Child Protective Services

Business Plan

Fiscal Years 2021-2022
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Child Protective Services Business Plan
Fiscal Years 2021-2022

CPS Mission, Vision, and Values

CPS Mission
We partner with families and communities to address child abuse and neglect by practicing in a way that ensures safety, permanency, and well-being for the children and youth we serve.

CPS Vision
Children First: Protected and Connected

CPS Values
Our values represent the ideals we share and serve as broad guidelines for every situation.

Respect
We show respect to the children, youth, and families we serve by demonstrating our understanding that they are more than the reason that brought them to us, and by seeking ways for them to guide the help they receive.

Commitment
We display our commitment though pursuit of the best outcome for each of the children, youth, and families we serve, knowing our interventions have important implications for them.

Integrity
We demonstrate integrity by communicating to the children, youth, and families we serve about our purpose and how we make decisions in a way that is easily understood, and when we follow through on our words and obligations to them.

Equity
We achieve equity in outcomes by applying our methods fairly and consistently and customizing our interventions to the unique cultural and community context of the children, youth, and families we serve.

Urgency
We work with a sense of urgency to reach safety, permanency, and well-being concurrently for every child and youth we serve, and this is reflected in each of our interventions.
Texas CPS Core Practice Competencies

CPS established and designed training regarding core practice competencies that cross every stage of service. These are the actions CPS carries out to achieve desired outcomes.

Engaging

Engaging means we develop trust-based relationships with children, youth, families, and safety networks for the purpose of driving positive change. Successful engagement is the basic building block of child safety, permanency, and well-being.

Assessing

Assessment of safety, permanency, and well-being is based on balanced, unbiased, and factually supported information. Our assessment tools are objective, reliable, and support consistency and accuracy in decision-making. Decisions are consistent across all stages of service. Although part of our work is helping families solve their problems, we must make impartial decisions about whether caregivers and families can change quickly enough to meet the child’s safety and permanency needs.

Teaming

Assembling a safety network to team with the child or youth and the family is the best way to achieve safety, permanency, and well-being. Constructive relationships between people are critical to effective child protection work.

Planning

Planning involves setting goals, developing strategies, and prioritizing tasks and schedules to meet goals. Developing plans requires us to first define the problem in a way that is solvable. This means we describe our worries to families and safety networks in behavioral terms that define the danger to the child or youth. We also help families and safety networks create a vision of what safety will look like in the family so that everyone knows what needs to happen to close the case.

Intervening

Our intervention is the least intrusive required for child safety. When we take a more intrusive course of action to address danger to the child, interventions are designed to be brief. Our goal is to mobilize caregivers and safety networks to take action quickly, knowing that each intervention has an impact on the long-term outcome for the child. The best permanency happens in the earliest stage of the case.
Evaluating

Plans are routinely evaluated with children, youth, families, and the safety network. Good evaluation requires us to continually consider why we are involved with a family and be able to describe what safety will look like in the family. Continued involvement with a family means that the child is unsafe.

For more information, visit The CPS Practice Model.
Introduction from Deneen Dryden, the CPS Associate Commissioner

In May 2020, I joined the Department of Family and Protective Services (DFPS) in the midst of an unprecedented pandemic. Under the leadership of Commissioner Jaime Masters, I learned that DFPS was quickly and efficiently providing staff with necessary personal protection equipment (PPE) so they could continue to work directly with children and families in the safest manner possible. I also learned that we were already partnering with judges, residential child care providers, service providers, child welfare advocates, and our communities to ensure seamless provision of services to our children and families. DFPS staff, attorneys, guardians ad litem, and judges were finding innovative solutions so that permanency for children in foster care would not be delayed. While DFPS continues to feel the effects and mitigate the challenges of COVID-19, I am humbled by the dedication of our staff and the partnerships of the child welfare community toward our common goals of ensuring child safety, permanency, and well-being.

When I arrived, one of the largest initiatives already underway were the activities associated with strategic planning for the federal Family First Prevention Services Act (FFPSA). FFPSA was signed into law as part of a Bipartisan Budget Act on February 9, 2018. FFPSA looks to improve services and outcomes for four main populations: children placed in congregate care settings, kinship caregivers and the children they are caring for, parents who struggle with substance abuse, and children who are at imminent risk of entering foster care. FFPSA permitted states to take an optional delay of up to two years, for certain provisions of FFPSA, which Texas exercised with the date of September 29, 2021, in an effort to gain additional clarity on the requirements, explore Texas’ capacity to serve children and families as intended, engage stakeholders to inform a path forward, and to determine the resources needed to implement FFPSA. On September 1, 2020, DFPS published FFPSA: Changing the Landscape of Texas Child Welfare Strategic Plan, in accordance with Senate Bills 355 and 781 (86R). This plan offers an array of FFPSA implementation options for the 87th Texas Legislature to consider. Through Fiscal Years (FY) 2021-2022, I look forward to executing the vision of the Texas Legislature as it relates to FFPSA.

Other efforts already underway included the implementation of Community Based Care (CBC). On March 1, 2020, Our Community Our Kids (OCOK) – a division of ACH Child and Family Services – began providing foster care case management, kinship, and family reunification services to youth and families in Tarrant, Palo Pinto, Parker, Johnson, Hood, Somervell, and Erath counties. OCOK was the first Single Source Continuum Contractor (SSCC) in the state to implement Stage II of CBC. 2INgage, a partnership between Texas Family Initiative LLC and New Horizons Ranch and Center Inc., became the second SSCC to implement Stage II of CBC on June 1, 2020. 2INgage serves all counties in Region 2. Family Tapestry, a division of the
Children’s Shelter, is in Stage I of CBC and is providing foster care placement and services for children in Bexar County. Saint Francis Community Services, a division of Saint Francis Ministries, is also in Stage I of CBC and is providing foster care placement and services for children in Region 1.

Finally, one of the most concentrated efforts already underway included the class-action lawsuit that DFPS has been engaged in since 2011. Under the leadership of Commissioner Masters, a dedicated team of staff known as the Compliance, Coordination and Strategy Division was formed to support work with the Court Monitors while CPS staff continue to make efforts to comply with the Court’s orders.

For a comprehensive list of accomplishments from FY 2019 and 2020, please see Appendix A.

As I look toward FY 2021-2022, I want to continue to build on the solid foundation my predecessor left and find additional opportunities to innovate and re-think the way we have done business in the past. I am optimistic that DFPS will weather the hardships we are facing and celebrate many successes. I will remain steadfast in the agency’s mission while I promote initiatives that aim to improve the Texas child welfare system with an eye to most effectively using state and federal resources.

Under the vision of Commissioner Masters, CPS will continue to work with the Texas Legislature toward the expansion of CBC. I firmly believe that the foundation set by the CBC model gives local communities the flexibility to find innovative ways to meet the individual and unique needs of children, youth, and families. Regions 1 (Saint Francis Community Services) and 8a (Family Tapestry) will begin planning for Stage II CBC implementation in FY 2021. DFPS is also procuring for a contractor in Region 8b to begin Stage I of CBC implementation in FY 2021. Implementation dates are dependent upon successful completion of all readiness requirements and legislative appropriations, but I am optimistic that CBC will continue successful implementation.

I will continue to focus on family preservation services. One of the first actions I took after joining DFPS was to streamline the CPS organizational structure by elevating the division responsible for Family Based Safety Services (FBSS) so that I can have direct oversight of policy and program improvement initiatives for FBSS. This division’s work is critical to increase child safety, preserve families, and prevent entries into foster care. The new organizational structure better supports that vision. Since making that organizational change, we have already implemented policy and technology enhancements to expedite service delivery to families participating in FBSS and improved the quality assurance case reads for FBSS so that we can continue to advance practices and best support families.

CPS will continue to prioritize the work we do to preserve family bonds with kinship caregivers. We will leverage grant funding and work with our partners at the Health and Human Services Commission (HHSC), Harris County Protective Services, and DFPS Prevention
and Early Intervention (PEI) to explore new ways to support kinship caregivers whether they are involved in the child welfare system. When families are involved in the child welfare system, we will continue to work with kinship families whenever it is unsafe for a child to remain with a parent. The Texas Legislature has historically supported DFPS in this mission and I will continue to challenge CPS staff to prioritize these placements.

I will work with the CPS Permanency Division to continue to promote and look for permanent placements for older youth so fewer age out of foster care without support from a loving adult. When youth do age out of care, we will work to make sure they are prepared for adulthood. We will continue to promote and educate youth on the option to remain in extended foster care in an effort to increase better outcomes. A primary focus that Commissioner Masters and I have is to challenge the Transitional Living Division to increase enrollment of our youth in secondary education.

CPS will work closely with the newly created Faith-Based and Community Engagement Division to secure community partnerships to assist children and families in crisis and, children who will benefit from a mentor relationship, and to recruit foster and adoptive families.

CPS remains steadfast in our efforts to retain staff, as well as holding them and regional management accountable for the important work they undertake to fulfill the mission of the agency. We will achieve this by ensuring staff are properly trained and have the opportunity to fully participate in the established mentoring program while ensuring regional leadership is engaged in staff development.

CPS will continue to work with local, state, and federal law enforcement agencies, caregivers, and the Child Protective Investigations (CPI) Special Investigations (SI) Division to quickly recover youth who run away from their placements. DFPS recently published protocols for staff and caregivers when a youth threatens to run or has a history of running away. The agency implemented additional protocols for instances when a youth is reported and recovered from a runaway episode, including when a youth discloses that they were victims of human trafficking during a runaway episode. We will continue to assess implementation of those protocols and work with our partners to protect children and youth in foster care.

I am humbled and honored that Commissioner Masters charged me with such an important role within the great state of Texas. I bring with me a wealth of knowledge that I have gained through my own experience as a foster and adoptive parent and working within the child welfare system in another state. It is through that lens that I understand the gravity of the role that I have undertaken and the accountability I have to the citizens of Texas. I look forward to partnering with our legislature, child welfare advocates, judges, providers, and local communities to better our system for the children and families we serve. I ask for your prayers and support as we continue to navigate unprecedented challenges and seek to persevere.
CPS FY 2021-2022 Business Plan

CPS is responsible for services to families involved in family preservation, as well as when children and youth are in the conservatorship of DFPS. In both circumstances, Child Protective Investigations investigates reports of child abuse or neglect made to Statewide Intake (SWI), assesses any threats to the safety of all children in the home and initiates protective services, if necessary. Appendix B outlines these stages of services and the role they serve in DFPS. CPS and CPI are part of a larger DFPS system that works with communities to promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation through investigations, services and referrals, and prevention programs. The organizational chart for DFPS, which shows many of the resources that support CPS and are referred to in this plan, can be found in Appendix C.

The goals of CPS are to achieve safety, permanency, and well-being for the children and youth we serve. Metrics for measuring safety, permanency, and well-being help CPS evaluate program goals.

To achieve these goals for children and youth, CPS needs to maintain a professional and stable workforce. To evaluate the strength of its workforce, CPS will continue to track turnover by tenure and stage of service along with assessing workforce challenges.

CPS must also further our continuous quality improvement structure to promote and assess ongoing change. The business planning process allows CPS to evaluate its continuous quality improvement efforts by tracking and reporting on key milestones.

For the FY 2021-2022 business plan, CPS examined historical trends for safety, permanency, well-being, and workforce metrics to identify those that have been improving and those in decline. Historical trends over time allow CPS to understand where it has been, where it stands, and where it is headed if trends continue. This helps CPS to proactively and more effectively identify and target strategies to build on areas of strength and improve areas of weakness.

In FY 2021-2022, CPS will continue the goals established in the FY 2019 business plan and will add an additional measure relating to successful case closure for FBSS cases. When CPS can work with a family to reduce the risk to the child(ren) and/or find a safe caregiver for the child(ren) to prevent entries into foster care, a FBSS case is considered successfully closed as the family was preserved in some manner.

Specific strategies to achieve the targets are in the sections regarding Safety (Goal 1), Permanency (Goal 2), Well-Being (Goal 3), Developing a Professional and Stable Workforce (Goal 4), Continuous Quality Improvement (Goal 5), and Increase Foster Care Capacity (Goal 6).
## Historical Trends and Future Targets\(^1\)

### Safety – Recidivism

<table>
<thead>
<tr>
<th>Recidivism</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21 Target</th>
<th>FY 22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Based Safety Services</td>
<td>7.6%</td>
<td>7.6%</td>
<td>10.3%</td>
<td>9.7%</td>
<td>8.9%</td>
<td>8.5%</td>
<td>8.4%</td>
<td>8.3%</td>
</tr>
<tr>
<td>Conservatorship</td>
<td>11.5%</td>
<td>11.7%</td>
<td>11.7%</td>
<td>13.9%</td>
<td>12.7%</td>
<td>11.8%</td>
<td>11.7%</td>
<td>11.6%</td>
</tr>
</tbody>
</table>

### Safety – Timely Face-to-Face Contacts

<table>
<thead>
<tr>
<th>Timely Face-to-Face Contacts</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21 Target</th>
<th>FY 22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly contact with child principals FBSS(^2)</td>
<td>N/A</td>
<td>70.2%</td>
<td>85.5%</td>
<td>96.9%</td>
<td>96.8%</td>
<td>97.0%</td>
<td>97.0%</td>
<td>97.0%</td>
</tr>
<tr>
<td>Monthly contact with all parents FBSS</td>
<td>N/A</td>
<td>57.5%</td>
<td>60.2%</td>
<td>62.2%</td>
<td>66.2%</td>
<td>71.6%</td>
<td>80.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td>Ongoing monthly contact CVS</td>
<td>96.6%</td>
<td>97.3%</td>
<td>98.5%</td>
<td>98.8%</td>
<td>98.9%</td>
<td>98.8%</td>
<td>98.8%</td>
<td>98.8%</td>
</tr>
</tbody>
</table>

### Safety – FBSS Successful Care Closure

<table>
<thead>
<tr>
<th>FBSS Successful Case Closure</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21 Target</th>
<th>FY 22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>FBSS Successful Case Closure</td>
<td>83.1%</td>
<td>81.9%</td>
<td>83.7%</td>
<td>82.0%</td>
<td>82.2%</td>
<td>83.6%</td>
<td>80.0%</td>
<td>82.0%</td>
</tr>
</tbody>
</table>

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\(^1\) FY20 data that is obtained from the DFPS Data Warehouse is preliminary and subject to end of fiscal year refresh. Final FY data is not available at the time of this report and is through July 2020. Data for FY20 will be updated in the FY23/FY24 CPS Business Plan.

\(^2\) The methodology for this metric changed in FY18. Prior to FY18, DFPS reported on the percent of face-to-face contacts made for the month of August for each fiscal year. Reporting has been refined to include the fiscal year to date totals for this measure.
# Permanency

<table>
<thead>
<tr>
<th>Permanency</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21 Target</th>
<th>FY 22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time to permanency in months</td>
<td>18.4</td>
<td>18.3</td>
<td>17.8</td>
<td>17.4</td>
<td>17.7</td>
<td>18.2</td>
<td>17.7</td>
<td>17.5</td>
</tr>
<tr>
<td>Time to reunification in months</td>
<td>13.3</td>
<td>12.8</td>
<td>13.1</td>
<td>12.7</td>
<td>12.8</td>
<td>13.3</td>
<td>13.1</td>
<td>13.0</td>
</tr>
<tr>
<td>Time to Relative PMC (no PCA) in months</td>
<td>13.4</td>
<td>13.3</td>
<td>12.9</td>
<td>12.9</td>
<td>13.1</td>
<td>13.7</td>
<td>13.5</td>
<td>13.4</td>
</tr>
<tr>
<td>Time to Relative PCA in months</td>
<td>25.3</td>
<td>25.1</td>
<td>24.2</td>
<td>24.0</td>
<td>24.6</td>
<td>25.6</td>
<td>25.0</td>
<td>24.8</td>
</tr>
<tr>
<td>Time to Relative Adoption in months</td>
<td>24.9</td>
<td>25.4</td>
<td>25.6</td>
<td>24.6</td>
<td>24.7</td>
<td>25.1</td>
<td>24.7</td>
<td>24.5</td>
</tr>
<tr>
<td>Time to Non-Relative Adoption in months</td>
<td>29.0</td>
<td>29.0</td>
<td>28.1</td>
<td>27.5</td>
<td>27.7</td>
<td>28.0</td>
<td>27.5</td>
<td>27.3</td>
</tr>
<tr>
<td>Exits to permanency for children in care 2 or more years</td>
<td>32.7%</td>
<td>33.8%</td>
<td>34.7%</td>
<td>34.0%</td>
<td>35.6%</td>
<td>32.6%</td>
<td>34.0%</td>
<td>35.0%</td>
</tr>
<tr>
<td>Visits with parents/siblings in foster care³</td>
<td>N/A</td>
<td>81.0%</td>
<td>58.0%</td>
<td>57.0%</td>
<td>48.0%</td>
<td>51.4%</td>
<td>90.0%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Placed with relatives (sub care)</td>
<td>41.8%</td>
<td>43.2%</td>
<td>44.8%</td>
<td>45.9%</td>
<td>44.9%</td>
<td>42.9%</td>
<td>41.5%</td>
<td>42.0%</td>
</tr>
<tr>
<td>Average number of placements for children in foster care</td>
<td>3.2</td>
<td>3.1</td>
<td>3.1</td>
<td>3.0</td>
<td>3.0</td>
<td>3.1</td>
<td>3.0</td>
<td>2.9</td>
</tr>
<tr>
<td>Percent of time in sub care spent in least restrictive setting</td>
<td>83.6%</td>
<td>84.8%</td>
<td>86.5%</td>
<td>87.2%</td>
<td>87.6%</td>
<td>87.3%</td>
<td>90.0%</td>
<td>90.0%</td>
</tr>
</tbody>
</table>

³ Data metrics are percent of cases that met the strength rating for the CFSR Review quarterly case reads. The metrics reports are federal fiscal year 2020 Q1, Q2, and Q3. Final fiscal year data was not available at the time of publication.
## Well-Being

<table>
<thead>
<tr>
<th>Well-Being</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21 Target</th>
<th>FY 22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children’s educational needs are met&lt;sup&gt;4&lt;/sup&gt;</td>
<td>93.0%</td>
<td>99.0%</td>
<td>96.0%</td>
<td>93.0%</td>
<td>88.4%</td>
<td>96.4%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Children’s physical health needs are met&lt;sup&gt;5&lt;/sup&gt;</td>
<td>87.0%</td>
<td>91.0%</td>
<td>82.0%</td>
<td>80.0%</td>
<td>73.0%</td>
<td>79.9%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Children’s mental/behavioral health needs are met&lt;sup&gt;6&lt;/sup&gt;</td>
<td>88.0%</td>
<td>97.0%</td>
<td>81.0%</td>
<td>81.0%</td>
<td>81.7%</td>
<td>89.2%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Youth completing PAL</td>
<td>73.0%</td>
<td>76.0%</td>
<td>83.1%</td>
<td>91.5%</td>
<td>91.7%</td>
<td>93.4%</td>
<td>95.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>Siblings in substitute care placed together</td>
<td>65.0%</td>
<td>65.0%</td>
<td>64.4%</td>
<td>64.9%</td>
<td>65.0%</td>
<td>66.0%</td>
<td>67.0%</td>
<td>68.0%</td>
</tr>
</tbody>
</table>

## Workforce

<table>
<thead>
<tr>
<th>Workforce</th>
<th>FY 15</th>
<th>FY 16</th>
<th>FY 17</th>
<th>FY 18</th>
<th>FY 19</th>
<th>FY 20</th>
<th>FY 21 Target</th>
<th>FY 22 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turnover for Family Based Safety Services caseworkers</td>
<td>28.0%</td>
<td>25.0%</td>
<td>16.0%</td>
<td>19.5%&lt;sup&gt;7&lt;/sup&gt;</td>
<td>23.3%</td>
<td>18.6%</td>
<td>19.7%</td>
<td>19.7%</td>
</tr>
<tr>
<td>Turnover for Conservatorship caseworkers</td>
<td>23.0%</td>
<td>23.0%</td>
<td>16.5%</td>
<td>17.4%</td>
<td>17.1%</td>
<td>18.5&lt;sup&gt;8&lt;/sup&gt;%</td>
<td>20.0%</td>
<td>20.2%</td>
</tr>
</tbody>
</table>

<sup>4</sup> Data metrics are percent of cases that met the strength rating for the CFSR quarterly case reads. The metrics reports are federal fiscal year Q1, Q2, and Q3. Final fiscal year data was not available at the time of publication. Final FY data will be updated in the FY23/24 Business Plan.

<sup>5</sup> Data metrics are percent of cases that met the strength rating for the CFSR quarterly case reads. The metrics reports are federal fiscal year Q1, Q2, and Q3. Final fiscal year data was not available at the time of publication. Final FY data will be updated in the FY23/24 Business Plan.

<sup>6</sup> Data metrics are percent of cases that met the strength rating for the CFSR quarterly case reads. The metrics reports are federal fiscal year Q1, Q2, and Q3. Final fiscal year data was not available at the time of publication. Final FY data will be updated in the FY23/24 Business Plan.

<sup>7</sup> In FY18, CPS contracted with a vendor to provide case management services for FBSS cases in Region 10. As such, the metric for statewide turnover was affected. The FYTD metric being reported is FYTD 18 FBSS turnover sans Region 10.

<sup>8</sup> In FY20, CBC moved to Stage II in 2 areas, 37 counties total. As such, the metric for statewide turnover was affected. The FYTD metric being reported is FYTD 20 CVS turnover excluding staff separated using SSCC specific separation codes.
Definitions for Key Measures of Safety, Permanency, Well-Being, and Workforce

Safety

- **Recidivism for Family Based Safety Services** – percentage of children in Family Based Safety Services case that is closed with no further ongoing services that have a subsequent confirmed allegation for abuse or neglect or a case opened for Family Based Safety Services or Conservatorship Services within 12 months of case closure. (Source: DFPS Data Warehouse - DFPS Executive Dashboard)

- **Recidivism for Conservatorship** – percentage of children who exit conservatorship to reunification that have a subsequent confirmed allegation for abuse or neglect or a case opened for Family Based Safety Services or Conservatorship Services within 12 months of case closure. (Source: DFPS Data Warehouse - DFPS Executive Dashboard)

- **Face-to-face contact with children in FBSS** – percentage of children on a family plan of service or a child principal if there is no family plan of service in Family Based Safety Services stages open at least a month that had monthly face-to-face contact with the caseworker in any given month throughout the fiscal year. (Source: DFPS Data Warehouse report fbsd_01)

- **Monthly contact with parents FBSS** – percentage of Family Based Safety Services stages where all parents were contacted face-to-face by a caseworker. Data does not account for attempts to locate and contact parent. (Source: DFPS Data Warehouse report fbsd_01).

- **Timely face-to-face in Conservatorship** – percentage of children in conservatorship with monthly face-to-face contact with a caseworker. (Source: DFPS Data Warehouse report SA_42).

- **FBSS Successful Case Closure** – percentage of Family Based Safety Services cases that were closed successfully as identified by closure codes “Risk is reduced in the family” and “Child outside of the home/no CVS”. (Source: DRIT 99617)

Permanency

- **Time to permanency** – average number of months from removal to exit to one of the following: reunification, relative as a permanent managing conservator, relative adoption, or non-relative adoption. (Source: DFPS Data Warehouse - DFPS Executive Dashboard)

- **Time to reunification, relative Permanent Managing Conservatorship, relative Permanency Care Assistance, relative adoption and non-relative adoption** – average
number of months a child spends in care from the time of removal until they exit the CPS system. (Source: DFPS Data Warehouse - Report PP_20)

- **Permanency for children in care two or more years** – percentage of children in care two or more years at the beginning of the fiscal year who exit to one of the following during the year: reunification, relative as a permanent managing conservator, relative adoption, or non-relative adoption. (Source: DFPS Data Warehouse - DFPS Executive Dashboard)

- **Visiting with parents and siblings in foster care** – percentage of children in Child and Family Services Review (CFSR) case read that visited with their parents and siblings. The CFSR defines this as, “whether, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child’s relationship with these close family members”. (Source: Summary of CFSR case review prepared by CPS Accountability Division)

- **Children in substitute care placed with relatives** – percentage of children in DFPS conservatorship on August 31 (of each year) that were placed with a relative including relatives verified as foster parents. (Source: DFPS Data Warehouse - DFPS Executive Dashboard)

- **Average number of placements for children in foster care** – average number of placements for youth in foster care. (Source: DFPS Data Warehouse - DFPS Executive Dashboard)

- **Percentage of time spent in least restrictive settings** – for all children who spent at least one day in conservatorship, the percentage of their total days in conservatorship that were spent living at home, with a relative or in a foster family home. (Source: DRIT 98078)

**Well-Being**

- **Educational needs of the child are met** – percentage of children in CFSR case read that had educational needs met. The CFSR defines this as, “whether, during the period under review, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the period under review), and whether identified needs were appropriately addressed in case planning and case management activities”. (Source: Summary of CFSR case review prepared by CPS Accountability Division)

- **Physical health needs of the child are met** – percentage of children in CFSR case read that had their physical health needs met. The CFSR defines this as, “whether, during the period under review, the agency addressed the physical health needs of the children, including dental health needs”. (Source: Summary of CFSR case review prepared by CPS Accountability Division)
• **Mental/behavioral health of the child** – percentage of children in CFSR case read that had mental and behavioral needs met. The CFSR defines this as, “whether, during the period under review, the agency addressed the mental/behavioral health needs of the children”. (Source: Summary of CFSR case review prepared by CPS Accountability Division)

• **Youth completing Preparation for Adult Living (PAL) life-skills training** – percentage of youth who leave substitute care at age 18 or older and completed PAL Life Skills classes required to receive the PAL Transitional Living Allowance (up to $1,000) funding after a youth left substitute care. (Source: DFPS Data Warehouse - DFPS Executive Dashboard)

• **Siblings in substitute care placed together** – percentage of sibling groups in substitute care on August 31 (of each year) with all siblings in the same placement. (Source: DFPS Data Warehouse - DFPS Executive Dashboard)

**Workforce**

• **Turnover for Family Based Safety Services caseworkers** – calculated according to the State Auditor Office methodology. (Source: DFPS Data Warehouse - DFPS Executive Dashboard)

• **Turnover for Conservatorship caseworkers** – Fiscal Year turnover for CVS caseworkers, excluding staff separated with a code specific to departure for employment with SCCs. (Source: DRIT 99853)
Goal 1: Maximize the Safety of Children and Youth Served by the CPS System

Outcome Measures

- Reduced recidivism after FBSS are offered and the case is closed;
- Reduced recidivism after a child or youth exits state custody to reunification;
- Maintain quality face-to-face contact with families being served in FBSS, including children and parents;
- Maintain quality face-to-face contact with children in substitute care; and
- Successful closure of FBSS cases.

At its core, CPS works to create safety for children and families.

The ultimate measure of safety for children is when CPS decides that a child will be safe without ongoing CPS intervention and supervision and the child remains safe. CPS has added the measure of successful case closure for FBSS cases as one way to determine the safety of children involved in FBSS cases. Successful case closure means that CPS could safely close a FBSS case because either risk is reduced in the family or the child(ren) were able to reside outside of the home with a safe caregiver without DFPS seeking legal conservatorship of the child(ren). FBSS implemented policy and technology enhancements to expedite service delivery to families participating in FBSS. FBSS will evaluate and provide technical assistance for this new practice through newly developed quality assurance case reads that provide timely and relevant feedback to frontline staff working with families.

Additionally, CPS measures whether a child remains safe by whether a child in a case closed by CPS has a subsequent confirmed investigation or a family preservation or substitute care case, also referred to as recurrence or recidivism. CPS looks at recidivism for 12 months after CPS supervision ends. As a result, this is a "lagging" measure, meaning it reflects past rather than current services and decisions. CPS also maintains child safety through regularly occurring face-to-face contacts with a child or family. CPS looks at timely face-to-face contact in the FBSS and Conservatorship (CVS) stages of service as one indicator of safety.

CPS is continuing efforts to ensure the safety of our youth at a higher risk of human trafficking by partnering with federal, state, and local law enforcement to recover youth who runaway. Through early identification and multi-agency involvement, these youth can be recovered sooner.

Objective 1.1: Improve Safety Decision Making While Engaging Families and Safety Networks to Keep Children Safe

Resources:

- Lead: CPS
• Resources: CPS Permanency Division, DFPS Operations, CPS Division for Program Strategy, and Parent Support Groups (PSG).

Action Plan:

• CPS will enhance policy and communication relating to engaging non-custodial parents.
• CPS will continue to expand PSGs across the state. The local PSGs are informational support groups for parents receiving FBSS or CVS services. These groups are led by a parent who has successfully navigated the CPS system and a CPS staff person.
• CPS will evaluate and enhance the use of the Family Strengths and Needs Assessment and the Family Reunification tool.

**Objective 1.2: Work to address risks to foster youth relating to Human Trafficking**

Resources:

• Lead: CPS
• Resources: DFPS Human Trafficking Child Exploitation (HTCE) Division, DFPS SI Division, federal, state, and local law enforcement agencies, CPS Youth and Transitional Living Services Division, Data Analytics and Evaluation Division, DFPS Center for Learning and Organizational Excellence (CLOE), and CPS Field Division.

Action Plan:

• CPS will continue collaborating with federal, state, and local law enforcement agencies to find missing children.
• CPS will continue working with state and community resources to provide human trafficking and internet safety training to youth participating in services to support a successful transition to adulthood as part of Preparation for Adult Living (PAL).
• HTCE will provide technical assistance to SSCCs on Human Trafficking and existing policies and practices to support the SSCCs efforts in meeting the needs of the families, children and youth they serve. CPS will strengthen how FBSS works with families and children whose household have indicators for risk of human trafficking victimization or are struggling with known human trafficking victimization. The HTCE and FBSS Divisions will work together to develop a survey for FBSS field staff to capture current trends in their work. The survey results will be used by a multi-disciplinary team to inform and develop a work plan to capture objectives, strategies, and implementation dates.
**Goal 2: Maximize Permanency for Children and Youth Served by CPS**

**Outcome Measures**

- Reduced time to permanency (reunification, placement with relatives, and adoption);
- Increased exits to permanency for child(ren) in foster care two or more years;
- Increased placement stability;
- Increased visitation with parents and siblings for children in foster care;
- Increased placement of children in substitute care with relatives;
- Reduced average number of placements in foster care; and
- Increased time spent in least-restrictive placements settings.

When CPS removes a child from his or her home and takes legal custody, the agency is responsible for keeping the child in a safe and stable placement close to home and with his or her family, whenever possible. But a safe, stable placement, even if it is close to home and with family, might only be a temporary solution. CPS must ensure the child finds a safe, permanent home as soon as possible, including seeking placements with trusted adults for our youth transitioning to adulthood using input from youth to direct the agency in this goal. CPS works with SSCCs in areas that have implemented Stage II of CBC implementation to remain focused on achieving positive permanency.

CPS continues to seek placement with relative caregivers when possible to maintain family connections that support consistent and frequent contact with parents and siblings and reduce the average number of placements in foster care.

CPS continually assesses outcomes for children and youth in the conservatorship of DFPS to determine where to make efforts to increase permanency outcomes for children and youth. One factor that CPS remains committed to examining is race and ethnicity data to determine outcome disparities for children of color. African American children were 1.7 times more likely to be removed in FY 2019, a decrease from 1.9 in FY 2018 and a return to the relatively steady rates of between 1.6 and 1.7 times seen between FY 2013 and FY 2017. African American and Hispanic children were more likely to exit to a relative. Even with higher rates of relative placement, children of color are less likely to be adopted within 12 months of termination of parental rights; the disparity is especially apparent for African American children. In FY 2019, African American families gained parity with Anglo and Hispanic families in reunification rates. African Americans were less likely to exit to reunification in FY 2017 and 2018, however, in FY 2019, the rates of reunification for African American children was at parity with Anglo and Hispanic children. CPS acknowledges that further study of data related to these outcomes

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1 Analysis of data obtained from DRIT 91119
2 Analysis of data obtained from DFPS Data Book – Child Protective Services, CPS Conservatorship: Children Exiting DFPS Legal Custody
is essential to develop and implement strategies as CPS seeks to identify barriers to permanency for children of color.

**Objective 2.1: Maximize Placements with Kinship Families**

**Resources:**

- Lead: CPS
- Resources: CPS Permanency Division, Texas Court Appointed Special Advocates (CASA), Kinship Collaboration Group, SSCCs, HHSC, Harris County Protective Services, Family Resource Centers (FRC), and PEI.

**Action Plan:**

- CPS will continue to partner with Texas CASA to support Collaborative Family Engagement. The goal of Collaborative Family Engagement is to create better outcomes for children in the Texas child protection system by identifying, locating, and engaging family members and other committed adults so they can be involved in the child’s care and permanency planning.
- CPS will hold quarterly meetings with the Kinship Collaboration Group, which includes adults serving in the role of kinship caregiver. This group helps CPS improve the kinship program by identifying ways to better support kinship placements.
- CPS will work with the SSCC providers in Stage II of CBC to continue to prioritize placing children with kinship caregivers and looking at kinship caregivers as a permanency option where reunification with parents is not possible.
- CPS will use Kinship Developmental Plans more effectively to assess safety and support for kinship caregivers so more children can be placed in kinship homes. A Developmental Plan tool has been created to assist caseworkers in assessing the need for a Developmental Plan, creating the plan, and monitoring the caregiver’s progress in achieving the goals of the plan.
- CPS will develop and implement a kinship co-parenting training to help kinship caregivers and parents co-parent when children are placed temporarily or permanently with kinship caregivers.
- DFPS plans to use $550,000 in federal grant funds to continue the partnership with HHSC to evaluate ways to enhance the 2-1-1 system to better support kinship caregivers.
- DFPS will use approximately $50,000 of the FY 2020 Kinship Navigator grant funds to evaluate the Harris County Protective Services Family Navigation Program.
- DFPS will use approximately $450,000 of the FY 2020 Kinship Navigator grant funds to support a pilot that will strengthen the connections between FRCs and a Kinship Navigator Program. Prevention and Early Intervention will support this program.
Objective 2.2: Ensure Permanency through Reunification, Permanent Placement with Relatives, or Adoption

Resources:
- Lead: CPS
- Resources: CPS Permanency Division, CPS Foster Adoption Development (FAD), CPS Division of Program Strategy, CPS Field Division, Residential Child Care providers, SSCCs

Action Plan:
- CPS will continue to work to expand the frequency of visits between parents and their children and siblings in foster care. Frequent visitation has a direct link to successful family reunification.
- CPS will explore the current policy, practice, and resources, including the use of virtual visits, to augment in-person visits in an effort to increase the amount of contact that children have with their parents and family.
- CPS will create additional learning opportunities to support staff in the use of the Family Reunification Tool.
- CPS will enhance case practice as it relates to the use of concurrent permanency goal planning through modifying the Permanency Planning Resource Guide and other training opportunities.
- CPS will enhance case practice as it relates to the use of concurrent permanency goal planning through modifying the Permanency Planning Resource Guide and other training opportunities.
- CPS will continue to remain timely on processing requests for out-of-state relative/kinship homes studies and placements to keep children with families and support permanency through the Interstate Compact for Placement of Children (ICPC) Division.
  - The ICPC plan will focus on the regional ICPC coordinators having a greater role in managing ICPC requests generated by their region, requests from other states, along with monitoring and tracking their region’s compliance.
  - Regional leadership will review monthly reports on delinquent home studies as well as their rate in making face-to-face contact with children placed from another state.
  - DFPS was awarded a federal grant to assist with the implementation of the NEICE system, an electronic platform for exchange of case data, intended to reduce the length of time children and families wait for placement across state lines. The project will be initiated in FY 2021.
- CPS will ensure Texas Interstate Compact Office has ongoing communication with the CBC catchment areas as CPS implements the SSCC ICPC process and ensures each catchment area is trained in understanding ICPC policy, process, and regulations.
• CPS has entered into a service plan with AdoptUSKids, which includes goals with a focus on assistance with best practices for adoption recruitment, photo listing, and youth engagement including technical assistance and training. The work will improve permanency outcomes through adoption by:
  o Addressing barriers to permanency through adoption.
  o Increasing youth engagement in permanency planning and adoption recruitment.
  o Increasing partnerships with external stakeholders to promote adoption through foster care and recruiting adoptive families for older youth, sibling groups, and children with special needs.
  o Working with regional staff and external stakeholders to improve adoption competencies.
• CPS will work with Community Based Care partners to ensure continued growth in permanency through adoption. CBC partners are involved in Operation PUSH (Placing Us in Safe Homes), quarterly statewide adoption calls, and Post-Adoption Services.

Objective 2.3: Partner with Advocates and Communities to Help Achieve Permanency for Children and Families

Resources:
• Lead: CPS
• Resources: CPS Placement Division, DFPS Purchased Client Services Division, Parent Program Specialist, SSCCs, Residential Care Providers, Texas Systems of Care, Texas Council on Adoptable Children, Texas Foster Family Association, Family Group Decision Making Staff, CPS FAD Division, DFPS Office of Faith-Based and Community Engagement (FBCE), community churches, clergy members, and Texas CASA.

Action Plan:
• CPS is partnering with Texas Systems of Care and Residential Child Care Providers to implement the Building Bridges Initiative (BBI) in Texas. BBI is a framework of best practices for Residential Treatment Center providers. It focuses on permanency, connection to family and community, discharge planning, increasing youth and family voice and choice in services, growing cultural linguistics, reducing restraints and seclusions, and enhancing Residential Treatment Center leadership practices.
• CPS will continue to work with contractor Texas Council on Adoptable Children. They will continue to work with the regional contracted post-adoption service providers to bring more services to families.
• CPS contracts with the Texas Foster Family Association to provide support, training, and resources to foster families. The purpose of the Texas Foster Family Association is to educate, motivate and support foster, adoptive, and kinship parents, as well as, to be a united voice in advocating for the needs of those children and families.
- CPS will increase Adopt-A-Family in five more areas to bring awareness and provide resources for families to promote stability and permanency.
- DFPS will continue to partner with Texas CASA to increase Clergy in the Court statewide in 6-8 new areas in both FY 2021 and 2022 to help communities understand critical needs of families involved with CPS.
- DFPS will increase communities using the CarePortal to help provide ways the faith community can meet the needs of children and families through goods and services.

**Objective 2.4: Contract for Services and Supports to Help Achieve Permanency for Children and Families**

**Resources:**
- Lead: CPS
- Resources: Post-Adoption Service Providers, DFPS Purchased Client Services Division, CPS Youth and Transitional Living Services Division, CPS FAD Division, CPS ICPC Division, and CPS CBC Division, SSCCs.

**Action Plan:**
- CPS will contract with service providers for the post-adoption services program, which supports families who adopt children from CPS. This service provides support through information and referrals, casework service and planning, parent groups, parenting programs, counseling services, respite care reimbursement, residential treatment, and crisis intervention for families who adopt children from CPS.
- CPS will contract with service providers for the post-permanency program, which supports families who obtained Permanent Managing Conservatorship (PMC) of children and youth who were formerly in the conservatorship of DFPS. This service provides support through information and referrals, casework service and planning, parent groups, parenting programs, counseling services, respite care reimbursement, and crisis intervention for relatives who assume PMC of children and youth who are in foster care.
- CPS will give local communities flexibility to develop innovative services to best meet the local needs of children and families through CBC. Stage I of CBC includes provision of foster care and placement services. Stage II of CBC includes provision of substitute care (foster care and kinship), full case management, and court services by contracted providers, with DFPS transitioning to an oversight role. SCC providers must adhere to state and federal requirements but are given flexibility to develop local models of practice and improve the capacity of communities (services and other resources) to support children and families in achieving permanency. Currently, DFPS is implementing CBC in 5 catchment areas of the state. In FY 2021, Regions 1 (Saint Francis Community Services) and 8a (Family Tapestry) will begin planning for Stage II implementation. Implementation dates are dependent on successful completion of all
readiness requirements and legislative funding. DFPS is also procuring for a contractor in Region 8b to begin Stage I implementation in FY 2021.
Goal 3: Maximize the Well-being of Children and Youth Served by CPS

Outcome Measures

- Children receive adequate services to meet their mental and behavioral health needs;
- Children receive adequate services to meet their physical health needs;
- Children receive adequate services to meet their educational needs;
- More youth complete PAL services; and
- More sibling groups are placed together.

For children in the conservatorship of DFPS, CPS must ensure that their education, health, and other needs are met. As part of the continuous self-improvement process, CPS reads hundreds of cases every year with the federal Child and Family Services Review (CFSR) structured case review tool to examine if we are meeting the needs of the children we serve. CPS reviews cases to see if the child was adequately assessed for needs in education and physical and mental health. If there are needs, the reviewer checks to see if CPS provided the child with appropriately matched services. The process includes a review of the case file in IMPACT and in hard copy and interviews with case-specific stakeholders. The CPS Division of Federal and Program Improvement Review (FPIR) reviews at least 100 cases per quarter.

While finding a forever family for every child we serve and reducing the number of children who “age out” is our goal, permanency through family reunification, permanent placement with relatives, or adoption is not always possible or appropriate. For youth who emancipate (age out) from foster care, CPS works to provide them with the skills and support to successfully transition to living on their own.

One way CPS provides support is through its PAL classes. Through PAL, youth not only learn how to successfully live on their own, they can complete certain requirements and receive financial support after they age out. The Transitional Living Division has increased efforts to encourage youth to enroll in post-secondary education and offering enhanced case management to youth who choose to stay in extended foster care to support their transition to adulthood.

Another measure of well-being is to ensure youth have bonds and connection to their siblings in care, whenever possible. CPS recognizes that frequent visits with siblings can assist with those bonds, but the ultimate measure is when siblings are placed together. CPS measures when siblings are placed together and strives to increase that measure, when it is safe and appropriate for the youth.

Objective 3.1: Support Children’s Physical and Behavioral Health

Resources:

- Lead: CPS
• Resources: CPS Medical Services Division, CPS Behavioral Health Services Division, HHSC, CPS Division of Program Strategy, CPS CBC Division, SSCCs, CPS Field Division, and The Supreme Court of Texas Permanent Judicial Commission for Children, Youth, and Families (Children’s Commission).

Action Plan:

• CPS will work with the SSCC providers in Stage II of CBC to ensure children receive services to meet their individualized needs. Stage II of CBC includes full provision of case management by contracted providers. DFPS Case Management Oversight teams operating in CBC regions in Stage II will complete case reads to ensure children receive all necessary assessments, identified needs are included in service plans, and services are coordinated and evaluated for progress ongoing by the case manager.

• CPS will work with HHSC to develop a memorandum of understanding that clarifies parameters supporting exchange of data between the agencies in relation to the Youth Empowerment Services (YES) Waiver program.

• CPS will continue to strengthen ongoing collaboration with external behavioral health system partners by participating in monthly joint meetings with STAR Health and HHSC to address behavioral health concerns among children in care. CPS Substance Use Disorder Specialists will be cross-trained regarding mental health resources, making them Behavioral Health Specialists better able to assist families who have co-occurring disorders.

• CPS will expand the number of staff trained as trainers in Mental Health First Aide, to further embed the ability for staff to address mental health issues in families.

• CPS will continue to partner with the Children’s Commission in the Statewide Collaborative for Trauma Informed Care, implementing efforts to build a more trauma-informed child welfare system.

Objective 3.2: Support Children’s Education Outcomes

Resources:

• Lead: CPS

• Resources: CPS Division of Permanency, CPS Education Specialists, SSCCs, Children’s Commission, and the Texas Education Agency (TEA).

Action Plan:

• CPS regional Education Specialists will conduct a minimum of three regional education consortiums in each region to address education-related issues faced by children and youth in foster care.

• CPS will continue to work with the Children’s Commission and various community partners to improve educational outcomes for children. Specifically, a workgroup is creating information for judges, teachers, and residential providers on the Every Student
Succeeds Act, Special Education Services, and other important information for stakeholders who serve children in residential treatment facilities.

- CPS partners with TEA to examine exchanging child specific data to better identify children in foster care and in the school setting. Identifying the students is vital to improve educational outcomes for children in foster care.
- CPS will work with the SSCC providers in Stage I and II of CBC to ensure children educational needs are met.

**Objective 3.3: Safeguard Children’s Other Well-being Needs**

**Resources:**

- Lead: CPS
- Resources: CPS Disproportionality Manager, DFPS CLOE, CPS PAL staff, CPS Youth Specialists, and DFPS Office of FBCE.

**Action Plan:**

- CPS will train staff and external stakeholders on racial and ethnic identity to promote competencies around healthy racial and ethnic identity formation for children and youth.
- CPS will expand training for youth related to racial, ethnic, and LGBTQ identity beyond the State Teen Conference by integrating the concepts into already developed curriculum.
- CPS will develop and provide specialized training to Family Group Decision Making facilitators focusing on improving the Child and Adolescent Needs and Strengths assessments in service planning.
- CPS will continue program improvements related to PAL Life Skills training and life skills assessment completion to help youth with successful transition to adult living.
- CPS will continue a four-year pilot summer internship program for current or former foster care youth ages 15 and older.
- CPS will continue partnering with stakeholders and youth to develop a plan to standardize the curriculum for the PAL program to ensure that youth 14 years of age or older receive relevant and age-appropriate information and training.
- CPS will use characteristic information for youth aging out of care without extended foster care to alter practice approaches and strengthen exits to extended care to better understand barriers and missed opportunity to achieve positive permanency.
- CPS, along with stakeholders and youth, will identify areas of improvement as the agencies work together to ensure each foster youth gets a driver’s license or personal identification card before leaving DFPS conservatorship.
- CPS will continue to strengthen communication between stakeholders for the new Career Development and Education program. The Texas Legislature directed
development of the program to ensure youth complete high school or receive their GED and have career and post-secondary opportunities.

- CPS will implement a Hopes and Dreams pilot to provide youth in more restrictive placement settings the opportunity to build “Hopes and Dreams” for their life beyond foster care.

- DFPS will strive to increase the number of faith communities of color and non-traditional faith communities to assist meeting the needs of the children and families we serve.
Goal 4: Maximize Staff Recruitment, Retention, and Development to Ensure a Professional and Stable Workforce

Outcome Measures

- Decrease turnover for FBSS caseworkers; and
- Decrease turnover for CVS caseworkers.

To achieve the outcomes we want for children and families, CPS must have a professional and stable workforce. Doing so requires that we:

- Identify and hire the right candidates;
- Provide training that inspires confidence;
- Ensure staff have strong, accountable supervisors and leadership;
- Project a long-term future with the agency by guiding staff with multiple career path opportunities; and
- Mitigate the impact of turnover with tools and supports for management and staff.

Objective 4.1: Ensure Staff Are Adequately Trained and Prepared to do Their Job

Resources:

- Lead: CPS
- Resources: CPS Disproportionality Manager, DFPS CLOE, CPS Youth and Transitional Living Services Division, CPS FAD Division, CPS ICPC Division, CPS Field Division, and the DFPS Legal Division.

Action Plan:

- CPS will work with the Single Source Continuum Contractors (SSCCs) transitioning to Stage II of CBC to maximize the transition of CPS CVS caseworker, kinship, and other staff from DFPS to the private SCCC agency and to ensure that all training and staff development needs will be met by the SCCC to ensure a stable workforce. Regions 1 (Saint Francis community Services) and 8a (Family Tapestry) will begin planning for Stage II implementation in FY 2021.
- CPS will continue to work with the CLOE to enhance and evaluate CPS Professional Development Training (CPD). CPD equips new caseworkers with a realistic view of their roles and knowledge and skills to succeed in their jobs.
- CPS will collaborate with CLOE to evaluate CPS Supervisor Professional Development Training (SPD). The overall goal is to enhance SPD to ensure training provides supervisors the skills, knowledge, and competencies managers need to succeed in their roles.
- CPS will continue to provide PPE and guidance to field staff during the COVID-19 crisis.

**Objective 4.2: Leverage Technology and Operational Supports**

**Resources:**
- Lead: DFPS Operations
- Resources: DFPS Operations, various CPS Program staff, and the CPS Division for Program Strategy.

**Action Plan:**
- CPS will continue to provide subject matter expertise to DFPS Operations as work is conducted to enhance IMPACT to better meet the needs of frontline staff as they serve children and families.
- CPS will work with Data Decision and Support and Management Reporting and Statistics to identify reoccurring data reports that can be delivered through the Data Warehouse, which will enhance the operational supports of CPS Program.
- CPS will continue to assist staff as they telework during the ongoing COVID-19 crisis through access to tools needed to successfully complete all job duties remotely, Operations will continue to monitor and adjust as needed.

**Objective 4.3: Create an Environment That Promotes Retention**

**Resources:**
- Lead: CPS
- Resources: DFPS Operations, CPS Field Division, Statewide Caseworker and the Supervisory Advisory Committee, Trauma Informed Care Program Specialist and Medical Services Division Administrator

**Action Plan:**
- CPS will continue to deploy master CVS and FBSS workers to understaffed areas of the state to support workload and build capacity.
- CPS will provide the Leadership Challenge Training for regional leadership teams in Region 11.
- CPS will promote employee recognition and retention efforts, including leadership recognition awards, such as the:
  - Commissioner’s Award of Excellence – Recognizes staff members and external partners who have gone to extraordinary lengths to protect the unprotected and serve our stakeholders.
  - CPS Award of Distinction – Patterned after DFPS Leadership Challenge practices, this is an opportunity to not only showcase, but also provide a leadership template for staff statewide to follow.
• Regional Director Award of Distinction – Focused on leadership skills based on the practices from the Leadership Challenge.
• Ramiro Hernandez Excellence in Mentoring Award – This annual award recognizes the value of a quality mentoring relationship and the impact it has on professional development and career advancement at DFPS.

• CPS will hold statewide and regional Caseworker & Supervisory Advisory Committee meetings to gather input on CPS initiatives in FY 2021 and FY 2022.
• CPS will continue efforts on an agency campaign regarding the impact of secondary trauma on staff and available resources to include individual and group counseling and support to staff.
Goal 5: Integrate Continuous Quality Improvement

Success Measures:

- Continue to use the Federal CSFR process and other structured case reviews to support the improvement process; and
- CPS Business Planning process.

CPS has worked to solidify a continuous quality improvement culture that supports a continual and strategic transformation and improvement process. Additionally, the CPS business-planning process assists CPS in setting and measuring goals and identifying accomplishments and deficits in the regions and program. The CPS business-planning process allows CPS to review progress and set goals in a transparent manner.

CPS has revamped quality assurance case-read tools to support relevant and timely feedback to FBSS staff while they implement practice shifts in providing support to families for prevention services as soon as the need is identified.

Objective 5.1: Continue Development of an Integrated Continuous Quality Improvement System that Effectively Uses Data and Information to Improve Outcomes for Children and Families.

Resources:

- Lead: CPS
- Resources: CPS Division of FPIR, DFPS Operations, DFPS Division of Systems Improvement, CPS Disproportionally Manager, CPS CBC Division, DFPS Purchased Client Services Division, DFPS Management Reporting and Statistics, DFPS Office of Data and Systems Improvement, Chapin Hall, and CPS Field Division.

Action Plan:

- CPS will continue to create annual regional business plans and review them quarterly.
- CPS will discuss trends in data with the DFPS Office of Data and Systems Improvement to focus continuous quality improvement initiatives at the statewide and regional levels.
- The Division of FPIR will share quarterly structured case review results to inform the discussions, with particular emphasis on targets not yet achieved on the federal CFSR Program Improvement Plan.
- CPS Division of FPIR will continue to review 100 or more FBSS and CVS cases using the federal CFSR case review instrument and implement new ongoing and ad hoc case reviews. The Division develops these reviews at the request of program to focus on key issues. CPS will use data from these case reviews to make regional practice improvements.
- CPS will use data collection broken down by race and ethnicity to target strategic measures to improve services to children in families and reduce racial and ethnic disparities.
- CPS will implement a new Quality Assurance tool to read Family Preservation cases for implementation of the new policy and practice and will provide timely feedback to field staff.
Goal 6: Increase Foster Care Capacity

Success Measures:

- Net gain/loss in foster family bed capacity;
- Percentage of basic/moderate youth in foster family homes; and
- Children in substitute care placed in county, in region.

When a child enters foster care, it is the responsibility of CPS to ensure that the child has a safe, home-like setting that can care for the child until they can safely reunite with their family or achieve permanency through the transfer of custody to a relative or adoption. CPS contracts with a network of residential care providers across the state that range from basic foster homes to residential treatment centers that provide services to youth with the highest and most complex needs. Over the past few years, CPS has struggled to grow and retain capacity to serve youth with complex needs. To address this issue, CPS has implemented numerous strategies to increase foster care capacity statewide.

Community-Based Care

CBC gives local communities flexibility to develop innovative services to best meet the local needs of children and families. Stage I of CBC includes provision of foster care and placement services. Stage II of CBC includes provision of substitute care (foster care and kinship) and full case management and court services by contracted providers, with DFPS transitioning to an oversight role. The SCC providers must adhere to state and federal requirements but are given flexibility to develop local models of practice and improve the capacity of communities (services and other resources) to support children and families in achieving permanency.

CBC is a performance-based contract. Stage I includes performance measures for outcomes that lead to positive permanency such as placing children in the most home-like settings in their own communities. Additional performance measures for placing children with kinship/relative caregivers and maintaining or improving caseworker turnover are added in Stage II. After a legislatively required period of 18 months, the SCC can receive an incentive payment for improving permanency outcomes and reducing time in foster care.

Currently, DFPS is implementing CBC in five catchment areas of the state:

- Region 1 (30 counties in Northwest Texas, including Lubbock and Amarillo)
- Region 2 (30 counties in Northwest Texas, including Abilene and Wichita Falls)
- Region 3b (Fort Worth and 6 surrounding counties)
- Region 8a (San Antonio/Bexar County)
- Region 8b (27 counties surrounding Bexar County)

3b (OCOK) began Stage II and provision of case management on March 1, 2020, and Region 2 (2INgage) began Stage II on June 1, 2020.
Regions 1 (Saint Francis Community Services) and 8a (Family Tapestry) will begin planning for Stage II implementation in FY 2021. Implementation dates are dependent on successful completion of all readiness requirements and legislative appropriations.

DFPS is procuring for a contractor in Region 8b to begin Stage I implementation in FY 2021.

**Treatment Foster Family Care**

Treatment Foster Family Care Program serves children and youth age 10 and younger, who have mental health and/or socio-behavioral needs that cannot be met in traditional foster care settings and who might otherwise be served in residential treatment settings. Treatment Foster Family Care Program will include innovative, multi-disciplinary treatment services that are evidenced-based and research-supported. This is a time-limited program intended to stabilize and prepare children for successful transition into less restrictive or permanent placements. Treatment Foster Family Care foster parents and contractors will receive a higher reimbursement but will have additional expectations such as more training, more frequent treatment plan reviews, and ongoing support following discharge.

**Temporary Emergency Placement**

The Temporary Emergency Placement (TEP) program provides highly structured quality residential care and services for children without placement on an emergency and short-term basis while placement staff continue searching for a more suitable and longer-term placement. This is a no eject/no reject program. Providers who participate in the TEP program have specialized training and experience providing services to high-needs children in DFPS conservatorship. Without this program, these youth would have otherwise been under DFPS supervision while placement is being sought. DFPS will continue the TEP program in FY 2021 and 2022.

**Supervised Independent Living**

SIL is a type of Extended Foster Care placement where young adults can live in a less restrictive, non-traditional arrangement while continuing to casework and support services to help them become independent and self-sufficient. SIL settings can include apartments, non-college dorms, college dorms, shared housing, and host homes.

**Qualified Residential Treatment Programs**

In FY 21-22, CPS will use Family First Transition Act funds to implement a limited procurement for Qualified Residential Treatment Programs (QRTP), as described in the Family First Prevention Services Strategic Plan.

In order for a provider to have a program that is considered to be a QRTP, the program must meet all prescribed criteria as set out in FFPSA. These include having:

1. A trauma-informed treatment model.
2. Registered or licensed nursing staff and other clinical staff who are available 24 hours a day, 7 days a week and on-site during business hours.

3. A program that facilitates participation of family members in the child’s treatment program.

4. A program that facilitates outreach to the family members of the child, including siblings, including documenting and maintaining contact information for any known biological family and fictive kinship of the child.

5. Documentation demonstrating how the family members were integrated into the treatment process, including post-discharge, and how sibling connections are maintained.

6. A program that provides discharge planning and family-based after care for at least 6 months post discharge.

7. Accreditation by one of three listed accrediting bodies, or any other independent, not-for-profit accrediting organization as approved by ACF.

There is a small subset of children and youth in care that have extraordinarily high needs, for whom a QRTP may be appropriate. DFPS will use the results of the QRTP pilot to help inform an appropriate rate to reflect the requirements of a QRTP. This would include an appropriate daily rate that included provider costs for maintaining the necessary medical staff, funding for provider accreditation costs, DFPS resources required to ensure federal reporting and placement requirements (including clinical admin staff to ensure appropriate placement), and associated training and IT costs for creating a new type of placement.

Objective 6.1: Increase Foster Care Capacity to ensure that children in all levels of care have a safe, home-like setting and/or a setting that can meet their therapeutic needs.

Resources:

- Lead: CPS
- Resources: CPS Youth and Transitional Living Services Division, CPS Foster Adopt Development Division, CPS Interstate Compact for the Placement of Children Division, DFPS Purchased Client Services Division, Residential Care providers, Supervised Independent Living providers, CPS CBC Division, and the CPS Field Division.
Action Plan:

- CPS will ensure foster care capacity building plans address the recruitment of foster and adoptive homes and is data-driven based on the DFPS annual Foster Care Needs Assessment.
- CPS will increase capacity in Supervised Independent Living foster care placements.
- CPS will work with SSCCs to increase provider capacity and innovative services such as treatment foster care, wraparound services, and other targeted placement disruption supports.
- CPS Regional directors are partnering with their local providers to create a strategic plan to increase targeted-placement capacity.
- CPS will implement a pilot program to explore implementation of the QRTP model in Texas.
Appendix A: CPS Accomplishments for FY 2019 and FY 2020

Safety

- CPS implemented the Risk Re-Assessment for FBSS and CVS and Family Reunification Assessment for CVS. The agency completed the IMPACT updates to support these tools in April 2019.
- CPS developed and published policy and resource guides to strengthen FBSS protocols to address safety concerns with alternative caregivers in a child’s biological home, individuals who do not live in the home but have regular contact with the child, and individuals who are included in safety plans.
- CPS implemented new practices to monitor the safety of placements through Heightened Monitoring. Heightened Monitoring involves increased interventions with a goal of improving placement services offered to children and youth in DFPS conservatorship.
- CPS developed the CVS Quality Assurance team in November 2019 and consists of a Division Administrator, a Program Specialist VI/Team Lead and 6 Quality Assurance Specialists. The team conducts two ongoing reviews: Sexual History and Home History. The team works with caseworkers in both reviews to ensure the cases are up-to-date. The team also conducts ongoing training webinars for all staff and external stakeholders. Through June 2020, the team has trained nearly 7,000 participants on the new Sexual Victimization History page on IMPACT 2.0, as well as the Home History Review Staffing contact and other updates to IMPACT regarding federal court orders. CPS implemented concurrent stage policy and process updates, staff training, and technical functionality to allow families to receive services promptly at the time the need is identified. Under concurrent stages, the FBSS caseworker works alongside the CPI investigator to assess family strengths and needs and engage in services while completing investigative tasks. Engaging families earlier in the process allows FBSS to promptly assess and evaluate the family’s strengths and needs and provide relevant, expedient support to families at the most critical time of DFPS involvement. We estimate that, under Concurrent Stages, families will begin receiving services at least six weeks, and in some cases months, sooner than was possible when an investigation had to be closed before FBSS began working with the family.
- CPS implemented and supported fidelity monitoring of the Nurturing Parent Program (NPP) in five FBSS units across the state (Lubbock, Potter, Val Verde, Burnet, and Smith Counties). FBSS Caseworkers were certified in and began facilitating NPP with families during home visits. NPP is a trauma-informed, evidence-based program to prevent, intervene and treat child abuse and neglect. Nurturing Parenting Programs aim to:
  - Teach parents about what constitutes abuse and neglect.
- Improve ability to identify, express, process and manage feelings (such as anger, stress, loss, grief and guilt).
- Increase understanding of the stages of child development and age appropriate behavior associated with the stages (including safety, emotional and relational aspects).
- Increase understanding of varied approaches to positive parenting (including discipline, creating age appropriate child rearing structures, conflict resolution and problem-solving strategies).
- Increase parental capacity to use responsive parenting interactions (including empathy, caring and respect for self and others).
- Increase community supports for ongoing parental capacity development.

- CPS enhanced how staff work with and engage families when domestic violence is a safety and risk factor by increasing the use of Battering Intervention and Prevention Programs.
- CPS developed the Domestic Violence Best Practice Resource Guide to help caseworkers who work with families who experience domestic violence.
- CPS developed nine web-based domestic violence training videos, focusing on effective practice and addressing common challenges in CPS cases when persons harming children are also harming an adult partner/caretaker to the children.
  - The series of web-based video trainings is complete, and a new video is distributed to staff every other month to provide ongoing education for staff.
- CPS enhanced the FBSS program to establish standards and measures for assessing quality improvement including:
  - Completed policy clarifications around key aspects of FBSS work and practices.
  - Developing an FBSS toolkit. Launched in May 2019, a new website includes information and resources to enhance casework practice.
  - CPS gathers data quarterly to report trends and patterns. Managers use the information to support casework practice improvements addressing child safety, family engagement and service planning.
- CPS completed the pilot with Pathways Youth and Family Services in Region 10 in August 2020, which covered El Paso, Brewster, Culberson, Hudspeth, Jeff Davis, and Presidio counties, through FY 2020. Pathways Youth and Family Services provided a full array of needed services for children and families in the FBSS stage. The model used a performance-based contract and includes a comprehensive assessment of service provision.
- DFPS analyzed data relating to children who run away as well as children who are victims of human trafficking and created a model to identify populations that are at high risk of becoming victims of human trafficking. DFPS released reports in 2019 and 2020.
- DFPS enhanced the IMPACT system to meet Title IV-E requirements for identifying, reporting, and providing services to victims of sex trafficking.
CPS continued implementing the Prevent Sex Trafficking and Strengthening Families Act (HR 4980) to protect children and youth at risk of sex trafficking. CPI and CPS collaborated with the Department of Public Safety (DPS), the Center for Missing and Exploited Children, the Federal Bureau of Investigation, and local law enforcement agencies, and used internal resources such as Special Investigators, to enhance efforts to find missing children.

DFPS trained staff to recognize and report Human Trafficking using the Office of the Texas Attorney General’s “Be the One” video. Since March of 2019, DFPS maintains a 98-99% training completion rate by active staff.

DFPS began using the West Coast Children’s Clinic Commercial Sexual Exploitation-Identification Tool (CSE-IT) in five counties (Bexar, Dallas, Harris, Tarrant, and Travis). Training for staff from these five counties was completed in August 2019.

CPS continued working with state and community resources to provide human trafficking and internet safety training and ongoing resources to youth participating in PAL services to support a successful transition to adulthood.

CPS collaborated with Texas Network of Youth Services to engage foster youth, DFPS staff, placement providers, and community stakeholders in training and roundtable discussions on building alliances with youth in foster care to prevent children from running away.

CPS held a Runaway Prevention Summit in Houston, Dallas, and San Antonio with the goal to equip staff and stakeholders when encountering and working with this high-risk population.

CPS worked with the DFPS Division of HTCE, alongside other state agencies, to learn about Guiding Principles for Agencies Serving Survivors of Human Trafficking. The DFPS division of HTCE and Love146 have partnered to bring the Love146: Professional Training to community partners who serve transitioning youth, human trafficking victims, at risk youth and foster care youth.

CPS developed a Runway Prevention rule in accordance with the provisions of SB 781 that included creation of supporting Policy, Resource Guides and Contract amendments.

**Permanency**

CPS continued to partner with Texas CASA to support Collaborative Family Engagement (CFE). The goal of CFE is to create better outcomes for children in the Texas child protection system by identifying, locating, and engaging family members and other committed adults so they can be involved in the child’s care and permanency planning. CFE, now in its fifth year, has expanded to 31 Texas CASA programs. After an October 2018 report on outcomes issued by the University of Texas, a symposium in March 2019 brought together all the programs to discuss successes.
• CPS continued to work with Parent Collaboration Groups (PCG) across the state. PCGs are informational support groups for parents receiving FBSS or CVS services, led by a parent who has successfully navigated the CPS system and a CPS staff person. Efforts to enhance the effectiveness of these support groups included:
  o Partnering with Casey Family Programs for technical assistance.
  o Implementing the onboarding training for parent liaisons.
  o Updating CPS training for parent support groups.
  o Solidifying the nominating process for state advisory participants.
  o Developing an orientation guide.
  o Updating PCG membership to include parent liaisons with more current experience who will go through a nomination process prior to selection.

• CPS enhanced policy and communication relating to engaging non-custodial parents.
  o Areas of focus included videos on engaging parents and the enduring legacy of fathers, regional fatherhood summits, and a resource guide for working with current and recently incarcerated parents.
  o Developed a report that tracks data related to children exiting to permanency with non-custodial fathers to better assess progress in this area.

• CPS held a conference in November 2019 for Local Permanency Specialists. Positive permanency was a topic and local staff from the regions provided input and learned from each other. CPS also provides Permanency Values Training several times a year as part of the training for staff to promote.

• CPS created and sustained monthly kinship support groups in each region. Led by former kinship caregivers, these groups provide information, training, and support to kinship caregivers working with CPS. Since these support group meetings began in 2017, they have provided support to 873 caregivers, and helped coordinate community events and resources fairs specific to kinship caregivers.

• CPS improved the kinship program through the Kinship Collaboration Group (KCG), which meets three times per year and includes CPS staff and kinship caregivers to identify better ways to support kinship placements.
  In FY 2019 and 2020, the KCG:
    o Developed resources for kinship caregivers including a Kinship Caregiver Toolkit.
    o Created a video series that will be used for training.
    o Provided input used to assist caseworkers with normalcy, teen runaways, and the Kinship Caregiver Training.
    o Began working to create a Kinship caregiver and biological parent mentoring parenting model.

• CPS worked to expand the frequency of family time between parents and their children and siblings in foster care.
  o CPS developed policy regarding weekly visits with siblings.
CPS updated the Incarcerated Parents Resource Guide to provide guidance on how to engage these parents in visits with their children.

CPS partnered with other service providers to hold summits to reinforce the value of visits with paternal family as well as providing information to staff about the value of engaging fathers in visiting their children.

CPS provides monthly data to regional leadership to evaluate success.

- CPS worked to improve timeliness of out-of-state relative/kinship homes studies and placements to keep children with families and support permanency through engaging regional leadership to track compliance, reporting on delinquent home studies, and tracking the rate of face-to-face contacts with children placed from other states.

- CPS and the ICPC Office held a two-day training for FAD and ICPC staff, aimed at streamlining the procedure for processing incoming and outgoing requests for child placement across state lines. CPS implemented the new process in March 2019.

- DFPS received a federal grant to implement an electronic interstate case-processing system in Texas that will allow connection to the National Electronic Interstate Compact Exchange (NEICE) through the American Public Services Association. DFPS was awarded the grant in October 2019 and executed a Memorandum of Understanding in December 2019.

- CPS continued to collaborate with the Texas Council on Adoptable Children (COAC) in its work to unite adoptive parents for peer support throughout Texas. COAC recently started regional Facebook support groups to expand community outreach and collaboration.

- CPS expanded Texas faith-based initiatives by supporting congregations that wanted to participate in the CarePortal, which allows churches to provide goods and services to children and families in need in their own communities. CPS has 1,929 faith communities partnering with the agency and 541 of our faith partners are enrolled in the CarePortal. Since the CarePortal began in Texas, it has assisted 10,311 children and is estimated to have had an economic impact of $3,126,889. CarePortal is available to CPS, CPI, and during COVID-19, has been extended to Adult Protective Services as well.

- CPS expanded the “adopt a family” initiative to faith communities that wish to support youth and families in need in their own communities. This initiative is targeted for areas with no CarePortal participants. The “adopt a family” program is in regions 1, 3, 5, 6a, 6b, 9, and 11.

- CPS expanded “Clergy in Court for Kids,” which allows clergy members to attend court hearings and support youth and families. In FY 2019, CPS expanded this initiative into Hutchison County (Region 1), Wichita and Taylor Counties (Region 2), Dallas and Hunt Counties (Region 3), and Fort Bend County (Region 6b). DFPS is working with judges and court coordinators to fully implement this program statewide.
• CPS continued to implement a single Child Plan of Service with contracted providers to reduce duplication and improve service provision. DFPS completed IMPACT changes to support the single Child Plan of Service in FY 2019.

• CPS re-procured the contract for the Post-Adoption Services program, which supports families who adopted children from CPS through information and referrals, casework service and planning, parent groups, parenting programs, counseling services, respite care reimbursement, residential treatment, and crisis intervention.

• CPS re-procured the contract for the Post-Permanency Program, which supports families who obtained PMC from CPS. This service provides support through information and referrals, casework service and planning, parent groups, parenting programs, counseling services, respite care reimbursement, and crisis intervention for relatives who assume PMC of children in foster care. The post-permanency program is implemented in Regions 6a, 6b, and 11.

• CPS collaborated with Quality Improvement Center for Adoption & Guardianship Support and Preservation (QIC-AG) in a pilot project, “Pathways to Permanence 2: Parenting Children Who Have Experienced Trauma and Loss” (Pathways 2), in Region 7. Caregivers of children and youth up to the age of 18 in the PMC of DFPS participated in a seven-session, 21-hour training that helps caregivers understand the impact of trauma and loss on all aspects of a child’s development. Pathways 2 provided caregivers with a foundation to understand trauma, grief, and loss. It also gave caregivers new tools to help them parent their children in a way that addresses impaired-attachments and trauma. The pilot ended in 2019.

• CPS expanded CBC, as mandated by the Texas Legislature in 2017, to promote a community-based approach to service coordination and delivery, increase capacity, ensure quality, deliver case management, and improve outcomes for children and families. Stage II of CBC is the transfer of case management, kinship, and services for older youth to support positive permanency outcomes. In FY 2020, DFPS formally announced start up for stage II services with SSCCs in Region 3b (Fort Worth and six surrounding counties in Region 3) and Region 2 (30 counties in Northwest Texas including Abilene and Wichita Falls), initiating a six-month transition plan. Our Communities Our Kids began providing Stage II services in Region 3b on March 1, 2020. 2INgage began providing Stage II services on June 1, 2020.

• DFPS continues efforts to keep internal and external stakeholders informed of CBC implementation and to gather input. Efforts include quarterly meetings of the Public Private Partnership, annual publication of the Community-Based Care Implementation Plan, and biannual publication of the Rider 21 performance data report.
Well-being

- CPS continues to work with HHSC and Superior Health Plan Inc., to ensure quality improvements in the CANS assessments and to address provider capacity throughout the state. In 2019, there were two telehealth pilots conducted in two regions. CANS assessments via telehealth are not available statewide. DFPS worked with the University of Kentucky to provide technical assistance to better analyze CANS data.
- CPS improved compliance with regard to the initial Texas Health Steps checkups for youth in foster care. The Texas Health Steps checkup is due within 30 days of a child entering care to assess his or her overall physical health. Contracted placements are monitored for compliance with the checkup requirement as part of the remedy and incentive process required by SB11 (86R).
- CPS strengthened its efforts relating to healthcare denials. CPS Medical Services staff continue to assist caseworkers and medical consenters on denials (generally due to lack of medical necessity, failure to obtain prior authorization, or not a covered benefit) in an effort to ensure the child’s physical and behavioral health needs are met.
  - The CPS Medical Director and Medical Services staff developed a process with STAR Health/Superior for prioritizing and resolving prior authorization denials for high priority therapy services.
- CPS added five additional Well-Being Specialist positions, which were funded by the 86th Legislature and filled in FY 2020. The addition of these positions better support caseworkers and medical consenters, as well as provide increased geographic support across the state for regional direct delivery staff. The Well-Being Specialists with the CPS Medical Director optimized care outcomes through medical consultation and care coordination for difficult cases involving youth with complex medical problems.
- During the COVID-19 crisis, the CPS Medical Services Division created a process for tracking testing and coordinated outreach to caregivers of children with complex medical needs to provide more support and coordination.
- CPS convened a workgroup to enhance how CPS works with persons with disabilities. CPS drafted revised policies and published a resource guide in October 2019. DFPS staff, including CPS, CPI and SI, received training in September 2019. CPD Training for new CPS and CPI staff was revised in March 2020 to incorporate updated policies and practice guidelines.
- CPS staff met with the Office of the Governor’s Committee on People with Disabilities regarding program enhancements to support working with persons with disabilities. Some enhancements made to CPS' practice include:
  - A one-time case review of 610 cases that were flagged as potentially having a child who is deaf or hard of hearing to ensure appropriate placements, services, and communication. Caseworkers who needed additional referrals for youth or families were referred to the HHS Deafness Specialists for technical assistance and support.
DFPS made updates to the Parent’s Guide to CPI and While Your Child is in Our Care pamphlets. DFPS continues to work with the Office of the Governor to translate these pamphlets into sign language with a link on our public website.

DFPS held discussions with contracted providers through Committee on Advancing Residential Practices (CARP) and SSCCs about compliance with the Americans with Disabilities Act.

DFPS made technology enhancements to support additional information about a child’s disabilities in the Child Plan of Service and the Application for Placement.

CPS updated the interpreter request form to provide more information to interpreters on the types on interviews/visit/meetings that will be conducted to ensure they are qualified for the type of interview/visit/meeting they are being asked to attend. The updated form also includes a place for the interpreter to provide their certification level.

DFPS deployed the Safe Alliance Digital Application to all DFPS-issued smart phones. The SAFE application can help staff with strategies to interact and communicate with youth that have disabilities, including communication disabilities, autism, Intellectual or Developmental Disabilities, deaf or hard of hearing, and mental health issues.

DFPS strengthened its approach to providing services to children and families in which substance abuse is an issue and treatment is needed.

DFPS created a CPS Behavioral Service Division. The division works under the direction of CPS leadership to guide CPS practice in working with children and families with substance abuse issues throughout each stage of service. Substance Use Disorder Program Specialists are in Austin, San Antonio, Dallas and Houston. The staff partner with CPS Substance Use Disorder Program Specialists.

The division consults with regional and state office management, caseworkers and field staff, state office program and policy staff, stakeholders, consumers of CPS, volunteers, advocates, judges, treatment providers, medical professionals, and other providers for guidance on protocol, policy and practice regarding substance use, abuse and treatment.

The division receives specialized training and strengthens practice by sharing knowledge of and incorporating best practice models for working with families.

Communications with internal and external stakeholders, including DFPS state office staff, field staff, staff from other state and federal agencies, providers of services for agency clients, stakeholders, and legislators.

CPS formed the Psychiatric Hospital Worker Liaison Unit in FY 2019 with seven Psychiatric Hospital Worker (PHW) Liaisons in Dallas, Houston, Austin, San Antonio, and Harlingen to ensure basic care needs continue to be met when a child or youth in
DFPS conservatorship is hospitalized for acute psychiatric treatment. Psychiatric Hospital Worker Liaisons:
  o Conduct weekly visits with every hospitalized youth.
  o Assist staff by identifying, meeting, and/or planning for the needs of children and youth during their hospitalization.
  o Serve as CPS liaisons to the hospital clinical teams to coordinate and address discharge planning for children and youth.
  o Developed Psychiatric Hospital Contact Protocol for Children/Youth in DFPS CVS, an intranet site for staff, and regional mailboxes.

- CPS Regional Education Specialists sponsored a minimum of three regional education consortiums in Regions 2, 3, 4, 5 6a, 7 and 9 to address education-related issues of children and youth in foster care. Education specialists from Regions 1, 3W, 6b, 8, and 11 held a third community consortium in January 2020.
- CPS continued to work with the Children’s Commission and various community partners to improve educational outcomes for children. Specifically, a workgroup addressed behavior interventions and other practices used in school to reduce the higher instances of disciplinary actions for students in foster care.
  o CPS and DFPS/CPS Regional Education Specialists continue to participate in ongoing 2019-2020 Children’s Commission workgroups.
- CPS continued to partner with Texas Education Agency to examine exchanging child specific data to better identify children in foster care and in the school setting.
- CPS continues to train CPS staff and external stakeholders on racial and ethnic identity to promote competencies around healthy racial and ethnic identity formation for children and youth.
  o New CPS staff continue to be trained in Knowing Who You Are.
  o CPS Regional Directors attended the Beyond Diversity workshop.
  o CPS introduced The Latino Experience blended learning course.
  o CPS implemented Woke Wednesdays for internal staff.
  o CPS continued training internal and external stakeholders in the poverty simulation.
  o CPS, along with external partners, conducted three Undoing Racism workshops in FY 2019.
  o CPS continued the disproportionality webinar series.
  o CPS trained youth enrolled in the City of San Antonio Ambassador Program in concepts related to poverty and race equity.
- CPS expanded training for youth related to racial, ethnic, and LGBTQ identity by integrating the concepts into the Youth Take Flight for Success curriculum.
- CPS presented Breaking Down Barriers/Stereotypes/Myths of Race/LGBTQ workshop at the virtual Regional PAL Leadership Conference in FY 2020.
CPS continued to implement improvement strategies statewide related to PAL Life Skills training and life skills assessment completion to help youth with successful transition to adult living.
  - Regular communication occurred with DFPS contract staff, PAL staff and contracted providers
  - CPS held regular PAL Staff Support Meetings.
  - CPS provided monthly status reports to the regions, and regions regularly provide progress updates.
CPS continued a four-year pilot summer internship program for current or former foster care youth ages 15 and older.
  - CPS continues to partner with Marshalls Department Stores and Workforce Solutions for North Central Texas.
  - CPS expanded the program to include a partnership with CVS stores.
  - Additional paid internships for youth in foster care were in Houston and El Paso.
CPS, stakeholders, and youth developed a plan to standardize the curriculum for the PAL program to ensure that youth receive relevant and age-appropriate information and training. CPS, youth, Texas CASA, DPS, and other community partners met to identify areas for improvement as the agencies work together to ensure each foster youth gets a driver’s license or personal identification card before leaving DFPS conservatorship. CPS continued to strengthen communication between stakeholders for the new Career Development and Education program. The program, developed at the direction of the Texas Legislature, aims to ensure youth complete high school or receive their GED and have career and post-secondary opportunities.
CPS increased partnerships with faith communities of color (20%), and non-traditional faith communities (15%), to assist with meeting the needs of children and families we serve.
CPS enhanced policy to require weekly visitation, or interaction, between siblings in care. Progress is monitored through regular data sharing with regional leadership.

Workforce
CPS enhanced FBSS staff development by revamping the certification program, referred to as FBSS University. Staff must complete the updated certification program within a specified timeframe. Courses became available in September 2019 and include:
  - Strength Based Documentation
  - Enhancing Safety, Permanency and Well Being
  - Good Work to Extraordinary Work
  - Critical Decision Making in FBSS Cases
  - Leadership: You are an Essential Piece
CPS strengthened affidavit and court report writing training. Staff received additional instruction in the areas of:
  - Improving affidavit writing to boost child safety
- Marijuana use and documenting danger in reports to the court

- CPS partners with 15 Universities across the state to provide specialized trainings to staff. These trainings include, but are not limited to: Engaging families, LGBTQ youth, Sibling relationships, Racially diverse children, Safe Talk-Suicide Prevention, After the Storm: How to Help Clients Move Forward Post Disaster Trauma, Helping Parents of Children in Foster Care Create a Healthy Environment and Achieve Normalcy, Victim Assistance Program-Immigration Relief for Victims of Human Trafficking, Trust-Based Relational Intervention, Working with Birth Parents, Education Intervention, DSM-V, Human Trafficking: Public Awareness, and Impact of Separation Grief and Loss.

- CPS re-procured The Employee Assistance Program contract in FY 2019. CPS participated in the procurement planning process, developing the Statement of Work, and evaluating proposal responses. CPS members of the procurement team ensured staff’s needs were represented throughout the process.

- CPS continued to deploy master CVS and FBSS workers to understaffed areas of the state to support workload and build capacity.

- CPS continued the Leadership Challenge Training for regional leadership teams. Program Director level, and above, staff participated in the training in all regions (except Region 11) due to scheduling conflict.

- CPS promotes employee recognition and retention efforts, including leadership recognition awards, such as the:
  - Commissioner’s Award of Excellence – Recognizes staff members and external partners who have gone to extraordinary lengths to protect the unprotected and serve our stakeholders.
  - CPS Award of Distinction – Patterned after DFPS Leadership Challenge practices, this is an opportunity to not only showcase, but also provide a leadership template for staff statewide to follow.
  - Regional Director Award of Distinction – Focused on leadership skills based on the practices from the Leadership Challenge.
  - Ramiro Hernandez Excellence in Mentoring Award – This annual award recognizes the value of a quality mentoring relationship and the impact it has on professional development and career advancement at DFPS.

- CPS continues to use the statewide and regional Caseworker & Supervisory Advisory Committee to get input and feedback from the field on new initiatives, policies, and practices. There have been three statewide advisory committee meetings that include caseworkers and supervisors from across the field. The committee has covered the following topics:
  - Program improvement
  - Medical services
  - Permanency and kinship
• CPS began developing an agency campaign regarding secondary trauma experienced by staff. CPS participated as a member of the Statewide Collaborative on Trauma-informed Care Task Force, whose guiding principles include addressing secondary traumatic stress across the child welfare system. In February 2019, the task force published “Building a Trauma-Informed Child Welfare System: A Blueprint.” DFPS formed an internal Secondary Trauma Support Group in FY 2020.

• CPS regional leadership collaborated with ACH Child and Family Services in Region 3b and 2INgage in Region 2 to conduct job fairs and town hall meetings for staff interested in exploring opportunities for employment with the SSCC with the transition of case management and other services for Stage II of CBC.

• CPS supported two FBSS Leadership conferences for regional leadership in September 2019 and January 2020 that focused on setting goals and achieving those goals to ensure better outcomes for children and families, as well as training on topics including substance abuse, mental health, and assessing for and ensuring quality casework.

• CPS has continued its essential work without pause during COVID-19.

  o CVS and FBSS caseworkers continued to make contacts with families at the frequency required by policy, implementing virtual visitation in some situations. During April 2020, CPS approved virtual visitation in most situations. Beginning in May 2020, face-to-face visitation between caseworkers and children in the conservatorship of DFPS resumed, unless prohibited by court order.

  o Some in-person visitation between parents and children was limited or changed to other methods of visitation. CPS provided guidance and resources for opportunities to strengthen connections during this time through video conferences, phone calls, and more frequent written communication.

  o CPS used virtual platforms to conduct Family Group Decision Making meetings and Kinship Home Assessments to ensure there was no disruption in supports to families during this time.

  o DFPS provided PPE to all field staff to ensure the safety of both CPS staff and the families we serve. DFPS staff volunteered to package and distribute supplies to field offices across the state.
Continuous Quality Improvement

- The CPS Associate Commissioner and Director of Field held quarterly business performance reviews with each regional director to review key data performance indicators and address issues and concerns.
  - Each CPS Regional Director (RD) created a Business Plan. Quarterly, each RD presented performance information and updates to the CPS Associate Commissioner and the Director of Field and discussed ways to improve.
- CPS Division of FPIR completed more than 400 structured case reviews of FBSS and CVS cases using the federal CFSR instrument. The division monitored progress on completion and submitted proof of achievement of tasks and outcome targets required by the federal CFSR Program Improvement Plan. It communicated regularly with the federal Children’s Bureau.
- CPS conducted regular statewide and regional meetings with the Evaluation and Analytics Team. Trends in data are discussed with a focus on continuous quality improvement initiatives at both the regional and statewide levels.
- CPS implemented new ongoing and ad hoc case reviews.
  - The Division of FPIR has implemented ad hoc and ongoing special reviews for several years and will continue to do so. In FY 2019 the division continued special ongoing reviews of Texas Health Steps, quality of Common Applications, screened intakes, Emergency Assistance Applicability and ensuring children in foster care have updated appearance of person photographs in IMPACT. Special ad hoc reviews included 3 in 30 medical/behavioral appointments and parental engagement, with an emphasis on fatherhood engagement.
- CPS Division of FPIR worked with DFPS Systems Improvement to compile and present data from case reviews. Leaders from both programs attend Regional Improvement Team meetings to ensure information from CFSR and other FPIR reviews inform regional continuous quality improvement efforts.
- DFPS contracted with Texas Tech University to complete a process evaluation on the implementation of CBC. Texas Tech conducted site visits to Regions 3b, 2, 8a, and 1 during FY 2020. Texas Tech will continue the process evaluation in FY 2021 with site visits (or virtual contact) to Regions 3b and 2 for an evaluation of Stage II implementation.
- DFPS continues to contract with Chapin Hall of the University of Chicago to support CBC implementation. In FY 2019, Chapin Hall completed an evaluation of start-up costs for Stage II of CBC that informed DFPS’ legislative appropriations request, and a study of the CBC blended rate calculation.
- CPS continued to establish quality oversight systems to ensure accountability of contracted case-management providers for processes, quality and outcomes.
  - CPS works cross-divisionally within DFPS and continues to consult with Chapin Hall on establishing the contract oversight model of CBC for stage II and fiscal
model for assessing incentives and remedies for achieving permanency outcomes. DFPS published an annual update to the CBC implementation plan in December 2019 that includes information on the oversight structure and activities.

- The FBSS Pilot quality oversight included quarterly onsite visits by DFPS contracts and CPS program, monthly case reads, ongoing training and technical assistance via CPS subject matter experts, DFPS IT, background check unit, legal, budget and data and systems improvement until the pilot ended at the end of FY 2020.

**Capacity Building**

- CPS implemented the Treatment Foster Family Care Program statewide to increase capacity in the foster care system and reduce the number of young children (under the age of 10) in residential treatment centers.
- CPS increased participation in Supervised Independent Living settings through the open enrollment procurement process and via interagency contracts with universities. In FY 2020, CPS added five additional SIL providers and two college-based SIL campuses. The open enrollment period will end December 31, 2022.
- CPS established contracts with community-based nonprofits or local governmental entities to promote a community-based approach to foster care capacity development, service coordination and delivery, kinship services, case management and improved outcomes for children and families. CBC contracts include performance targets specific to child safety, placement in home community, placement with siblings, and placement in home-like settings. SSCCs are implementing innovations such as placement matching data systems, targeted recruitment efforts, and financial incentives to address gaps in residential and other service capacity and support outcomes. CPS expanded to four CBC service areas in FY 2019-20 and intends to contract in one additional area:
  - OCOK in Region 3b (Fort Worth and 6 surrounding counties) continued network service delivery in FY 2019-2020.
  - DFPS awarded a contract for Region 2 (30 counties in Northwest Texas, including Abilene and Wichita Falls) in June 2018. 2INgage began placing and providing services to Region 2 children in December 2018.
  - DFPS awarded a contract for Region 8a (Bexar County) in August 2018. Family Tapestry began placing and providing services to Bexar County children February 1, 2019.
  - DFPS awarded a contract for Region 1 (30 counties in Northwest Texas, including Lubbock and Amarillo) on July 1, 2019. Saint Francis Community Services began placing and providing services to Region 1 children on January 6, 2020.
DFPS released a Request for Application (RFA) for Region 8B (27 counties surrounding Bexar county) in May 2019. The Region 8B procurement officially closed in July 2020. DFPS is planning to release a new RFA for Region 8B in August 2020 with an anticipated transition to Stage I CBC in FY 2021.

CPS Regional Directors collaborated with local partners to develop strategic plans to increase placement capacity based on the Foster Care Needs Assessment. These plans are posted on the DFPS website.
Appendix B: CPS and Investigations Stages of Service

The figure below illustrates the roles of the DFPS/CPS divisions in responding to reports of abuse and neglect. FY 2019 statistics\(^3\) provide context on children and families affected and staff workload.

**Figure 1: Stages of Service**

**Intake / Referral**

DFPS SWI receives reports of alleged abuse and neglect of children and vulnerable adults. Intakes are assigned to staff at Investigations based on their priority level. Due to their severity, some intakes are assigned immediately for investigation. (Data Source: Data Warehouse FPS_INT_09)

**Screener Review**

Screeners conduct further review of the facts and determine whether to close the intake if it fails to meet criteria for DFPS involvement, assign it to an Alternative Response caseworker, or assign it to an Investigations caseworker.

**Investigations**

Investigations caseworkers investigate allegations of abuse and neglect within statutorily determined timeframes. Investigators interview the child(ren) involved, the alleged perpetrators, and other key collateral contacts, and assess all pertinent information. They use

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\(^3\) Data for FY2020 is not available at the time of publishing.
tools that follow a series of structured steps to help reach consistent decisions about safety and risk. Best practice is to submit the completed investigation to their supervisor within 45 days, and to close the case within 60 days from the point of intake. When allegations of abuse or neglect are substantiated, the case may be closed, transferred to FBSS, or DFPS may assume legal custody and transfer the case to the CVS stage of service. (Data Source: Date Warehouse INV_03)

**Alternative Response**

Alternative Response allows caseworkers to approach families in a different way to use solution-focused practice to address a subset of reports of alleged child abuse and neglect that are accepted for investigation. Alternative Response is a strength-based, family centered process that allows for a more flexible, family engaging approach while still focusing on the safety of children. While Investigations continues to respond to severe higher-risk reports using a forensic approach (traditional investigation), lower-to-moderate-risk reports are handled through the Alternative Response program. Alternative Response builds connections between state and local social services departments, community agencies, and the families. All work together to identify issues and meet families' needs using the supports and services in each community. (Data Source: Data Book)

**Family Based Safety Services**

When investigators do not remove children, but identify the need for ongoing services, CPS opens cases in FBSS. FBSS caseworkers work with families to address the behavior changes needed to create safety for the child and may arrange to provide services. FBSS are child-safety centered, family focused, and home-based, and most often involve children who are not in the legal conservatorship of DFPS. At all times, the safety and welfare of children are of paramount concern.

FBSS cases are closed when parents address the safety issues involved in the case. If at any point staff determine the safety of a child can no longer be ensured, CPS implements an immediate plan for the child’s safety, which can include court-ordered services or, if necessary, removal. (Data Source: Data Warehouse CPS_INV_03)

**Conservatorship**

When removals occur, DFPS assumes legal custody of the child(ren) and places them in foster care or with relatives. CVS caseworkers work to achieve permanency for the child through reunification with parents when safe and possible. When reunification cannot be safely achieved, DFPS seeks permanent placement for the child with relatives through adoption or conservatorship, or in an unrelated adoptive home. Staff specializing in kinship care and adoption provide additional support to the CVS caseworker and relatives or adoptive caregivers to support a stable placement and achieve permanency.
As shown above, exits from the DFPS system are possible throughout the life of a case. Once DFPS assumes legal custody of a child, the child exits DFPS custody through one of four primary paths: reunification, permanent placement with relatives, adoption, and emancipation (known as “aging out”). When the permanency goal is emancipation, CPS provides PAL Services. (Data Source: Data Warehouse CPS_INV_03)
Appendix C: Organizational Charts

DFPS employs over 12,000 full-time equivalent staff at the state office and in the 11 regions. CPS State Office divisions provide policy direction to and operational oversight of the frontline regional staff managing services for children and families while working to achieve permanency outcomes for children in DFPS legal custody.

Other DFPS divisions provide support services for CPS, including but not limited to: budget, general counsel, contract management, hiring/recruitment, training, records management, management reporting and statistics, and information technology. The organizational chart for DFPS shows many of the resources that support CPS and are referred to in this plan.