

## I. GENERAL INFORMATION

<b>Name of State Agency</b>	
<b>Texas Department of Family and Protective Services</b>	
<b>Child Protective Services</b>	
<b>Period Under Review</b>	
Onsite Review Sample Period: April 1, 2006 through March 31, 2007	
Period of AFCARS Data: Federal Fiscal Year 2006B and 2007A	
Period of NCANDS Data (or other approved source; please specify if alternative data source is used): Federal Fiscal Year 2006B and 2007A	
<b>State Agency Contact Person for the Statewide Assessment</b>	
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The Texas child welfare system is a state-administered system, with services provided in 254 counties through 11 regions. Child Protective Services (CPS) is a program within the Texas Department of Family and Protective Services (DFPS), one of four agencies under the organizational umbrella of the Texas Health and Human Services Commission (HHSC). In state Fiscal Year 2007, which concluded August 2007, CPS completed 163,471 investigations, served a monthly average of 10,025 families in their homes, removed 15,920 children, and consummated 4,023 adoptions. On any given day, Texas has approximately 31,322 children in out of home care. There is an average of 6,580 CPS staff, including an average of 3,752 caseworkers with a turnover rate of 34.1%. The CPS budget for FY2008 is \$1,062,099,773.

## II. SAFETY AND PERMANENCY DATA

Texas Child and Family Services Review Data Profile: July 28, 2007

CHILD SAFETY PROFILE	Fiscal Year 2005ab						Fiscal Year 2006ab						12-Month Period Ending 03/31/2007					
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%
<b>I. Total CA/N Reports Disposed<sup>1</sup></b>	161,895		269,122		240,341		166,728		280,913		249,728		162,141		275,638		246,387	
<b>II. Disposition of CA/N Reports<sup>3</sup></b>																		
Substantiated & Indicated	38,787	24	61,994	23	59,123	24.6	42,142	25.3	69,065	24.6	65,733	26.3	42,233	26.0	70,606	25.6	67,395	27.4
Unsubstantiated	92,508	57.1	168,049	62.4	149,418	62.2	93,471	56.1	171,566	61.1	151,534	60.7	91,051	56.2	168,020	61.0	148,731	60.4
Other	30,600	18.9	39,079	14.5	31,800	13.2	31,115	18.7	40,282	14.3	32,461	13.0	28,857	17.8	37,012	13.4	30,261	12.3
<b>III. Child Victim Cases Opened for Post-Investigative Services<sup>4</sup></b>			29,874	48.2	29,289	49.5			33,688	48.8	33,041	50.3			35,293	50.0	34,698	51.5
<b>IV. Child Victims Entering Care Based on CA/N Report<sup>5</sup></b>			12,210	19.7	12,101	20.5			11,961	17.3	11,873	18.1			12,012	17.0	11,925	17.7
<b>V. Child Fatalities Caused by Maltreatment<sup>6</sup></b>					197	0.3					257	0.4					240	0.4
<b>STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY</b>																		
<b>VI. Absence of Maltreatment Recurrence<sup>7</sup> [Standard: 94.6% or more]</b>					27,960 of 29,158	95.9					30,045 of 31,393	95.7					34,490 of 35,880	96.1
<b>VII. Absence of Child Abuse and/or Neglect in Foster Care<sup>8</sup> (12 months) [standard 99.68% or more]</b>					40,546 of 40,770	99.45					45,184 of 45,330	99.68					45,538 of 45,742	99.55

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<b>Additional Safety Measures For Information Only (no standards are associated with these):</b>																			
	<b>Fiscal Year 2005ab</b>						<b>Fiscal Year 2006ab</b>						<b>12-Month Period Ending 03/31/2007</b>						
	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%	Hours				Unique Childn. <sup>2</sup>	%	
<b>VIII. Median Time to Investigation in Hours (Child File)<sup>9</sup></b>	>120 but<144						>120 but<144						>96 but<120						
<b>IX . Mean Time to Investigation in Hours (Child File)<sup>10</sup></b>	187 <sup>A</sup>						191 <sup>B,C</sup>						174						
<b>X. Mean Time to Investigation in Hours (Agency File)<sup>11</sup></b>	17.9						34.4 <sup>D</sup>												
<b>XI. Children Maltreated by Parents While in Foster Care.<sup>12</sup></b>					413 of 40,770	1.01												503 of 45,704*	1.10
<b>CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)</b>																			
	<b>Fiscal Year 2005ab</b>						<b>Fiscal Year 2006ab</b>						<b>12-Month Period Ending 03/31/2007</b>						
	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	Reports	%	Duplic. Childn. <sup>2</sup>	%	Unique Childn. <sup>2</sup>	%	
<b>XII. Recurrence of Maltreatment<sup>13</sup> [Standard: 6.1% or less)</b>					1,198 of 29,158	4.1												1,348 of 31,393	4.3
<b>XIII. Incidence of Child Abuse and/or Neglect in Foster Care<sup>14</sup> (9 months) [standard 0.57% or less]</b>					166 of 37,622	0.44												114 of 41,428	0.28
																		157 of 42,148	0.37

\*Measure XI: Children Maltreated by Parents While in Foster Care has not yet been updated based on the most recent AFCARS resubmission for FY2006 or 2006B-2007A.

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<b>NCANDS data completeness information for the CFSR</b>			
<b>Description of Data Tests</b>	<b>Fiscal Year 2005ab</b>	<b>Fiscal Year 2006ab</b>	<b>12-Month Period Ending 03/31/2007</b>
<b>Percent of duplicate victims in the submission</b> [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	4.57	4.80	4.50
<b>Percent of victims with perpetrator reported</b> [File must have at least 75% to reasonably calculate maltreatment in foster care]	99.41	99.70	99.70
<b>Percent of perpetrators with relationship to victim reported</b> [File must have at least 75%]	99.63	99.60	99.70
<b>Percent of records with investigation start date reported</b> [Needed to compute mean and median time to investigation]	98.37	99.80	99.90
<b>Average time to investigation in the Agency file</b> [PART measure]	Reported	Reported	n/a
<b>Percent of records with AFCARS ID reported in the Child File</b> [Needed to calculate maltreatment in foster care by the parents; also, all Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child <b>does not have to be in foster care to have this ID</b> ]	8.20	100	100

### **FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE**

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

<b>Disposition Category</b>	<b>Safety Profile Disposition</b>	<b>NCANDS Maltreatment Level Codes Included</b>
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

**Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.**

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with Safety Outcome #1.
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with Safety Outcome #2. A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

### **Additional Footnotes**

- A. Texas has confirmed an increase in the total numbers of investigations in FFY2005 compared to FFY2004.
- B. There was a steady increase in the number of referrals made to the agency throughout the year (FFY2006). Although there was an increase in the number of investigative staff by the end of the year, all these staff was not available to manage the increased workload throughout the majority of the year. Therefore, workloads were extremely high and response time on investigations increased in FFY2006.
- C. Screeners were added to CPS staff in FFY2006 to screen cases prior to referral for investigation.
- D. An overall increase of 8.6% in CPS substantiated reports corresponds with an 11.5% increase in the number of victims in FFY2006 compared with FFY2005.

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Foster Care Population Flow</b>						
Children in foster care on first day of year <sup>1</sup>	24,175		28,641		29,259	
Admissions during year	16,595		16,689		16,483	
Discharges during year	12,161		14,697		14,771	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	74	0.6% of discharges	46	0.3% of discharges	49	0.3% of discharges
Children in care on last day of year	28,609		30,633		30,971	
Net change during year	4,434		1,992		1,712	
<b>II. Placement Types for Children in Care</b>						
Pre-Adoptive Homes	1,017	3.6	881	2.9	848	2.7
Foster Family Homes (Relative)	6,397	22.4	7,953	26.0	8,681	28.0
Foster Family Homes (Non-Relative)	12,405	43.4	13,006	42.5	12,761	41.2
Group Homes	2,540	8.9	2,743	9.0	2,607	8.4
Institutions	3,219	11.3	3,190	10.4	3,378	10.9
Supervised Independent Living	29	0.1	20	0.1	14	0.0
Runaway	791	2.8	744	2.4	613	2.0
Trial Home Visit	1,955	6.8	1,885	6.2	1,816	5.9
Missing Placement Information	256	0.9	211	0.7	253	0.8
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
<b>III. Permanency Goals for Children in Care</b>						
Reunification	9,234	32.3	9,284	30.3	9,846	31.8
Live with Other Relatives	1,761	6.2	1,707	5.6	1,709	5.5
Adoption	8,687	30.4	9,886	32.3	11,088	35.8
Long Term Foster Care	2,858	10.0	2,976	9.7	3,007	9.7
Emancipation	1,525	5.3	1,402	4.6	1,522	4.9
Guardianship	363	1.3	301	1.0	314	1.0
Case Plan Goal Not Established	1,740	6.1	1,949	6.4	1,790	5.8
Missing Goal Information	2,441	8.5	3,128	10.2	1,695	5.5

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POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IV. Number of Placement Settings in Current Episode</b>						
One	8,040	28.1	8,868	28.9	9,152	29.6
Two	8,200	28.7	8,536	27.9	8,581	27.7
Three	4,509	15.8	4,793	15.6	4,769	15.4
Four	2,387	8.3	2,596	8.5	2,574	8.3
Five	1,479	5.2	1,601	5.2	1,624	5.2
Six or more	3,988	13.9	4,239	13.8	4,271	13.8
Missing placement settings	6	0.0	0	0.0	0	0.0
<b>V. Number of Removal Episodes</b>						
One	25,668	89.7	27,465	89.7	27,769	89.7
Two	2,637	9.2	2,841	9.3	2,861	9.2
Three	264	0.9	294	1.0	305	1.0
Four	17	0.1	21	0.1	23	0.1
Five	1	0.0	1	0.0	1	0.0
Six or more	0	0.0	0	0.0	0	0.0
Missing removal episodes	22	0.1	11	0.0	12	0.0
<b>VI. Number of children in care 17 of the most recent 22 months<sup>2</sup></b> (percent based on cases with sufficient information for computation)	3,126	28.7	3,404	28.7	3,718	28.3
<b>VII. Median Length of Stay in Foster Care</b> (of children in care on last day of FY)	11.6		12.7		13.0	
<b>VIII. Length of Time to Achieve Perm. Goal</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>	<b># of Children Discharged</b>	<b>Median Months to Discharge</b>
Reunification	7,261	10.7	9,535	11.3	9,459	11.5
Adoption	3,166	24.2	3,433	24.1	3,623	24.1
Guardianship	0	--	0	--	0	--
Other	1,507	43.2	1,633	41.9	1,592	40.4
Missing Discharge Reason (footnote 3, page 16)	222	10.5	95	11.8	97	14.1
Total discharges (excluding those w/ problematic dates)	12,156	14.2	14,696	13.8	14,771	14.5
Dates are problematic (footnote 4, page 16)	5	N/A	1	N/A	0	N/A

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## Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
<b>IX. Permanency Composite 1: Timeliness and Permanency of Reunification</b> <b>[standard: 122.6 or higher].</b> Scaled Scores for this composite incorporate two components	State Score = 127.2	State Score = 123.7	State Score = 120.1
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	37 of 47	37 of 47	31 of 47
<b>Component A: Timeliness of Reunification</b> The timeliness component is composed of three timeliness individual measures.			
<b>Measure C1 - 1: Exits to reunification in less than 12 months:</b> Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [ <b>national median = 69.9%, 75<sup>th</sup> percentile = 75.2%</b> ]	70.8%	68.7%	65.9%
<b>Measure C1 - 2: Exits to reunification, median stay:</b> Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [ <b>national median = 6.5 months, 25<sup>th</sup> Percentile = 5.4 months (lower score is preferable in this measure<sup>B</sup>)</b> ]	Median = 9.7 months	Median = 10.2 months	Median = 10.3 months
<b>Measure C1 - 3: Entry cohort reunification in &lt; 12 months:</b> Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [ <b>national median = 39.4%, 75<sup>th</sup> Percentile = 48.4%</b> ]	33.9%	37.1%	36.9%
<b>Component B: Permanency of Reunification</b> The permanency component has one measure.			
<b>Measure C1 - 4: Re-entries to foster care in less than 12 months:</b> Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [ <b>national median = 15.0%, 25<sup>th</sup> Percentile = 9.9% (lower score is preferable in this measure)</b> ]	4.6%	5.5%	5.5%

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	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
<b>X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher].</b> Scaled Scores for this composite incorporate three components.	State Score = 98.4	State Score = 100.2	State Score = 97.4
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	26 of 47	27 of 47	26 of 47
<b>Component A: Timeliness of Adoptions of Children Discharged From Foster Care.</b> There are two individual measures of this component. See below.			
<b>Measure C2 - 1: Exits to adoption in less than 24 months:</b> Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [ <b>national median = 26.8%, 75<sup>th</sup> Percentile = 36.6%</b> ]	49.1%	49.5%	49.3%
<b>Measure C2 - 2: Exits to adoption, median length of stay:</b> Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [ <b>national median = 32.4 months, 25<sup>th</sup> Percentile = 27.3 months(lower score is preferable in this measure)</b> ]	Median = 24.2 months	Median = 24.1 months	Median = 24.1 months
<b>Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer.</b> There are two individual measures. See below.			
<b>Measure C2 - 3: Children in care 17+ months, adopted by the end of the year:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [ <b>national median = 20.2%, 75<sup>th</sup> Percentile = 22.7%</b> ]	18.5%	19.2%	19.6%
<b>Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months:</b> Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [ <b>national median = 8.8%, 75<sup>th</sup> Percentile = 10.9%</b> ]	4.1%	5.2%	4.3%
<b>Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption.</b> There is one measure for this component. See below.			
<b>Measure C2 - 5: Legally free children adopted in less than 12 months:</b> Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [ <b>national median = 45.8%, 75<sup>th</sup> Percentile = 53.7%</b> ]	37.2%	38.2%	35.8%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
<b>XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher].</b> Scaled Scores for this composite incorporate two components	State Score = 87.7	State Score = 94.0	State Score = 93.1
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	4 of 51	7 of 51	6 of 51
<b>Component A: Achieving permanency for Children in Foster Care for Long Periods of Time.</b> This component has two measures.			
<b>Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months.</b> Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [ <b>national median 25.0%, 75<sup>th</sup> Percentile = 29.1%</b> ]	17.8%	19.3%	18.7%
<b>Measure C3 - 2: Exits to permanency for children with TPR:</b> Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [ <b>national median 96.8%, 75<sup>th</sup> Percentile = 98.0%</b> ]	87.3%	87.8%	88.2%
<b>Component B: Growing up in foster care.</b> This component has one measure.			
<b>Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More.</b> Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 <sup>th</sup> birthday while in foster care, what percent were in foster care for 3 years or longer? [ <b>national median 47.8%, 25<sup>th</sup> Percentile = 37.5% (lower score is preferable)</b> ]	63.4%	60.9%	59.6%

	Federal FY 2005ab	Federal FY 2006ab	12-Month Period Ending 03/31/2007
<b>XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher].</b> Scaled score for this composite incorporates <b>no components</b> but three individual measures (below)	State Score = 77.6	State Score = 81.8	State Score = 82.9
<b>National Ranking of State Composite Scores (see footnote A on page 12 for details)</b>	8 of 51	11 of 51	12 of 51
<b>Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [ <b>national median = 83.3%, 75<sup>th</sup> Percentile = 86.0%</b> ]	77.3%	79.7%	80.1%
<b>Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [ <b>national median = 59.9%, 75<sup>th</sup> Percentile = 65.4%</b> ]	48.1%	52.2%	52.6%
<b>Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months.</b> Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [ <b>national median = 33.9%, 75<sup>th</sup> Percentile = 41.8%</b> ]	16.9%	19.3%	20.8%

**Special Footnotes for Composite Measures:**

- A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75<sup>th</sup> percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25<sup>th</sup> percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>I. Number of children entering care for the first time in cohort group</b> (% = 1 <sup>st</sup> time entry of all entering within first 6 months)	7,293	91.7	7,379	91.1	8,018	91.7
<b>II. Most Recent Placement Types</b>						
Pre-Adoptive Homes	63	0.9	49	0.7	56	0.7
Foster Family Homes (Relative)	2,458	33.7	2,687	36.4	3,212	40.1
Foster Family Homes (Non-Relative)	2,436	33.4	2,355	31.9	2,518	31.4
Group Homes	346	4.7	350	4.7	331	4.1
Institutions	399	5.5	375	5.1	394	4.9
Supervised Independent Living	2	0.0	1	0.0	1	0.0
Runaway	107	1.5	108	1.5	81	1.0
Trial Home Visit	1,419	19.5	1,407	19.1	1,383	17.2
Missing Placement Information	63	0.9	47	0.6	42	0.5
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
<b>III. Most Recent Permanency Goal</b>						
Reunification	3,757	51.5	3,735	50.6	4,225	52.7
Live with Other Relatives	889	12.2	642	8.7	717	8.9
Adoption	1,331	18.3	1,429	19.4	1,905	23.8
Long-Term Foster Care	102	1.4	123	1.7	140	1.7
Emancipation	105	1.4	101	1.4	108	1.3
Guardianship	47	0.6	34	0.5	37	0.5
Case Plan Goal Not Established	0	0.0	37	0.5	67	0.8
Missing Goal Information	1,062	14.6	1,278	17.3	819	10.2
<b>IV. Number of Placement Settings in Current Episode</b>						
One	2,413	33.1	2,664	36.1	3,120	38.9
Two	2,956	40.5	2,774	37.6	2,928	36.5
Three	1,239	17.0	1,228	16.6	1,302	16.2
Four	429	5.9	449	6.1	421	5.3
Five	153	2.1	170	2.3	164	2.0
Six or more	93	1.3	94	1.3	83	1.0
Missing placement settings	10	0.1	0	0.0	0	0.0

The Permanency Data for the 12-month period ending March 31, 2007 was based on the annual file created on 7/13/2007. All CFSR Round One safety Results are on page 3; Permanency Round one results are on page 16.

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>V. Reason for Discharge</b>						
Reunification/Relative Placement	1,314	91.0	1,332	92.2	1,361	93.0
Adoption	37	2.6	28	1.9	29	2.0
Guardianship	0	0.0	0	0.0	0	0.0
Other	58	4.0	70	4.8	62	4.2
Unknown (missing discharge reason or N/A)	35	2.4	14	1.0	11	0.8
	<b>Number of Months</b>		<b>Number of Months</b>		<b>Number of Months</b>	
<b>VI. Median Length of Stay in Foster Care</b>	14.7		11.7		not yet determinable	

<b>AFCARS Data Completeness and Quality Information (2% or more is a warning sign):</b>						
	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	5	0.0 %	1	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	91	0.7 %	28	0.2 %	13	0.1 %
Missing discharge reasons	222	1.8 %	95	0.6 %	97	0.7 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	48	1.5 %	1	0.0 %	3	0.1 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	17	0.5% fewer in the foster care file.	25	0.7% fewer in the adoption file.	N/A	There is no rolling year adoption file.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	6	0.0 %	0	0.0 %	0	0.0 %

The Permanency Data for the 12-month period ending March 31, 2007 was based on the annual file created on 7/13/2007. All CFSR Round One safety Results are on page 3; Permanency Round one results are on page 16.

**Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:**

	Federal FY 2005ab		Federal FY 2006ab		12-Month Period Ending 03/31/2007	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
<b>IX.</b> Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) <b>[Standard: 76.2% or more]</b>	4,629	63.7	5,734	60.1	5,439	57.5
<b>X.</b> Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) <b>[Standard: 32.0% or more]</b>	1,556	49.1	1,698	49.5	1,786	49.3
<b>XI.</b> Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) <b>[Standard: 86.7% or more]</b>	15,376	77.6	16,780	80.0	16,430	80.4
<b>XII.</b> Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) <b>[Standard: 8.6% or less]</b>	381	2.3 (91.3% new entry)	492	2.9 (91.2% new entry)	542	3.3 (91.3% new entry)



## FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

<sup>1</sup>The FY 05, FY 06 , and 07 counts of children in care at the start of the year exclude 175 , 223 , and 193 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

<sup>2</sup>We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

<sup>3</sup>This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

<sup>4</sup>The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

<sup>5</sup>This First-Time Entry Cohort median length of stay was 14.7 in FY 05. This includes 5 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 14.7.

<sup>6</sup>This First-Time Entry Cohort median length of stay was 11.7 in FY 06. This includes 1 child who entered and exited on the same day (who had a zero length of stay). If this child was excluded from the calculation, the median length of stay would still be 11.7.

<sup>7</sup>This First-Time Entry Cohort median length of stay is Not Yet Determinable for 07. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

### **Data Profile by Race/Ethnicity**

Disproportionality is the over representation of a particular race or ethnicity in a particular program or system. In Texas, a higher percentage of African-American children are removed from their homes, although data indicates African-American parents do not abuse their children any more than any other race or culture. A lower percentage of African-American children are successfully reunited with their families, and a higher percentage age out of foster care without an adoptive family or other permanent placement. Disproportionality also exists for Native American children, although they represent a much smaller population than African-American children.

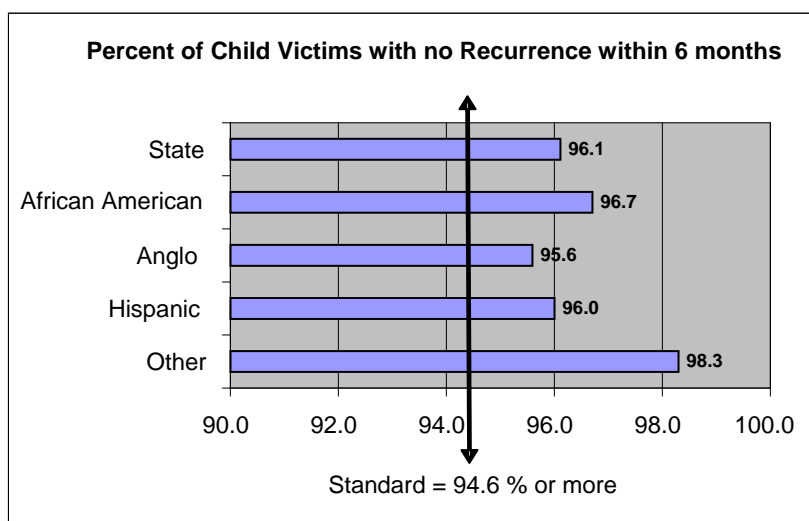
The causes of disproportionality are complex and cross many social systems. The child welfare system plays a pivotal role in the solution, because it addresses the family as a whole and has the potential to prevent future disparate outcomes for African-Americans. By working in tandem with local, regional, state, and national agencies in education, juvenile justice, and health, the child welfare community seeks to identify common issues and barriers to equal access to community services for all Texans.

Data from 2007 shows African-American children in Texas were almost twice as likely as Anglo or Hispanic children to be reported as victims of child abuse or neglect. Even after adjusting for the higher number of African-American children reported as victims, the number of African-American children that were the subject of substantiated reports of abuse and neglect was also disproportionately high, as was the number of children removed from their families. In Texas, even when other factors (such as poverty or family structure) are taken into account, African American children spend significantly more time in foster care or other substitute care, are less likely to be reunified with their families, and wait longer for adoption than Anglo or Hispanic children.

Texas is at the forefront of the effort to cope with this disparity and the issues associated with it. The state analyzed data related to removals and other enforcement actions, reviewed policies and procedures in each child protection region, and developed plans to remedy disparities. Child Protective Services has enhanced training for service delivery staff and management, developed collaborative relationships with community partners, increased staff diversity, and improved targeted recruitment efforts for foster and adoptive families. State legislation, combined with the commitment of the agency and its partners in the community, ensures that these efforts will continue. As part of the ongoing effort to address disproportionality, DFPS has taken the Data Profile and further analyzed it by race and ethnicity. Those results are as follows:

### **Safety Indicator by Ethnicity**

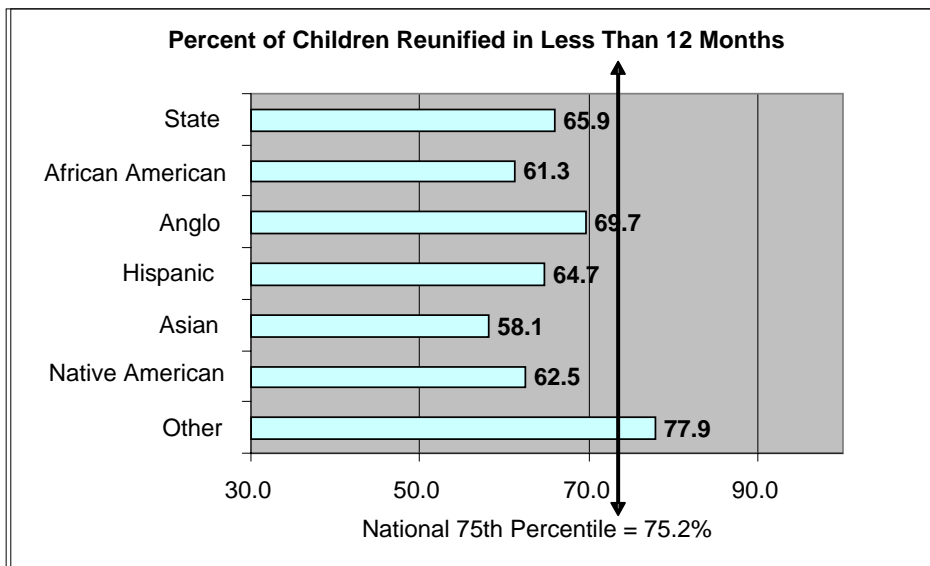
Absence of Maltreatment Recurrence:



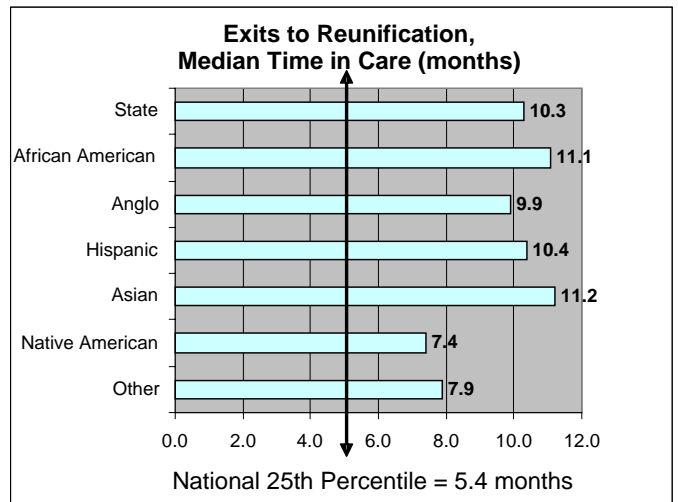
## Permanency Composites by Ethnicity

### Permanency Composite 1: Timeliness and Permanency of Reunification

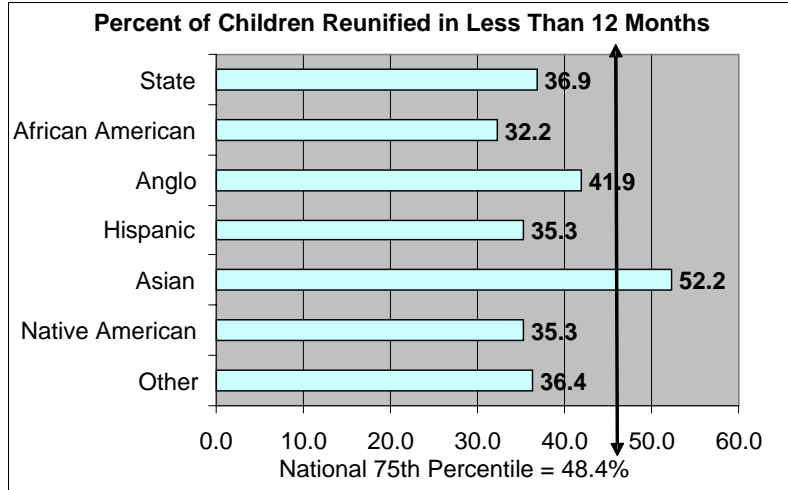
<b>Measure C1.1 – Exits to Reunification in Less Than 12 Months</b>			
Ethnicity	# Reunified during FFY06B07A (in care 8 days or longer)	# Reunified during FFY06B07A in less than 12 months	% Reunified during FFY06B07A in less than 12 months
Anglo	3,364	2,346	69.7%
African American	2,228	1,365	61.3%
Hispanic	3,626	2,347	64.7%
Native American	24	15	62.5%
Asian	31	18	58.1%
Other	131	102	77.9%
<b>Total</b>	<b>9,404</b>	<b>6,193</b>	<b>65.9%</b>



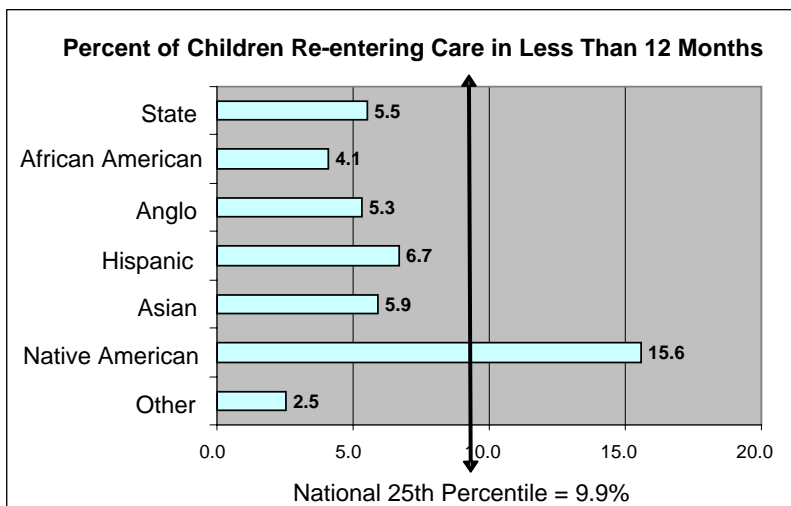
<b>Measure C1.2 – Exits to Reunification, Median Stay</b>	
Ethnicity	Median Time in Care (months)
Anglo	9.9
African American	11.1
Hispanic	10.4
Native American	7.4
Asian	11.2
Other	7.9
<b>Total</b>	<b>10.3</b>



<b>Measure C1.3 – Entry Cohort Reunification in Less Than 12 Months</b>			
Ethnicity	Entered care in the 6-month period prior to FFY06B07A (in care 8 days or longer)	# Reunified in less than 12 months	% Reunified in less than 12 months
Anglo	2,615	1,095	41.9%
African American	1,896	611	32.2%
Hispanic	2,806	991	35.3%
Native American	17	6	35.3%
Asian	23	12	52.2%
Other	129	47	36.4%
<b>Total</b>	<b>7,486</b>	<b>2,762</b>	<b>36.9%</b>

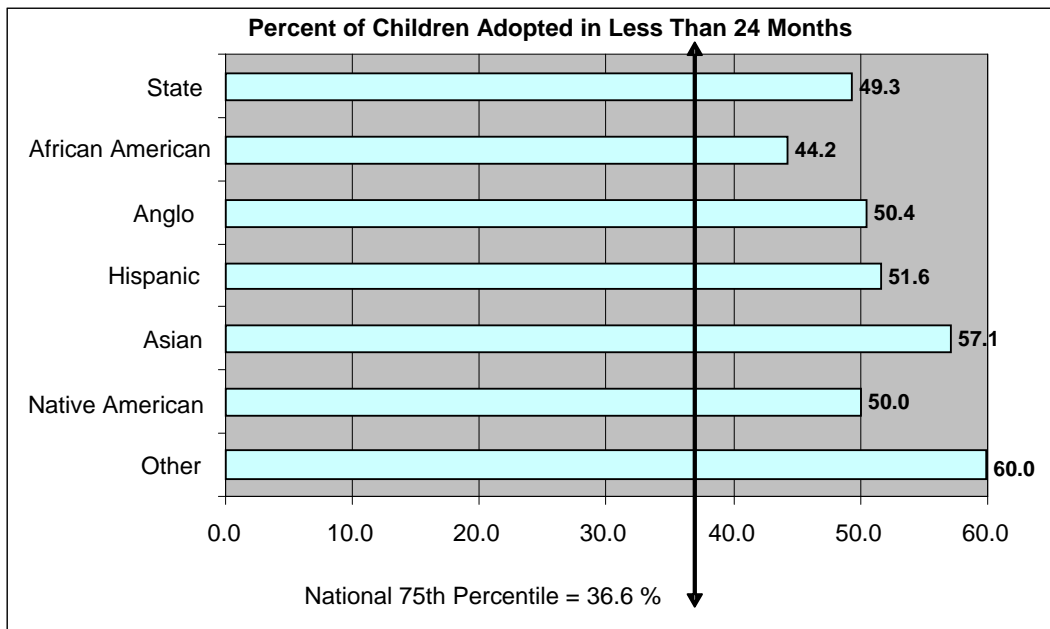


<b>Measure C1.4 – Re-entries to Foster Care in Less Than 12 months</b>			
Ethnicity	# Reunified in the 12-month period prior to FFY06B07A	# Re-entered care in less than 12 months	% Re-entered care in less than 12 months
Anglo	3,203	171	5.3%
African American	2,298	95	4.1%
Hispanic	3,254	219	6.7%
Native American	32	5	15.6%
Asian	17	1	5.9%
Other	121	3	2.5%
<b>Total</b>	<b>8,925</b>	<b>494</b>	<b>5.5%</b>

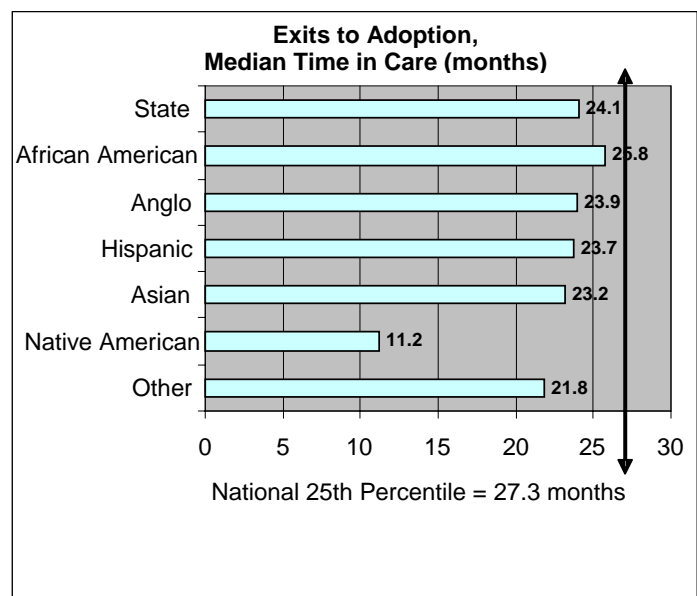


Permanency Composite 2: Timeliness of Adoptions

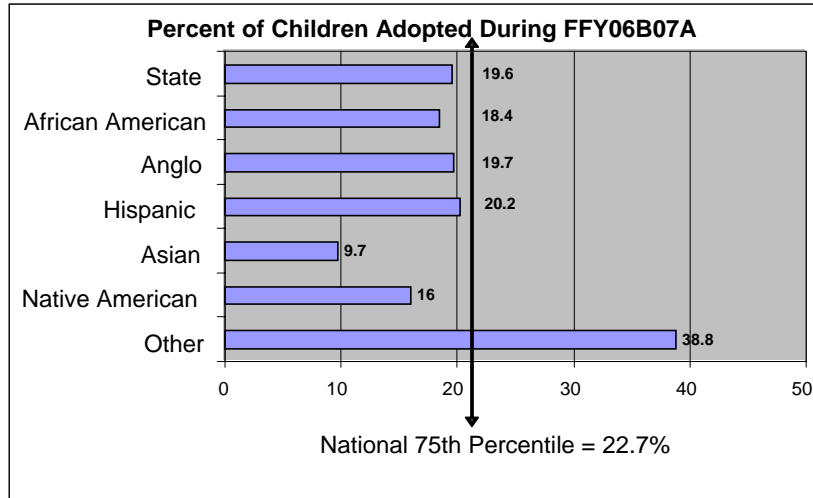
<b>Measure C2.1 – Exits to Adoption in Less Than 24 Months</b>			
Ethnicity	# Adopted during FFY06B07A	# Adopted during FFY06B07A in less than 24 months	% Adopted during FFY06B07A in less than 24 Months
Anglo	1,149	579	50.4%
African American	1,001	442	44.2%
Hispanic	1,397	721	51.6%
Native American	8	4	50.0%
Asian	7	4	57.1%
Other	60	36	60.0%
<b>Total</b>	<b>3,622</b>	<b>1,786</b>	<b>49.3%</b>



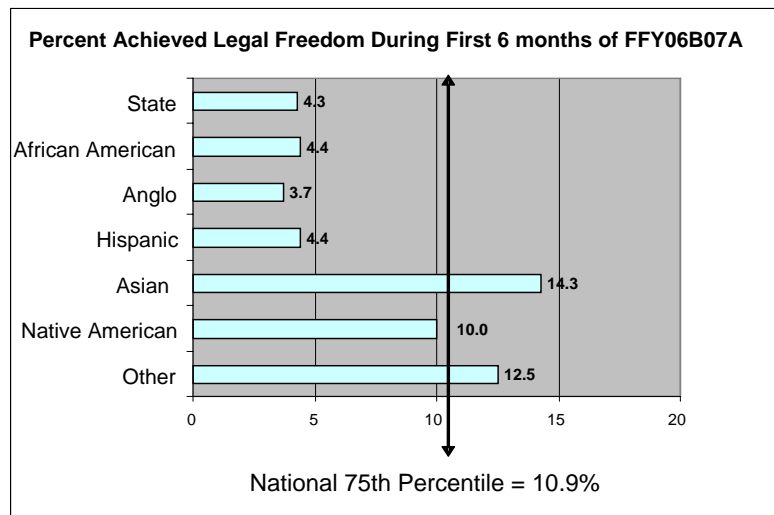
<b>Measure C2.2 – Exits to Adoption, Median Stay</b>	
Ethnicity	Median Time in Care (months)
Anglo	23.9
African American	25.8
Hispanic	23.7
Native American	11.2
Asian	23.2
Other	21.8
<b>Total</b>	<b>24.1</b>



<b>Measure C2.3 – Children in care 17+ months adopted by the end of the year</b>			
Ethnicity	# In care at least 17 months on the first day of FFY06B07A	# Adopted during FFY06B07A	% Adopted during FFY06B07A
Anglo	3,192	630	19.7
African American	3,367	620	18.4
Hispanic	3,715	749	20.2
Native American	25	4	16.0
Asian	31	3	9.7
Other	80	31	38.8
<b>Total</b>	<b>10,410</b>	<b>2,037</b>	<b>19.6%</b>

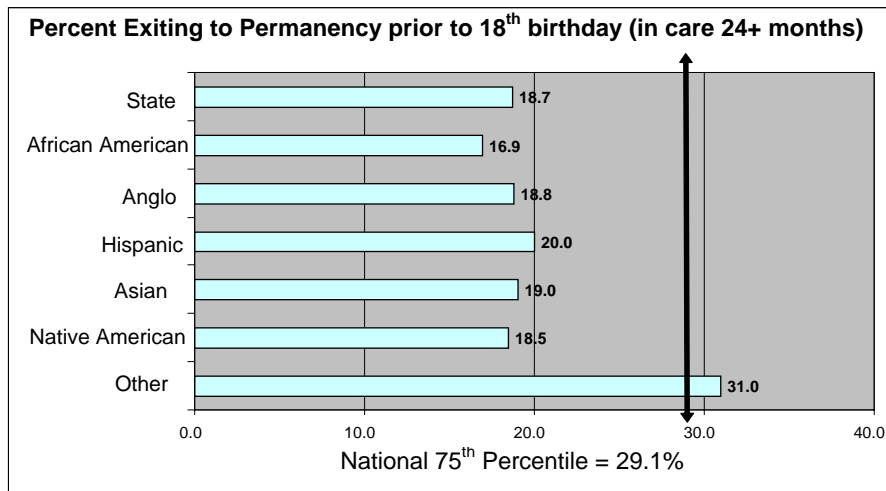


<b>Measure C2.4 – Children in care 17+ months achieving legal freedom w/in 6 months</b>			
Ethnicity	# In care at least 17 months on the first day of FFY06B07A	# Achieved legal freedom during first 6 months of FFY06B07A	% Achieved legal freedom during first 6 months of FFY06B07A
Anglo	1213	45	3.7%
African American	1011	44	4.4%
Hispanic	1319	58	4.4%
Native American	10	1	10.0%
Asian	14	2	14.3%
Other	24	3	12.5%
<b>Total</b>	<b>3,591</b>	<b>153</b>	<b>4.3%</b>



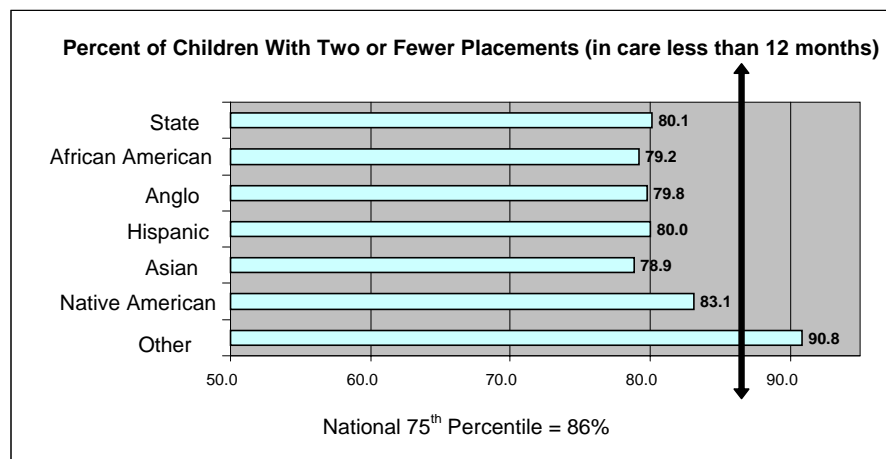
Permanency Composite 3: Permanency for Children & Youth in Foster Care for Long Periods of Time

<b>Measure C3.1 – Exits to permanency prior to 18<sup>th</sup> birthday for children in care 24+ months</b>			
Ethnicity	Permanency Count	Total Population	Percent
African American	409	2,425	16.9%
Anglo	457	2,437	18.8%
Asian	4	21	19.0%
Hispanic	599	2,990	20.0%
Native American	5	27	18.5%
Other	9	29	31.0%
<b>Total</b>	<b>1,483</b>	<b>7,929</b>	<b>18.7%</b>

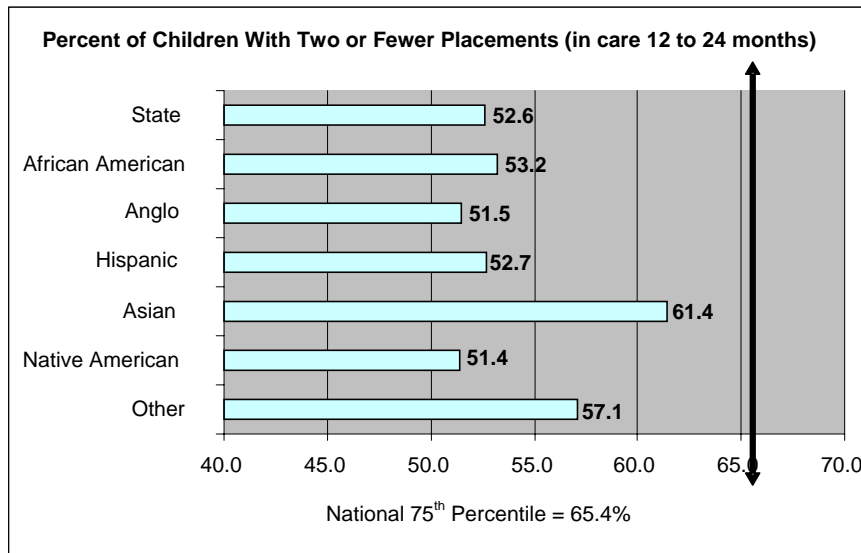


Permanency Composite 4: Placement Stability

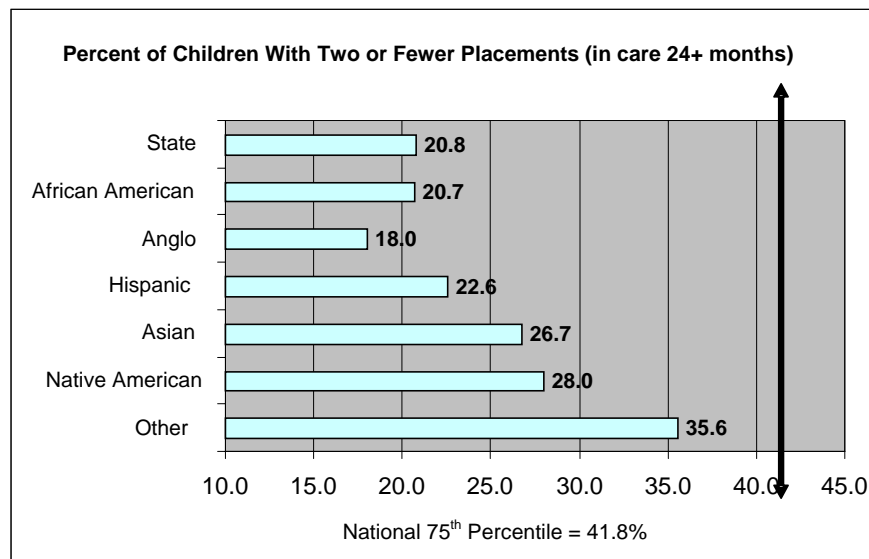
<b>Measure C4.1 – Two or fewer placement settings for children in care less than 12 months</b>			
Ethnicity	2 or Fewer Placements	Total Population	Percent
African American	3,592	4,537	79.2%
Anglo	5,349	6,699	79.8%
Asian	71	90	78.9%
Hispanic	6,506	8,137	80.0%
Native American	54	65	83.1%
Other	540	595	90.8%
<b>Total</b>	<b>16,112</b>	<b>20,123</b>	<b>80.1%</b>



<b>Measure C4.2 – Two or fewer placement settings for children in care 12 to 24 months</b>			
Ethnicity	2 or Fewer Placements	Total Population	Percent
African American	1,679	3,155	53.2%
Anglo	2,109	4,095	51.5%
Asian	27	44	61.4%
Hispanic	2,771	5,256	52.7%
Native American	19	37	51.4%
Other	136	238	57.1%
<b>Total</b>	<b>6,741</b>	<b>12,825</b>	<b>52.6%</b>



<b>Measure C4.3 – Two or fewer placement settings for children in care 24+ months</b>			
Ethnicity	2 or Fewer Placements	Total Population	Percent
African American	759	3,675	20.7%
Anglo	678	3,763	18.0%
Asian	12	45	26.7%
Hispanic	1,093	4,835	22.6%
Native American	14	50	28.0%
Other	32	90	35.6%
<b>Total</b>	<b>2,588</b>	<b>12,458</b>	<b>20.8%</b>





### **III. NARRATIVE ASSESSMENT OF CHILD AND FAMILY OUTCOMES**

Tremendous change has occurred in the Texas child welfare system since the original Texas Child and Family Service Review (CFSR) in February 2002. In Texas, these changes are referred to as Child Protective Services (CPS) Reform. CPS Reform includes extensive internal and external stakeholder participation that was incorporated into the IV-B and IV-E State Plans and the CFSR Statewide Assessment process. Both the CFSR and CPS Reform are unified facets of the same goal: improving outcomes for children and families by strengthening the Texas child welfare system. To illustrate unity, a CPS Reform Legislative report, known as the 180-Day Report has been incorporated into the CFSR Statewide Assessment. Though order of the CPS Reform 180-Day Report components has been changed to match the structure of the CFSR Narrative Assessment, the content has not been changed.

#### **Background for CPS Reform:**

In 2003 and 2004, several abuse and neglect cases ended in tragedy, despite prior involvement by the state's Child Protective Services (CPS) program. It was clear that the state's strained protective services system required immediate examination and fundamental reform to better provide for the safety and protection of the clients it serves. Early reviews revealed key deficiencies, most notably unmanageable caseloads that resulted in poor quality casework. High caseloads and limited resources led to problems, such as staff circumventing policy and procedures, excessive caseworker turnover rates, and burnout among employees who stayed. Crisis management, rather than management focused on outcomes and results, became the norm. In response to this crisis, Governor Rick Perry issued an executive order directing the Health and Human Services Commission (HHSC) to review and reform CPS, a program of the Texas Department of Family and Protective Services (DFPS). HHSC initiated an independent review of cases, training procedures, law and policies, management and organizational structure, and more. Detailed recommendations were developed and presented to the Governor, who called upon the Texas Legislature to pass emergency legislation to implement these recommendations. DFPS responded by organizing multiple initiatives to lay the groundwork for reform, while awaiting further direction and funding decisions from the Legislature.

In May 2005, the 79th Texas Legislature passed Senate Bill 6 outlining comprehensive reform of DFPS. Resources and direction were put in place to transform the program charged with protecting children. These sweeping reforms have yielded tremendous improvement in the services that protect children. Since the legislation's passage, the state has hired additional field staff, strengthened training for caseworkers, improved risk assessments, deployed technological innovations to enhance casework in the field, and emphasized effective involvement of both professional and civic communities. Systems have been established to increase accountability for the quality and timeliness of casework and for the desired outcome for clients served.

Significant new resources have gone toward strengthening CPS investigations. As an alternative to paid foster care, CPS has increased kinship placements for children who must be removed from their homes. CPS now offers a comprehensive program that provides financial assistance, child care resources, and additional support to relatives who care for children in the state's conservatorship.

Policy and structural changes have formalized the inclusion of families as critical decision makers regarding child safety and well-being. An innovative managed care model is being

developed to deliver quality healthcare services geared to specific needs of children in foster care. Resources are being deployed towards better educational outcomes for children. Youth aging out of foster care are now provided with continuous Medicaid coverage through a single application process up to the age of 21.

Tablet personal computers (PCs) were distributed to CPS caseworkers so they can document investigations from the field and access key case and resource information. This has improved the efficiency of case documentation and allowed field staff to focus more time with clients.

Child Care Licensing (CCL) now conducts random inspections of all foster family and foster group homes, including DFPS foster homes, to ensure they are meeting minimum standards. Background checks into possible criminal history or past abuse or neglect allegations are now required prior to employment at residential child care operations, and drug testing is required of all residential child care employees.

Stakeholder input has been sought on all major projects, including substitute care outsourcing, development of a medical services network for children in foster care, expansion of abuse and neglect prevention and early intervention services, strengthening child care licensing standards, and boosting the quality of abuse and neglect investigations. This assessment includes detail of specific efforts to involve stakeholders in the reform process. In addition to these ongoing efforts, DFPS has developed a comprehensive strategic plan to engage stakeholders in support of increased services and solutions for clients that involves staff at all levels and in all divisions. The DFPS strategic plan for agency communications also includes targeted efforts to increase stakeholder and community involvement.

DFPS carried out the charge from the State's leadership by first listening to community representatives, families, and other stakeholders to better understand the underlying issues. Those issues are discussed in the sections that follow, with an emphasis on quality investigations, improved casework and training, enhanced quality of services to ensure better outcomes, and stronger partnerships in Texas communities. CPS reform also stresses the need to support families and children in ways that will prevent the conditions that lead to abuse and neglect. The actions described below demonstrate solid progress in addressing these multifaceted issues.

In May 2007, the 80<sup>th</sup> Texas Legislature passed Senate Bill 758, mandating continuation of CPS Reform. The second wave of CPS Reform focused on strengthening services beyond investigation, addressing other parts of the child welfare system in order to help keep families together, reduce the length of time children are in care, and strengthen the quality and accountability of the foster care system. CPS Reform will continue with this emphasis as the key components of the anticipated CFSR Program Improvement Plan.

## STAKEHOLDER ASSESSMENT

### Stakeholder Meetings

CPS hosted two stakeholder meetings as part of the self-assessment process. The meetings were held on August 6, 2007 in Austin and August 8, 2007 in Houston. Approximately 100 individuals, representing over 30 organizations, participated in the two meetings. The spectrum of the Texas child welfare system was well represented in the meetings, with individuals from city, county, state, and federal government agencies; community and advocacy organizations; universities; service providers; parents; foster care youth and alumni; and the legal and judiciary communities attending.

During the course of the meetings, 18 focus groups were used in order to obtain substantive input for inclusion in the Statewide Assessment. Participants discussed the overall effectiveness of the Texas child welfare system. The following is a summary of the focus group responses.

#### **Question 1: In general, how is the Texas child welfare system doing?**

Focus groups rated the overall effectiveness of the Texas child welfare system on a scale of 1 to 4 (1 = not effective, 4 = very effective). The combined responses from participants in both meetings averaged a score of 2.4 with a range of scores from 1 to 3. The groups were also asked to provide the rationale for the scores and highlighted the following areas of effectiveness and areas of concern:

Areas of Effectiveness	Areas of Concern
<ul style="list-style-type: none"> <li>• <i>Movement to family-centered practice</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Worker caseloads</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Attention to disproportionality</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Retention of staff and foster parents</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Investment in system improvement</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>New minimum standards</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Legislative support over past two sessions</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Barriers in foster care system (license fees, timeliness)</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Additional staff</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Low funding for MHMR services</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Strong resources</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Achieving permanency</i></li> </ul>
<ul style="list-style-type: none"> <li>• <i>Openness and willingness to work together: state, county, youth, community</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Inconsistency in the interpretation of policy and/or regulations</i></li> </ul>

#### **Question 2: What is the best part/strongest component of our Texas child welfare system?**

Collaboration was the most cited example as the best part of the Texas child welfare system. Collaborative efforts between all parts of the system were mentioned by various stakeholders, including efforts between and among the following groups: CPS, service providers, community organizations, the judiciary, hospitals, law enforcement, county child welfare boards, universities, and consumers. Several discussion groups in particular noted the increased involvement of children and families in decision-making components of the system.

Selected practices of CPS were also highlighted. These included innovative initiatives such as disproportionality and family-focused practices; improved investigations; adoptions; care of children; reduced incidence of repeat maltreatment; the youth voice; risk assessment tools; and

tablet PCs. The dedication and training of CPS workers were also noted by several of the discussion groups.

Other areas included in the discussion for this question were: the strongest advocacy center system in the nation, legislative support for the system, and the 18-month permanency requirement.

### **Question 3: What is our greatest challenge?**

Multiple areas within CPS were discussed. The most often mentioned areas were: staff (retention issues, workload, morale, shift to family focus); licensing (inconsistency, contracts, and placements); and resources (lack of resources, the need for flexible funding strategies, additional funds for relatives). In addition, other CPS-related challenges included foster care reimbursement rates, the backlog with adoptions, and the lack of stability for youth in conservatorship and as they transition out of the foster care system.

Other challenges with the overall system identified by stakeholders were: decentralization of the judiciary, the geographical size of the state, need for a stronger youth voice, lack of availability and funding for extracurricular activity for children in conservatorship, need for increased cultural sensitivity, need to strengthen the attorney ad litem system and the relationship with juvenile probation.

### **Question 4: How are the pieces working together? And where can we strengthen collaboration?**

Consensus for the desired outcomes for families and children in the child welfare system was the primary example provided by stakeholders for how the pieces are working together. As one stakeholder group noted, “people are generally on the same page in regard to outcomes” and another noted that the process is becoming more inclusive of more stakeholders. In addition, stakeholders pointed out that younger children are moving faster to adoption and agencies are working together to solve the placement crisis.

Suggestions for improving collaboration focused primarily on improved communication and increased collaboration between all facets of the Texas child welfare system. Improvements in both CPS internal communication and external communication with stakeholders were emphasized. Another issue that was stressed was CPS improving relationships with external partners and enhancing collaborative efforts. External stakeholders identified during these discussions included courts, service providers, caregivers, foster parents, schools, MHMR, probation, juvenile services, Rainbow Rooms, child welfare boards, and the community.

Other ideas for strengthening collaboration included more coordinated planning efforts for older children and seriously disturbed youth, greater understanding of the judicial system, expanding cultural competency practices, and strengthening the youth voice with CPS staff.

### **Question 5: What gaps should we focus on?**

The gaps identified by stakeholders may be grouped into six broad categories: resources, workforce, services, judiciary, media relations, and other. The resource category included the need to develop additional resources across the child welfare system, develop flexible and shared funding sources, and obtain additional funding for prevention and family-focused programs. Caseworker turnover was the most frequently mentioned gap regarding the

workforce along with the need for additional workers, as well as training and education. Under the category of services, the following gaps were highlighted: the need to customize services to maximize effectiveness, the need for additional transition services for youth aging out of foster care, the need to make staff aware of services for special needs children, lack of knowledge of current community resources, need for additional resources at the community level, and the need to increase the recruitment of foster and adoptive parents. The stakeholders desired more accountability from the judiciary and suggested a Citizen Review Team for judges. The group discussed the media's perception of CPS and the need to focus on positive media relations with CPS and the community.

Stakeholders also identified the need for additional focus on prevention, the need for additional MHMR services, the need for increased transparency of information, and the need for continued emphasis on the issue of disproportionality in the child welfare system.

**Question 6: If you could make one improvement in the Texas child welfare system, what would it be?**

- Strengthen CPS workforce development
  - Staff retention
  - Training
  - Number of staff
  - Right staff for the job
  - Reduced caseloads
- Specialize the Judiciary
- Improve outcomes for children
  - Keep siblings together
  - Keep children out of care
  - Quicker adoptions
- Increase Community involvement
  - More ownership
  - Community-based systems
  - Utilize the Community Resource Coordination Groups (CRCG's)
- Increase collaboration
  - Team approach with all disciplines
  - MHMR, schools, law enforcement, hospitals, the legal system, TYC, providers, faith-based communities, Juvenile Probation, providers
- Enhance resources
  - Additional funding for kin and foster programs
  - Additional funding for clothing vouchers
- Enhance prevention services
  - More focus on prevention
  - Be more proactive
- Improve the HHSC System
  - Streamline systems
  - More efficient and more collaborative
- Improve public/community relations

**Stakeholder Survey**

CPS made available, via the DFPS website, a stakeholder survey to gather input on the overall child welfare system. The survey contained 20 targeted questions on the areas of child safety, permanency, and well-being. Within the three sections, there were three major themes: (1) how the overall Texas child welfare system is meeting the specific child welfare outcomes, (2) how the individual components of the system are meeting the outcomes, and (3) how the CPS initiatives implemented over the past three years have affected the outcomes. In addition, there were three open-ended questions to gather information on what stakeholders felt was working well within the system, what improvements could be made, and any additional feedback.

**Results:**

Two hundred and fifty-six responses were received from stakeholders representing different segments of the Texas child welfare system. The table below shows the seven categories of

respondents used for the analysis of the survey and the number and percent of responses from each respondent category:

Type of Individual or Organization	Number of Responses	Percent of Total Responses
Advocate	22	9%
DFPS Staff	24	9%
Family Member	41	16%
Foster Care Provider	86	34%
Professional <sup>1</sup>	34	13%
Treatment Provider	38	15%
Other <sup>2</sup>	11	4%
<b>TOTAL</b>	<b>256</b>	<b>100%</b>

<sup>1</sup> Professional includes responses from the faith community, the legal community, the medical community, law enforcement, and teacher/educators.

<sup>2</sup> The "Other" category includes responses from the following type of individual: administrator, childcare provider, citizen, community member/former employee, family consultant, former DFPS management, licensed childcare provider, property owner, and tribal nation.

Although the survey responses do not constitute a representative sample of all components of the system, taken in context with the rest of the CFPS statewide assessment, they do provide insight into stakeholder perception as to how the system is responding to the safety, permanency, and well-being outcomes of children and youth in care.

One of the most positive outcomes of the survey was that respondents representing their specific stakeholder group typically rated their group as effectively fulfilling its role in assuring child safety, moving children and youth to permanent living arrangements, and assuring the well-being of children and youth in the child welfare system. With very few exceptions, stakeholder groups rated their own performance in the overall child welfare system as positive.

Stakeholder opinions concerning the child welfare system in Texas were mixed. Overall, the strongest agreement for all respondents combined was that the child welfare system is effective in meeting the physical and educational needs of the children and youth in care (Well-Being). The outcome for which there was the strongest disagreement was the Permanency question that asked if the child welfare system effectively pursued family involvement and participation in permanency planning. Seventy-two percent of all stakeholders disagreed that the system was effective. Stakeholders also expressed strong disagreement that the Texas child welfare system is effective in meeting the mental health needs of children and youth (Well-Being). Sixty-one percent of stakeholders disagreed, while 25% agreed.

Responses from stakeholders were fairly consistent for the questions regarding the effectiveness of DFPS initiatives over the past three years in improving safety, permanency, and well-being outcomes for children. Approximately one-third of all respondents agreed that the initiatives had been effective and slightly less than half of all respondents disagreed.

Stakeholders were also asked to provide responses to three open-ended questions regarding what was working well with the child welfare system, what could be improved, and any additional feedback. The most frequent and consistent theme for improvement was the call for more caseworkers with better training, better pay, and lighter caseloads. The foster care system drew the second most frequent comments for improvement including the need for more foster homes, quality foster homes, more support for foster parents, and more training.

Stakeholders also highlighted a number of areas in which the child welfare system was doing well. Two areas that received the most positive comments included the Investigations and Family Focus initiatives. Respondents noted that response time for investigations was very good, caseworkers were doing a better job of investigating, and caseworkers were doing a better job at removals. Family Focus initiatives that drew the most comments included the expansion of the kinship program, Family Group Conferences, Family Team Meetings, Circles of Support, and the provision of additional in-home services. Other areas highlighted included adoptions, addressing the physical and mental health needs of children, caseworker dedication, and increased communication and collaboration.

## **Youth Voice**

A Texas Teen Conference was held June 4-6, 2007 at the University of Texas at Arlington. The theme was "Believe It ... Achieve It!". The agenda included activities to provide foster youth and alumni of foster care, ages 16 to 21 years, opportunities to develop skills, network, and gain resources to facilitate the preparation for adult living. This conference included a total of 221 participants, with 149 youth and 72 adults. Foster youth and alumni participating were asked questions related to their experiences in the child welfare system. The questions were developed by Youth Specialists, who are CPS employees and alumni of the Texas foster care system. Examples of questions and their responses included:

### **1. Has the system failed you? If so, how?**

Specialized kids get to do more than me. It doesn't make sense how they do levels of care – it doesn't make a difference.	We can't be normal. You always say you want us to be normal, but how can we? Even in basic care, I can only hang out with friends one day a week for 2 hours.
I have a job. I've shown I can be trusted, but I can't do anything.	We need freedom. There are too many restrictions.
I don't think the system has failed us. Just put us on a leash. I think down the road we'll see that CPS has helped us in the long run.	

### **2. What is the rush to leave foster care?**

My foster mom is letting me stay, but I know kids who got thrown out.	I'm an independent person, and I want my freedom.
-----------------------------------------------------------------------	---------------------------------------------------

### **3. How can CPS staff help with your transition out of care?**

Provide me with a place to stay.	Advocate for more transitional living programs.
They have done their part, we need to take responsibility.	Offer more time in foster care.
There needs to be more flexibility and improved communication between caretakers and caseworkers.	

### **4. Why is it so hard to remain in care until you are 18?**

The restrictions make you want to leave.	Foster parents don't allow youth to be independent.
Youth don't have any say in what schools they attend.	Agencies have too many regulations that they have foster parents follow.
Youth don't feel comfortable with all the rules.	

**5. Do you feel you are given enough independence?**

I've built trust and therefore, I have a lot of freedom and independence.	I don't have the same freedoms as the biological kids.
I'm judged and restricted based on things I've done in the past.	Restrictions are too long.
We need to be given trust if we earn it.	

**6. What is the most important lesson we learned at the teen conference?**

Have fun.	We all have similar backgrounds and we can change – believe it, achieve it. You can do it if you want to.
There are a lot more people than I thought going through this.	Being with a caseworker, it is nice to know they care for us.
You should not let your past destroy you, get past it.	Some people are worse than us and they don't get the help we get.
Never give up. Good things will happen. I'm glad for the things that have happened. I would not be who I am.	

**7. What is your idea of permanency and how can we help you get that?**

I think it should be your choice. You should be able to select.	Talk to us more, ask us what we like, call more often, and ask how we like things.
Ask a kid what they like and don't like, don't just stick them there.	Some foster parents don't kick you out at 18, but some don't want you there.
You should feel comfortable and they should help you before you go to college. They need to be there for you if you have problems.	A place to go. If you are in school, you can be in the home. If you go to their home they should let you go back. If I'm not in foster care and I have no family, where should I go?
You have your own place and it's nice.	

**8. What is the most important quality in a case worker?**

Loving and caring; be there for you when you call; dependable; one who likes what they do; trustworthy; punctual; honest; determined; straight forward; be there when you need them. She handled everything.	Someone who calls you back when you want answers. Be a friend – honest, supportive, understanding, someone who has been in my shoes.
Don't sugarcoat what you are saying – be real, be funny, and laugh, but also be serious.	They want what you want; share interests and goals; support you.
Gets things done.	Be my best friend.

**9. Do you feel that the state foster care kept you out of trouble?**

Yes, if I was still living with my biological parents, I'd be in trouble. I'm thankful for it.	Yes, I used to hit my sister and now I don't. I've changed for the better.
Yes, it kept me out of trouble but not everyone I know.	I don't like the way I got there, but it's been for the best.
Yes, I realized that my real family loved me, but I'm blessed that I'm here.	Foster care has been good for me because I'd probably not be where I am today.
You have to make yourself believe you're there for a reason and try and focus on your goals. It gives you meaning in life.	CPS makes mistakes, but I might be dead if I hadn't come into foster care.
I've grown up so much and wouldn't have graduated or gone to college. I wouldn't be a role model and leader if it weren't for CPS.	



### 10. What do you think of your caseworker?

Caseworkers have done everything in their power to help. I've had all good caseworkers.	Caseworkers didn't seem to be doing anything to get a final visit with my grandma. They should have kept me better informed.
I missed my father's funeral.	If there is a chance to see someone before they die, the caseworker should make every effort.

### 11. Why do some youth leave at 17 in spite of losing all benefits?

At age 17, you don't want to follow all the rules.	They usually regret it and don't go to college.
They just don't want to deal with conditions in CPS and think they can go back home and things will be better.	

### 12. Do you know why you're in foster care?

Being in foster care is my fault. My grandma couldn't take care of me. I don't think my foster parents know why I am in care.	I am in care because of what my mom and grandpa did. I don't understand why I couldn't live with aunt and uncle.
My siblings blame me for being removed. I can't worry about what siblings think because my brother doesn't believe abuse happened.	My relative had 6 kids of her own and called CPS to come get them. I felt responsible and thought I was bad.
Everyone has their own point of view about why they're in care. People who've never been in care have no idea how it feels.	

### 13. How do you plan to use your PAL benefits?

I plan on using every single one of my benefits to go to college and get a doctorate in psychology.	I plan on going to college and getting a scholarship – graduate level.
I'm thinking about joining the Marines.	

### 14. If you had one wish as a foster child, what would it be?

To be placed with my sister	To go home
To change foster parents	

### 15. Why do you run away?

We have no privacy to tell caseworker problems, foster parents are always in ear shot.	Sometimes it all becomes overwhelming and I just have to get out.
Foster parents are always telling workers their point of view.	

### 16. What is main issue that concerns you about leaving foster care?

Fear and whether I can achieve my goals before I go.	Where I'll go.
Fear of failure.	Getting a job.
What will happen if I go home.	

### 17. Why do you only call when needing clothes?

I talk to her about other things.	I call every day.
Caseworkers come and go every 3 or 4 months and they don't get to know me (need one to stay by us the whole time).	Won't let me get a job to get clothes.

## 18. Why are you mean to new caseworkers when they change?

If they can take our crap, they can care for us.
--------------------------------------------------

I had a caseworker for 6 months and I never saw them.
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### Court Input

A separate focus group with the Supreme Court Task Force on Foster Care was held September 14, 2007, though Court stakeholders participated in Stakeholder Meetings as well. Participants included statewide representatives of the Judiciary, CASA, Office of Court Administration, Supreme Court Commission, Attorneys ad Litem, and other legal stakeholders. Participants provided responses to the following three questions:

What is the best part/strongest component of our Texas child welfare system?

- The judicial system, due to prompt resolution and the statutory process (including Texas Family Code and state law) is the Texas child welfare system's strongest asset.
- The CASA involvement and recent emphasis on expansion brings in resources not otherwise available across the state.
- The agency's shift to involving families more often and earlier in the process, including kinship caregivers, has strengthened the system.

What is our greatest challenge?

- Texas demographics are the biggest challenge. The child welfare system is only a small part of it. In many national human service rankings, Texas rates in the lowest groups. The state demographics indicate Texas is getting younger, becoming poorer, increasing in immigrant numbers, and becoming less educated. There is a general lack of resources that, even with significant dedication of resources by the last two legislative sessions, keeps the state from significantly impacting child abuse and neglect.
- Another great challenge is in the overall ability to build leadership within the CPS program. Turnover rates remain high and continue to increase. Caseloads are very high in many parts of the state. Changes in caseworkers contribute to placement turnover and the inability to build foster home capacity. Morale is very low in some areas.

If you could make one improvement in the Texas child welfare system, what would it be?

- If Texas could build great supervisors, the child welfare system could tolerate low-tenured, young caseworkers.
- If Texas could provide state sponsored daycare, many social issues could be addressed: job training for single parents, strengthening of parents, improved child well-being.
- Texas must continue to build resources and funding in the state's child welfare system to strengthen front line staff, increase kinship care, and increase prevention efforts.

## SAFETY

### CPS Reform Impact

The following content, through page 46, is from the CPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.

#### New Investigations Structure and Forensic Investigation Support

Section 1.82 of Senate Bill 6 instructed DFPS to establish an Investigations Division to oversee and direct investigative functions of CPS, including the receipt and screening of reports. The Director of Investigations is required to have law enforcement experience and is to be designated by the DFPS Commissioner.

Section 1.28 required DFPS, subject to the availability of funds, to employ or contract with medical and law enforcement professionals who can provide support and assistance to caseworkers with assessment and intervention activities, employ or contract with subject matter experts to serve as consultants to caseworkers, and designate persons to act as liaisons within DFPS to work with law enforcement and the courts.

The CPS Investigations Division ensures that policy and practice methods incorporate the use of forensic investigations techniques into CPS investigations, solicits the expertise of medical and law enforcement professionals when feasible, and improves working relationships with law enforcement entities throughout the state.

#### *CPS Reform Achievements/Milestones:*

- Law enforcement liaisons, substance abuse specialists, and nurse positions were created for each region. The Director of Investigations was hired in June 2005 and participated in the revision of the new CPS caseworker investigation training.
- Regional law enforcement liaison positions were filled, reporting directly to the Investigations Division rather than regional administration. Regional law enforcement liaisons are specialized staff whose primary functions are to increase the quality and number of joint investigations and improve CPS' relationship with local law enforcement agencies. As of July 2007, 9 out of 10 regional law enforcement liaisons were hired.
- Law enforcement liaisons met with law enforcement agencies in 107 counties across the state. In general, the law enforcement agencies were eager to participate in joint training with CPS and improve joint investigations. Law enforcement agencies reacted positively to having a law enforcement liaison from CPS who has a background in law enforcement and understands law enforcement issues. Law enforcement liaisons participated in quarterly special investigator/supervisor meetings.
- Special investigator positions were created and filled statewide. Special investigators are required to have a law enforcement background in abuse/neglect investigations. These positions are designed to help support investigation caseworkers in interviewing victims and suspected perpetrators, evidence gathering, and coordination of criminal and civil case actions. As of July 2007, there were 212 special investigators on staff statewide.

- Modifications were made to the automated case management system (IMPACT) related to the CPS investigation conclusion. This change requires investigators to document whether Priority 1 physical abuse or sexual abuse cases are investigated jointly with law enforcement as required by statute. The modification allows the collection of data indicating the frequency of joint investigations with law enforcement, as mandated by law, as well as the rationale if a joint investigation is not conducted.

### Child Safety Specialists

Section 1.29 required a child safety specialist in each of the DFPS administrative regions. The duties of the child safety specialists include conducting evaluations of cases determined to involve a high risk to the health or safety of a child, ensuring the risk assessment tools are fully and correctly used, and reviewing cases with multiple abuse or neglect referrals involving the same family, child or alleged perpetrator.

Child safety specialists provide expertise for the risk assessment process and are available for expert consultation on court cases, child removals from the home, reunification, safety planning, and as otherwise needed. They meet a critical need for specialized assistance on questions of child safety in complex and high-risk cases.

### *CPS Reform Achievements/Milestones:*

- DFPS hired all seven lead child safety specialist positions. These positions supervise 43 child safety specialists, who were also hired and trained.
- From September 2005 to June 2006, a statewide Drug Endangered Child training was delivered with the assistance of child safety specialists, and in collaboration with the Texas Alliance on Drug Endangered Children.
- Training modules and a centralized webpage were developed regarding risk and safety assessment, development of safety plans, use of safety determinations, assessment of substance abuse dynamics and other topics. Risk and safety assessment training was delivered statewide to CPS caseworkers who completed their basic skills training prior to September 2005.
- A risk and safety committee, comprised of state office and regional staff, recommended modifications to the current risk assessment tool to more completely address risk and safety. The tool was refined and enhanced by reviewing the risk assessment tools used in other states, researching the literature, obtaining feedback from medical experts in the field of risk assessment instrument development, updating definitions of the risk items based on medical expert consultation, and developing definitions for scales of concern used to rate elements contained in the risk assessment tool.
- Integration of the risk assessment tool into the automated case management system (IMPACT) rolled out with the Mobile Protective Services (MPS) program for use on the tablet PC in May 2007. MPS enables caseworkers to document case activities into their tablet PCs when in the field.

- During summer 2005, all supervisors and program directors were trained to better recognize and more effectively respond to high-risk cases. Beginning in September 2005, newly hired caseworkers received enhanced training in these risk and safety concepts.
- Improved reports and processes were developed to better identify systemic trends and patterns to improve staff proficiencies and control of risk issues.
- Child safety specialists saw an increase in requests for case consultations and reviews by workers and supervisors assigned to ongoing cases, especially around potential reunification decisions.
- Child safety specialists continue to develop and deliver training based on trends and patterns identified during case reviews as well as in response to requests from regional administrators. Training modules are posted on the child safety specialist staff website and risk-based supervision has been implemented widely as a method by which new CPS supervisors can receive supplemental training and mentoring by child safety specialists.
- In October 2006, statewide child safety specialists staff met to conduct strategic planning and establish goals for fiscal year 2007. One of the top priority goals for 2007 was to use training and staff development to improve quality of work resulting in fewer multiple referrals, a decrease in recidivism, improved quality risk assessments, and improved decision-making in all stages of service.
- While policy was in effect, the percentage of cases being reviewed by child safety specialists was not meeting DFPS expectations. In response, significant efforts were made to increase compliance with the child safety specialist policy on second approval for case closure. A plan was developed and included short-term strategies, followed by an automation enhancement in August 2007 that ensures staff compliance with legislatively mandated requirements for second approver for case closure. The changes to the automated case management system (IMPACT) completed in August 2007 automatically assign appropriate investigations requiring secondary approval to a child safety specialist.
- During the summer of 2007, an alternative mechanism using an Internet-based survey tool was implemented to ensure all cases appropriate for review were assigned to a child safety specialist. This mechanism began in June and will remain until the automated process is effectively in place. These new processes have led to 100 percent of high-risk cases now being reviewed, putting practice into full compliance with policy.

### Improved Screening

Section 1.19 required that DFPS make the most effective use of its resources by screening out certain cases if DFPS determines, after contacting a professional or other credible source, that the child's safety can be assured without further investigation.

Section 1.20 required DFPS to develop, in cooperation with local law enforcement and the Commission on State Emergency Communications, a training program for DFPS employees who receive reports of abuse and neglect. The training must include information on proper methods of screening reports, and ways to determine the seriousness of a report, including determining whether the alleged circumstances could result in death or serious harm to a child.

The legislation required DFPS to utilize highly skilled caseworkers to perform the screening of intakes, develop standardized policy guidelines and accountability measures, and monitor closed cases in order to detect any screening guidelines that need adjustment. Case screening performed by skilled caseworkers, with consultation by other experts as needed, results in more caseworker time spent on cases that need critical attention to ensure the safety of children. Of equal importance is having well-trained, skilled employees to effectively elicit vital information from individuals reporting the alleged abuse or neglect. This skill is crucial in assessing the situation accurately and assigning the case quickly.

*CPS Reform Achievements/Milestones:*

- DFPS hired screeners located throughout the state. In May 2006, screeners were trained on screening protocol and risk assessment. As of December 2006, there were 42 screeners on staff statewide.
- New procedures were developed requiring regional staff responsible for assigning investigations to route Priority 2 investigations to screeners for review. Screeners were made responsible for reviewing abuse and neglect referrals from Statewide Intake (the statewide abuse/neglect hotline), and determining if a full investigation is warranted. A standardized protocol manual established statewide consistencies regarding which cases are selected for screening and the process by which they are screened. If the alleged victim is under 5 years of age, regardless of the allegation type, or if a case is already open, the case is referred directly to an investigator. CPS leadership is monitoring the screener program to ensure that appropriate procedures are followed and to make changes as necessary. In April 2007, a Quality Assurance evaluation and report was completed of the screener positions and roles throughout the state.
- DFPS completed the development of the curriculum required by Section 1.20 and sought comment from the Texas Municipal Police Association and the Commission on State Emergency Communications. The Commission on State Emergency Communications approved the training in December 2005, and the Texas Municipal Police Association did so in early January 2006.
- As of June 2006, screeners had reviewed over 24,000 reports of child abuse and neglect. Nearly one quarter of those cases were closed during the screening process. From September 2006 to May 2007, there were 63,525 reports of child abuse and neglect screened statewide and 13,145 were closed during the screening process.
- Training for new abuse and neglect intake specialists began in May 2006 during basic skills classes. Training for tenured intake staff was completed by December 2006.
- The CPS Investigation division and the DFPS Quality and Improvement Research team developed a survey tool to be used by child safety specialists during their review of screened cases. This tool tracks trends and identifies weaknesses and strengths in the screening process.
- In January 2007, child safety specialists began reviewing screened and closed cases in an effort to ensure quality decision-making. Child safety specialists review for appropriate risk assessment and proper use of the screening guideline protocol.

- In July 2007, guidelines for the use of screeners were incorporated into the new 72-hour response standards policy for Priority 2 reports.

### Response Time Reduction

Section 1.16 directed that DFPS immediately respond to a report that could lead to the death of or severe harm to a child. Highest priority reports must be responded to within 24 hours. All other reports must be responded to within 72 hours.

Responding more quickly to allegations of abuse or neglect ensures that children whose safety may be compromised are given prompt attention.

### *CPS Reform Achievements/Milestones:*

- Pilot programs involving shift work schedules were completed in every region, providing useful information about response time and scheduling issues. This assisted in planning for the full implementation of the 72-hour response time.
- A mobile casework pilot to leverage tablet PC hardware began in May 2006. Goals of this pilot included aiding caseworkers in meeting the upcoming response time requirement as well as identifying best practices for field use. Due to the positive results of the pilot, statewide distribution of the tablet PC hardware and accessories occurred from August to October 2006.
- In the fall of 2005, Dallas/Fort Worth and the surrounding 13 counties began piloting a five-day face-to-face response time with alleged victims in Priority 2 investigations. A plan was developed to pilot a 72-hour response time in a few select units around the state. Formal evaluation of that pilot provided guidance in rule formulation and procedures for staff prior to full implementation.
- Results from the five-day face-to-face pilot indicated that there were challenges in responding within a shortened time frame. However, more investigation staff were later deployed and screeners impacted what was assigned for investigation. Building on the lessons from the initial pilot, a three-month pilot for 72-hour response was implemented in December 2006, in at least one unit in seven regions. A study examined how often the 72-hour response time was achieved and what barriers or issues needed to be resolved.
- To aid caseworkers in meeting the response time requirement, tablet PC rollout and training for all existing investigators and family-based safety services workers was completed in October 2006. All newly hired investigation and family-based safety services workers received their tablet PC upon employment with the agency and received training on the tablet during basic skills training as a new worker.
- Designed to streamline data entry from the field, a new Contact Detail page in the automated case management system (IMPACT) and the Mobile Protective Services (MPS) application was released in January 2007. Approximately 90 CPS direct delivery workers piloted the functionality prior to a full CPS release in March 2007.
- In April 2007, the five-day response time to Priority 2 investigations was implemented, as an interim measure.

- In July 2007, CPS Regional Directors developed implementation plans to ensure an appropriate management response to implementing the new timeliness standards. Compliance reports were developed for managers to promote timeliness standards being met.
- In July 2007, new CPS policy incorporating the new timeliness standards was distributed to all staff.
- In August 2007, the transition to a 72-hour response time for to Priority 2 investigations was implemented.

#### Parental Notification and Failure to Cooperate With an Investigation

Section 1.21 required that before transporting children for an interview or investigation, DFPS must attempt to notify the parent or other person having custody of the child. A person commits an offense if he or she is notified of the time of the transport of a child by DFPS and of the location from which the transport is initiated, and the person attempts to interfere with the DFPS investigation. The offense is a Class B misdemeanor.

Section 1.23 enabled DFPS to seek assistance from the appropriate county attorney or district attorney to obtain a court order if a person refuses to cooperate with an investigation of child abuse or neglect and the refusal poses a risk to the child's safety.

These provisions recognize the parent's need to know the whereabouts of their child and the reason the child is being transported by a caseworker. These sections also clarified the legal consequences of interfering with an investigation.

#### *CPS Reform Achievements/Milestones:*

- New policy was added to the CPS handbook requiring caseworkers to make a good faith effort to notify a parent prior to transporting the child. This includes a call to each telephone number the caseworker has, or can reasonably access, for a parent until contact is made or all numbers have been exhausted. A phone message can be left, or e-mail can be sent if actual contact cannot be made.
- A parental notification form with the caseworker's name and phone number was developed for staff to leave at the child's location, such as the school or day care center, if the caseworker is unable to verbally notify the parent of the intent to transport.
- Policy was developed to outline the situations when staff must seek the input of the attorney representing DFPS to ensure the parent's cooperation and the safety of the child.

#### Taping of Child Interviews

Section 1.21 required DFPS to audiotape or videotape any interviews conducted with any child in an investigation.



This section broadened the requirement to audiotape or videotape all children interviewed during an investigation. Previous policy required CPS to tape only interviews with alleged child victims of physical or sexual abuse.

*CPS Reform Achievements/Milestones:*

- New policy was added to the CPS and Child Care Licensing (CCL) handbooks to require audio or videotaping of all children interviewed.
- In January 2007, digital audio recording software was added to the tablet PCs to more effectively meet this policy and minimize the amount of equipment staff must carry in order to conduct an investigation.

Child Care/Child-Placing Administrator License

Section 1.111-1.122 changed the minimum qualifications for licensed child care administrators and adds the requirement for each child-placing agency to have a licensed child-placing administrator.

Previously, only administrators of residential child care operations were required to be licensed. Passage of Senate Bill 6 required administrators of child-placing agencies to be licensed as well. This ensures consistency of licensure requirements across all types of 24-hour out-of-home care and enhances the safety of children.

*CPS Reform Achievements/Milestones:*

- DFPS began accepting applications for licensed child-placing administrators on September 1, 2005. The required exam for licensed child-placing administrators was developed in partnership with university-based experts and testing began in January 2006. Between January and June 2007, 16 exams for the Licensed Child Care Administrator were given with a 100 percent pass rate, and 37 exams for the Licensed Child Placement Administrator were given with an 86 percent pass rate.
- Both the Licensed Child Placement Administrator exam and the Licensed Child Care Administrator exam were revised to incorporate changes from the new Minimum Standards for Child-Placing Agencies, and General Residential Operations and Residential Treatment Centers.

Reports of Abuse and Serious Incidents

Section 1.106 required the reporting of certain serious incidents involving children in care by residential child care operations to DFPS, including a critical injury to a child; an illness that requires hospitalization of a child; and arrest, abuse, neglect, exploitation, runaway, suicide attempt, or death of a child.

Section 1.31 required the reporting of child-on-child abuse.

Minimum Standards for residential child care operations and child-placing agencies required the reporting of serious incidents involving children in placement to the Child Care Licensing division. Senate Bill 6 added this requirement to Chapter 42 of the Human Resources Code

and defined what is meant by a serious incident as “a suspected or actual incident” that threatens the health, safety, or well-being of a child. Revising these standards strengthens safety outcomes for children in these placements by ensuring all types of abuse and serious incidents are appropriately reported.

#### *CPS Reform Achievements/Milestones:*

- The rules to implement these requirements were included in the revised Minimum Standards for General Residential Operations and Residential Treatment Centers, and the Minimum Standards for Child-Placing Agencies, which became effective January 1, 2007.
- The Child Care Licensing automated system (CLASS) was modified to accept and track reports of abuse and serious incidents. Child care licensing management staff was trained on the proposed rule change on January 27, 2006. Residential Child Care Licensing staff was trained on the CLASS enhancements and the new rules on April 19, 2006.
- Between January 1 and June 30, 2007, licensed general residential operations, residential treatment centers, and child-placing agencies were given technical assistance on the implementation and application of the new licensing standards, including reporting of serious incidents.

#### Background Checks

Section 1.103 specified that background checks in residential child care operations must be requested on all employees, including future employees, who will provide direct care or have direct access to a child in care. This section added requirements that background checks must be submitted before a person provides direct care or has direct access to a child in a residential child care operation. This section further required that the background checks be completed and sent to the residential child care operation within two days or the residential child care operation could do its own background check.

Chapter 42 of the Human Resources Code requires that staff of residential child care operations undergo background checks regarding criminal and child abuse history. Staff with a history of committing certain offenses or a record of child abuse or neglect may not be employed in a residential child care operation. The previous requirement was that background checks be completed on an employee once the person was hired. This section of Senate Bill 6 clarified the checks must be done prior to employment and completed within a two-day timeframe. Ensuring those entrusted with the care of children are properly screened enhances child safety outcomes.

The requirements for background checks, in particular FBI fingerprint checks, were given special consideration and review in the 80th Legislature. As part of SB 758, day care directors and caregivers are required to have a fingerprint check as part of the regular background check process. Between June and September 1, 2007, Child Care Licensing developed processes and policies for these checks, added the information to the DFPS web site, and conducted meetings in each district for providers to inform them of the new requirements.

#### *CPS Reform Achievements/Milestones:*

- In December 2005, new rules for conducting background checks in residential child care operations were adopted.
- The Residential Child Care Licensing program implemented a background check unit to handle the requests and facilitate the reporting of results. Reports of findings are sent via e-mail to child care operators within 24 hours.
- In order to provide more timely feedback to residential child care operators, technology changes were implemented that allow background checks to be run against the Department of Public Safety (DPS) database daily instead of weekly.
- As of October 2006, the Adam Walsh Child Protection and Safety Act requires fingerprint-based criminal history checks for new foster and adoptive applicants and out-of-state registry checks for applicants or other adults in the home who have lived out of state in the past five years.
- In December 2006, the CLASS system implemented an interface to Identix (a fingerprint identification service). This allows DFPS to provide a list of authorized applicants needing FBI checks in a quick and efficient manner. Further system updates will include an automated process to update the CLASS system with the Department of Public Safety (DPS) and FBI results once received from those organizations. This effort is contingent on a new process by DPS, so a specific release date is not available at this time.
- As of September 1, 2007, the administration of the background check unit was transferred to the Chief Operating Officer in an effort to centralize all the background checks being done by DFPS, including background checks on CPS staff, foster and adoptive parents, contractors, and regulated child caregivers.

### Drug Testing

Section 1.104 required a residential child care operation to have a drug testing policy for new and existing employees and to inform DFPS within 24 hours after becoming aware that a person who directly cares for or has access to a child in the operation has abused drugs.

Previously, there were no requirements in minimum standards for drug testing of employees of residential child care operations. The intent of this section was to ensure that children are safely cared for in a residential setting, while also protecting the rights of employees.

### *CPS Reform Achievements/Milestones:*

- Rules for drug testing in residential child care operations were adopted in December 2005, with providers of residential child care required to implement these rules in January 2006.
- Residential child care licensing staff provided technical assistance to operations to implement these rules and began citing for non-compliance in March 2006.

### Behavior Intervention Training

Section 1.95 required residential child care operations to provide training approved by DFPS on behavior intervention to their personnel. The training must include the risks associated with prone restraint of children.

This section of Senate Bill 6 intended to ensure consistency in the type and quality of behavior intervention training being offered in residential child care operations.

*CPS Reform Achievements/Milestones:*

- In August 2005, residential child care operations were notified to revise their pre-service training curriculum on behavior intervention to include information on the risks associated with prone restraints. Licensing staff provided technical assistance on how to meet the standard.
- Rules to implement this requirement were effective in March 2006. Shortly after, Residential Child Care Licensing staff began reviewing child care operations during regular monitoring visits for compliance with providing employees with the required behavior intervention training curriculum.

Random Inspections

Section 1.96 required periodic inspection of a randomly selected sample of foster homes and foster group homes.

This section of Senate Bill 6 served to address the gap in the ability of DFPS to inspect foster homes outside of a report of abuse or neglect by requiring periodic inspection of randomly selected foster homes. This also allowed resources to be directed to these inspections to ensure the foster homes selected are meeting standards and that children are safe.

*CPS Reform Achievements/Milestones:*

- Methodology and policy were developed from September through December 2005. Limited random sampling began in January 2006 with the full program operational by April 2006. The intent is to randomly sample and monitor 30 percent of all foster homes annually.
- Rules to implement this requirement were effective March 1, 2006.
- Additional Residential Child Care Licensing monitoring specialists were hired, and staff received training on conducting random inspections from December 2005 through January 2006.
- Forms and letters were developed to support sampling of homes for periodic inspection, including letters to notify selected foster parents and child-placing agencies, and forms to capture the information obtained during the foster home visits.
- Changes were made to the CLASS system to include sampling information. The information can be compiled into a report that may be used when evaluating a child-placing agency's compliance with minimum standards.

- As of September 2006, random sampling of foster homes was expanded to all DFPS regions. Residential Child Care Licensing staff conducted 1701 inspections of foster homes between September 2006 and June 2007.
- In March 2007, Residential Child Care Licensing began to request home studies and any amendments from child-placing agencies to review prior to the inspection in foster homes. This led to more informed inspections.
- For better tracking of compliance history, the CLASS system was upgraded in March 2007 to capture violations related to sampling inspections.

### Adverse Actions

Section 1.99 allowed DFPS to deny an application for a residential child care operation if there was a revocation of a license in another state or if an applicant is barred from operating a residential child care operation in another state.

Section 1.105 prohibited a residential child care operation from employing, in any capacity, someone who is ineligible to receive a license or someone who has been denied such a license because of out-of-state history.

Section 1.107 prohibited DFPS from issuing a permit to a person for five years after DFPS revokes the person's permit to operate a residential operation or denies the person a permit to operate a residential operation; and prohibits a person from applying for a permit for two years after DFPS has denied or revoked a permit to operate a non-residential operation, such as a day care center or registered family home. It also allowed DFPS to deny any license or certification to a person who operated or was a controlling person of a residential operation whose license has been revoked or who voluntarily closed before the license was revoked.

Section 1.108 extended emergency suspensions of residential child care operations from 10 to 30 days.

Section 1.110 allowed DFPS to impose an administrative penalty against a residential child care operation or a controlling person of the operation if the operation or person violates a term of a license.

The safety of children served by residential child care operations is advanced with good quality and appropriate licensure. There have been concerns that residential child care operations with adverse actions taken against them in another state were able to apply and be licensed to provide child care in Texas. These sections of Senate Bill 6 allow DFPS to deny or delay an application or license due to such adverse actions.

### *CPS Reform Achievements/Milestones:*

- Residential child care licensing management staff was trained on these changes in January 2006.
- Rules to adopt these requirements were proposed at the April 2006 DFPS Council meeting and were presented for recommendation to adopt at the October 2006 Council meeting. Rules were adopted in October 2006 and became effective January 2007.

- The child care licensing handbook and related forms were revised to incorporate these requirements and for staff to record findings of compliance or noncompliance on these rules.

### Exit Conferences

Section 1.98 required that upon completion of an inspection of a residential child care operation, the inspector is to have an exit conference with a representative of the inspected operation and to provide the representative a copy of the inspection checklist used by the inspector.

Residential Child Care Licensing staff is required to have an exit interview with the staff of a child care operation at the end of an inspection. This ensured the representative of the child care operation and DFPS have an opportunity to communicate about potential violations. Providing a copy of the inspection results supports the residential child care staff in making necessary corrections or determining what change is needed to meet the licensing requirements.

### *CPS Reform Achievements/Milestones:*

- Forms were developed to allow licensing staff to leave a written report with a copy of the findings of the inspection with the child care operator at the end of an inspection.
- The licensing policy and procedure handbook was updated to include procedures for conducting an exit interview and leaving a written report at the child care operation.

## **Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

### Data Summary

The Texas child welfare system utilizes the federal CFSR process for measuring case-specific outcomes. Quarterly, a statistically valid, randomly selected sample of 360 or more FBSS and CVS cases, open during a specified period under review, are selected for review by a team of CPS case analysts and program improvement specialists. Upon conclusion of the case review, including a secondary review to ensure accountability and inter-rater reliability, results are compiled. Program improvement specialists share regional data with regional managers and, when warranted, conduct training or provide consultation to address themes or systemic concerns. Statewide regional data is regularly shared with the CPS Leadership Team. An executive review of key statistics is addressed monthly in the DFPS Executive Team Meeting.

In Round One, Texas was in substantial conformity to the national standards related to both safety data indicators: repeat maltreatment and abuse/neglect in foster care. However, Texas did not achieve substantial conformity with Safety Outcome 1. This determination was based on the finding that 86 percent of the cases reviewed were rated as having substantially achieved the outcome, which was less than the 90 percent required for an overall rating of substantial conformity. Although the indicators assessed as part of this outcome were both rated as Strengths, there were 7 cases rated as Area Needing Improvement in relation to the two relevant items for this outcome, which resulted in those cases being rated as having partially

achieved, rather than substantially achieved, the outcome. Texas did, however, achieve the target through the Program Improvement Plan process.

Based on random sample (case review) data from recent years, overall conformity for Safety Outcome 1 decreased from FY2004 (74.0%) to FY2006 (61.7%). However, it increased significantly during FY2007 to a high of 87.2%. The most recent case review data (Quarter 1 of FY2008) shows performance at 70.9%.

### **Item-by-Item Evaluation**

#### **Item 1 – Timeliness of initiating investigations of reports of child maltreatment**

***How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?***

##### ***a. Policy and Procedure Requirements***

The worker and supervisor must consider all relevant case information to determine the immediacy of the initial face-to-face contact, the environment in which the initial contact will take place, and other issues reflecting unique case circumstances to address child safety. The safety of the children in the family or household is the most important criterion for deciding what steps to take to initiate the investigation.

To initiate an investigation, workers must contact or attempt to contact:

- each alleged victim (the worker must always interview and examine an alleged victim as the first step in the investigation, unless doing so would increase the child's vulnerability, or the child is deceased, missing, or otherwise not available)
- a protective or non-abusive parent or caretaker, if one is reported to be in the family or household (this step is important to assess the safety of the alleged victim when the worker is unable to contact the alleged victim as the first contact in the investigation; however, the worker should not take this step to initiate the investigation if it would jeopardize the integrity of the investigation or the safety of the child)
- the reporter, a collateral, or a principal (who is not an alleged victim or perpetrator) who can provide relevant information about the safety of the child in the situation

Priority 1 reports are responded to immediately when the circumstances indicate that substantial bodily harm or death could result unless CPS immediately intervenes; or within 24 hours of receipt of the report with the 24-hour period starting with the date and time that the intake report was received.

Priority 2 reports previously required initial contact within 10 days. As of August 1, 2007, Priority 2 reports have a new 72-hour timeframe. If the report involves a child age 5 or younger, it must be responded to within 72 hours of the receipt of the report. The 72-hour time period starts with the date and time that Statewide Intake received the intake report. If the report involves a child age 6 or older, the report is initially responded to by a screening assessment. The screening assessment must be completed as soon as possible but no later than 72 hours after the date and time that Statewide Intake received the intake report. If the screener determines an investigation is warranted, the screener must immediately progress the case and assign it to an investigator. The investigator must then initiate the investigation within 72 hours assignment for investigation.

### ***b. Data Summary***

The impact of the efforts of the 79<sup>th</sup> and 80<sup>th</sup> Texas Legislatures, through law change and appropriation of resources, show a positive impact on safety. Data show consistent improvement in initiating investigations of reports of child maltreatment over time. In random sample data from Quarters 1 and 2 of FY2007, 77.8% and 76.8% of cases met Item 1, respectively. This is an improvement from the previous three fiscal years, when less than 70% of cases met this item. The most recent case review data (Quarter 1 of FY2008) shows performance at 77.3%.

In FY2007, 29.6% of all investigations statewide were Priority 1's and 70.4% were Priority 2's. Substantial improvement in the timeliness of initiating these investigations is reflected in statewide data. The percentage of investigations that met the timeframe increased from 84.2% in September 2006 to 94.6% in August 2007. The increase was greater for Priority 2's (82.4% met the timeframe in September 2006 and 94.1% met it in August 2007) compared to Priority 1's (88.4% met the timeframe in September 2006 and 95.9% met it in August 2007). Overall for FY2007, 91.7% of Priority 1's were initiated timely (an increase from 89.2% in FY2006) and 86.8% of Priority 2's were initiated timely (an increase from 81.9% in FY2006).

Reflecting timeliness after the Priority 2 response time change, the October 2007 data show that 90.4% of Priority 1 investigations and 91.3% of Priority 2 investigations were initiated timely; however, 66.6% and 64% (Priority 1 and Priority 2 respectively) were not only initiated timely, but also documented within the required time frames. This indicates the continuing challenge of adherence to documentation time frames, though actual performance for timely initiation of the investigation is excellent.

In general, the addition of screeners has positively impacted the investigation process by targeting investigation resources to those circumstances requiring investigation. These staff screen out for closure circumstances that, with collateral contact information, are determined to not require an investigation. The determination of types of intakes sent for review by screeners is appropriate based on a review of intakes that were reclassified for a more urgent response (priority upgrade).

<b>FY2007</b>	<b>Total Intakes Assigned to Screeners</b>	<b>Percent Upgraded</b>
Quarter 1	21,955	1.2%
Quarter 2	19,717	1.3%
Quarter 3	22,675	1.8%
Quarter 4	16,011	1.6%

### ***c. Where was the child welfare system in Round One?***

Item 1 was assigned an overall rating of Strength based on the finding that in 92 percent of applicable cases, the State responded to a maltreatment report in a timely manner. Two of the stakeholders commenting on this issue noted that the State has begun to implement an Internet reporting system that they believed would further expedite response time.

### ***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***



In addition to CPS Reform changes described in the 180-Day Report, CPS has made the following important practice changes to help workers adapt to and meet the new time frames for responding to reports of maltreatment by initiating investigations:

CPS has adopted **mobile technology** and all investigation and FBSS workers now have tablet PC's so they can record case documentation (such as contacts with children) in the field. As with all new equipment, there is a learning curve that continues to be addressed so that workers can take full advantage of all the functions of this resource. Results from the tablet PC evaluation indicate that Priority 1 investigations documented within 7 days increased as did Priority 2 investigations initiated within 10 days and documented within 7 days. The percent of completed investigations submitted to supervisors within 45 days of intake increased as well.

**Performance management reports** were implemented, which track the timeliness of investigation contacts on a monthly basis down to the unit and worker level. The reports allow supervisors to monitor and follow up quickly with workers who may be falling behind on their initial contacts. During FY2007, supervisors received training on the use of the reports, and improved timeliness reflects use of these reports.

In an effort to retain tenured workers in the investigative arena, CPS provides a **\$5,000 annual stipend** to each investigator and investigative supervisor. This stipend is paid monthly.

The large **staff increase** in the number of workers, supervisors, and administrative positions over the last two years has created movement among many positions and has made supervisor and above positions sometimes difficult to fill with tenured staff. There is a need to focus on strengthening supervisor knowledge and abilities, as many supervisors have a limited amount of experience. Regional Directors, Program Administrators, and Program Directors are all aware of this issue and have identified these supervisors. They work closely with each supervisor, providing one-on-one supervision and monitoring. Increased staffing (specifically, the addition of screeners and more investigators) has lowered investigation caseloads, as illustrated below, thus enabling investigators to focus on more quality-related investigation tasks.

<b>Fiscal Year</b>	<b>Average Daily Investigation Caseload</b>
FY2005	43.2
FY2006	34.7
FY2007	25.3

**Screeners** review all cases where victims are at least 6 years of age, and are closing out some of the less serious cases based on collateral phone calls made prior to the case being assigned to an investigator. This could be influencing the rate of substantiated vs. unsubstantiated reports.

The **Forensic Assessment Center** is being used by investigators across the state. A forensic assessment center, or a "pediatric center of excellence", is a healthcare facility with expertise in forensic assessment, diagnosis, and treatment of child abuse and neglect. DFPS negotiated a contract with the University of Texas for development of the forensic assessment center network. Using this resource has resulted in workers obtaining better evaluation of injuries sustained by the child and allows for a more accurate assessment to be made. Although not yet statistically validated, the Forensic Assessment Center has positively influenced case decision-making.

In May 2007, the use of the new **Safety Assessment tool** was mandated and incorporated into IMPACT. The Safety Assessment must be completed within 7 days of the first contact with the family. It must then be submitted to the supervisor, who reviews it prior to approval. In May 2006, supervisors participated in a refresher training regarding Risk and Safety factors. This enhanced their skills already in place from their tenure as workers.

In 2004, DFPS developed a secure website designed for professionals and the public to report suspected abuse or neglect via the internet. Professionals and the public were encouraged to use this process to report non-emergency situations of abuse, neglect, or exploitation. The number of **e-reports** received has steadily increased since implementation. In FY2005, 59,225 e-reports were processed. This number increased to 82,894 in FY2006 and 108,217 in FY2007. The dramatic increase in e-reports far outweighs the corresponding increase in intakes, indicating the general public's comfort with and increased use of e-reporting.

Improvements in the timeliness of investigation initiation correspond to decreases in investigation workloads. Barriers to continued timeliness are associated with fluctuations in the receipt of intakes assigned for investigation, including seasonal factors (such as a surge in intakes during the end of the school year) or unpredictable factors (such as a media event triggering an increase in intakes).

In 2007, Texas enacted legislation requiring police responding to family violence calls to determine if the address is a foster home, and if so, report to DFPS within 24 hours. The legislation also requires DFPS and child placing agencies to inquire about family violence history before licensing or verifying a potential foster home. DFPS and the Texas Department of Public Safety are jointly implementing this legislation.

Overall staff retention is a constant challenge for CPS, primarily due to the nature and volume of the work. While attracting qualified applicants is important, worker and supervisor retention is critical to recognizing and reacting to child safety issues. A key measure of retention and stability is the turnover rate, and CPS continues to experience high worker turnover. In FY2005, the CPS worker turnover rate was 29.3%. It increased to 29.8% percent in FY2006 and 34.1% in FY2007. Turnover data is provided to the Legislature in a regular turnover report. According to the Rider 13 Employee Turnover Report (FY2007), CPS turnover data is as follows:

Functional Title	Average Number of Employees	Turnover Rate
CPS Workers	3752.0	34.1%
CPS Supervisors	742.8	7.4%
CPS Specialist II (entry level)	2206.5	40.8%
CPS Specialist III	634.3	27.7%
CPS Specialist IV	680.8	16.7%
CPS Specialist V	28.8	20.9%
CPS Special Investigator	201.8	41.1%
CPS CVS Caseworker	1192.0	33.8%
CPS FBSS Caseworker	543.8	27.4%
CPS INV Caseworker	1479.5	40.7%

CPS continues to hire new staff and perform training activities designed to improve staff retention and stability. Adding new modules to BSD training, increasing cultural awareness

training, and increasing opportunities for web-based learning have contributed to improved training and work performance. As a result of the revised selection process and training programs, the number of CPS workers who leave the agency within their first six months of employment has slightly declined. In FY2005, 14 percent of worker terminations occurred during their first six months of their employment, compared to 13.5 percent in FY2006. DFPS has chartered an agency-wide comprehensive initiative to address the pervasive retention challenge.

## **Item 2 – Repeat maltreatment**

### ***How effective is the agency in reducing the recurrence of maltreatment of children?***

#### ***a. Policy and Procedure Requirements***

CPS intake and investigation policy contains specific deadlines for progressing intakes to investigations. Case history must be reviewed. In addition, abuse and neglect background checks must be completed during the first safety assessment that begins on the day of initial contact with the family and must be completed and submitted to the supervisor within 7 days. Best practice requires workers to conduct the background checks on all principals prior to initiating the investigation. Policy mandates that workers become familiar with patterns of maltreatment in the home, protective capacities of the parents, vulnerability of the children to serious harm, and previous home/social environmental conditions related to harm.

Several areas are addressed in the decision to reunify a child who is in DFPS conservatorship. If the issues that placed the child at risk appear to be sufficiently resolved for the child to return home safely, several steps are taken to transition the child to reunification. These steps include conducting a discharge planning meeting, initiating services to help with the child's transition back into the home, and seeking approval from the court to reunify the child. CPS stays involved with the family to ensure the family is providing a safe environment for the child, and to offer support services as needed. During this time, CPS regularly retains legal conservatorship, generally for six months, and the worker makes home visits that must be well planned and focus on issues pertinent to the reunification to ensure the safety and well-being of the child. At each visit, the worker must talk with the child and the parent separately and together. The worker explores with the child thoughts and feelings about being back with the family, difficulties the child may be experiencing, and other issues. Discussion with the parent must include any problem areas, progress on their service plan, and the use of family and kinship resources.

#### ***b. Data Summary***

In random sample (case review) data there has been improvement. During FY2007, performance exceeded 90% for cases that showed conformity with this item, although the most recent case review data (Quarter 1 of FY2008) shows performance at 86.3%.

Statewide data shows strength when measuring absence of maltreatment recurrence. As shown on the Data Profile for the 12-month period ending 3/31/2007, 96.1% of children are not re-victimized within 6 months; therefore Texas is exceeding the national standard of 94.6%. Texas is approaching the national standard for keeping children safe in foster care: the national standard is 99.68% and the Texas score is 99.55% in the July 28, 2007 Data Profile for the 12 month period ending 03/31/2007. Using the new national standard of 99.68%, Texas met that standard for FY 2006. For the years of the CFSR under the Round One standard of 0.57% or less, Texas exceeded the standard in all of the years measured: 2003 (0.41%); 2004 (0.18%);

2005 (0.44%) and 2006 (0.28%). Fluctuations over time for performance on the second safety national standard are associated with changes in the monitoring of foster care providers from CPS Reform implementation. Increased monitoring, particularly the use of random inspections, and increased training in abuse and neglect investigations by Residential Child Care Licensing staff has resulted in increased proficiency and strengthened protections.

A subcommittee of the Supreme Court Task Force on Foster Care is analyzing data. The chart below shows the children for whom court jurisdiction ended during FY2006 (year of discharge) who were subsequently found to be confirmed victims of child abuse or neglect within 12 months of discharge from conservatorship:

	TOTAL	Anglo	African-American	Hispanic	Native American	Asian	Other
Total # of children discharged	14,841	5,125	3,967	5,467	35	29	218
Total # of confirmed victims within 12 months of discharge	760	256	147	346	5	1	5
Percentage	5.1%	5.0%	3.7%	6.3%	14.3%	3.4%	2.3%

The data above is further evidence of a low repeat maltreatment rate. Although the Native American percentage is significantly higher than the state percentage, the actual number is quite small. Small numbers also impact the ability to assess the Asian and Other populations. However, substantial numbers for the three largest racial/ethnic groups are valid.

***c. Where was the child welfare system in Round One of the CFSR?***

Item 2 was assigned an overall rating of Strength based on the finding that in 90 percent of applicable cases, there were no instances of multiple substantiated or indicated maltreatment reports occurring 6 months apart and during the period under review. According to the State data profile, the incidence of repeat maltreatment in the State was 4.2 percent, which met the national standard of 6.1 percent, and the incidence of maltreatment of children in foster care was .29 percent, which met the national standard of .57 percent.

***d. What changes in performance and practice have been made since Round One (including strengths, promising practices, and barriers)?***

**Child Safety Specialists** review high-risk cases on a regular basis and their reviews specifically target the risk to the children in the home. If risk has not been adequately addressed, the case is returned to the investigator for further casework and assessment. In addition, when finalizing investigations, investigators must assign a Child Safety Specialist as a secondary approver in IMPACT for any investigation where any child is age 3 or younger and the disposition of the investigation is Unable to Determine, Unable to Complete, or Reason to Believe and the case is not progressed to FBSS or CVS. A report is generated regularly to ensure all cases needing secondary approval are being submitted for secondary approval.

The increase in the number of investigation workers has resulted in **reductions of investigation caseloads**. This has enabled workers to concentrate on fewer cases and spend more time gathering information and making assessments with each family. The reduction of caseloads has led to more timely completion of investigations. This ensures more ‘up-front’ time

with the family to make necessary assessments. In addition, workers now have a quicker response time requirement to make initial contact with a family, as discussed in Item 1. The shortened response time from the time the incident of abuse/neglect occurred may result in more effective intervention with the family.

CPS has expanded the use of **Family Group Decision-Making** to all stages of service, including investigation, in order to enhance safety, permanency and well-being for children. The philosophy that families have a strong voice in determining their strengths and resources to make changes required to ensure safety of the children helps prevent repeat maltreatment. In cases where a Family Group Conference was held, the extended family becomes a part of the plan for the family and a part of the monitoring system. They become more involved with the family and more supportive. The extended family's knowledge of the dynamics of the home and their continued support helps prevent repeat maltreatment.

A **multiple referral indicator** has been added to IMPACT. Any investigation where at least one principal has been involved in two or more reports within the last year, and at least one child is under age 4, is considered a multiple referral. In investigations with a multiple referral, the Child Safety Specialist is required to review the case and may ask that specific issues be addressed during the course of the investigation.

CPS **collaborates with other stakeholders** to prevent repeat maltreatment, including substance abuse programs, MHMR facilities, Court Appointed Special Advocates, therapists, the juvenile system, and community parenting programs. It also includes the child's extended family, and any other significant individuals, particularly those involved in Family Group Decision-Making.

### **Safety Outcome 2:**

**Children are safely maintained in their homes whenever possible and appropriate.**

#### **Data Summary**

In Round One, Texas did not achieve substantial conformity with Safety Outcome 2. This determination was based on the finding that 77.6 percent of the cases reviewed were rated as having substantially achieved the outcome, which was less than the 90 percent required for an overall rating of substantial conformity. Texas did, however, achieve the target through the Program Improvement Plan process.

More children are being safely maintained in their own homes. Based on random sample (case review) data from recent years, overall conformity for Safety Outcome 2 decreased from FY2004 (84.6%) to FY2006 (69.9%). It increased significantly during FY2007 and the most recent case review data (Quarter 1 of FY2008) shows performance at 84.4%.

#### **Item-by-Item Evaluation**

**Item 3 – Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care**

***How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?***

#### **a. Policy and Procedure Requirements**

Policy requires that reasonable efforts be made to maintain the family unit and prevent the removal of a child from his/her home, as long as the child's safety is assured. Protection and the best interest of the child are of paramount concern, followed by the treatment needs of the family. Family-Based Safety Services are an alternative to removal. The goals and objectives of FBSS are:

- Ensuring child health and safety, including ongoing assessment of factors that impact child health and safety
- Providing family focused services, including meeting the family's unique needs
- Strengthening families through home and community based services, including increasing family support systems
- Establishing permanency for children

The safety of the child is the overriding concern throughout the casework relationship with the family. The FBSS worker must initiate appropriate actions to provide for the child's safety in the home and ensure immediate or short-term protection from abuse or neglect at any point during an FBSS case. If the safety of the child is ever in conflict with the treatment or preservation of a family unit, the child's need for protection always takes precedence. When a child needs immediate protection, the worker and family must develop a plan to provide for the child's safety and ensure that the plan is implemented. The safety plan should effectively control the conditions threatening the child's safety, either independently or combined with other actions. For example:

- The parents seek help from family members, neighbors, or others in the community to protect the child
- The caseworker refers the family to community services that can help protect the child
- The caseworker provides the family with casework or case management, in-home visitation, monitoring, etc. or offers appropriate services that are purchased through regional contracts
- The non-abusive parent moves to a safe environment with the child
- The parents voluntarily place the child out of the home
- The alleged perpetrator leaves the home during the investigation so the child can be safe

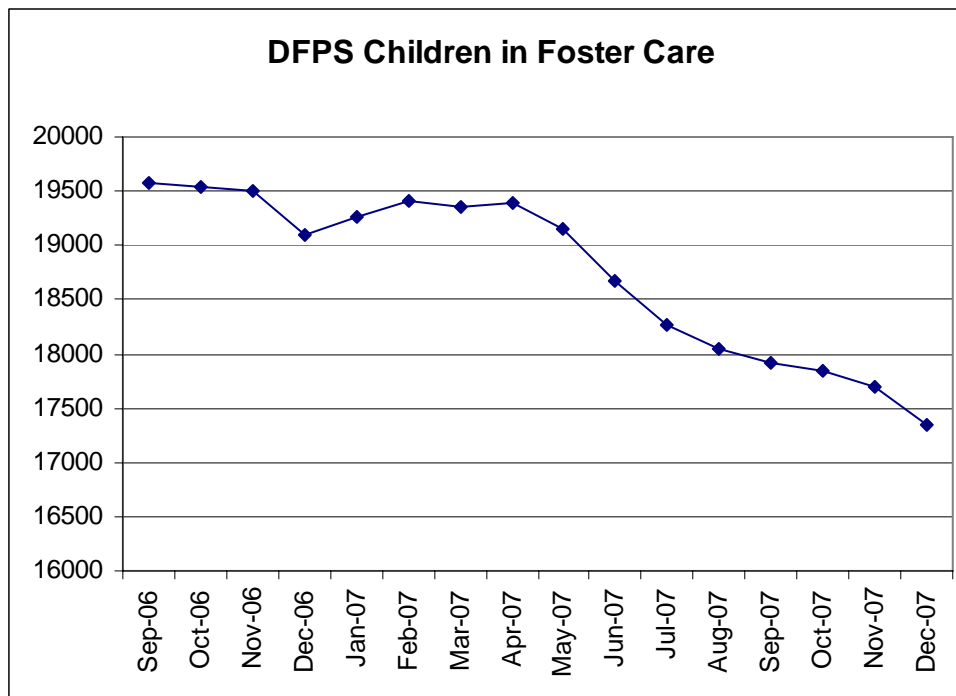
#### ***b. Data Summary***

In random sample (case review) data, improvement is shown. During FY2004 through FY2006, the percentage of cases that met this item ranged from 86.9% to 91.2%. Case review data measured more than 90% through FY2007. The most recent case review data (Quarter 1 of FY2008) shows performance at 91.4%.

With the Texas emphasis on strengthening investigations, there was a general belief that there would be a corresponding increase in child removals. However, removals have not increased, partly due to the fact that more children are being safely maintained with their families through Family-Based Safety Services efforts. As shown in the following table, there was a 57% increase in the average monthly number families receiving Family Preservation Services from FY2004 through FY2007:

Fiscal Year	Average # of families receiving Family Preservation Services per month
2004	7886
2005	10,242
2006	11,384
2007	12,408

From FY2000 through FY2006, there was a steady increase in the number of children in paid foster care placements. However, from the beginning of FY2007 through the end of the first quarter of FY2008, there was an overall decrease:



**c. Where was the child welfare system in Round One of the CFSR?**

Item 3 was assigned an overall rating of Area Needing Improvement. In 81 percent of applicable cases, reviewers found that the State had made diligent efforts to maintain children safely in their homes, but there were concerns related to this issue in 19 percent of applicable cases reviewed. One problem identified was a lack of consistency with regard to the State's efforts to follow up with families on service participation. Another concern was that the workers were not always consistent in their efforts to assess families or provide families with needed services. Stakeholders attributed both of these problems to the high levels of caseworker turnover experienced in the State. Stakeholders suggested that caseworker turnover usually results in additional caseload burdens for remaining staff and/or cases being assigned to new staff before they have sufficient experience and training.

**d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?**

In addition to CPS Reform changes (described in the 180-Day Report), CPS has made the following important practice changes to prevent removal of children from their homes by providing services when appropriate:

Statewide, Family Based Safety Services (FBSS) case transfer protocols were implemented in June 2007 to ensure timely service to families across the state and resolve lengthy or inefficient transition time from the INV worker to the FBSS worker. The protocols include a new family assessment form and shortened time frames on conducting and completing the family assessment and the family service plan. FBSS rules were amended to allow more flexibility in the services provided and remove the requirement that families be voluntary participants. Services were procured to ensure that low-risk families could access preventative services to bolster their capacity to care for their children. The new FBSS guidelines and criteria have helped to ensure appropriateness of cases assigned for in-home services.

The Family Group Decision Making (FGDM) process was expanded into the investigation and FBSS stages of service through the use of **Family Team Meetings**. The Family Team Meeting, introduced in 2006 and expanded statewide in the fall of 2007, is the application of FGDM before a child enters care and is designed as a rapid response to child safety and placement concern. The philosophical changes to incorporate FGDM are discussed at length in other sections. Additional steps were implemented in the investigation and FBSS stages of service to enhance the use of the family's CPS history to accurately assess risk. Sometimes the services offered and/or provided to the family are not appropriately matched to their needs. Changes in service planning due to the use of Family Group Decision-Making model help to address this issue.

**Community Engagement Specialists and Resource and External Relations Specialists** were hired to strengthen community involvement and the quality of services provided to children and families. Some families need in-home services because of medical conditions, lack of transportation, and/or childcare issues and these services are not always readily available, particularly in rural areas. Caps on services near the end of the fiscal year due to expended funds and funding constraints can also be problematic. Community Engagement Specialists and Resource and External Relations Specialists assist in service development to address this issue, though in some areas the demand exceeds available resources.

Challenges in **staff retention and turnover** also impact Item 3. In FY2007, for more than 540 FBSS worker positions statewide, the turnover rate ranged from a low of 10% in Region 10 to a high of 36% in Region 11. Statewide, the FBSS worker turnover rate was 27.4%. CPS direct delivery workers were divided into functional units, thus reducing the supervisors' span of control and increasing the time they can spend with each worker, teaching and guiding them to make sound casework decisions. Each functional unit also has a casework assistant and clerical support to assist caseworkers in meeting workload demands. Functional units were achieved with substantial appropriation of new staff.

The **Strengthening Families Through Enhanced In-Home Support** initiative was authorized during the 80<sup>th</sup> Legislative Session in Senate Bill 758. This initiative provides enhanced in-home services to families to target poverty and neglect by providing flexible funding to access non-traditional services in the community to divert children from foster care and/or shorten their length of stay in care. The program will provide families with funds for non-recurring, non-traditional expenses through two components: *Family Enhancement* (a cash assistance component with a maximum cumulative amount of \$250) and *Family Empowerment and/or Purchased Goods and Services* (a component for activities and/or purchased goods and



services with a maximum cumulative amount of \$3,000). The kickoff for this program occurred in December 2007 and families began to be served through this program, active in 15 counties across the state, in January 2008.

**Disproportionality** exists for African American children, who are more likely to enter the child welfare system than those of other ethnicities. African American children represent 12.6 percent of the State's child population, but account for 26.1 percent of children brought into the foster care system. Efforts are being made at both the state and regional levels to promote parity and improved outcomes for all children and families in Texas, and CPS is committed to addressing the disproportionality and disparate outcomes for children in the child welfare system.

Sometimes contacts with the family are missed because the primary worker is ill, on leave or unavailable due to a vacancy and there is no one to temporarily step in to perform casework. **Performance Management reports**, available on a weekly basis down to the caseworker level, improves accountability and helps supervisors monitor caseloads more closely.

#### **Item 4 – Risk assessment and safety management**

***How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?***

##### ***a. Policy and Procedure Requirements***

During an investigation, the risk of harm to children is determined by utilizing the safety and risk assessment tools, and is continuously evaluated. The worker gathers information using forensic investigation techniques to determine the immediate safety and ongoing risk of harm to the child, and completes the safety evaluation and risk assessment of the family strengths and needs. The worker determines the level of risk in the home based upon the assessment of the child's risk of future abuse and/or neglect, and the needs and strengths of the family. Child Safety Specialists in each region provide specialized assistance on questions of child safety, and ensure that the risk assessment tools are used fully and correctly. In addition, workers may solicit the expertise of medical professionals regarding child abuse and neglect by contacting the Forensic Assessment Center Network or by consulting with Nurse Consultants and/or Substance Abuse Specialists. The information garnered from these consultations is intended to assist the worker in deciding how best to protect a child suspected of being abused or neglected.

When a child remains in the home and the family is receiving Family Based Safety Services, the safety of the child is of paramount concern. Per CPS policy, if at any point, if the FBSS worker determines that the safety of the child can no longer be ensured, a plan for the child's safety is implemented immediately. The plan may require a child's removal from the home and/or CPS initiated court related activities when necessary. There is also policy in place to ensure that risk and safety are assessed on an ongoing basis when a child is removed from the home and placed in substitute care. At a minimum, caseworker face-to-face contacts must occur on a monthly basis. To best serve the goals of child safety, the monthly visits should:

- reflect that the caseworker conducting the visit is knowledgeable about the case and prepared to ask relevant questions, provide information to the child and caregivers, and follow up on ongoing issues
- be focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the child

- result in the caseworker identifying the follow up steps necessary to meet the child's identified needs and taking those steps in a timely manner
- be conducted at the child's home or residence in the majority of monthly visits, and always be held in a location that is conducive to open and honest conversation (for example, not in a crowded hallway in a courthouse)

### ***b. Data Summary***

The data show consistent improvement over time. Random sample (case review) data shows performance from FY2004 through FY2006 ranged from 72.4% to 86.0%. The most recent case review data (Quarter 1 of FY2008) shows performance at 84.4%.

Low foster care re-entry rates and low repeat maltreatment rates, seen in the Texas data profile, show the effectiveness of efforts to reduce risk of harm.

### ***c. Where was the child welfare system in Round One of the CFSR?***

Item 4 was assigned an overall rating of Area Needing Improvement. In 80 percent of applicable cases, reviewers determined that the State had made diligent efforts to reduce the risk of harm to children, but there were concerns related to this issue in 20 percent of applicable cases reviewed. As noted in the Statewide Assessment, the implementation of a risk-based assessment rather than an incident-based assessment correlates with an increase in the rate of children entering substitute care as a result of an investigation, and an increase in the number of cases "screened in" for investigation. However, stakeholders, while praising the risk assessment approach, expressed the opinion that high rates of worker turnover and high caseloads have a negative impact on the ability of the workers to adequately follow up on information obtained through the risk assessment process to reduce risk.

### ***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

As discussed in the 180-Day Report, new investigation structure and forensic investigation support, the use of Child Safety Specialists, improved screening, and response time reduction ensure safety issues are assessed continually and appropriately while families receive services, as well as at key decision-making points. The use of a child care/child placing agency administrator license, new requirements for reporting abuse and serious incidents, drug testing for providers of residential care, behavioral intervention training, random inspections, and changes for adverse actions for foster care providers ensure children remain safe after placement in foster care.

A risk and safety committee comprised of state office and regional staff recommended modifications to the risk assessment tool to more completely address risk and safety. Previously, the assessment of risk and safety was conducted with a single tool, most often completed at the conclusion of an investigation and not when safety decisions were most appropriate. The tool was broken up into two separate tools. The **safety assessment tool** documents whether children in the home are safe from a present danger of serious harm in the first week of the investigation. The **risk assessment tool** was refined and enhanced by reviewing the risk assessment tools used in other states, researching the literature, obtaining feedback from medical experts in the field of risk assessment instrument development, updating definitions of the risk items based on medical expert consultation, and developing definitions for scales of concern used to rate elements contained in the risk assessment tool. The integration

of the new safety assessment tool and the new risk assessment tool into IMPACT occurred in May 2007.

Increased access to **criminal background checks** increases child safety. CPS established policy requiring abuse/neglect and criminal background checks of proposed caregivers when parents agree to place their children with family or friends at the worker's request to ensure the child's safety until services can help the family reduce the level of risk of abuse or neglect occurring in the home to a level that is safe for the child to return. The checks must be completed prior to the placement. If the proposed caregiver or anyone in the home is found to have been investigated for abuse or neglect or to have a criminal record, the records are reviewed and relevant information is assessed. CPS recently updated its contract with DPS to ensure that workers receive the results of criminal background checks in a timely manner. Most results are now received the next working day after the check was requested. In addition, CPS works with DPS and the FBI to obtain emergency background checks in exigent circumstances. **Joint investigations** with law enforcement and advanced training in forensics investigations improved the quality of investigations, and the addition of more investigators resulted in the reduction of caseloads. This allows investigators to work fewer cases and concentrate more time gathering information and making assessments regarding each child. In addition, workers are utilizing **specialized staff** such as Nurse Consultants, Substance Abuse Specialists, and child sexual assault experts to identify risk factors and appropriately address them, and contracts have been established to ensure the availability of forensic assessments in cases where serious physical and/or sexual abuse is suspected.

When contacts with children in foster care are missed, safety and risk not adequately assessed. Similarly, when contacts with children are missed during the transition phase from one stage to the next, it results in lack of monitoring during critical time periods for the child and/or family. The use of a new weekly data warehouse report showing contacts made with children demonstrates the impact of improved **supervisory monitoring of contacts** made by workers.

The increase in **FBSS** workloads (as a result of better investigations) increased pressure to close some FBSS cases too early, without all appropriate services being provided or completed by the family. Increased appropriations for FBSS staff, received during both the 79<sup>th</sup> and 80<sup>th</sup> Legislative sessions, have helped to address this concern.

Several initiatives have been put in place in an attempt to prevent abuse/neglect of children while in foster care. The **Residential Childcare Licensing division initiatives** to reduce maltreatment of children while in licensed facilities include higher staff to child ratios, increased training for caregivers, higher education standards, more frequent monitoring for Child Placing Agencies, development of a program to weigh standards for risk to children, creation of a Division Administrator for Investigations, and creation of a Performance Management division for evaluation, enforcement, and quality assurance for issues related to risk.

Texas has **joint CPS/Law enforcement training**. CPS Investigation division staff worked with the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE) to incorporate joint investigation and risk assessment information into the Special Investigation Topics curriculum that is mandatory for every commissioned law enforcement officer in the state. As a result, every three years, every law enforcement officer in the state is trained on conducting joint investigations with CPS and the CPS risk assessment process. The law enforcement liaisons are building on the information in the mandatory curriculum to develop a longer training for law enforcement on joint investigations. This training is conducted through TCLEOSE with assistance from the law enforcement liaisons.

CPS is partnering with other entities that provide **multi-disciplinary training** on investigating cases involving drug-endangered children and selecting appropriate relative placements. In the fall of 2007, a conference was held to strengthen the collaboration between CPS Substance Abuse Specialists and Outreach, Screening, Assessment, and Referrals (OSAR) Specialists who serve as gatekeepers for referrals of CPS families to residential substance abuse treatment. A user-friendly referral process and an appeal process were created and joint training occurred. Each region collaborated to develop an action plan with the CPS Substance Abuse Specialists and the OSAR Specialists. CPS Substance Abuse Specialists have also helped the statewide FBSS workgroup develop substance abuse treatment resources statewide.

## PERMANENCY

### CPS Reform Impact

The following content, through page 70, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.

#### Cultural Awareness and Disproportionality

Section 1.54 specified DFPS responsibility to mitigate the disproportionate representation of minority races and ethnicities in all phases of child welfare services delivery by:

- Delivering cultural competency training to all service delivery staff
- Increasing targeted recruitment for foster and adoptive families
- Targeting hiring recruitment efforts to ensure diversity among DFPS staff
- Developing partnerships with community groups to provide culturally competent services to children and families

Section 1.54 also required HHSC and DFPS to analyze removal rates and other enforcement actions to determine whether disproportionality exists, taking into account other factors, such as poverty, single-parent families, and young-parent families, and to report the results to the Legislature. The legislation also required a follow-up report to address the problems identified in the first report by July 2006. Enforcement actions are defined as actions taken by CPS that are supported by legal court proceedings and regularly reviewed by the courts, including:

- Removal of a child from the home
- Court order to participate in services prior to removal of a child or parent
- Placement of the child while in custody
- Adoption of the child, or any other outcome that results in permanent placement and dismissal of the state's legal case
- Decision to offer or not offer services that might prevent any of the above

HHSC and DFPS are committed to eliminating the disproportionality that exists in the CPS system and ensuring that all children and families are afforded equitable opportunities for positive outcomes. The two agencies are working with committed community partners on multiple fronts to ensure the success of these efforts.

#### *CPS Reform Achievements/Milestones:*

- On January 2, 2006, HHSC and DFPS submitted the initial disproportionality report to the Legislature. Major findings of the report include: (1) African American children spend more time in foster care or other substitute care, are less likely to be reunified with their families, are less likely to receive in-home family services to prevent removal in some areas of the state, and wait longer for adoption, and (2) Poverty was a strong predictor of whether a child would be removed from the home, with more than 60 percent of child removals in Texas occurring in families with annual incomes of about \$10,000 or less.
- Major efforts were made to increase CPS training on disproportionality. This includes the "Knowing Who You Are" cultural awareness video (a three-part series that helps staff develop awareness, knowledge and skills related to supporting the racial and ethnic identity

development of youth in foster care) produced by Casey Family Programs and new CPS foster-adopt caseworkers participating in a two-day specialized training on cultural/ethnic issues termed “Racial Ethnic Identity Formation.”

- “Undoing Racism” training was provided to all CPS management. All CPS leadership including administrators down to the Program Administrator level statewide and Program Directors, supervisors, and workers in the pilot sites have gone through “Undoing Racism” training.
- Partnerships with communities to address the problem of disproportionality began in Houston, Arlington, and Fort Worth. The work includes convening a Community Advisory Committee of people from the local area, attending “Undoing Racism” training, selecting pilot sites, testing practice improvements, and replicating successes for families statewide.
- Disproportionality specialists were hired in Houston, Dallas, Fort Worth, and Beaumont/Port Arthur to support the community’s work on disproportionality and to serve as resources to CPS staff. The disproportionality specialists are successfully engaging the community and building awareness around disproportionality through focus groups, town hall meetings, and presentations.
- The Disproportionality Policy Evaluation and Remediation Plan were submitted to the Legislature in June 2006. The initial report and subsequent policy evaluation and remediation plan are both available to the public on the DFPS website at: <http://www.dfps.state.tx.us/About/Renewal/disproportionality.html>
- A grant was received from the Child Welfare League of America to support children and families impacted by Hurricane Rita for Project HOPE (Helping Our People Excel). The Port Arthur HOPE Center is a 501(c) (3) community-developed initiative that addresses disproportionality through prevention.
- A grant was received from the Amon Carter Foundation to support disproportionality work in Tarrant County. This grant is designed to address racial disproportionality in the child welfare system, specifically in Tarrant County. The goal is to reduce racial disproportionality, and to sustain this reduction through preventive, community-based services by funding family group conferences and kinship placement home studies, and developing a community resource group.
- Texas’ efforts continued to receive national recognition. DFPS staff was invited to present on the disproportionality policy evaluation and remediation efforts, resulting in multiple state and national presentations.
- Through additional training of current staff on the “Knowing Who You Are” curriculum, DFPS has increased the number and diversity of trainers available to CPS, and is closer to achieving its goal of training all CPS service delivery staff in this curriculum.
- DFPS completed the Rider 29 reporting requirement in October 2006. This DFPS appropriations rider requires that DFPS report, by October 1 of each year of the biennium, to the House Appropriations Committee, the Senate Finance Committee, the Legislative Budget Board, and the Governor, the number of children removed from their homes by CPS

and the number of children investigated, by ethnic group, in the seven largest urban regions of the state during the preceding fiscal year.

- The Austin disproportionality pilot site was implemented in October 2006 to sustain disproportionality reduction through preventive, community-based services and improved child welfare services. This pilot site opened with broad community representation, including legislative representation, and signals the beginning of expanding this work statewide.
- The DFPS staff participated in the Minority Adoption Leadership Development Institute (MALDI), in October 2006, in Washington, DC. MALDI is a national program sponsored by the National Child Welfare Resource Center for Adoption examining the causes and solutions for the disproportionate representation of African American families and children in the child welfare system.
- Houston-based staff and the Houston Disproportionality Committee collaborated with a faith-based community and Texas Southern University to hold a town hall meeting and focus groups on November 8, 2006, in Houston, Texas. The Town Hall meeting and focus groups were designed to build awareness, collaborations, and determine community needs. There was a large turnout from various segments of the community. The information will be shared with the committee in order to build capacity and develop resources for the pilot site.
- In November 2006, a disproportionality meeting was held in Austin, Texas, in order to build awareness and cross-systems collaborations. Community partners from HHSC, Juvenile Probation, and others were present. A panel of young adults who aged out of the CPS system, and parents with CPS history shared their experiences. This collaborative approach helps ensure responsive, sustainable change impacting disproportionality.
- When data is reviewed, ethnic breakdown is included wherever possible so that the phenomenon can be better understood and addressed.
- Training has been enhanced for service delivery staff and management, including certifying trainers for “Knowing Who You Are” training.
- Approximately ten universities offered resources and participated in the evaluation plans currently underway.

### Family Group Decision-Making

Section 1.52 specified that DFPS may collaborate with courts and appropriate local entities to develop and implement family group conferencing as a strategy to promote family preservation and permanency for children.

Family Group Decision-Making (FGDM), an umbrella term used to describe a variety of related models, is the process used to engage families in decision-making and development of a service plan for use at various times throughout the case. The process involves recognition of family strengths during service plan development for meeting safety, well-being, and permanency goals for the child. FGDM is more inclusive of family and significant others in the planning process. Evaluation of this program found increased family satisfaction, reduced child anxiety after a conference, and more individualized service planning.

*CPS Reform Achievements/Milestones:*

- DFPS has worked with judges, attorneys, and child advocates to address concerns and eliminate barriers to the success of FGDM. Meetings have also been held at statewide judicial conferences and at the local level between DFPS and members of the judiciary to provide an opportunity to exchange ideas about challenges and possible solutions.
- In August 2005, a preliminary evaluation of FGDM was completed and positive outcomes for children were shown with regard to satisfaction and increased relative participation.
- Family group decision-making staff is partnering with disproportionality staff to better understand the cultural needs of families served. Disproportionality staff, along with new family group decision-making coordinators/facilitators, is being trained to conduct FGDM conferences.
- Beginning family group decision-making on a small scale and securing technical assistance from others allowed for more creativity and system improvement as the Texas program expanded. Based on practice and evaluation results, Texas has refined its model and is developing statewide policy for further implementation.
- Plans are underway to incorporate the FGDM model in certain cases prior to the removal of children from their parents or caregivers.
- All youth in foster care over the age of 16 are being offered a form of family group decision-making termed "Circles of Support." These meetings are designed to enhance the youth's sense of connection to an ongoing support system that will be with them after transitioning to independent living.
- In June 2006, the National American Humane Conference on Family Group Decision-Making was held in San Antonio and 68 DFPS staff attended. While at the conference, DFPS staff presented preliminary FGDM evaluation results. Following the conference, a national expert in family group decision-making conducted a workshop specifically designed for Texas participants. The meeting resulted in decisions for overall best practice and operational recommendations for the Texas FGDM model.
- In August 2006, technical assistance sessions were provided by Dr. Roque Gerald and his staff from Washington, D.C. Child and Family Services and were attended by DFPS state and regional level staff, including agency directors. Dr. Gerald presented an overview of the Family Team Model of family group decision-making and how it is implemented in the investigation stage of service in their locale. Additionally, recommendations for how Texas could implement the Family Team Model were provided during the sessions.
- The final evaluation of the Texas Family Group Decision-Making program was completed in October 2006 and publicized on the DFPS web site. The final evaluation revealed:
  - Between March 2004 and August 2006, a total of 4,166 conferences were conducted throughout the state, of which 1,091 were circles of support meetings.



- Early in the implementation process, comparisons were made between the living arrangements of children prior to the family's participation in FGDM and their living arrangements afterward. It was found that for those who participated in a conference since the programs inception:
  - Foster care placements fell from 1035 (54 percent) to 733 (38 percent)
  - Relative placements increased from 550 (29 percent) to 850 (45 percent)
- By June 2006, more children whose families participated in at least one FGDM conference had exited care (48 percent) compared to those who did not participate (33 percent). Of those who exited care:
  - Thirty-one percent of the children whose families participated in at least one FGDM conference returned home compared to 14 percent of those experiencing traditional case services.
  - Slightly fewer children whose families participated in an FGDM conference (14 percent compared to 16 percent) were living permanently with relatives.
  - Children who exited care and whose families participated in FGDM experienced shorter lengths of stay in care by just over one month.
  - Although improvements were evident for all children, these findings were especially pronounced for African American and Hispanic children for whom exits from care to permanent placements, historically, have been slower than Anglo children:
    - 32% of African American children whose families attended an FGDM conference returned home, compared to 14% who received traditional services
    - 39% percent of Hispanic children from families participating in FGDM returned home compared to 13% participating in traditional services
    - The increase in rates for Anglo children who returned home was notable as well: 22% compared to 11% for the FGDM and traditional groups respectively. The rates of placements with relatives between the two groups did not differ.
- DFPS staff, in partnership with Casey Family Programs, has created a workgroup to explore the training needs and recommend components of a training curriculum for internal FGDM staff and contractors providing FGDM conferences. The plan is to offer training to the existing FGDM and newly hired staff and contractors in summer 2007.
- Casey Family Programs has partnered with the American Humane Association in order to provide technical assistance to CPS resulting in a formalized Texas curriculum for FGDM, including Family Team Meetings and Circles of Support. Initial training of this curriculum was scheduled for late August 2007.
- A Parent Program Specialist, a professional who has experienced CPS services previously, was hired at State Office to represent the parent voice, influencing policy and practice and expanding Statewide and Regional Parent Collaboration Groups.

- During fiscal year 2007, a total of 2,948 conferences were conducted throughout the state, of which 1,342 were circles of support meetings. This brings the total number of conferences completed since March 2004 to 7,114 with 2,433 being circles of support meetings.
- Expansion of Family Group Decision-Making functionality into the Investigations and Family-Based Safety Services stages of service in the automated case management system (IMPACT) were released in August 2007.

### Preparation for Adult Living

Section 1.51 required DFPS to improve discharge planning, increase the availability of transitional family group decision-making, extend Medicaid coverage to age 21 with a single application, and enter into cooperative agreements with Texas Workforce Commission and local workforce development boards that will benefit foster care youth. This section also required an annual survey of youth, aged 14 years or older, regarding substitute care services.

Systematic approaches to improving and expanding transition and discharge services for older youth in foster care have been employed by DFPS. A DFPS project team, in partnership with community partners and providers, has been formed to maximize resources and opportunities for youth transitioning to independent living. Youth-driven, strengths-based conferences (Circles of Support) help youth to reconnect with their family, kin or other nurturing adults, who can provide the youth with ongoing encouragement and support throughout adulthood. These conferences result in a transition plan that includes plans for youth to maximize opportunities for successful transition to independent living.

### *CPS Reform Achievements/Milestones:*

- In August 2005, the Houston Transition Center for youth aging out of care was opened. CPS developed guidelines for expanding transition centers and transition service networks to areas where none currently exist. Transition centers are currently operating in Austin, Dallas, Houston, Kerrville and San Antonio. In a transition center, youth can go to one location to complete their GED certification, receive Preparation for Adult Living services, take a community college prep course, talk to the onsite apartment locator service, and receive employment training and placement services. Transition centers also provide an opportunity for youth to develop personal and community connections; another important step in transitioning to adulthood.
- Youth aging out of foster care are now provided with continuous Medicaid coverage through a single application process up to the age of 21.
- The Texas Youth Connection website (<http://www.texasyouthconnection.org>), designed in partnership with youth currently and formerly in foster care, was launched in April 2006. This youth-friendly website provides information to youth, staff, caregivers and providers regarding resources and benefits available to youth transitioning out of the foster care system, and how to access those resources.
- CPS continued to expand and provide Circles of Support to youth statewide. Circles of Support are operating in all regions in the state. Between March 2004 and August 2006, a total of 1,091 Circles of Support (COS) conferences were conducted across the state. COS

continues to be the preferred method for a youth's support system to help the youth create a transition plan, and attain short and long-term goals toward independence. COS is offered to youth beginning at 16 years of age.

- A Memorandum of Understanding between DFPS and the Texas Workforce Commission was signed. The Memorandum of Understanding ensures there are local cooperative agreements that meet the objectives of the transitional living program. As of August 2006, regional staff, local workforce boards, community partners, and providers entered into cooperative agreements.
- Coastal Bend College of Beeville and DFPS signed a Memorandum of Understanding in June 2006, whereby Coastal Bend College agreed to provide housing assistance for foster care alumni. Beginning in fall 2006, Coastal Bend College agreed to provide two housing scholarships to foster care alumni and a one-day training session for Texas college-bound high school juniors and seniors in foster care.
- Rule changes went into effect in September 2006, to allow youth to stay in extended foster care from age 18 to the end of the month they turn 22, if he or she is enrolled in and regularly attending high school. Previously the youth had to be able to graduate before turning 20. Rule changes also allow youth to remain in extended foster care from age 18 to the end of the month they turn 21, if they are enrolled in a vocational or technical education program. The age limit previously has been up to age 19.
- In October 2006, DFPS completed a random survey of a sample of children from each region of the state who are at least 14 years of age and receive substitute care services. The survey, designed in partnership with youth, included questions regarding the quality of the substitute care services provided to the child; any improvements that could be made to better support the child; and any other factor that DFPS considers relevant to enable the agency to identify potential program enhancements. Analysis of the results were completed in March 2007 and posted on the DFPS website.
- Casey Family Programs facilitated a convening with DFPS, advocacy groups, the Texas Workforce Commission, and the Texas Department of Housing and Community Affairs to develop emergency housing services and resources for youth aging out of care.
- Through FY 2007 there have been 2,433 Circles of Support, each resulting in the identification of one or more "caring adults." These adults commit to sharing and participating in the life of a young adult who has transitioned out of care.
- The guide for supporting local communities in the development of transition centers and transition networks was completed in May 2007. Transition Centers continue to operate in Austin, Dallas, Houston, Kerrville and San Antonio. A "network" of partners in Corpus Christi, without a building to operate collectively, is providing timely, expedient referrals to a broad range of transitional living program services to youth aging out of foster care. A similar network is developing in El Paso.
- In March 2007, the Texas State Strategy of Casey Family Programs convened Texas Transition Centers and Networks from across Texas to explore current best practices as well as identify common areas of potential technical assistance, with particular emphasis on the areas of employment and education. In August 2007, a second convening was held. These

convenings have provided opportunities for cross system dialogue and action planning related to housing, education and employment to strengthen and integrate services for young people transitioning out of foster care. The next convening is scheduled for early 2008.

- Transition (discharge) policy and protocol were completed and shared with CPS staff. An on-line Transitional Living Services training for CPS staff was launched June 2007.
- In June 2007, DFPS launched the 2nd annual random survey of a sample of children from each region of the state who are at least 14 years of age and receive substitute care services. The survey designed in partnership with youth, includes questions regarding the quality of the substitute care services provided to the child; any improvements that could be made to better support the child; and any other factor that DFPS considers relevant to enable the agency to identify potential program enhancements. The survey process is due for completion in October 2007 and the analysis and report will be completed by March 1, 2008.
- Analysis of the first youth survey indicated that youth are generally satisfied with the quality of all services and benefits made available to them - they simply need more. Looking at the qualitative results, particularly high on their list of preferences are those services offered one-on-one, such as counseling, therapy and mentoring. Youth also expressed they want more of their caseworker's time and attention and requested that caseloads be lowered so as to accommodate more access to their caseworker.
- Effective September 2007, subject to the availability of an appropriate licensed placement, a former foster youth 18 to 20 years of age may return to foster care if certain eligibility criteria are met to complete high school, a technical or vocational program, or on break from college for one to four months. This provision will ensure that children in DFPS custody until age 18 are given the best possible chance to transition into adulthood as individuals who are capable of achieving economic and personal independence.

### Child Placement

Section 1.15 directed DFPS to provide relatives or caregivers with whom a child is placed, any information necessary to ensure the caregiver is prepared to meet the needs of the child, including information related to the abuse or neglect of the child.

Section 1.34 specified that upon a child's removal from the home, DFPS must make every effort to identify and locate a non-custodial parent, relative, or other kinship caregiver willing and suitable to care for the child.

Section 1.26 required DFPS to develop a manual that provides resource and contact information for a parent or person with custody of a child who is the subject of an abuse or neglect investigation and for a person selected to be the child's caregiver.

Section 1.62 required DFPS to develop a Relative and Other Designated Caregiver Program that promotes continuity and stability for children for whom DFPS is the managing conservator by placing those children with relatives or other designated caregivers, and facilitate such placements by providing assistance and services in accordance with rules adopted by the

Executive Commissioner. Section 1.62 further required that rules be adopted for eligibility criteria for assistance and services.

Section 1.33 required DFPS to, before the full adversary hearing, perform a background and criminal history check on relatives or other potential caregivers designated on the child placement resources form, evaluate each person to ascertain who is likely to be the most appropriate substitute caregiver, and complete a home study on that individual.

Section 1.37 required that the court require each parent, alleged father, or relative of the child present to submit the placement resources form at the status hearing if the form has not already been submitted.

The emphasis placed on kinship care involves prioritizing placement with relatives or other adults significant in the child's life whenever possible to help maintain family, cultural, and community connections. Kinship placement enhances the child's sense of stability, identity, and belonging. Kinship caregivers are provided with a kinship care information guide and work closely with DFPS to ensure the safety of and best outcomes for the children in their care. Expedited background checks and home studies help speed up the placement of children with relatives and other significant caregivers thereby diverting them from the foster care system.

#### *CPS Reform Achievements/Milestones:*

- In October 2005, the development of the child placement resources process was completed and included a required DFPS abuse/neglect database check. The process also includes informing parents that CPS will share information about the case with the potential caregivers, making them aware of the child's history and better preparing them to meet the needs of the child.
- If a parent completes the child placement resource form at the time of the child's removal from the home, a written home assessment is completed by the date of the adversary court hearing, or approximately 14 days after the child's removal from their home.
- Rules were effective in December 2005, which outline eligibility requirements for the kinship care program. The program provides initial start-up funds of \$1000 per sibling group, and annual recurring assistance of up to \$500 per child, per year and for up to three years after the caregiver becomes permanent managing conservator or when the child reaches age 18, whichever comes first. These funds are provided to qualified kinship caregivers, to assist them in providing for the child's essential needs including bedding, clothing, and school supplies. Support services became available to kinship caregivers, including childcare for those who qualify, in March 2006.
- Statewide implementation of the DFPS kinship program began in March 2006. Kinship workers are available in every region in the state, providing support and services to kinship caregivers. In counties where there are no kinship workers, conservatorship workers provide the needed support and services to kinship caregivers.
- A kinship care manual was originally made available in November 2005. A revised version was made available in March 2006, to incorporate the new financial support, day care, support group, and community resource information available to kinship caregivers

throughout the state. The kinship care manual and brochure are available electronically on the DFPS website in both English and Spanish.

- DFPS implemented an online training for staff regarding the new kinship program services and supports. The DFPS web-based training offers information about the kinship program, including service information, policy, and rules, as well as the kinship manual and brochure.
- Between March 2006 and March 2007, over \$4.2 million has been distributed to kinship caregivers to assist them in providing for the essential needs of children in kinship care.
- The Kinship Manual was printed in Vietnamese and became available in February 2007.
- The number of children living in kinship homes rose from 6,859 in December 2005 to 8,891 by June of 2007.
- From September 2006 through July 2007 over \$5 million was distributed to kinship caregivers for flexible support and integration payments.

**Permanency Outcome 1:  
Children have permanency and stability in their living situations.**

**Data Summary**

In Round One, Texas did not achieve substantial conformity with Permanency Outcome 1. This determination was based on the finding that 71.9 percent of the cases reviewed were rated as having substantially achieved the outcome, which was less than the 90 percent required for an overall rating of substantial conformity. Texas did, however, achieve the target through the Program Improvement Plan process. Texas did not meet the national standards for the percentage of reunifications occurring within 12 months of removal from the home, or the percentage of children with two or fewer placements during their first 12 months in foster care. However, Texas did meet the national standards for the percentage of adoptions occurring within 24 months of removal from the home, and the percentage of entries into foster care that were re-entries within 12 months of a discharge from a prior foster care episode.

Based on random sample (case review) data from recent years, overall conformity for Permanency Outcome 1 decreased from FY2004 (62.7%) to FY2006 (53.8%). It increased slightly to 54.8% in Quarter 1 of FY2007, and then decreased slightly to 53.0% in Quarter 2. The most recent case review data (Quarter 1 of FY2008) shows improvements at 58.1%.

Most of the children exiting foster care to their parents or relatives do so within 18 months, as opposed to 12 months. This is the length of time to the formal exit from substitute care, including a monitored return home before the legal case is dismissed. The following table shows foster care exit data for children who entered foster care during FY2004 (entry cohort):

<b>Length of Time to Permanent Exit from Foster Care for Entry Cohort FY2004</b>	
Reunification – 18 months or less	88%
Kinship Placement – 18 months or less	91%
Adoption – less than 24 months	63%

Regarding the children who were adopted:

- Of adoptions that occurred within 3 years, the average time from removal to adoption finalization was 21.9 months.
- The average time from removal to Termination of Parental Rights (TPR) was 10.9 months. In 80% of the cases, TPR occurred between 6 and 17 months into foster care.
- The average time from TPR to adoption finalization was 10.6 months.

As shown in the table below, of all the children in the FY2004 entry cohort (13,174), approximately one-third had TPR and two-thirds did not. Approximately 17% remained in foster care after three years:

<b>Outcome for Entry Cohort FY2004 After 3 Years</b>				
<b>Outcome</b>	<b>Number and Percent With TPR</b>		<b>Number and Percent Without TPR</b>	
Adoption	2693	58%	n/a	n/a
Reunification / Placement with Relatives	346	8%	6811	79%
Other Type of Exit	129	3%	986	12%
No Discharge (remains in foster care)	1439	31%	770	9%
<b>TOTAL</b>	<b>4607</b>	<b>100%</b>	<b>8567</b>	<b>100%</b>

As shown in the following table, the majority (59.4%) of children who were still in foster care after three years were age 6 or older at the time they entered foster care. In addition, African-American and Hispanic children were more likely to still be in foster care after 3 years than Anglo children.

<b>Descriptors</b>	<b>% of Entry Cohort FY2004</b>	<b>% still in foster care after 3 years</b>
<b>Age (Years)</b>		
<1	21.5%	13.6%
1-5	36.4%	29.7%
6-8	13.2%	16.5%
9-12	15.1%	25.9%
13+	13.7%	17%
<b>Race / Ethnicity</b>		
Anglo	34.0%	28.4%
African American	26.5%	29.0%
Hispanic	37.3%	40.7%
Other	2.2%	1.9%

**Item-by-Item and Composite Evaluation**

For Permanency Composite 1: Timeliness and Permanency of Reunification, the national standard is 122.6 and the Texas score is 120.1 (based on the Data Profile for the 12-month period ending 3/31/2007). Though very close, Texas does not meet the composite standard.

For Permanency Composite 2: Timeliness of Adoptions, the national standard is 106.4 and the Texas score is 97.4 (based on the Data Profile for the 12-month period ending 3/31/2007). Therefore, Texas does not meet the composite standard.

For Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time, the national standard is 121.7 and the Texas score is 93.1 (based on the Data Profile for the 12-month period ending 3/31/2007). Therefore, Texas does not meet the composite standard. This composite reflects the largest gap between Texas performance and the national composite standard goal.

For Permanency Composite 4: Placement Stability, the national standard is 101.5 and the Texas score is 82.9 (based on the Data Profile for the 12-month period ending 3/31/2007). Therefore, Texas does not meet the composite standard.

### **Item 5 – Foster care re-entries**

#### ***How effective is the agency in preventing multiple entries of children into foster care?***

##### ***a. Policy and Procedure Requirements***

Multiple entries refer to two or more admissions into foster care for children with a minimum stay of at least 8 days. Foster care provides children with a safe, protected living environment until reunification can be made with the family. Assessing the family dynamics and developing a service plan that addresses the circumstances that placed the child at risk of abuse or neglect is required for reunification. Reunification only proceeds after there is consensus among all parties involved – CPS, the court, the attorneys, the guardian Ad Litem, and the parents. Once the parents successfully complete the service plan objectives, the child is returned to the family. Policy directs the worker to maintain contact with the child and the family after the child has returned home. The worker provides up to six months of continued supervision after reunification to ensure that the family is safely caring for the child, and offer support services as needed. During this time, DFPS retains legal conservatorship, thus providing legal support during a very vulnerable period for the child. This practice has been effective in enhancing the safety of children and preventing re-entries into foster care.

##### ***b. Data Summary***

Statewide data illustrates strength when measuring re-entries to foster care in less than 12 months. As shown on the Data Profile for the 12-month period ending 3/31/2007 for Composite 1, Component B, Measure C1-4, 5.5% of children re-entered foster care in less than 12 months.

In random sample (case review) data, the percentage of cases that met Item 5 decreased slightly from FY2004 (97.3%) to FY2006 (93.4%). Performance continued to decrease in the first two quarters of FY2007; however the most recent case review data (Quarter 1 of FY2008) shows improvement in performance (96.7%).

An evaluation of the largest urban counties in Texas (Harris County and the next ten largest counties) shows a range of performance in foster care re-entry. Statewide, Texas surpasses the 25th percentile of 9.9% and the national median of 15% in its data profile, but there is a range among these large counties. The range shows 2% for foster care re-entry (Dallas County) to 13.9% (Cameron County). Seven of the largest urban areas exceed the national 25th percentile. Dallas County, with one of the shortest median times for months a child is in care prior to reunification (10.1 months), also has the smallest re-entry rate (2%).



***c. Where was the child welfare system in Round One of the CFSR?***

Item 5 was assigned an overall rating of Strength because the State incidence of foster care re-entry (1.5 percent) met the national standard of 8.6 percent and the item was rated as Strength in 91 percent of 32 applicable cases. The Statewide Assessment suggested that there may have been an error in the AFCARS extract with respect to the number of removal episodes and that the incidence of foster care re-entry in the State may have been higher than that indicated in the State Data Profile. However, the Statewide Assessment also indicated that the higher ratings were still within the national standards. (NOTE: There are no current data quality concerns.) The Statewide Assessment attributed the low rate of foster care re-entry in part to the policy of maintaining open cases for 3 to 6 months after reunifying children before terminating DFPS legal responsibility.

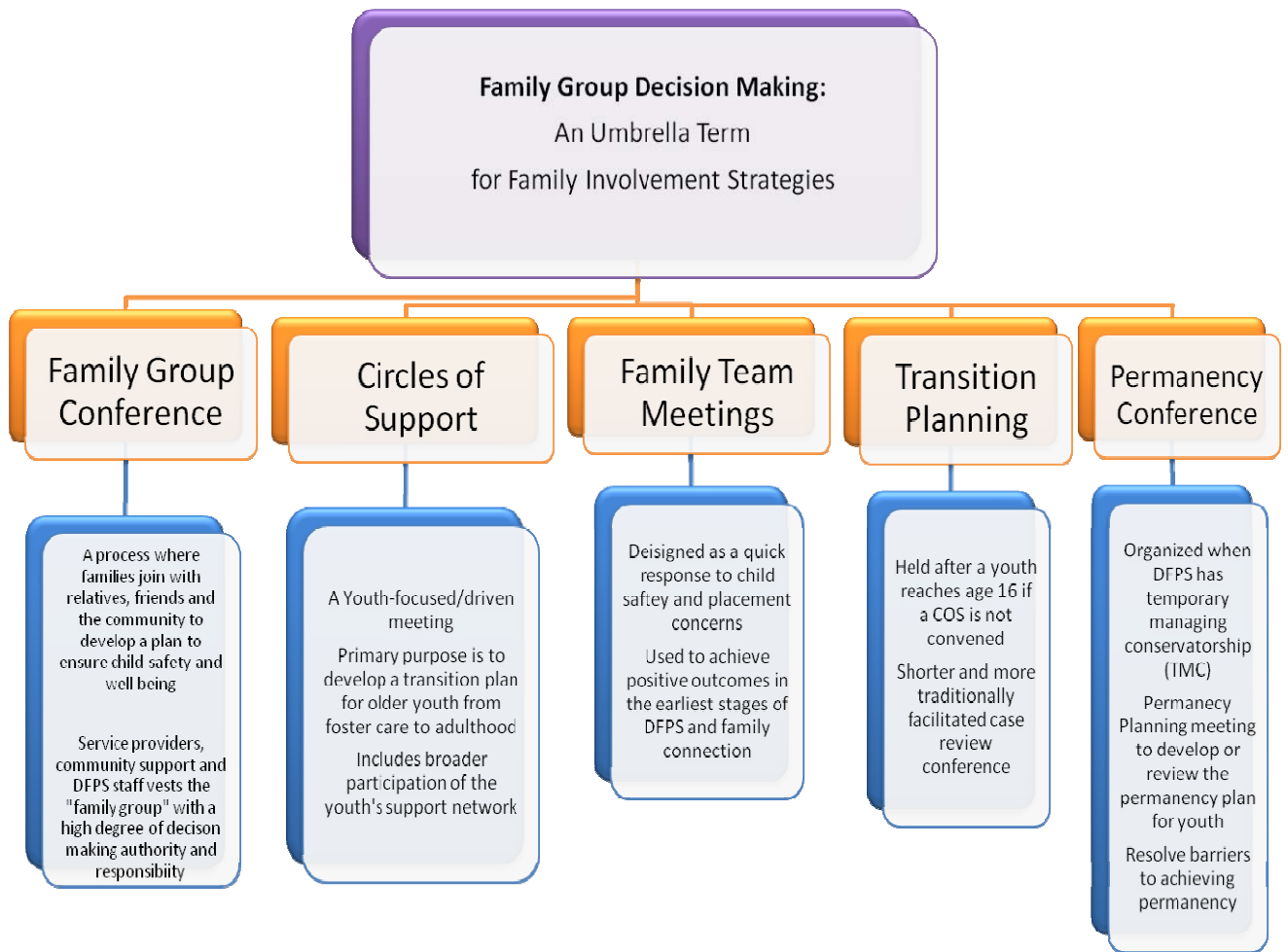
***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

In addition to CPS Reform changes (described in the 180-Day Report), CPS has made the following important practice changes to prevent multiple entries of children into foster care:

No child enters or leaves foster care or DFPS custody without judicial action and the courts play a pivotal role in protecting and serving the children of Texas. For the Supreme Court and the Texas judiciary, achieving safety, permanency, and well-being for these children is a moral, practical, legal, and financial imperative. The **Supreme Court of Texas created the Judicial Commission on Children, Youth, and Families** to strengthen Texas courts to achieve safety, permanency, and well being for abused and neglected children through judicial leadership and collaboration, with the support of the federal Court Improvement Program, which is funded by a grant from the Children's Bureau. The Supreme Court also appointed a Task Force on Child Protection Case Management & Reporting (referred to as the "Data Task Force"), to develop a statewide case-flow management and tracking system to improve court practice in child-protection cases.

The continued practice, statewide, of a **monitored return by the Court** during a family's reunification is a significant contributor to a low foster care re-entry rate. Efforts to continue to strengthen judicial and child welfare collaboration through the Texas Supreme Court Task Force on Foster Care have increased greatly.

The expansion of the **Family Group Decision-Making** philosophy throughout all stages of service, particularly the use of Family Group Conferences post-removal and Family Team Meetings during investigations to prevent removal, help to address foster care re-entry. The following model depicts the use of the model throughout different stages of service:



Analyses of the **kinship program** point to positive outcomes for the children placed with relatives. These analyses indicate that children in a relative placement have different experiences than those in the general foster care population. If placed with relatives, they are less likely to leave the placement for their own reasons (e.g., running away) or those of their caretaker (e.g., the caretaker requests they be placed elsewhere). They also appear to be safer in a kin placement than in a placement where they have no pre-existing relationship.

### **Item 6 – Stability of foster care placement**

***How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?***

#### ***a. Policy and Procedure Requirements***

The Centralized Placement Unit (CPU) consists of Child Placement Coordinators who are child-placing experts. A CPU exists in all eleven regions in Texas. The coordinators are responsible for placement activities for all children in DFPS conservatorship in need of initial (emergency) and subsequent foster care placements. The coordinators assess placement availability to expedite and facilitate the placement of children into foster care placements that are best able to meet their needs. The program facilitates and expedites foster care placements and ensures those placements meet federal and state child-placing guidelines, as well as CPS policy,

minimum standards for licensing, and contractual requirements. The unit also assists with the development of additional resources in order to meet the needs of children.

The Centralized Placement Team is available 24/7 to assist when placements are needed and consists of the Centralized Placement Unit (CPU) and Residential Treatment Placement Coordinators. The CPU secures placements for youth who have Basic and Moderate service level needs, and the Residential Treatment Placement Coordinators secure placements for children who have higher service level needs and may require placement in residential treatment centers. The CPU staff review the child's history, the family's history, the psychological evaluation, and other paperwork that will give an overall view of the placement need. They contact foster parents, emergency shelters, child placing agencies, etc. to match the child with a caregiver who can best meet the child's needs and secure a placement that is within the child's best interests and preferably within, or in close proximity to, the child's own county.

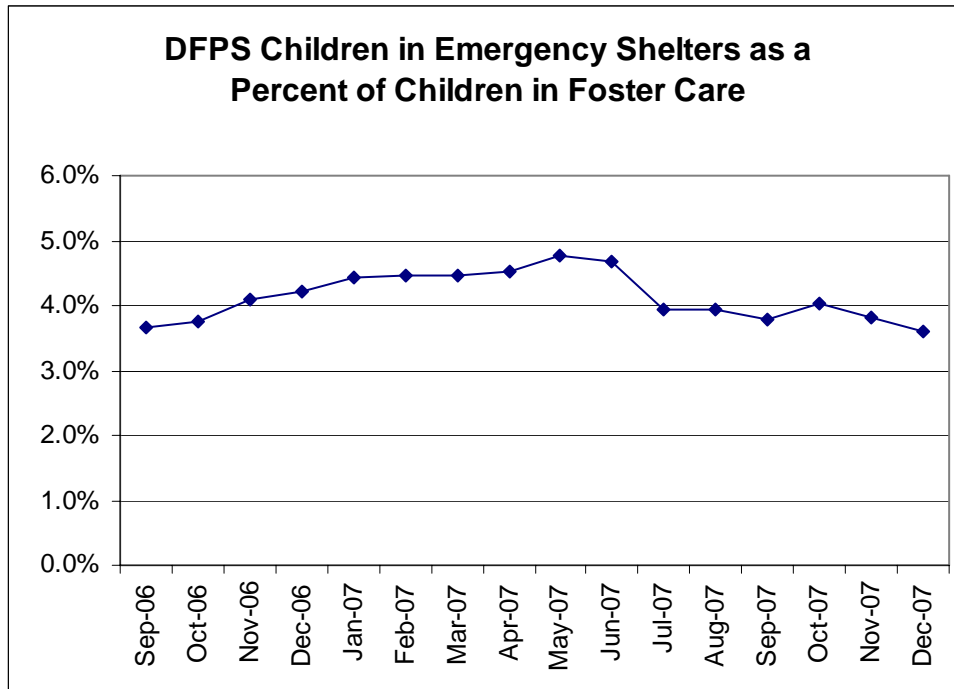
Stability is maintained when children remain within their own county of jurisdiction. These placements encourage family visitation and alleviate the parents not being able to visit the child due to limited transportation resources or being unfamiliar with the area or location where the child is placed. Placement stability is also maintained by worker involvement with the child and the foster family. Stability is also maintained when children are matched appropriately to placements, thus preventing unnecessary moves due to incorrect or incomplete information being provided during intake.

***b. Data Summary***

The most recent random sample (case review) data shows performance at 76.7% (Quarter 1 in FY2008). Although performance achieved a high of 91.1% in Quarter 2 of FY2007, there has been a decrease in performance. During FY2004 through FY2006, less than 85% met this item. The recent deterioration in performance reflects challenges experienced in 2007 and early 2008 regarding placement capacity issues.

The number of foster children has grown faster than the number of foster parents and facilities that care for foster children, negatively impacting overall capacity. From FY2001 to FY2006, the number of foster children grew 43%, while the number of foster parents and other licensed facilities grew only 28%. Due to the shortage of placements, the number of children requiring emergency shelter placement increased during the first part of FY2007. This was especially true for children with therapeutic needs. The growth of the emergency shelter placement of children in CPS conservatorship from September 2006 to March 2007 is shown below:

<b>Service Level of Emergency Shelter</b>	<b># of children September 2006</b>	<b># of children March 2007</b>	<b>6-month increase</b>
Basic or none	549	594	8.2%
Moderate	108	152	40.7%
Specialized	65	124	90.8%
Intense	2	5	150%
<b>TOTAL</b>	<b>724</b>	<b>875</b>	<b>20.8%</b>



As emergency shelters began reaching their capacities, a small percentage of children stayed overnight in an office, hotel, or other location while workers diligently searched for an appropriate placement. The circumstances that led to a child's overnight stay included:

- Psychiatric hospital discharge
- Child ran away from placement
- Child was released from Juvenile Detention
- Placement disruption (caregiver's request)
- Night-time emergency removal from biological family

The reasons why residential providers denied placement of these children included:

- Provider was at capacity with no vacancies
- Provider was unable to provide care for the child due to intense needs or dual diagnoses (e.g. medical condition combined with emotional behaviors)

CPS took several actions to immediately address the situation, including:

- Meeting with providers around the state
- Adding profiles of children needing placement to the Texas Xtranet Placement Database
- Implementing a retroactive service level authorization

CPS began tracking the number of children experiencing overnight stays in offices in January 2007. Prior to this, children experiencing overnight stays in offices occurred on occasion, but the increasing regularity led CPS to develop a centralized database to measure the scope and severity of the issue. When a placement was unable to be found, children were supervised by two CPS staff members who provided care and supervision in an office, hotel, or other location.

While the numbers are a small fraction of the approximately 30,000 children in substitute care at any given time, the issue is a crucial one. There was a steady increase in the number of children in offices (or other locations) from January 2007 through May 2007, with the sharpest

increase between April and May. During May, the number of children was at its highest (160), which was followed by a steady decrease through December 2007, when the number of children was at its lowest (11). CPS continues to explore strategies to address the concern regarding children for whom placements cannot be found.

Another issue is the children in DFPS conservatorship who experience psychiatric hospitalization. Data from Medicaid claims revealed that 2091 children in foster care experienced one or more hospitalizations during a 12-month period. Of these children, 2053 received services in a private psychiatric hospital and 113 received services in a public facility (children who received services in both public and private psychiatric hospitals were counted in both sets of numbers). The median service days for children in a private psychiatric facility was 9 and the median service days for children in a public facility was 20. Of the 2091 children who were admitted to a psychiatric facility, 210 were admitted three times in a 12-month period and 134 were admitted 4 times or more in a 12-month period. Of the 134, 95 were teenagers.

Texas faces a greater challenge for placement stability with children in care for more than 24 months. As shown on the Data Profile for the 12-month period ending 3/31/2007 for Composite 4 (statewide data), the Texas score is 82.9; therefore Texas is not attaining the national standard of 101.5. While Texas performed close to the 75<sup>th</sup> percentile for the children in care less than 12 months (the 75<sup>th</sup> percentile is 86% and the Texas score was 80.1%, so  $80.1 \div 86 = 93\%$ ), and for the children in care 12 to 24 months ( $52.6 \div 65.4 = 80\%$ ), it was not as close for the children in care more than 24 months ( $20.8 \div 41.8 = 50\%$ ).

The data show that placement stability is the most problematic for older youth; however, after 12 months in care, less than half of children at any age of entry will exit with 2 or fewer placements. The average number of placements for three age groups is shown in the following table:

Length of time in care	Entry age 1-5	Entry age 9-12	Entry age 13 +
1-12 months	2 placements	2 placements	2.6 placements
12-24 months	2.8 placements	3.2 placements	5 placements
24+ months	3.5 placements	4.7 placements	6.5 placements

The data also show that the initial placement choice for children affects the state's ability to meet the standard. Children in an initial kin placement have more stability, and children initially placed in emergency shelters have less. Ninety percent of children in care less than 12 months who had an initial kin placement had 2 or fewer placements overall, compared to 76% whose initial placement was a foster home and 59% whose initial placement was an emergency shelter. This pattern holds for the children in foster care for 12-24 months: 73% of children who had an initial kin placement had 2 or fewer placements overall, compared to 48% with an initial foster home placement and 24% with an initial emergency shelter placement. For children in care more than 24 months, 53% of children who had in initial kin placement had 2 or fewer placements overall, compared to 37% with an initial foster home placement and 12.5% with an initial emergency shelter placement. Noting the differences, Texas has emphasized increases in kinship placements, as well as implementation of the kinship caregiver and support program.

The average number of placements for the children who attained permanency in FY2006 varied depending on the permanency goal. As shown in the following table, the children who were reunified with their families had the fewest number of placements and the children who emancipated from foster care had the most:

Permanency Goal	Average Number of Placements
Family Reunification	2.1
Permanent Placement with Relatives	2.3
Alternative Long-Term Care	2.9
Adoption	3.4
Independent Living (Emancipation)	7.9

***c. Where was the child welfare system in Round One of the CFSR?***

Item 6 was assigned an overall rating of Area Needing Improvement. In 78 percent of applicable cases, reviewers determined that children had stability in their foster care placements, but there were concerns related to stability of foster care placements in 22 percent of applicable cases reviewed. In addition, the State's percentage of children in foster care who experienced no more than 2 placements during their first 12 months (71.2 percent) did not meet the national standard of 86.7 percent. The Statewide Assessment attributed the incidence of multiple moves in foster care to (1) insufficient placement resources; (2) the practice of initially placing children in emergency placements for assessment purposes; (3) unplanned requests by foster parents to have the child removed; and (4) the State level of care system that can result in the movement of children into other placement settings to meet the children's needs. Both stakeholders and case reviews indicated that children were placed in emergency placements for reasons other than assessment, and there was some indication that if the State provided greater supports to foster parents, they may be less likely to request a child's removal from their home.

As a result, emphasis on changes to the Texas child welfare system during the 79<sup>th</sup> (2005) and 80<sup>th</sup> (2007) Legislative sessions was placed on the case management and placement process. The 79<sup>th</sup> Legislature sought to address systemic foster care issues by outsourcing case management functions. The 80<sup>th</sup> Legislature significantly reduced the previous outsourcing requirements, but strengthened accountability and provided resources to the Texas foster care system.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

The use of the **Centralized Placement Teams**, previously described in Item 5, has improved placement stability. CPU staff members match children with placements that can best meet their needs, thus minimizing the likelihood of a disruption. When these coordinators are provided with information specific to the child's needs at the time of the child's removal, better placement decisions can be made. The placement workers are able to access statewide real-time vacancy information using a database known as the Xtranet, which allows them to conduct county-specific searches based on an individual child's needs. It also provides information to providers, who are then able to contact the child's worker to determine if they can meet the specific needs of the child.

The Kinship Caregiver Assistance Program or **Kinship Program**, which provides benefits to extended family members who agree to keep children who otherwise would be taken into CPS custody and placed in foster care, has also improved placement stability. The Kinship Program provides financial assistance to kin caregivers and relieves some of the costs incurred, thus allowing children to remain in familiar surroundings. Children in kinship placements routinely remain within their own communities, attend their same schools, and maintain their relationships

with peers, friends, and relatives. Kinship placements more than doubled between FY2004 and FY2007.

As discussed in Item 5, CPS has seen an increase in the number of children where no placement could be located and children remained in a CPS office, hotel, or other location overnight. Though policies and procedures have been put in place to ensure the safety and well-being of these children, the situation continues to be a concern. CPS is looking at each individual child to reduce, on a case-by-case basis, the number of children without placement while simultaneously committing significant resources to increase capacity statewide. While the numbers are improving, CPS is continuing to actively work to ensure that all children who enter foster care have an appropriate placement until permanency is achieved. The DFPS Commissioner has met with providers in regions that have experienced the greatest number of children staying overnight in the care of CPS workers and led weekly DFPS Executive Team meetings to seek ways to meet the immediate needs of children without placements. These meetings, called “**Child Watch**” **meetings**, include reports on overnight stays as well as specific information about each individual child to assist with pursuing other placement options.

DFPS is working with providers to examine possibilities such as **expanding capacity** for qualified providers, reviewing facilities outside but near the Texas border, and child-specific contracts. In addition, CPS is working toward **24-hour turnaround** on any requests to amend or increase a facility’s licensed capacity. CPS has authorized a process for staff to expedite service level changes for children awaiting placement.

Senate Bill 758, passed by the 80<sup>th</sup> Legislature, contains a **CPS improvement plan** (“CPS Reform II”), which required the following elements to improve foster care capacity and make more placements available:

- DFPS will have the ability to pay a higher daily rate for foster children immediately after they are discharged from psychiatric hospitals. This new rate should make more placements available for children residential centers sometimes refuse to accept, resulting in the children spending nights in DFPS offices.
- DFPS will expand substitute care quality and capacity in local communities by performing an annual statewide needs analysis and by enhancing community engagement and contractor development activities. The needs analysis will be used to identify service strengths, gaps and barriers to capacity building and will lead to the development of a strategic plan to enhance substitute care capacity.
- Other elements are designed to slow the growth of the number of children in substitute care and reduce the time they spend in care.

From January to November 2007, DPFS received 32 waiver/variance requests regarding child-caregiver ratio standards so that individual foster homes could accept additional children. Licensing staff reviewed these requests to ensure the safety, health, and well-being of the children in question and approved 24 of them. A **Building Capacity Workgroup** (comprised of staff and providers) was established in 2006 to collect and analyze data, and they will continue to research and provide guidance on a variety of strategies to address this issue. In December 2007, DFPS chartered a comprehensive initiative that will focus on its ability to improve placement options for children.

DFPS is working with communities around the state to recruit foster and adoptive parents, including the launch of the “**Why Not Me?**” **Campaign** (May 2007) to recruit adoptive homes.

DFPS is posting the profiles of children who need placements on the external website available only to providers (Extranet) so that DFPS staff can refer to the profiles when asking qualified providers to consider placement. Instructions on how to utilize the Extranet have been provided to all residential care contractors. As of June 2007, the DFPS website provides regional statistical information packets that help identify placement needs and capacity by each region. An interagency panel, led by HHSC, is exploring placement options with facilities operated by sister agencies (for example, state schools, state hospitals, and any other type of facility that can accept foster children and is not regulated by DFPS).

CPS **faith-based recruiters** participate in faith-based community events and local fairs where they present information on how to become a foster and/or adoptive parent, as well as inform the communities how they can become partners with CPS. They also do presentations on CPS children and family needs to faith-based congregations. They have presented at worship services as well as at faith-based workshops held by local congregations.

### **Item 7 – Permanency goal for child**

***How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?***

#### ***a. Policy and Procedure Requirements***

Policy requires a permanency plan, which consists of the identification of a permanency goal, efforts made to achieve that goal, and steps needed to continue working towards achieving that goal. There must be a primary permanency goal in the case. Because state and federal laws encourage achievement of permanency plans within a 12 to 18 month time frame, if the case is in temporary legal status, staff must develop a secondary or alternative permanency goal (concurrent plan), unless staff are convinced that the primary goal can be achieved in the designated time frame. If DFPS has obtained permanent managing conservatorship (PMC) of a child and a primary permanency goal has been selected that involves DFPS retaining conservatorship, staff must continue to evaluate whether to change the goal to one that does not involve DFPS maintaining conservatorship. Staff must continue to document and report to the court at placement review hearings the compelling justification for a primary permanency goal that involves DFPS retaining PMC.

The permanency plan is documented in the child's service plan, which is due by the 45<sup>th</sup> day a child is in care. The plan is reviewed in the 5<sup>th</sup> and 9<sup>th</sup> month that a child is in care when the case is in temporary legal status, and every 6 months when DFPS has PMC of the child. In therapeutic foster family and foster group home settings, the plan is reviewed every 3 months while DFPS has PMC. The permanency plan is also documented in the court reports for initial and subsequent permanency hearings when the case is in temporary legal status, and for placement review hearings when DFPS has PMC.

Most permanency goals focus on finding a family situation for the child (family preservation, family reunification, or alternative family situation). For youth 16 and older, if none of these goals are appropriate, staff can select another planned living arrangement (preparation for independent living or preparation for adult living with community assistance). The permanency goal options that relate to long-term foster care are only selected when other, more appropriate goals that involve family reunification, adoption, conservatorship by a relative or fictive kin, or adoption or conservatorship by an unrelated person have been ruled out. A Program Director has to approve the initial selection of a permanency goal that involves CPS continuing as the permanent managing conservator, and has to re-approve this decision annually.



Policies regarding Permanency Planning Team (PPT) meetings have been revised to allow for the use of more focused types of permanency staffings, such as Family Group Decision Making, Permanency Conferences, Circles of Support, and Transition Plan Meetings.

**b. Data Summary**

In random sample (case review) data during FY2004 through FY2006, less than 90% of cases met this item. The most recent case review data (Quarter 1 of FY2008) shows performance at 92.2%. The most common causes for not meeting the item, as reported by case reviewers, were: (1) inappropriate goal of adoption and (2) a lack of concurrent planning for cases that were not making progress towards reunification.

The permanency goals of children in foster care on the last day of the last five fiscal years are shown in the following table:

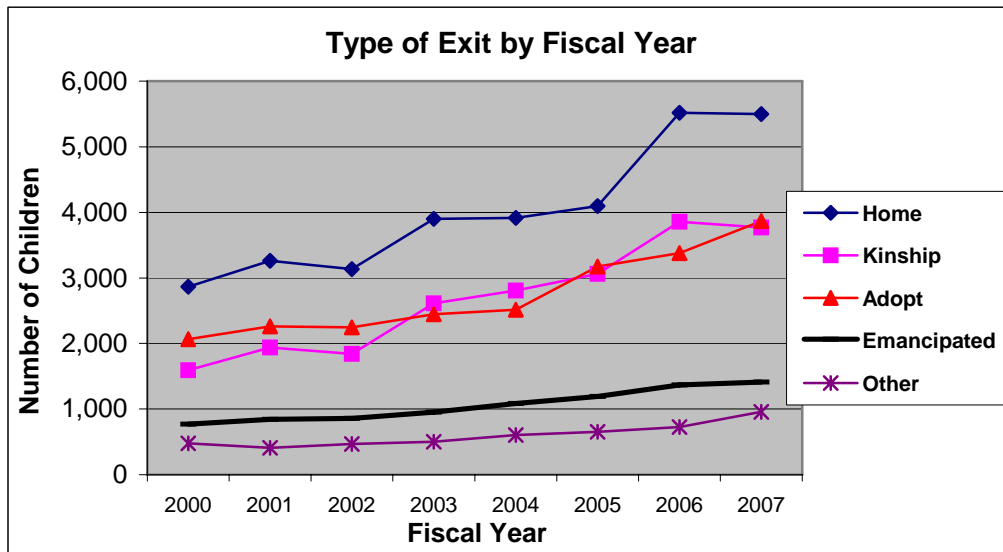
Permanency Goal	8/31/2003	8/31/2004	8/31/2005	8/31/2006	8/31/2007
Family Reunification	28.6%	28.8%	31.9%	31.9%	30.0%
Alternative Long-Term Living	13%	13.3%	14.3%	13.8%	12.3%
Permanent Placement with Relatives	9.3%	8%	7.6%	6.6%	6.6%
Independent Living	10.4%	9.3%	7.3%	6.1%	6.0%
Adoption	38.7%	40.6%	38.9%	41.6%	45.1%

With the increase in actual custody to relatives, as shown below, the decrease in a permanency goal of permanent placement with relatives shows an interesting aspect of the use of kinship placements. When kinship caregivers indicate a willingness to provide a permanent placement, emphasis is being placed on consideration of adoption (if possible). These goals are reflected as adoption, not permanent placement with relatives. Additionally, kinship placements are regularly being used as part of a continuum to reunification, particularly when Family Group Conferences are used. Thus, the decrease in the permanency goal of permanent placement with relatives reflects a practice change that is consistent with the increases in actual permanent kinship placement outcomes. The status of children no longer in DFPS legal responsibility is shown in the following table:

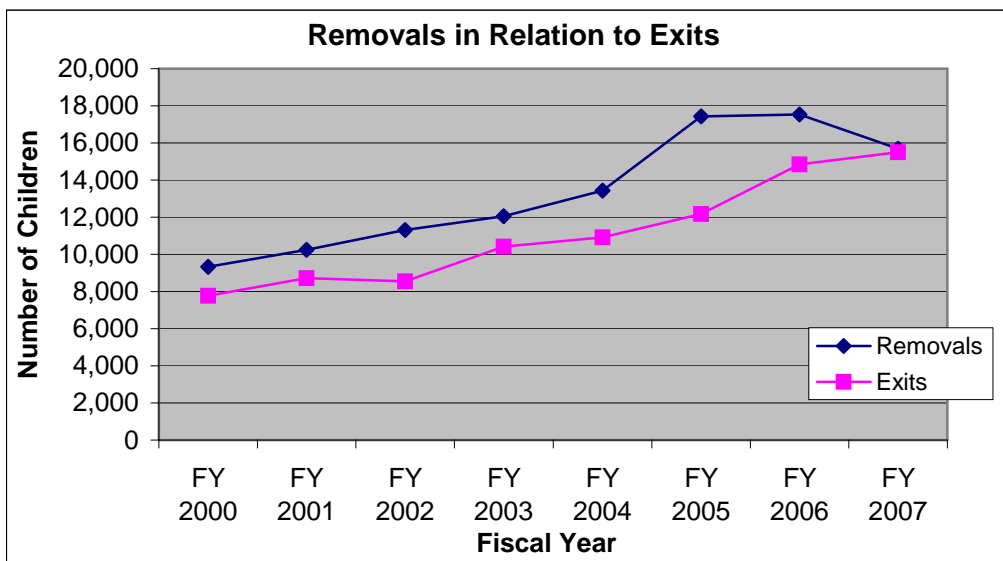
Discharge Reason	FY2003	FY2004	FY2005	FY2006	FY2007
Family Reunification	3899 (37.5%)	3913 (35.8%)	4098 (33.7%)	5518 (37.2%)	5908 (36.3%)
Perm. Placement With Relatives	2614 (25.1%)	2805 (25.7%)	3062 (25.1%)	3856 (26.0%)	4289 (26.4%)
Adoption	2444 (23.5%)	2512 (23.0%)	3173 (26.1%)	3376 (22.7%)	4023 (24.8%)
Emancipation / Aged Out	950 (9.1%)	1084 (9.9%)	1189 (9.8%)	1366 (9.2%)	1411 (8.7%)
Other*	503 (4.8%)	603 (5.5%)	653 (5.3%)	726 (4.9%)	623 (3.8%)
<b>TOTAL</b>	<b>10,410 (100%)</b>	<b>10,917 (100%)</b>	<b>12,175 (100%)</b>	<b>14,842 (100%)</b>	<b>16,254 (100%)</b>

\*Other includes children absent without permission, in court-ordered or independent living placements, for whom conservatorship was never obtained, and with a missing discharge reason.

Exits from foster care typically indicate a positive permanency outcome for children, reflecting that they were reunified with their families, had consummated adoptions, found permanency with relatives, or were emancipated from the foster care system. As shown in the figure below, the number of children experiencing reunification, adoption, or permanent kinship placement has grown steadily from FY2000 through FY2007, with reunifications and permanent kinship placements showing a sharp rise in FY2006:



The significant rise in reunification and kinship placement exits have contributed to the recent downward trend of the number of children in foster care. As shown in the figure below, the entry rates and exit rates at the end of FY2007 are roughly the same, as opposed to previous fiscal years when there were more removals than exits:



The Family Focus Initiative is beginning to impact not only the length of time in foster care, but also to enable the number of exits from foster care to outpace the number of entries into foster care. Of the children who achieved permanency status during FY2007, the majority had been in care less than 12 months:

<b>Length of Time in Care for Children Who Achieved Permanency Status *</b>	<b>FY2005</b>	<b>FY2006</b>	<b>FY2007</b>
0 - 12 Months	61.9%	66.3%	62.7%
13 to 24 months	23.2%	21.7%	24.0%
More than 24 months	14.7%	12.1%	13.3%

\* Children who left substitute care via an own home, permanent relative placement or adoption consumation and DFPS legal responsibility was ended.

The average length of time in foster care for the children who attained permanency in FY2006 and FY2007 varied depending on the type of exit. As shown in the chart below, the children who were reunified with their families were in foster care for the shortest amount of time, and the children who emancipated were in foster care for the longest amount of time:

<b>Type of Exit</b>	<b>Average Length of Time In Foster Care (in months) FY2006</b>	<b>Average Length of Time In Foster Care (in months) FY2007</b>
Family Reunification	8.8	9.6
Alternative Long-Term Care	10.3	15.1
Permanent Placement with Relatives	12.1	12.8
Adoption	28.7	28.2
Independent Living (Emancipation)	60.5	60.9

**c. Where was the child welfare system in Round One of the CFSR?**

Item 7 was assigned an overall rating of Area Needing Improvement. In 78 percent of applicable cases, reviewers determined that the State had established an appropriate goal in a timely manner, but there were concerns regarding appropriateness of permanency goals in 22 percent of applicable cases reviewed. The Statewide Assessment noted that it is State policy for staff to seek to have children in permanent placements within 12 months from the date they come into care, to the extent possible depending on the child's particular needs and circumstances, and the available resources. The Statewide Assessment also noted that a permanency goal is considered achieved when the child is in the placement that is intended to be permanent and is consistent with the permanency goal, and appropriate legal action has been achieved.

**d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?**

In addition to CPS Reform changes (180-Day Report), CPS has made the following important practice changes to determine the appropriate permanency goals for children on a timely basis when they enter foster care:

Workers may lack the time and/or skills to sufficiently engage the parents and/or extended family members in the service planning process, which includes development of the permanency goal and any concurrent goal planning. When parents and extended family

members are not adequately involved in service planning, a delay in determining the permanency goal and less successful outcomes may occur. As a result, permanency planning rules and policies have been updated to include the definition of permanency planning and the procedures used, especially with respect to children with developmental disabilities.

**Developmental Disability Specialists** have been hired to assist in addressing the needs of children with disabilities and complying with permanency planning procedures regarding children with developmental disabilities in institutional settings or who are at risk of being placed in institutional settings.

CPS has been extensively collaborating with the Health and Human Services Commission (HHSC) in the development of a **health care delivery model** for children in foster care, explained in more detail under the section for Well-Being 3. The plan calls for better upfront assessments that are consistent statewide, which will assist workers with developing the child's initial service plan and determining the appropriate permanency goal in a timely manner.

### **Item 8 – Reunification, guardianship or permanent placement with relatives**

***How effective is the agency in helping children in foster care return safely to their families when appropriate?***

#### ***a. Policy and Procedure Requirements***

The permanency-planning goal of family reunification identifies a child's own home as the safe and permanent living situation towards which CPS services are directed. CPS selects family reunification as a child's permanency-planning goal when (with CPS assistance) the family appears willing and able to reduce the risk of abuse or neglect enough for the child to return home and live there safely for the foreseeable future. CPS must explore the possibility of selecting family reunification as the permanency-planning goal for every child in foster care except when a court has determined that reunification is not necessary due to aggravated circumstances or when there is a child whose parents:

- cannot be found with reasonable effort;
- have either executed an affidavit of relinquishment or had their parental rights terminated by the court;
- have so severely mistreated the child or the child's siblings that any reasonable person would consider family reunification inappropriate;
- have been unwilling or unable to protect the child or the child's siblings from further abuse and CPS can document that reasonable efforts were made to work with the family, or that no efforts would be reasonable under the circumstances.

Policy requires that workers make every effort to identify and locate a non-custodial parent, relative, or other designated caregiver willing and suitable to care for the child. Thorough background checks are performed on potential caregivers to determine the most appropriate placement, in order to prioritize placement with relatives or other designated caregivers significant in the child's life. Workers are required to provide relatives or other designated caregivers with any information related to the abuse or neglect of the child, as well as resource and contact information. The Kinship Caregiver Assistance Program promotes continuity and stability for children in conservatorship through the facilitation of financial assistance, resources, and support services.

#### ***b. Data Summary***

In random sample (case review) data, the percentage of cases that met Item 8 decreased from FY2004 to FY2005, increased from FY2005 to FY2006, and decreased again in FY2007 with a low of 47.2% in Quarter 2. However the most recent case review data (Quarter 1 of FY2008) shows significant improvement, with performance at 72.5%.

As shown on the Data Profile for the 12-month period ending 3/31/2007 for Composite 1 (statewide data), the Texas score is 120.1; therefore Texas is not meeting the national composite standard of 122.6.

In September 2007, there were 8707 children in kinship placements and 3773 children in the family reunification process. This is an increase from September 2006, when 8085 children were in kinship placements and 3556 children were in the family reunification process.

#### ***c. Where was the child welfare system in Round One of the CFSR?***

Item 8 was assigned an overall rating of Area Needing Improvement primarily because the State's percentage of reunifications occurring within 12 months of entry into foster care (64.4 percent) did not meet the national standard of 76.2 percent. In understanding the State's data with respect to reunifications occurring within 12 months of removal, it was important to take into account the State policy of maintaining legal custody for 3 to 6 months after physical reunification. While this policy may have adversely affected the State's ability to meet the national standard with respect to reunification, it enhanced the State's ability to meet the national standard with respect to foster care re-entries. Consequently, it could be seen as supporting children's safety.

#### ***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

Efforts to help children in foster care return safely to their families when appropriate are ongoing as a result of CPS Reform changes (as described in the 180-Day Report). **Family Group Decision-Making** helps CPS to involve not only parents but also extended family members and community partners in finding creative solutions for family problems. Using a variety of models, CPS is able to keep children safe and achieve permanency within the existing family structure. The initiative represents a paradigm shift from a model focused on "rescuing" the child to a model designed to empower the family, where capabilities and strengths are emphasized rather than deficits and weaknesses. At the core is a reliance on the family and the community, a faith in the nature of these institutions essentially towards self-preservation. Parents and other family members want their children to be safe and if CPS provides a supportive environment, the family will work effectively to ensure that safety. When enabled, the family can help children achieve reunification or permanency faster, or avoid foster care altogether. FGDM has been in use since 2003. By August 2004, FGDM conferences were available to families in 21 counties, and by June 2006, that number had grown to 57. It is now offered statewide.

The use of **community advisory** groups and involvement of external stakeholders in workgroups for new initiatives (such as Disproportionality Advisory Groups now exist or are in the development in each region, Regional Parent Collaboration Groups, and Family Group Decision-Making Advisory Groups) help engage the community in efforts to strengthen family reunification. Technical Assistance to develop skills on forming community advisory groups has been received from Casey Family Programs. Some areas of the state have more community resources and support for relatives and fictive kin than other areas. Having more resources helps ensure the stability of the placement and provides alternative ongoing support once CPS

is no longer involved with the case, and therefore helps keep the child connected with family or with someone they know.

There is significant variation among counties regarding timeliness of family reunification. Further analysis of data, court practices, and other contributing factors is being done in conjunction with the **Supreme Court Commission on Children, Youth, and Families**.

### **Item 9 – Adoption**

***How effective is the agency in achieving timely adoption when that is appropriate for a child?***

#### ***a. Policy and Procedure Requirements***

CPS provides adoption services regardless of age, race, or handicap when a child in conservatorship needs to be adopted, or when a district court appoints CPS to complete a social study when a petition is filed to adopt a child. Children with a permanency plan of adoption may achieve this goal through adoption by relatives, foster parents, or “stranger adoptions”. The following types of adoption services are available to children needing permanent homes through adoption:

- Recruiting adoptive homes
- Completing adoptive home studies
- Assessing and preparing children for adoption
- Selecting adoptive homes for children
- Presenting and placing children for adoption
- Supporting adoptive placements
- Contracting for post adoption services
- Operating the Texas Adoption Resource Exchange (TARE)
- Providing adoption assistance for the child and family
- Producing court-ordered social studies.

Each region must dedicate at least one staff person per 75 children who have the permanency planning goal of adoption to perform specialized activities to assure that children's cases are moving toward the goal of adoption in an expedient manner. Tasks to be performed include: compiling information for and completing the Health, Social, Educational, and Genetic History (HSEGH) Report; reviewing the child's record for possible relative placements; searching TARE for possible adoptive families for the child; and compiling reports to be submitted to state office and the regional director regarding children waiting adoption in the region and the services provided to these children.

The Texas Adoption Resource Exchange (TARE) is a referral and photo-listing service for children waiting to be adopted. The exchange helps staff find adoptive homes for children who cannot quickly be placed for adoption locally. Workers must register children on the Texas Adoption Resource Exchange whenever the parental rights of the child's parents have been terminated, DFPS has approved the child for adoptive placement, and three months have elapsed since the department's decision to seek an adoptive home for the child and no home has been found. Each child's registration on the exchange must be kept current until the child is placed for adoption or CPS changes the child's permanency plan. There is policy outlining the steps for initially placing and renewing the child's listing on TARE. The photo-listings are printed

and distributed twice a month to CPS child-placing units, licensed private and public child-placing agencies throughout the United States, and child and family advocacy groups.

**b. Data Summary**

The most recent random sample (case review) data from (Quarter 1 of FY2008) shows performance at 57.5%. This is a significant improvement over previous performance, when Quarter 2 of FY2007 was the first time case review data exceeded 50% for the item.

As shown on the Data Profile for the 12-month period ending 3/31/2007 for Composite 2 (statewide data), the Texas score is 97.4; therefore Texas is not meeting the national standard of 106.4

An analysis of the data profile for the largest urban counties statewide reveals a wide range in performance. For consummations within 24 months from the date of removal, performance ranges from more than 65% (Bexar County at 66.3% and Cameron County at 66.7%) to less than 25% (Hidalgo County at 20.0% and Lubbock County at 22.6%). Correspondingly, the median time to adoption in months also fluctuates, with roughly half of these counties having a median time of less than 24 months:

Hidalgo County has the longest amount of time to adoption among the largest urban areas (31.7 months). Composite data is now being shared with community stakeholders, particularly the judiciary, to look at different practice implications.

The number of children in DFPS conservatorship who were adopted has increased over the last 5 years:

<b>Fiscal Year</b>	<b>Number of Children Adopted</b>
FY2003	2444
FY2004	2512
FY2005	3173
FY2006	3376
FY2007	4023

However, the number of children waiting to be adopted has also increased:

<b>Fiscal Year</b>	<b>Average Number of Children Waiting To Be Adopted Each Month</b>
FY2003	3937
FY2004	4343
FY2005	4568
FY2006	5036
FY2007	5977

The number of children registered on the Texas Adoption Resource Exchange (TARE) increased from 2001 to 2004, and then decreased from 2004 to 2007. As of November 2007, 4589 children have been registered on TARE:

Status	Number of Children
Currently on website	975
Placed	1659
Pending Adoptive Placement	371
Removed - Numerous inquiries	247
Removed - Medical or therapy needs changed	126
Removed - Permanency plan changed	830
Removed - Other	381
<b>TOTAL</b>	<b>4589</b>

Year Registered	Number of Children
Registered in 2001 (9/25/2001 to 12/30/2001)	60
Registered in 2002	282
Registered in 2003	933
Registered in 2004	1118
Registered in 2005	815
Registered in 2006	716
Registered in 2007 - as of 11/7/2007	665
<b>TOTAL</b>	<b>4589</b>

At the beginning of FY2008 (September 2007), there were 6235 children who were legally free for adoption and needed an adoptive placement. Of these, 5820 (93.3%) had been in foster care for 12 months or longer. This is an increase from the beginning of FY2007 (September 2006), when there were 5685 children who were legally free for adoption and needed an adoptive placement, 5215 (91.7%) of whom had been in foster care for 12 months or longer.

***c. Where was the child welfare system in Round One of the CFSR?***

Item 9 was assigned an overall rating of Area Needing Improvement. Although the State's percentage of finalized adoptions within 24 months of entry into foster care (43.7 percent) met the national standard of 32 percent, the case review process found that 43 percent of applicable cases were rated as an Area Needing Improvement for this item. In addition, stakeholders commenting on this issue tended to view timeliness of adoptions as a key issue for the State.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

In addition to CPS Reform changes (described in the 180-Day Report), CPS has made important practice changes to achieve timely adoptions:

In 2004, **Intensive Adoption Specialists** were hired statewide. These specialists are responsible for monitoring children's progress in achieving permanency, participating as adoption consultants in case staffings, and planning/coordinating special adoption events. Regional staff members identify tasks that remain to be completed in order for a child to be adopted. CPS has been focusing more of its efforts on recruitment, including faith-based recruitment which is aimed at recruiting faith-based communities willing to find and support adoptive homes from within their congregation.



Each year, more adoptions are consummated during Adoption Month (November). In a number of communities, lawyers are offering their legal services pro bono so adoptions are not delayed due to a family's financial situation. During the 80<sup>th</sup> Legislative session (2007), a Texas **Adoption Day** was created. The number of **Heart Galleries** has increased and is well received in the hosting communities. A Heart Gallery consists of large, professional photographs of children awaiting adoptive placement. Members of the community and waiting families are invited to view the portraits and learn more about adoption and waiting children.

CPS launched the “**Why Not Me?**” **adoption campaign**, which is aimed at adopting older children. Of the children in Texas awaiting adoption, almost half of them are older than 9. The older the child, the longer they wait for adoption. CPS launched the “Why Not You?” campaign asking caring Texans to adopt abused or neglected children, including older youth in care. To get this message to potential adoptive families, the Texas Association of Broadcasters helps CPS distribute high quality TV and radio public service announcements in both English and Spanish to its member stations. The “Why Not You?” campaign has generated significant interest across the state.

A special initiative called **Project PUSH** (Placing Us in Safe Homes) was implemented. The goal of PUSH is to identify and track internal barriers that delay legal completion of adoptions. Such obstacles include preparing the child's case record for the prospective adoptive family (copying and redacting), completing the child's Health, Social, Educational, and Genetic History Report, and negotiating the adoption assistance agreement. CPS works with community members to overcome the obstacles to finalizing the adoptions.

A subsequent initiative called **Operation HOME** (Help On Matching Every Child) was implemented. The goal of Operation HOME is to see that every child with a permanency goal of adoption who has no identified placement is registered on the Texas Adoption Resource Exchange (TARE). Those children are also registered with AdoptUsKids to increase their exposure to waiting families.

Differences in success with adoption vary between Texas counties. For example, Bexar County, the county with the highest number of adoptions in FY2007, receives support for adoptions from the community. Bexar County funds additional staff to support adoptions and receives significant media attention to adoption. In areas where there is a supportive media, publicity about adoptions has helped improve outcomes.

High caseloads cause delays in preparing children for adoption and timely selection of families. Staff turnover delays the preparation of children and the selection of families. The increasing number of children entering foster care whose permanency plan becomes adoption is stressing the system because the number of workers assigned to the children remains steady. Placement of early school-aged and younger children is less challenging than adolescents and children who have complex treatment needs.

As seen in the data profile, while Texas exceeds the 75<sup>th</sup> percentile in the median length of time to adoption (24.1 months) and the percentage of children whose adoption is consummated within 24 months of removal (49.3%), there is more emphasis needed for children who become legally free after being in care for more than 12 months and who are in care for longer periods of time. 35.8% of children in Texas are adopted within 12 months after becoming legally available for adoption, as compared to the national 75<sup>th</sup> percentile of 53.7%.

## **Item 10 – Other planned permanent living arrangement**

***How effective is the agency in establishing planned permanent living arrangements for children in foster care who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?***

### ***a. Policy and Procedure Requirements***

Policy requires that there be a permanency plan for all children for whom DFPS has responsibility for placement and care, which consists of the permanency planning goal, the specific steps to be taken to achieve the goal with responsibilities and time frames established for taking those steps, and a discussion of the efforts made to achieve the goal. For youth 16 and older, Circles of Support is the preferred method, otherwise a Transition Plan meeting is held. Circles of Support and Transition Plan meetings can help a youth determine whether to return to a parent and identify any other options or safety considerations if this plan is in question. Workers make efforts to engage the parent in the process of helping the youth move toward independence, as appropriate.

Despite our best efforts, a number of older children in foster care will neither return home nor be placed in adoption. These youth remain in foster care until they reach adulthood and live independently. The PAL program was implemented to ensure that these youth are prepared for their inevitable departure from CPS care and support. The program provides them with the skills and resources they need to become a self-sufficient adult. PAL services include independent living assessments, time-limited financial help, basic self-help, life skills development and training, and education and training in areas such as money management, job skills, educational planning, and interpersonal skills. A transitional living allowance is provided to eligible youth to help with some of the initial costs of adult living.

PAL services are offered to all youth in DFPS-paid foster care who are age 16 or older and are likely to remain in foster care until at least age 18. They can qualify for services up to their 21st birthday. Services can also be provided to youth age 14 and older if they are involved in an open CPS case, depending on resource availability. Youth placed in foster care by a county juvenile probation department are eligible for PAL Life Skills training and After Care Room and Board if they meet certain eligibility requirements. PAL services are provided by DFPS staff and contract providers. In addition, volunteer mentors play a key role in the PAL program in several of the regions. Mentors are adults who are paired with youth to offer guidance, support, and assistance.

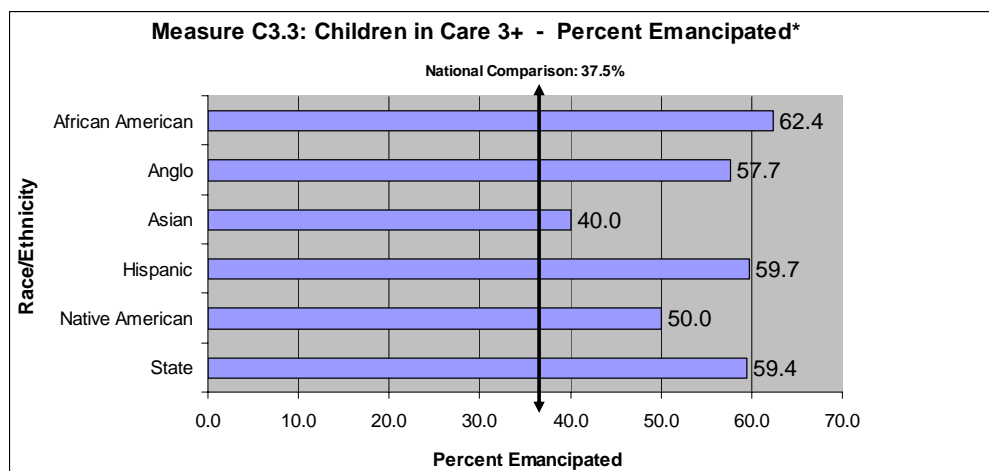
### ***b. Data Summary***

In random sample (case review) data from Quarter 1 of FY2008, 78.2% of cases met Item 10. This is a decrease in performance from the peak performance found in Quarter 1 of FY2007 (90.2%). All other quarters prior to FY2007 were found to have performance below 90%.

Though DFPS surveys of youth in care and exiting from care show satisfaction with Preparation for Adult Living (PAL) services and youth have hopes for their future, long term care is not a preferred strategy. Data from 2005, 2006, and 2007 indicate that Texas is far from the national standard for children and youth in care for long periods of time. The federal 25<sup>th</sup> percentile for children who emancipated (or aged out) and who have been in care for 3 or more years is 37.5%. In other words, the preference is to have children and youth exit care by means other than aging out of care (e.g., reunification, relative care, or adoption). For the upcoming CFPSR period, Texas data was below the 25<sup>th</sup> percentile, although there has been some improvement.

Time Period	Percent of children emancipated (3+ years in care)
10/1/04 – 9/30/05	63.4%
10/1/05 – 9/30/06	60.9%
4/1/06 – 3/31/07	59.6%
<b>National Percentile</b>	<b>37.5%</b>

The ethnic breakdown of the 59.6% in care for three or more years who aged out of care between 4/1/06 and 3/31/07 is shown below.



\* The Federal definition of "emancipation" includes those youth who were discharged from foster care prior to age 18 with a discharge reason of emancipation or reached their 18<sup>th</sup> birthday while in foster care.

The number of youth who age out of foster care is increasing every year, as shown below.

Fiscal Year	Number of youth who aged out of substitute care
FY2003	950
FY2004	1084
FY2005	1189
FY2006	1366
FY2007	1411

The number of youth (aged 16 through 20) who receive PAL services is also increasing every year, as shown in the table below:

Fiscal Year	Number of youth eligible for PAL services	Number of youth who received PAL services	% of eligible youth who received PAL services
FY2003	5849	4921	84.1%
FY2004	6383	5341	83.7%
FY2005	7262	6474	89.1%
FY2006	7884	7279	92.3%
FY2007	8356	7639	91.4%

More youth are remaining in care beyond achieving the age of 18. The number of youth (aged 18 and older) who are still in foster care is also increasing every year:

Month	Number of youth (aged 18 and older) in foster care
September 2003	315
September 2004	352
September 2005	335
September 2006	421
September 2007	443

Formal transition planning includes Circles of Support (COS), a modification of Family Group Decision Making. Circles of Support is a process used to support and assist young people 16 years of age and older in developing a transition plan. This model also includes specific identification of an individual who will commit to be a caring adult in the life of a youth as they age out of CPS care. COS began during FY2005.

Fiscal Year	Number of Circles of Support Completed
2005-2006	1091
2007	1611

Fiscal Year	Number of Youth Eligible for a Circle of Support (Ages 16 and 17)
2005	3386
2006	3791
2007	3862

***c. Where was the child welfare system in Round One of the CFSR?***

Item 10 was assigned an overall rating of Strength because the item was rated as such in all applicable cases. Information provided in the Statewide Assessment supported stakeholders' opinions regarding the strength of programs providing independent living services to youth who are expected to emancipate from the foster care system. In addition, the Statewide Assessment noted that although long-term foster care is an allowable permanent solution under the Texas permanency statutes, it was not an option that the State routinely chose for children. In fact, a caseworker could not select this permanency goal until approval was given by a program director.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

The PAL Program helps older teens in foster care gain skills and resources they will need for adult life after leaving foster care. Mentors serve as caring adult guides and positive role models, encouraging youth toward career and educational goals. A new and improved **baseline of transition services, life skills training, and support services** for youth 16 and older was developed as a result of the CPS Reform Transitional Living Services Initiative. Establishing a consistent baseline of services will ensure that youth aging out of foster care receive the same quality of services regardless of where they reside in the state. Some examples of improved services include full utilization of the Ansell-Casey Life Skills Assessment and enhanced life skills minimum standards.

**Circles of Support** is a youth-driven process based on the Family Group Decision Making model and offered to youth beginning at 16 years of age. It is a facilitated meeting with participants that a youth identifies as “caring adults” who make up their support system. Participants can be a youth’s foster care providers, teachers, relatives, church members, mentors, and so on. These participants come together to review the young person’s transition plan, including strengths, hopes and dreams, goals and needs in the areas of education, employment, health/mental health, housing, and all PAL life skills training components. Each adult participant identifies a personal way they can help support the youth’s transition plan and help them attain their short and long term goals toward self-sufficiency, and they sign the transition plan to seal their agreements. The identification and involvement of caring adults in transition planning helps ensure that personal and community connections are incorporated into the transition planning process. With the implementation of Circles of Support, discharge planning is improving. Circles of Support are operating in all 11 regions across the state and will hopefully have an impact on the ability to help youth aging out of care make better plans for the future.

If a Circle of Support cannot be arranged, a **Transition Plan Meeting** should be held after the youth turns 16. Caring adults are identified, the youth’s transition planning and permanency goals are documented, and the youth-driven transition plan is completed. As in a Circle of Support, participants contribute to and sign the plan and take ownership in goal achievement. Copies are provided to relevant parties, some of whom may not be present for the staffing. Transition Plan meetings address the important issues for youth as they leave foster care and enter the adult world. A standardized transition planning process has been developed, including a new transition plan template as it relates to transition planning services and achieving PAL program and training objectives. This template identifies what services are needed to accomplish the youth’s goals for transition. The worker must complete a written description of plans to prepare the youth for adult living, as appropriate to the individual situation. The description must specify the objectives and content of the youth's preparation during the period covered by the service plan, including the services that CPS will provide or arrange. If a youth refuses PAL services, PAL staff must document efforts made to encourage the youth to participate and the youth's decision not to do so. The plan is enhanced over time until the youth leaves or ages out of care.

Supportive services through **cooperative agreements** with the Texas Workforce Commission (TWC) and local workforce boards to further the objectives of the PAL have been created. Memorandums of Understanding were signed between TWC and DFPS in May 2006 and local agreements between DFPS regions and local workforce boards were signed August 2006.

**Transition Center partnerships** have increased. In a transition (or “one-stop”) center, a young person can go to one location to complete their GED certification, receive PAL services, take a community college prep course, talk to the onsite apartment locator service, and receive employment training and placement services. Transition Centers provide an opportunity for youth to develop personal and community connections, another important step into transitioning to adulthood.

Transition Centers	Establishment Note
San Antonio	Pre SB6
Dallas	Pre SB6
Houston	Joint Federal Grant DFPS/TWC
Austin	Post SB6
Corpus Christi	Post SB6
Kerrville	Post SB6
Kingsville	Post SB6
El Paso	Post SB6
Central Texas Center (Belton, Temple, Killeen)	Spring 2008
Beaumont (satellite in Port Arthur)	Spring 2008

Effective September 2005, Texas provides **continuous Medicaid** for youth age 18 through the month of their 21<sup>st</sup> birthday, utilizing a single application. Extended care is provided to youth up to the age of 22 in order to complete their secondary education, and up to the age of 21 to complete vocational training. Effective September 2007, the **Return to Care Program** allows certain eligible youth 18 to 20 years of age who have aged out of the foster care system to return to care in order to attend high school or GED course (up to age 22), attend a vocational or technical program (up to age 21), or return on a break from college or a technical or vocational program for at least one month but no more than 4 months (up to age 21).

The **Education & Training Voucher (ETV) Program** is a federally-funded (Chafee) and state-administered program. Young people ages 16 to 23 may be eligible for up to \$5000 of financial assistance per year to help them reach their post-secondary educational goals. The use of ETV, since it began in 2005, is illustrated below:

Fiscal Year	Number of Youth participating in ETV Program
2005	235
2006	435
2007	632

Youth over age 17 may **remain in DFPS-paid foster care** and continue receiving services if they are already receiving foster care assistance when they turn 18 years old and are:

- Enrolled full time in a secondary school and have not reached their 22nd birthday;
- Enrolled to enter college or a vocational program within 3-1/2 months of finishing secondary school (not to exceed their 22nd birthday); or
- Enrolled full time in vocational or technical training classes and scheduled to graduate before reaching their 21st birthday

Effective September 1, 2007, subject to the availability of an appropriate licensed placement, a former foster youth may **return to foster care**, up to the age of 21, if the following eligibility criteria are met:

- The youth was in the managing conservatorship of DFPS when he/she turned 18, or when he/she ran away from foster care;
- The youth is between the ages of 18 and 21 and:
  - is enrolled or will be enrolled within 30 days of placement in a technical or vocational program;
  - has enrolled or will be enrolled within 30 days of placement in high-school or in a course of instruction to prepare for the high school equivalency examination; or

- is returning on a break from college or a technical or vocational program for at least one month but no more than four months.

The **Texas Youth Connection website**, designed with input from youth, is a resource for youth in foster care, alumni of foster care, or youth seeking general tips and information. This website offers information and resources in education, finances, records, diversity, health, contacts, job links, food, housing, books, stories, hotlines, and other information.

**State-Paid Tuition and Fee Waivers**, enacted in 1993 and revised in 1997, are available for eligible youth who age out of care or who were adopted from foster care at 14 years of age or older. Waivers cover the cost of public post secondary education in colleges, universities, or vocational programs. Every year, colleges such as the University of Texas or Texas A & M and their extension campuses provide mentoring to college students who are PAL youth. Critical support such as mentoring or scholarships, strengthen the youth's ability to be successful in their college experience. College partnerships also provide for residential housing, leadership camps, and conferences. In September 2003, a new provision of Texas State Law, Section 54.2111 of the Texas Education Code was added. As a result, another way a student is exempt from payment of tuition and fees is if the student was adopted and the subject of a signed adoption assistance agreement between DFPS and the adoptive parents under Subchapter D, Chapter 162, of the Texas Family Code.

## **Permanency Outcome 2:**

**The continuity of family relationships and connections is preserved for children.**

### **Data Summary**

In Round One, Texas achieved substantial conformity with Permanency Outcome 2. This determination was based on the finding that 93.8 percent of the cases reviewed were rated as having substantially achieved the outcome, which exceeded the 90 percent required for an overall rating of substantial conformity.

Based on random sample (case review) data from recent years, overall conformity for Permanency Outcome 2 has been fairly stable from FY2004 (82.4%) to FY2006 (82.3%); FY2007 performance improved to a high of 93.3% in Quarter 2, but performance returned to 85.9 in the most recent case review data (Quarter 1 of FY2008).

### **Item-by-Item Evaluation**

#### **Item 11 – Proximity of foster care placement**

***How effective is the agency in placing foster children close to their birth parents or their own communities or counties?***

##### **a. Policy and Procedure Requirements**

Policy requires placement of all children within their community or within 50 miles of their legal county, if appropriate. A child is placed outside of his/her own county if there are no placements available to meet the child's needs. In this situation, the closest available placement that can meet the immediate needs of the child is selected.

Court systems across Texas have become more determined to make certain that children are placed within close proximity of their jurisdiction. Centralized placement staff are heavily relied upon due to worker turnover and sometimes, due to repeated referrals, they have a more clear view of the child's placement history and needs.

Typical circumstances in which children are placed out-of-county, out-of-state, or long distances from their parents include:

- A placement to accommodate a large sibling group is not available, or there are not enough homes to place the children separately within the legal county/region
- The child has been denied placement with a particular provider due to a previous negative experience with that provider
- The child's needs and service level are higher than what the providers in the legal county/region can accommodate

***b. Data Summary***

Random sample (case review) data has been consistently high since FY2004, ranging from 90.7% to 95.4%. The most recent case review data (Quarter 1 of FY2008) shows performance at 95.1%.

Statewide data for September 2007 shows that 18% of children (5153) are placed outside of their home region. Of these, 33% (1712) are either living with relatives or living in an adoptive placement, and 17.7% (915) are placed outside of their home region due to their need to be in a residential treatment facility. Hence, the percentage of children who are placed outside of their region due to capacity or resource issues is relatively low, about 8%. The number of children placed out of state during the last three fiscal years, as reported by Texas Interstate Compact for the Placement of Children (ICPC) Division, is shown in the chart below:

Fiscal Year	Number of Children Placed Out of State
2005	1160
2006	1244
2007	1350

***c. Where was the child welfare system in Round One of the CFSR?***

Item 11 was assigned an overall rating of Strength because in all applicable cases, children were placed in close proximity to parents or close relatives. This is consistent with information provided in the Statewide Assessment indicating that the State makes every effort to place children in close proximity to their home of origin. As noted in the Statewide Assessment, 30.5 percent of Texas children are placed "out of area," and this usually occurs when the local area does not have resources for children with serious behavioral or mental health problems.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

Interstate Compact for the Placement of Children (ICPC) statistics show an increase in the numbers of requests processed by the Texas Interstate Compact Office. A total **reorganization** of the business process for this program has resulted in greater efficiencies and a clean up of the backlogged requests. In FY2007, 5033 requests were processed, compared to 4133 in FY2006 and 1576 in FY2005.



As discussed in relation to Item 6, there is an issue involving overall capacity limitations for children in DFPS care. Finding appropriate placements for foster children, particularly those with special needs, is not a new challenge for CPS. Finding appropriate placements for children has become increasingly difficult.

### **Item 12 – Placement with siblings**

***How effective is the agency in keeping brothers and sisters together in foster care?***

#### ***a. Policy and Procedure Requirements***

Policy states siblings should be placed together when possible.

#### ***b. Data Summary***

In random sample (case review) data the percentage of cases that met this item has exceeded 94% since Quarter 2 FY2007. The most recent case review data (Quarter 1 of FY2008) shows performance at 94.9%.

#### ***c. Where was the child welfare system in Round One of the CFSR?***

Item 12 was assigned an overall rating of Area Needing Improvement. In 84 percent of applicable cases, reviewers determined that the State had made diligent efforts to keep siblings together, but there were concerns regarding placement with siblings in 16 percent of applicable cases reviewed. Information in the Statewide Assessment suggested that one of the problems in maintaining siblings together was the shortage of foster homes, particularly homes that can take large sibling groups.

#### ***d. What changes in performance and practice have been made since Round One, including strengths, promising practices and barriers?***

Placement capacity issues discussed in relation to Items 6 and 11 also impact the ability of siblings to be placed together. In some cases, they cannot be placed together because one of more of the children needs a more secure setting, or they must be separated due to safety issues. Another barrier is large sibling groups, particularly those with 5 or more siblings. The **Centralized Placement Team** is available to assist in these situations and CPS is in the process of developing a statewide report to assist with placement of sibling groups. This report will identify when children are not placed together and explore hindrances to a successful sibling placement.

The **Kinship Placements** allow children to remain within familiar surroundings and maintain sibling contact, as well as family unity and cohesion.

### **Item 13 – Visiting with parents and siblings in foster care**

***How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?***

#### ***a. Policy and Procedure Requirements***

When a child is in foster care, the child's parents have a right to maintain regular contact with the child unless the court restricts their contacts or the parents have executed an affidavit of

relinquishment or had their parental rights terminated by the court. Based on consideration of the issues related to parent-child contact and the facts of the case, the worker develops and documents the visitation and contact plan on the Family Service Plan and the Child's Service Plan. The frequency established should support the child's needs and permanency goal, and the child's welfare should be the first consideration.

If the permanency goal is family reunification and the case is in temporary legal status, visitation between the child and the parents must occur face-to-face at least monthly, unless it is not in the best interest of the child. If parental rights are terminated and the permanency goal is adoption, the worker helps the child prepare for the loss of the parent-child relationship. This includes preparation for a good-bye visit with the parent, unless arrangements for ongoing visits or contact with the birth parents are ordered after rights have been terminated. If a child in foster care has siblings who have been placed with other substitute caregivers, the child must be given appropriate opportunities to maintain contact with those siblings, unless there are identified therapeutic or safety reasons not to do so. At a minimum, siblings placed with separate caregivers should have monthly contact with each other, and the contact should be face-to-face, unless there are documented reasons not to do so. Supervisor approval must be obtained to conduct fewer than the required monthly visits. During times when face-to-face contact cannot occur, contact by telephone or letter should occur. When possible and appropriate, caregivers are encouraged to schedule sibling visitation as often as possible.

#### ***b. Data Summary***

Random sample (case review) data from Quarter 1 of FY2008 shows performance at 79.4%. Quarter 2 FY2007 was the highest performance between FY2006 to the present, with 80.7% of the cases meeting this item.

#### ***c. Where was the child welfare system in Round One of the CFSR?***

Item 13 was assigned an overall rating of Strength based on the finding that in 85 percent of applicable cases, reviewers determined that the State had made diligent efforts to facilitate visits between the child and his or her parents and siblings. The Statewide Assessment provided support for this finding and indicated that while a child is in foster care, the parents and the child have a right to maintain regular contact with one another unless the court restricts contact or the parents have voluntarily relinquished parental rights or had their parental rights terminated by the court.

#### ***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

In addition to CPS Reform changes (described in the 180-Day Report), CPS has made important practice changes to plan and facilitate visitation between children in foster care and their parents and siblings. The use of **Family Group Decision-Making** has helped to address concerns associated with Item 13. Routinely, Family Group Conferences result in plans that outline kinship roles for facilitating visitation and contacts between siblings and parents while the child remains in substitute care.

Issues that affect this item include where the children are placed (in region vs. out of region), whether the children are placed together or separately, the availability of the worker to help with transportation, the availability of the foster or kinship caregiver to assist with transportation or allow visits in their home, and safety concerns if the parent(s) or sibling(s) has treatment issues.

## **Item 14 – Preserving connections**

***How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?***

### ***a. Policy and Procedure Requirements***

When a child is in foster care, the parents have a right to maintain regular contact with the child unless the court restricts their contacts or the parents have executed an affidavit of relinquishment or had their parental rights terminated by the court. Based on consideration of the issues related to parent-child contact and the facts of the case, the worker develops and documents the visitation and contact plan. The frequency established should support the child's needs and permanency goal, and the child's welfare should be the first consideration.

CPS demonstrates due diligence in trying to locate missing parents. The court will specifically examine the question of due diligence at the 60-day status hearing, at each permanency hearing, and before the court terminates parental rights and appoints DFPS as a child's managing conservator.

To preserve important family connections, CPS seeks to place children with relatives or other kinship caregivers if possible, assuming the child's needs can be met in these placement situations. When a child is placed with a kinship caregiver, the child's worker and the kinship development worker (if one is available in the area) work together to coordinate services and provide resources and support for the kinship caregiver and the child. Whenever possible, CPS places all the children removed from a particular home with the same caregiver, unless it is in the best interest of one or more of the children to be placed separately. When siblings cannot be placed together, the caseworker must ensure that they are placed with caregivers who are committed to helping them stay in regular contact (visits, phone calls, correspondence) unless it is clearly not in the best interest of one or more of the children to stay in touch.

Policy instructs the worker to ask the parents (or other person having legal custody of the child) for the names of family members or friends who have a long-standing relationship with the child or family and who could be potential placement options for the child. The recommendations are documented on Form 2625, the Child Placement Resources Form. The worker asks the parents to complete as much of the form as possible at the time the child is removed from the home, and sign it. If the form is completed at the time of removal, the worker leaves a copy with the parent or legal guardian for their records. If the form is not completed at the time of the removal, the worker leaves two copies to be completed – one to be returned to CPS, and one for the parents' records.

Although there are no formal Title IV-E agreements with tribes in Texas, CPS adheres to the Indian Child Welfare Act (ICWA) by having procedures and laws that govern placement preferences for Native American children and timely notice to Indian tribes. There are three federally registered Native American tribes in Texas: the Kickapoo Traditional Tribe of Texas near Eagle Pass in Region 8 (the tribe is part of the Kickapoo Tribe of Oklahoma), the Alabama-Coushatta Tribe and reservation near Livingston in Region 5, and the Ysleta Del Sur Pueblo/Tigua Tribe and reservation near El Paso in Region 10. Adherence to ICWA also applies to children who are members of federally recognized tribes when the children are in Texas, even though the tribe and reservation are not in Texas. Family Group Conferences and Family

Team Meetings have occurred with involvement of tribal representatives in conferences for Native American children.

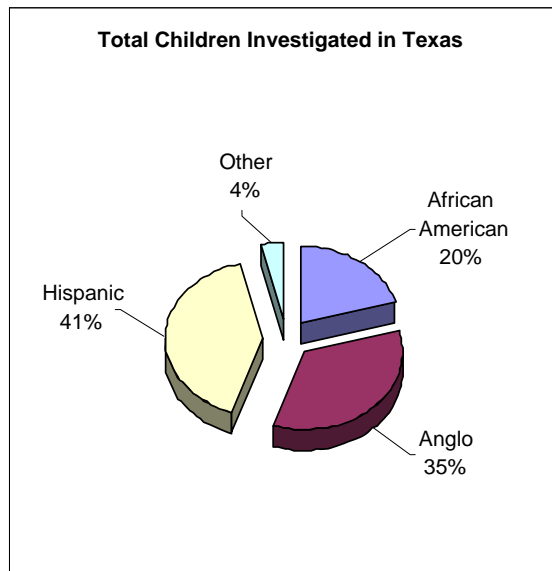
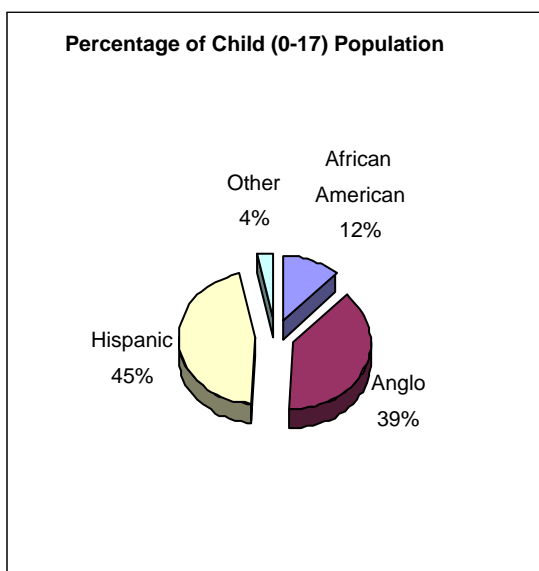
**b. Data Summary**

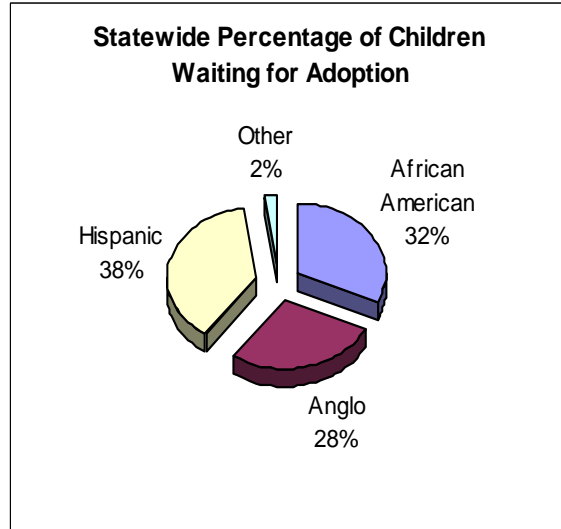
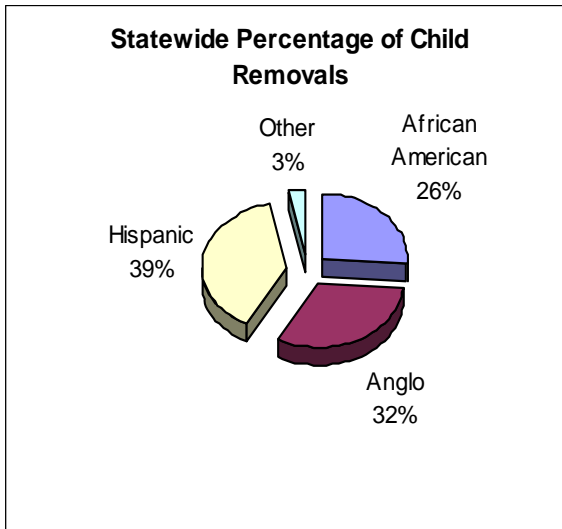
The most recent case review (case review) data (Quarter 1 of FY2008) shows performance at 91%. Since Quarter 1 FY2007, performance on this item has been above 90%.

Data from 2007 shows African-American children in Texas were almost twice as likely as Anglo or Hispanic children to be reported as victims of child abuse or neglect. Even after adjusting for the higher number of African-American children reported as victims, the number of African-American children that were the subject of substantiated reports of abuse and neglect was also disproportionately high, as was the number of children removed from their families. In Texas, even when other factors (such as poverty or family structure) are taken into account, African American children spend significantly more time in foster care or other substitute care, are less likely to be reunified with their families, and wait longer for adoption than Anglo or Hispanic children.

An analysis of Disproportionality in the Texas child welfare system was published in January 2006 and is available on the DFPS website. The subsequent Remediation Plan was published in July 2006 and is also available.

Texas is at the forefront of the effort to cope with this disparity and the issues associated with it. The state analyzed data related to removals and other enforcement actions, reviewed policies and procedures in each child protection region, and developed plans to remedy disparities. Child Protective Services has enhanced training for service delivery staff and management, developed collaborative relationships with community partners, increased staff diversity, and improved targeted recruitment efforts for foster and adoptive families. State legislation, combined with the commitment of the agency and its partners in the community, ensures that these efforts will continue. FY2007 Disproportionality Data is indicated below in the following charts:





As part of the legislatively mandated DFPS Remediation Plan to address Disproportionality, CPS reviewed 31 Native American child welfare cases active between September 2003 and February 2005. Several trends were evident for these cases including substance abuse, poverty, homelessness or inadequate housing, and mental health issues. Another common theme noted among the cases was the transient nature of these families which may lead to incomplete or abbreviated investigations and the interruption of services and assistance for these families. Several of the CPS reviewers strongly noted the need for caseworker education and training specific to Native American heritage and culture, as well as the need to tend to the cultural needs of Native American children in CPS care.

***c. Where was the child welfare system in Round One of the CFSR?***

Item 14 was assigned an overall rating of Area Needing Improvement. In 84 percent of applicable cases, reviewers determined that the State had made diligent efforts to preserve the child's connections, but there were concerns regarding preserving connections in 16 percent of applicable cases reviewed. Although there were many cases in which reviewers noted that connections were maintained, there was a lack of consistency across workers in making efforts to maintain these connections. This may be attributed to worker turnover, which results in workers who do not have extensive experience in maintaining the children's links to their families, heritage, and communities.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

Efforts to enhance parental involvement and voice are ongoing within CPS. In addition to CPS Reform changes (described in the 180-Day Report), CPS has made important practice changes to preserve important connections for children in foster care:

The **Child Placement Resources Form** is a document used to record the parent's recommendations for placement of the child and provide CPS with identifying information so that CPS can consider those identified as a placement option. The **Kinship Program** offers support services to relatives and individuals with a longstanding, significant relationship with the

child. Services include case management, caregiver support group training, financial reimbursements, and referrals.

**Family Group Decision-Making** conferences encourage family participation in the development of goals and objectives necessary to maintain the safety, permanency, and well being of the child. The Circles of Support process identifies “caring adults” who make up the child’s support system, and the caring adult commits to being a longstanding connection and support for the youth. A cultural practice shift to a more strengths-based, family focus approach enhances safety, permanency, and well being for children through the provision of direct and support services to their caretakers.

In some cases involving Native American children, parents are not asked about possible tribal connections. In every case, the worker is required to ask the parents (and any child old enough to respond) whether the family has American Indian heritage or ancestry. If a child is considered to be of American Indian heritage or ancestry, steps have been put into place to ensure timely notification of the tribe. The implementation of “**Knowing Who You Are**” training (a racial/ethnic identity formation training for workers, particularly those who work with children in foster care) helps workers understand and assist children who are placed with families whose culture is different from their own, and helps them develop awareness, knowledge, and skills related to supporting the racial/ethnic identity development of children in foster care. “**Undoing Racism**” training has occurred throughout the state and at multiple levels of administration. More than 2000 staff and community partners have participated in this training by the Peoples Institute for Survival and Beyond.

**Statewide and regional Parent Collaboration Groups** inform practice and help strengthen the preservation of connections. Regional groups have grown. Two groups, in Bexar and El Paso counties have grown into weekly parent support groups. The statewide annual foster parent conferences have agendas that include topics designed to increase the importance of preserving connections. For example, in the 2007 statewide foster parent conference, a presentation by parents of the Parent Collaboration Group was held.

### **Item 15 – Relative placement**

***How effective is the agency in identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?***

#### **a. Policy and Procedure Requirements**

Policy requires that workers make every effort to identify and locate a non-custodial parent, relative, or other designated caregiver willing and suitable to care for a child in DFPS conservatorship. Background checks are performed on potential caregivers to determine the most appropriate placement, in order to prioritize placement with relatives or other designated caregivers significant in the child’s life. Workers are required to provide relatives or other designated caregivers with any information related to the abuse or neglect of the child, as well as resource and contact information. The Kinship Caregiver Assistance Program promotes continuity and stability for children in conservatorship through the facilitation of financial assistance, resources, and support services.

Non-custodial parents are identified during the investigation. CPS is required to demonstrate due diligence in trying to locate missing parents. The Court specifically examines due diligence through court hearings held during the life of the case. Policy instructs the investigator to ask the parent or the person having legal custody of the child for names and locating information of non-

custodial parents, family members, and friends that have a long-standing relationship with the child or family who may be a potential placement option for the child. A new Child Placement Resources Form allows the parent to document and prioritize kinship caregivers that they feel would be the most appropriate placement for their child. The parent is asked to complete as much of the form as possible at the time the child is removed from the home.

Diligent Search is another resource that CPS uses to conduct searches for maternal or paternal relatives, and other people named by the family who have a significant relationship with the child. This is a specialized unit in DFPS whose role is to find locating information on non-custodial parents and relatives. It is the worker's responsibility to contact the parent or relative once the Diligent Search unit has returned possible locating information. When parents and relatives are located, CPS must complete a background and criminal history check on each person. An initial home screening of the most appropriate substitute caregiver is also completed. This is done before the adversary hearing when the kinship caregiver is identified prior to the hearing. Later, CPS completes a more thorough written home assessment of the kinship caregiver.

**b. Data Summary**

In random sample (case review) data from FY2004 to the present, performance has ranged from a low of 88.9% to a high of 94.1% for cases that met this item. The most recent case review data (Quarter 1 of FY2008) shows performance at 93.8%.

Statewide data show that the percentage of children placed initially with relatives has increased each year from 2005 to 2007. The percentage of children in relative placements each month has also increased (this includes children in initial relative placements, as well as those who started in some other form of foster care placement and moved to a relative placement).

The percentage of total children in substitute care in any given month who were in a relative placement has significantly increased over the last four years. The number of kinship placements more than doubled from September 2004 to September 2007.

Month and Year	Number of Children in Substitute Care	Number of Children in Kinship Placement	Percent of Children in Kinship Placement
September 2004	23,051	4360	18.9%
September 2005	27,059	6425	23.7%
September 2006	29,232	8029	27.5%
September 2007	28,339	8721	30.7%

The number of children in kinship placement will continue to increase with the expansion of the Family Group Decision Making program. The 2006 evaluation of this program found that the number of children in relative placements increased by 55% after a family participated in family group conference.

A Kinship Caregiver Assistance Program implemented in March 2006 has provided \$1000 per family integration payments to help a kin caregiver prepare to receive a kin child for placement. In addition, reimbursement payments of \$500 per child per year help to defer the costs associated with a kinship placement. As of August 2007, 17,338 children had been placed in kinship placements, with \$2,764,000 paid in integration payments and \$2,449,428.76 paid in flexible support payments. A total of \$5,213,428.76 has been provided to kinship caregivers



since the program began. Additional funds have been spent on daycare services to kinship caregivers requiring daycare in order to have a kin child in their home.

***c. Where was the child welfare system in Round One of the CFSR?***

Item 15 was assigned an overall rating of Strength based on the finding that in 94 percent of applicable cases, reviewers determined that the State had made diligent efforts to access and assess relatives as potential placement resources for children in foster care.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

In addition to CPS Reform changes (described in the 180-Day Report), CPS has made important practice changes to identify relatives who can care for children entering foster care, and use them as placement resources.

The statewide **Kinship Caregiver Assistance Program** was developed. Financial assistance can often mean the critical difference between a placement in non-relative foster care and a kinship placement. This initiative, along with an initiative from the most recent Texas legislature to track kinship placements that are not made because of financial constraints, reflect the state's overall trend toward facilitating family placements and thereby enhancing family capacity in every way feasible. Kinship caregivers (47% of whom are grandparents) who were approved for placement of children were assessed for eligibility in the Kinship program. Kinship caregivers attended a 10-week Kinship Support Group Training to help them understand and meet the needs of the children placed in their care. Home assessments were completed on potential caregivers including criminal background history checks on all household members over the age of 14.

Kinship caregivers were provided with community resource information to assist them in caring for and supporting the children placed in their care. 50 Kinship Development Workers were hired. **Kinship Development Workers** provide case management services, make home visits, and serve as secondary workers on the child's case. The **Kinship stage of service** was created in IMPACT to document kinship referrals, case activity, payments, and relative and other caregiver data for statistical purposes and for ongoing review of the kinship program. The program expanded statewide with an appropriation for 54 **additional kinship staff**. There are now 104 staff within the Kinship Program.

At its inception in March 2006, the kinship program did not have a specialized stage of service in IMPACT, which made documentation and collection of data somewhat challenging. In addition, there was no automated way to pay caregivers after they received PMC, therefore caregivers had to be paid manually. In addition, there were only 50 Kinship Development workers statewide responsible for kinship work. In areas of the state where there were no Kinship Development workers, conservatorship workers were responsible for kinship work. These issues have recently been addressed by an increased allocation of staff and **changes to the automation system (IMPACT)**, resulting in additional Kinship Development Workers and a Kinship Stage of Service.

**Item 16 – Relationship of child in care with parents**

***How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?***



### ***a. Policy and Procedure Requirements***

Policy states that when a child is in foster care, the child's parents have a right to maintain regular contact with the child unless the court restricts their contacts or the parents have executed an affidavit of relinquishment or had their parental rights terminated by the court. Based on consideration of the issues related to parent-child contact and the facts of the case, the worker develops and documents the visitation and contact plan on the Family Service Plan and the Child's Service Plan. The frequency established should support the child's needs and permanency goal, and the child's welfare should be the first consideration.

If the permanency goal is family reunification and the case is in temporary legal status, visitation between the child and the parents must occur face-to-face at least monthly, unless it is not in the best interest of the child. In addition to face-to-face contact, the contact plan must also allow for gifts, mail, and telephone calls between the parents and the child unless doing so is not in the child's best interest. The worker must document all limitations on gifts, mail, and telephone calls.

Unless parental rights have been terminated, the worker helps to maintain the parent-child relationship by notifying and encouraging the parents to participate in case plan reviews, staffings, and court hearings. The worker also encourages the parents to visit the child and participate in special activities with him/her whenever appropriate according to the case plan, and keeps the parents informed of the child's situation, including notifying the parents anytime the child is transferred to a new placement.

If parental rights are terminated and the permanency goal is adoption, the worker helps the child prepare for the loss of the parent-child relationship. This includes preparation for a good-bye visit with the parents unless arrangements are made to continue contact with the parents after termination of parental rights has occurred.

### ***b. Data Summary***

The most recent random sample (case review) data (Quarter 1 of FY2008) shows performance at 85.1% of cases that met Item 16. With the exception of Quarter 2 in FY2007, all quarters have remained below 90%.

### ***c. Where was the child welfare system in Round One of the CFSR?***

Item 16 was assigned an overall rating of Strength because in all applicable cases, reviewers determined that the State had made diligent efforts to maintain and support the bond between parents and children.

### ***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

Efforts to promote and/or maintain the parent-child relationship for children in foster care are ongoing as a result of CPS Reform changes (described in the 180-Day Report). New initiatives such as **Family Group Decision-Making** encourage parental involvement and voice in the development of goals and objectives necessary to maintain the safety, permanency, and well being of their children.

A **Parent Program Specialist** (a professional who has experienced CPS conservatorship services previously) was hired at State Office to represent the parent voice, influencing policy and practice and expanding Statewide and Regional Parent Collaboration Groups. Ten **Youth Specialists** have been hired to represent the youth voice. Parent Collaboration Groups and Youth Leadership Councils provide a group opportunity to share input into development of policy and practice.

## WELL-BEING

### **Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.**

#### **CPS Reform Impact**

**The following content, through page 108, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.**

#### **Family Plans of Service**

Section 1.38 required that DFPS write service plans for families in a language that the parents understand or make it otherwise available, identify child education issues for the child's parents to address, review parents' progress in addressing their child's education issues, and to identify the knowledge, skills, and abilities the parent must acquire to achieve the goal of the plan.

Service planning is a cooperative endeavor, between families and DFPS, designed to specify what steps are needed to reduce risk of abuse or neglect, meet the specific needs of the child, and achieve permanency for the child. Service plans which are written in a manner that is easily understood by parents, combined with an additional focus on child education issues, enhances the service planning partnership and generates better results for children.

#### ***CPS Reform Achievements/Milestones:***

- DFPS policy was implemented on August 29, 2005. Service plans now specify what skills or knowledge are required and any behavioral changes that parents must make, including what a parent must do to ensure a child attends school and complies with academic requirements.
- Structural changes are being made to the family plan of service document so that it is more easily understood by parents and has a stronger focus on child education issues.
- The contracted technology vendor began work with DFPS in July 2006 to enhance the automated case management system (IMPACT) related to CPS reform. These enhancements incorporated changes to the Family Plan of Service that better synchronize documentation of the plan with Family Group Decision-Making. The IMPACT changes were implemented in August 2007.
- Changes in the family plan of service to meet the requirements discussed above were released in August 2007.

#### **Initial Assessments**

Section 1.49 directed that upon removal of a child from the child's home, DFPS shall use assessment services provided by a child care facility, a child-placing agency, or the child's medical home during the initial substitute care placement, and that these services may be used to determine the most appropriate substitute care placement for the child, if needed. As soon as possible after a child begins receiving foster care, DFPS shall assess whether a child has a

developmental disability or mental retardation, and HHSC shall establish the procedures for making assessments, which may include screening by persons with experience in childhood developmental disabilities or mental retardation, a local mental retardation authority, or a provider in a county with a child welfare board.

Positive placement outcomes for children are promoted when comprehensive assessments are conducted as children enter foster care.

*CPS Reform Achievements/Milestones:*

- DFPS revised the child's initial assessment plan to include comprehensive questions regarding developmental disabilities and mental retardation. The child's initial assessment plan requires the caseworker and caregiver to observe the child's functioning and obtain additional assessments from the child's healthcare provider if developmental disabilities or mental retardation are suspected. If in doubt, caseworkers are prompted to consult with their regional developmental disability specialist.
- DFPS is working with HHSC to develop a new medical and behavioral health care program for children in foster care. This new system is targeted to be effective September 1, 2007, and includes an initial assessment conducted by medical professionals.
- DFPS staff has continued to meet with HHSC to strengthen the coordination between CPS and the Early Childhood Intervention (ECI) program at the Department of Assistive and Rehabilitative Services (DARS) to secure services available to children and their families.
- A Memorandum of Understanding was signed by ECI and CPS that outlines expectations for communication and coordination issues between ECI and CPS and roles and responsibilities.
- Liaisons from CPS and local ECI providers have been designated to work together at the local level. The liaisons will be responsible for setting up joint training sessions to share information on each other's programs.
- Beginning January 18, 2007, all investigations in which a child under the age of three has been confirmed as a victim of abuse/neglect, and the investigation is closed with no further action, will be automatically sent to ECI by the CPS database. The notification letters sent at the close of the CPS investigation to the parents/caregiver of the child will inform the parent/caregiver that information will be sent to them by ECI.
- Beginning February 28, 2007, all investigations in which a child under the age of three has been confirmed as a victim of abuse/neglect, and the investigation is closed but referred to on-going services, either family-based safety services or legal conservatorship, will be referred to ECI.

**Data Summary**

In Round One, Texas did not achieve substantial conformity with Well-Being Outcome 1. This determination was based on the finding that 70 percent of the cases reviewed were rated as having substantially achieved the outcome, which was less than the 90 percent required for an overall rating of substantial conformity.

Based on random sample (case review) data from recent years, overall conformity for Well-Being Outcome 1 has fluctuated. Performance has ranged from a low of 52.5% (FY2006) to a high of 74.4 (FY2007). The most recent case review data (Quarter 1 of FY2008) shows performance at 69.4% of cases having met the outcome.

Of the items included under Well-Being Outcome 1, Item 17 is the strongest, as workers typically conduct accurate assessments resulting in provision of the appropriate services. Performance in Item 18 has improved over the past two fiscal years, with implementation of Family Group Conferences cited as having a positive effect on this item and the overall outcome. Recently, staffing levels in this support area have been increased to begin providing these meetings to clients in the INV and FBSS stages in an effort to prevent removals and quickly engage clients in the appropriate services. Items 19 and 20 remain the most challenging on a regular basis. CPS workers cite high caseloads and staff turnover as barriers to regular and frequent visits with children and parents.

### **Item-by-Item Evaluation**

#### **Item 17 – Needs and services of child, parents, and foster parents**

***How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to the children and families receiving in-home services?***

#### **a. Policy and Procedure Requirements**

##### **FBSS**

Most FBSS cases do not have court involvement and rely on the family's voluntary participation and agreement to accept services. CPS can request court-ordered services if necessary. Assessments are focused on the family's ability to care for the child and provide for the child's needs.

For Family-Based Safety Services (FBSS) cases, policy instructs the worker to conduct a family assessment as the first step to beginning an FBSS case. The assessment covers the incident, the children, the parents, all adults who care for children in the home, and the overall family functioning. The assessment process must be ongoing throughout the life of the case. The purpose of the family assessment is to enable the worker and the family to understand the issues that placed the child at risk (and determine the underlying cause of risk), identify family strengths and outside resources to help the family resolve those issues, and identify issues that will be the focus of the Family Service Plan. After completing the family assessment, the worker and the family develop the Family Service Plan, including the identification of tasks to be completed and services needed in order to reduce the level of risk in the home. There are specific assessment and service planning requirements depending on the level of services being provided. Throughout the casework process, the worker continues to assess factors that impact the child's health and safety, identify family strengths and resources, address safety issues and identify needed changes, and authorize services.

A statewide case transfer protocol was put into place this year to reduce the length of time to transfer cases identified for FBSS from investigations. The FBSS Family Assessment is completed within 7 days of the referral from the investigation worker. The worker must work with the parents to develop the family service plan. After signing the plan, parents are given a copy

of it. If either parent will not sign the plan, the worker must document on the plan the reasons why a parent will not sign and must give the parent a copy.

## CVS

For conservatorship cases, policy instructs the worker to begin working with the family either at the time of the child's removal or as soon as possible after the removal. To conduct the family assessment and complete the initial service plan, the worker follows the same basic procedures that are required when working with families whose children have not been removed from the home. Policy instructs the worker to begin the assessment process of the child's needs immediately in order to make the best selection for the child's initial placement. Policy identifies issues to consider when selecting a substitute caregiver.

As applicable, workers must also consider the child's age, language, religion, behavioral characteristics, and special needs – including medical needs, therapeutic needs, and physical/developmental/recreational needs. The worker must also consider the child's ability to function in a family setting, his/her need for supervision or structure, and his/her potential to victimize other children and/or be victimized by other children. If the placement of the child is not their initial placement, the worker must also consider the child's history of previous placements, and their attachments in their current placement (if applicable). In addition to the child's issues, the worker must also consider the caregiver's language, training, skills, and experience, and other factors.

Placement options are based on the child's level of care. This is determined by the child's characteristics, as described in the Common Application for Placement of Children in Residential Care. The child's level of care determines the foster care assistance payment, subject to adjustments based on the extent to which other services provided by outside parties meet the child's needs or on other factors consistent with the child's needs. Payments are intended to cover the child's basic needs, not the needs of the caregiver, unless meeting caregiver needs is necessary to meet the child's needs. Policy instructs the worker to provide services to the caregiver in relation to placement stability for the child.

When a child is in substitute care, a Child's Service Plan is done for the child and a Family Service Plan is done for the parents. For in-home services, one service plan incorporates the entire family. The Family Service Plan, regardless of whether the child is in foster care or not, must be completed within 21 days of the child's removal or the date the family was opened for in-home services.

Family Service Plan reviews for in-home cases must occur every 90 days. For substitute care cases, both the Child's Service Plan and the Family Service Plan must be reviewed when a child has been in care five months, nine months, and every six months thereafter, until permanent orders have been issued. In both substitute care cases and in-home cases, the plans can be reviewed more frequently if circumstances require it.

### ***b. Data Summary***

In random sample (case review) data from Quarters 1 and 2 of FY2007, 83.6% and 86.1% of cases met Item 17, respectively. This is an improvement from the previous three fiscal years, when less than 80% of cases met this item. The most recent case review data (Quarter 1 of FY2008) shows performance at 78.3%.

***c. Where was the child welfare system in Round One of the CFSR?***

Item 17 was assigned an overall rating of Area Needing Improvement. In 72 percent of applicable cases, reviewers felt that the needs and services of children, parents, and/or foster parents had been adequately addressed by the State, but there were concerns regarding this issue in 28 percent of applicable cases reviewed. The key problems identified were a lack of availability of key services and a lack of caseworker follow up with families to ensure that services are in place.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

DFPS has demonstrated concerted efforts to identify the needs of children and families and ensure those needs are being met. In particular, DFPS wishes to highlight the following:

In order to ensure that the needs of families were being adequately assessed and met, DFPS sought out and continues to receive input through **consumer involvement**. Participants in the statewide Parent Collaboration Group and youth involved in the statewide Youth Leadership Council were involved in the initial philosophical changes to a more family-focused and family-inclusive system. Youth Specialists now exist as professional CPS staff members in each region and in CPS state office. Youth in foster care and alumni to the foster care process have participated in forums and workgroups that have helped to inform the changes and shift to an improved statewide child welfare system.

CPS believes the party best equipped to assess a family's needs and plan for the services required to address them is the family itself, as evidenced in the approach of **Family Group Decision-Making (FGDM)**. FGDM, an umbrella term used to describe a variety of models in use in Texas, is the process used to engage families in decision-making and development of a service plan. Conferences that are family or youth driven, inclusive, and individualized are used through all stages of service. These conferences include Family Group Conferences (post removal), Circles of Support (transitioning youth), Family Team Meetings (pre removal), and Permanency Conferences. FGDM involves recognition of family strengths during service plan development for meeting safety, well-being, and permanency goals for the child. FGDM is more inclusive of family and significant others in the planning process.

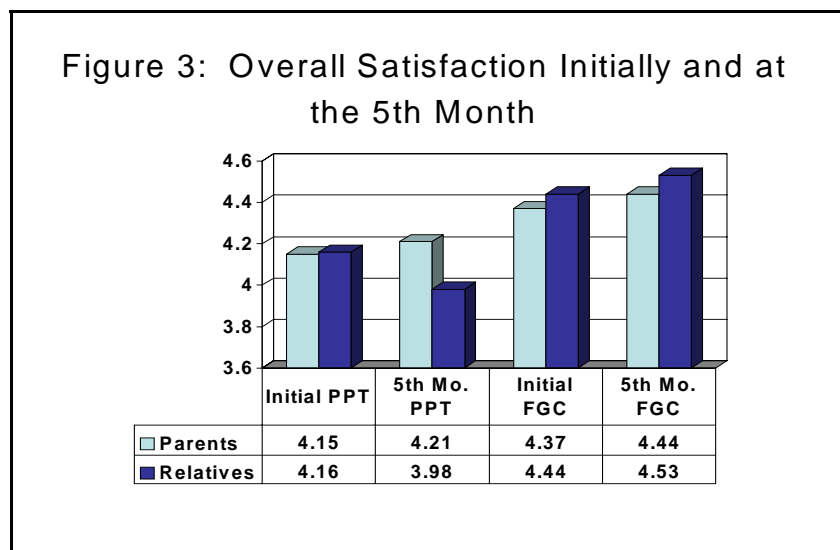
Texas has offered 5,086 FGDM Conferences and 2,702 Circles of Support meetings since March 2004. Conferences last an average of 4.31 hours, including an average length of private time for families of 35 minutes. Mothers attended the conference in 73% of the cases and fathers attended in 51% of the cases. An average of 11 people attended each conference. Attendees included approximately six family members including fictive kin and children. Occasional attendees include foster parents, attorney ad litem, attorneys, CASA workers, and other professionals. Typically, there were three CPS staff members present. Texas has created 165 new positions (since 2004) consisting of FGDM facilitators, coordinators and specialists. These staff members provide independent facilitation for conferences and meetings. Additional conferences are provided through contracted services by community providers.

Texas has availed itself of external resources in order to expand the strengths-based approach of FGDM. Texas has received support through the partnership with Casey Family Programs known as the Texas State Strategy and at the local level by Child Welfare Boards, local businesses, community organizations, and churches. Technical Assistance has been provided by Casey Family Programs who provided access to other states that had active FGDM

components to their child welfare systems and to the American Humane Association for development of a statewide curriculum to ensure consistency in training. Assistance in training, evaluation, advisory committee development, logistics (including food, transportation, and child care) for the actual meetings and other resources have helped to expand the program.

An October 2006 FGDM Evaluation measured family and relative satisfaction with FGDM conferences, as compared to Permanency Planning Team (PPT) conferences. PPT conferences had been in use for a number of years prior to the initiation of FGDM in Texas. According to the evaluation:

Overall satisfaction is measured by summing and then averaging the items that are related to Empowerment, Clarity of Expectations, and Identification of Issues in the Family Plan of Service.<sup>1</sup>

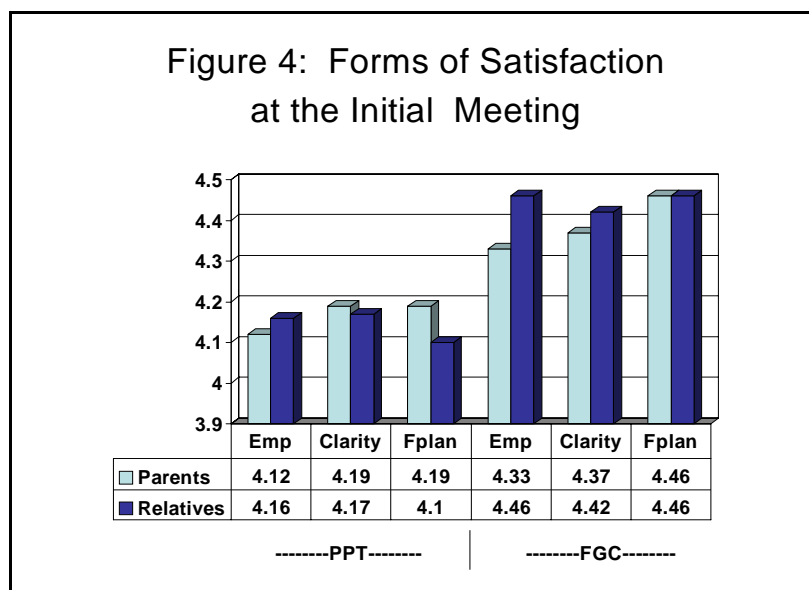


When the components of satisfaction are analyzed separately, results indicate that both parents and relatives are more satisfied in all three components when they participate in a FGDM Conference, relative to a PPT meeting. Figure 4, below, shows that the degree to which they feel empowered (Emp), the clarity of expectations communicated to them (Clarity) and the identification of key issues in the Family Plan of Service (Fplan) is a function of Initial FGDM Conferences.

<sup>1</sup> Parents and Relatives attended either a PPT meeting or an FGC in the first month (not both). In the fifth month all had attended an Initial PPT and then attended either a PPT meeting or an FGC (not both). All differences reported are statistically significant beyond conventional levels.



Figure 4: Forms of Satisfaction at the Initial Meeting

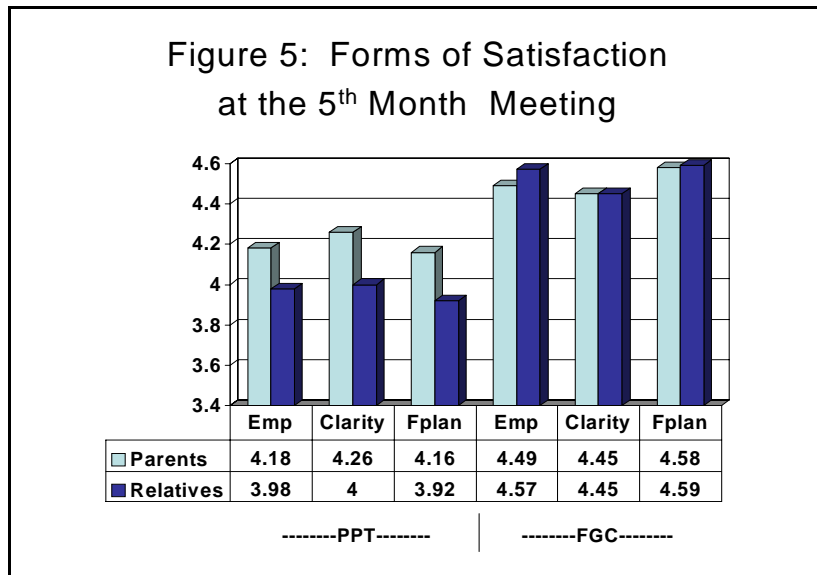


Each of the items that make up these three scales can also be analyzed to determine even more specifically the things that parent and family members find more satisfying about a conference. For Empowerment, both parents and family members report being more comfortable sharing information with others involved, asking professionals questions, and having their opinions and decisions concerning safety treated with respect, when they are in a family group conference than when they are at a PPT meeting. Of interest is that relatives report greater comfort than parents sharing information and asking questions. Also of interest are the findings concerning whether parents and relatives feel that they will be able to insure the child's safety. Both feel that this is more likely when they attend a conference than a PPT meeting. Relatives who attend a PPT meeting feel that they are less able to insure safety than parents, yet when they attend a family group conference they feel more able to insure child safety than the parents. One possible explanation for this may be that the children are more often placed with relatives through FGDM Conferences; however, another may be that they are able to be more involved in the safety of the children in general through these conferences.

The specific findings regarding Clarity of Expectations indicate that participants in FGDM Conferences, relative to those who attend PPT meetings, agreed more strongly that the purposes of the agency were explained to them, as were the steps involved in the plan to keep the children safe and the sources of help available to them. They also indicated that they had a better understanding of what would happen if the plan was not followed.

The findings related to the Identification of Issues in the Family Plan of Service also indicated that both parents and relatives who attended FGDM Conferences were more satisfied than those who attended PPT meetings. Both groups more strongly agreed that the family plan identified the needs of the family and ensured the safety of the children under these conditions.

It is also noteworthy that the results of the fifth month FGDM Conferences were completely in line with these findings. As shown in Figure 5, effects for Empowerment (Emp), Clarity of Expectations (Clarity) and Identification of Issues in the Family Plan of Service (Fplan) favored FGDM Conferences over PPT meetings; in fact, they were slightly elevated. Specific findings were identical to those found at the first month with two exceptions. First, Parents were equal to Relatives in their comfort with sharing information and asking professionals questions in conferences, relative to PPT meetings. Second, parents who attended conferences at the fifth month, compared to those who attended PPT meetings, now felt more strongly than relatives that they would be able to insure the safety of children.



DFPS revised the child's initial assessment plan to include comprehensive questions regarding developmental disabilities and mental retardation. The child's initial assessment plan now requires the caseworker and caregiver to observe the child's functioning and obtain additional assessments from the child's healthcare provider if developmental disabilities or mental retardation are suspected. If in doubt, caseworkers are prompted to consult with their regional developmental disability specialist.

DFPS staff members have continued to meet with the Health and Human Services Commission (HHSC) to strengthen the coordination between CPS and the **Early Childhood Intervention** (ECI) program at the Department of Assistive and Rehabilitative Services (DARS) to secure services available to children and their families. Results of the coordination include development of liaisons between the two agencies and an automated referral process for some cases.

CPS has created **Subject Matter Expert positions** to provide specialized support for staff seeking to address more challenging needs of children and families. Developmental Disability Specialist positions and Education Specialist positions were created in 2003 and exist in each region. Since that time, additional Subject Matter Experts were added (2005), to develop or negotiate obtaining specialized services for children and families. These positions currently exist in each region and include: Substance Abuse Specialists, Law Enforcement Liaisons,

Youth Specialists, Well-Being Specialists, Nurses, Legal Relations Specialists, Community Initiative Specialists, and Resource and External Relations Specialists.

### **Item 18 – Child and family involvement in case planning**

***How effective is the agency in involving parents and children in the case planning process?***

#### ***a. Policy and Procedure Requirements***

In FBSS cases, a Family Assessment must be completed within 7 days of the referral from the investigative worker. In both FBSS and CVS cases, a Family Plan of Service is developed within 21 days.

There are legal requirements for diligent search for parents whose whereabouts are unknown in foster care cases or in-homes cases with court ordered services in place. In the investigation phase, the caseworker attempts to locate, notify and interview each parent. Those attempts are forwarded to the on-going worker. The attempt to engage absent parents is made in all stages of service and in a more on-going basis in in-homes and foster care cases. Policy regarding efforts to locate and engage absent parents describes steps to take to perform a detailed diligent search for the parent. When a parent is incarcerated, it is important to make strong efforts to include the parent in the planning process for the child. During the planning process, the worker must attempt to have a face-to-face visit, telephone call, or written correspondence with the incarcerated parent. This contact should occur before the development of the family plan or child's service plan to obtain the incarcerated parents input and participation in the development of the original plan and subsequent reviews. The worker should ask facility staff about what programs might be available to assist the incarcerated parent with relevant services.

Policy defines which individuals must be asked to participate in developing the child's plan of service. Workers must meet and confer with the parents to develop a family plan of service on or before the 14-day hearing. If such a meeting with the parents cannot be held on or before the day of the 14-day hearing, the worker must schedule the meeting before the 21st day that the child is in care, when the plan is due. The worker engages the parents in identifying:

- key problems that resulted in the child's removal from the home
- strengths of the family that can be used to help resolve the situation that led to the removal
- permanency plan that the family wants for the child
- family's racial, ethnic, and cultural identities and associated strengths
- family's support system and resources that can be used to help with the current situation
- changes that are needed and the changes the family is willing to make (including specific skills, knowledge, or behavioral changes), and the resources needed for the family to make these changes
- services the family needs from DFPS and the community
- tasks the family will complete and the tasks and services DFPS and community will complete
- any additional items that need to be addressed

For youth 16 and older, special efforts are made to help the youth actively participate in service planning, unless treatment needs prevent this. CPS seeks to empower youth and promote self-advocacy, therefore it is important for youth to be actively involved in the development of their plans and participate in permanency planning meetings as well as other meetings pertinent to

their case. Attendance is required at least once annually, unless the youth declines to participate.

Transition Plan meetings address the important issues for youth as they leave foster care and enter the adult world. A standardized transition planning process has been developed, including a new transition plan template as it relates to transition planning services and achieving PAL program and training objectives. This template identifies what services are needed to accomplish the youth's goals for transition. The worker, in consultation with the youth, must complete a written description of plans to prepare the youth for adult living, as appropriate to the individual situation. The description must specify the objectives and content of the youth's preparation during the period covered by the service plan, including the services that CPS will provide or arrange. If a youth refuses PAL services, PAL staff must document efforts made to encourage the youth to participate and the youth's decision not to do so. The plan is enhanced over time until the youth leaves or ages out of care.

**b. Data Summary**

Random sample (case review) data has shown improvement. Since Quarter 2 of FY2007, more than 80% of cases have met this item. The most recent case review data (Quarter 1 of FY2008) shows performance at 80.5%.

As discussed in Item 17, CPS conducted a formal evaluation of the FGDM process and it showed that families welcome being involved with CPS in decision-making and planning. When the components of satisfaction (Empowerment, Clarity of Expectations, and Identification of Issues in the Family Plan of Service) were analyzed separately, results indicated that both parents and relatives were more satisfied in all three components when they participated in a FGDM conference, relative to a PPT meeting.

Early in the FGDM implementation process, comparisons were made to the living arrangements of 1908 children prior to the family's participation in FGDM and their living arrangements afterward. It was found that, following the FGDM conference, foster care placements decreased from 1035 (54%) to 733 (38%), while relative placements increased from 550 (29%) to 850 (45%). Additionally, 240 children (13%) returned home after their conference and a number of children were moved out of emergency shelters. The changes in the living arrangements of the children are shown in the chart below:

	Foster Care	Relative Placement	Return Home	Other
Before FGDM conference	54%	29%	5%	12%
After FGDM conference	38%	45%	13%	4%

**c. Where was the child welfare system in Round One of the CFSR?**

Item 18 was assigned an overall rating of Area Needing Improvement. In 79 percent of applicable cases, reviewers determined that parents and children had been appropriately involved in the case planning process, but there were concerns regarding this issue in 21 percent of applicable cases reviewed. This finding is somewhat contrary to information reported in the Statewide Assessment. According to the Statewide Assessment, CPS policy and Licensing standards require that parents be invited to participate in developing the child's case plan unless the parents cannot be found, parental rights have been terminated, or the parents have refused to participate in the child's case. Despite these policies, the case reviews indicated

that there continued to be cases in which parents and/or children were not adequately involved in the planning process.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

The relationship of **Family Group Decision-Making** to needs assessment and service planning are so closely intertwined, both topics are addressed above, under Item 17.

**Policy clarifications** were completed with regard to involving fathers and incarcerated parents in the case planning process. Specifically, a communication was sent to staff reiterating the need for the involvement of all presumed and legal fathers, as well as any incarcerated parent, in the service planning process. In addition, a pilot and changes for the permanency planning process were completed in Spring 2004. Specifically, children in residential facilities had a service plan from the facility and from DFPS and there was no coordination between the two. Subsequent changes have addressed the issues of duplication and coordination. In addition, because the philosophy of FGDM calls for the participation of all significant stakeholders in a child's life, FGDM by its nature addresses the issues of duplication and coordination.

Texas added to its staff **Youth Specialists** and a **Parent Program Specialist**. Texas created Youth Specialist positions in 2005 and currently has 10 Youth Specialists working in the regions. In Fall 2006, DFPS created the position of Parent Program Specialist. Youth Specialists are alumni to the foster care system and can articulate the voice of children and youth in foster care. The Parent Program Specialist experienced the CPS system as a parent and, as a result, is able to represent the voice and perspective of parents involved with CPS. Both advise CPS on policy and program development and implementation. These positions also collaborate with youth, alumni and parents involved or previously involved with CPS.

**Parent Collaboration Groups**, modeled after the statewide Parent Collaboration Group, have been developed in each region. These groups have had the opportunity to meet with CPS staff, to reflect on new initiatives and to have strong contributions to the program. Parent Collaboration Groups are active in the regions, and are comprised of volunteers who experienced the CPS system as a parent. The Parent Collaboration Groups partner with the agency on ways to improve outcomes for children and families. Their input, like the input of the Youth and Parent Program Specialists, permit the agency to structure its business practices in a manner that recognizes what is necessary to effectively engage families in service planning. The Texas Parent Collaboration Group is composed of regional representatives who are parents who have utilized CPS services with their children. This group developed and created a video to convey their thoughts and suggestions for strengthening engagement of families by CPS caseworkers. This video has been shown to all Basic Skills Development classes for new caseworkers since 2004.

Service planning is a cooperative endeavor, between families and DFPS, designed to specify what steps are needed to reduce the risk of abuse or neglect, meet the specific needs of the child, and achieve permanency for the child. Service plans which are written in a manner that is easily understood by parents, combined with an additional focus on child education issues, enhances the service planning partnership and generates better results for children. **Service plans have been redesigned** to be more family friendly and to accommodate Family Group Conference content. They now specify what skills or knowledge are required and any behavioral changes that parents must make, including what a parent must do to ensure a child attends school and complies with academic requirements.

## **Item 19 – Caseworker visits with child**

***How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?***

### ***a. Policy and Procedure Requirements***

Policy addresses initial and ongoing face-to-face contact with children. Each stage of service delivery has specific criteria for initial and on-going face-to-face contact with children, but at a minimum, all children must be seen at least once a month. As the family stabilizes, the frequency of face-to-face contacts may decrease with supervisor approval. Caseworkers make the majority of their face-to-face contact with the children and parents and any other caregivers in the home. Policy states that workers are to have meaningful visits that focus on the safety and well-being of the child. For example, the caseworker is to spend time alone with the child and allow for time to see the parent and child interact. The differences in practice for foster care cases and in-home cases is the “where” and “how often”. In addition, there are more stringent face-to-face contact requirements for the moderate and intensive in-home cases.

For FBSS cases, there are specific requirements for contact with children, depending on the level of services being provided. In regular FBSS cases, contacts must be made once a month. In moderate FBSS cases, contacts must be made 3 times a month. In intensive FBSS cases, contacts must be made weekly. Unless there are specific court-ordered services in place, CPS depends on the family’s voluntary participation and agreement to accept services.

For CVS cases, previous policy required monthly face-to-face contact and visits at least quarterly at the child’s residence. Effective 9/1/2007, policy requires monthly face-to-face contact at the child’s residence in a majority of the months of a year. In addition, any child older than an infant must now be seen alone. The new policy requires that the monthly face-to-face contact be well-planned and focused on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the child. The policy also addresses assessing and evaluating the needs of the child and taking steps to follow up on services or activities as appropriate to address those needs. FBSS policy regarding face-to-face contact was recently revised to reflect changes similar to the new CVS policy and is due in the CPS handbook in January 2008. This revision focuses on improving the quality of face to face contacts with parents and children. In addition, family contact policy has been amended to require the worker to visit monthly any children in the home who have not been removed.

### ***b. Data Summary***

Performance improvement is shown in random sample (case review) data. The most recent case review data (Quarter 1 of FY2008) shows further improvement, with performance at 74.4%. All previous quarters have shown performance below 66% between FY2004 and FY2007.

Regular, meaningful, face-to-face contact with children has improved. Texas has made steady progress since weekly contact reports were created in order to monitor contacts between caseworkers and children on their caseload. In Quarter 1 of FY2007, 30.2% of the statewide monthly face-to-face contacts were completed and documented timely. With weekly monitoring and supervisory review, performance has improved significantly. In Quarter 1 of FY2008, 75.1% of the statewide monthly face-to-face contacts were completed and documented timely.

The statewide data show significant improvement regarding visits with children in foster care. This progress has been maintained since that time and as new CVS workers are hired and the number of children in foster care decreases, the percentage will continue to improve. Statewide, weekly face-to-face contacts with children in care, as well as timely documentation, continues to be monitored at all levels of management. Information is now available in a critical action weekly report that provides worker-level information regarding contacts. Current efforts are focusing on improving the percentage of monthly visits at the child's residence.

***c. Where was the child welfare system in Round One of the CFSR?***

Item 19 was assigned an overall rating of Area Needing Improvement. In 82 percent of applicable cases, reviewers determined that the frequency of worker visits with children was sufficient to support their safety and well-being, but there were concerns related to worker visits with children in 18 percent of applicable cases reviewed. As noted in the Statewide Assessment, policy required at least one monthly contact between the caseworker and the child/caregivers for foster care cases, and appropriate contact with children in FBSS cases, but case reviews indicated that there was not consistent adherence to this policy.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices and barriers?***

Efforts to ensure that face-to-face visits with children are conducted as often as needed are ongoing as a result of CPS Reform changes (180-Day Report). In addition, CPS has made important practice changes.

Distance to the child's placement, the time of day of the visit, unplanned worker absence, and staff vacancies all impact worker visits with the child. As a result, some planned visits at the child's residence do not take place. The implementation of **functional units** for CPS direct delivery staff has enabled workers to spend more time with children and increased the number of staff available to supervise visits, provide transportation, and otherwise assist workers in completing their monthly face-to-face contacts with children. Significant improvements in monthly contact, as reflected in warehouse data reports, indicates the effectiveness of this statewide approach.

The use of **tablet PCs** has reduced the lag time in documenting contacts. All INV and FBSS workers have been given tablet PCs. During FY2008, a quarter of CVS workers will get tablet PCs, and another quarter in FY2009.

The development and use of monthly **Performance Management reports**, which provide contact and documentation data at the unit and worker level, has helped workers and supervisors better understand the expectation for contact and documentation. These reports allow supervisors and management staff to identify and address concerns immediately.

In case reviews of FBSS cases, it was noted that contacts were missed during the transition time from the INV stage to the FBSS stage. It was also noted that workers were not seeing children at the levels required by policy, especially in moderate cases; however it was not always clear whether the level of contact made the child unsafe, or whether the case was just misclassified as a moderate case and documentation could have been provided explaining why less contact was appropriate. The **new case transfer protocol** for cases that are referred from INV to FBSS includes shortened time frames. Families must not go longer than 10 days



between contact with an INV worker and an FBSS worker. If it is determined that the family is inappropriate for FBSS services, an FBSS supervisor will close the case.

The **I See You** program was implemented. I See You workers are housed throughout the state to ensure regular, on-going, quality contacts are made with children who are placed in foster homes, residential facilities, or with kin caregivers outside of their home (legal) region. There are currently 73 I See You workers who provide case management for out of region children. In addition, each region has appointed a regional liaison to help ensure timely case assignment of I See You workers to children.

### **Item 20 – Caseworker visits with parents**

***How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?***

#### ***a. Policy and Procedure Requirements***

Policy addresses initial face-to-face contact and frequency of face-to-face contacts with parents. When family reunification is the permanency goal for a child in conservatorship, the worker must maintain at least monthly contact with the parents, and policy requires that the contact be well-planned and focus on issues pertinent to case planning and service delivery to ensure the safety, permanency, and well-being of the child. If DFPS obtains permanent managing conservatorship of the child, workers are not required to continue monthly contact with the parents, unless family reunification becomes the permanency goal.

Workers meet with parents in a variety of locations at a variety of times, depending on schedules and what is needed. In some cases the worker meets with the parents more frequently than once a month to provide particular casework services to help the parents address abuse/neglect issues. This depends on the parents' needs, the worker's time and skills, the lack of alternative resources in the community, and the status of the legal case. With high caseloads and worker turnover, this does not happen frequently. More frequently, the worker has monthly contact discussions with the parents in connection with coordinating arrangements for parent-child visits, court hearings, and service planning events. If either parent's address is unknown, CPS must make reasonable efforts to locate the missing parent so they can be served with the court petition.

#### ***b. Data Summary***

Random sample (case review) data for Item 20 does not correspond to the progress seen in Item 19. On only one occasion since FY2004 has the performance on this item exceeded 65%. The most recent case review data (Quarter 1 of FY2008) shows performance at 54.4%.

Prior to IMPACT changes implemented in late 2007, CPS could not access data, at the statewide level, regarding worker visits with parents whose children were in conservatorship. CPS could track worker visits with parents who were receiving family-based safety services, but contacts were documented in within narratives, so data could not be analyzed easily.

The statewide data shows that workers are doing a better job making contact with parents than the case review data, which could be due to the same reasons identified in Item 19: statewide data does not take into account the quality of the contact, and contacts in the case review data



occurred over time. Statewide data show that initial contact with parents in FBSS cases is not always done in a timely manner, although this is improving.

***c. Where was the child welfare system in Round One of the CFSR?***

Item 20 was assigned an overall rating of Area Needing Improvement. In 81 percent of applicable cases, reviewers determined that the frequency of caseworkers' visits with parents was sufficient to ensure children's safety and well-being, but there were concerns related to caseworkers' visits with parents in 19 percent of applicable cases reviewed. In the cases where there were concerns regarding caseworkers' visits with parents, reviewers determined that the frequency of the visits was not sufficient to ensure the child's safety and well-being, and typically occurred less frequently than once a month. All of the cases assigned a rating of Area Needing Improvement were in an urban county, which also experienced high levels of caseworker turnover. Consequently, caseworker turnover may again be responsible for the inconsistencies in case practice with respect to visits with parents. According to the Statewide Assessment, although policy requires sufficient contact with parents, caseworker turnover and caseload sizes may be significant barriers to full adherence to policy.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

Efforts to ensure that face-to-face visits with parents are conducted as often as needed are ongoing as a result of CPS Reform changes (180-Day Report). In addition, CPS made important practice changes. **Functional units, tablet PCs, performance management reports and case transfer protocols** (all described in Item 19) also impact Item 20.

Additionally, for parents, there is a need to improve location of and involvement of the non-custodial parent. Case reviews show that in some cases, workers do not attempt to locate and/or contact the father if he was not involved in the child's life at the time of removal. Also, in some cases, workers do not attempt to contact an incarcerated parent, even when they are within the county or community and have a significant relationship with the child.

**Well-Being Outcome 2:  
Children receive appropriate services to meet their educational needs.**

**CPS Reform Impact**

**The following content, through page 122, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.**

**Education Passport**

Section 1.65 required an education passport be created for each child in DFPS conservatorship. The passport will become part of DFPS records and will remain with the child while in the care of DFPS. The format of the education passport could be determined by HHSC and DFPS, and could be electronic, but form and content were required to be finalized by March 2006.

The education passport is designed to enhance educational outcomes for children in foster care by ensuring school records follow the child, should a placement change occur. The education

passport provides further safeguards that children are placed in the correct grade and receive all educational services to which they are entitled.

*CPS Reform Achievements/Milestones:*

- DFPS education specialists worked closely with representatives from Texas Education Agency, Advocacy Inc., Casey Family Programs, and other partners to develop educational policies to meet the needs of the children served. The education passport is referred to as the Educational Portfolio.
- DFPS policy and procedures were developed to ensure the educational needs of children in care are identified, documented, and met in each school district.
- By June 2006, the materials for the Education Portfolio for every school-aged child in care were delivered to the regional offices. Training for CPS caseworkers was revised to stress the importance of the Education Portfolio, and methods for gathering and maintaining the information.
- Presentations and training on the Educational Portfolio were conducted with Court Appointed Special Advocates (CASA), various school districts throughout the state, the National Foster Parent Association, and CPS staff. Presentations also targeted education service centers and the Texas Foster Parent Association.
- CPS began developing and distributing Education Portfolios to all school-aged children in August 2006 and will be tracking appropriate ongoing use in the automated case management system (IMPACT).
- In September 2006, education specialists presented on the educational needs of youth in out-of-home care and the Education Portfolio at the Texas Foster Parent Conference in San Antonio.
- In October 2006, CPS, in collaboration with Texas Education Agency and Casey Family Programs, held statewide video conferencing training at 20 Education Service Centers and 78 remote sites across the state. The goal of the training was to raise awareness on the educational needs of youth in out-of-home care; and to work together to create a consistent and long-term partnership between CPS and local education administrators and providers.
- CPS has included the responsibility of creating, updating, and maintaining the Education Portfolio in residential child care contracts.
- As of May 2007, 83.8 percent of children have an Education Portfolio. CPS is working closely with staff and providers to continue to increase this percentage.
  - *New education policy is undergoing final review for release in Fall 2007.*
- Modifications to the automated case management system (IMPACT) were deployed in August 2007. These changes will enable CPS to better track high school graduation or GED, special education services, and educational needs or services provided.

## **Data Summary**

In Round One, Texas did not achieve substantial conformity with Well-Being Outcome 2. This determination was based on the finding that 84.2 percent of the cases reviewed were rated as having substantially achieved the outcome, which was less than the 90 percent required for an overall rating of substantial conformity. Texas did, however, achieve the target through the Program Improvement Plan process.

Based on random sample (case review) data from recent years, overall conformity for Well-Being Outcome 2 was fairly stable from FY2004 (84.6%) to FY2006 (84.0%). However, it exceeded 90% throughout FY2007 and the most recent case review data (Quarter 1 of FY2008) shows performance at 94%.

## **Item-by-Item Evaluation**

### **Item 21 – Educational needs of the child**

***How effective is the agency in addressing the education needs of children in foster care and those receiving services in their own homes?***

#### **a. Policy and Procedure Requirements**

CPS has new educational policy effective 9/1/2007. The policy addresses the importance of maintaining regular school instruction for children in DFPS conservatorship. It also requires that children have an education portfolio that contains current copies of academic testing, immunization records, birth certificates, and individual evaluations for children with special needs. The education portfolio is created and maintained for every child in care, and physically moves with the child if he/she experiences a change in placement. In FBSS cases, when the worker does the family assessment, he/she considers the needs of each individual family member. If the children have educational needs that are beyond routine, the worker addresses those in more detail and helps the parent advocate for the child when needed.

There is a new field in the Family Plan of Service that specifically addresses the parent's role in their children's education regardless of what stage of service.

#### **b. Data Summary**

Based on random sample (case review) data from recent years, overall conformity for Well-Being Outcome 2 was fairly stable from FY2004 (84.6%) to FY2006 (84.0%). However, it exceeded 90% throughout FY2007 and the most recent case review data (Quarter 1 of FY2008) shows performance at 94%.

Approximately 61% of children in foster care are school-aged. Statewide data from September 2007 shows that 90.6% of these children had an educational portfolio at the end of the month. Several factors have influenced meeting the goal of 100%, such as children continually entering and exiting the child welfare system, and/or children turning five and becoming eligible for school. These issues could affect the ratings.

#### **c. Where was the child welfare system in Round One of the CFSR?**

Item 21 was assigned an overall rating of Area Needing Improvement. In 16 percent of applicable cases, reviewers determined that the State had not acted appropriately in meeting

the children's educational needs. Findings in the Statewide Assessment were consistent with the case review findings with respect to foster care cases, but not with respect to in-home services cases. According to the Statewide Assessment, case readings conducted in preparation for the Federal Review indicated that educational issues for children in foster care were appropriately addressed in 83.3 percent of cases read and educational issues for children in FBSS cases were appropriately addressed in 100 percent of cases read.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

In addition to CPS Reform changes (as described in the 180-Day Report), CPS made important practice changes to address the education needs of children in foster care and those receiving services in their own homes.

CPS created the position of **Education Specialist** to help improve the educational advocacy for children in foster care. These specialists have provided extensive training to internal and external stakeholders (CPS staff, foster parents, child-placing agencies, community groups, etc.), which has expanded and enhanced the mission to meet the education needs of all children. They train CPS staff on education policy and the role and responsibilities of the education specialist, they train teachers and staff in school districts on child abuse and prevention, as well as reporting responsibilities, and they give presentations to external stakeholders such as advocacy groups, teacher organizations, and community groups interested in the welfare and educational goals of children. They also provide advocacy for individual children during Admission, Review, and Dismissal (ARD) meetings, and contribute their recommendations. Regional Education Specialists also attend ARDs for children in residential treatment centers, psychiatric facilities, hospitals, and Texas Youth Commission facilities when requested.

All school-aged children now receive an **education portfolio** with vital academic information that physically moves with them at placement changes. Furthermore, monthly data reports now track the percent of school children with educational portfolios at the regional, unit, and worker level. This allows supervisors to quickly identify children without portfolios. In Fall 2007, Residential Child Care Licensing staff began requesting to see the actual portfolios when performing monitoring visits to foster homes.

Two barriers noted in case reviews were a delay in continuity of educational services due to placement changes, and children's needs not being assessed and/or addressed for long periods of time due to the past practice of leaving educational advocacy to the child's caregiver.

Issues that impact providing appropriate education resources to children in foster care come from several areas. Workers must continue to build positive relationships with school district personnel, foster parents, and external stakeholders (such as CASA or child placing agencies) by providing information on the foster care system and how best to serve this population. Workers must ensure as much continuity as possible in a child's life by limiting placement changes during the academic year, completing necessary paperwork and computer entries in a timely and correct fashion, and ensuring that each child receives the necessary testing for appropriate placement and required resources in the school setting.

**Well-Being Outcome 3:  
Children receive adequate services to meet their physical and mental health needs.**

**CPS Reform Impact**

**The following content, through page 130, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.**

**Medical Services**

Section 1.65 directed the Health and Human Services Commission to develop a statewide healthcare delivery model for children in foster care. Section 1.65 further outlined requirements for the provision of medical consent for a child in foster care, parental notification of significant medical conditions, judicial review of medical care, health passports, and reporting to the Legislature the outcome of a study on the prescribing of psychotropic drugs for children in foster care.

A statewide healthcare delivery model for children in foster care will provide accessible, coordinated, comprehensive, and continuous healthcare in order for each child to achieve optimal physical and mental health. Children's healthcare is further improved by requiring the consent of a DFPS or court-designated individual before medical and behavioral health services are provided to a child. Judicial oversight of children's health status will serve to enhance the medical and behavioral health outcomes for children. The goal of the health passport is to ensure portability of timely medical information and ready availability of comprehensive health information to healthcare providers, DFPS staff, caregivers, courts, and youth. The health passport will contain information pertaining to the child, healthcare providers, diagnosis and treatment, and pertinent administrative documentation essential for continuity of care for children and effective case management.

*CPS Reform Achievements/Milestones:*

*Medical Consent, Resource and Information Sharing:*

- DFPS developed and implemented a medical consent policy, including parental notification requirements, for medical treatment of children in foster care. Medical consent online training for staff was released in August 2006.
- DFPS revised court report documents required at each court hearing to incorporate the summary of medical care provided to children in foster care.
- Most CPS regional nurses were hired. The regional nurses provide medical consultation to regional staff to improve decision-making and child safety.
- Regional interagency teams with representatives from HHSC, DSHS, DFPS, and Texas Access Alliance meet quarterly to coordinate informing foster parents about the services available through Texas Health Steps and to facilitate referrals for medical case management for children in foster care who have serious and complex medical conditions.

- Online medical consent training for youth was posted on the Texas Youth Connection website: <http://www.texasyouthconnection.org>
- Information about medical consent was released in a Medicaid bulletin for healthcare providers and the Texas Health Steps training was integrated into the external medical consent training.
- The online medical consent training became available for external stakeholders in January 2007. DFPS notified residential child care providers, DFPS foster homes, and kinship caregivers of the availability of and requirement to complete the training by April 30, 2007.
- DFPS increased the number of Texas Health Steps materials provided to foster parents and CPS staff, and is ensuring appropriate distribution to residential child care providers.

*Forensic Assessment:*

- DFPS negotiated a contract with the University of Texas for development of the forensic assessment center network. Initial implementation in a limited area of the state was planned for September 2006. A forensic assessment center – or a “pediatric center of excellence” – is a healthcare facility with expertise in forensic assessment, diagnosis, and treatment of child abuse and neglect. A statewide telemedicine system will be established to link DFPS investigators and caseworkers with the forensic assessment center or other medical experts for consultation.
- DFPS entered into an interagency contract with University of Texas Health Science Center (UTHSC) in Houston to provide forensic medical consultation to CPS staff. Services were initiated in Arlington, Tyler, Beaumont, Houston, Austin, San Antonio and Edinburg.
- To strengthen the forensic assessment model, DFPS conducted a needs assessment, interviewing CPS staff and healthcare providers at child advocacy centers, local clinics and pediatric hospitals.
- The needs assessment concluded that the current system for accessing medical expertise for the assessment and diagnosis of child abuse and neglect is fragmented and varies widely. The assessment specifically found that pediatric specialty hospitals and medical schools provide some or all of the needed services in urban areas, while services are limited in rural areas of the state.
- The identified priorities for the coming fiscal year are improved to forensic services in rural areas, expert court testimony in civil cases, and staff training.
- These priorities will be the basis for future program development effort with the University of Texas and other partners as will be more detailed reporting on usage of the forensic model.

*Psychotropic Medications:*

- DFPS and the Department of State Health Services (DSHS) entered into an interagency agreement for the services of a consulting child psychiatrist to access prescribing practices and recommend a process for ongoing clinical reviews of the use of psychotropic medications in the treatment of children in foster care.

- HHSC, DSHS, and DFPS published a report, “Use of Psychoactive Medication in Texas Foster Children State Fiscal Year 2005,” in June 2006. The report noted that in the five months since the release of the guidelines for psychotropic medications for children in foster care, the percentage of children in foster care who were prescribed a psychotropic medication fell 7 percent and there was a 29 percent decrease in children taking two or more psychotropic medications.
- HHSC, DSHS, and DFPS developed interim strategies for ensuring appropriate prescribing of psychotropic medications for children in foster care until the healthcare delivery model is implemented.
- A study mandated by Senate Bill 6 to ascertain whether the service level system creates incentives for prescribing psychotropic medications to children in foster care was completed titled “Examining the Foster Care Reimbursement System and the Impact on the Prescribing of Psychotropic Medication.” Results of the study, along with recommendations for changes, were reported to the legislature in October 2006 and can be found at: [http://www.dfps.state.tx.us/Documents/about/pdf/2006-10-02\\_Psychotropic.pdf](http://www.dfps.state.tx.us/Documents/about/pdf/2006-10-02_Psychotropic.pdf)
- HHSC, DFPS and DSHS continue to implement strategies to ensure appropriate prescribing of psychotropic medications to children in DFPS conservatorship. Focus groups for top physician prescribers and a conference for healthcare providers on the topic of psychotropic medications was held January 19-20, 2007. HHSC has also distributed letters to healthcare providers.
- HHSC established a pilot to enable 135 physicians to view patient medical and prescription drug histories through ACS-Heritage’s Cyber Access web-based system.

*Foster Care Managed Care Model:*

- HHSC released a Request for Information on September 2, 2005, to obtain feedback from stakeholders and the vendor community on recommended approaches for delivering healthcare for children in foster care.
- HHSC contracted with a consultant group to assist in the development of a Request for Proposals. On March 1, 2006, HHSC released the draft Request for Proposals and received several hundred public comments. Based on these comments, HHSC substantially revised the Request for Proposals to allow for more types of managed care organizations to bid and to be more responsive to the unique set of needs of children in foster care. A final Request for Proposals was released on July 20, 2006. HHSC completed the Request for Proposals evaluation and scoring for procurement of healthcare services for children in foster care.
- HHSC announced an award of the Comprehensive Health Care for Children in Foster Care to Superior HealthPlan Network. The goal is to ensure better accountability for healthcare outcomes and track children’s healthcare as they move from one placement to another.
- HHSC and DFPS have formed a Medical Services Oversight Committee to ensure effective implementation of the new healthcare delivery model.

- DFPS has been working closely with HHSC and Superior HealthPlan Network to implement the managed care model. A name was selected for the model: Star Health. The managed care model will be fully deployed in the Spring of 2008.
- HHSC, DFPS and Superior HealthPlan Network held a series of presentations across the state for health care, behavioral health and traditional DFPS providers to explain the new foster care healthcare program and to solicit questions and input.
- Information on the Foster Care Healthcare program was posted on the HHSC website (<http://www.hhs.state.tx.us/medicaid/FosterCare.shtml>) and on the DFPS Renewal website (<http://www.dfps.state.tx.us/about/renewal/default.asp>). A Frequently Asked Questions page was also established on the HHSC website ([http://www.hhs.state.tx.us/medicaid/FosterCare\\_FAQ.shtml](http://www.hhs.state.tx.us/medicaid/FosterCare_FAQ.shtml)).
- HHSC and DFPS have been working to streamline business and automation processes around Medicaid eligibility and information sharing in advance of the medical care model.
- A component of the managed care model is the creation of a "Health Passport." While not an electronic medical record, the Health Passport will provide important physical and behavioral health information regarding each child in DFPS conservatorship. A complete description of the Health Passport can be found at: [http://www.hhs.state.tx.us/medicaid/FosterCare\\_FAQ.shtml](http://www.hhs.state.tx.us/medicaid/FosterCare_FAQ.shtml)

### Drug-Related Initiatives

Section 1.63 described a family drug court program designed to integrate substance abuse treatment with DFPS family reunification efforts. Essential components include comprehensive case management, early identification of eligible parents, needs assessment, periodic testing, judicial interaction, monitoring and evaluation and interdisciplinary education. County Commissioners are authorized to establish such a program for persons who have had a child removed and are suspected of having a substance abuse problem and shall explore availability of court improvement funds for this purpose as well as federal and state matching funds.

Section 1.89 described the requirements for DFPS to establish a drug-endangered child initiative for children exposed to methamphetamine or to the chemicals related to illicit drug manufacturing, accept referrals from the Department of Public Safety (DPS) reporting the presence of a child in a location where methamphetamines are manufactured (unless it interferes with a criminal investigation), and maintain a record of such reports and actions taken to protect a child.

Several judicial districts currently have drug court programs that are designed to serve DFPS clients and enhance family reunification outcomes. Drug court programs have a positive influence on the coordination of substance abuse treatment services and help to create an environment for easier access to services for DFPS clients. By creating a drug court program, a county establishes a therapeutic response within the judicial system that governs DFPS cases. Additionally, the drug-endangered child initiative ensures children are safe and protected from the potential harm caused by methamphetamine or other illicit drug use and manufacturing.

*CPS Reform Achievements/Milestones:*



- The Department of State Health Services (DSHS) received a Technical Assistance grant, beginning in March 2006, from the National Center on Substance Abuse and Child Welfare. DFPS is working collaboratively with DSHS, Court Improvement Project, Court Appointed Special Advocates (CASA) and the Office of Court Administration on systemic changes to improve delivery of substance abuse services in child welfare.
- An advisory committee was formed and participants include staff from DFPS and DSHS, a former CPS client, a former foster youth, a foster parent, Child Advocacy Centers of Texas, substance abuse providers, a representative from Betty Ford Center-Five Star Kids, a parent/child attorney, Texas Court Appointed Special Advocates (CASA), Texas Workforce Commission, a judge, Casey Family Programs, and the Texas District and County Attorneys Association. The committee advises on the coordination of substance abuse and mental health services, policies, protocols and tools for children and families who are involved with the judicial and CPS systems due to substance use/abuse or mental health disorders.
- A Memorandum of Understanding was completed and signed on December 29, 2005, between DFPS and the Department of Public Safety (DPS) establishing a standardized set of protocols. Protocols outlined the responsibilities of DFPS, law enforcement, prosecutors, medical professionals, and mental health providers following identification of a drug-endangered child.
- DFPS incorporated training about methamphetamine and the Drug Endangered Child protocols in the training for new caseworkers. Trainings were also held for community organizations, including child welfare boards, on the dangers to children who reside where methamphetamines are manufactured.
- DFPS now assigns a Priority 1 status to all reports that allege a child is residing in an environment where methamphetamine is being manufactured.
- The Texas Alliance for Drug Endangered Children, through a grant from the Children's Justice Act, conducted ten multidisciplinary regional trainings across the state from October 2005 to August 2006. Presenters at each of the trainings included a narcotics officer, CPS staff, a medical professional, a prosecutor and a social work professional. For each training session, 30 percent of the slots were identified for law enforcement and 30 percent for CPS. Several of the trainings had over 300 participants.
- Modifications were completed to DFPS' automated case management system (IMPACT) to identify cases where the manufacture of methamphetamine was alleged at intake or discovered during the course of an investigation.
- The Court Improvement Project, administered by the Texas Office of Court Administration, facilitated the participation of a number of family court judges and their staff as well as several CPS staff at the National Association of Drug Court Professionals conference in Seattle, Washington in June 2006. Participating judges have all expressed an interest in beginning family drug court programs in their county.
- DFPS hired substance abuse specialists in each region of the state. These staff have special training or experience working in the area of substance abuse or a related field.

- The Texas Alliance for Drug Endangered Children (TADEC) was awarded a second grant from the Children's Justice Act for fiscal year 2007. TADEC, in partnership with CPS, completed five regional trainings in Midland/Odessa, Lubbock, Wichita Falls, Tyler, and Huntsville. Additionally, TADEC, in partnership with the Shaken Baby Alliance, hosted a conference in San Antonio in April 2007.
- DFPS, DSHS, Court Improvement Project, Texas Court Appointed Special Advocates (CASA) and the Office of Court Administration continue to work, along with the advisory committee, on the Technical Assistance grant received from the National Center on Substance Abuse and Child Welfare. Currently work is being done with Judge Jean Boyd, Tarrant County, and Judge Carl Lewis, Nueces County, to develop family drug treatment courts.
- Substance abuse specialists have begun providing training to CPS staff on substance abuse-related issues. They are also working with substance abuse treatment providers to ensure CPS clients' treatment needs are being met.
- DFPS has continued its participation in the Drug Demand Reduction Advisory Committee, which is a multi-agency group created in 2001 whose purpose is to reduce the demand for illegal drugs in Texas. The group is near completion of a report and a set of recommendations for drug demand reduction activities to be presented to the 80th Legislature.
- CPS provided technical assistance and letters of support for four diverse grant proposals in response to a federal grant that, if received, would expand resources to families who need treatment associated with methamphetamines.

### **Data Summary**

In Round One, Texas did not achieve substantial conformity with Well-Being Outcome 3. This determination was based on the finding that 72.9 percent of the cases reviewed were rated as having substantially achieved the outcome, which was less than the 90 percent required for an overall rating of substantial conformity. Texas did, however, achieve the target through the Program Improvement Plan process.

Based on random sample (case review) data from recent years, overall conformity for Well-Being Outcome 3 decreased from FY2004 (74.7%) to FY2006 (69.8%); however, it increased during FY2007 and the most recent case review data (Quarter 1 of FY2008) shows performance at 80.8%.

Item 23 generally performs slightly higher than Item 22, but both items reached an all-time high in Quarter 2 of FY2007.

### **Item-by-Item Evaluation**

#### **Item 22 – Physical health of the child**

***How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?***

### ***a. Policy and Procedure Requirements***

CPS policy and Residential Child Care Licensing standards required staff to work with caregivers to ensure that children in foster care receive all preventive and medically necessary medical and dental care, including:

- An initial medical examination within 30 days of entering foster care and subsequent preventive examinations annually
- An initial dental examination within 60 days of entering foster care beginning at age one year and subsequently every 6 months
- Follow-up appointments as needed or requested by medical and dental providers
- Expanded Medicaid benefits through the Comprehensive Care Program (CCP)
- Required immunizations and tuberculin tests

For children in contracted care, the Residential Child Care Contract provides additional oversight for these requirements. Residential contract standards require contractors to provide preventive and medically necessary medical and dental care. The contractor must provide access to all preventive medical services recommended by the current version of the Texas Health Steps periodicity schedule. The contractor must also provide access to a well child exam for children aged 7 and 9 years that are exceptions to periodicity.

The Texas Family Code requires a court-authorized or DFPS-designated medical consenter for each child in DFPS conservatorship. The medical consenter must complete training on informed consent, be knowledgeable on the child's healthcare needs, and participate in each medical appointment of the child. The court is required to review the child's medical care at each hearing.

Workers must also monitor the medical and dental care provided to children in DFPS conservatorship who are living at home in reunification stages. In these cases, the parents are responsible for seeing that the child's medical and dental needs are being met; however, if the child has any identified dental or medical issues, the worker must follow up to make sure the parents are meeting those needs, and may provide support, payment, transportation, etc. to ensure those needs are met.

For children receiving in-home services, DFPS has processes in place, such as family group decision-making and service planning, for identifying and addressing healthcare needs. If the healthcare issue is related to abuse or neglect issues, the worker monitors to ensure follow up. Workers also make referrals to appropriate local and state resources, such as the Early Childhood Intervention (ECI) program, the Children's Health Insurance Program (CHIP), Medicaid, and the Children and Pregnant Women Medical Case Management program.

### ***b. Data Summary***

In random sample (case review) data cases were below 80% during FY2004 through FY2006. Performance exceeded 80% during FY07. The most recent case review data (Quarter 1 of FY2008) shows performance at 86.2%, slightly below the highest performance of 88.1% during Quarter 2 FY2007.

The statewide data show that the percent of children in CPS conservatorship who received a medical appointment within the required time frame remained relatively stable around 88% over the first seven months of FY2007 (September 2006 to March 2007), and then steadily decreased over the remaining months (87.4% in April to 81.6% in August), with a yearly

average of 86.0%. The percent of children in foster care who received a dental appointment within the required time frame decreased steadily over FY2007 (83.3% in September 2006 to 75.8% in August 2007), with a yearly average of 81.2%. These compliance rates are an increase from FY2006, when the compliance rate for medicals was 84.7 and the compliance rate for dentals was 79.2.

***c. Where was the child welfare system in Round One of the CFSR?***

Item 22 was assigned an overall rating of Area Needing Improvement. In 82 percent of applicable cases, reviewers determined that the State had been effective in meeting the health care needs of the children, but there were concerns related to this issue in 18 percent of applicable cases reviewed. The key problems identified with respect to foster care cases were failure to conduct a health assessment in a timely manner and a lack of documentation in the case record of health information, such as immunization records and services provided in response to health assessments. The key problem identified with respect to in-home services cases was that there were health issues of concern for the children, but they were not addressed. According to the Statewide Assessment, these findings are contrary to policy. The Statewide Assessment noted that case readings conducted in preparation for the Federal Review found that health issues for children in FBSS cases were appropriately addressed in 90.9 percent of cases read.

***d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?***

CPS has created several core positions in state office and the regions to address medical issues. During the 80th Legislative Session, CPS was given the authority to create a new **Medical Director** position. Medical issues often arise regarding children, families, and the services they need, and the addition of a Medical Director provides CPS with the ability to facilitate consultation with medical professionals and ensure that children and families are being served. The Medical Director, hired in December 2007, will shape CPS medical policies and interface with medical personnel in agencies that provide health care services to children served by CPS. In addition, he will interface with medical personnel associated with the new health care delivery model for children in foster care.

In addition to the Medical Director, **Developmental Disability Specialists and Nurse Consultants** are now housed in each region. State Office employs four Program Specialists across CPS programs (a **Well-Being Specialist**, a nurse, and two Medicaid policy specialists), a division administrator, and a director. CPS is in the process of hiring seven Well-Being Specialists who will be housed in the regions. The primary function of the Well-Being Specialists will be to coordinate with the new healthcare delivery model vendor and use his or her knowledge of laws, rules, and policy regarding the achievement of CFSR well-being outcomes. The primary function/priority of the regional Nurse Consultants is to provide consultation to CPS staff regarding children's healthcare issues during all stages of CPS service.

Under the current health care system in Texas, children in CPS conservatorship may not receive optimal health care because of a variety of factors, such as placement changes and delay in transitioning from TANF Medicaid to DFPS Medicaid. Children can easily become disconnected from their medical histories and records when they are removed from their homes and placed in substitute care. When there are subsequent moves, health care may not be coordinated and continuous. In response to the lack of comprehensive, coordinated health care for children in foster care, the 79<sup>th</sup> Texas legislature passed legislation and as required by Texas

Family Code Chapter 266, DFPS is coordinating with HHSC to implement a **comprehensive healthcare program** for children in DFPS conservatorship during FY2008. A contract has been awarded to a managed care organization (MCO) called Superior Health Plan Network.

Until implementation of this model (April 2008), DFPS, HHSC, and the Department of State Health Services (DSHS) coordinated to implement **interim strategies** to improve access to medical services for children in DFPS conservatorship. On October 31, 2005, regional teams comprised of representatives from DFPS, HHSC, DSHS and the HHSC contractor, Maximus, began meeting quarterly statewide and in the regions. These teams collaborated on ways to improve access to needed medical care and Children and Pregnant Women (CPW) medical case management for children in DFPS conservatorship.

One of the most common problems identified by case reviewers is a lack of Medicaid providers (both medical and dental), especially in rural areas. Access to specialty providers (such as child psychiatrists) is also an issue. However, there were very few occurrences of children not getting needed medical care. The 80<sup>th</sup> Legislature significantly increased reimbursement for Medicaid dentists and this is expected to improve access to dental care providers statewide.

DFPS developed a **computer-based training module** to introduce the new healthcare delivery model and more in-depth training is planned prior to implementation. The healthcare delivery model vendor will provide training to contracted residential child care providers, kinship caregivers, and other medical consenters on how to access medical care through this model. The vendor will also train health care providers on the unique needs of children in DFPS conservatorship.

Because of staff turnover, healthcare needs of children, and the complexity of the Medicaid delivery system, many workers do not understand how to help caregivers access services through Medicaid. As stated above, training is being implemented to address this issue and DFPS is working with HHSC and the healthcare delivery model vendor to develop processes for interfacing and identifying training needs in advance of the implementation. During the period under review, multiple policy memos were distributed to staff informing them of available medical services and how families may access these services. A webpage was developed (accessible by all DFPS staff and the public), which includes these policy memos as well as an extensive resource list for medical services.

CPS seeks second opinions from physicians on the psychotropic regimens of children when questionable. DFPS, DSHS, and HHSC are coordinating to implement some **strategies targeting physicians who prescribe psychoactive medications** to children in DFPS conservatorship. These strategies include:

- Implementation of best practice guidelines (Psychotropic Medication Utilization Parameters for Foster Children)
- Release of the "Use of Psychoactive Medication in Texas Foster Care Children, Fiscal Year 2005" report, with plans to develop more reports in subsequent years
- Identification of other treatment alternatives that might assist physicians in decreasing the number of psychoactive medications prescribed
- Distribution of newsletters to physicians on a regular basis
- Working with physicians to lower the percentage of children whose psychoactive medication regimens fall outside the best practice guidelines
- Focus group meeting with top physician prescribers (January 2007)

- Conference for healthcare providers on the use of psychotropic medications by children in DFPS conservatorship (January 2007)

During FY2007, CPS developed and implemented **medical consent training** for CPS, foster parents, kinship caregivers, and contracted residential childcare providers serving as medical consenters. This training included DFPS requirements for obtaining medical and dental care.

### **Item 23 – Mental/behavioral health of the child**

***How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?***

#### ***a. Policy and Procedure Requirements***

Policy requires workers to assess the children's mental/behavioral health needs in both CVS and FBSS cases. A difference between these types of cases has to do with how the plans of service are developed. Another difference is that all CVS cases are court-involved and services are ordered. Only a small number of FBSS cases have court involvement.

In FBSS cases, the entire family is assessed within 7 days of referral from the investigation. Each family member is assessed for their strengths and needs, including mental/behavioral health needs. These needs are addressed in the Family Service Plan. There are different issues in different parts of the state regarding whether appropriate services are available for the individual clients need. This can be more difficult in rural areas of the state where there are generally less services available. After completing the initial service plan, the worker must review the plan with the family and update it whenever significant changes occur within the family. A new or revised family service plan is developed at least every six months.

In CVS cases, policy requires an Initial Assessment Plan to be completed between the time of removal and the 14-day show cause hearing. The Initial Assessment Plan is followed until the Initial Child Plan of Service is completed no later than the 45th day from removal. Initial assessments address specific behavioral, emotional, cultural, therapeutic, educational, physical, and/or medical issues or conditions that have been identified and can help clarify current needs, identify a plan of treatment, or rule out the need for further services. In some cases a psychological or psychiatric evaluation might be required for placement or might be requested by the court.

Children under the age of three who enter foster care as well as those in FBSS cases must be referred to ECI (Early Childhood Intervention) for assessment. Services provided by ECI address developmental delays, disabilities, and infant mental health (social and emotional needs). There is no requirement for children over the age of three to have a mental health screening/assessment upon entry into foster care.

When a child in foster care has a physical, mental, emotional, or behavioral disability (or there is reason to think they may have a disability or may develop one), the worker must:

- Identify or confirm the disability
- Update the child's information in IMPACT, as well as the child placement characteristics
- Arrange appropriate services and support
- Develop the child's service plan

- Check Medicaid
- Refer the child to community services
- Refer the child to the appropriate Medicaid-waiver program (if the child has a disability)
- Apply for SSI
- Consult with the Children with Disabilities program
- Make an appropriate placement

CPS staff utilizes Medicaid, contracted, or other appropriate resources to obtain appropriate psychological or psychiatric evaluations. Based upon the diagnosis and recommendations of the evaluations, a request for an appropriate service level is made to Youth for Tomorrow, which is part of the placement selection process. An appropriate placement in a foster home or residential treatment facility is made that will meet the child's therapeutic needs if the child is not placed in a kinship or "own home" placement. Services that meet the child's individual needs will be identified and initiated. If the child is placed in a kinship or "own home" placement, support services will be provided to caregivers to aide in meeting the child's individual needs. Available community resources are utilized in meeting these needs.

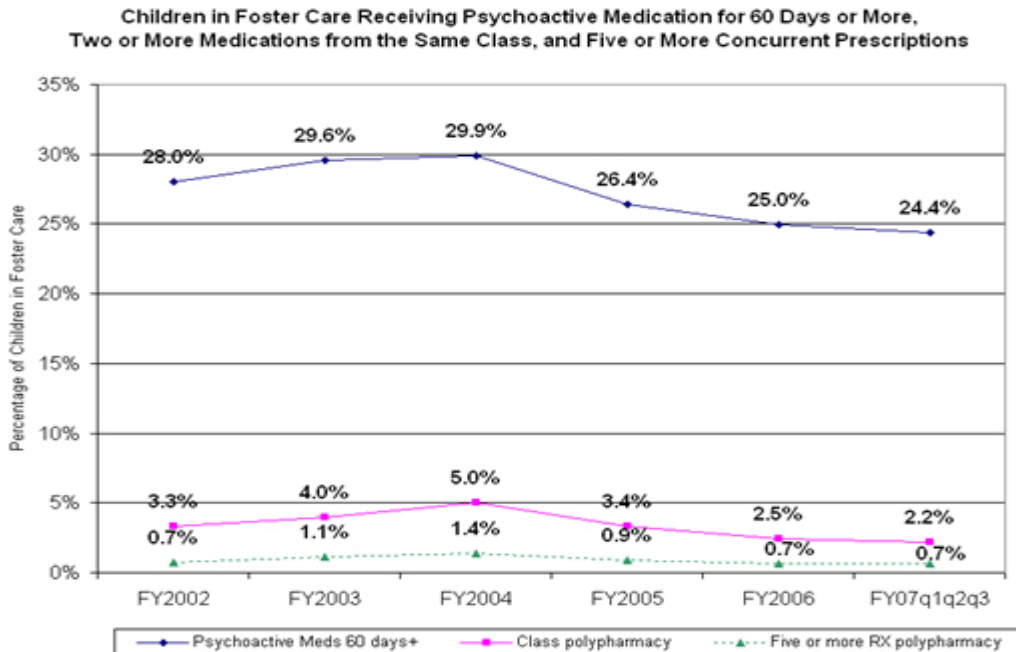
Policy specifies that foster parents and employees of foster parents who are designated child-care staff and who administer psychotropic medications are required to successfully complete training on psychotropic medications annually. A licensed physician, a registered nurse, or a pharmacist must provide the training.

#### ***b. Data Summary***

There was not a noticeable difference in the performance of this item between FBSS and CVS cases. In random sample (case review) data from Quarters 1 and 2 of FY2007, 87.8% and 90.6% of cases met Item 23, respectively. This is an improvement from the previous three fiscal years, when less than 85% of cases met this item. The most recent case review data (Quarter 1 of FY2008) shows performance at 85.4%.

There is no statewide tracking of how well children's mental/behavioral health needs are being met. However, a report entitled "Use of Psychoactive Medication in Texas Foster Children, State Fiscal Year 2005", which examined the prescribing of psychoactive medications to children in foster care in terms of the Department of State Health Services (DSHS) Psychotropic Medication Utilization Parameters for Foster Children (i.e., Best Practice Guidelines, released in February 2005) noted that in the five months after the release of the guidelines, the percentage of children in foster care who were prescribed a psychotropic medication fell 7% and there was a 29% decrease in children taking two or more psychotropic medications.

The graph below summarizes key information and provides an update related to the report, which is based on Medicaid prescription and medical claims data for FY2005, FY2006, and FY2007. Specifically, it shows children receiving: psychoactive medications, two or more medications from the same drug class concurrently, and five or more medications concurrently. Of the 38,087 children in foster care ages 0-17 who were eligible for Texas Medicaid at some point during FY2007, slightly less than 35% (13,250) received a psychoactive medication prescription, and 24% (9,286) received a psychoactive medication prescription that covered at least 60 consecutive days. These percentages have decreased since FY2005. The percentages of children receiving two or more medications from the same drug class concurrently or five or more medications concurrently also have decreased since FY2005.



**c. Where was the child welfare system in Round One of the CFSR?**

Item 23 was assigned an overall rating of Area Needing Improvement. In 82.5 percent of applicable cases, reviewers determined that the State had been effective in meeting the mental health needs of the children, but there were concerns related to this issue in 17.5 percent of applicable cases reviewed. According to the Statewide Assessment, case readings conducted in preparation for the Federal Review indicated that mental health issues for children in foster care were appropriately addressed in 91.7 percent of cases reviewed and mental health issues for children receiving in-home services were appropriately addressed in 80 percent of cases reviewed.

**d. What changes in performance and practice have been made since Round One, including strengths, promising practices, and barriers?**

In addition to CPS Reform changes (described in the 180-Day Report), CPS made important practice changes to ensure the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services.

**Psychotropic Medication Guidelines for Foster Children** developed by the Texas Department of State Health Services have been put in place to ensure that medication prescribed to children is beneficial in meeting their individual therapeutic needs. The guidelines are followed for all children in CPS conservatorship. The guidelines describe what an appropriate assessment should consist of prior to prescribing psychotropic medication, and include general principals regarding the use of psychotropic medications in children and a table of usual recommended maximum doses of common psychotropic medications. The guidelines also identify criteria that indicate a need for further review of a child's clinical status.

The **Level of Care system has been redesigned** to focus on services to children in therapeutic settings. The levels were reduced from six levels of care to four – Basic, Moderate, Specialized,



and Intensive. The purpose of this redesign is to reduce complexity and simplify the process to meet the diverse needs of each individual child.

Regional positions have been created to assist staff in specialized issues relating to the mental/behavioral health needs of children:

- **Substance Abuse Specialists** have specialized training or experience in the area of substance abuse. They work with substance abuse treatment providers to ensure that children's treatment needs are being met and they provide training to CPS staff on substance abuse related issues.
- **Developmental Disability Specialists** are utilized when a child has been diagnosed with mental retardation or a related condition, or has dual diagnoses. They assist workers in identifying appropriate services and placement. They are located in the regions and a program specialist is housed at State Office. The program specialist reviews services to children who have multiple admissions to psychiatric acute care facilities to identify services that have not been provided that may meet the child's needs.
- **Service Level Program Specialists** are the experts on the service level system. They provide guidance, coordination, and technical assistance to State Office staff, placement staff, field staff, and other agencies and committees.
- **Educational Specialists** are utilized when mental or behavioral health issues impact the child's education. They assist workers in ensuring that child's educational needs are being met and services are being provided that accommodate the child's special needs.

The new **Health Care Delivery Model** will allow for a more coordinated approach to service delivery so that special health care needs of children will be better met. The inclusion of the mental and behavioral health components will positively impact service delivery to children in CPS conservatorship, as it will provide a better assessment of health care services by providers.

Information regarding **CHIP and Children's Medicaid resources** for families receiving in-home services were distributed to all staff as a reminder. Approximately 40% of CPS clients receiving in-home services do not receive CHIP or Children's Medicaid, but many of them could be eligible.

CPS also participates in the **Texas Transformation Workgroup (TWG)** and the sub-workgroups. The TWG is a component of the Mental Health Transformation State Incentive Grant (MHT-SIG) awarded to the Governor of Texas by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Texas Transformation Workgroup (TWG) set out to develop a comprehensive plan to transform state mental health systems.

The major issues relating to mental and behavioral health are community resources and accessibility by children and families. Many rural areas do not have mental or behavioral health care providers/resources, and lack of transportation poses a significant barrier in the areas that do have providers. Finding providers who are able to provide services in the family's primary language can be a hindrance to meeting the child's needs. The family's inability to financially access appropriate services to meet the needs of the child is often a barrier in preventing the need for a removal and can also hinder reunification efforts. Lack of service coordination between community partners can sometimes be an issue. There are communities that have developed collaborative efforts in providing wrap-around services to children and families, but the number of these communities is very low. For children in foster care who require long-term

residential treatment services, there are limited placement options for therapeutic foster care or basic foster care homes. The lack of step-down programs from psychiatric care impacts the availability of appropriate placements for children. The recent 80th Legislative session has addressed this issue by allocating funding.

## IV. NARRATIVE ASSESSMENT OF SYSTEMIC FACTORS

### A. Statewide Information System

#### CPS Reform Impact

The following content, through page 140, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.

#### CPS Technology

Section 1.80 required DFPS to explore the strategic use of technology to improve effectiveness of DFPS operations.

DFPS will improve client services through mobile technology designed to speed up caseworker access to family case history and policy, facilitate communication between caseworkers and supervisors, allow timely and accurate recording of information, and reduce workload backlogs. DFPS will also modify the current automated case management system (IMPACT) to improve risk and safety assessment and service plan development.

#### *CPS Achievements/Milestones:*

- DFPS conducted a survey of the APS mobile technology users and used the results to address technical and procedural issues. These results helped guide appropriate usage of mobile technologies by CPS.
- Ninety CPS investigation and family based safety services workers were provided tablet PCs in May 2006 to pilot their use and examine potential issues. The pilot showed that tablet PCs could be integrated into CPS casework successfully. Plans were completed to distribute tablet PCs to investigation and family based safety services workers statewide. Implementation occurred from August to October of 2006.
- Approval of the tablet PC pilot and implementation plan was secured from the Federal Administration for Children and Families. This approval was needed to secure the funding match DFPS receives for information technology projects related to the Statewide Automated Child Welfare Information System.
- DFPS posted a procurement solicitation document for the desired technology. A vendor was awarded the contract for development of the CPS Mobile Protective Services (MPS) application for the tablet PC that enables caseworkers to document case activities into their tablet PCs when in the field.
- Tablet PC rollout and training for all existing investigators and family-based safety services workers was completed October 19, 2006.
- The development of CPS functionality into the Mobile Protective Services (MPS) application was underway with the first release occurring January 7, 2007. A group of computer-skilled caseworkers began piloting the MPS application, the first step in training all staff. Training for all workers was completed before the first phase of the MPS application rolled out statewide on May 20, 2007.

- Information entered into MPS is synchronized with the full case automation system (IMPACT) at a later time to allow for a complete review of the case record. Full implementation of the MPS application was completed by August 2007. All investigation and family-based safety services caseworkers have been issued tablet PCs and have the MPS application to use for documentation of case activities when in the field. Additional functionality was added to MPS and IMPACT to support the CPS program. This includes additional tracking in kinship care and improvements to risk and safety assessments.
- Virtual Private Network functionality was provided to CPS workers as needed throughout the spring of 2007. This allows staff to securely access the DFPS network from their home or other remote location if wireless connectivity is not available.

## **Factor Evaluation**

### **a. Policy and Procedure Requirements**

#### **Item 24 – Statewide Information System**

The Texas SACWIS system is known as IMPACT (Information Management Protecting Adults and Children in Texas). Reference is made to IMPACT throughout policy and procedure guidelines, which provide caseworkers with the information needed for case documentation and the required time frames for the documentation of casework in IMPACT for each stage of service.

The system is available to staff and approved private-sector organizations across the state 24 hours a day, 7 days a week. There are times when it is inaccessible for a very short period of time when a rollout of enhancements occurs. These rollouts typically occur on Sunday mornings to minimize disruption. In addition, certain areas of the system require special permission to access and are therefore not available to everyone. Permission is based on job function and appropriate security attributes.

Accurate reporting of data is critical for a state the size of Texas and it is important that data reports be transparent for both internal and external stakeholders. The system has an excellent tracking and reporting capacity. A Data Warehouse stores information entered into IMPACT. The goal of data warehousing is to make the data more manageable and more accessible for users to help with decision-making and research. The Data Warehouse currently consists of twelve subject-oriented sections. CPS sections include Intake, Investigation, Family Stages, Permanency Planning (Legal CVS), Subcare/Adoption, Adoption and Foster Care Analysis Reporting System (AFCARS), Foster and Adoptive Home Development (FAD), and Preparation for Adult Living (PAL).

The Data Warehouse contains two types of reports: monthly and weekly. Monthly reports are considered the reports of record and are available for viewing only after a process known as Monthly Data Compilation (MDC) is completed, typically between the 7<sup>th</sup> and 11<sup>th</sup> of each month. For weekly reports, the data is refreshed and replaced making the previous week's report unavailable after 7 days. Weekly reports are used for management of day to day operations not for statistical reporting. Monthly reports are stored; weekly reports are not stored. Having both monthly and weekly reports has resulted in some confusion, but their purposes are very different. Monthly reports are utilized for cumulative data, for determining performance on the CPS Performance Management system (evaluations), for research, and for measuring

outcomes. Weekly reports are designed for accountability and monitoring. Actions determined to be critical, due to their impact on child safety, permanency, and child and family well-being, were mandated by the 80<sup>th</sup> Legislature to have prompt documentation. Most critical actions require “same day/next day” documentation. These critical actions must be monitored regularly and the Weekly reports were created for monitoring purposes. Most of these reports can be drilled down to the worker or case level and present a snapshot for the supervisor or manager of the status of casework. Weekly reports are not to be used for data included in evaluations or as finalized data for reporting purposes.

Data Warehouse reports back to 2002 are available to DPFS staff via the DFPS Intranet and significant efforts have been made to try and make the reports efficient, accurate and useful. Changes, deletions, or additions to existing CPS reports are reviewed and prioritized by a team. The team consists of CPS, Management and Reporting Statistics (MRS), Performance Management (PMI), and IT. Requests for changes to existing CPS reports have to be submitted to the CPS Director of Staff Services or the CPS Support Manager, with supporting information regarding why the change is needed. All reports that are released externally go through a quality assurance review prior to release.

#### ***b. Where was the child welfare system in Round One of the CFSR?***

Status of Statewide Information System – Substantial Conformity

Item 24 was assigned a rating of Strength because the Texas statewide information system and related data and information technology capabilities far exceeded the requirements of the review. The Child and Adult Protective System (CAPS) was implemented in 1996 and functioned as the comprehensive Statewide Automated Child Welfare Information System (SACWIS) at the time of Round One. CAPS was available statewide 24 hours a day, 7 days a week and supported all aspects of casework from intake to post-adoption services. CAPS also supported Adult Protective Services (APS) and Child Care Licensing (CCL) casework and investigations. CAPS went far beyond being able to identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care.

#### ***c. What are the strengths and promising practices that the child welfare system has demonstrated in terms of its statewide information system?***

In 2003, IMPACT was developed through the re-design of CAPS into a browser-based application. The process increased the system’s usability and provided a platform for the future of child welfare and case management. The new system, just like CAPS, is available statewide 24 hours a day, 7 days a week, and supports all aspects of casework from intake to post adoption services. When it was first introduced, there were three main goals: (1) increase the usability of CAPS while retaining proven case management processes; (2) develop a "platform for the future" that leverages the internet; and (3) develop new functionality and make improvements to existing functionality. DFPS was awarded second place in the “Best of the Web 2004” Digital Government Achievement Awards for the IMPACT application. There were more than 320 entries received for this national award.

Beginning in August 2006, DFPS launched the statewide rollout of Tablet PC’s to all CPS investigative and family-based safety services caseworkers. These computers serve as the caseworker's mobile office, which increases efficiency in meeting shortened documentation and other timelines, and allows caseworkers to spend more time with clients. Tablet PC’s enable

caseworkers to do up-to-date, real-time documentation and case consultation while in the field. By entering the data in real time, other staff members have the ability to determine the current status of the case by actually reviewing the caseworker's documentation, even if the caseworker does not return to the office for an extended period of time. The 80<sup>th</sup> Legislature appropriated funds to give Tablet PC's fifty percent of the conservatorship staff, scheduled to begin in the spring of 2008.

In January 2007 Mobile Protective Services (MPS) was released to all caseworkers with a Tablet PC. MPS is an application that resides on the Tablet PC and enables caseworkers to work on case documentation without network or wireless connectivity. Data stored in MPS is synchronized between the Tablet PC and the full case record in IMPACT. This eliminates duplicate data entry by caseworkers as case notes can be directly entered into the application.

Multiple enhancements and modifications to IMPACT are continuously released. Recent examples include the creation of a Kinship stage of service, the modification of the Family Plan of Service to a more user-friendly format, and the addition of medical consent information. Whenever changes are made to IMPACT or MPS, a statewide broadcast alerts and informs all staff of the changes. In addition, the information is posted on the DFPS Intranet.

***d. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of the statewide information system?***

The transition to the use of Tablet PCs has been a challenge. Most caseworkers do not fully utilize the technology and reliance on a dictation service continues to be popular. Some Tablet PC users experience areas where they are unable to obtain a signal. New wireless air cards are currently being distributed that may expand coverage.

Costs for modifications to the IMPACT system often delay or prevent the ability to implement changes that achieve practice goals, while remaining "user-friendly" or reducing documentation requirements. Training staff in the use of the complex IMPACT system and Tablet PC's is time consuming and costly, requiring more efficient training modalities (such as on line training) that are less effective.

The Virtual Information System Training Area (VISTA) is updated regularly to match IMPACT. Each time IMPACT improvements are released, VISTA is updated, so that VISTA functions just like IMPACT. This enables staff to practice tasks they do not do very often, or to familiarize themselves with new functionalities.

## **B. Case Review System**

### **CPS Reform Impact**

**The following content, through page 143, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.**

#### **Court Reports**

Section 1.38 specified that the court report provided by DFPS must include information regarding progress on the service plan, and review whether the parties have acquired or learned any specific skills or knowledge stated in the service plan.

Section 1.41 specified that the court report provided by DFPS must evaluate whether the child's current educational placement is appropriate for meeting the child's academic needs, include a discharge plan for youth age 16 and over, address Preparation for Adult Living (PAL) activities, and report on efforts that have been made to identify an adoptive placement for the child.

Families and children are best served when the child protection legal system has comprehensive information about specific progress being made to achieve permanency for children in the state's care.

#### *CPS Reform Achievements/Milestones:*

- Court report templates incorporating these new requirements were implemented on September 1, 2005, and caseworkers use this new format to provide the court with specific information about the child and family's needs and progress.
- Template questions were revised or added to include asking for information on educational placement, discharge plans, PAL, and potential adoptive placements.

#### Attorney Ad Litem

Section 1.04 added duties for an attorney ad litem appointed to represent a child in a CPS suit, including minimum continuing legal education requirements, meeting the child before each court hearing if the child is four years of age or older, or visiting the caretaker if the child is younger than four years of age, unless the court finds the attorney ad litem has shown good cause why compliance is not feasible or in the child's best interest.

Section 1.06 required the court to appoint an attorney ad litem for an indigent parent responding in opposition to a suit filed by DFPS for temporary managing conservatorship of a child.

These provisions improve the expertise of an attorney ad litem appointed to represent a child in a CPS suit, and clarify the frequency of contact between attorneys and the children or parents they serve. If an indigent parent responds in opposition to the suit, DFPS will now be able to begin working with attorney ad litem for the parents earlier in the case.

#### *CPS Reform Achievements/Milestones:*

- DFPS amended legal forms to include the appointment of an attorney ad litem for the parent at the first hearing and all subsequent hearings should the judge determine that the parent is indigent and in opposition to the suit. All CPS regional attorneys and CPS staff received information and training about this new requirement in August 2005.
- DFPS provided explanations and sample language for orders to county and district attorneys' offices.
- Policy regarding these sections was published in the CPS handbook in September 2005.

## **Factor Evaluation**

### **a. Policy and Procedure Requirements**

#### **Item 25 – Written Case Plan**

When children are removed from their parents and placed in substitute care, CPS develops a Case Plan consisting of one Family Service Plan and a Child's Service Plan (each child removed has a separate Child's Service Plan). The initial Family Service Plan is due within 21 days from the date the child enters substitute care. The initial Child's Service Plan is due within 45 days.

Family Service Plan – The worker meets with the parents to discuss and draw up the Family Service Plan (both custodial and non-custodial parents are invited to participate in service planning efforts). The meeting may occur with (1) the parents only (2) the parents and any significant individuals the parents invite, or (3) the parents, relatives, extended family, fictive kin, and other significant individuals. CPS has revamped its service planning efforts using the Family Group Decision Making (FGDM) model. CPS invites families to participate in service plan development in one of a few meeting formats that is ideally chaired by an FGDM trained facilitator. Meeting formats include Family Team Meetings, Family Group Conferences, and Permanency Conferences. The focus is to help the family members and extended family members (or other individuals the family chooses to invite) develop a service plan to address the abuse/neglect issues that are identified by those present, including CPS. CPS then agrees to use that plan as the service plan, provided that the concerns of CPS (and the court, if involved) are addressed.

Child's Service Plan – A child's various needs and the means to address those needs are identified in the Child's Service Plan. The worker involves the child in the development of the plan and has the child sign the written plan, if old enough. The worker also involves the child's caretaker, the child's parents (if parental right have not been terminated), and other professionals involved with the child in the development of the child's plan and in subsequent reviews.

Family Service Plan reviews – At a minimum, the Family Service Plan is reviewed in the 5<sup>th</sup> month that a child is in care, in the 9<sup>th</sup> month, and every six months thereafter. It is reviewed more frequently as needed and as circumstances change. If the child is returned home, a review is completed that will note any remaining issues that need to be addressed so that DFPS can exit the case. Reviews may be done in one or more of the same formats as noted above. If DFPS is given permanent legal custody (permanent managing conservatorship, or PMC), and if the permanency goal is no longer family reunification, the open family stage is closed and no further Family Service Plan review is completed. If parental rights were not terminated when DFPS was given PMC, the parents' tasks in supporting the child's continuing placement in care are added to the Child's Service Plan.

Child Service Plan reviews – At a minimum, the Child Service Plan is reviewed in the 5<sup>th</sup> month that a child is in care, in the 9<sup>th</sup> month, and every six months thereafter. If a child is placed in therapeutic foster care, and DFPS has PMC, the child's plan is reviewed every three months. Since contracted providers (child-placing agencies and residential care facilities) produce their own service or treatment plans for the child, CPS may choose to use the contracted provider's plan and attach an abbreviated version of the plan from CPS records, and consider the combined plan as the review of the Child Service Plan, provided that the combined plan meets all the requirements for such a review.



When a child remains in the home, a Family Service Plan is developed within 21 days of the FBSS stage being opened. It is reviewed every 3 months while services are being provided. It can be developed in any of the ways discussed above. Efforts continue to be made to engage relatives, fictive kin, and significant others in the service planning process.

Court reviews, whether they are Permanency Hearings in temporary legal status or Placement Review Hearings in permanent legal status of CPS, monitor compliance with case plan requirements as discussed in the court reports and court testimony for those hearings. The Substitute Care Policy and Standards report (a monthly data warehouse report) measures and monitors compliance with completion of these plans within appropriate time frames. The Children Without Goal report measures the number of children who do not have a goal in their initial child plan within 30 days. Additional performance measure reports are being developed that will also assist in measuring and monitoring this requirement.

### **Item 26 – Periodic Reviews**

### **Item 27 – Permanency Hearings**

Periodic Reviews are conducted through the court review process in Texas: during the initial and subsequent Permanency Hearings while the case is in temporary legal status, during hearings in which permanent orders are issued naming DFPS as the permanent managing conservator, and during Placement Reviews held after such hearings. Notices regarding court hearings are given to parents and the caregivers, and workers encourage them to attend. Children have to be present at court hearings unless excused by the judge, and if they cannot attend, they are encouraged to write something that can be presented to the court, if they so desire.

Permanency hearings are held when a child has been in care 6 months, and every 4 months thereafter while the case is in temporary legal status. If a final order is issued in which DFPS receives PMC, a Placement Review hearing is held every 6 months thereafter. Though titled differently, both court review hearings address the same periodic review and permanency hearing requirements. At each review hearing, the court will inquire as to the progress made since the previous hearing, including the use of any recommended services. Knowing that the judge will ask about progress in addressing the recommendations, orders, and results of the last review requires workers to ensure that the Child Service Plan addresses those issues. Workers, supervisors and Program Directors are responsible for monitoring the progress of children in substitute care. Regional Permanency Directors are responsible for reviewing reports that monitor the progress of children in their region. Regional Directors are responsible for reviewing monthly reports of summary permanency data for their region.

For children in the permanent managing conservatorship of CPS, permanency conferences are held initially after CPS receives conservatorship and annually thereafter if the child is not in a permanent placement. The conferences focus on the permanency goal, why the child is not in a permanent placement, and what the next steps are to pursue a permanent placement for the child.

### **Item 28 – Termination of Parental Rights**

Texas law is designed to facilitate timely legal permanency, including termination of parental rights in appropriate cases, well within the deadlines imposed by the federal Adoption and Safe Families Act. When DFPS files a Suit Affecting the Parental Child Relationship (SAPCR) to obtain managing conservatorship of the child, the Texas Family Code requires that the court render a final order in the SAPCR within 12 months (subject to a single 6-month extension if

extraordinary circumstances are shown). In a majority of cases, DFPS files its initial pleadings requesting that the court either reunify the children with the family once the court has determined that the children can be safely reunified, or, in the alternative, that parental rights be terminated. Termination of parental rights is sometimes not requested in cases in which the abuse or neglect was very minor and reunification of the children with the family is the likely outcome in the case.

As required by Texas law, within the 12-month deadline for issuing a final order, the Court must issue an order that:

- dismisses the suit, and reunites the child with family or relatives; or
- grants Permanent Managing Conservatorship (PMC) to DFPS – with or without termination of one or both parent’s rights.

The reasons that the court may grant PMC to DFPS without termination of all parental rights are because the court does not find that termination of parental rights is in the child’s best interests or that grounds for termination cannot be proven – both of which are required under the Texas Family Code for termination of parental rights. In most such cases:

- The child is placed with a relative;
- DFPS can document a compelling reason why termination would not be in the child’s best interests; or
- DFPS has failed to provide the family of origin with the services state law requires.

It is possible to seek termination of parental rights following a final order that grants PMC to DFPS without termination of parental rights, but only if the circumstances of the child, parent, or conservators have “materially and substantially” changed.

An appeal of a final termination order by one or both parents may delay ultimate legal permanency in the case. To address this concern the Texas Family Code includes provisions for accelerated appeals in termination of parental rights suits to which DFPS is a party. While appellate courts are required to render their final judgments in these cases with “the least possible delay” it is unlikely that a final appellate order will be obtained within federal time limits.

### **Item 29 – Notice of Hearings and Reviews to Caregivers**

Policy states that substitute care providers (including foster parents, pre-adoptive parents, relative caregivers, and licensed administrators of child-placing agencies) should be given notice of court review hearings and permanency planning meetings so that they can plan to attend and present testimony, if desired. It also states that foster parents, pre-adoptive parents, and relative caregivers should be given notice of any other reviews or hearings held with respect to the child so that they can plan to attend and present testimony, if desired.

### ***b. Where was the child welfare system in Round One of the CFSR?***

Status of Case Review System – Substantial Conformity

Item 25 was assigned a rating of Area Needing Improvement because although DFPS ensured that every child had a written case plan, there was evidence that involving parents as partners in developing the case plan was not always a consistent practice among caseworkers.

Item 26 was assigned a rating of Strength because the general finding was that DFPS provided periodic administrative and sometimes court reviews of the status of each child at least once

every 6 months. The Statewide Assessment also noted that although federal requirements were to have either administrative or court reviews, Texas was doing both.

Item 27 was assigned a rating of Strength because DFPS policy ensured that each child in foster care had a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter. As noted in the Statewide Assessment, Texas employed both administrative and court hearings to review children's progress toward permanency.

Item 28 was assigned a rating of Strength because the Texas permanency initiative/legislation exceeded AFSA requirements. According to the Statewide Assessment, legislation was passed in Texas in June 1997 that launched a permanency initiative beginning on January 1, 1998 to bring prompt legal resolution to DFPS cases. Under this legislation, children who came into the State's temporary legal care were to have final legal orders issued within 12 months, with the possibility of a one-time, 6-month, court-ordered extension.

Item 29 was assigned a rating of Strength because the State provided a process for notifying foster parents, pre-adoptive parents, and relative caregivers regarding reviews and hearings, and provided an opportunity for them to be heard.

***c. What are the strengths and promising practices that the child welfare system has demonstrated in terms of its case review system?***

In 2005, CPS began moving towards a service delivery system that relies upon family group decision-making (FGDM) as the way families are included in the case planning process, and furthering the vision of a CPS system that more fully involves families. Some Permanency Planning Team meetings, or PPT's, were replaced by a family group conference. In June 2005, PPT meetings ended for some children and were reduced for others across the state. Children's cases were still monitored to assure a steady move toward achieving permanency but the primary responsibility shifted to the caseworker, supervisor, and various specialized staff to assure that all children were making progress. The overall reduction in the number of PPT meetings increased staff resources devoted toward the more intensive FGDM process.

The procedural shift from the PPT process to the FGDM process represented significant change, not only for CPS staff, but also for parties who normally attended PPT meetings. Staff ensured that the lines of communication were kept open with these interested individuals. The reduction in the incidence of PPT meetings was not intended to reduce communication between CPS and its partners, and as PPT conveners were re-directed to assist with FGDM, there was increased participation by family and others related to the case. These efforts took CPS another step closer to the vision of the CPS service delivery system being child-centered, family-focused, and strengths-based where individual needs are addressed.

CPS has held meetings with judges, attorneys, and other members of the judiciary to inform them of the change in practice in moving to the FGDM process, and there is a strong push with the judiciary towards involving families and children in case planning. In addition, there is new CPS legislation (SB 759) mandating that if a child 4 years of age or older attends a permanency hearing, the court must talk to the child in a developmentally appropriate manner if it is in the best interest of the child. It also mandates that a child must attend placement review hearings, unless excused by the court, and that the court must talk to children 4 years of age or older in a developmentally appropriate manner, unless it is not in the child's best interest.

CPS has improved the transition planning process for youth 16 and older in foster care. CPS works with the youth to complete a Transition Plan, which may be developed and/or reviewed in a Circle of Support meeting or a Transition Plan Meeting. In addition, CPS hired Youth Specialists in every region to elevate the youth voice in this process. These specialists have been in foster care themselves and can relate to the youth transitioning out of foster care. These specialists ensure that the youth advocates for himself or herself and makes his or her voice heard.

Court Appointed Special Advocates (CASA) provide another way to ensure that the youth voice is heard and CPS recognizes the valuable role that CASA plays in the service planning process. The number of courts around the state that utilize CASA has increased since Round One.

CPS is paying more attention to non-custodial parents and encouraging their involvement in case planning, particularly fathers. There is, however, a need for improvement in this area.

Changes were made to the Family Plan in IMPACT to make it more family-friendly and user-friendly. Changes were also made to the Child's Service Plan to better incorporate issues regarding older youth and their transition out of foster care.

A special initiative called Project PUSH (Placing Us in Safe Homes) was implemented. The goal of PUSH is to identify and track internal barriers that delay legal completion of adoptions. Obstacles include preparing the child's case record for the prospective adoptive family (copying and redacting), completing the child's Health, Social, Educational, and Genetic History Report, and negotiating the adoption assistance agreement.

Over the years, CPS has done periodic reviews to determine why termination of parental rights was not obtained on children for whom DFPS has Permanent Managing Conservatorship and analyzed the data to identify trends (court issues, practice issues, regional considerations, etc.). CPS is now doing more reviews, and has developed monitoring programs to track these children, particularly those under the age of 10. The reviews drill down to the case level, and these situations are being closely monitored to ensure that appropriate permanency plans are in place for these children. Work plans are being developed to address issues. The regional Permanency Directors are assisting in this effort, and have revitalized their efforts to ensure that children are meeting permanency goals in a timely manner. Legal Relations Specialists work with local courts where there are issues and/or problems. They serve as liaisons between CPS and the court system to strengthen the relationship between the two.

During the 80<sup>th</sup> legislative session, the statute was changed to incorporate federal requirements regarding notification to relevant parties of placement review hearings. Specifically, it states that entities or persons entitled to 10 days notice of a placement review hearing are also entitled to present evidence and be heard at the hearing. It also entitles the licensed administrator of the child placing agency where the child is placed to 10 days notice of a placement review hearing. In some areas of the state, the court does the notification, and in other areas, CPS does the notification, but all regions are currently in the process of reviewing their notification practices to ensure that there is a clear understanding of who needs to be notified and when.

***d. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of the case review system?***

Foster parents/relative caregivers may or may not be able to attend hearings and reviews, depending on the needs of other foster children in their home and whether appropriate child

care arrangements can be made. Attendance can also be affected by the distance they have to travel to get to court, especially if the court of legal jurisdiction is outside the county or region of the child's placement. In some areas of the state, foster parents and relative caregivers may appear at the hearing or review, but the judge may not allow them to speak for a variety of reasons (time constraints, resource constraints, etc.). CPS is working to educate the courts on the importance of foster parent/relative caregiver input, and is also educating the foster parents/relative caregivers on the need to be brief, clear, and concise when speaking in court.

Although the number of courts around the state that utilize CASA volunteers has increased since Round One, there are still several courts that do not, so counties where these courts are located do not have access to CASA services.

Due to the number of youth transitioning from care, additional Youth Specialists are needed to assist these youth and help them transition more successfully.

Factors that affect performance on Element X, Permanency Composite 2 (Timeliness of Adoptions) include barriers to terminating parental rights. The state is not able to proceed towards adoption if the state is not able to obtain termination of parental rights in court. There are a variety of reasons for which the court could decide not to terminate parental rights:

- The parents may be incapacitated and/or have a disability that prevents them from parenting, but they are bonded to the child and want to continue to have a relationship with the child, and are able to support the child's placement.
- Family reunification remains the permanency goal, but the family needs more time to complete treatment, and all the parties in the case agree that the extra time is appropriate
- Some relatives prefer to take legal guardianship (PMC) rather than to adopt on philosophical grounds if the parents will continue to have regular contact with the child under the relative's supervision.
- Some children who are legally free for adoption have various treatment needs that must be addressed before they can accept preparation for placement with an adoptive family.
- Some foster parents are caring for children with serious medical problems or treatment needs and are unwilling to adopt such children, preferring to keep them in their homes in foster care status so they can be sure the medical expenses will be paid. Until recently, CPS only had a two-tiered adoption subsidy program: if the foster parents were to adopt a child, the subsidy amount they would receive would be less than what they were receiving for the child as a foster child, and adoption subsidy payments are subject to change over time. A bill was passed in the 80<sup>th</sup> legislative session that allows CPS to develop rules to offer a third tier of adoption subsidy payments if a child in a foster home is at a specialized or intense service level, if this would help the foster parent to adopt. This program, requiring rule changes, is anticipated to become available in FY2009.

## **C. Quality Assurance System**

### **CPS Reform Impact**

**The following content, through page 153, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.**

### **Internal Accountability**

Ultimately the success of reform will be determined by improved outcomes for children served by DFPS. An effective system to improve outcomes must include measures of program performance, accountability at all levels of the organization, and internal and external stakeholders' participation in the shared vision of improved outcomes.

*CPS Reform Achievements/Milestones:*

- Performance indicators were developed through a broad effort between HHSC and DFPS management and direct delivery staff.
- Performance expectations were identified that support positive client outcomes, client safety, policy compliance, effective community engagement, and efficient use of agency resources.
- Accountability expectations were strengthened in an employee's annual performance evaluation.
- Performance measures were developed related to the quality and timeliness of data entry in accordance with the Legislature's emphasis on "real time" case management information.
- Regularly updated electronic reports with qualitative and quantitative information were developed allowing supervisors, managers, and caseworkers to assess performance on an ongoing basis.
- A system was implemented to ensure aggregate reporting of regional and statewide performance is analyzed, summarized, and provided to DFPS program staff and executive leadership.
- Performance expectations were redefined for positions statewide. For example, CPS caseworkers in one part of the state are held accountable for the same level of performance as caseworkers in another part of the state. These performance expectations are comprised of critical qualitative and quantitative indicators, and thresholds were established for what constitutes particular performance ratings.
- Thresholds for performance indicators for supervisors, program directors, and regional directors were established.
- DFPS centralized performance management responsibilities.
- DFPS successfully held a "Train the Trainers" performance management session for 30 identified CPS staff in October 2006. DFPS initiated the first of a series of 52 CPS regional performance management training sessions for all supervisory and management staff.
- A DFPS performance management program committee was formed with members from each program area. This group produced a set of performance management guiding principles and is developing a statement of roles and responsibilities for all DFPS staff.
- Computer-based performance management training was completed for use as online "refresher" training by May 2007 and is available on the DFPS Intranet.

- DFPS completed, on schedule, a series of 52 regional performance management training sessions for all CPS supervisory and management staff. Regional make-up training sessions were also provided in all regions in the summer of 2007.
- Performance plans for all major CPS positions have been developed.
- The first edition of the CPS Mobile Technology Evaluation has been completed and released to internal and external stakeholders. Subsequent editions of these evaluations will be published as future data sets become available.

### Contractor Accountability

DFPS contracts with external organizations for the delivery of a variety of client services. It is essential that contractors are held accountable and that DFPS has access to a solid contracting infrastructure that provides support for effective management of the contract lifecycle. DFPS is dedicated to improving accountability and oversight of agency contracts.

#### *CPS Reform Achievements/Milestones:*

- DFPS identified needed service contract improvements related to specific goals, outcomes, and output measures. These measures became part of future procurements and resulting contracts. Contract monitoring was enhanced to include assessment of the contractor's ability to meet measures.
- Structure for a centralized client services procurement unit was created and operationalized to ensure uniform and consistent procurement practices.
- Policies, procedures, and tools were developed to strengthen contracting.
- Procurement and contract management staff were provided with technical assistance and training. A conference was held offering training in basic job skills development, proposal review, Title IV-E contracts, performance management, developing performance measures, and overview of the financial process. Four procurement staff attended training on proposal evaluation. During this time period the number of Texas Building and Procurement Commission (TBPC) Certified Texas Procurement Managers (CTPM) within the procurement unit increased to four, as additional procurement staff continue to complete the TBPC training, pass the test, and become certified.
- DFPS continued with the conversion of open enrollment to competitive procurement contracting.
- For Residential Contracts, plans were finalized for the re-procurement of foster care residential services for fiscal year 2008 using competitive procurement processes. Request for Proposals for emergency shelters, independent homes, and therapeutic camps was released and responses are moving to assessment. Contracts resulting from this competitive procurement will be finalized in fiscal year 2008.
- In fiscal year 2007, DFPS completed nine competitive procurements for CPS services in selected regions. These include permanency conferences, supervised visitations, intake

case management, Preparation for Adult Living (PAL) case management, evaluation and treatment, and homemaker services. For CPS, competitive procurements continue to be conducted where market forces allow for competition.

- DFPS increased the depth and scope of monitoring for contractors identified as high risk due to performance issues. This includes issuing provisional contracts to ensure contractors are apprised of areas requiring improvement, engaging in more frequent on-site monitoring of contractors' corrective actions, and documenting procedures to assist with achieving increased consistency in contracting practices.
- An internal DFPS contract improvement workgroup was formed to document contracting roles and responsibilities, develop a contract improvement work plan, and propose structure for an agency Contracting Governance Committee.
- DFPS continued with the conversion of some open enrollment residential contracts to competitive procurement, specifically emergency shelters, therapeutic camps, and DFPS-contracted foster homes.
- Contract monitoring is further enhanced by the development of tools to be implemented in FY2008 that include gathering and evaluating caseworker and client feedback relevant to consumer satisfaction and the contractor's ability to meet performance measures.
- To increase staff accountability, consistent employee performance standards have been developed and will be implemented as part of the agency's performance management initiative.

#### Accountability to the Community

DFPS is improving accountability by engaging external stakeholders and providing meaningful and timely information about reform efforts and other important agency activities.

#### *CPS Reform Achievements/Milestones:*

- A community engagement plan was created that includes stakeholder interaction policies and procedures, outcome measures tied to performance management, and increased community engagement training for staff.
- Outsourcing and DFPS Renewal (Reform) web pages were created, and are used to disseminate the latest information both internally and externally. The renewal pages include information on CPS Medical Services and Disproportionality in CPS.
- A subscription e-mail service was implemented to notify stakeholders when new information is added to the DFPS public website, as well as the renewal and outsourcing pages. Associations and other stakeholders receive direct e-mails about important DFPS developments.
- The DFPS Commissioner's Roundtable was implemented to facilitate open communication and partnership with providers. The intended purpose is to bring to the forefront issues as they evolve and create opportunities for collaboration.



- An informational release was produced for all DFPS program staff, anchored by a video message from the DFPS Commissioner, outlining the major goals and expectations for community engagement success.
- Monthly meetings, facilitated by Texans Care for Children: Partners in CPS Reform, were held. During these meetings, information on DFPS reform efforts was shared and feedback was received from stakeholders to include advocates, providers, and legislative staff.
- DFPS participated in a workgroup to obtain input on implementation and procedures for the random sampling inspections of foster homes conducted by Residential Child Care Licensing staff. Stakeholder membership consisted of child-placing agency representatives, foster parent association representatives, and representatives of the Texas Alliance.
- A committee was formed to determine the steps needed to implement the revised minimum standards for general residential operations and child-placing agencies. Committee membership included residential child care and child-placing agencies as well as DFPS staff from the protection, licensing, and technology program areas.
- A series of stakeholder meetings were held in San Antonio, the first selected region for the outsourcing of substitute care and case management services.
- Stakeholder access to the DFPS Council was increased through enhanced public participation processes and the addition of an advance public testimony registration feature on the DFPS public website.
- The Professional Development Division now examines all training development, whether new curriculum or an update, for opportunities to include Community Engagement best practices and tips related to the curriculum topic.
- The Office of Volunteer and Community Engagement is including major stakeholders in the planning and development of ongoing Community Engagement policy revisions.
- Throughout the summer of 2007, the DFPS Commissioner traveled around the state meeting with providers of foster care services to directly hear and respond to questions and concerns about their relationships with CPS and ways to improve the quality of foster care services.

## **Factor Evaluation**

### **a. Policy and Procedure Requirements**

#### **Item 30 – Standards Ensuring Quality Services**

#### **Item 31 – Quality Assurance System**

CPS has institutionalized, through its Accountability Division, a statewide quality assurance process that mirrors the case review process used in the CFSR. Teams of case reviewers read a random sample of cases from all eleven of the state's regions on a regular, on-going basis. These teams use the CFSR On-Site Review Instrument and conduct stakeholder interviews. Results from the reviews are shared with the staff assigned to the cases, as well as regional

and state management, to monitor practice and to effect practice improvement. Promising practices in one region are shared with all regions. This system has been in place since 2002.

CPS also requires compliance with state law and policy. The law and policy governing child protective practice, foster home licensing and monitoring, child fatality reviews, administrative and court reviews of children in foster care, criminal and child abuse/neglect background checks, medical screening standards, educational standards, and documentation requirements are established in the CPS policy handbook, which is available online and has links to state and federal law. All compliance standards are consistent with the federal Adoption and Safe Families Act. Standards relevant to safety, permanency, and well-being are covered in their appropriate sections. These standards are a component of staff training and field supervision.

CPS demonstrates its commitment to quality assurance and data-driven decision making from the top of the organization through to field operations. The Executive Team uses a tool known as the Executive Dashboard to monitor program and staff performance. The Executive Team meets monthly to discuss the content of the Executive Dashboard and monitor variances from targeted goals. In addition to the statewide Executive Dashboard, each of the eleven regions has a regional report card to monitor performance on key benchmarks.

The Contracts Division of DFPS has a quality assurance system in place to monitor all DFPS contracts. The Residential and Child Care Licensing Division has a quality assurance system in place to monitor all licensed providers. The Management Reporting and Statistics Division provides quality assurance oversight on all data requests and for all data published for public release.

#### ***b. Where was the child welfare system in Round One of the CFSR?***

Status of Quality Assurance System – Substantial Conformity

Item 30 was assigned a rating of Strength because the State had the necessary standards in place. In addition, the State was required to verify and monitor all of its foster and adoptive homes for compliance with minimum standards before and after verification.

Item 31 was assigned a rating of Strength because the State operated an effective quality assurance (QA) system and was moving toward using the model implemented by the CFSR process. There was general consensus among stakeholders that CAPS was a major facilitating factor in the QA process and that it allowed QA to be an ongoing process because CAPS was an ongoing system. Stakeholders expressed some mixed opinions regarding the involvement of external stakeholders in the QA process, although many stakeholders expressed praise for the STEP (Strength Through External Partnerships) initiative, which involved a survey of all external stakeholders regarding the State's performance in each of the areas covered by the CFSR.

#### ***c. What are the strengths and promising practices that the child welfare system has demonstrated in terms of its quality assurance system?***

From 2002 through 2007, the Accountability Division staff conducted 5048 case reviews across all regions of the state. Each review consisted of 440 cases until the fall of 2006 when the number of Quality Assurance Specialists was reduced from 22 to 18. The number of Program Improvement Specialists and other Accountability Division staff remained constant. The new number maintained two Quality Assurance Specialists per region, except for the four smallest regions. These regions were combined to match their administrative leadership. Regions 2 and

9 are managed by a single CPS Regional Director, as are Regions 4 and 5. By continuing to review 40 cases per region, the number of cases reviewed was reduced from 440 to 360. The 360 cases were comprised of 40 cases per full region (1, 3, 6, 7, 8, 10, and 11) and 40 cases for the combined regions (2-9 and 4-5) with representative cases across the regions.

Upon completion of a case review, the Quality Assurance Specialist informs the worker and/or supervisor of the findings and provides feedback. A written report is produced for each region and shared electronically with regional staff and the Accountability Division. Members of the Accountability Division may meet with worker units, either individually or collectively, to discuss practice enhancements that could improve outcomes and affirming current practices that will continue good outcomes. Over the course of FY2007, the Accountability Division redesigned the format for the written report so that all regions are following the same format (previously, the formats varied by region). This effort is part of standardizing practices in all regions of Texas and allows managers across the state to see the results of different regions to determine best practice potential to institute in their region. This is an example of using case reviews to effect institutional change driven by data and outcomes. The quality assurance team has also completed specialized case reviews in Investigations, Title IV-E, and 422.

The Accountability Division has implemented a rigorous inter-rater reliability practice to monitor how case reviewers rate each item. This has improved the making of consistent findings across all eleven regions. The team instituted this practice in 2004 and has completed inter-rater reliability training with the new federal CFSR instrument.

The Accountability Division is part of the DFPS training team in the Performance Management Initiative to incorporate the CFSR outcomes and principles into the DFPS performance evaluation system. The Accountability Division is also part of the DFPS training team that delivers content of the CFSR curriculum to newly hired supervisors in their Supervisor training, a component of which is quality assurance standards underlying the CFSR. Members of the Accountability Division also train regional staff at the unit level on the outcomes of the structured case reviews with a focus on practice improvement. There were close to 200 training sessions statewide for FY2007.

The Accountability Division contains a well-established research section. Known as the CAPTA Evaluation Team, the research team works regularly with members of the Accountability Division and other CPS staff on research and evaluation initiatives related to practice monitoring and improvement. The research team has conducted and published research on several topics relevant to improving child welfare outcomes, including: family group decision-making, disproportionality in foster care, kinship care, risk assessment, youth transition from foster care, investigation screening, and other topics. These research findings have been presented to the Texas legislature and other stakeholders.

Regarding accountability to the community as a component of quality assurance, DFPS has implemented web pages related to specific initiatives to disseminate the latest information both internally and externally. DFPS has a new subscription e-mail service, notifying stakeholders when new information is added to the DFPS public website, as well as direct e-mail notifications to associations and other high-level stakeholders about important new developments. DFPS also has a community engagement plan that includes stakeholder interaction policies and procedures and outcome measures tied to performance management and increased community engagement training for staff. DFPS created a Commissioner's Roundtable to facilitate open communication and partnership with providers. DFPS also conducts regular focus group meetings and Town Hall meetings, and uses forums such as "DFPS Delivers" to address key

issues, such as racial disproportionality and youth engagement. Stakeholders are surveyed using Survey Monkey technology. Parents and youth are included in the development of policies and procedures.

***d. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of the quality review system?***

Given the geographic enormity of Texas, the quality review system necessarily needs to be conducted at the regional level. The findings that arise from the structured case reviews are shared at the regional level and regional staff has the responsibility to operationalize the findings within the counties of their region. The quality assurance team makes itself available as capacity allows to individual units. Staff turnover at the field level and the quality assurance team level is also a factor that can affect performance toward outcomes.

## **D. Staff and Provider Training**

### **CPS Reform Impact**

**The following content, through page 160, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.**

#### **Joint Investigations and Training**

Section 1.17 required DFPS to collaborate with law enforcement agencies to develop guidelines and protocols for joint investigations and to provide joint training for DFPS investigators and law enforcement investigators regarding effective methods for investigating allegations of abuse and neglect, including interviewing techniques, evidence gathering, and testifying in criminal court proceedings, as well as instruction on rights protected under the Fourth Amendment of the U.S. Constitution.

The purpose of this section is for CPS and law enforcement to develop collaborative training to effectively conduct joint investigations. This section also encouraged the development of multidisciplinary teams, which will strengthen the quality of abuse and neglect investigations and help ensure better outcomes for victims.

#### ***CPS Reform Achievements/Milestones:***

- DFPS, along with representatives from the Department of Public Safety (DPS), Dallas and Seguin Police Departments, and Children's Advocacy Centers of Texas, created a joint investigation manual for local agencies to use when developing protocols and training, forming multidisciplinary teams, and strengthening joint investigations practices. The manual will also be used to develop or update existing joint investigation guidelines and protocols under Section 261.3011 of the Texas Family Code.
- Law enforcement and child advocacy center representatives assisted DFPS in redesigning its training course for new investigative caseworkers. The new curriculum was implemented in September 2005, and included sections on working with law enforcement, forensic investigations, evidence gathering, upholding fourth amendment rights, drafting affidavits, and testifying in court.

- A contract with the Shaken Baby Alliance was executed in June 2006 for advanced training on abuse and neglect investigations. The Shaken Baby Alliance provides advanced training to CPS, Child Care Licensing and law enforcement on effective methods of conducting joint investigations. Three advanced investigation trainings were held in the summer of 2006. Fifty-three CPS staff attended this joint training along with law enforcement. An additional two-day advanced investigations training was held and 38 CPS staff attended. Thirteen joint training sessions occurred during fiscal year 2007.
- Joint investigation guidelines were disseminated to CPS staff. Children's Advocacy Center of Texas, through their newsletter, provided each Child Advocacy Center with a copy of the guidelines.
- Law enforcement liaisons continue to work with local law enforcement agencies and CPS staff to improve joint investigation procedures when a problem has been identified.

### Training for CPS

Section 1.27 required DFPS to add the following components to its training curriculum: forensic interviewing and investigatory techniques, collection of physical evidence, and training on applicable federal laws, including the Adoption and Safe Families Act (ASFA), Child Abuse Prevention and Treatment Act (CAPTA), and subsequent amendments. This section also required DFPS, in conjunction with the Department of Public Safety (DPS), to provide residential child care licensing investigators with advanced training in investigative techniques and protocols.

Section 1.84 required DFPS to improve the quality and consistency of CPS training. Specifically DFPS was required to (1) augment classroom training by using computer-based modules, structured field experience, and case simulation to aid in skills development, (2) use a core curriculum for all new caseworkers and specialized training for specific jobs, (3) have caseworkers transferring to new jobs complete the core curriculum and advanced training for the new position before assuming those duties, and (4) centralize accountability and oversight of all training.

Section 1.128 required HHSC to study the feasibility of providing financial incentives to promote child protective services training. The study must assess the feasibility of a private foundation to solicit and receive funds, the use of stipends, criteria for eligible individuals, an estimated initial and annual cost, and associated costs from improved training. HHSC was required to report the study results no later than September 1, 2006 to the Legislature.

Caseworkers fully trained and equipped to do the job are better prepared to identify child endangerment and make sound casework decisions. Security in knowing what actions to take also results in greater job satisfaction, less job stress, and less turnover. Senate Bill 6 appropriately recognized the importance of training, with particular emphasis on new forensic techniques that support investigatory best practices.

*CPS Reform Achievements/Milestones:*

- Effective September 2005, the CPS training function was centralized in the Professional Development Department with the transfer of field instructor positions along with hiring of the new positions.
- Effective September 2005, the basic skills training for new CPS caseworkers expanded from a six-week program to a 12-week program, including a five-week core curriculum, and six weeks of structured field experience. Seven weeks of specialized training is required for caseworkers depending on their chosen stage of service: investigations, conservatorship, or family-based safety services.
- The training for new caseworkers was expanded to strengthen the emphasis on investigatory techniques, collection of physical evidence, state and federal legal requirements, and forensic-style interviewing.
- The legal component of the training curriculum highlights the development of key skills, including the drafting of affidavits to support a removal of a child and testifying in court. Both skills are essential to DFPS' ability to obtain court-ordered protection for a child.
- In September of 2005, DFPS instituted a training track for new supervisors, which requires them to take a series of classes on various aspects of unit leadership in order to become certified. At the end of two years, the new supervisor must demonstrate mastery of material covered in the training track by passing a comprehensive written exam. Key elements of the training track:
  - Early introduction to the role of the supervisor and pertinent HR information.
  - Initial classroom training related to administrative supervision, human resources management and positive performance.
  - Program-specific training focused on policies and procedures.
  - A series of classes on working with a diverse workforce, developing staff competency and managing for retention.
- DFPS identified training needs for existing CPS staff, prioritized those needs, and developed an implementation plan for training direct delivery staff in new reform initiatives and practice changes. The implementation plan includes using a blended learning environment, as some topics are suitable for computer-based modules, simulation activities, and classroom learning.
- In January 2006, DFPS implemented a new annual caseworker and supervisor training needs assessment process.
- In January 2006, CPS implemented policy changes that require CPS caseworkers transferring from one stage of service to another stage of service to go through the relevant specialized and/or advanced portion of the basic skills training before assuming their new duties.
- The two-day Casey Family Programs "Knowing Who You Are" racial/ethnic identity formation training for new caseworkers was implemented, with special emphasis on caseworkers working with children in foster care. The course uses the blended learning methods of video, web-based modules, and classroom experiential exercises to help

caseworkers understand and assist children who may be placed or raised in families whose culture is different from the child's family of origin.

- Web-based kinship program training was implemented for all CPS caseworkers in March 2006.
- DFPS developed a series of up-to-date information sharing audio files featuring various topics and experts. Topics include: medical consent, I-See-You program, kinship program, educational portfolio, centralized placement, tablet PC rollout, Casey Family Programs, Children and Pregnant Women Program, the Texas CHIP program, Caseworker Safety, Forensic Assessment Center Network, and Medicaid Eligibility. These audio files are provided in basic skills training and existing staff can access them at any time on the DFPS intranet.
- A report studying the feasibility of creating a private foundation to generate funds that will provide financial incentives to promote child protective services training was submitted to the Legislature on September 1, 2006. The report found that while legal constraints prevent HHSC or DFPS from pursuing the creation of a private foundation, an entity outside of HHSC or DFPS could do so. Initial inquiries to members of the Texas philanthropic professional community indicate that the probability of securing such an endowment is low.
- As of January 2007, DFPS hired 47 new CPS training staff to prepare for the training of new caseworkers.
- Tablet PC rollout and training for all existing investigators and family-based safety services workers was completed October 19, 2006.
- In October 2006, access was expanded to the Casey Family Programs' "Knowing Who You Are" cultural competency training by inviting supervisors and regional management to attend sessions.
- CPS and Professional Development Division staff is conducting ongoing improvements to the cultural competency module, communication module, domestic violence module, and family assessment module, and also added tablet PC training in the basic skills training for ongoing caseworkers during spring 2007.
- In the basic skills training for caseworkers, seven new training modules and the Casey Family Programs' "Knowing Who You Are" video were included in spring 2007.
- Family Based Safety Services specific information was added to the curriculum to enhance the casework practice portion of the curriculum in spring 2007.
- CPS and Professional Development Division staff developed training for field staff to help them understand changes to the automated case management system (IMPACT) risk assessment process along with changes to the medical consent and multiple referrals pages in IMPACT. During May 2007, staff received training on the Mobile Protective Services (MPS) application, as well as on how the new safety and risk assessment tool is to be used.

- DFPS is providing performance management trainings to CPS supervisors on the use of data to monitor cases and make decisions. This will help supervisors identify critical case actions that impact child safety and utilize a comprehensive set of casework quality indicators. Also, the trainings will teach supervisors to use these reports so they can determine when a case is not progressing in a timely manner. This training began in December 2006 and was completed in spring 2007 for all supervisors.
- Performance management trainings are interactive with simulation activities and classroom learning to help supervisors access the agency's data warehouse and automated human resources system (AccessHR). DFPS integrated performance management training into the CPS basic skills training in January 2007 and developed performance management computer-based training for CPS supervisors, which was available in May 2007.
- In March 2007, existing CPS caseworkers participated in computer/web-based training regarding the recent initiatives in Transitional Living Services. The courses dealt with transitional planning, life skills assessment, extended foster care, and Preparation for Adult Living.
- In the spring of 2007, DFPS began implementing an internal certification process to independently train Casey Family Programs "Knowing Who You Are" instructors. Five faculty were certified by Casey and those faculty members trained an additional 17 instructors.
- DFPS staff completed trainer requirements in order to be certified as "Knowing Who You Are" trainers. This enables wider distribution of the training to CPS staff.
- To prepare existing CPS staff for future changes, staff participated in an overview of the new Foster Care Healthcare Model via computer/web-based training during May and June of 2007.
- As a result of growing needs, identified CPS staff participated in web-based training on de-escalation skills during June 2007.
- In response to IMPACT software changes, CPS staff participated in additional computer/web-based training related to kinship, family assessment, medical services (foster healthcare) and second approver training during August 2007.
- Computer/web-based modules were developed for inclusion in the revision of the core portion of basic skills training for new caseworkers during August 2007. The new modules further implement a blended web/classroom delivery along with supplemental case studies and simulation.
- As part of the 2007 training needs assessment, a comprehensive job/task analysis, including direct observation, interviews, and surveys of the CPS caseworker and supervisor positions in all stages of service was completed. The August 2007 report is expected to have a major impact on the next iteration of basic skills training for both new caseworkers and supervisors as well as to identify the need for continuing and ongoing training. Additionally, some of the information may prove useful for recruitment and retention purposes.



## **Factor Evaluation**

### **a. Policy and Procedure Requirements**

#### **Item 32 – Initial Staff Training**

All newly hired CPS caseworkers are required to complete a minimum of 12 weeks of new caseworker basic skills development based upon the nature of their assignment (investigations, conservatorship, family-based services, and/or foster/adopt services). Since September 2005, Basic Skills Development (BSD) training has been divided into two main sections: 6 weeks of core training (required for all new workers) and six or more weeks of specialty training (advanced training in the worker's assigned stage of service). The training model includes both classroom and on-the-job components. Policy specifies that newly hired workers are not case-assignable until they successfully graduate the program and in many cases, they carry a capped caseload for up to 3 months afterwards.

During BSD, worker performance both in and out of the classroom is monitored by the following:

- Class Instructor (responsible for final decision regarding graduation)
- "On the Job Training" (OJT) Supervisor (responsible for coordinating and monitoring events and activities)
- Unit Supervisor (responsible for observing performance and providing shadowing/mentoring activities)

If any performance issues or obstacles are detected, these three individuals collaborate and may have a conference with the new worker to establish a development plan and/or begin separation proceedings.

All required training is documented, and employee training is entered into the PeopleSoft Training Administration System used by the Professional Development Division (PDD). This is the same database that contains employee records so both the employee's work history and training history are kept current. Human Resource specialists notify PDD of all new hires and the local Academy Manager tracks attendance and performance of all new workers in the BSD course for their specialty. Workers do not graduate the BSD course until all requirements are met.

#### **Item 33 – Ongoing Staff Training**

For CPS Specialist Certification (applies to caseworkers with at least 18 months of experience), workers must meet the minimum criteria and have completed 12 hours of cultural diversity training, the Advanced Risk Assessment training, Child Development - Birth to Age 5 training, and either the 2-day Advanced Investigations training or the 2-day Advanced Techniques for Joint Investigations training. Certification is required for promotion and pay upgrades.

For CPS Advanced Specialist Certification (applies to caseworkers with at least 3.5 years of experience), workers must meet the minimum criteria and have completed 72 hours of work-related training in the past 3 years (of which 6 hours may be technology-based). Certification is required for promotion and pay upgrades.

For CPS Supervisor Certification (applies to supervisors with 2 years of supervisory experience), supervisors must meet the minimum criteria and have completed Managing

Workplace Harmony, CPS Supervisor BSD, Seven Habits of Highly Effective People, Supervising for Retention, 6 hours of cultural diversity training in the past 2 years, and have a total of 40 hours of training in the past 2 years (including the listed courses). Finally, the supervisor must successfully complete the supervisor exam. Certification is required for promotion and pay upgrades.

All required training is documented, and employee training is entered into the PeopleSoft Training Administration System used by DFPS. This is the same database that contains employee records so both the employee's work history and training history are kept current. Standard reports available in PeopleSoft include the training transcript for any employee, delinquent training reports, and course completion participant lists.

Whenever new training requirements are implemented, supervisors are required to monitor their workers' attainment of the new training requirement, usually by asking each employee to provide proof in the form of their certificate of completion. If the training is provided by the supervisor or other unit staff, the attendance/completion list for each session conducted is forwarded to PDD for entry into PeopleSoft. Further monitoring is done by supervisors who report status of the training in their unit to their Program Director who then provides the information in a monthly report to the Regional Director. Finally, whenever a certificate of completion is issued outside of the unit, the issuing entity documents the training in the PeopleSoft database. There are two methods that are used to cross-verify that training was completed as reported:

- The supervisor can look up any employee's PeopleSoft training transcript, as it is available online through accessHR 24 hours a day.
- Centrally, the list of participants completing the course can be generated to verify that all members of the target audience have completed the course.

Whenever employees meet the completion requirements for online (computer-based) training, the system gives the employee an opportunity to print a certificate of completion and the online system electronically documents the completion of the training program in the PeopleSoft database.

### **Item 34 – Foster and Adoptive Parent Training**

The Minimum Standards for Child-Placing Agencies (Subchapter F) specifies training requirements. Pre-service hourly training requirements for caregivers and employees include:

<b>Who is required to receive the training?</b>	<b>What type of pre-service training?</b>	<b>How many hours of training are needed?</b>	<b>When must the training be completed?</b>
(1) All caregivers	General pre-service training	8 hours	Before the person can be the only caregiver responsible for a child in care
(2) Caregivers caring for children receiving only child care services, programmatic services, and or treatment services for primary medical needs	Pre-service training regarding emergency behavior intervention	8 hours	Before the person can be the only caregiver responsible for a child in care

(3) Caregivers caring for children receiving treatment services for emotional disorders, mental retardation, or pervasive developmental disorders	Pre-service training regarding emergency behavior intervention	16 hours, however, if your agency prohibits the use of emergency behavior intervention, then only 8 hours of training are needed	Before the person can be the only caregiver responsible for a child in care
(4) Child-placing agency administrators, treatment directors, child placement staff, child placement management staff, and full-time professional service providers	Pre-service training regarding emergency behavior intervention	8 hours	Before beginning job duties

The following curriculum components must be included in the general pre-service training:

- (1) Topics appropriate to the needs of children for whom the caregiver will be providing care, such as developmental stages of children, fostering children's self-esteem, constructive guidance and discipline of children, strategies and techniques for monitoring and working with these children, and age-appropriate activities for the children;
- (2) The different roles of caregivers;
- (3) Measures to prevent, identify, treat, and report suspected occurrences of child abuse (including sexual abuse), neglect, and exploitation;
- (4) Procedures to follow in emergencies, such as weather related emergencies, volatile persons, and severe injury or illness of a child or adult; and
- (5) Preventing the spread of communicable diseases.

Before a caregiver can be the only caregiver responsible for a child in care, the caregiver must be certified in:

- (1) First-aid, with rescue breathing and choking; and
- (2) CPR for infants, children, and adults.

A caregiver who is a health professional can use documentation of the following in lieu of these certifications:

- (1) The training to be a health professional includes the knowledge covered in first aid and/or CPR training; and
- (2) The person's employment ensures that these skills are kept current.

Annual training requirements for caregivers and employees are include:

<b>Who is required to receive the annual training?</b>	<b>How many hours of annual training are needed?</b>
(1) Caregivers caring for children receiving only child-care services, programmatic services, and/or treatment services for primary medical needs	(A) For homes with two foster parents, the foster parents must receive a total of 20 hours of annual training, of which four hours must be on training specific to the emergency behavior interventions allowed by your agency. (B) For all other caregivers, each caregiver must receive 20 hours of annual training, of which four hours must be on training specific to the emergency behavior interventions allowed by your agency.

<p>(2) Caregivers caring for children receiving treatment services for emotional disorders, mental retardation, or pervasive developmental disorders</p>	<p>(A) For homes with two foster parents, the foster parents must receive a total of 50 hours of annual training, of which eight hours for each foster parent must be on training specific to the emergency behavior interventions allowed by your agency. These 50 hours must be distributed appropriately, and each foster parent must receive some amount of training.</p> <p>(B) For homes with one foster parent, 30 hours, of which eight hours must be on training specific to the emergency behavior interventions allowed by your agency.</p> <p>(C) All other caregivers, 30 hours, of which eight hours must be on training specific to the emergency behavior interventions allowed by your agency.</p>
<p>(3) Child placement staff with less than one year of child-placing experience</p>	<p>(A) 30 hours for the initial year;  (B) 20 hours after the initial year; and  (C) There are no annual training requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of intervention, or agency policies regarding emergency behavior intervention, then the staff must be re-trained.</p>
<p>(4) Child placement staff with at least one year of child-placing experience</p>	<p>20 hours. There are no annual training requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of intervention, or agency policies regarding emergency behavior intervention, then the staff must be re-trained.</p>
<p>(5) Child placement management staff</p>	<p>20 hours. There are no annual training requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of intervention, or agency policies regarding emergency behavior intervention, then the staff must be re-trained.</p>
<p>(6) Child-placing agency administrators, executive directors, treatment directors, and full-time professional service providers who hold a relevant professional license</p>	<p>(A) 15 hours, however, annual training hours used to maintain a person's relevant professional license may be used to complete these hours.</p> <p>(B) There are no annual training requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of intervention, or agency policies regarding emergency behavior intervention, then the staff must be re-trained.</p>
<p>(7) Child-placing agency administrators, executive directors, treatment directors, and full-time professional service providers who do not hold a relevant professional license</p>	<p>20 hours. There are no annual training requirements for emergency behavior interventions. However, if there is a substantial change in techniques, types of intervention, or agency policies regarding emergency behavior intervention, then the staff must be re-trained.</p>

Annual training must be in areas appropriate to the needs of children for whom the caregiver provides care, which include:

- (1) Developmental stages of children;
- (2) Constructive guidance and discipline of children;
- (3) Fostering children's self-esteem;
- (4) Positive interaction with children;
- (5) Strategies and techniques for working with the population of children served;
- (6) Supervision and safety practices in the care of children; and
- (7) Preventing the spread of communicable diseases.

Each person must complete the annual training:  
(1) Within 12 months from the date of his employment; and  
(2) During each subsequent 12-month period.

Child placing agencies have the option of prorating the person's annual training requirements from the date of employment to the end of the calendar year or the end of the agency's fiscal year and then beginning a new 12-month period that coincides with the calendar or fiscal year.

***b. Where was the child welfare system in Round One of the CFSR?***

Status of Staff and Provider Training – Substantial Conformity

Item 32 was assigned a rating of Strength because of the high quality of the State's staff development and training program. According to the Statewide Assessment, the State operated a Basic Skills Development (BSD) training program that was the initial training provided to child welfare agency staff. All newly hired CPS Specialists received BSD trainings held in each of the eleven regional training units. Upon successful completion of the BSD training, new hires return to assigned units and begin assuming caseload responsibilities. Another available staff development program was the Supervisor Management Training. The purpose of CPS Supervisor Management training was to provide newly promoted/hired supervisors with knowledge and skills in managing CPS units and supervising CPS caseworkers in the delivery of quality services.

Item 33 was assigned a rating of Strength because there was an array of ongoing training opportunities for staff that addressed the skills and knowledge base needed to carry out their duties.

Item 34 was assigned a rating of Strength because the State provided quality training for foster parents, adoptive parents, and staff of State-licensed or State-approved facilities. According to the Statewide Assessment, training of foster families was supported through minimum standards and guidelines for child-placing agencies. The only gap remaining in training was in the area of relative placements, which are unlicensed. Efforts to address this issue had begun with an adoption opportunity grant, with expansion to other parts of the state being a possibility. For the most part, training of foster families used the PRIDE curriculum.

***c. What are the strengths and promising practices that the child welfare system has demonstrated in terms of its staff development and training system?***

In September 2005, the CPS staff training function was increased and centralized in order to ensure consistent delivery of standardized curriculum. Concurrently, the Basic Skills Development training for new CPS caseworkers was expanded from a 6-week program to a 12-week program, including 3 weeks of core classroom training for all caseworkers, 3 weeks of specialized/advanced classroom training for caseworkers in each of the stages of service (investigation, family based safety services, conservatorship), and 6 weeks of structured on-the-job training interspersed throughout. The revision strengthened investigative and forensic-style interview techniques, evidence gathering, reunification and family preservation skills, and legal skills such as drafting affidavits and testifying in court. Additionally, policy was revised to require tenured caseworkers to attend the specialized/advanced training before assuming new duties when they transfer from one stage of service to another.

Also in September 2005, DFPS instituted a training track for new supervisors requiring them to take a series of classes on various topics on various aspects of unit leadership in order to become certified. At the end of two years, the new supervisor must demonstrate mastery of material covered in the training track by passing a comprehensive written exam.

After the 79<sup>th</sup> Legislative session, DFPS was required to improve the quality and consistency of training provided to CPS caseworkers. The CPS Training Division, Center for Policy and Innovation is using the Instructional Systems Design (ISD) model, which is a systematic approach to curriculum development and training implementation. Specifically, CPS launched a study to conduct a job and task analysis to provide the foundation for conducting a training needs assessment for CPS caseworker. A final report was issued in August 2007. Thirty-five CPS offices that spanned 11 regions and represented both urban and rural areas were selected. Job observations, interviews, and surveys of over 380 CPS caseworkers across Texas were conducted in order to capture the specific steps taken by caseworkers to accomplish their jobs. Nine positions were analyzed: CVS Specialist and Supervisor, FBSS Specialist and Supervisor, FAD Specialist and Supervisor, Investigator, Investigative Supervisor and Special Investigators. The information contained in the final versions of each of the task analysis worksheets and the results of task criticality rating boards will provide a solid foundation from which training can be developed. Ultimately, the study provides the foundation for developing training that is based upon the exact needs of CPS caseworkers. The resulting training will therefore help ensure first and foremost that the safety and needs of children and families are met. It will also help ensure the safety of caseworkers.

DFPS implemented a two-day Casey Family Programs “Knowing Who You Are” racial/ethnic identity formation training for new caseworkers, with special emphasis on those working with children in foster care. The course uses the blended learning methods of video, web-based modules, and classroom experiential exercises to help caseworkers understand and assist children who may be placed or raised in families whose culture is different from the child’s family of origin.

DFPS implemented computer/web-based training for caseworkers on such topics as kinship care, transitional living services, transitional planning, life skills assessment, extended foster care, PAL, informed medical consent, de-escalation, foster healthcare, and documentation training.

***d. What are the casework practices, resource issues, and barriers that affect the child welfare system’s overall performance in terms of the staff development and training system?***

While distribution and use of Tablet PC’s has created mobile caseworkers and efficiencies in casework practice, not all caseworkers have Tablet PC’s. The Legislature has approved measures that will eventually result in all caseworkers having a Tablet PC. In the meantime, however, this has created an extra burden on the training department, which must develop curricula and provide training environments to support both mobile and non-mobile caseworkers performing the same job.

Both staff turnover and new staff expansion have placed strains on training resources.

## E. Service Array and Resource Development

### CPS Reform Impact

The following content, through page 168, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.

#### Prevention and Early Intervention

Section 1.53 directed DFPS to administer a grant program to provide funding for community organizations, including counties and faith-based organizations, to respond to lower-priority, less serious cases of abuse and neglect reported to DFPS.

Section 1.64 specified that DFPS must fund, to the extent funds are appropriated, evidence-based programs provided by community-based organizations for prevention and amelioration of child abuse and neglect; to give priority to programs that target races and ethnicities disproportionately represented in all phases of child welfare services delivery; and to evaluate the effectiveness of such programs.

When a lower-priority case is received and a determination is made that the case can be closed without a full investigation or the results of the investigation determine that abuse/neglect did not occur, the case will be referred to a contracted community-based organization for follow-up and services to enhance the safety of the child's home environment, where services are available. This referral system will allow DFPS to concentrate its investigation and immediate intervention services on more serious cases. Funding evidence-based programs that target races and ethnicities disproportionately represented in child welfare ensures children receive appropriate services to meet their unique needs.

#### *CPS Reform Achievements/Milestones:*

- An implementation plan was developed to improve referral processes to Prevention and Early Intervention services to ensure that lower-risk families that do not require CPS intervention can access preventive services designed to bolster the family's capacity to care for their child.
- A working definition of "evidence-based services" as services proven effective through evaluation was developed with input from stakeholders. The definition has been further developed to allow greater flexibility and opportunity within the procurement process
- Effective April 1, 2006, DFPS contracted a new At-Risk Prevention Service. The contracts were divided into "Youth Resiliency" programs that target juvenile delinquency prevention and "Family Strengthening" programs that focus on abuse and neglect prevention. The procurement process included special consideration for services that target children whose race and ethnicity are disproportionally represented within the CPS system.
- A new service referred to as Innovative Prevention Services became effective April 1, 2006. DFPS funded demonstration projects addressing the same priorities mentioned above and expanded to include promising programs and research-based designs.

- Adoption of rules is required to implement the Community-Based Family Services program, including rules governing the submission and approval of grant requests and the cancellation of grants. The DFPS Council reviewed the proposed rules at the July 2006 Council meeting. Rules were adopted and became effective December 1, 2006.
- The Request for Proposal to procure the Community-Based Family Services program was drafted and posted on the Electronic State Business Daily in early 2007. The initial procurement for was cancelled and re-posted during the summer of 2007, with contracts effective in the fall. This ensures competition for the newly appropriated funds for this program.
- The Prevention and Early Intervention Division continues to partner with CPS to implement improvements in the referral of families to prevention services where appropriate and available.

### **Factor Evaluation**

#### **a. Policy and Procedure Requirements**

##### **Item 35 – Array of Services**

##### **Item 36 – Service Accessibility**

##### **Item 37 – Individualizing Services**

The Family Focus Initiative of CPS was created in order to lead the CPS cultural shift towards embracing families in all stages of their children’s care while they are in the child welfare system. The purpose of the Family Focus Initiative was to enhance the safety, permanency, and well being for children through the provision of direct and support services to their caretakers, whether biological or through affinity.

Family Focus Programs enhance Family-Based Safety Services (the services provided by CPS staff or secured from community resources that ensure the safety of children who remain in families where CPS finds abuse or neglect has occurred), increase participation by parents and caregivers in planning services and supports for their children (part of what is called the family group decision making process), and strengthen an extended family’s ability to provide safe and permanent living arrangements within their kinship structure.

The Family Focus Division has:

- Created an opportunity for major cultural change throughout the entire agency by incorporating a strengths based, family driven perspective,
- Reviewed and adapted policy and practice to actively partner with parents, young people, and other designated caregivers,
- Collaborated with families to develop their own individualized family plans that include the types of supportive resources they identify as necessary to care for their children within their own homes and communities. Family service plans may include non traditional resources and community based alternatives for the family to increase access to financial assistance, day care, mental health, domestic violence, and substance abuse treatment services, and
- Utilized family strengths, community resources, and services to assist CPS in addressing issues and providing care and protection to children.



The use of Family Group Decision-Making has helped to move CPS services from past over-reliance on traditional services such as psychological evaluations, parenting classes and substance abuse testing through the use of family conferences that result in a service plan uniquely tailored to that family or youth's individual needs.

Policy states that a worker may authorize concrete services to obtain goods and/or services that the family cannot purchase to increase the safety of the home and/or allow the parent or relative caregiver to better meet the needs of the child/family. The maximum annual expenditure for each family may not exceed \$200 without approval of the program administrator or designee. The specific goods and services that may be purchased include the following:

- Assistance locating and obtaining housing
- Transportation reimbursement for family visits, medical treatment, or employment
- Personal care items, such as clothing, and personal hygiene products
- Security deposits and rental assistance for housing
- Utility deposits or emergency grants to avoid utilities from being cut off
- Car repairs for family visits, treatment, or employment
- Essential household items, furniture, and appliances (such as cribs, beds, stoves, tables, refrigerators, heaters, and sheets)
- Essential household supplies, such as brooms, mops, and cleaning supplies
- Essential home repairs, such as plumbing, heating, and structural repairs
- Parenting education
- Therapeutic family recreation
- Special medical services or equipment not covered by Medicaid, health insurance, or charitable organizations
- Special learning aids, such as books, computers, flash cards, and auxiliary aids (TTY/TTD)
- Respite care
- Employment-related items, such as tools or equipment, uniforms, and footwear
- Special educational services, such as tutoring, GED classes, ESL classes, and undergraduate standardized test preparation classes
- Other goods and services, when documentation on the service plan supports how the family will benefit from the goods or services, and that the goods or services will directly contribute to the safety of the home, thereby allowing the child to remain in the home or expediting the child's return to the home.

The worker responsible for developing the family service plan must begin working with the family either at the time of the child's removal or as soon as possible after the removal. To conduct the family assessment and complete the initial service plan, the worker follows the same basic procedures that workers follow when working with families whose children have not been removed from the home.

The child welfare system has a service array that extends to all counties and regions across the state. Funds for purchasing services are allocated through the equity of services system, distributing funds proportionately across the state.

Some communities have available a wealth of resources needed by families. Other communities have insufficient resources. Specialized positions (Resource and External Relations Specialists and Community Engagement Specialists) charged with expanding availability of resources exist in each region.

The Division of Prevention and Early Intervention (PEI) was created to consolidate prevention and early intervention programs within the jurisdiction of a single state agency. Consolidation of these programs is intended to eliminate fragmentation and duplication of contracted prevention and early intervention services for at-risk children, youth, and families. PEI began moving programs to evidence based services as is required by the Texas Family Code. Evidence-based services are those defined as having evidence of prior program effectiveness, meaning programs that have been previously evaluated and determined effective in preventing child maltreatment or juvenile delinquency. As PEI programs come up for re-procurement they will be required to implement evidence-based services/programs.

- Community-Based Child Abuse Prevention (CBCAP) – CBCAP seeks to increase community awareness of existing prevention services, strengthen community and parental involvement in child abuse prevention efforts, and encourage families to engage in services that are already available. In addition, CBCAP funds support short-term respite services in two communities and the Infant Mortality Prevention Education program.
- Community Youth Development (CYD) Program - This program assists communities in designing comprehensive approaches to support families and enhance the positive development of youth. Using legislative appropriations, grants are made available for developing juvenile delinquency prevention approaches in communities with high incidences of juvenile crime.
- Family Strengthening – These services have been evaluated and proven to effectively increase family protective factors (At-Risk Family Strengthening Services) or have utilized best practices and sound research in program design (Innovative Family Strengthening Services). A variety of services are available across the state that are designed to increase family resiliency while preventing child abuse and neglect.
- Services To At-Risk Youth (STAR) Program - These services are offered to youth under the age of 18 who are runaway and/or truant, living in family conflict, have allegedly been involved in or committed delinquent offenses, or have allegedly committed misdemeanor or state felony offenses but have not been adjudicated delinquent by a court. Contracted community agencies offer family crisis intervention, short-term emergency residential care, individual and family counseling, and other support services. In addition, universal child abuse prevention services are provided within the community.
- Texas Families: Together and Safe - Grants are allocated for family support services to community based prevention programs. The services are designed to alleviate stress and promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; and create support networks that enhance child-rearing abilities of parents.
- Texas Youth and Runaway Hotlines - Hotline staff and volunteers work closely with social service agencies and juvenile delinquency prevention programs. Their goal is to provide callers with 24-hour crisis intervention and telephone counseling; information and referral for callers in need of food, shelter and/or transportation home; conference calls to parents and shelters; and a confidential message relay service between runaways and parents.

- Youth Resiliency - These services have been evaluated and proven to effectively increase youth protective factors (At-Risk Youth Resiliency Services) or have utilized best practices and sound research in program design (Innovative Youth Resiliency Services). A variety of services are available across the state that are designed to increase youth resiliency while preventing juvenile delinquency.
- Dan Kubiak Buffalo Soldiers Heritage Program - This program provides services to develop honor, pride, and dignity in minority and at-risk 10 to 17 year old youths. Service components include mentoring, tutoring, Buffalo Soldier history classes, character development, self-esteem and life skills training, field trips to state parks, encampments, and community service.
- Tertiary and Secondary Child Abuse Prevention – This program provides services to families who no longer require the support of Child Protective Services. The program is volunteer-driven and seeks to prevent recurrences of child maltreatment by strengthening families.

***b. Where was the child welfare system in Round One of the CFSR?***

Status of Service Array and Resource Development – Substantial Conformity

Item 35 was assigned a rating of Strength because the CFSR process indicated that the State had a wide array of services to meet the needs of children and families. According to the Statewide Assessment, there were gaps in the service array associated with insufficient resources. Challenges included waiting lists, filled caseloads, limited placement resources for children with a higher level of mental health needs, language barriers, transportation needs, availability of resources in all parts of the State, and limited funding. Resource development by field staff and contract staff was an ongoing activity. Texas was aggressively pursuing grants and alternative funding sources to enhance its resources.

Item 36 was assigned a rating of Area Needing Improvement because both the CFSR process and the Statewide Assessment determined that access to services was not equal across the State and services were particularly limited in rural areas. The general opinion expressed by stakeholders was that the State is too large and has too many rural areas to have the full range of services in every community. In addition, the services that were scarce in the larger communities, such as substance abuse treatment and mental health services for children, simply did not exist in smaller communities.

Item 37 was assigned a rating of Strength because services could be tailored to meet the unique needs of children and families. Stakeholders suggested that in general, the services that were part of the State's service array could be individualized and that the State did not take a "cookie cutter" approach to providing services.

***c. What are the strengths and promising practices that the child welfare system has demonstrated in terms of service array?***

The following services are available to assess the strengths and needs of children and families and identify other resource needs while maintaining the safety, permanency, and well being of the child:

- Family Based Safety Services Specialists offer in-home support services.
- Family Group Decision Making facilitates the participation of parents and extended family members and foster parents in determining the strengths and needs of the child and family.
- Circles of Support is a youth-driven process based on the Family Group Decision Making model and offered to youth beginning at 16 years of age. “Caring adult” participants come together to review the young person’s transition plan, including strengths, hopes and dreams, goals and needs in the areas of education, employment, health/mental health, housing, and all Preparation for Adult Living (PAL) life skills training components. Sections have been added to the transition plan template to address special needs for youth with disabilities and to ensure that all youth leave care with important personal documents they need, such as birth certificates and social security cards, along with information about benefits and services available, such as health care and education benefits. Each adult participant identifies a personal way they can help support the youth’s transition plan and help them attain their short and long term goals toward self-sufficiency, and they sign the transition plan to seal their agreements.
- The Relative and Other Designated Caregiver program offers supports to family members and “fictive kin”. When a child is placed with a kinship caregiver, the child's caseworker and the kinship development worker (if one is available in the area) work together to provide resources and support for the kinship caregiver to help meet the child’s needs.
- Developmental Disability Specialists assist with identifying special needs of children in out of home placements and may determine that placement in an appropriate institution is necessary.
- Education Specialists assist with meeting the educational needs of children in out of home placements.

To better serve the vulnerable children of Texas, CPS conducted a comprehensive review of policies and procedures that resulted in a broad set of renewal initiatives. The goal of this effort started with conducting better investigations of abuse and neglect, but many of the initiatives have strengthened the service array. The CPS Reform seeks, in part, to link CPS caseworkers with subject matter experts (SME's). For example:

**Developmental Disability Specialists** serve as regional subject matter experts for children with developmental disabilities, participate in child service planning activities, and identify needed wrap-around services. They facilitate the transition of children out of institutions and advocate for Medicaid waiver slots for children with developmental disabilities and placement on appropriate Medicaid waiver lists. They assist staff in making a determination of mental retardation for children with suspected mental retardation. They act as liaisons with the local Mental Retardation Authorities and facilitate mental retardation services. These positions were specifically created to work with children who have developmental delays and/or mental retardation and require specialized services. These specialists provide consultation to staff by providing information and referral services regarding developmental disability resources to appropriately meet the individual needs of children with developmental disabilities. They are experts in developmental disability services and resources, and are responsible for coordinating these services on behalf of children with developmental disabilities. They facilitate placement of children into Home and Community Based Services (HCS), Intermediate Care Facility (ICF)-MR programs, state schools, and nursing homes. They provide training to staff and foster parents and assist with making referrals of appropriate children aging out of DFPS conservatorship to the Department of Aging and Disability Services (DADS) guardianship program. Although the state has had Developmental Disability Specialist positions for a number of years, as a result of

CPS renewal the number of specialists was increased in each region. In 2005, Developmental Disability Specialists were given the direct responsibility of carrying caseloads for children in CPS conservatorship who have significant developmental delays. This action enhanced CPS' ability to provide specialized placements and services for children who have developmental disabilities and coordinate their care with other agencies that specialize in service delivery for disabled populations in Texas.

**Nurse Consultants** serve as regional subject matter experts for children with health and medical issues. They are a specialized group of professional nurses that promote the safety, permanency, and well-being of children. They help identify medical and physical indicators of abuse and neglect during investigations and help make decisions concerning child safety. They are available to staff to provide nursing consultation on health-related issues and medications and to review and summarize medical records in easy-to-read format. They provide nursing assessment, including physical, psychosocial, and environmental assessment, and developmental screening. They also participate in child service planning activities and attend other regional meetings as needed. They provide or coordinate training on health-related subjects, assist CPS staff in making informed decisions on the healthcare of children, serve as a point of contact for medical consent policy, and assist with medical issues related to pre- and post-organ transplant. They actively collaborate with CPS staff, families, communities, and healthcare providers by conducting nursing assessments, nursing interventions, consultations, referrals, and education.

There are nine Nurse Consultants working across the state and each one is a licensed registered nurse. They can assist staff in securing specialized services for children with complex medical needs. Their primary function is to provide consultation to CPS staff regarding children's healthcare issues during all stages of CPS service, which may include:

- Performing face-to-face assessment of children by accompanying workers on home visits and assessing children during visitation, or in a CPS office
- Making recommendations to CPS staff about children's healthcare and treatment
- Consulting with, utilizing, and making referrals to appropriate community agencies and health care resources
- Attending case staffings as requested (e.g. removal staffings, child death review team meetings, Family Group Decision Making conferences, Circles of Support, etc.)
- Advocating for health-related services for children (e.g. contacting hospitals to facilitate discharge and home care, accessing healthcare resources, etc.)

Additionally, the nurses have had significant involvement in the development of protocols to review the psychiatric medications of children in CPS conservatorship. This has enhanced the ability of the CPS staff to assess and understand the types of medications children are taking to ensure the proper medications are being administered.

The **Substance Abuse Specialist** is another position that has enhanced service array. This position focuses on coordinating services for families who have substance abuse issues. There is at least one position in each of the eleven regions in Texas. The specialists are consultants to caseworkers and work to develop new resources in the area of substance abuse as well as enhance coordination with existing resources in the community. They provide consultation to CPS staff by providing information and referral services related to substance abuse assessment and treatment for both families and children in all stages of CPS.

A number of drug courts have been developed across the state that are targeted at coordinating the treatment of families who have drug-related issues. Two counties, Nueces and Tarrant, have received federal grants to develop their drug court programs. CPS state office staff coordinated the development of protocols for treatment of clients and coordination of the services the families receive. The Substance Abuse Specialists are working closely with these projects.

***d. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of service array?***

Texas is a large and diverse state and barriers that affect performance include the availability of traditional and non-traditional services equally across the state. In some areas of the state there are inadequate numbers of medical, dental, and behavioral health providers who are willing to take Medicaid. This is especially true in the rural, remote areas of the state. The lack of resources may mean that workers have to travel far distances to get appropriate treatment for children. Similarly, families who are involved with CPS may have only one provider to choose from who can offer the type of service they need and/or they may have to travel a far distance to receive the service. Transportation is also a barrier, as many families do not own, or otherwise have access to, a vehicle. These issues should be addressed as the new comprehensive health care model (Star Health) rolls out and the contractor works on provider adequacy. The issue of adequate numbers of providers in all areas of the state is part of the state contract for comprehensive health care which includes dental, vision, and behavioral health in addition to medical care.

In some areas of the state there are concerns regarding the availability of substance abuse treatment for families involved with CPS. The Substance Abuse Specialist in State Office and the substance abuse subject matter experts in each region are working closely with local and state providers to ensure better services to families in this area. CPS is also working in partnership with several counties to establish drug courts to assist in securing appropriate services for clients through partnership with the court systems in local areas. Drug courts are not established in every area of the state and are dependent on grants and local funding in partnership with the courts and other local entities.

## **F. Agency Responsiveness to the Community**

### **CPS Reform Impact**

**The following content, through page 177, is from the DFPS 180-Day Report (published on 9/1/2007) and does not necessarily match fiscal year data.**

#### **Building Community Partnerships - Community Engagement and Co-Location**

Section 1.86 charged DFPS with developing a statewide strategy in CPS to build alliances and networks at the local level that support the detection and treatment of child abuse and neglect and enhance the coordination and delivery of services. The strategy should explore opportunities to move DFPS staff into community-based settings and joint offices with children's advocacy centers, law enforcement officials, prosecutors, health care providers, and domestic violence shelters.

Section 1.30 also addressed the co-location of DFPS investigators and local law enforcement, to the extent possible, to improve child abuse investigations.

Building community relationships and partnerships is an integral part of DFPS' work and is critical to providing clients with needed support. CPS, as a part of the DFPS agency-wide community engagement initiative, developed a comprehensive strategic plan to achieve desired outcomes regarding community engagement development and coordination.

In addition, the relocation and co-location of DFPS staff in regional community-based offices as well as in workplaces of local officials and organizations facilitates teamwork, better understanding of roles and expectations, efficient working relationships, and DFPS and law enforcement coordination on immediate response to Priority 1 reports.

#### *CPS Reform Achievements/Milestones:*

- The CPS community engagement plan was developed through collaboration with internal and external stakeholders to support the following: development and maintenance of community participation in CPS service delivery, establishment of thriving local community alliances and networks, enhanced and effective volunteer programs, and ongoing community resource development to benefit CPS children and families.
- CPS placed specialized staff in each region to coordinate community-based and public awareness activities. Community initiative staff focus on civic and service organization relationships to help develop community boards, financial/in-kind resources, and volunteer program services. Resource and external relations staff focus on local judicial, law enforcement, medical, and other provider relationships in order to strengthen the quality of services provided to CPS children and families.
- CPS expanded the community engagement training provided to incoming DFPS staff.
- CPS renewed its commitment to increase engagement of clients, families, providers, officials, and other partners in all aspects of CPS work. CPS community-based initiatives (existing and new) have:
  - Incorporated stakeholder best practices to strengthen relationships and increase communication. Held community meetings to gather stakeholder input. Invited stakeholder and community participation on workgroups, the development of policy revisions, and in trainings with staff.
  - Created new partnerships and collaborations in support of reform goals and participated on external stakeholder initiatives and projects.
  - Expanded the use of volunteers to improve the quality and efficiency of programs and services.
- CPS regional directors conducted stakeholder meetings across the state to provide both internal and external stakeholders an open forum to discuss issues relating to CPS clients, families, and providers. These meetings provide an opportunity for leadership to update key stakeholders about progress in CPS reform and to get input from the community. Meetings were held in all regions by December 2006.
- Town hall meetings were held in the counties of Tarrant, Dallas, and Denton. The purpose of these meetings was to build awareness of the issue of disproportionality, engage the

community in discussions about their concerns, and invite the community to collaborate with DFPS in the development of solutions. Town hall meetings were also held in Houston and Beaumont/Port Arthur.

- CPS community engagement staff strengthened collaborations with other state agencies to address the needs of children and families.
- A CPS staff member was appointed to the Community Collaboration Group, which was formed to determine the logistics of a state-level proposal to bring funds into specific areas of Texas to address disproportionality.
- As a result of enhancing DFPS programs, the number of volunteers within the CPS program has increased to over 3,700.
- DFPS assessed options for establishing community partnerships through co-location. An assessment tool was used to conduct a cost-benefit analysis and determine the feasibility of co-locating CPS staff with other community services.
- In most regions, CPS is housed with children's advocacy centers. In McAllen, DFPS is co-located with City of McAllen staff and other community services. DFPS assessed options in Travis County and Fort Bend County for future co-location of CPS staff in community-based settings. Dallas/Fort Worth has several CPS staff located at police departments and was working with a school district to locate a unit with that district's police department. In San Antonio, DFPS was involved in discussions with city officials and other entities regarding the use of a school building as a community service center. The Neighborhood Place opened in San Antonio, which serves as a site for co-location of CPS, law enforcement and other social service agencies. These partnerships with community agencies have expanded CPS' visibility and service delivery in neighborhoods and provided much needed office space for staff.
- CPS is strengthening relationships with community partners by participating in organizational committees to coordinate efforts and address overlapping issues that impact children and families such as unplanned pregnancy, particularly in very young parents, as well as child abuse and substance abuse.
- DFPS adopted a Memorandum of Understanding with the Rotary Districts of Texas to build alliance at the local level. The Rotary Districts of Texas will hold an annual foster care picnic to recruit foster parents and provide support services to foster children.
- CPS provided outreach to the Vietnamese community in the Greater Houston area through a guest presentation on a radio talk show for Vietnamese community listeners.
- CPS staff provided technical support and gave presentations at the Texas Council of Child Welfare Board's annual conference and training held in September 2006.
- CPS leadership has been meeting with community providers of foster care around the state to gather input for future capacity building efforts. Providers from around the state were also members of an agency workgroup on this issue.



- Meetings around coordination of services took place with faith-based organizations in several regions. Blue Sunday activities were conducted at faith-based communities around the state.
- CPS collaborated with senior citizen organizations to develop additional mentor programs.
- The “Why Not Me Campaign” was released and Texas Heart Gallery exhibit presented at the Texas State Capitol.
- CPS staff participated in a wide variety of community meetings and conferences statewide including the Child Abuse Coalition meeting of the Jewish Family Service Clinician's meeting, several Heart Gallery openings, conferences on human trafficking issues and domestic violence, and workgroups with special education professionals.

In 2007, the Texas Legislature enacted legislation continuing the Interagency Coordinating Council for Building Health Families (ICC), which the Legislature had created in 2005. The ICC facilitates communication and collaboration around policies for the prevention of, and early intervention in, child abuse and neglect among eleven state agencies whose programs and services promote and foster healthy families. Tasks assigned to the ICC include:

- Completing an inventory of child abuse and neglect prevention and early intervention policies, programs, and activities for participating agencies. An inventory was completed June 1, 2006.
- Developing a statewide, long-range strategic plan for child abuse and neglect prevention services by December 1, 2008.
- Conducting an evaluation of prevention programs by December 1, 2009.

### **Factor Evaluation**

#### **a. Policy and Procedure Requirements**

##### **Item 38 – State Engagement in Consultation With Stakeholders**

As a result of CPS renewal associated with Senate Bill 6, a Community Engagement Initiative was developed within the CPS program. The Community Engagement Initiative requires CPS to develop a comprehensive and consistent approach for more effective community collaboration and participation at all levels and in all programs and divisions. This results in more accurate and positive public perception, increased access to services through service and professional collaborations, and more responsive civic and volunteer support for priority needs and initiatives. Community Engagement services are organized around building and strengthening connections with two basic communities: (1) the service and professional community (service providers, law enforcement, judicial/courts, schools, etc.) and (2) the civic and volunteer community (community boards, volunteers, civic groups, churches, businesses, elected officials, etc.)

The following stakeholders are involved in consultation with the state: children and parents who are or have been in the child welfare system, relatives who have adopted or provided kinship care to children, other providers, and community partners including both civic, service, and professional organizations that have an interest in the children served by CPS. Additionally, there are Disproportionality Advisory Committee members, faith-based organizations, law enforcement, and judiciary organizations that have been engaged in the development of CPS

policies and procedures. CPS Community Engagement Philosophy believes that strong and effective partnerships with clients, communities, and state leadership are critical to the shared goal of providing services and solutions for the protection of vulnerable Texans, and that building these relationships and partnerships is an integral part of everyday work. To advance this goal now and in the future, CPS leadership and staff commit to:

- Reach out to service and professional stakeholders (service providers, law enforcement, and the judicial/legal communities) to build strong collaborations for improved client outcomes
- Increase involvement of the faith-based community, senior citizens, local leadership, and volunteers in providing solutions for the vulnerable in our communities
- Increase public understanding of the CPS role, responsibility, and mission through enhanced public presence and information
- Support these commitments by creating sound strategies for open, responsive, and responsible partnering by:
  - planning, coordinating, and communicating for effective, consistent, and sustainable collaborations and activities
  - building our partnering skills through the sharing and application of best practices
  - taking ownership for planning, results, and critical reflection for continued improvement

### **Item 39 – Agency Annual Reports Pursuant to the CFSP**

Policy addresses plans required by federal funding sources. The Child and Family Services Plan is developed every five years. The most recent plan was submitted on June 28, 2004. An annual progress and services report is developed and submitted annually. IV-E plans are updated and revised as needed. The most recent revision of the IV-E plan was submitted on May 23, 2007. This was a complete revision of the IV-E plan. Every section was reviewed and changes made as needed.

Stakeholders are invited to provide input in the development of the annual report. A public notice is posted in the Texas Register soliciting written public input. This input enables the agency to consider and include any changes in the state plan in order to best meet the needs of the children and families the agency serves. Additionally, stakeholder input is sought through DFPS liaisons with the Youth Advisory Council, the Texas Council of Child Welfare Boards, the Council on Adoptable Children, the Parent Collaboration Group, and the DFPS Council. DFPS Liaisons are requested to solicit input from these stakeholder groups regarding the evaluation of progress as well as input regarding future services and goals. Input obtained from the various stakeholders group is incorporated in the Annual Progress and Services Report.

### **Item 40 – Coordination of CFSP Services With Other Federal Partners**

DFPS as the Title IV-E state agency determines IV-E eligibility for foster care and adoption assistance and then coordinates the establishment of Medicaid eligibility for children in DFPS legal custody with the Texas Health and Human Services Commission. Inter-agency agreements are in place with both the Texas Juvenile Probation Commission and Texas Juvenile Probation Commission to determine IV-E eligibility for children.

The Prevention and Early Intervention (PEI) Division of DFPS was created to consolidate prevention and early intervention programs within the jurisdiction of a single state agency. This

consolidation was intended to eliminate fragmentation and duplication of services for at-risk children, youth, and families. Supporting the PEI is the Contract Performance Division. Contract Performance staff are responsible for identifying appropriate outputs and outcomes for contracted prevention and early intervention service providers.

Tribal Program – A CPS liaison has ongoing contact with the three federally recognized American Indian Tribes in Texas: the Kickapoo Traditional Tribe of Texas, the Ysleta Del Sur Pueblo/Tigua Tribe; and the Alabama-Coushatta Tribe.

The Court Improvement Project – Texas has a strong record of Court/Agency collaboration. Meetings are held quarterly and additional DFPS staff members attend meetings to address topics on the agenda. The CIP members review policy and procedures, share data and case analysis information, and explore opportunities to sponsor joint training activities at quarterly Task Force meetings. DFPS has a standing place on each Task Force meeting agenda to provide training and information regarding the CFSR and Program Improvement Plan (PIP), and IV-E Reviews. Active Task Force membership include the Assistant Commissioner for Child Protective Services the DFPS General Counsel.

#### ***b. Where was the child welfare system in Round One of the CFSR?***

Status of Agency Responsiveness to the Community – Substantial Conformity

Item 38 was assigned a rating of Strength because the general finding of the CFSR was that the Texas child welfare agency was highly responsive to the community. According to the Statewide Assessment, the value placed on the public/private partnerships, the support of the community towards the State, the attitude towards the community as a key stakeholder, legislative involvement in the process, and the enhanced communication between the State and the community as a whole had improved greatly over the previous five years. Community initiatives existed in diverse projects from one end of the State to the other.

Item 39 was assigned a rating of Strength because the State worked with community representatives in preparing the State's CFSP and other progress reports. According to the Statewide Assessment, the goals, objectives, and strategies that served as the basis for the initial five-year CFSP for Texas were developed by combining both internal and external consultation into a single process. This process facilitated coordination and collaboration among families, children, providers, funders, and policy-makers.

Item 40 was assigned a rating of Strength because the State coordinated its services under the CFSP with other federal or federally-assisted programs serving the same population.

#### ***c. What are the strengths and promising practices that the child welfare system has demonstrated in terms of agency responsiveness?***

Currently there are 17 Citizen Review Teams in Texas, with at least one located in each region. Several of the newer Citizen Review Teams have been organized to specifically review practice, policy and case decisions that impact the issue of disproportionality.

CPS has dedicated staff responsible for carrying out the responsibilities of each community. There are two specialists in each of the eleven regions – a Community Initiative Specialist and a Resource and External Relations Specialist.

CPS developed a Community Engagement Strategic Plan. This plan provides staff with guidelines on the responsibility of including internal and external stakeholders in the operation and activities of the child welfare system. The key components of the strategic plan are:

- Build alliances and networks at the local level to enhance the coordination and delivery of services to CPS children and families
- Identify community engagement opportunities or needs
- Develop a state-level multidisciplinary partnership
- Ensure that children and families are a priority population to receive services through the state's health and human services agencies
- Expand inter-agency understanding of programs to better address the needs of children and families
- Collaborate with communities to develop and utilize faith-based resources to meet the needs of families within their home communities
- Develop cooperative agreements between state and community agencies to achieve services that address the diverse needs and characteristics of children and families

The approved Community Engagement Strategic Plan, Phase 3, called for ongoing assessment of action plans and an annual review completed by March of each year. The annual review process for CPS began with a meeting of CPS leadership, followed by action plan development in conjunction with community engagement staff and regional leadership.

CPS held its "CPS Delivers" event in Austin in October 2006. This event provided both internal and external stakeholders with an update on CPS Reform efforts. The presentation included reports from parents, youth, and foster parents on how CPS included their voice in implementation of CPS Reform.

In order to increase the involvement of internal and external stakeholders, CPS has planned and targeted outreach programs and workgroups to include providers, birth parents, youth, law enforcement, judiciary, and other stakeholders in developing policy and procedures for the child welfare system. CPS established stakeholder forums in each region and each region conducted at least one stakeholder forum by the end of FY 2006. The stakeholder meeting was developed to provide outreach for stakeholder collaborations. Additionally, some regions provided Town Hall meetings to ensure providers, staff, and other concerned stakeholders were aware of the status of CPS renewal. CPS has also implemented policy to educate staff on their role in Community Engagement. Currently, each supervisor receives training on community engagement in their Basic Skills Development training.

The following are some of the activities that have been conducted involving stakeholders:

- CPS continues to conduct workgroups that are comprised of parents, youth, community partners, providers.
- CPS has added a Disproportionality staff member in each region to assist with development of community Disproportionality advisory Boards to obtain ongoing consultation with external partners.
- Joint trainings have been conducted with law enforcement, Child Advocacy Centers, and the Texas Alliance for Drug Endangered Children.

- The Parent Collaboration Group has been strengthened through the commitment of CPS leadership to include the field director, regional director liaison, and family focus division administrator in the statewide meeting of this group.
- Stakeholder meetings have been conducted throughout the state. Each region conducted one stakeholder meeting by the end of December 2006 and some Regional Directors exceeded the goal by conducting two meetings. The stakeholders meetings have been designated an ongoing project.
- Stakeholders assist in establishing policies and procedures for statewide community engagement and volunteer resource development.
- The voice of parents and children are included in the development of policy and procedures that enhance the child welfare system
- CPS participates in interagency workgroups with other health and human services agencies, providers, the judiciary, and law enforcement, and CPS will enter into agreements with state health and human services agencies to address CPS children and families as a priority population to receive services from other state agencies.
- Training has been provided to all CPS staff on community engagement (CPS also provided informal training meetings with other divisions to increase knowledge and engage them in activities)

The following are some of the ways in which key stakeholders have contributed to the planning efforts:

- Joint information meetings with providers were conducted to build capacity for CPS clients.
- Foster and Adoptive Parents participated in informational sessions to provided input to CPS regarding Foster and Adoption.
- The DFPS Commissioner conducted roundtable discussions with “no-pay providers” to discuss barriers for placement of CPS children.
- Stakeholders assisted in the development of Substance Abuse Courts as a result of the work of CPS collaboration with the Department of State Health Services in the Substance Abuse Technical Assistance Grant.
- CPS collaborated with Family Violence representatives to hold a Family Violence Conference in 2007. The MOU with the Domestic Violence Shelters was updated and an action plan for each region was developed.
- The Parent Collaboration group provided input on CPS policies, participated in training of CPS staff, and provided input to other health and human services agencies regarding CPS clients.
- Provider roundtables were conducted to develop ongoing communication with providers to strengthen services and resources available to children and families.
- Youth specialists were hired in each region and the youth voice is included in workgroups, trainings and public awareness campaigns.
- Joint trainings were conducted with Domestic Violence Shelter representatives, law enforcement, and community organizations such as CASA and Child Welfare Boards.
- Disproportionality Advisory Boards developed action plans for each region in which they exist.
- CPS collaborated with various stakeholders to submit joint grant applications and projects, including the Fatherhood Grant (partnering CPS with the Fatherhood Coalition of Tarrant County) and the Travis County Drug Court collaboration (a 1-year grant funded by the Governor’s Office and a 5-year grant funded by ACF)

CPS entered into a statewide Memorandum of Understanding (MOU) with the Department of State Health Services (DSHS) on April 15, 2006. This MOU ensures that CPS children and families are a priority population to be served by DSHS contractors. As a result of this MOU, CPS and DSHS developed an interagency workgroup on substance abuse and mental health treatment services called the Technical Substance Abuse Advisory Committee. This is an ongoing workgroup that meets every other month. The core members (CPS and DSHS staff) also meet once a month. CPS also has MOU agreements with the following entities: Child Advocacy Centers, Juvenile Probation Council, Head Start, Domestic Violence, Texas Alliance for Drug Endangered Children, Social Security Administration, and Early Childhood Intervention.

CPS delivered Drug Endangered Child (DEC) training in all 11 regions and created 45 DEC teams as a result of this collaborative training. CPS also collaborated with the Texas Alliance for Drug Endangered Children to develop protocols for children found in clandestine methamphetamine labs. PSI 05-027 was disseminated to staff on May 12, 2005 informing them that CPS would be working with the Texas Alliance for Drug Endangered Children.

In 2005, the Texas Council on Family Violence (TCFV), the Health and Human Services Commission (HHSC), and DFPS formed a Domestic Violence Interagency Workgroup that revitalized the collaborative workgroup originally started in 2001 by TCFV, DFPS (then-TDPRS), and the Department of Human Services. The workgroup entered into a MOU to encourage coordination of activities between domestic violence shelters and local CPS offices. The MOU is reviewed annually. A CPS Investigation Program Specialist serves on the HHSC Interagency workgroup on Domestic Violence.

CPS is a member of the Texas Partnership for Family Recovery. This is a collaborative project of DFPS, DSHS (Department of State Health Services), the Office of Court Administration, the Court Improvement Project, and Texas CASA. The Texas Partnership for Family Recovery seeks to reduce the number of children in out-of-home placements, shorten time in care, and increase the number of children successfully reunited with families by building and sustaining integrated and coordinated substance abuse services for children and families involved with the judicial and CPS systems due to parental/caregiver substance abuse.

CPS community engagement and faith-based recruiters participate in faith-based community events and local fairs where they present information on how to become a foster and/or adoptive parent, as well as inform the communities how they can become partners with CPS (for example, staff attended the African American Mental Health Conference in Austin in February 2007, where there were over 200 participants). They also present regularly to faith-based congregations on CPS children and family needs. They have presented at worship services as well as at faith-based workshops held by local congregations (for example, staff presented to the Seven Day Adventist Church woman's group in October 2006, where there were approximately 30 women in attendance).

Children's Advocacy Centers of Texas (CACTX) restore the lives of abused children by supporting children's centers in partnership with local communities and agencies investigating and prosecuting child abuse. CPS participates as a member of multidisciplinary teams working in this model. CACTX is the largest association of children's advocacy centers in the nation, representing 61 member centers throughout the state, 59 of which are fully operational and two in the developing stages. In addition, another 3-5 communities are exploring possible establishment of children's advocacy center's in the years ahead. At this time, 148 Texas counties are included in the official service area of a children's advocacy center.

CPS community engagement staff and other staff provide training on CPS issues and services provided to children and families to community organizations and law enforcement agencies. They provide information about CPS at local community events and explain how local communities can meet the needs of children and families. Examples include presentations to the local Council of Governments and Kiwanis Clubs in the regions. They also provide training to national audiences on CPS programs and issues. For example, staff attended the Family Preservation Institute in San Antonio in September 2006, where there were more than 200 state participants in addition to the national attendees.

*Outcomes:*

Although community stakeholders were involved in the development of policy and activities for CPS, there was not a formal statewide report that was maintained to capture all activities, progress, and challenges in community engagement endeavors. However, in FY 2007, DFPS began to report activities, progress, and challenges in community engagement. In May-June 2006, CPS reported a total of 106 volunteers statewide that contributed a total of 7681.82 volunteer hours. In May-June 2007, CPS reported a total of 195 volunteers statewide that contributed a total of 8598.5 volunteer hours.

CPS Community Engagement Outcome Measures from May-June 2006 to May-June 2007:

*Goal 1-A Collaborations: Build and strengthen connections in the service/professional communities toward improved client outcomes and resources.*

Number of interactions with service professional community:

Service Provider – 1405

Law Enforcement – 226

Judicial – 508

*Goal 1-B Collaborations: Build and strengthen connections in the civic and faith-based communities toward improved client outcomes and resources.*

Number of interactions with civic and faith-based community:

Civic – 2027

Senior Citizen Outreach – 398

Faith Based – 244

*Goal 2: Public Awareness: Increase public understanding of our role, responsibility and mission through enhanced public presence and information.*

Number of interactions increasing public awareness:

Positive Op Eds – 24

Public Speaking Engagements – 708

*Goal 3: Internal Coordination and Communication: Ensure effective, open and responsible partnering by planning, coordinating and communicating both within and across programs, and taking ownership for basing decisions on realistic assessment of needs and options.*

Number of interactions for Internal Coordination & Communication:

Cross Program/ Initiative Coordination – 311

Opportunities provided to staff to learn about other divisions/DFPS activities – 202

*Goal 4: Partnering Success / Skill-set Building: Equip staff with consistent information and knowledge of partnering best practices by supporting the development of action plans, inter-and intra-divisional training programs, resource manuals, and other tools.*  
Trainings Attended by Staff on Community Engagement Skills – 168

***d. What are the casework practices, resource issues, and barriers that affect the child welfare system's overall performance in terms of agency responsiveness?***

Texas is a large state, with geographical barriers impacting the level of agency responsiveness. The larger urban areas have more staff in close proximity making CPS better able to respond to the community. More rural areas, where the need for community involvement can more readily have a greater impact, does not have the concentration of staff, resources, or tools needed to support community development.

### **G. Foster and Adoptive Home Licensing, Approval, and Recruitment**

DFPS regulates all facilities that provide care for children in Texas. The Child Care Licensing program has been in the process of revising minimum standards for residential child care facilities and child-placing agencies. Completing the update of standards strengthens the level of protection for all children in out-of-home care while also improving the performance of the residential child care licensing program. The Senate Bill 6 requirements related to the Child Care Licensing program complement the major revision of the minimum standards.

As early as January 2003, Child Care Licensing staff were researching and developing a draft of revisions to the residential and child-placing agency standards. These standards were further discussed in both internal and external stakeholder workgroups. However, the draft revisions were completed before requirements of CPS reform were established. Child Care Licensing has reviewed and adjusted the draft revisions to align with and support a new agency direction as well as eliminate duplicative or conflicting requirements among multiple sets of standards. The effective date for the new minimum standards was January 1, 2007.

The implementation of Senate Bill 6 provisions related to child care licensing will reduce the risk of harm to children and improve the quality of care. In addition, these provisions ensure that licensing requirements are easier to understand, which should encourage voluntary compliance and reduce noncompliance. The public benefit anticipated is that the protection of children will be enhanced and the quality of care provided to children will improve.

#### **Factor Evaluation**

##### ***a. Policy and Procedure Requirements***

#### **Item 41 – Standards for Foster Homes and Institutions**

The Residential Child Care Licensing (RCCL) division of DFPS sets all the rules for child-placing agencies that verify foster homes, both public and private. These rules are found in Texas Administrative Code, Chapter 749. Rules for Independent Foster Homes are found in Texas Administrative Code, Chapter 750. These rules are more commonly known as Minimum Standards, and the most recent rules became effective January 1, 2007. RCCL has added weights to each Minimum Standard. This is the first time for weighted standards and the hope is to improve consistency and effectiveness in monitoring of child-placing agencies.



Some of the Minimum Standards require that the child-placing agency set their own policies in certain areas; additionally, each child-placing agency may set policies that are more restrictive than the Minimum Standards. Therefore, the individual policies of each child-placing agency, including the CPS child-placing agency, vary and are not identical.

Of the children in DFPS conservatorship placed in foster homes, approximately 80% are placed in homes verified by private child-placing agencies and approximately 20% are placed in homes verified by CPS. Each child-placing agency, including CPS, is monitored by RCCL. The level of monitoring is determined by the agency's current status, its past performance, and RCCL policies.

Child-placing agencies that accept children in DFPS conservatorship are required to contract with CPS. The Residential Contract is updated annually, and, in some areas, is more restrictive than Minimum Standards. If there is no standard for, or the applicable standard does not meet the required federal requirements for foster homes, CPS addresses the requirement in the Residential Contract (for private child-placing agencies) and the CPS Handbook (for CPS foster homes).

Basic requirements for being verified as a foster parent include, but are not limited to:

- Be 21 years of age or older
- Meet background check requirements
- Have a high school diploma or equivalent, or pass a screening program that meets Minimum Standards
- Complete a home study
- Have emotional stability, good character, good health
- Be responsible, mature adults
- Have the ability to provide nurturing care, appropriate supervision, reasonable discipline, and a home-like atmosphere for children
- Be financially stable
- Be willing to meet children's basic, emotional, social, health, psychological, familial, spiritual needs
- Complete pre-service training (minimum is 8 hours; CPS requires 35 hours)
- Pass fire and health inspections
- Be certified in infant, child, and adult CPR
- Complete Behavior Intervention Training (for CPS, this is included as part of pre-service training)
- Complete training related to disaster preparation
- Complete training on psychotropic medications (if accepting placement of children taking these medications)
- Complete training on water safety (if the home has a pool and/or if the caregiver will be supervising children near bodies of water, including pools)
- CPS requires that all foster parents (including foster parents verified by private child-placing agency homes) accepting placement of and reimbursement for children in DFPS conservatorship be US citizens, permanent residents, or qualified aliens.

#### Inquiry and Screening Foster Family Homes and Adoptive Homes

DFPS is responsible for ensuring that applicants seeking to be foster or adoptive parents have the qualifications and abilities they will need to protect, parent, and nurture the abused or

neglected children in our care. DFPS seeks to address the best interest of those children by placing them in either traditional families with a mother and father, or with a single individual who can meet the children's needs. Both married couples and single people are eligible to be foster and adoptive parents and must meet the same requirements for protecting and nurturing children. Foster caregivers must be able to meet children's immediate and short-term needs for health, education, social and emotional development, as well as therapeutic needs, including special needs identified in children's service plans. Adoptive parents must be able to meet not only these needs but also the children's long-term needs for supportive families.

The prospective foster or adoptive parents must determine whether they want to consider fostering and/or adopting children served by DFPS before they are provided with Forms 2286, Parenting Application, and 2287, Family Profile. If the prospective families do not want to consider children served by DFPS, refer them to other licensed child-placing agencies.

#### Screening Prospective Foster Homes

CPS staff screen and study prospective foster family homes to evaluate the foster family and determine whether the family can meet the needs of children in foster care; document that the family meets the Minimum Standards for Agency Foster Family Homes; and ensure that the prospective foster parents are familiar with the foster care system and prepared to be foster parents.

#### Information Provided to Prospective Adoptive Homes

CPS must ensure that all prospective adoptive parents receive:

- an explanation of the CPS adoption program, which provides services at placement and before consummation, and the CPS post-adoption program, which provides services after consummation
- a general description of ages and needs of children with a plan of adoption who are awaiting legal risk placement within the region, and children throughout the state who are legally free for adoption
- a general description of the adoption process, including the policies for screening and approval of adoptive homes specified in this item
- an explanation that CPS will not delay or deny or prohibit placement of a child due to the race or ethnicity of the child or prospective adoptive parent.
- a general description of the adoption assistance program that includes purposes of the program, eligibility requirements, and the need to apply and be accepted prior to consummation of the adoption
- legal requirements including the expectation that they obtain an independent legal counsel for the consummation of the adoption;
- an opportunity to discuss the adoption process with CPS staff
- an explanation and brochure on the Voluntary Adoption Registry

CPS accepts applications from adults, regardless of race, ethnicity, disability, marital status, religious preference, or political beliefs, and according to the needs of the children for whom it has legal responsibility.

#### Home Screening for Foster Care and Adoption

Before a child may be placed in foster care or adoption, a FAD worker must screen the applicant's family and home environment. The home screening, formerly known as a Home Study, is designed to assess the applicant's suitability to provide foster or adoptive care. Foster family-homes and adoptive homes must meet the requirements outlined in DFPS Minimum

Standards for Child-Placing Agencies. There is no time requirement in Minimum Standards for completing home studies. CPS contracts for most of the home screenings on foster parents, and the contracts vary by region. Most regions require that the screening be returned to CPS within 60 days of the request. The screening can include requirements for both foster and adoptive homes, thereby considering one document both a foster and adoptive home screening.

The worker must tell the applicants whether their home study is approved and the reasons for the decision. If the study is not approved, the worker must inform the applicants of the reasons for the decision in a personal interview. The worker must also inform applicants whose home study is not approved both verbally and in writing that they have a right to an administrative review.

### Foster Home Verification

A foster home's compliance with minimum standards does not guarantee the home's verification or the placement of a child there. Verification and placement are based on the worker's and supervisor's assessment that the applicants can offer adequate care to a child for whom DFPS is responsible. If the worker and supervisor determine that the applicants are not appropriate caregivers for children in DFPS managing conservatorship, and if the applicants do not withdraw their application, the worker and supervisor must deny the application.

A Foster Home Certificate is available to provide the licensed or certified child-placing agency with a means of verifying that an agency home meets department standards, as required by law. This certificate also fulfills the requirement that the child-placing agency's license or certificate must be available at the agency home and to verify that DFPS foster family and foster group homes meet licensing standards.

### **Item 42 – Standards Applied Equally**

RCCL issues licenses for child-placing agencies, and child-placing agencies issue verification certificates for foster homes. Foster homes are verified for a type of service that they provide. The types of services include:

- child-care services,
- treatment services for children with emotional disorders
- treatment services for children with mental retardation
- treatment services for children with primary medical needs
- treatment services for children with pervasive developmental disorder
- programmatic services for a transitional living program
- programmatic services for an assessment services program
- programmatic services for respite child-care services

A foster family providing treatment services must have more training than foster homes providing child-care or programmatic services, and the home study must address whether the family is able to meet those specific treatment services needs.

Temporary verifications are allowed, but are only used in situations when there is a change in the family's situation and time is needed to update the family's verification (for example, the family moves to a new residence). There are specific Minimum Standards related to how child-placing agencies may issue temporary verifications.

As stated in Item 41, all foster parents receiving reimbursement for foster care services must be US citizens, permanent residents, or qualified aliens.

### **Item 43 – Requirements for Criminal Background Checks**

RCCL Minimum Standards require that all foster parents, adoptive parents, individuals over age 14 living in a foster or adoptive home, and employees of child care operations participate in criminal history and central registry (child abuse/neglect) checks prior to the home being verified. Additionally, prior to foster home verification or adoptive home approval, all persons in the home age 18 and over must submit their fingerprints for an NCIC check (per the Adam Walsh Act, effective October 2006), which is completed by the FBI. CPS uses an electronic fingerprint scan process for submitting fingerprint checks, which expedites the process and improves accuracy of results. Most background checks can be completed within two weeks.

After foster homes are verified, criminal history and central registry checks are completed every 2 years, when the foster home is re-verified. Any person who moves into a foster or adoptive home must have these background checks completed *before* the individual moves into the home. Regular and frequent visitors to a foster home (defined as visiting the home more than twice in a 30-day period) must also have the checks completed. The background check requirements listed are those found in the Texas Penal Code and Texas Family Code. Like offenses under the law of another state or federal law are also included in these background check requirements.

*Felony* criminal convictions and sustained central registry findings that forever ban a person from being a foster or adoptive parent or being present in a foster home are as follows:

- Criminal Solicitation of a Minor (Title 4, §15.031)
- Offenses Against the Person (Title 5)
- Offenses Against the Family (Title 6)
- Robbery (Title 7, Chapter 29)
- Failure to Stop or Report Aggravated Sexual Assault of a Child (Title 8, §38.17)
- Stalking (Title 9, §42.072)
- Public Indecency (Title 9, Chapter 43)
- Reason to Believe Physical Abuse of a Child
- Reason to Believe Sexual Abuse of a Child

*Misdemeanor* criminal convictions and sustained central registry findings that require RCCL to complete an evaluation of risk before a person is approved as a foster or adoptive parent, or is present in a foster home are as follows:

- Criminal Solicitation of a Minor (Title 4, §15.031)
- Offenses Against the Person (Title 5)
- Offenses Against the Family (Title 6)
- Robbery (Title 7, Chapter 29)
- Failure to Stop or Report Aggravated Sexual Assault of a Child (Title 8, §38.17)
- Stalking (Title 9, §42.072)
- Public Indecency (Title 9, Chapter 43)
- Reason to Believe -- Neglect
- Reason to Believe – Emotional Abuse

Note: If a person has received deferred adjudication for any of the criminal offenses and the person has not completed probation, an evaluation of risk is required.

A person who is indicted or is the subject of a criminal complaint that has been accepted by a district or county attorney for any of the following *felony* criminal convictions (as defined by the Texas Penal Code) may not be verified as a foster or adoptive parent or be present in a foster home:

- Criminal Solicitation of a Minor (Title 4, §15.031)
- Offenses Against the Person (Title 5)
- Offenses Against the Family (Title 6)
- Robbery (Title 7, Chapter 29)
- Failure to Stop or Report Aggravated Sexual Assault of a Child (Title 8, §38.17)
- Stalking (Title 9, §42.072)
- Public Indecency (Title 9, Chapter 43)

A person who is currently under investigation for abuse or neglect may not be verified as a foster or adoptive parent or be present in a foster home until the investigation is completed.

The following are additional criminal convictions which require RCCL to complete an evaluation of risk before a person is approved as a foster or adoptive parent or is present in a foster home:

- A felony or misdemeanor conviction of an offense under the Texas Controlled Substances Act or §46.13 or Chapter 49 of Title 10 of the TPC, or any like offense under the law of another state or federal law that the person committed within the past ten years.
- A felony conviction of an offense under any other title of the TPC, or any like offense under the law of another state or federal law that the person committed within the past ten years.

RCCL processes and reviews background checks for homes being verified through private child-placing agencies. CPS Foster/Adoptive Home Development (FAD) staff process and review background checks for homes being verified by CPS.

CPS requires private child-placing agencies to check central registry findings of other states, as outlined in the Adam Walsh Act (CPS had already required that out-of-state central registry checks be run on persons living in CPS-verified home who had not lived in the state for the past three years, which exceeds Adam Walsh Act requirements). Additionally, if someone has not lived within the state of Texas since the age of 18, CPS requires that central registry checks be completed on the person for all states in which the person has lived, regardless of the length of time that has elapsed since the person resided in the other state.

#### **Item 44 – Diligent Recruitment of Foster and Adoptive Homes**

CPS specifically completes recruitment activities to increase public awareness of the need for foster and adoptive homes and to seek and verify/approve foster and adoptive homes for children with special needs. Regional CPS staff utilize the assistance of local community groups, faith-based organizations, foster families, local media, posters, brochures, billboards, and other recruitment materials to recruit families that can foster children in DFPS conservatorship. CPS also uses its public website and the Texas Adoption Resource Exchange (TARE) as recruitment tools. CPS disallows the use of identifiable photos of children in foster care whose parental rights have not been terminated.

##### Recruiting Foster Family Homes

Regional staff may utilize the assistance of local community groups to conduct foster home recruitment activities. Examples: child welfare boards, foster parent associations, the Council on Adoptable Children, Texas Adoption Resource Exchange, other national adoption exchanges,

churches, local and national organizations, schools, and professional organizations. Regional staff are encouraged to use foster families, local media, posters, brochures, bill boards, and other recruitment materials to recruit families that can foster children in DFPS's conservatorship; however, no identifiable photo may be used of children in foster care whose parental rights have not been terminated.

A Memorandum of Understanding with CASA was expanded to include a faith-based component. This partnership increases the collaboration between CPS and CASA for joint recruitment of foster families and CASA volunteers for children in CPS conservatorship. The amended provisions provide for increased recruitment of African American foster and adoptive families and African American volunteers in the CASA system.

### Recruiting Adoptive Homes

DFPS does not recruit, accept applications from, or study potential adoptive homes that do not want children with special needs. The purposes of adoptive home recruitment are to find adoptive parents for children in DFPS managing conservatorship who need to be adopted, and increase public awareness of the need to find adoptive homes. When preparing material to recruit an adoptive home for a particular child, workers must follow the following guidelines and procedures:

- Use recruiting materials that specifically describe the current functioning and needs of the child.
- Do not use pictures of the child unless the court has terminated the birth/legal parents' parental rights and the child's managing conservator and the child (if able to read and write) have given written permission for the use of pictures.
- Do not include the following information and documentation in the recruiting materials: the names of the child's birth relatives (exception: include the first names of the child's siblings if the child needs to be placed with them); the specific reasons for removing the child from the home and terminating the birth parents' parental rights; or pictures, reports, or any identification that humiliates, exploits, or invades the privacy of the child, the child's birth parents, or the managing conservator.
- Discuss the adoptive home recruiting plan with the child's foster parents and with the child (if the child's development level is appropriate).
- Ensure that all information about the child and the child's family is supported and documented in the child's case record.
- Secure the written approval from the child's worker and supervisor for all specific information about the child that is to be included in the recruiting materials. The written approval is to be filed in the child's case record.

RCCL does not have any Minimum Standards related to the recruitment of foster or adoptive homes. Private child-placing agencies complete recruitment activities as outlined in their business plans, and each one is different. CPS contracts with the Texas Foster Family Association in order to recruit and retain foster parents, regardless of child-placing agency affiliation.

### **Item 45 – State Use of Cross-Jurisdictional Resources for Permanent Placements**

Texas is a part of the Interstate Compact on the Placement of Children (ICPC). The purpose of the Compact is to establish orderly procedures for the interstate placement of children and to

ensure that children placed out of state receive the same protection and services that would be provided if they remained in their home states.

The Texas Interstate Compact Office (TICO) acts as a “gatekeeper” for those children who are being placed in Texas or Texas children being placed outside the borders of Texas. TICO ensures that documentation is accurate and complete prior to processing an ICPC request. In addition to Public Interstate requests, which include, Parent, Relative, Foster or Adoptive placements, TICO also processes Private and Independent Adoptions and referrals for placement of children into Residential Treatment Facilities.

***b. Where was the child welfare system in Round One of the CFSR?***

Status of Foster and Adoptive Home Licensing, Approval, and Recruitment – Substantial Conformity

Item 41 was assigned a rating of Strength because the State had implemented standards that were in accordance with recommended national standards.

Item 42 was assigned a rating of Strength because the standards were applied to all licensed or approved foster family homes or child-care institutions receiving title IV-E or IV-B funds. Standards were applied equally to children placed in substitute care both in public and private verified foster care settings, and in relative placements.

Item 43 was assigned a rating of Strength because the State complied with federal requirements for criminal background clearances.

Item 44 was assigned a rating of Area Needing Improvement because although the State had aggressive recruitment programs, the lack of foster homes and the retention of foster homes was problematic and impacted the State's ability to achieve stability and permanency for children.

Item 45 was assigned a rating of Strength because the State had implemented several initiatives to enhance cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.

***c. What are the strengths and promising practices that the child welfare system has demonstrated in terms of foster and adoptive home licensing, approval, and recruitment?***

Historically, a challenge CPS has faced regarding the successful recruitment of foster and adoptive homes has been the lack of a recruitment budget. In addition, of the children in Texas awaiting adoption, almost half of them are older than 9 (the older the child, the longer they wait for adoption). In 2007, CPS used adoption incentive money to buy marketing materials related to the recruitment of families, and one program that was launched as a result of these efforts was the “Why Not Me?” recruitment campaign, targeting the recruitment of adoptive homes for older children in foster care. To get this message to potential adoptive families, the Texas Association of Broadcasters (TAB) helps CPS distribute high quality TV and radio public service announcements in both English and Spanish to its member stations. The media campaign also includes English and Spanish versions of billboards, print media, news releases, and CPS website enhancements. The “Why Not Me?” campaign has generated significant interest across the state.

The number of “Heart Galleries” has increased and is well received in the hosting communities. A Heart Gallery consists of large, professional photographs of children mounted in nice frames. Members of the community and waiting families are invited to view the portraits and learn more about adoption and waiting children. Local Heart Galleries were highlighted in a Texas Heart Gallery exhibit, displayed prominently in the Texas State Capitol during the 80<sup>th</sup> Legislative Session.

A key collaborator in the recruitment of homes has been, and continues to be [www.AdoptUSKids.org](http://www.AdoptUSKids.org) and [www.AdoptChildren.org](http://www.AdoptChildren.org). These websites allow prospective adoptive parents to view and read about children waiting for adoption.

Each year, more adoptions are consummated during Adoption Month. In a number of communities, lawyers are offering their legal services pro bono so adoptions are not delayed due to a family’s financial situation. During the 80<sup>th</sup> Legislative session (2007), a Texas Adoption Day was created.

***d. What are the casework practices, resource issues, and barriers that affect the child welfare system’s overall performance in terms of foster and adoptive home licensing, approval, and recruitment?***

The implementation of the new Minimum Standards created challenges for child-placing agencies, as many standards have a fiscal impact, and no funding was available to child-placing agencies for implementation. One of the changes was related to child-caregiver ratio, which resulted in the decrease of the number of foster home beds available in the state for children with treatment service needs. This resulted in a capacity crisis and placements not being available for some children in CPS conservatorship. CPS responded by creating a capacity program specialist and working closely with the community to increase capacity.

A key challenge to CPS completing out-of-state abuse/neglect checks is the cooperation of the other state. Some states refuse to process these checks, or their state law forbids the dissemination of the information. Additionally, if someone has lived in another state, the time it takes to complete the background check process is extended by the time it takes to complete the out-of-state abuse/neglect check.

In the past two years, CPS has lost approximately 1000 foster homes. This is due, in part, to the passage of Senate Bill 6 (79<sup>th</sup> Texas Legislature, 2005), which required the outsourcing of foster care case management and foster/adoptive homes by 2011. Additionally, many CPS foster homes adopt the children in their care and, subsequently, close their homes. The 80<sup>th</sup> Texas Legislature (2007) repealed the outsourcing of foster care case management and foster/adoptive homes, and CPS is now in the process of rebuilding its foster and adoptive home capacity.



## V. STATE ASSESSMENT OF STRENGTHS AND NEEDS

**1. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily strengths, citing the basis for the determination.**

### Outcomes:

**Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.**

The impact of the efforts of the 79<sup>th</sup> and 80<sup>th</sup> Texas Legislatures, through law change and appropriation of resources, show a positive impact on safety. These improvements included:

- New Investigations Structure and Forensic Investigation Support
- Increased use of Child Safety Specialists
- Improved Screening
- Response Time Reduction
- Improved Background Checks for employees in residential child care operations
- Drug Testing policies for residential child care operation employees
- Random Inspections of a sample of foster homes and foster group homes

Data show consistent improvement in initiating investigations of reports of child maltreatment over time. In FY2007, 29.6% of all investigations statewide were Priority 1's and 70.4% were Priority 2's. Substantial improvement in the timeliness of initiating these investigations is reflected in the data. The percentage of investigations that met the timeframe increased from 84.2% in September 2006 to 94.6% in August 2007. In August 2007, the response time for Priority 2's was dramatically shortened. Even with this change, October 2007 data show that 90.4% of Priority 1 investigations and 91.3% of Priority 2 investigations were initiated timely.

In general, the addition of screeners has positively impacted the investigation process by targeting investigation resources to those circumstances requiring investigation, and screening out for closure circumstances that, with collateral contact information, are determined to not require an investigation.

Performance management reports were implemented, which track the timeliness of investigation contacts on a monthly basis down to the unit and worker level. The reports allow supervisors to monitor and follow up quickly with workers who may be falling behind on their initial contacts. During FY2007, supervisors received training on the use of the reports, and improved timeliness reflects use of these reports.

In an effort to retain tenured workers in the investigative arena, CPS provides a \$5,000 annual stipend to each investigator and investigative supervisor. This stipend is paid monthly. The large increase in the number of workers, supervisors, and administrative positions over the last two years has resulted in lowered caseloads. In FY2005, the average daily caseload for investigators was 43.2. In FY2006, it was 34.7. In FY2007, it was 25.3.

Statewide data shows strength when measuring absence of maltreatment recurrence. As shown on the Data Profile, 96.1% of children are not re-victimized within 6 months; therefore Texas is exceeding the national standard of 94.6%. Additional analysis of repeat maltreatment for

children for whom court jurisdiction ended in FY06 shows 5.1% of children became confirmed victims within 12 months of discharge.

Texas is closely approaching the national standard for keeping children safe in foster care: the national standard is 99.68% and the Texas score is 99.55% in the July 28, 2007 Data Profile for the 12 month period ending 03/31/2007. Using the new national standard of 99.68%, Texas met that standard for FY 2006. For the years of the CFSR under the Round One standard of 0.57% or less, Texas exceeded the standard in all of the years measured: 2003 (0.41%); 2004 (0.18%); 2005 (0.44%) and 2006 (0.28%). Fluctuations over time for performance on the second safety national standard are associated with changes in the monitoring of foster care providers from CPS Reform implementation. Increased monitoring, particularly the use of random inspections, and increased training in abuse and neglect investigations by Residential Child Care Licensing staff has resulted in increased proficiency and strengthened protection.

Child Safety Specialists review high-risk cases on a regular basis and their reviews specifically target the risk to the children in the home. If risk is identified and it has not been addressed, the case is returned to the investigator for further casework and assessment. This protocol ensures child safety.

The increase in the number of investigation workers has resulted in reductions of investigation caseloads. This has enabled workers to concentrate on fewer cases and spend more time gathering information and making assessments with each family. The reduction of caseloads has led to more timely completion of investigations. This ensures more 'up-front' time with the family to make necessary assessments. The shortened Priority 2 response time from the time the incident of abuse/neglect occurred may result in more effective intervention with the family.

CPS continues to use the Family Group Decision Making process to enhance safety, permanency and well-being for children. The philosophy that families have a strong voice in determining their strengths and resources to make changes required to ensure safety of the children helps prevent repeat maltreatment.

### **Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.**

The impact of the efforts of the 79<sup>th</sup> and 80<sup>th</sup> Texas Legislatures, through law change and appropriation of resources, show a positive impact on the CPS ability to safely maintain children in their homes. These improvements included:

- Increased appropriation of Investigation, FBSS and CVS staff
- Increased use of FGDM, particularly the use of Family Team Meetings
- Resources to address Disproportionality
- Improvements to Safety and Risk Assessment tools
- Improved Background Checks and Diligent Search resources

With the Texas emphasis on strengthening investigations, there was a general belief that there would be a corresponding increase in child removals. However, removals have not increased, partly due to the fact that more children are being safely maintained with their families through Family-Based Safety Services efforts.

As with Safety Outcome 1, the increased number of investigators and lowered investigation caseloads contribute to the achievements in Safety Outcome 1. Increased investigation staff has resulted in more families being referred to FBSS for in-home services. Investigation caseloads have significantly decreased, enabling staff to complete more thorough assessments of safety and risk. From FY2004 through FY2007 there was a 57% increase in the number of families receiving Family Preservation Services, and additional FBSS positions were allocated to maintain caseloads. The new FBSS guidelines and criteria have helped to ensure appropriateness of cases assigned for in-home services.

The Family Group Decision Making (FGDM) process was expanded into the investigation and FBSS stages of service through the use of Family Team Meetings. Additional steps were implemented in the investigation and FBSS stages of service to enhance the use of the family's CPS history to accurately assess risk.

The "Strengthening Families Through Enhanced In-Home Support" initiative was authorized during the 80<sup>th</sup> Legislative Session in Senate Bill 758. This initiative provides enhanced in-home services to families to target poverty and neglect by providing flexible funding to access non-traditional services in the community to divert children from foster care and/or shorten their length of stay in care.

Low foster care re-entry rates and low repeat maltreatment rates show the effectiveness of efforts to reduce risk of harm. Increased access to criminal background checks increases child safety. CPS established policy requiring abuse/neglect and criminal background checks of proposed caregivers when parents agree to place their children with family or friends at the worker's request to ensure the child's safety until services can help the family reduce the level of risk of abuse or neglect occurring in the home to a level that is safe for the child to return.

Joint investigations with law enforcement and advanced training in forensics investigations improved the quality of investigations, and the addition of more investigators resulted in the reduction of caseloads.

The Residential Childcare Licensing division has several initiatives to reduce maltreatment of children while in licensed facilities, including higher staff to child ratios, increased training for caregivers, higher education standards, more frequent monitoring for Child Placing Agencies, development of a program to weigh standards for risk to children, creation of a Division Administrator for Investigations, and creation of a Performance Management division for evaluation, enforcement, and quality assurance for issues related to risk.

CPS is partnering with other entities that provide multi-disciplinary training on investigating cases involving drug-endangered children and selecting appropriate relative placements. In the fall of 2007, a conference was held to strengthen the collaboration between CPS Substance Abuse Specialists and Outreach, Screening, Assessment, and Referrals (OSAR) Specialists who serve as gatekeepers for referrals of CPS families to residential substance abuse treatment.

## **Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.**

The impact of the efforts of the 79<sup>th</sup> and 80<sup>th</sup> Texas Legislatures, through law change and appropriation of resources, show a positive impact on the continuity of family relationships and connections. These improvements included:

- Increased use of Family Group Decision-Making
- Creation of and expansion of the Kinship Caregiver Assistance Program
- Centralized Placement Process
- Increased training to address Disproportionality, such as “Knowing Who You Are” and “Undoing Racism Training”
- Increased direct delivery staff, including specialized positions

New initiatives such as Family Group Decision Making encourage parental involvement and voice in the development of goals and objectives necessary to maintain the safety, permanency, and well being of their children. A Parent Program Specialist (a professional who has experienced CPS services previously) was hired at State Office to represent the parent voice, influence policy and practice and expand Statewide and Regional Parent Collaboration Groups. Being more inclusive of the parent voice has been effective.

Family Group Decision Making conferences encourage family participation in the development of goals and objectives necessary to maintain the safety, permanency, and well being of the child. Family Group Conferences result in plans that outline kinship roles for facilitating visitation and contacts between siblings and parents while the child remains in substitute care. The Circles of Support process identifies “caring adults” who make up the child’s support system, and the caring adult commits to being a longstanding connection and support for the youth. A cultural practice shift to a more strengths-based, family focus approach enhances safety, permanency, and well being for children through the provision of direct and support services to their caretakers.

Statewide data show that the percentage of children placed initially with relatives has increased each year from 2005 to 2007 and kinship placements have more than doubled since 2004. Texas uses a Child Placement Resources Form to record the parent’s recommendations for placement of the child and provide CPS with identifying information so that CPS can consider those identified as a placement option. The Kinship Program Kinship Program promotes continuity and stability for children in conservatorship through the facilitation of financial assistance, resources, and support services. Services include case management, caregiver support group training, financial reimbursements, and referrals. 104 Kinship Development staff members now provide case management services, make home visits, and serve as support to kinship caregivers. The percentage of children in relative placements each month has also increased (this includes children in initial relative placements, as well as those who started in some other form of foster care placement and moved to a relative placement). The number of children in kinship placement will continue to increase with the expansion of Family Group Decision Making. The 2006 evaluation of this program found that the number of children in relative placements increased by 55% after a family participated in family group conference.

A Centralized Placement Unit, with Child Placement Coordinators, has been established in each of the eleven regions in Texas. The coordinators are responsible for coordinating placement activities for all children in DFPS conservatorship who are in need of initial (emergency) and subsequent foster care placements. The coordinators assess the array of placement types in relation to availability to expedite and facilitate the placement of children into foster care placements that are best able to meet their needs. The use of the Centralized Placement Teams has improved the proximity issues for foster care placement.

Though not only a state issue but a national one, Texas has decided to directly address the issue of Disproportionality in its child welfare system. Texas conducted and published an analysis of disproportionality in Texas, as mandated by the 79<sup>th</sup> Texas Legislature. Understanding that racial and ethnic disparity exists even when factors such as poverty or family structure are controlled for, Texas developed and published a subsequent remediation plan. The implementation of “Knowing Who You Are” training (a racial/ethnic identity formation training for workers, particularly those who work with children in foster care) helps workers understand and assist children who are placed with families whose culture is different from their own, and helps them develop awareness, knowledge, and skills related to supporting the racial/ethnic identity development of children in foster care. A total of 1431 CPS staff members completed all three phases of Knowing Who You Are. “Undoing Racism” training has occurred throughout the state and at multiple levels of administration. More than 2000 CPS staff members and community stakeholders have participated in Undoing Racism training. Statewide and regional Parent Collaboration Groups inform practice and help strengthen the preservation of connections. The disproportionality initiative involves community collaboration and is fully operational statewide. Texas was one of 13 states selected to participate in the national Casey Family Programs Breakthrough Collaborative Series on Disproportionality. In the fall of 2007, more than 60 CPS staff members and community stakeholders attended a statewide workshop on Disproportionality to reaffirm community commitment and train regional CPS staff on the Texas community engagement model.

Specialized staff have assisted helped ensure children and families with specialized needs get the resources and services they need. These staff have increased support for the front line caseworker, who would otherwise be unable to have the skills and expertise needed to navigate complex systems such as special education, substance abuse treatment programs, or mental and behavioral health programs.

### **Systemic Factors:**

In its initial review, Texas was found to be in substantial conformity for all seven systemic factors. During the last five years, CPS Reform has drastically changed the Texas child welfare system with an emphasis on sustainable, systemic change and by building on systemic factors. Each of the seven systemic factors has been strengthened. The basis for determination of the strength is expanded upon in the text of Section IV and outlined below:

### **Agency Responsiveness to the Community**

- Statewide partnerships have been strengthened and additional collaborations created. The CPS Reform initiatives have been incorporated into a broader effort known as DFPS Renewal. Initiatives include advisory and work groups, regularly involving external stakeholders and the youth/family voice. Activities are published on the agency’s public website. Stakeholder input is gathered, analyzed and incorporated.
- Changes to the Texas child welfare system have been led by the Governor of Texas, the 79<sup>th</sup> Texas Legislature, the 80<sup>th</sup> Texas Legislature and the Health and Human Services Commission. Both sessions resulted in significant legislation to strengthen all aspects of the child welfare system: strengthening investigations, supporting quality casework, improving services and child outcomes, building community partnerships and preventing maltreatment. The changes are supported with increased appropriations of 299 million new dollars and over 3500 new staff during 2005 – 2008.

- An emphasis on transparency and accountability has resulted in greater partnerships with the community. Information regarding the child welfare system's actions, data, and new information about the child welfare system changes are regularly available to the general public through the agency's website.

### **Statewide Information System**

- The child welfare system's automation system, IMPACT, has become web-enabled since the initial 2002 CFSR. Data within IMPACT is available to staff statewide. Further data sharing between CPS and the Courts is in planning, beyond the current judicial webpage.
- IMPACT data is shared through a data warehouse for internal performance management and accountability. The warehouse allows the user to "drill down" to the unit or caseworker level for most data and is available for monitoring critical actions weekly.
- With the use of Tablet PC's, part of IMPACT is available through the Mobile Protection System, encouraging immediate documentation and improving accountability.
- Data integrity and accuracy has greatly increased in the last 5 years.

### **Quality Assurance System**

- CPS uses a quality assurance system modeled after the federal CFSR process. More than 5000 cases have been reviewed, utilizing identical methodology for selection of the sample and the actual CFSR On Site Review Instrument.
- Child Safety Specialists provide second level safety expertise for high risk cases.
- A Performance Management Initiative has strengthened supervisory ability to monitor for outcomes. Accountability has been enhanced with the integration of performance management data into employee evaluations.
- CPS has linked its CAPTA evaluation team to university contacts and has initiated contracts with Fostering Court Improvement and the Texas State Data Center (University of Texas, San Antonio) to create a collaborative research partnership with key national research centers.

### **Staff and Provider Training**

#### *Staff:*

- Basic Skills Development for new caseworkers has been totally revised: strengthened and specialized according to stage of service.
- On the Job Training (OJT) Supervisors help to ensure new skills are learned before a caseworker completes their initial training.
- Top layers of CPS staff statewide and all levels of staff in the Disproportionality Sites have experienced "Undoing Racism" training.
- "Knowing Who You Are" training is now incorporated into initial caseworker training.
- Subject Matter Experts (Youth Specialists, Substance Abuse Specialists, Education Specialists, Nurses, Law Enforcement Liaisons, Developmental Disability Specialists and others) provide training in specialized areas and consultation for staff serving challenging youth and families with special needs.
- Texas has developed a statewide curriculum for Family Group Decision-Making.

#### *Providers:*

- Foster care providers receive PRIDE training in order to become licensed.
- The faith-based recruitment program, Congregations Helping In Love and Dedication (CHILD) incorporates PRIDE training into its protocol.

- Kinship Support training has been developed as part of the kinship caregiver assistance program
- Contractors providing contracted Family Group Decision Making have also been trained with the Texas curriculum.
- Providers have received “medical consentor” training in preparation for the new Health Care Delivery Model and in response to legislative changes.

### **Case Review System**

- Acknowledgement of the critical role the Courts play in determining the future of children who are in the conservatorship of Texas and the desire to strengthen the collaborative, multi-disciplinary approach to child protection cases has resulted in the creation of a permanent Supreme Court Judicial Commission for Children, Youth and Families, created in the fall of 2007. The Commission was recommended from a Foster Care Consultative Group appointed by the Supreme Court the previous year. That group was charged to recommend an effective model for statewide judicial leadership and collaboration. The Commission will serve as the umbrella organization for all efforts to foster court improvement in Texas child protection cases.
- Collaboration between CPS and Judicial Leadership has continued to strengthen. Members of the Texas Center for the Judiciary, the Supreme Court Commission, the Office of Court Administration and CPS have a weekly meeting to address issues and strengthen the working relationship.
- Texas continues to utilize Child Protection Courts (“Cluster Courts”) to cover smaller dockets with experienced judiciary trained in child protection civil cases.
- Legislation strengthened the system by mandating and increase in the number of Drug Courts in Texas, strengthening the involvement of children in hearings, enhancing training requirements for legal parties, among other changes.

### **Service Array and Resource Development**

- Prevention and early intervention programs are evidence-based and consolidated within the jurisdiction of DFPS, eliminating fragmentation and duplication of contracted prevention and early intervention services for at-risk children, youth, and families.
- The agency developed a more organized Volunteer program to maximize contributions and services for the child welfare system from professionals and the general public.
- Roles of Resource and External Relations Specialists and Community Engagement Specialists were created statewide to strengthen volunteer involvement and community collaboration.
- Family Group Decision-Making as a model utilized in all stages of service helps to tailor services to the unique needs of families and youth.
- The Strengthening Families through Enhanced In-Home Support program developed new resources and strategies for addressing families struggling with neglect and poverty.
- Parent Collaboration Groups in several regions have become support groups in which parents connect with others new to the child welfare system, to help them navigate resources and the legal process.
- As part of CPS Reform, DFPS, the Health and Human Services Commission, the Department of State Health Services and other state agencies are coordinating to improve health outcomes for children served by CPS. This initiative is designed to improve caseworker access to healthcare professionals and to develop a managed healthcare program that includes a medical passport for children in foster care.

- Subject matter experts, as mentioned above, help caseworkers navigate such systems as the Education system, Healthcare system, Substance Abuse Treatment system when they have children or families with specialized needs.

### **Foster and Adoptive Home Licensing, Approval and Recruitment**

- A business mapping process analyzing the DFPS foster and adoptive home recruitment, licensing, and approval process has been conducted with technical assistance from Casey Family Programs.
- Minimum Standards have been revised, with external stakeholder involvement.
- Public and private partnerships with CPS have strengthened in an effort to address the placement capacity crisis.
- Monitoring, as well as investigation of abuse or neglect, has been strengthened with additional training of Residential Child Care Licensing staff.
- All CPS Regional Directors and the CPS Director of Field have a Child Placing Agency Administrator's License.

**2. Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement, citing the basis for the determination. Identify those areas needing improvement that the State would like to examine more closely during the onsite review. Prioritize the list of areas needing improvement under safety, permanency, and well-being outcomes.**

#### **Permanency 1: Children have permanency and stability in their living situations.**

Texas does not achieve substantial conformity on any of the new composites demonstrating a need for improvement in areas of reunification, adoption, permanency for youth in care for long periods of time, and placement stability. Texas needs the most improvement for composite 3: permanency for youth in care. Too many youth are transitioning from conservatorship of the state by aging out of the foster care system. Approximately half of the children adopted are adopted very quickly, but those who are not adopted quickly face lengthy delays waiting for adoption.

African American children have poorer outcomes on all four composites. Even after adjusting for the higher number of African American children reported as victims, the number of children removed from their families was also disproportionately high. In Texas, even when other factors are taken into account, African American children spend significantly more time in foster care or other substitute care, are less likely to be reunified with their families, and wait longer for adoption than Anglo or Hispanic children.

Over the past year, the increase in children in the conservatorship of the state has outpaced the placement resources to the extent that some children have had to spend nights in agency offices or hotels. Placement development needs further definition by DFPS in order to help expand placement capacity to match the needs of children. Placements that are available are not geographically distributed in regions where they are needed. This results in some children not being placed in their home communities. Providers have indicated funding levels are insufficient and prevent their ability to meet specialized needs of some children. The contracting process is involved and the competitive procurement process is often misunderstood.



## **Well Being 1: Families have enhanced capacity to provide for their children's needs.**

Texas failed to achieve negotiated targets for Well Being 1 in the Program Improvement Plan process for the first CFSR. Specifically, caseworker visits with the child and caseworker visits with the parents and caregivers continues to be an issue.

Managers review weekly reports to monitor the percentage of face to face monthly visits with children in conservatorship. This has substantially increased caseworker visits with children for child in substitute care. Recent changes to the automation system make the data possible to be monitored as closely for FBSS cases.

CPS continues to struggle with the need to improve contacts and involvement of non-custodial parents in ongoing casework, whether for FBSS or conservatorship cases. Family Group Decision Making and Kinship Support efforts serve to include non-custodial parents more. The Performance Management Initiative, utilizing the weekly data warehouse, now gives supervisors the tools to monitor performance. However, caseload size and caseworker turnover remain high and have to date obstructed efforts to improve in this outcome. Additional staff allocated to the agency by the 79<sup>th</sup> Legislature emphasized Investigation staff more than FBSS or conservatorship staff. The additional staff and resources allocated by the 80<sup>th</sup> Legislature are designed to strengthen services beyond the Investigation by increasing accountability, keeping children safely in their homes, and shortening the length of time in care. Additional staff and resources focused on these strategies ultimately will reduce caseloads.

The inability to effectively retain staff continues to be a major barrier. Though significant additional positions have been appropriated, the high turnover rate has resulted in continuous change and adjustment as the workforce is unable to gain its footing in tenure. The high turnover is not limited to the caseworker position, as the tenure depth in supervisory and management positions has decreased. Recruitment and retention impact all facets of the child welfare system, but have the greatest impact on the ability to sustain meaningful, ongoing, and consistent contact between the caseworker and the child and the caseworker and the parents.

### **3. Recommend two additional sites for the onsite review activities.**

#### *El Paso County*

Strengths that could contribute to positive outcomes:

- 65th District Court is a Model Court
- Conservatorship and Preservation Drug Courts
- Strong performance on Placement Stability
- Long history of the use of Family Group Decision Making (initial use of OHANA Model)
- Border Children's Mental Health Collaboration (CPS, Juvenile Probation Department, MHMR, community partners)
- Positive working relationship with the military

Challenges that may contribute to weaker outcomes:

- Transient population due to being a border community
- Poverty is a high economic factor
- Significant population of undocumented citizens
- Limited community resources
- Experiencing growth in military families and community

Dallas County

Strengths that could contribute to positive outcomes:

- Long history of the use of Family Group Decision-Making, including contracted services
- Disproportionality site with strong community collaboration, advisory committee commitment
- Strong, tenured Investigation Program Directors
- Availability of community resources to provide services to clients
- Improved relationship with judges, assistant district attorneys, and CASA
- Strong performance for Reunification measures (high percentage return home quickly, low re-entry rate)

Challenges that may contribute to weaker outcomes:

- High Investigation and Family Based Safety Services (FBSS) caseloads
- High turnover among Investigation and FBSS caseworkers
- Lack of strong, tenured Investigation supervisors
- High numbers of African-American children in care
- Constant turnover in conservatorship has strained relationships with stakeholders and families and impacts policy compliance and best practice

COUNTY	SUBSTANTIATION RATE	6-MONTH ABSENCE OF RE-CURRENCE OF MALTREATMENT	% REUNIFIED IN < 12 MONTHS	% RE-ENTERED FOSTER CARE IN < 12 MONTHS	% ADOPTED IN < 24 MONTHS	% WITH 2 OR FEWER PLACEMENTS IN < 12 MONTHS	ANGLO CHILDREN IN FOSTER CARE VS. ANGLO CHILDREN IN POPULATION	AFRICAN AMERICAN CHILDREN IN FOSTER CARE VS. AFRICAN AMERICAN CHILDREN IN POPULATION	HISPANIC CHILDREN IN FOSTER CARE VS. HISPANIC CHILDREN IN POPULATION	AVERAGE DAILY CASELOAD
Dallas	27.8%	98.0%	69.1	2.0	48.0	77.7	23.17 (26.5)	48.41 (21.7)	25.71 (46.95)	INV – 27.2 FBSS – 18.7 SUB – 36.8
El Paso	25.9%	97.3%	67.1	8.2	58.2	84.0	10.36 (9.5)	11.48 (2.72)	75.35 (86.41)	INV – 19 FBSS – 24.8 SUB – 39.7

**4. Provide comments about the State’s experience with the Statewide Assessment Instrument and process. This information will assist the Children’s Bureau in continually enhancing the Child and Family Services Review (CFSR) procedures and instruments.**

The Texas child welfare system has experienced four years of intensive change with identification of systemic problems and two subsequent legislative sessions resulting in extensive child welfare reform efforts. It was not possible to capture the change and CPS Reform impact to date within the recommended brief length guidelines for the CFSR Statewide Assessment.

The process presented a good opportunity to align, in a single document, the CFSR efforts and the more widely known Texas CPS Reform.

Stakeholders, both internal and external, are challenged with grasping the complexity of the new data composites. However, there is widespread acknowledgement that the change from indicators of permanency to composites provided the ability to have a more robust explanation of data regarding Texas children and youth and their permanency.

**5. Provide the names and affiliations of the individuals who participated in the Statewide Assessment process; please also note their roles in the process.**

- *Internal Stakeholder Participants (attended Austin or Houston CFSR Stakeholder Meetings and/or contributed to Statewide Assessment themes and content):*
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  - Liz Kromrei, CPS Director of Staff Services, CFSR Coordinator
  - Colleen McCall, CPS Director of Field
  - Debra Emerson, CPS Director of Policy and Program
  - Allaina Nelson-Lang, CPS Director of Outsourcing, Placement, and Medical Services
  - Laurel Lindsey, CPS Director of Investigations
  - Beth Engelking, CPS Support Manager
  - Dan Capouch, CPS Division Administrator for Accountability
  - Max Villarreal, CPS Division Administrator for Federal/State Support Services
  - Marsha Stone, CPS Division Administrator for Investigation Policy
  - Wanda Pena, CPS Division Administrator for Child Safety
  - Annette Emery, CPS Division Administrator of Outsourcing/Medical Services
  - Stacy Lake, CPS Division Administrator for Family Focus
  - Vicky Coffee-Fletcher, former CPS Division Administrator for Family Focus (currently with the Hogg Foundation, University of Texas, Austin)
  - Sally Melant, CPS Division Administrator for Foster/Adoption Services and Permanency
  - Cheryl Nimmo, CPS Division Administrator for Placement Services
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  - Penny Fulton, CPS Program Improvement Specialist
  - Sheila Lowery, CPS Program Improvement Specialist
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- *Editing/Writing Team:*
  - Daniel Capouch, CPS Division Administrator for Accountability
  - Jennifer Heideman, CPS CFSR Program Specialist
  - Julie Shores, CPS CFSR Team Lead
- *External Stakeholder Participants (attended Austin or Houston CFSR Stakeholder Meetings and/or contributed to Statewide Assessment themes and content through individual meetings):*
  - Ommy Strauch, DFPS Council
  - Carl Reynolds, Office of Court Administration, Texas Supreme Court
  - Mena Ramon, Office of Court Administration, Texas Supreme Court
  - Tina Amberboy, Supreme Court Task Force on Foster Care and Supreme Court Judicial Commission on Children, Youth and Families
  - Kristi Taylor, Texas Supreme Court
  - Sherri Gideon, Texas Court Appointed Special Advocates (CASA) Board
  - Carlyne Rodriguez, Texas State Strategy, Casey Family Programs
  - Denise Askea, Texas Juvenile Probation Commission
  - Henry Johns, Texas State Strategy, Casey Family Programs
  - Terry Beattie, Health and Human Services Commission
  - Shannon Ramsey, Texas Workforce Commission
  - Jason McCrory, Protective Services Training Institute, University of Texas at Austin
  - Carlyne Bivens, Texas Council of Child Welfare Boards
  - Nancy Emmert, Texas Youth Commission
  - Virginia Smith, Therapeutic Family Life
  - Karen Brown, Center for Children and Families, Texas State University
  - Lynne McLean, Greater Texas Community Partners
  - Madeline McClure, TexProtects and Dallas County Child Welfare Board
  - Susan Craven, Texans Care for Children
  - Carol Campbell, Children's Rights Clinic, University of Texas at Austin
  - Melvin Battle, Texas Youth Commission
  - Jennifer Deegan, House Committee on Human Services, Texas Legislature
  - Abigail Tilton, Texas Women's University
  - W. Sumpter Frazier, Harris County Attorney Division
  - George Ford, Harris County Protective Services

- Wanda Smith, Head Start of Greater Dallas
  - Barbara Hermes, Harris County Protective Services Board
  - Qiana Manns, Attorney
  - Tom Brooks, Harris County Juvenile Probation
  - Beatrice Beasley, Texas Southern University
  - Peggy Boice, Harris County Health and Human Services
  - Joe Papick, School of Social Work, University of Houston
  - Helen Burton Malony, Parkland Health and Hospital System
  - Kim Pore, Harris County Protective Services – 4 C’s
  - Curt Mooney, DePelchin
  - Valerie Milholland, Harris County Attorney Division
  - Estella Olguin, Harris County Protective Services
  - Maria Scannapieco, University of Texas at Arlington
  - Scott Lundy, Arrow Project
  - Kathy Wells, Children’s Assessment Center
  - Joel Levine, Harris County Protective Services
  - Karen Hilton, Health and Human Services Commission
  - Bonnie Armstrong, Shaken Baby Alliance
  - Arabia Vargas, Bexar County Child Welfare Board
  - Leonora Campos, Kickapoo Traditional Tribe of Texas
  - Nancy Kellogg, San Antonio Children’s Advocacy Center
  - Jessica Dixon, W. W. Caruth, Jr. Children’s Advocacy Clinic, Southern Methodist University
  - Luanne Southern, Department of State Health Services
  - Ignacio Rios, Ysleta Pueblo del Sur, Tigua Tribe
  - Foster Youth
  - Foster Care Alumni
  - Parents
- *Specialized Stakeholder Meetings (internal and external) were held to solicit input for additional contribution to the Statewide Assessment and to prepare for the On-Site Review in March. These specialized meetings were conducted for the following entities:*
    - Texas Foster Family Association, Executive Board
    - Interagency Foster Care Committee
    - Texans Care for Children
    - Texas Center for the Judiciary
    - Texas Council of Child Welfare Boards
    - Greater Texas Community Partners, Executive Board
    - Texas Supreme Court Task Force on Foster Care
    - DFPS Council
    - Harris County Protective Services Board
    - Dallas County Judicial Workgroup (includes representatives from the judiciary, district attorneys, attorney ad litem, guardians, prosecutors, public defenders, CASA, and CPS)
    - Harris County Disproportionality Advisory Committee
    - Texas State Strategy Team (membership includes Casey Family Programs, foster care alumni, parents, CPS)
    - CPS Leadership Team (all CPS Regional and State Office Directors)
    - CPS Regional Management Teams for Regions 3, 6 and 10
    - Center for Public Policy Priorities (CPPP)

- Youth Leadership Council
  - El Paso County Judiciary
  - Harris County Judiciary
  - Dallas County Judiciary
- *The following Stakeholders participated by providing content, reviewing and editing the Statewide Assessment:*

*Internal*

- Carey D. Cockerell, DFPS Commissioner
- Joyce James, CPS Assistant Commissioner
- Sue Milam, PhD, DFPS Deputy Commissioner
- James Rogers, MD, DFPS Medical Director
- Audrey Carmical, DFPS Policy Attorney
- Stephen Este, Director, DFPS Center for Program Coordination
- Jennifer Sims, Director, DFPS Center for Consumer and External Affairs

*External*

- Tina Amberboy, Director of Supreme Court Task Force on Foster Care, Supreme Court Judicial Commission on Children, Youth and Families
- Karen Hilton, Senior Policy Advisor, Health and Human Services Commission
- Henry Johns, Texas State Strategy, Casey Family Programs
- Veronica Lockett, Alumni of Texas Foster Care System

## **Appendix 1 – TEXAS COURT SYSTEM**

*(Content supplied by the Texas Office of Court Administration and the Supreme Court Judicial Commission for Children, Youth, and Families)*

### **COURT STRUCTURE:**

As of September 1, 2007, there are 437 judicial districts/courts in Texas with one judge per district/court. Each judicial district encompasses one or more of the 254 counties. These courts have general jurisdiction and all court proceedings are conducted in the county seat. Although only 33 district courts are designated by statute as “Family District Courts”, all district courts have jurisdiction over child protection cases. The judges in these courts are District Court Judges (who are selected by partisan election and serve 4-year terms) and Associate Judges (appointed under Chapter 201 of the Family Code by District Court Judges or Regional Presiding Judges).

District Court Judges are authorized to appoint Associate Judges to assist them with their caseload. In the larger urban areas it is very common for one or more Associate Judges to help the District Judges with their child protection cases. These associate judges are county employees and serve in the county in which they are appointed. They hear cases that have been referred to them by the district judges.

Regional Presiding Judges (who are appointed by the Governor to serve four-year terms and preside over the nine administrative judicial regions of Texas) are also authorized to appoint Associate Judges to assist the courts in a particular county or judicial region. These associate judges are state employees of the Office of Court Administration (OCA). Currently, there are 10 associate judges who hear child protection cases. They hear cases that have been referred to them by the district and statutory county court judges in the counties in which they serve. Their dockets are also known as Child Protection Courts or “cluster courts”. These “courts” are not courts in the traditional sense of the word. They always cover more than one county and primarily serve rural areas. The docket is heard by an associate judge appointed by a regional presiding judge or a former or retired judge assigned by the regional presiding judge to hear the specialized docket. Although district judges may also appoint associate judges to hear a child protection case docket in a county, the term Child Protection Court or cluster court is used to identify the courts that are staffed by associate judges who are appointed by a regional presiding judge and are OCA employees, or by a former or retired judge assigned by the regional presiding judge.

### **COURT PROGRAMS:**

Texas child protection courts are responsible for supervising 30,000 children in foster care. In recognizing the crisis this presents, the Supreme Court of Texas and members of the Supreme Court Task Force on Foster Care have engaged in the process of creating a permanent statewide judicial commission that would oversee efforts to improve court practice in child-protection cases. Texas is joining 27 other states currently in the process of forming high-level commissions to further the goals of ensuring safety, well-being, due process, and timely permanency for children in foster care. While many organizations share a commitment to improving outcomes for children and families in the foster care system, there is no umbrella organization with the ability to facilitate collaboration between the different stakeholders.

As part of the planning process, the Court appointed the Task Force for Child Protection Case Management and Reporting to recommend and implement technology solutions to accurately track and analyze child-protection cases and caseloads. A key Task Force recommendation was the creation of a statewide judicial commission to advance these and other court-improvement initiatives. In addition, the Court appointed the Foster Care Consultative Group to recommend an organizational structure, membership criteria, and a proposed plan and timeline for launching a commission. Recognizing that an endeavor of this nature could not succeed without collaboration from all who have an interest in child protection, the Court held a hearing on September 25, 2007, to gather public comment on the commission's creation.

The Judicial Commission for Children, Youth and Families (the "Commission"), created in Fall 2007, will develop and implement policy initiatives designed to strengthen courts for children, youth, and families in the child protection system to improve the safety, permanency and well being of children. Its mission will be to:

- develop a set of comprehensive strategies and approaches designed to identify and assess current and future needs for the judiciary to be more effective serving children and families;
- improve court performance and accountability in achieving child welfare outcomes of safety, permanency, well-being and fairness;
- improve collaboration and communication between courts and child welfare agencies and other stakeholders;
- increase awareness of the role of the courts in the foster care system and the need for adequate and flexible funding;
- broaden public awareness and support for meeting the needs of children, youth and families in foster care;
- promote adequate and appropriate training and compensation for attorneys who represent children, parents, and child welfare agencies;
- institutionalize a collaborative model that will ensure systemic improvements are sought and achieved beyond the tenure of any person serving on the Commission

#### **SUMMARY OF COURT IMPROVEMENT PROGRAM (CIP):**

The Texas CIP began with the federal program's inception in 1993. The Supreme Court of Texas Task Force on Foster Care ("Task Force") appointed in 1994 serves as the advisory body and provides oversight to the CIP. The Task Force membership includes a wide array of stakeholders, including representatives from DFPS, the University Of Texas School of Law, Texas CASA, the judiciary, the Court, the State Bar of Texas, and the Texas District and County Attorneys Association. The Honorable Harriet O'Neill, Associate Justice of The Supreme Court of Texas, serves as the Court's liaison to the Task Force.

Texas receives approximately \$2.2 million in Basic, Training and Data grant funds, which are broadly used to address the unique challenges faced by courts that serve to protect children and reunite families. Specifically, the CIP Grants fund statewide efforts that support the goals of improving safety, permanence, and well-being for children in the child welfare system and are primarily aimed at recommendations from Texas' most recent CIP Reassessment, the 2002 CFSR and resulting PIP, the 2003 and 2006 Title IV-E, and resulting suggestions, as well as Program Instructions ACYF-PI-07-03 and ACYF-PI-07-09.



## PERFORMANCE MEASURES:

To provide guidance to juvenile and family courts as they measure performance in child abuse and neglect cases, the American Bar Association Center on Children and the Law, the National Center for State Courts, and the National Council of Juvenile and Family Court Judges developed *A Toolkit for Court Performance Measurement in Child Abuse and Neglect Cases*. The toolkit builds upon the work already published by the partners in *Building a Better Court: Measuring and Improving Court Performance and Judicial Workload in Child Abuse and Neglect Cases* (2004). The dependency court performance measures cover four basic categories of measures and outcomes: Safety, Permanency, Due Process, and Timeliness.

The Office of Court Administration (OCA), the Supreme Court of Texas Court Improvement Program, and CPS are collaborating on an exploration of the CPS system and the extent to which it will inform some of these measures.

Texas has a strong record of collaboration between DFPS and the court system as described below:

- DFPS and the Court review policy and procedures, share data and case analysis information, and explore opportunities to sponsor joint training activities at quarterly Task Force meetings.
- DFPS has a standing place on each Task Force meeting agenda to provide training and information regarding the CFSR and Program Improvement Plan (PIP), and Title IV-E Reviews.
- Task Force members include Joyce James, Assistant Commissioner for Child Protective Services, and Gerry Williams, DFPS General Counsel.
- Task Force Training Committee Members include the Assistant Commissioner for Child Protective Services, two Judicial Officers, one UT Law Professor, the Texas Center's Executive Director, CIP Executive Staff, and the Supreme Court Staff Attorney for Children and Families.
- DFPS and the Court jointly participate in regional conference calls in preparation for the CFSR Statewide Assessment, the use of data in the CFSR, and the CFSR On-Site review scheduled for March 2008.
- DFPS, CIP Executive Staff, the Office of Court Administration, and the Texas Center participate in weekly collaboration meetings.
- DFPS and the Court jointly participate in initiatives such as Texas Partnership for Family Recovery.
- DFPS and the Court have attempted to collaborate with Texas' recognized Native American Tribes.
- Judicial Commission Consultative Group members include the Assistant Commissioner for Child Protective Services.
- Joint DFPS/Court attendance at the National Court Improvement Conference in Baltimore (November 15-16, 2006) and the National Judicial Leadership Summit in New York (March 8-9, 2007).