

Chapter VIII

Department of Family and Protective Services External/Internal Assessment

The Texas Department of Protective and Regulatory Services (DPRS) was originally created in 1991 by the 72nd Texas Legislature, to protect children, older persons, and people with disabilities from abuse and neglect. The Division of Prevention and Early Intervention was created in 1999 by the 76th Texas Legislature through the passage of Senate Bill 1574. In 2004, as part of the health and human services (HHS) reorganization passed by the 78th Texas Legislature, DPRS became the Department of Family and Protective Services (DFPS).

The material in this chapter is arranged as follows:

- Challenges and Opportunities;
- Current Activities by Goal:
 - Service Descriptions;
 - Target Populations; and
 - Other Trends and Initiatives;
- Internal Assessment; and
- Strategic Priorities.

For consistency, the same outline is used in each of the agency chapters.

Challenges and Opportunities

Impact of Consolidation Changes

The HHS reorganization divided mental health and mental retardation (MH and MR, or MH/MR) programs for which Adult Protective Services (APS) has investigative responsibility among other state agencies. Responsibility for state MH facilities and hospitals was transferred to the Department of State Health Services, while responsibility for state MR programs and services was transferred to the Department of Aging and Disability Services. These changes will require revisions to APS rules and operating procedures.

The HHS transformation provides an opportunity to examine current MH/MR investigation policies and procedures as well as workload demands. Procedural and

programmatic changes producing a more effective and efficient approach to these services may result.

Adult Protective Services Program Improvement

In response to Governor Rick Perry's Executive Order on April 14, 2004, HHSC began conducting a detailed review of the APS program. HHSC established teams to continue the case reviews; examine organizational and administrative aspects of APS programs; review APS rules, policies, and statutory requirements for appropriateness; and work with community partners to improve services.

HHSC released an initial report on May 20, 2004 to help guide the Department and Commission in planning and taking steps to improve services to vulnerable adults in Texas.

In the fall of 2004, a final report will be submitted that reviews all actions taken and includes recommended statutory changes developed in compliance with the Governor's Executive Order. The APS division will respond to the direction of HHSC in adjusting policy, training, and organizational structure based upon the outcome of this review.

Residential Child Care

The regulation of providers and use of services for children residing in 24-hour residential care is a challenge facing the department. In the General Appropriations Act, the 78th Legislature, Regular Session, 2003, included Rider 21, requiring DFPS to save \$22 million in foster care costs for the state 2004-2005 biennium. The Legislature instructed DFPS and HHSC to merge certain Levels of Care (LOCs) to attain greater efficiencies in classifying foster care children and to reduce costs.

Licensing residential facilities and child placing agencies is an integral part of maintaining 24-hour care for children. The minimum standards for residential care will be revised to include the new service levels. As a part of the revision, the nine facility license types that currently exist will be consolidated into three licensing types. Numerous stakeholders are involved in this revision process.

The Department and HHSC are revising forecasting methods to project the number of children entering foster care and costs associated with providing care for children based on their service level.

The Advancing Residential Child Care project addresses the challenges of providing needed services to children in care. Project staff worked closely with numerous

stakeholder groups to realign the old, six-level LOC system into four service levels. In March 2004, DFPS began using the new system, with levels listed as follows:

- Basic;
- Moderate;
- Specialized; and
- Intense.

The realigned service levels provide the following system improvements:

- Shifting the system focus from children's behaviors to their needs;
- Expanding definitions to include all children in regulated, residential child care;
- Adding permanency as a key concept; and
- Creating an environment in which more children with specialized needs can be cared for in home settings.

Under the previous system, children in foster care often experienced placement changes as a result of their movement from one level of care to another. The new service level system provides greater flexibility, which is intended to eliminate the need for changes in a child's placement. New service level definitions now incorporate services needed for children experiencing significant medical needs and developmental disabilities, which were not expressly stated under the old system.

The revision of minimum standards for residential facilities and child placing agencies will enable the department to condense licensing types, increase opportunities for a continuum of care, consolidate oversight functions, and improve safety and protection for children.

A comprehensive quality assurance system has been developed to evaluate the overall progress of foster children and the performance of providers. A variety of stakeholders helped the agency identify six child outcomes, listed here, that will be measured on an ongoing basis for each child in foster care:

- Safety in foster care;
- Placement with siblings;
- Progress toward a permanent home;
- Improvements in child functioning;
- Proximity to the child's home community; and
- Use of psychotropic medications, restraints, or seclusions.

Use of psychotropic medications is a concern for children, parents, HHS professionals, medical professionals, and child advocates. The HHSC and DFPS are establishing an advisory committee to review the use of psychotropic medications to treat children placed by the department in out-of-home care.

Child Protective Services Program Improvement

The U.S. Department of Health and Human Services, through its Administration for Children and Families (ACF), periodically reviews state performance on child welfare outcomes in the areas of safety, permanency, and well-being, while also examining systemic aspects of state child welfare services. In June 2002, ACF released the *Child and Family Services Review Summary of Findings for Texas*, based on a comprehensive review in accordance with Title IV-B and Title IV-E of the Social Security Act. While the legacy DPRS services met all the systemic standards, the report identified several opportunities to improve in the permanency, safety, and well-being outcomes.

In response to this review, the legacy DPRS negotiated a Program Improvement Plan (PIP) with the ACF in May 2003 and adjusted it the following summer, to address the HHS consolidation and department reorganization. The next review will occur after the conclusion of the two-year PIP, as early as Spring 2006. In this later review, DFPS must achieve 95 percent conformity with standards, instead of 90 percent. The CPS division developed several initiatives to improve performance on the safety, permanency, and well-being outcomes detailed later in this chapter.

Funding of Prevention and Early Intervention Services

The 78th Legislature eliminated funding for six of the fifteen programs managed by Prevention and Early Intervention (PEI) in the state 2004-2005 biennium. The six discontinued programs were: Parents as Teachers, Second Chance Teen Parent Program, Home Instruction for Parents of Preschool Youngsters, At-Risk Mentoring, Family Outreach, and Healthy Texas Families. For the same time period, three programs had their funding cut by approximately 16 percent: Services to At-Risk Youth, Community Youth Development, and the Runaway Hotline. These reductions could mean that 7,000-10,000 at-risk Texas children, youth, and families will not receive services to prevent abuse, neglect, delinquency, running away, truancy, and poor school performance. The Department is looking for opportunities to restore those programs and services.

Current Activities: Services, Target Populations, Trends, and Initiatives by Goal

DFPS Goal 1: Protective Services

In collaboration with other public and private entities, protect children, elder adults, and persons with disabilities, from abuse, neglect, and/or exploitation by providing an integrated service delivery system that results in quality outcomes, and reduce the incidence of abuse, neglect, and exploitation by maximizing resources for early intervention, prevention, and aftercare.

Adult Protective Services

Data for this section is excerpted from the DFPS Databook for fiscal year (FY) 2003.

Service Description

The Adult Protective Services (APS) division investigates reports of abuse, neglect and exploitation of older persons and people with disabilities who reside in the community. As appropriate, agency staff provides or arranges for protective services, including referral to other programs, respite care, guardianship, transportation, counseling, and emergency assistance with food, shelter, and medical care. The APS division completed 61,342 in-home investigations in FY 2003, with 44,694 investigations resulting in confirmed allegations of abuse, neglect, and/or exploitation.

The APS division also investigates reports of abuse, neglect, and exploitation of children and adults receiving services in MH/MR settings. These investigations may occur in MH/MR state facilities, local MH/MR authorities, community centers, and home and community-based services (HCS) waiver programs. Contractors of ICF/MR and HCS programs are also investigated. As of April 1, 2004, APS became responsible for these investigations in the Texas Home Living Waiver Program.

The division investigates allegations of abuse and neglect in multiple MH/MR settings. In FY 2003, there were 9,836 completed investigations in settings of the legacy Department of Mental Health and Mental Retardation, of which 3,433 were performed in hospitals, 3,242 in state schools, 201 in state centers, 1,600 in home and community services, 1,329 in community centers, and 31 investigations were referred to other agencies.

Target Population

Older persons and adults with disabilities who live in Texas are the target populations for the APS division. The division is responsible for serving each older person and adult with a disability who is in danger of abuse, neglect, and/or exploitation in their own home or in MH/MR settings. The following paragraphs describe the demand for services and certain characteristics of the clients served by APS.

Of the 61,342 in-home investigations completed in FY 2003, 27,290 were for adults with a disability and 34,052 were for older adults. Sixty-two percent of these individuals were women, and 38 percent were men. Ethnic groups were represented as follows:

- 44.6 percent Anglo;
- 18.9 percent African American;
- 21.4 percent Hispanic;
- Less than one percent Native American;

- Less than one percent Asian; and
- 14.6 percent were listed as “Other.”

In FY 2004, the number of completed in-home investigations is projected to decrease slightly compared to FY 2003 totals, and in FY 2005, the number of completed investigations is expected to increase by 2.7 percent compared to FY 2004 totals.

Child Protective Services

Data for this section is excerpted from the DFPS Databook for FY 2003.

Service Description

The Child Protective Services (CPS) division focuses on three main outcomes: ensuring safety for children, establishing permanency for children, and ensuring family and child well-being. To achieve these outcomes, the division administers six main stages of service:

- **Intake**—initiated when a report of suspected abuse or neglect is received;
- **Investigation**—determines whether a child has been abused and/or neglected, or determines whether there is a risk of abuse or neglect in the future;
- **Family Based Safety Services**—in-home services provided to the family in the family’s home, when a child’s safety can be reasonably assured there;
- **Substitute Care Services**—provided when the child is not safe in the home; these out-of-home care services include foster care and adoption services;
- **Family Reunification Services**—provided when the court determines that a child should return home after residing in foster care; and
- **Preparation for Adult Living**—provided to youth ages 16 and over to aid them with the transition into adulthood.

In FY 2003, the Department conducted 131,130 investigations of abuse and/or neglect in Texas and confirmed abuse and/or neglect in 32,792 cases. As a result of a completed CPS investigation, 17,475 family cases were opened and received one or more of the following services:

- Family-Based Safety Services (9,753 families, for a total of 26,538 children served);
- In-home purchased services (2,243 families, for a total of 6,126 children served); and
- Substitute care services (5,479 families, for a total of 12,900 children served, which includes all children in the case, regardless of victimization).

As mentioned above, CPS began using a Service Level system in March of 2004 to determine the placement needs of children residing in foster care. The Service Level system replaces the previous Level of Care system.

Target Population

The CPS division targets families in which children are suffering from abuse and/or neglect. To protect these children, CPS may serve the parents and other family members who may be responsible for the abuse or neglect. The following paragraphs describe the demand for services and certain characteristics of the clients served by CPS.

The 32,792 confirmed investigations found that 50,206 children were confirmed victims of abuse and/or neglect. The ethnic and gender representation of confirmed victims is shown below in Table 8.1.

**Table 8.1.
 Characteristics of Confirmed Victims, FY 2003**

Sex	Anglo	African American	Hispanic	Native American	Asian	Other
Female	9,790	5,499	10,623	69	152	436
Male	8,731	5,218	8,925	59	118	381
Unknown	51	46	83	0	0	25

Table 8.1: Texas Department of Family and Protective Services, Databook, FY 2003.

In FY 2004, the number of child abuse and/or neglect investigations is expected to increase by 10 percent over FY 2003. In FY 2005, the percentage is expected to increase by four percent over FY 2004.

At the end of FY 2003, DFPS had legal responsibility for 22,346 children. Of that total, 15,414 children resided in foster care. In the same time period, there were 6,932 children in the Department’s legal custody who were not residing in foster care. Of these 6,932 children:

- 1,683 were residing in their own homes;
- 3,850 were with relatives;
- 782 were residing in adoptive placements; and
- 617 were in other living arrangements.

Of the 15,414 children residing in foster care in FY 2003, 53 percent were boys and 47 percent were girls. Age groups were represented as follows:

- 20 percent were two years of age or under;
- 14 percent were ages 3-5;
- 16 percent were ages 6-9;
- 21 percent were ages 10-13;
- 27 percent were ages 14-17; and
- 2 percent were ages 18-20.

Ethnic groups of these children in foster care were represented as follows:

- 33 percent Anglo;
- 30 percent African American;
- 35 percent Hispanic;
- Less than one percent Native American;
- Less than one percent Asian; and
- One percent was listed as "Other."

The CPS division uses a Level of Care (LOC) system to determine the placement needs of children residing in foster care. Level One denotes basic care needs and Level Six indicates intensive placement needs. Of the average monthly number of children in foster care in FY 2002: 6,050 were at Level One; 1,632 were at Level Two; 3,042 were at Level Three; 2,579 were at Level Four; 762 were at Level Five; and, 246 were at Level Six.

While CPS is now using a Service Level system to determine the placement needs of children residing in foster care, the most recent population data available was reported under the old Level of Care system. Under this old system, Level One denotes basic care, and Level Six indicates intensive placement needs. Listed below are the average monthly numbers of children in paid foster care in FY 2003:

- 6,189 at Level One;
- 1,631 at Level Two;
- 3,612 at Level Three;
- 2,821 at Level Four;
- 905 at Level Five; and
- 237 at Level Six.

Advancing Residential Care Project

Service Description

The Advancing Residential Care (ARC) project is a joint initiative between DFPS and HHSC to evaluate and improve the Texas foster care system. The project philosophy embodies the CPS program outcomes of safety, permanency, and well-being for children. Project goals include the following:

- Implementing an integrated philosophy and approach to residential services centered on individual child needs;
- Promoting the development of best practices in residential services;
- Improving and streamlining the monitoring of residential services; and
- Using outcome data to improve the system of care.

Project staff and stakeholders have condensed the current six levels of care into four service levels (Basic, Moderate, Specialized, and Intense) and begun revising the minimum standards and licensing procedures for residential care. Project staff and stakeholders have collaborated on the development of outcome measures to improve the system of care. Benchmarks will be developed for each outcome, and aggregate outcome data will be reported by provider level.

Project goals for FY 2005 include incorporating outcomes into residential contracts and adopting new residential minimum standards. Goals for FY 2006 include implementing new residential minimum standards and licensing procedures as well as utilizing outcome data in contracting decisions.

Target Population

The ARC project target population includes children residing in 24-hour residential care.

Child-Care Licensing

Data for this section is excerpted from the DFPS Databook for FY 2003.

Service Description

The Child-Care Licensing (CCL) division safeguards the basic health, safety, and well-being of Texas children by developing and enforcing minimum standards for child-caring facilities and child-placing agencies. The division investigates complaints and serious incidents involving day care and residential-care facilities and, if necessary, takes corrective or adverse action.

The program regulates child day care homes, child day-care centers, listed family homes, child-placing agencies, and residential child-care facilities. Monitoring these facilities involves investigations of standards violations and/or abuse and neglect

investigations within those facilities and homes. The following paragraphs focus on the demand for services within the different facility types.

Day Care Licensing

In FY 2002, more than four million children age 13 or less lived in Texas. Many of these children are in the care of day care facilities for part or all of the day. In FY 2003, CCL issued permits for: 1,451 day-care centers, 2,096 Registered Family Homes, and 1,237 Listed Homes. Table 8.2 lists the total number of licensing inspections performed in day care facilities and registered homes.

**Table 8.2.
Number of Inspection Visits in
Regulated Child Care Facilities FY 2003**

Day Care Facilities	Total Number of Facilities	Number of Inspection Visits
Day Care	10,938	31,068
Registered Family Homes	9,355	9,902

Table 8.2: Texas Department of Family and Protective Services, Databook, FY 2003.

Residential Licensing (24-Hour Care)

The CCL division is also responsible for licensing 24-hour child care facilities, including Residential Child Care, Child Protective Services' foster homes, and Child Placing Agencies and the foster homes they license. In FY 2003, CCL issued permits for 75 new residential child-care facilities and performed inspection visits in 1,676 residential child care facilities.

Target Population

There are two main target populations for CCL:

- Children attending daycare centers and daycare homes; and
- Children residing in residential treatment facilities.

These children's caregivers—parents, guardians, and/or service providers—are also target populations.

Child-Care Licensing has several target populations given the division's role to develop minimum standards for child-care facilities and homes, to issue permits, to

monitor compliance with standards, and to enforce regulations through appropriate corrective and adverse actions.

Prevention and Early Intervention

Data for this section is excerpted from the DFPS Databook for FY 2003.

Service Description

The Prevention and Early Intervention (PEI) division manages statewide prevention services contracts. With a focus on quality of services, the Division is charged with identifying and measuring meaningful outcomes for contracted services.

Target Population

The PEI target populations mirror the agency's program populations; however, these prevention services contracts target specific regions of the state and, in some cases, specified client groups. Prevention programs include the following:

- **Community Youth Development (CYD)**—Targets communities with a high incidence of juvenile crime and provides youth development activities and family support programs aimed at the prevention of juvenile crime. The FY 2004 projected monthly caseload is 5,772 youth.
- **Services to At-Risk Youth (STAR)**—Targets youth who are runaways, living in family conflict, truant, or at-risk of running away. The program also serves children under the age of 10 who have allegedly committed delinquent offenses and 10-16 year olds who have committed misdemeanor or state jail felony offenses. This program also provides statewide universal child abuse prevention services. The FY 2004 projected monthly caseload is 5,367 children.
- **Texas Families: Together and Safe**—Texas Families is a program which provides family support grants. Programs operated under these grants are designed to alleviate stress, promote parental competencies, reduce barriers to accessing services, and increase the family's ability to nurture their children. The projected monthly caseload is 4,363 families.
- **Dan Kubiak Buffalo Soldiers Heritage Program**—The Buffalo Soldiers Program operates in three counties: Bexar, Tarrant, and Dallas. The program serves at-risk youth ages 10-17. The projected caseload for FY 2004 is 280 youth per year.
- **Community-Based Family Resource and Support (CBFRS)**—The program provides funding for community and state provider networks that coordinate child abuse prevention services and awareness. Projects supported by CBFRS funds have been located in Abilene, Amarillo, Austin, Dallas, El Paso, Galveston, Houston, Laredo, Longview, Midland, San Angelo, and San Antonio.

- **Tertiary Child Abuse/Neglect Prevention Program**—The program provides community-based, volunteer-driven services for prevention, intervention, and aftercare for children who have been or are at-risk of being abused or neglected.
- **Texas Youth and Runaway Hotlines**—The hotlines exclusively serve Texas youth and families providing 24-hour crisis intervention and telephone counseling as well as information and referral services. The hotline handles approximately 40,000 calls each year.

DFPS Goal 1 Trends and Initiatives

Enhance and Develop External Resources

To compensate for limited resources, APS will strive to enhance and develop external resources by participating in multi-agency workgroups and working with community organizations that can increase volunteerism. The APS division will continue annual adult abuse campaigns to raise awareness and will replicate projects like the Houston-based TEAM Institute. The project promotes elder health and safety through collaboration with APS, Baylor School of Medicine, and the Harris County Hospital District. The APS division will also pilot the use of teleconferencing to provide geriatric assessments for vulnerable adults and training for staff and medical professionals.

Improve Quality of Services

On September 1, 2003, APS initiated a new quality assurance system, under which state office staff members based in Austin visit regional offices across the state. These employees perform case readings, observe workers, and interview staff and/or community stakeholders. Each month supervisors score a specified number of cases on standardized case reading instruments. The state office employees compile the scores from around the state to produce biannual reports. These reports are used to chart performance over time.

In 2003, the Legislature reduced funds for MH/MR investigations and related programs by 25 percent, necessitating changes in Department rules. The rule changes redefined the types of allegations accepted for investigation and created a more flexible priority system, to preserve the quality and timeliness of investigations.

Risk Assessment

In FY 2004, APS will begin a systematic examination of judgment and decision-making in casework. The purpose is to establish the decision points in a typical case, and the skills, knowledge, and data necessary at each of those points to make defensible judgments and enhance client outcomes.

Diverting Children from Foster Care

Significant practice shifts resulted from permanency legislation that was enacted at the state level in 1997. The new laws made it mandatory for DFPS and the court to resolve the child's legal case and render a final order within one year of the Department's receiving Temporary Managing Conservatorship with a one-time, six-month extension in extraordinary circumstances.

In FY 1998, the federal requirement for risk assessments became a prominent feature in CPS investigations. Risk of abuse and neglect had been considered in the investigation process prior to FY 1998; however, in 1999, the 76th Legislature enacted H.B. 3778, which mandated a greater focus on risk assessment, and added a coordinator position in each region of the state.

As a result of the permanency legislation, population growth, and the risk-based investigation model, the number of children entering foster care has increased steadily since FY 1999. The division has explored the initiatives discussed below to reduce the number of children entering foster care.

Texas UNITES

The Department recognizes that families are the preferred providers of child protection, but knows that families can become overwhelmed and when that happens, the families' ability to provide protection is reduced. The goal of Texas UNITES is to ensure that government services provided to families during this stressful time are coordinated to meet a family's needs and targeted to maximize the chances for success. A unified network of integrated, targeted, and effective services will be initiated in two sites: San Antonio and Port Arthur. Texas UNITES staff in these cities will work to secure appropriate resources from other HHS agencies for families whose children have entered or are at risk of entering state care. The program has the following goals:

- Targeting services to meet the family's needs, to assist families in securing services and provide a single point of contact between multiple agencies and the family; and
- Sequencing services in a way which maximizes the benefit of each service.

Family Group Decision Making

Central to the philosophy of Family Group Decision Making (FGDM) is the belief that families, communities, and government must partner to ensure child safety and well-being. When CPS intervention is necessary to protect children from abuse, the child's family, extended family, and trusted friends are invited to participate in a facilitated conference. The goal of the conference is to craft a plan that will ensure safety, well-being, and permanency for children while maintaining family placement or support. Presented to the family group are agency and community-based resources that may be included as part of the family's plan. The FGDM has been

implemented in five sites and may later be expanded statewide. The project expects the following outcomes:

- Reduced time in foster care;
- Improved case planning;
- Increased case plan compliance; and
- Increased family satisfaction with the CPS intervention.

Kinship Support Services

By providing support services for related caregivers, CPS hopes to decrease the likelihood that children will need to return to state-paid foster care. The Department will implement a formal Kinship Care Program in South Texas, offering the following benefits:

- A one-time integration payment of \$1,000 to a qualified caregiver upon placement of the child;
- Training and case management services while the Department is the managing conservator;
- Supportive family counseling, when not provided by Medicaid, would be available for a maximum of two years;
- Daycare services; and
- Flexible expense reimbursement of up to \$500 per year.

The Kinship Care Program expects the following outcomes:

- Shorter stays in foster care;
- Fewer moves in substitute care;
- Fewer disruptions;
- Increase in culturally appropriate placements; and
- More adoptions or permanent conservatorship by relatives.

Increasing Placement Options for Children

When placement options are limited, it is difficult to match foster children with families who can meet their needs. Improved placement options increase the likelihood that children will be placed near their families, as required by federal guidelines. The following paragraphs discuss different initiatives to increase placement options for children entering state care.

Faith-Based Foster Care Recruitment/Support

Statewide pilots will recruit and train foster/adoptive families within faith-based communities. Program goals include recruiting and verifying two families per congregation who can provide foster care services, and developing support services

for foster families from within their own congregations. The program expects the following outcomes:

- Increased number of foster/adoptive homes;
- Increased foster/adoptive support services;
- More placement options for children; and
- Increased retention of foster/adoptive homes.

Revision of Residential Child Care Standards

The CCL division is responsible for revising the residential child-care minimum standards. The division is mandated to periodically review and revise standards, and many residential standards are outdated. The revision is also required as part of the changes in levels of care implemented by the ARC Project. Child Care Licensing will consolidate the current ten sets of standards into three sets, which will have the following goals:

- Protecting children in these settings by writing clear rules in plain language, to enable consistent enforcement and compliance with minimum standards;
- Encouraging a continuum of services in each license type; and
- Consolidating oversight functions of Licensing, Youth-for-Tomorrow, and Child Protective Services into a seamless monitoring system.

Program Outcomes for Contracted Services

For quality assurance, contract management staff will identify specific client and program outcomes for service providers with whom the Department contracts for CPS and prevention services. Staff will develop tools and methodology to measure consumer outcomes and to identify best practices, so that the agency can determine whether services effect positive change.

A child with intense medical or psychological needs must sometimes be moved out of a family setting and into a more restrictive setting, to meet that child's specialized needs. Even one move disrupts the child's life, and as this scenario often repeats itself, these children's stability is diminished, contrary to Department philosophy. To address this need, the Department has begun contracting with child placement agencies that can provide in-home care for children with intense needs.

DFPS Internal Assessment

This section represents an evaluation of the key internal factors that influence DFPS. Below is a discussion of the agency's internal processes and operations, and its perceived strengths and challenges.

DFPS Internal Processes

The agency became the Department of Family and Protective Services (DFPS) on February 1, 2004. The Department maintains the programs of the legacy agency, the Department of Protective and Regulatory Services (PRS). Those programs are: Prevention and Early Intervention, Adult Protective Services, Child Protective Services, and Child Care Licensing. No additional programs are transferred to DFPS as a result of consolidation.

The legacy PRS entered into the transition with a strong focus on service delivery. As a result, throughout each step PRS employees have:

- Maintained a focus on providing high quality services to vulnerable children and adults;
- Remained open to change and flexible in their responses; and
- Viewed this process as an opportunity and have been diligent about addressing any challenges.

To facilitate the transition and optimization, the Department established, with the guidance of HHSC, a Program Management Office (DPMO). The DPMO is staffed primarily through the Operations unit, with ongoing and regular support from the other programmatic and support areas of the agency, including Budget and Legal. Through the DPMO coordination and partnership with the HHSC Centralized Program Management Office, initial transition was well supported. Optimization remains the critical focus for the department, and the DPMO processes established during initial transition will continue to ensure successful realization of optimization opportunities.

DFPS Internal Operations

The new organizational design is structured to ensure that clients can find and access services. It brings administrative functions that support program operations together under a Chief Operating Officer to provide coordinated and effective support to all program divisions. The structure also aligns policy and program coordination under a Deputy Commissioner to standardize and coordinate policy development across the department and to achieve consistency and coordination with HHSC.

The DPMO is an active participant in developing and implementing communication plans allowing internal and external involvement in identifying and mitigating risks and issues during the ongoing phases of transition. The focus is now on optimization. The agency continues to identify opportunities for optimization both through ongoing work of the executive and management teams and through the regular feedback and direction from HHSC. The new agency structure supports these optimization efforts through increased accountability and coordination.

DFPS Internal Strengths and Challenges

One of the greatest challenges DFPS continues to face is staff turnover. High staff turnover means that a disproportionate share of agency resources must be devoted to basic training rather than the advanced training that builds employee skills and increases worker effectiveness. This is particularly important during transition and optimization, as DFPS will need skilled, tenured staff to help ensure stability and to allow the department to achieve the client and taxpayer benefits intended through the various optimization projects.

Although turnover has decreased in recent years, DFPS continues to focus on efforts that will reduce it through the human resources management plan. DFPS is addressing staff retention by first ensuring that staff has as much information as possible about agency transition and changes. This is done through a robust communication plan that includes regular, direct contact from the Commissioner (via e-mail, the web, and face-to-face) and multiple mechanisms for employee feedback and questions.

The DFPS is also ensuring dedicated, competent staff stays with the agency through the ongoing implementation of improved training and certification programs. These programs are designed to not only help staff to increase their skill and confidence in the job, they are intended to help increase supervisor effectiveness – a factor identified to be a strong influence on an employee's decision to remain with the agency.

The new department Centers of Program Coordination and Policy and Innovation will play a large role in continually improving the quality and competence of agency supervisors through quality assurance and program coordination efforts. The Centers will also be leading the way to improve the service delivery system for both clients and workers, which in turn may influence staff turnover by making the job more manageable and rewarding.

DFPS Strategic Priorities

The following priorities express the emphasis that DFPS will employ to meet agency goals and fulfill the agency mission:

- DFPS will increase the provision of family-based services through the expansion of family-based decision making in order to redirect children out of foster care.
- DFPS will propose revised licensing standards for residential facilities and implement outcome-based contracting to increase accountability and improve the quality of services to children.

- DFPS will enhance and further develop external resources in order to increase awareness of abuse, neglect, and exploitation through participation in multi-agency workgroups, and partnerships with community organizations to increase volunteerism, community support, and resources to benefit vulnerable adults and children.
- DFPS will develop an APS assessment protocol in order to identify threats to our clients' health and safety, make accurate judgments about their safety, and develop a service plan that will meet client needs.
- DFPS will revise entry-level training curriculum and provide distance learning and on the job training opportunities to increase knowledge and performance of caseworkers.