Child and Family Services Review

Texas Department of Family and Protective Services

Child and Family Services Review (CFSR)



- Federal instrument used throughout the U.S.
- Serves as a model for continuous quality improvement
- Highlights specific areas that need improvement in the entire child welfare system
- Evaluates how well states are achieving Safety,
 Permanency and Well-Being outcomes and seven
 Systemic Factors

Texas: CFSR Round I

 Texas was reviewed in 2002 (Harris County, Lubbock County, and Cameron County)

 Program Improvement Plan (PIP) effective April, 2003 – March, 2007

Texas: CFSR Round II

- Statewide Assessment was completed in January, 2008.
- On-site review of 65 cases (40 foster care and 25 in-home cases) among 3 counties was March 24 – 28, 2008.
- Selected sites were Harris, Dallas and El Paso counties.

Preliminary Findings Seven Systemic Factors

- Statewide Information System
- Case Review System
- Quality Assurance
 System
- Service Array and Resource Development

- Staff and Provider Training
- Agency Responsiveness to the Community
- Foster/Adoptive Home Licensing/Approval /Recruitment

- Statewide Information System (IMPACT)
 - Extensive reporting capacity
 - Tablet PC's and tools
 - Web based reporting on outcomes
 - Interfaces

- Quality Assurance System
 - Dedicated QA unit using CFSR model
 - All region coverage
 - Program improvement specialists
 - Weekly automated reports
 - Feedback loops

- Staff Training
 - Expansion of training
 - Distance learning, specialization, OJT/Classroom
 - Need mentors, more skill based content
 - Training for numerous initiatives
 - Need more cross training

- Foster & Adoptive Parent Licensing, Recruitment, Retention
 - Criminal records checks strong
 - Strong recruitment efforts to achieve diversity
 - Business mapping of homestudy process
 - Capacity issues for older, higher needs children
 - Retention challenges
 - Implementation of standards requires stronger partnership

- Service Array
 - Rich array in urban areas
 - Exceptional efforts to design specialized services
 - Inadequate placement resources
 - Turnover results in lack of caseworker knowledge of services
 - Waiting lists for MH and substance abuse services

- Case Review System
 - Supreme Court Commission, broad stakeholder collaboration
 - Model Courts, Drug Courts, Mediation
 - Timely reviews
 - Lack of routine participation by children, youth, foster parents
 - Permanency hearings not effectively preventing PMC
 - Case Planning process lacks engagement, individualization
 - Default TPR filings may not be effective in moving to permanency

- Agency Responsiveness to the Community
 - Increased agency openness, transparency
 - Joint planning and initiatives
 - Partnership with Supreme Court and Court Improvement
 - Ineffective responses to key placement provider stakeholders

- Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.
 - Educational passport
 - Educational specialists
 - Collaboration between school systems and agency

- Well-Being Outcome 3: Children receive appropriate services to meet their medical and mental health needs.
 - Primary medical health homes
 - Nurse specialists
 - Medical information available in the case files
 - Sharing of medical information and access with foster parents
 - Mental health evaluations are being completed for children in foster care

- Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.
 - Cases with services provided to prevent a removal
 - Drug court services in place
 - Safety and risk assessed early and driving service planning
 - Safety plans utilizing connections with extended families
 - Collaboration with relatives to prevent foster care placement
 - Formal safety plans in place

- Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.
 - Priority 1 responses are more timely than Priority 2 responses
 - Use of flex units to handle coverage
 - Low incidences of repeat maltreatment

- Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.
 - Proximity of foster care placement had positive outcomes
 - Placement with siblings had positive outcomes
 - Relationship of child in care with parents needs improvement (services beyond providing visits)

- Permanency Outcome 1: Children have permanency and stability in their living situations.
 - Permanent Managing Conservatorship (PMC) often stops permanency movement. Adoptable children in PMC.
 - Concurrent plans on paper only, with confusion among staff on concept of concurrent planning.
 - Placements unstable: inability to match child's need with skills of provider, and out of county placements.
 - Children going permanently with relatives before concerted efforts to reunify.

- Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.
 - Inadequate assessments impacted by staff turnover
 - Children not always assessed when placed with relatives
 - Lack of diligent searches to engage absent parents
 - Services not linked to assessments
 - Inconsistent visits with in-home cases
 - Caseworker visits with parents not a priority

Key Foundations to Build On

- Family Focused approach to practice
- Disproportionality Initiative
- Family Group Decision Making
- Quality Assurance Framework
- Kinship Care Initiative

Cross Cutting Concerns

- Workforce / Turnover/ Retention Issues
- Permanent Managing Conservatorship (PMC)
 Without Termination as a permanency barrier
- Implementation of updated Standards and Placement Resource Needs
- Strengthening Family Based Safety Services

Next Steps

- DFPS will receive a final report of findings from the Administration for Children and Families
- DFPS will submit the next Program Improvement Plan
- The final PIP is due 90 days after receiving the final report of findings
- DFPS can receive training and technical assistance from the Children's Bureau

CFSR

- Q & A- PIP Development-Thank you!