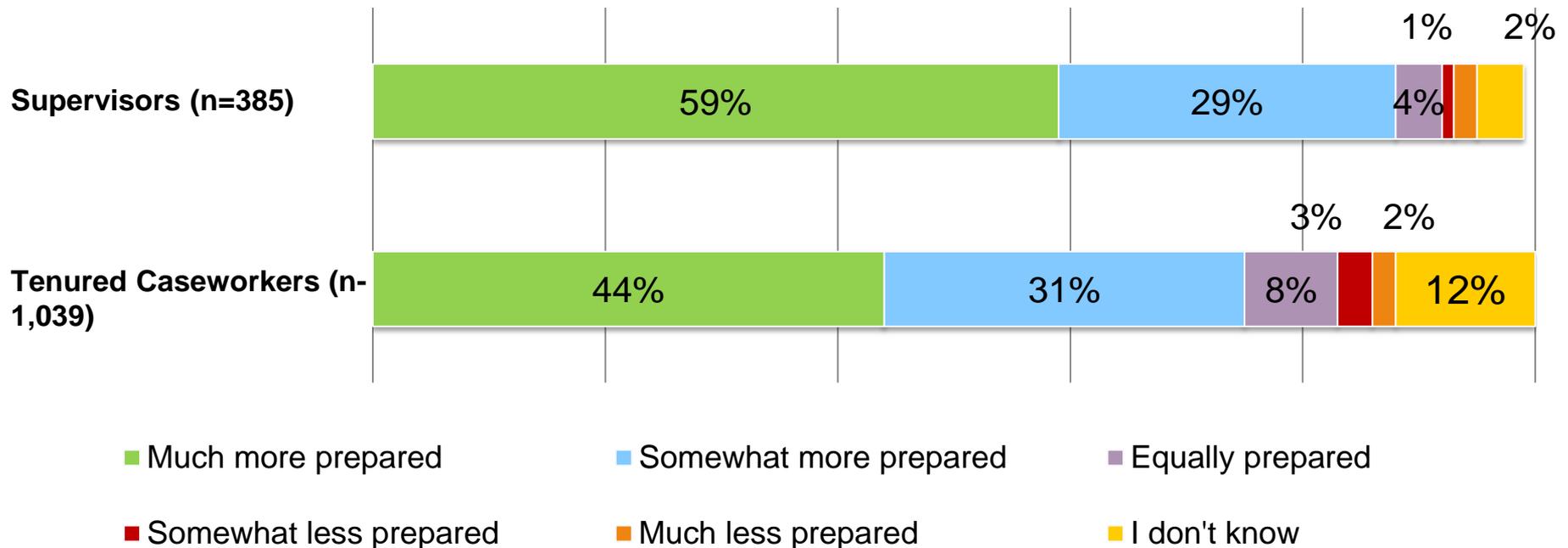
New Caseworkers' Self-Reported Job Satisfaction, New vs. Old Training Model

Overall, how satisfied would you say you are with your job?



Comparison of New and Old Training Model for Preparing New Caseworkers

Compared to previous training model, under the new training model do you think caseworkers will be:



- CPS trained all supervisors and managers in “Strengths-based Supervision” as of March 2015 and will continue to use the model for all newly hired or advancing leaders.
 - Specific to child welfare and adapted for Texas, the model strengthens supervision in promoting critical thinking and analysis and providing guidance and support.
 - Training is reinforced through monthly group coaching led by CPS Program Directors or Supervisor peers that also model group supervision practice.
 - Over the next year, DFPS/CPS will revise core training for supervisors and is expected to roll out in early 2017.
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- Pay Down Overtime
 - In 2015, overtime payment thresholds were reduced from 240 to 140 hours.
 - Over 1,300 staff were paid down in December
- Performance-based Merit Program
 - The 84th Legislature appropriated funds for a performance-based merit program in CPS to reduce turnover among tenured staff.
 - CPS has awarded \$1.7 million dollars to approximately 1,450 staff

- Realistic, on-the-job training for new CPS caseworkers
- Pairs new caseworkers with mentors to increase on-the-job training effectiveness.
- Mentors receive a stipend of \$300 per month
- DFPS contracted with the University of Houston to conduct a compensation effectiveness assessment of all DFPS financial incentives, including the mentor stipend by December 1, 2016.

- In 2013, energy exploration in Texas increased the cost of living in Region 9.
- The 83rd Legislature authorized DFPS to offer locality pay.
- DFPS began allocating locality pay to four counties in FY 2013: Andrews, Ector, Midland and Ward.
- Since locality pay was established in 2013, CPS turnover has decreased by 60 percent.

Turnover Percentage In Counties With Locality Pay

