Child Protective Services
Operational and
Management Review –
Region 6 (Houston Area)

A Report from
The Texas Department of Family
and Protective Services

December 14, 2009
Executive Summary

In July 2009, Texas Department of Family and Protective Services (DFPS) Commissioner Anne Heiligenstein ordered an internal operational and management review of the Family-Based Safety Services (FBSS) program within Child Protective Services (CPS) to gauge how well it was working for Texas families. The program, which provides a wide array of services to families who have been investigated for child abuse or neglect, needed to be evaluated due to the surge in the number and complexity of cases it has received in recent years.

The CPS Investigations program transfers cases to Family-Based Safety Services when the family needs ongoing support to ensure the safety and wellbeing of a child. The increase in families receiving Family-Based Safety Services was expected given DFPS’s emphasis in the last several years on keeping families together when possible. But the complexity of the cases grew as well. The program is now handling more cases with prior CPS involvement, substance abuse issues, separated parents and complex family relationships. This has put a strain on the program and its caseworkers.

DFPS began working to address these issues even before the operational and management review was complete. The agency is hiring 116 Family-Based Safety Services caseworkers authorized by the Legislature, dedicating $1 million to drug testing parents in abusive and neglectful homes, and adding new tools to more quickly put the prior abuse/neglect history of families in the hands of caseworkers.

The reviews of Family-Based Safety Services in each region will help provide a road map for additional improvements in the program. The reviews include case analyses and interviews with CPS caseworkers and supervisors. At this time, five of the 11 regional reviews have been completed. The next review will be conducted in Region 11, South Texas, and will begin in January 2010.

This report looks at the review of Family-Based Safety Services in the Houston region, or Region 6 – a vast area populated by six million residents (including more than 1.5 million children) that includes Harris and 12 surrounding counties. In 2009 in this region alone, CPS conducted more than 30,000 abuse/neglect investigations and worked to provide services to almost 4,300 families, including nearly 12,000 children considered at some risk of abuse or neglect.

The review in the Houston region found that caseworkers and supervisors, as well as the families they serve, have benefited from legislative reforms of the last few years that have reduced caseloads. However, the review also found that CPS policy and best child welfare practices are often not followed in a consistent manner. In Family-Based Safety Services, because of the increase in the complexity of cases, overall workloads (including caseloads, required documentation, consultation with supervisors, interviews, and constant travel between CPS offices and the homes of families) have increased to the extent that caseworkers are often not spending enough time with individual families.
Most of the families encountered by CPS have multiple problems such as domestic violence, substance abuse, and mental health issues. Many of the families have absent parents or are blended families requiring caseworkers to frequently travel between their offices and multiple households, sometimes in different cities and counties, to address the safety issues.

DFPS is taking a number of steps to address these issues, including:

- The agency is reviewing other caseworker positions to determine if they can be shifted to Family-Based Safety Services.
- CPS is reviewing the case transfer policy to make sure it allows sufficient time to thoroughly explore risk and safety issues before a case is transferred from Investigations to Family-Based Safety Services.
- A more detailed standard protocol is being developed to reduce the number of cases being closed prematurely when child safety and services have not been adequately addressed because the parents moved and cannot be located. In addition, special investigators will provide more support for Family-Based Safety Services caseworkers on difficult cases to better protect children.

Additional improvements and recommendations are discussed later in the report. These steps will help improve the quality of casework in the field, the quality of the supervision of caseworkers, and the checks and balances on individual cases, particularly those with prior CPS history and other risk indicators. By making those improvements, we can achieve our most important goal – improving the protection of children at risk of abuse and neglect.
Overview and Purpose

Since 2005, the Texas Legislature has provided an unprecedented level of resources to DFPS in personnel, funding, and technology, allowing the agency to improve and enhance its vital programs that serve children and families. Within CPS, the allocation of additional investigation staff has resulted in more timely investigations and reduced caseloads, contributing to a decrease in the number of children removed from their own homes. The number of children in foster care has decreased, while those children who have been removed because of abuse or neglect have been able to maintain meaningful family connections through placement with relatives. Because of the state's focus on achieving permanent families for children through adoption, the number of children who have been placed with "forever families" has grown.

CPS has focused efforts to ensure that more children can remain safely in their own homes through family preservation services and the use of Family Group Decision-Making in engaging families and their community in child-safety planning. As a result of this family focus, the number of cases in Family-Based Safety Services (FBSS) has steadily increased. In FY 2005, there were 15,683 FBSS cases statewide, followed by 16,319 in FY 2006, 18,035 in FY 2007, 21,097 in FY 2008, and 23,346 in FY 2009. That is an increase of almost 49% in the number of FBSS cases from FY 2005 to FY 2009.

As concerns continued to arise about the influx of families in FBSS and possible implications for casework quality, CPS leadership decided a statewide review of the FBSS program was necessary. In July, CPS began preparing for the statewide review by developing tools to track case readings, pulling a statistically random sample of FBSS cases that would be reviewed, and developing a plan for deployment of a review team. Region 3, the region that includes Dallas-Fort Worth and surrounding counties, became the first region to undergo the internal review.

The deaths in mid-2009 of several children in Region 6, which includes Houston and 12 outlying counties, became a priority for CPS leadership. As with any child death, there is always an immediate and targeted review which involves several agency program areas to address any immediate concerns. The handling of the Houston-area deaths was no exception. However, the deaths also caused CPS to expedite and perform the Region 6 review immediately following the Region 3 review. A sample of FBSS and Investigative cases was selected for analysis and to make recommendations for improvement. DFPS leadership deployed the most tenured and skilled CPS staff and management from other regions to the Houston area to conduct the review.

Background

The mission of CPS is to protect children and to always act in their best interest. CPS investigates allegations of abuse and neglect, and seeks the active involvement of parents
and other family members to solve problems that if left unresolved could lead to abuse and neglect. CPS:

- provides services to children and families in their own homes;
- places children in foster care;
- provides services to help youth in foster care make the transition to adulthood; and
- places children in adoptive homes.

CPS provides services designed to strengthen a family when:

- an investigation determines that a child in that family has been abused or neglected or is at risk of abuse or neglect;
- the family cannot reduce the risk of abuse or neglect without CPS assistance; and
- CPS can provide or arrange for services to ensure the safety of the child.

The goal is to reduce the risk of abuse and neglect to the children and enable the family to function effectively without CPS assistance.

An investigation begins after a report is made alleging abuse or neglect of a child. The CPS caseworker's job is to determine if abuse or neglect occurred, to determine if a child is at risk of future abuse or neglect, and to provide the family or children with needed services and/or refer the family for services available in the community to reduce risk of abuse or neglect.

When conducting an investigation, caseworkers are expected to review any CPS family history prior to initiating the investigation, make timely contact with the identified child, interview/examine the child as appropriate for their age and interview all alleged perpetrators and anyone else with possible knowledge of abuse or neglect. Caseworkers are also expected to discuss a case with their supervisors until its conclusion, assess risk and safety issues, and ensure that the children are in a safe environment before a case can be closed.

Risk assessment is the process that is used to make a determination about whether or not a child is likely to be abused. It involves evaluating not only a child’s immediate safety but also the likelihood that the child will be abused or neglected. Texas developed a “risk assessment tool” that helps staff focus on the areas of family functioning that most directly relate to risk and safety. These areas are: child vulnerability, caregiver capability, quality of care, maltreatment pattern, home environment, social environment, and response to intervention. Staff gather information about the family in these seven areas of functioning and make an assessment of the level of risk, or danger, to the child in the home to help determine if additional CPS services are needed and if so, what level of services are needed.
Family-Based Safety Services are provided to maintain children safely in their own families. Caseworkers provide or arrange for the provision of services to either prevent the removal of children from home or, once removed, make it possible for children to return home and live there safely. Caseworkers are expected to review the case history, involve the family in developing a plan of service delivery, visit the family, assess risk on an ongoing basis while delivering services, and routinely discuss case progress with a supervisor. Before a case can be closed, the caseworker must reasonably ensure that the child is safe and the issues that led to the case being opened have been addressed.

In both FBSS and Investigations, all cases are reviewed and approved for closure by a supervisor. In high-risk investigations involving children age 3 and younger, a secondary approval is needed and is given by a child safety specialist or by regional management staff unless the case is being opened for ongoing services. Managers are also available to discuss difficult cases and provide case direction.

When child safety can be reasonably assured, CPS provides services to help stabilize the family and reduce the risk of future abuse or neglect. Services provided include family counseling, crisis intervention, parenting classes, substance abuse treatment, and child care. Most children served by FBSS continue to live at home while the department works with their families. In other cases, children may live elsewhere temporarily, usually with relatives or family friends, until the home becomes safe for them to return.

In Region 6, currently, there are a total of 287 investigators, 133 FBSS caseworkers, and 21 special investigators. Among them, there is an average tenure of 3.4 years. In 2009 in this region alone, CPS conducted more than 30,000 abuse/neglect investigations and worked to provide services to almost 4,300 families, including nearly 12,000 children considered at some risk of abuse or neglect.

**Methodology**

The Region 6 review team included CPS state office staff from Austin as well as experienced and tenured child safety specialists, risk managers, and CPS leadership from other regions. A critical part of the review was interviews with staff. The interviews helped to better understand the trends and patterns noted in the case reviews, as well as to determine the amount of work that caseworkers do on a daily basis.

The team conducted formal on-site interviews of all levels of management, supervisors and caseworkers within both Investigations and FBSS. All interviews were conducted in person in private meeting rooms with standard questions being asked of all interviewees. The team also reviewed case records and documents and examined statistical information regarding both the Investigations and FBSS programs, including caseloads and staffing levels. Case-reading guides were developed specifically for the review to gain insight into staff's understanding of policy as it relates to safety and risk, as well as best practice expectations.
The review team read a sample of both completed Investigations and FBSS cases. The team selected a statistically random sample of investigations completed during the six-month span of February 2009 through July 2009. Region 6 completed 16,107 investigations during that six-month period, and the review team read a sample of 95 cases from that time. For FBSS, the review team focused on high-risk cases from which to draw the reading sample. The team set the range for cases that were opened for FBSS services between June 2008 and June 2009 where at least one of the victim children was 5 years of age or younger and the family had significant prior history with the agency. Of the 4,449 FBSS cases opened during that time frame, 735 match the criteria. The review team read 85.

Findings

Below are general findings from the Region 6 review:

Investigative staff and FBSS staff view themselves as two critical but different teams that generally work well together but have coordination challenges.

- Both investigative and FBSS staff expressed great passion for the work and a strong desire to serve families.
- Joint meetings between the Investigations and FBSS units are seen as beneficial. They promote better understanding about what each division does—the services provided, requirements to be met, and limitations and challenges staff face.
- FBSS staff have concerns with the high number of case referrals from Investigations, how workload is distributed in their area, and the fairness of the number of staff in each division, especially in Montgomery County.
- FBSS staff shared concerns that the growing practice of children being placed with relatives by parents during an investigation is not always protective of children.

Although Investigative and FBSS staff expressed overall satisfaction with the abilities of CPS management, they see a need for improvements in leadership.

- Both investigative and FBSS staff noted good communication from managers to unit staff on a regular basis, including emergency meetings to deal with urgent issues.
- Investigative staff felt that managers are consistent and work hard to promote the same message to all investigative staff.
- FBSS staff said managers needed improved management skills to effectively supervise staff, and Investigative and FBSS staff said feedback from caseworkers did not flow back up the chain of command.
- Caseworkers expressed concerns that CPS regional management has lost touch with what is going on in the units. They also want more access to their immediate supervisors.
• FBSS staff expressed concern that managers for outlying counties have too much territory to cover.
• Investigative staff indicated that managers have the knowledge and skills to appropriately assess risk and safety issues. But, some staff indicated that there are sometimes differing opinions by CPS managers when determining risk and safety of clients. The differing opinions may cause staff confusion, inconsistent interpretation and enforcement of policies and procedures, and lack of clear direction for staff when handling a family's case.

Investigation case reviews revealed inconsistencies in the application of CPS policy and best practice.

• According to the case readings, caseworkers missed some risk and safety issues when conducting home visits during investigations. In only about half of the cases, risk and safety were evaluated appropriately.
• Investigative caseworkers are reviewing and utilizing CPS history in only about half of the cases.
• Investigative caseworkers have difficulty working with clients with mental health issues and substance abuse issues, and asked for more training.
• Many cases lacked attempts to contact the absent parent of a child involved in a CPS investigation.
• Reviewers found cases were transferred from Investigations to FBSS before all the steps had been taken to fully assess risk and safety, leaving the FBSS caseworker at a disadvantage and the child potentially unsafe.
• Decisions made in case reviews lacked sufficient follow-up by caseworkers and supervisors to ensure recommendations and decisions were being completed.

FBSS case reviews revealed inconsistencies in the application of CPS policy and best practice.

• Reviewers noted that it was common for parents to be living apart, which increased the number of home visits required – contributing to the workload of caseworkers.
• In FBSS cases, reviewers found many children were placed out of the home by the parent with a relative, increasing the number of home visits required. For some caseworkers, this increased home visits to between 40 and 70 per month. Reviewers found that caseworkers had difficulty seeing children living outside the home on a regular basis.
• Because of workloads, staff reported frequent use of authorized overtime.
• Reviewers felt that risk was thoroughly assessed in less than half of the open FBSS cases; case history was reviewed and utilized for planning in more than half of FBSS cases.
• In FBSS cases, the family's progress was assessed in more than half of the cases but not clearly documented.
Reviewer found services often were not initiated quickly once the case was transferred from Investigations to FBSS. They also found that while caseworkers did provide families with names and contact information for service providers, there was little follow-up to verify that clients actually scheduled/attended appointments. A common finding was a four- to five-month wait for services to commence and then, the case being recommended for closure the next month.

Reviewers found children were reunited with their families before services were initiated, and cases were closed prematurely. Reviewers also found little evidence to support assessments that risk had been reduced in households.

Attempts were made to contact the absent parent of a child involved with FBSS in less than half the cases.

In FBSS cases, newly reported incidents of alleged abuse or neglect were addressed with families only half the time.

Legal action (for example, court approval for CPS removal of a child, or an order by a court to force parental cooperation with CPS) was sought in only half of the cases where reviewers felt such action was necessary.

**Recommendations**

**Shift needed resources to FBSS.**

CPS is hiring all the 116 additional FBSS positions allocated in the last legislative session. DFPS is also reviewing other caseworker positions to determine if they can be shifted to FBSS.

**Strengthen practices to keep children safe when parents voluntarily place them outside of the home with relatives or family friends.**

CPS is reviewing policy related to these placements with relatives or family friends. If the review finds the policy inadequate, it will be changed to clearly emphasize safety before any other consideration.

**Eliminate gaps in the transfer of cases from Investigations to FBSS.**

CPS is reviewing the case transfer policy to make sure that it builds in a process that thoroughly explores and addresses staff concerns about risk and safety before a case is transferred. Whenever possible, a supervisor must oversee a case from beginning to conclusion. This will ensure continuity of service to the family and a clear chain of command.

**Give investigators more immediate access to critical case history and information.**

Investigative and FBSS staff needs additional training on locating and understanding case history. Several initiatives are under way to make history
easier for staff to access, including information technology changes. During internal case reviews, all levels of management need to reinforce the importance of reviewing family history when assessing the level of risk in a home.
Fully utilize the expertise of the special investigators.

The primary role of special investigators should be to use their law enforcement and forensic experience to help both investigative and FBSS caseworkers with the most difficult cases, including high-risk families with criminal history and/or CPS history. The best use of special investigators is to protect children in open CPS cases. They also should be used in cases in which a child has died from abuse or neglect, if there are other children in the family who must be protected.

In addition to working on more critical FBSS cases, special investigators should be used when families are not able to be located during an FBSS case. CPS will develop a more detailed standard protocol that FBSS staff will follow before closing the case, including when parents cannot be located. This will reduce the number of cases being closed prematurely when child safety and services have not been adequately addressed because the parents moved and cannot be located.

Target training on issues impacting the risk and safety of children, including children with disabilities, special needs, and who are medically fragile.

An increasing occurrence of cases involving substance abuse, mental health concerns and domestic violence necessitate more training of all staff in these areas, particularly as these factors relate to assessing the risk and safety of children. Caseworkers must also improve their skills in assessing the ability of parents to adequately care for children in a household with disabilities, special needs, or who are medically fragile.

Improve supervision and quality assurance best practices.

To support the quality of decision-making by supervisors and to increase oversight of cases, a sample list of cases will be reviewed each month. The sample will include FBSS cases that have been open for six months or less with victim children under the age of 5.

Enhance the communication process with attorneys to ensure appropriate, timely action for the safety of children.

A strategic plan to ensure regular communications between CPS and its Region 6 legal team has been developed. The plan will be constantly monitored to ensure CPS is going to court when necessary to protect children.

Develop training on how to address subsequent reports of abuse/neglect in both Investigations and FBSS cases.

A training curriculum will be developed to describe clearly steps to be taken when new intake information is received on a family with an open CPS case. This training will include all supervisors and caseworkers.
Conclusion

Before this review, CPS had begun taking significant steps to improve Family-Based Safety Services. CPS knew going into the 81st Legislative Session that the FBSS program was stressed, the seriousness and complexity of the families being served was increasing, and the number of families needing services was on the rise. During the 81st Legislative Session, DFPS requested additional staff to meet the growing need, and Governor Perry and the Legislature supported that request by providing DFPS with 116 additional Family-Based Safety Services staff, including 15 for the Houston region. The new positions will allow for relief from excessive workloads, more frequent contact with families and more thorough safety and risk assessments of children.

Because substance abuse is a factor in the majority of child abuse or neglect cases and the most critical factor in many cases, CPS also added $1 million in FY 2010 for drug testing parents who abuse or neglect their children. CPS is also in the process of improving substance abuse policies to help staff effectively work with families with substance abuse issues.

To help caseworkers make better decisions, CPS is making it easier for caseworkers to have a family's case history at their fingertips before they initiate an investigation. Previous abuse and neglect history is a critical factor in assessing risk to children in a current investigation. To accomplish this, CPS has created a process to provide a synopsis of the last three case histories and the case numbers of all case history as a rapid reference for caseworkers and supervisors. CPS has also developed a plan to ensure that CPS staff are going to court when necessary to protect children.

In addition, CPS has developed a specialized training on locating history and the effective use of history in making both safety and risk assessments. This training will be provided to Investigations and Family-Based Safety Services supervisors and caseworkers by December 15, 2009. To support current and new Family-Based Safety Services staff, DFPS entered into collaboration with the National Resource Center (NRC) for Child Protective Services. Through this collaboration, the NRC agreed to provide technical assistance, training and consultation to strengthen the family-centered approach to safety decision-making. All CPS staff, from Investigations to Family-Based Safety Services to Conservatorship, will be trained in this decision-making model, which will include guidelines for gathering information, reviewing family history, and making confident decisions to keep children safe.

Though all these efforts are under way, the Region 6 review has alerted us to other areas that require improvement in order to ensure the protection of children at risk of abuse and neglect. This review and the recommendations made here will allow us to directly address the gaps found in the case reviews and the concerns raised by Investigations and FBSS caseworkers. With better policies, targeted training, accessible case histories, improved supervision, and special investigator expertise, we can better protect children.